

## Home and Community-Based Services (HCBS) Rules DEPARTMENT FUNDING GUIDANCE

The Home and Community-Based Services (HCBS) rules ensure that people with disabilities have full access to, and enjoy the benefits of, community living through long-term services and supports in the most integrated settings of their choosing. In order to assist in determining eligibility for compliance funding, providers must complete this evaluation. Both “Yes” and “No” answers require an explanation. A “No” response *could* mean a service setting is out of compliance with the HCBS rules and is potentially eligible for funding to make necessary adjustments. Once this evaluation is completed, it should act as a guide for filling out the provider compliance funding concept, which is required for any provider to be eligible for compliance funding. **Completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that the Department may require to determine provider compliance with the HCBS settings rules. Only providers requesting compliance funding need to complete this evaluation.**

Federal Requirements #1-5 apply to providers of all services, including residential and non-residential settings. Federal Requirements #6-10 are additional requirements that apply only to provider-owned or controlled residential settings.

The column labeled “Guidance” contains a series of questions intended to help identify compliance or non-compliance with each requirement as it relates to the HCBS rules. While responses to these questions can help in the determination of whether or not a particular requirement is met, these responses may not be the sole factor in this determination.

More information on the HCBS rules and this form can be found at <https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/>.

Questions may be directed to [HCBSregs@dds.ca.gov](mailto:HCBSregs@dds.ca.gov).

Date(s) of Evaluation: February 5, 2021	Completed by: Katherine Apostol-Eliseo
Vendor Name, Address, Contact: Marlinda’s Home 1724 Eleanor Dr. San Mateo CA 94402 Katherine Apostol	
Vendor Number: PG1176	
Service Type and Code: 113 DSS Licensed Specialized Residential Facility (Adult Residential Facilities for Persons with Special Health Care Needs)	

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<p><b><u>Federal Requirement #1:</u></b> <i>The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals receive services in the community based on their needs, preferences and abilities?</li> <li>• Does the individual participate in outings and activities in the community as part of his or her plan for services?</li> <li>• If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource?</li> <li>• Do individuals have the option to control their personal resources, as appropriate?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Residents will go for outing at least three times a week weather permitting. Residents have options and choices for their outings. It will discuss ahead of time to schedule the choice activities. If an individual wants to seek paid employment, it will discuss with the help of their day program. Limited choices for temporary job were provided in the past. Communication is an integral part for our participants to relay to their home staff of their choices and needs and at the moment, we are lacking in providing media of communication, especially our residents who cannot communicate verbally. We aim to provide more person-centered approach to our participants and we need to improve our ways in communicating with them and in turn, they may be able to communicate to people involved in their lives.</p>	
<p><b><u>Federal Requirement #2:</u></b> <i>The setting is selected by the individual from among setting options, including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals?</li> <li>• Does each individual's IPP document the different setting options that were considered prior to selecting this setting?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Service provided in various settings are accommodated according an individual's need. The IPP indicates goal-appropriate settings according to the service in order to achieve the goal. Our goal is for our participants to be able to communicate, especially for our participants who cannot communicate verbally, not only at the home setting but also as an overall in life and communication is an area we would like to improve on. For one of our residents, an Occupational Therapy Consultant will be able</p>	

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to assist teaching self-care and activities of daily living such as getting dressed, self-feeding, etc. This is in line with goals that we have in the resident's IPP.

**Federal Requirement #3:**

*Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.*

**Guidance:**

- Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint?
- Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality?
- Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?

**Does the service and/or program meet this requirement?  Yes  No**

Please explain: Residents are given choices and options regarding their preferred activities. Residents are communicated with respect and dignity. Individual rights are being emphasized and practiced. Individual Rights are communicated through appropriate mode based on the client's communication capability. We have residents who cannot communicate verbally. Picture Exchange Communication System (PECS) provides an arbitrary medium of communication for our residents and our staff which both parties will understand since pictures are universally understood. American Sign Language (ASL) will provide another medium of communication that both residents and staff will understand. These media of communication will allow our residents to express themselves and their choices and will allow the staff to provide a person-centered approach to each resident. Speech Therapy also provides an opportunity to seek improvement in verbal communication for our residents. At the moment, we are lacking consultation for these.

