

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 02, 2021	Completed by: Hai Nguyen
Vendor Name, Address, Contact: Prime Options Care, Inc. 2041 W. 162 nd Street, Torrance, CA 90504	
Vendor Number: PH2171, PH2245	
Service Type and Code: Adult Residential Facility 113, 890	

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

<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</p> <p>Please explain:</p> <ol style="list-style-type: none"> 1. No. Prime options Care currently does its best to ensure that the individuals living in the home receive services in the community based on their needs, preferences and abilities. Some individuals living in the home (two out of four) have limited options to receive services in the community due to their increasing mobility limitations due to aging and medical conditions. Specialized transportation (i.e.) appropriate vehicle with installed equipment to meet their mobility needs will greatly mitigate and address these growing limitations. 2. No, as some individuals in the home have limited options to participate in every outing and activities of their choice in the community due to their medical and physical disabilities which require specialized transportation (i.e.) appropriate vehicle with installed equipment to meet their mobility needs. 3. Yes, Prime Options Care provides employment training to develop skills that may lead to future employment. When individuals wish to pursue employment, Prime Options Care assists him/her to locate an appropriate community agency/resource. 4. Yes, individuals have the option to control their personal resources, as appropriate, while they learn about spending choices and saving skills as part of their community outings at Prime Options Care. Often individuals bring money on outings to purchase small items, and the program provides funds to purchase materials and supplies for activities. 	

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

<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 settings, resources available for room and board.</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?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain:</p> <ol style="list-style-type: none"> 1. Yes, all individuals have a current IPP on file at Prime Options Care. 2. Yes, each individual's IPP documents the different setting options that were considered prior to selecting this setting. 	
<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:</p> <ol style="list-style-type: none"> 1. Yes, staff at Prime Options Care, Inc. inform individuals in a manner they can understand by incorporating spoken words, basic ASL, gestures and/or pictures to explain their rights to privacy, dignity, respect and freedom from coercion and restraint. 2. Yes, staff communicate both verbally and in writing, using plain language, in a manner that ensures privacy and confidentiality. 3. Yes, staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed. 	

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

<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 activities, physical environment, and with whom to interact.</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? • 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:</p> <ol style="list-style-type: none"> 1. Yes, Prime Options Care, Inc. strives to provide outings and activities that are based on individual preferences. 2. No, Prime Options structure their support so that individuals living in the home are able to interact with persons they choose to interact with both at home and community settings. However for certain activities/destinations, options are modified and/or limited due to lack of specialized and adaptive transportation (i.e.) appropriate vehicle with installed equipment options for those who need to use a wheelchair to explore their surroundings. 3. Yes but with limitations as listed above. 	
<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:</p> <ol style="list-style-type: none"> 1. Yes, Prime Options Care, Inc. supports the individual's choices for staff assignment to the extent that alternative staff are available. 2. Yes, Individuals living in the home have opportunities to modify his/her services and/or voice their concerns outside of the scheduled review of services on a daily basis. 	

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

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><u>Federal Requirement #6:</u></p> <p><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?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain:</p> <ol style="list-style-type: none"> 1. Yes, each resident at Prime Options Care, Inc. has an admission agreement. 2. Yes, each individual is informed about how to relocate and request new housing whenever the resident wishes to do so. 	
<p><u>Federal Requirement #7:</u></p> <p><i>Each individual has privacy in his/her sleeping or living unit:</i></p> <p><i>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</i></p> <p><i>Individuals sharing units have a choice of roommates in that setting.</i></p> <p><i>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</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? • 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</p>	

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

<p>Please explain:</p> <ol style="list-style-type: none"> 1. Yes, all residents have their own individual private room accommodations. 2. Yes, all 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. 3. Yes, all residents have the ability to lock their bedroom doors when they choose. 	
<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</p> <p>Please explain:</p> <ol style="list-style-type: none"> 1. Yes, all individuals have access to food at any time. 2. Yes, Prime Options Care staff assists the residents to set their own daily schedules. 3. Yes, All residents have full access to all facilities in the home such as the kitchen, dining area, laundry, and comfortable seating in shared areas. 	
<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</p> <p>Please explain:</p> <ol style="list-style-type: none"> 1. Yes, all resident visitors are welcome to visit the home at any time. 2. Yes, all individuals can go with visitors outside the home such as for a meal or shopping when he/she wishes to do so. All residents can go for longer visit outside the home, such as for the holidays or weekends. 	
<p><u>Federal Requirement #10:</u> <i>The setting is physically accessible to the individual.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area?

