

## 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 12, 2021   | Completed by: Lori Carden |
| Vendor Name, Address, Contact: Xavier Family Home 9255 Palm Lane, Fontana 92335    |                           |
| Vendor Number: HJ0835  |                           |
| Service Type and Code: Adult Residential Facility, 113 Negotiated Rate Specialized |                           |

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| <p><b><u>Federal Requirement #1:</u></b><br/><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: Consumers in our home receive services in the community based on their choice and preferences. On a weekly basis Xavier provides a list of activities in the local community and give them the opportunity to choose what they would like to participate in. Our challenge is funds for travel and additional trained staff to accompany those consumers that require 1:1 or 1:2 staffing while out in the community. Many times this enables a consumer from fully participating. Due to excessive behaviors our consumers cannot participate in paid employment. We offer support to our consumers by working with their IDT team and encouraging them by role play etc. Each consumer has their right to control their personal resources. Many times the facility will help if there is an outing or resource that is beyond their personal finance.</p> |  |
| <p><b><u>Federal Requirement #2:</u></b><br/><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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Xavier Family Home meets this requirement. We keep the consumer IPP, and Annual review on file and accessible. These documents are revised as needed. IDT discusses all options, needs services and supports for the consumer</p>  |  |

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| <p><b><u>Federal Requirement #3:</u></b><br/><i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>   | <p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint?</li> <li>• Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality?</li> <li>• 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.)?</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></p> <p>Please explain: Xavier Family Home communicates with the consumers and their circle of support both verbally and in writing their rights to privacy, dignity and respect. House Meetings are held on a consistent basis to discuss and give examples to what terms such as coercion, respect, disrespect, privacy and confidentiality mean in a manner that the consumer understands. Meetings at doctors, psychiatrist and peer outings are practiced through role play in an effort to ensure they understand.</p> |   |
| <p><b><u>Federal Requirement #4:</u></b><br/><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"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b></p> <p>Please explain: We provide daily activities that are based on the individual's needs and preferences as much as possible. Many times it is difficult due to lack of additional staff to take the consumers out to places of their preference. Our consumers require 1:1 and at times 2:1 staffing to go out in the community safely. We work around many of these</p>  |   |

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issues by going through drive-through restaurants as opposed to sitting in. Many times this causes frustration because the consumer does not feel it is fair to only get their food from a drive-through restaurant. Are female consumers require and enjoy personal care such as manicures, pedicures and beauty salons. Again, this is many times problematic with only one staff member to work with a consumer. It is difficult to gauge when a consumer with severe behaviors is going to act out in public and endanger themselves or others. We attempt to work with male and female staff to allow our consumers to enjoy activities outside of the facility. With additional funds for staffing it enables us to ensure the consumer and the public are safe should a severe behavior occur. Additionally, the need for transportation is problematic due to the amount of staff and consumers in a car at one time. Funds for a minivan would be helpful and allows for more people than in a car with one person. For this facility, one staff driving with two consumers can be and has been dangerous.

**Federal Requirement #5:**

*Facilitates individual choice regarding services and supports, and who provides them.*

**Guidance:**

- 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?

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

Please explain: We make every effort and attempt to support the consumer in making changes in their needs and services. Regarding staff, funding issues remain a barrier in adding/hiring additional staff that are trained to work with individuals that display severe aggressive behaviors. Limited funds are also available to send staff to advanced training in areas that may better help us minimize risk to themselves or others. We are grateful that the Regional Center, consumers and their families are satisfied with the services we provide and have lived in our facility for several years.

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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:

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| <p><b><u>Federal Requirement #6:</u></b></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><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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</b></p> <p>Please explain: All Consumers have signed a residency/placement agreement. This agreement is reviewed and discussed as needed during quarterly or annual meetings. The consumers are also informed that they have the right and are supported in relocating should they choose.</p>   |  |
| <p><b><u>Federal Requirement #7:</u></b></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><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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</b></p>  |  |