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<p><b><u>Federal Requirement #4:</u></b> <i>Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider offer daily activities that are based on the individual's needs and preferences?</li> <li>• Does the provider structure their support so that the individual is able to interact with individuals they choose to interact with, both at home and in community settings?</li> <li>• Does the provider structure their support so that the individual is able to participate in activities that interest them and correspond with their IPP goals?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Every Monday, residents will discuss their preferred activities for the weeks. All activities are in accordance to goals specified in a person's IPP. Staff will help the Residents to look for different options. Communication is vital in this process where our residents will have a way in learning skills through communicating with the teacher of the skill and the person as learner himself/herself. We want for our residents to be involved in determining activities that cater to their needs and preferences but a barrier is communication. Our participants are hindered by the lack of medium of communication and this is an area we need to provide. Each resident must be able to relay self-determination decisions to the best of their ability and for the staff to assist them in this process.</p>	
<p><b><u>Federal Requirement #5:</u></b> <i>Facilitates individual choice regarding services and supports, and who provides them.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available?</li> <li>• Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Residents can voice out their concerns outside their schedule. Staff are rotated to all residents and will encourage to have a good communication and working rapport with all the residents. Residents are paired with staff they can form a rapport with. The staff's demeanor and mien are basis for pairing with particular individual. Staff are further trained to enhance their skills in working with the individuals. We would like to give our residents the additional medium in communicating their preferences in terms of the staff that they want to work with. Our residents also must be able to communicate their concerns to people who care for them. We are lacking the communication media as</p>	

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a service and our participants need this at this point.

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Only providers of services in **provider-owned or controlled residential settings** need to complete the remainder of this evaluation. In **provider-owned or controlled residential settings**, in addition to the above requirements, the following requirements must also be met:

<p><b><u>Federal Requirement #6:</u></b> <i>The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city or other designated entity. For settings in which landlord/tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord/tenant law.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement?</li> <li>• Are individuals informed about how to relocate and request new housing?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Please explain: Prior to the individual getting accepted, all details of the residency agreement are discussed. Each individual, with the support of his family or conservator has the freedom to make informed decision to terminate the agreement and move to another residence of his choice.</p>	
<p><b><u>Federal Requirement #7:</u></b> <i>Each individual has privacy in his/her sleeping or living unit: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed. Individuals sharing units have a choice of roommates in that setting. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have a choice regarding roommates or private accommodations?</li> <li>• Do individuals have the option of furnishing and decorating their sleeping or living units with their own personal items, in a manner that is based on their preferences?</li> <li>• Do individuals have the ability to lock their bedroom doors when they choose?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Please explain: Residents have their own individual private room. Individual rights are all</p>	

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observed at all times and is free to make his choices and preference. They can decorate their rooms according to their preference. They have all the options to lock their rooms.

**Federal Requirement #8:**

*Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.*

**Guidance:**

- Do individuals have access to food at any time?
- Does the home allow individuals to set their own daily schedules?
- Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?

**Does the service and/or program meet this requirement?  Yes  No**

Please explain: Residents that have very low safety awareness have no access to the kitchen or need a full supervision. For safety reasons, they are not provided access to cabinets where chemicals, sharp objects and other materials are stored in these locked cabinets.

**Federal Requirement #9:**

*Individuals are able to have visitors of their choosing at any time.*

**Guidance:**

- Are visitors welcome to visit the home at any time?
- Can individuals go with visitors outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or weekends?

**Does the service and/or program meet this requirement?  Yes  No**

Please explain: Visitors are welcome to visit their home with reminders and guidance of House rules and with respect of their housemate.

**Federal Requirement #10:**

*The setting is physically accessible to the individual.*

**Guidance:**

- Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area?
- Are grab bars, seats in bathrooms, ramps for wheelchairs, etc., available so that individuals who need those supports can move about the setting as they choose?
- Are appliances and furniture accessible to every individual?

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<p><b>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</b></p> <p>Please explain: Currently, small bathroom shower area are only accessible to two residents due to lack handle bar or seat. Also, handrails are needed leading into the house. This will ensure safety while entering the house. We have attached an occupational therapy consultation with this concept for the background of our proposed renovation for our bathroom.</p>	

**CONTACT INFORMATION**

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**ACKNOWLEDGEMENT**

By checking the box below, I acknowledge that completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that the Department may require to determine provider compliance with the HCBS settings rules.

