

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.

Date(s) of Evaluation: February 12, 2021	Completed by: Raksmie Om
Vendor Name, Address, Contact: Green Meadows Home II, 24225 Postmaster Ave., Harbor City, CA 90710	
Vendor Number: HH2255	
Service Type and Code: Level 3 Home Residential, Code 915	

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<p><u>Federal Requirement #1:</u> <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><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals receive services in the community based on their needs, preferences and abilities? • Does the individual participate in outings and activities in the community as part of his or her plan for services? • If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource? • Do individuals have the option to control their personal resources, as appropriate?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: The individuals have access to Harbor Regional Center, Easter Seal day program, ICAN day program, family, friends, religious institution, medical professionals, counselors, vocational opportunities, weekend activities, Zoom activities, the Internet, and assistance from the staff to meet their individual needs. The individuals can explore personal interests with assistance from the provider and other members of the community. However, Green Meadows Home II would like to provide the individuals with more resources and better access to the community by acquiring a full-size van that will allow for reliable transportation. As of now, the car being used to transport the residents is small and inconvenient when we have three or four residents. The residents are uncomfortable sitting too closely to each other. Some residents are very loud and talkative and take up a lot of space in the car, while other residents are sensitive to noise and crowdedness. They need more space to feel comfortable and to minimize frustration and disagreements while traveling together. A van will also accommodate a wheelchair, walker, and other medical devices when necessary. Residents have expressed a strong desire for a bigger and more reliable vehicle to meet their needs.</p>	
<p><u>Federal Requirement #2:</u> <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</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals? • Does each individual's IPP document the different setting options that were considered prior to selecting this setting?

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<i>settings, resources available for room and board.</i>	
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Each individual has their own IPP plan in accordance to their personal goals, capabilities, needs, and desires. The IPP plan documents various settings capable of meeting their needs before selecting Green Meadows Home II as their preferred care provider. The IPP plans have been approved by Harbor Regional Center and Community Care Licensing as well the individual’s family and legal guardian.</p>	
<p><u>Federal Requirement #3:</u> <i>Ensures an individual’s rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • 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.)?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Green Meadows Home II informs and enforces the individual’s right to understand and practice their personal rights to privacy, dignity, respect, and freedom from coercion and restraint. The provider communicates with the individuals via verbal language, written language, and sign language. One resident is non-verbal so the provider communicates with him through sign language, pictures, and gestures. Another individual has very poor vision, so he is given large prints and corrective lenses to read competently. Another individual speaks mainly Spanish so he is spoken to in Spanish and English as well as communication via Google Translation to convey messages clearly.</p>	
<p><u>Federal Requirement #4:</u> <i>Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider offer daily activities that are based on the individual’s needs and preferences?

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<p><i>activities, physical environment, and with whom to interact.</i></p>	<ul style="list-style-type: none"> • 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? • 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?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Green Meadows Home II provides individuals with full access to live life the way they want to. Each day, individuals can access Zoom to continue their participation with the day programs. Individuals can call their family and friends via zoom, skype, or facetime. Individuals can play games, read, watch t.v., listen to music, do art, exercise, go on walks, go on car drives, meet with their family and friends within the Covid-19 guidelines, and various other activities provided by the staff. Individuals have assistance with daily living skills, self-improvements, vocational practices, and the freedom to be as independent as possible as planned in their IPP program. Individuals can choose their own activities or refuse to do activities that they do not interest them. However, to better comply with this requirement, the provider is requesting funding to buy an IPAD for each individual. Since Covid-19, all community activities are now via Zoom or facetime, so it is very essential that everyone has their own devices to communicate, learn, and participate in activities at their convenience. They can also use these portable devices to communicate and learn while traveling so that they are not limited to staying at home. An IPAD would also allow for various communication apps and learning materials to be downloaded that would greatly benefit those residents with very limited communication abilities such as our resident that is non-verbal.</p>	
<p><u>Federal Requirement #5:</u> <i>Facilitates individual choice regarding services and supports, and who provides them.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available? • Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Yes, Green Meadows Home II will provide alternative staff, if available, to care for the individual according to his/her preferences. If individuals are uncomfortable with a certain staff, they will be given another staff who is available. The individuals have every right and opportunity to refuse care or to ask</p>	

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for a different type of care and services based on their needs and desires. Individuals are not forced to comply with the services provided and can change their schedules, IPP plans, and goals to suit their happiness as appropriately and safely as possible.