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

	<ul style="list-style-type: none"> • 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?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain:</p> <ol style="list-style-type: none"> 1. Yes, individuals have the freedom to move about inside and outside the home and are not restricted to one room or area. 2. No. Currently the home has grab bars, seats in bathrooms etc. that are available so that individuals who need those supports can move about the setting as they choose. However the home will benefit from a complete bathroom remodel of one of its bathrooms for a ROLL IN, barrier free shower that can accommodate a person using a wheelchair and to give such individuals more freedom and independence. Additionally these mobility needs will also be met by having direct bedroom exit(s) and ramp(s) and awnings (if necessary for protection from inclement weather) that will allow direct access from the bedroom for a person who uses a wheelchair to move about both inside and outside the home. Such renovations may require obtaining permits to make the home ADA compliant and increasing more accessibility for such individuals as they age in place. 3. Yes, appliances and furniture are accessible to every individual. 	

CONTACT INFORMATION

Contact Name: Prime Options Care, Inc.

Contact Phone Number: 310-678-6784

Email Address: Primeoptions45@gmail.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

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

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.

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

Vendor name	Prime Options Care, Inc.
Vendor number(s)	PH2171, PH2245
Primary regional center	Harbor Regional Center
Service type(s)	Adult Residential Facility
Service code(s)	113, 890
Number of consumers typically and currently served	4
Typical and current staff-to-consumer ratio	1:2
<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>Prime Options Care, Inc. provides residential accommodations and services to four individuals with intellectual and/or physical disabilities. Individuals served may also be facing special health, emotional or behavioral challenges. We strive to promote each person's unique dream for their best life. Our Program Design includes opportunities to explore different elements: Communication Styles, Employment Training, Community Safety & Integration, Social Opportunity and Independent Living. Each day starts with individuals preparing to embark on the community outing in our facility vans from home to a day program of their choice during the weekdays. Community outing destinations are designed to provide experiences that promote one or more of our program elements. Outings may be for one staff and up to two individuals, or for more staff and individuals depending on the nature of the activity.</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>Among the four individuals living Prime Options Care, Inc. are two individuals who are aging and having increasing mobility limitations who may eventually need the service of a wheelchair to participate in community outings of their choice. Our vision for the road ahead includes having vans with lifters to help our residents to properly board transportation for daily community outings in a safe and dignified manner. Our concept for the road ahead includes individualized services for the non-ambulatory and unsteady ambulators that reside at Prime Options Care. We envision smaller groups, boarding smaller vans that can accommodate our non-ambulatory and unsteady ambulators,</p>	

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

embarking on community activities that promote the individual's choice for both destination and co-passenger(s) he/she wishes to be with over the course of the day.

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 3 4 X 5 6 7 8 9 10 X

Federal Regulations: 1, 4, and 10

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.

1. There is currently a lack of adequate and appropriate transportation to take individuals to the community destination of their choice, based on their needs, preferences and abilities. Small (mini) vans with wheelchair side ramps would allow for total inclusion, regardless of disability, to be with their chosen friends and to explore unlimited community opportunities.

4. Our lack of a wheelchair minivan prevents us from offering daily activities that are based on the individual's needs and preferences. Small, accessible vans will remove the barrier to individualized services. Smaller accessible vans will allow the individual to interact with individuals they choose to interact with while pursuing their personal social, educational and employment goals. Smaller group outings remove barriers to opportunities for individuals to participate in the activities that interest them and correspond with their IPP goals because they will be grouped only with others who share the same goals.

#10 There are currently a lack of accommodation for those with limited mobility who may require wheelchair to move about freely down the road ahead. The existing bathtubs will soon need to be replaced with wheelchair accessible walk-in showers allowing these individuals to continue to maintain as full potential and self-dependence as much as possible. The home does not have a wheelchair ramp and will need to have ramps for the non-ambulatory and unsteady ambulators that reside at Prime Options Care.

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.

Federal Regulation # 1. Prime Options Care will be in full compliance if funding is granted so the program can purchase a wheelchair minivan with side entry ramp. Individuals or small groups will be able to receive services in the community based on their needs, preferences and abilities for their social, vocational and recreational goals. Individualized services mean individuals will have access to all community outing locations regardless of their medical and physical disabilities which require appropriate vehicles for transportation.

Federal Regulations # 4. Prime Options Care will be in full compliance if funding is granted so the program can give individuals choices:

- to interact with their friends or people they wish to know better
- to interact with individuals with/without disabilities

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

- to see places that provide different living options
- to choose places to eat, learn about available food choices
- to participate in activities to for socio-recreation/leisure opportunities
- to choose where to go shopping
- to learn about resources for medical care (hospital, clinics, dental offices)
- to visit stores of choice to make purchases

Federal Regulation # 10. Prime Options Care will be in full compliance if funding is granted so the home can provide wheelchair ramp and walk-in shower for those residents with limited mobility and who require wheelchairs to move about freely and maintain as much independence as possible.