I AGREE



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Regional center vendors may receive funding to make changes to service settings and/or programs to help them come into compliance with the HCBS rules. To be considered for funding, vendors must complete and submit this form and the provider compliance evaluation form as one packet to the regional center with which it has primary vendorization.

### Instructions:

- The concept form on the next page must be used, may not exceed four pages plus the budget worksheet and any cost backup, and must be kept in Arial 12-point font. Submit the form in Microsoft Word or PDF format. An extra half page is permitted to answer questions about prior funding.
- Using a form from previous years will negatively impact a concept score, so please ensure the current FY 20-21 form is used.
- For providers that operate programs with several vendor numbers involved in one concept, one evaluation and concept form should be submitted and should list all vendor numbers for related/included programs. If multiple programs owned by the same parent company have different compliance evaluations or concepts, additional applications can be submitted but should be attached in the same document as the other owned programs so they can be reviewed together.
- The results of the evaluation should be clearly laid out in the section referring to identification of federal requirements that are currently out of compliance, which the concept will address.
- The concept form includes detailed information that describes the funding requests and supports how the requests will assist the provider to come into compliance.
- There should be a clear link between what is being requested and the federal requirement currently out of compliance.
- Concepts should demonstrate how the requested change in service delivery will impact individuals in offering more choices and opportunities.

### Strengths of previously funded concepts:

- Identified the need as well as proposed a plan to provide outreach and information regarding the HCBS rules to individuals served and members of their support teams.
- Discussed the need for additional funds to effectively support individuals served on a more individualized basis in overcoming barriers to community integration and employment, as appropriate.
- Prioritized the preferences of individuals served and utilized their feedback in the development of the concept.
- Implemented a sustainable plan for person-centered planning/thinking and training regarding the HCBS rules.
- Enabled residents to age in place and exercise more choice and independence.

More information on the HCBS rules and this form can be found at <https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/>.

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Vendor name	Marlinda's Home
Vendor number(s)	PG1176
Primary regional center	Golden Gate Regional Center
Service type(s)	DSS Licensed Specialized Residential Facility (Adult Residential Facilities for Persons with Special Health Care Needs)
Service code(s)	113
Number of consumers typically and currently served	4
Typical and current staff-to-consumer ratio	1:1
<p>1. Please provide a brief description of the service/setting. Include what a typical day consists of during regular program as well as how services are currently being provided. This response must include the baseline/current levels for any aspects of the program for which the concept proposes funding.</p>	
<p>Accounting for individual differences, individualized type of support that are unique to cater to that individuals need. Typically, it involves behavioral support, activities of daily living skills training, social skills training, and creative skills enhancement. Given the current public health situation, the residents are staying at home for their safety. Activities are performed at home in a safe manner since being outdoors is less safe at moment. The day program also provides activities for the residents at this point. Staff assists the residents in their activities of daily living and social skills training in terms of supporting themselves, or the skills necessary to do so. Consultation also supplements creative skills enhancement. All of the areas of skills training are reflected on their Individual Program Plan (IPP).</p>	
<p><b>Project Narrative Description: While filling out this section, reflect on how services are typically provided and how that might have changed in the past year. Think about what has been learned in the past year and how that might shape services going forward. Funding awarded through this concept can span the course of up to two years which would allow time to shape services to be more person-centered and align with the HCBS federal requirements.</b></p>	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p>	
<p>We are requesting funding to aid for various consultation and aids in delivering services. Consultation for Picture Exchange Communication System (PECS), which has an annual cost of \$12,500.00 for 1 consultant, This consultation with our participants will provide skill development of communication and provide staff training. We aim to promote mutual understanding and in doing so, our participants will be able to communicate and communicated their needs not just to the program staff, but also their support circle outside of the program. American Sign Language consultation, which has an annual cost of \$12,500.00 for 1 consultant, will enable our residents to express themselves in social settings. Participants who are knowledgeable in American Sign Language will be able to reestablish the skill, and participants who are not familiar will be able to have another medium of communication. Staff training with American Sign Language will also give our staff the opportunity to communicate with our participants. Both types of consultation will have a cost of learning courses associated: Picture Exchange Communication System courses cost \$1,000.00 and we are requesting training for 2 persons for a total of \$2,000.00. The Speech Therapist, which has an annual cost of \$12,500.00 per year for 1 consultant, will allow our residents to improve their verbal communication. This consultation will assess the residents' skill level and improve upon them so they may be able to communicate verbally with the people around them. The Occupational Therapist, which has an annual cost of \$12,500.00, will be able to assess one resident's capabilities in terms of self-care and improve skills in activities of daily living. This will allow our resident to do self-care activities independently incrementally, to the best of the person's abilities. For the bathroom renovation, the following costs are the following: a plumber is needed at \$65.00 per hour for 80 hours, a carpenter is needed at \$70.00 per hour for 160 hours, an electrician is needed at \$85.00 for 80 hours; also the items needed for the renovation are as follows: shower door for \$600.00, shower head for \$100.00, faucet sink and shower for \$250.00, non-slip flooring for \$1,300.00, a sink with cabinet for \$300.00, grab bars for \$400.00, a shower seat/bench for \$400.00, a toilet for \$300.00, bathroom light for \$200.00. Also the handrails that lead into the house cost \$1,600.00.</p>	