<p><u>Federal Requirement #6:</u> <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><u>Guidance:</u></p> <ul style="list-style-type: none"> • As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement? • Are individuals informed about how to relocate and request new housing?
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Does the service and/or program meet this requirement? Yes No
 Please explain: Yes, individuals are given full communication in verbal and written forms regarding the lease agreement of the house that Green Meadows II is providing them with. Individuals are assured the safety, security, and protection to live comfortably at the property for as long as possible. If any situation arises that calls for eviction or relocation, individuals will be given full assistance to seek new residency or temporary housing as needed. The provider and regional center will help to the individuals until they care safely relocated.

<p><u>Federal Requirement #7:</u> <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.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have a choice regarding roommates or private accommodations? • 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?
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<p><i>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i></p>	<ul style="list-style-type: none"> Do individuals have the ability to lock their bedroom doors when they choose?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Yes, individuals have full privacy in their own personal bedrooms. Individuals do not share room with anyone. They have their own personal space to sleep, relax, and to be separate from other residents at all times. They can decorate their room as desired, they can lock their rooms as desired, and they always have the choice to have a roommate or to be alone. Individuals will never be forced to share room with anyone else or to have their room be a certain way. Individual preferences are fully complied with unless safety issues and health issues become a concern.</p>	
<p><u>Federal Requirement #8:</u> <i>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> 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?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Yes, individuals have access to a full kitchen, dining area, laundry, living room, sofa, chairs, and tables 24/7. Individuals can eat, snack, and drink according to their schedule as long as they are respectful of each other's needs. They can do laundry, hang out in the living room, and sit at the dining table whenever they want. In accordance with the Covid-19 guidelines, individuals are encouraged to practice social distancing and to respect each other personal space and to share the common areas as safely as possible.</p>	
<p><u>Federal Requirement #9:</u> <i>Individuals are able to have visitors of their choosing at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> 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?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Yes, individuals are fully welcomed to have visitors any day of the week. The hours of visitations are between 8:00 am and 9:00 pm. Visitors must</p>	

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abide by the Covid-19 protocols at all times to ensure the safety of every resident at the group home. Individuals are free to go out with their family and friends for meals, shopping, family functions, religious meetings, or to stay with their family's home for the holidays or for the weekends. Family and friends are strictly reminded to keep the individual as safe and as healthy as possible. Everyone is encouraged to always wear a mask, practice social distancing, and to practice regular hand washing and healthy hygiene.

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?

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

Please explain: The residents need easier access to the bathroom in the group home. They need easier access to the shower, the sink, and the cabinets. The current bathroom is very outdated, small, and difficult for certain individuals whose mobility is limited. We want to replace the old shower. We want a bathroom with a wheelchair accessible roll-in shower that is leveled to the floor so the residents can easily step into the bathing area or be wheeled in. The shower needs a built-in seat for individuals to sit while bathing. The shower floor is slippery for the individuals to stand or walk on, so new tiles with more grip is needed. A grab bar is needed for individuals to hold onto while going in and out of the shower and standing under the running water. The bathroom cabinets are too low for some individuals who have trouble bending down so the cabinets need to be replaced. More space is necessary for a wheelchair, walker, or crutches. We are also requesting to add a ramp inside the home leading to a bedroom to make it wheelchair accessible. We want to put in a permanent fixture that will be professionally constructed. If an individual can no longer walk, is injured, sick, or immobile, having a ramp will be very necessary. These improvements will allow residents to age in place while living more comfortably in the group home.