6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?

Individual Person Centered Service Plans will be developed with each Individual's support team and PRIME OPTIONS CARE staff and reviewed at least every (6) six months. Every ISP will be tracked by PRIME OPTIONS CARE support team daily. Documentation will include goals-rationale, objectives, baseline, plan of action, who will implement it and when objective will be achieved. Tools will include as appropriate: Important To-Important For, Learning Logs, Communication Charts and Four Plus One Discovery Tools as methods used to determine if identified goals and objectives are achieved.

Having a mini-van with side ramp wheelchair access will allow the Individual to gain greater awareness of the community where they live, the resources available for them to choose from to meet their needs, and awareness of cultural or ability differences. As individuals explore their communities, they will have the freedom to make their own social, educational, recreational and employment choices, and to pursue individualized services that correspond to those choices.

Having wheelchair ramp and at least one bathroom outfitted with walk-in shower for those residents with limited mobility and who require wheelchairs to move about freely will allow those residents to maintain as much independence as possible. This will promote a life lived with maximized potential and dignity for our residents.

The ultimate goal for providing small group options with complete mobility access, is to provide individualized services that promote and execute each Individual's Person Centered Service Plan.

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.

Prime Options Care included input from Individuals receiving services as follows:

Community outing destinations are always decided in advance by the Individuals based on their interests and desires. Individuals develop detailed outing plans with the assistance of their staff. After completing each outing, Individuals provide feedback by evaluating likes/don't likes, problems and obstacles, and plans for repeating the outing in the future.

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

Staff began to see trends in the feedback process that indicated a desire for more individualized services. Individuals wanted to be in smaller groups or on their own with one staff. Individuals with mobility concerns voiced a preference for a wheelchair van, especially smaller vans that would allow smaller group outings with chosen friends. Families and individuals served are in agreement that having wheelchair ramp and shower access will allow their loved ones to maintain the stability afforded by being able to age in place.

8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.

By including a wheelchair mini-van into the program, PRIME OPTIONS CARE will provide more individualized transportation which will enable Person Centered Planning Teams to honor Individual's interests as they explore many more choices, preferences and desires during community outings and integration. As a result, PRIME OPTIONS CARE will be able to group Individuals with common interests and match them with staff who have knowledge and skills that support these needs. This will lead to a more individualized service plan.

Through more targeted opportunities for community exploration, Person Centered Planning Teams will understand the Important To – For, for each Individual served. Individuals will be able to express how they wish to live their lives and how they wish to enhance the quality of their life by expressing choices and preferences found in the community. This includes but is not limited to social, recreational, spiritual, residential and employment preferences.

9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2020-21 HCBS Funding.

PRIME OPTIONS CARE will provide continuous staff training, monitoring and evaluation of the Person Centered Planning process to ensure that Individuals' services are in compliance with HCBS Federal Requirements.

PRIME OPTIONS CARE will document individuals' progress, initially and least twice per year, with their Person Centered Plans. Progress will include objectives, goals, baseline and measurable success information for small group and one-to-one outings in the community provided by this wheelchair mini-van project.

PRIME OPTIONS CARE will daily address and resolve any problems with the effectiveness of Small Group/ One-to-One outing execution to ensure provision of individualized services for those who require access to wheelchair vans.

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.

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

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](#).

HCBS funds will be used only and immediately to purchase one minivan (van and purchase-related fees) and to build wheelchair ramp for the home and to renovate at least one bathroom of the home with walk-in shower. PRIME OPTIONS CARE will assume all future and ongoing maintenance and recurring costs associated with van usage (insurance, maintenance, fuel, DMV fees) as well as the future upkeep and maintenance of the ramps and bathrooms.

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	X	No	___	Yes. If Yes, FY(s) _____
	Disparity Funding	X	No	___	Yes. If Yes, FY(s) _____
	CPP Funding	X	No	___	Yes. If Yes, FY(s) _____
	CRDP Funding	X	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.

Not Applicable

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.

Not Applicable

HCBS CONCEPT BUDGET						
Vendor Name		Prime Options Care, Inc.				
Vendor Number(s)		PH2171, PH2245				
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		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						
Renovate 1 bathroom for ROLL IN shower			\$ 20,000			\$ 20,000
2020 Odyssey w Braun Ability Conversion, or similar			\$ 64,990			\$ 64,990
Bedroom Direct Exit and Wheelchair Ramp			\$ 10,000			\$ 10,000
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 94,990		\$ -	\$ 94,990
Total Concept Cost			\$ 94,990		\$ -	\$ 94,990

See Attachment F for budget details and restrictions