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3. Identify which HCBS federal requirements this concept addresses that are currently out of compliance. Could be all or a subset of those identified as out of compliance on the evaluation.
1__x__ 2__x__ 3__x__ 4__x__ 5__x__ 6___ 7___ 8___ 9___ 10__x__
Federal requirements 1, 2, 3, 4, 5 and 10 are not in compliance.
4. For each HCBS out-of-compliance federal requirement that is being addressed by this concept, describe the barriers to compliance and why this concept is necessary. If this information is in the evaluation section, please copy it here.
For Federal Requirement 1, although the choices of activities are present, we want to be able to give an opportunity to our residents to express themselves and communication may be a barrier from their disabilities per se and other factors. We believe in presenting choices and for our residents to make those determinations for themselves. For Federal Requirement 2, there are barriers in communications with people around the individuals with their disability in itself, as well as the gap in social skills that comes with it. For Federal Requirement 3, we have accommodate for our residents needs and it is imperative and respectful to these. Being able to communicate will allow us to present them choices in their everyday life and determine for themselves. Picture Exchange Communication System and American Sign Language will allow our participants to have media in communication. This will also allow us to add another way of teaching them skills. Speech therapy may also assist our residents in expressing themselves and at the moment, they cannot do so without assistance. For Federal Requirement 4, we have a set of activities in place for our residents that serve as a baseline to the services we need to deliver. The additional consultation will be supplemental, thus, opens us more opportunities for our residents to express their choices. For Federal Requirement 5, although we meet with our residents, not all of our residents may directly voice their concerns. We want our residents to be able to communicate their needs to the people they work with. For Federal Requirement 10, the facility bathroom are lacking in accommodating 2 of our residents. This poses a safety risk for them. Safety is paramount for us and it is our priority that our residents may access all parts of the house safely.
5. For each out-of-compliance federal requirement that is addressed in this concept, please explain how the concept will bring the vendor into compliance by March 2023.
For Federal Requirement 1, we want our residents to be able to communicate and have ways of doing so and therefore, adding social interaction in the community as a long-term goal. Community integration is important for us as a goal for our residents. For Federal Requirement 2, this will help in achieving goals in the IPP through enhancing their skills such as social skills, thus affecting behavioral support, through aid in communication and its medium. For Federal Requirement 3, the additional resources will provide our residents media of communication to people around them. This way, both residents and the people around them can mutually understand when the residents express themselves in a practical manner and other concepts the residents want to express. For Federal Requirement 4, we may be able to provide new activities as a medium for learning for our participants. For Federal Requirement 5, the added media of communication that we propose will allow various ways for our participants to communicate their needs to the people they work with. For Federal Requirement 10, our bathroom renovation will ensure our residents' safety when accessing the area. We want our residents to access all areas, with appropriate level of supervision, in a safe manner.
6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?
As the core of our services, we aim to provide behavioral support, activities of daily living skills training, social skills training, vocational skills training, and creative skills enhancement. Our proposed consultants will be able to track their progress and train our staff to maintain the learned skills. This will be performed through documenting progress by daily progress notes, data collection and annual reports reflected in their Individual Service Plans. Constant teaching and learning on the staff's part is vital since we view ourselves as support to our residents. Our staff must be able to continue teaching our clients regarding skills in communication or communicating per se. At the end of the project, our consultants must be able to create training manuals for Picture Exchange Communication System (PECS) and American Sign Language (ASL). These will be used in orienting new staff, constant training among staff and planning on the consistent approach of each staff for each individual in terms of level of performing PECS and ASL. A uniform staff approach in communicating with each participant provides a person-centered approach. Speech Therapy will also provide another medium of verbal communication, as appropriate. Occupational therapy can provide an overall skill improvement for one of resident. This can be measured by daily evaluation of the person's performed activities including steps of each skill to overall skill completion. For the bathroom renovation, we can track the outcome through a consultation with an occupational therapy through an evaluation before the project starts, after the renovation has been completed and at the end of the project. Staff can track access of the bathroom in an everyday basis. Overall, this provides a long-term outcome for the proposed concept that is sustainable for the future and for the participants' continued progress.
7. Please describe how and/or what was done to include input from the individuals served in developing this concept? Discuss not only the development of the concept, but also what steps were taken to identify the interests and desires of the individuals and who was involved in that process.
The concept was developed in verbal interactions with our residents: their personal short-term or long-term goals. For other participants, we based on their responses to the baseline activities