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CONTACT INFORMATION

Contact Name:	Raksmie Om
Contact Phone Number:	(310) 871 - 4219
Email Address:	raksmieom@hotmail.com

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	GREEN MEADOWS HOME II
Vendor number(s)	HH2255
Primary regional center	HARBOR REGIONAL CENTER
Service type(s)	LEVEL 3 HOME RESIDENTIAL
Service code(s)	915
Number of consumers typically and currently served	3-4
Typical and current staff-to-consumer ratio	1:4
<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>Green Meadows Home II is a level 3 residential facility providing 24/7 care to individuals with developmental challenges. Currently, there are three male adult residents. The residents wake up at 7:30 am to prepare for their day program, which typically runs from 9:00 am to 2:00 pm. One resident attends the Easter Seal program via zoom, another resident attends ICAN, and another resident is currently applying for a new day program. We want each resident to have their own IPAD so they don't have to worry about whether or not a device is available to do zoom. The residents eat lunch and go on walks around the neighborhood for exercise and physical activities. The residents play games, read, watch movies, relax to music, and call their friends and family. Friends or family will take them out sometimes. When showering, residents need help getting in and out of the shower because they cannot lift their legs high enough. A wheelchair accessible shower would be efficient for mobility issues. Residents want to sit down in the shower but there is no built-in seat. A grab bar would help the individuals stand while showering. On the weekends, the staff takes the residents to go shopping, eat dinner, hiking, to the beach, picnic at the park, or on a scenic drive. With a full-size van, the trips for these activities would be more comfortable and convenient. The residents have expressed desire for a vehicle with more room because they want to invite their peers along. Additionally, if we need to bring a wheelchair or a walker, we will have optimal space to load those items. Finally, we also want to add a permanent ramp inside the home to make it more wheelchair accessible to a bedroom.</p>	
<p>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.</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 want each resident to have their own IPAD for reliable communication, zoom activities, learning apps, and something portable that they can take anywhere. IPADs are made for downloading a variety of apps and programs that would be</p>	

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<p>convenient for the residents to use on a daily basis based on their individual needs. We want to renovate the shower so that it is safer and more comfortable for any resident to use, no matter what their needs are. We want a wheelchair ramp in case any resident becomes immobile due to health reasons or injuries. Sometimes the residents have difficulty walking so a ramp would be very convenient.</p>
<p>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.</p>
<p>1 <u>X</u> 2 ___ 3 ___ 4 <u>X</u> 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 <u>X</u></p>
<p>Federal Requirement #1: We want to make it safer for transporting the residents to their day programs, to go on trips, and to do various activities in the future. As of now, the car being used is too small and uncomfortable when trying to transport the residents at once. When we need to bring medical devices there is inadequate space. We request funding for a full-size van that would allow for more space, safety, and convenience for our residents.</p> <p>Federal Requirement #4: Green Meadows Home II is requesting funding to buy an IPAD for each individual so they can each use the internet, download communication and educational apps, do zoom, and facetime at their convenience. Currently, the provider is using their personal IPAD to accommodate the needs of the residents, but there aren't enough devices to go around.</p> <p>Federal Requirement #10: At the group home, the residents need easier access to the shower, the sink, and the cabinets. The current bathroom is small and difficult for individual with limited mobility. A spacious bathroom with a wheelchair accessible roll-in shower allows residents to easily enter the bathing area. The shower needs a built-in seat for individuals to sit while bathing. The shower floor is slippery to walk on so new floor tiles are needed. A grab bar would be secure for individuals to hold on to while bathing. Additionally, we request to add a permanent ramp inside the home leading to a bedroom to make it wheelchair accessible.</p>
<p>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.</p>
<p>It is important to Green Meadows Home II that we implement the concept so that our residents have the best resources to enhance their life. We want to be as compliant to the federal requirements as much as possible. We want to make sure that every resident has what he needs to succeed, to connect with his community, to feel safe and comfortable, and to live a happy life. Without the grant, it will be financially difficult for us to do everything we possibly can to help our residents.</p>
<p>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.</p>
<p>By March 2023, Green Meadows Home II will be giving each resident an IPAD device to help them stay connected to their community, day programs, family, and friends. A more accessible bathroom will improve the daily living situations for the residents as they have better access to safer self-care. A van will give the residents</p>