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<p>in the program and the proposed activities from their interdisciplinary team.</p>
<p>8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.</p>
<p>We can provide person-centered services to our residents through promoting choices in the variety of activities and services we can provide. As previously mentioned, the added ways of communication will allow them to achieve their established goals. Our residents will be able to determine for themselves when a certain amount of choices are given to them. More opportunities will open up when our participants have choices. By making improvements to parts of the house, our residents will also be able to age in place and consider our home the long term. This ensures their safety throughout their tenure.</p>
<p>9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2020-21 HCBS Funding.</p>
<p>The proposal will be evaluated with the consultation we are proposing. We plan on evaluating progress from the documentation that will be reported by staff, management and consultants. The constant evaluation of the progress from the resources we will receive also allows us to adjust our overall approach to the use of the resources. Specific evaluation methods include satisfaction surveys to participants and their interdisciplinary teams, progress reports, learning logs, and goals added to a participant's individual service plan, which will be supported by data from staff, consultants and the director. We aim to increase the satisfaction rating of our services to up to 60% mean score. A baseline satisfaction survey will be performed at start of the project, then another survey be performed after the first year and at the end of the project. A consultation from an occupational therapist will also evaluate the overall progress and success of the proposed changes in the facility.</p>
<p>10. Write a brief narrative below explaining each major cost category and timeline. Complete the budget template at the end of the concept sheet. An excel version with formulas is available. When applicable, budgets should include personnel/benefits, operating costs such as consultants or training, administrative expenses/indirect costs, and capital costs (assets lasting more than 2 years). If project spans 2 years or occurs in phases, budget should be separated by phase/year.</p> <p>Administrative costs, if any, must comply with DDS' vendor requirements, including a cap of 15% of the sum of personnel/benefits, consulting, and operating costs (must exclude capital costs). This information can be found at this <a href="#">link</a>.</p>
<p>We are requesting funding to aid for various consultation and aids in delivering services. Consultation for Picture Exchange Communication System (PECS), which has an annual cost of \$12,500.00 for 1 consultant, This consultation with our participants will provide skill development of communication and provide staff training. We aim to promote mutual understanding and in doing so, our participants will be able to communicate and communicated their needs not just to the program staff, but also their support circle outside of the program. American Sign Language consultation, which has an annual cost of \$12,500.00 for 1 consultant, will enable our residents to express themselves in social settings. Participants who are knowledgeable in American Sign Language will be able to reestablish the skill, and participants who are not familiar will be able to have another medium of communication. Staff training with American Sign Language will also give our staff the opportunity to communicate with our participants. Both types of consultation will have a cost of learning courses associated: Picture Exchange Communication System courses cost \$1,000.00 and we are requesting training for 2 persons for a total of \$2,000.00. The Speech Therapist, which has an annual cost of \$12,500.00 per year for 1 consultant, will allow our residents to improve their verbal communication. This consultation will assess the residents' skill level and improve upon them so they may be able to communicate verbally with the people around them. The Occupational Therapist, which has an annual cost of \$12,500.00, will be able to assess one resident's capabilities in terms of self-care and improve skills in activities of daily living. This will allow our resident to do self-care activities independently incrementally, to the best of the person's abilities. For the bathroom renovation, the following costs are the following: a plumber is needed at \$65.00 per hour for 80 hours, a carpenter is needed at \$70.00 per hour for 160 hours, an electrician is needed at \$85.00 for 80 hours; also the items needed for the renovation are as follows: shower door for \$600.00, shower head for \$100.00, faucet sink and shower for \$250.00, non-slip flooring for \$1,300.00, a sink with cabinet for \$300.00, grab bars for \$400.00, a shower seat/bench for \$400.00, a toilet for \$300.00, bathroom light for \$200.00. Also the handrails that lead into the house cost \$1,600.00.</p>
<p>11. Please address sustainability of funding sources for all programs or concepts requiring any</p>