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<p>safety, comfort, and reliability while traveling. Also, the van can accommodate their needs for any medical devices.</p>
<p>6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?</p>
<p>The proposed outcomes and objectives of the funding are to give each resident a full life and access to comfort, independence, and activities that will enhance their life despite their conditions and limitations. The provider will do a routine evaluation of each resident's satisfaction with the services provided, get their feedbacks, take their concerns and suggestions into consideration, and continue to implement changes that would improve the daily life of each resident.</p>
<p>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.</p>
<p>In developing this concept for funding, the provider has spoken directly with the residents and regional center in assessing what needs should be met. The residents were asked what improvements would meet their needs, what would greatly improve their daily activities, and what resources would give them the most independence. Each resident's IPP goals and opinions were considered as well.</p>
<p>8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.</p>
<p>The proposed concept aims to give each resident the greatest chances for higher quality of life. The concept is meant to help the individuals continue doing the things they value and even more activities in the future. Not only will the individuals' personal needs be met, but they will know that their concerns have been fully addressed with the best care possible.</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>Green Meadows Home II will give the residents the best care possible. With the funding, we will assure resources to improve the residents' well-being and happiness even under difficult circumstances. We will assess the health, safety, and IPP goals for each resident as the project comes into play. We will make sure that the project works for their future success.</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. 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 link.</p>
<p>The estimated cost for the concept includes the following:</p> <p>Cost of 3 IPAD Pros: \$4,000.00 (one for each resident, immediate purchase)</p>

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Cost of Bathroom Renovation: \$14,000.00 (1-bathroom, new shower, new cabinets, new countertop, new vanity, new sink, new paint, new lights, one week renovation by professional contractor)

Cost of Full-Size Van: \$49,500.00 (8 seat van, immediate purchase)

Car Insurance: \$1,500.00 (per year)

Car Gas: \$2,000.00 (per year)

Car Maintenance: \$500.00 (per year)

Cost of Wheelchair Ramp: \$2,500.00 (permanent fixture, 3 days renovation by professional contractor)

Total Estimated Cost: \$74,000.00

11. Please address sustainability of funding sources for all programs or concepts requiring any 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.

Not applicable

12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?

HCBS Funding No Yes.

If Yes, FY(s) _____

Disparity Funding No Yes.

If Yes, FY(s) _____

CPP Funding No Yes.

If Yes, FY(s) _____

CRDP Funding No Yes.

If Yes, FY(s) _____

If yes to any question be sure to answer questions 13 and 14.

For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS

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.

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.

HCBS CONCEPT BUDGET	77,650.00
Vendor Name	Green Meadows Home II
Vendor Number(s)	HH2255

	Year 1 Budget			Year 2 Budget		Total
	Wage and Benefits	FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)						
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
Operating expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ -		\$ -	\$ -
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
IPAD Pro 2020 12.9" x3			\$ 4,000			\$ 4,000
IPAD Protective Cases x3			\$ 300			\$ 300
IPAD Screen Protector x3			\$ 210			\$ 210
IPAD Insurance 2 year plan x3			\$ 140			\$ 140
Toyota Sienna 2021 XSE			\$ 49,500			\$ 49,500
Car Insurance			\$ 1,500	\$ 1,500		\$ 77,650
Car Gas			\$ 2,000	\$ 2,000		\$ 4,000
Bathroom Renovation			\$ 14,000			\$ 14,000
Wheelchair Ramp			\$ 2,500			\$ 2,500
Capital Subtotal			\$ 74,150	\$ 3,500		\$ 77,650
Total Concept Cost			\$ 74,150	\$ 3,500		\$ 77,650

See Attachment F for budget details and restrictions