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<p>funding past the timeframe of the requested funding, especially those that involve staff or other long-term costs. Please mark “not applicable” if costs will all be incurred during the program timeframe; up to two years.</p>	
<p>Sustainability will be secured through program funding through the Regional Center.</p>	
<p>12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?</p>	<p>HCBS Funding    <u>  N/A  </u> No ___ Yes.    If Yes, FY(s)</p>
	<p>Disparity Funding    <u>  N/A  </u> No ___ Yes.    If Yes, FY(s)</p>
	<p>CPP Funding    <u>  N/A  </u> No ___ Yes.    If Yes, FY(s)</p>
	<p>CRDP Funding    <u>  N/A  </u> No ___ Yes.    If Yes, FY(s)</p>
	<p>If yes to any question be sure to answer questions 13 and 14.</p>
<p><b>For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS</b></p>	
<p>13. If your organization has received prior funding from any of the above sources, please provide an update on the prior funding project. You may copy and paste from progress update(s) previously provided to regional centers or DDS.</p>	
<p>N/A</p>	
<p>14. If your organization received prior funding, please explain how the current funding request is not redundant with any prior funding received and/or builds on the prior funding but was not part of the original funding.</p>	
<p>N/A</p>	

HCBS CONCEPT BUDGET						
Vendor Name	Marlinda's Home					
Vendor Number(s)	PG1176					
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
<b>Personnel (wage + benefits)</b>						
Picture Exchange Communication System Consultant	\$60.00	0.10	\$ 12,500		\$ 12,500	\$ 25,000
American Sign Language Consultant (1 consultant, 1 hour per resident)	\$60.00	0.10	\$ 12,500		\$ 12,500	\$ 25,000
Speech Therapist (1 consultant, 1 hour per resident)	\$60.00	0.10	\$ 12,500		\$ 12,500	\$ 25,000
Occupational Therapist (1 consultant, 1 hour per resident)	\$60.00	0.10	\$ 12,500		\$ 12,500	\$ 25,000
Plumber ( 80 hours for bathroom remodeling)	\$65		\$ 5,200		\$ -	\$ 5,200
Carpenter (160 hours for remodeling)	70		\$ 11,200		\$ -	\$ 11,200
Electrician (80 hours for bathroom remodeling)	85		\$ 6,800		\$ -	\$ 6,800
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
<b>Personnel Subtotal</b>			<b>\$ 73,200</b>		<b>\$ 50,000</b>	<b>\$ 123,200</b>
<b>Operating expenses Small bathroom remodel</b>						
Shower door			\$ 600		\$ -	\$ 600
Shower head			\$ 100		\$ -	\$ 100
Faucet sink and shower			\$ 250		\$ -	\$ 250
Non slip flooring			\$ 1,300		\$ -	\$ 1,300
Sink with cabinet			\$ 300		\$ -	\$ 300
Grab bars			\$ 400		\$ -	\$ 400
shower seat/bench			\$ 300		\$ -	\$ 300
toilet			\$ 300		\$ -	\$ 300
bathroom light			\$ 200		\$ -	\$ 200
Handrails (leading into the house for both left and right)			\$ 1,600		\$ -	\$ 1,600
<b>Operating Subtotal</b>			<b>\$ 5,350</b>		<b>\$ -</b>	<b>\$ 5,350</b>
<b>Administrative Expenses</b>						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
<b>Administrative Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Capital expenses</b>						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
<b>Capital Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Total Concept Cost</b>			<b>\$ 78,550</b>		<b>\$ 50,000</b>	<b>\$ 128,550</b>

See Attachment F for budget details and restrictions