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| <p>Please explain: Yes The consumers have their own private room and accommodations. They have the choice to furnish and decorate their room as they choose. They do not have locks on their door due to severe behaviors such as suicide attempts, property destruction that may hurt themselves or others. Staff do not enter the consumers room if the door is closed without knocking and receiving consent. The consumers have limited funds and we provide furnishings throughout the year due to property destruction.</p>   |  |
| <p><b><u>Federal Requirement #8:</u></b><br/><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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have access to food at any time?</li> <li>• Does the home allow individuals to set their own daily schedules?</li> <li>• Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?</li> </ul> |
| <p><b>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</b></p> <p>Please explain: Yes. Consumers have access to food at any time they also are helpful in creating the menus. With the exception of day-program the consumer set their own daily schedule. They wake and shower at their leisure. With the exception of knives the consumers have full access to the kitchen. They do their own laundry with assistance. Help with chores, etc. They lounge not only in their personal room, but in other areas of the house as well do you watch television, play games etc.</p> |  |
| <p><b><u>Federal Requirement #9:</u></b><br/><i>Individuals are able to have visitors of their choosing at any time.</i></p>  | <p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Are visitors welcome to visit the home at any time?</li> <li>• 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?</li> </ul>   |
| <p><b>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</b></p> <p>Please explain: Yes, Visitors are welcome. Consumers go outside of the home and visit with friends or family. Per hour program design, they sign out and sign in when an extended visit with family friends for holidays, weekends etc. At times we are requested to send staff with a particular consumer that requires assistance even when being with family. At times this causes a barrier due to funding for overtime when a consumers visit with family extends past the staffs normal schedule.</p>     |  |
| <p><b><u>Federal Requirement #10:</u></b></p>   | <p><b><u>Guidance:</u></b></p>   |

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| <p><i>The setting is physically accessible to the individual.</i></p>  | <ul style="list-style-type: none"> <li>• Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area?</li> <li>• 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?</li> <li>• Are appliances and furniture accessible to every individual?</li> </ul> |
| <p><b>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</b><br/> Please explain: The consumers move about the home as they choose without restrictions. Although ambulatory, we do have grab bars in our bathrooms and a bench for seating. All furniture purchased is designed with the consumers need and safety.</p> |   |

**CONTACT INFORMATION**

Contact Name: Lori Carden  
Contact Phone Number: 562-225-1262  
Email Address: lori@myownlifefoundation.org

**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   | Xavier Family Home         |
| Vendor number(s)  | HJ0835                     |
| Primary regional center   | Inland Regional Center     |
| Service type(s)   | Adult Residential Facility |
| Service code(s)   | 113, 109                   |
| Number of consumers typically and currently served  | 2                          |
| Typical and current staff-to-consumer ratio   | 1:2, 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>Xavier Family Home is an Adult Residential facility, 6 bed, Level Specialized. Staffing ratio is 1:2 and 1:1. All consumers are ambulatory and have moderate to severe behavior excesses. We have a mini van that is difficult for transporting due to limited seating for staff. Currently there is one resident that is still in school however stays at home quite often to due to severe behaviors. This requires funding additional staff to stay at home with her.</p> <p>A typical weekday consists of the following: 6am: wake-up shower and hygiene routine (with verbal prompts<br/> 7:00am: breakfast and medication assistance<br/> 7:30am-8:15 am: Wait for transportation, choice to watch TV or listen to music in the living area or in their rooms.</p> <p>One individual takes private transportation to and from day program. The other is transported by school bus.</p> <p>2:00pm-Until bedtime: Everyone has different interests and ways to spend their time after program. Both consumers typically listen to music on the sofa<br/> Dinner is between 5:00pm and 6:00pm, Games or evening activity until 7:30pm<br/> Weekday evenings and weekends are spent on community outings in a group setting whenever possible.</p> |                            |
| <p><b>Project Narrative Description:</b> 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>In our concept we address our inability to meet HCBS in several situations and therefore we are requesting funding to fully comply. Lack of funding to provide additional staffing to take our</p>   |                            |

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residents in places where they can integrate and enjoy a variety of diverse relationships and memberships. Professional consultants to teach our staff how to react during a stressful situation while out in public is important. A consultant to shadow and teach our consumers what is and is not appropriate in public and give them the tools necessary to utilize the proper coping skills in an appropriate manner will be extremely helpful.

Our consumers have expressed interest in out of town trips, shopping, attending, sports outings, beauty shops, nail salons, beaches etc. Although many of these places are temporary closed due the Covid-19 pandemic. The lack of funding to hire additional staff to assist them safely is a barrier. In addition to consultants to train the consumers and the staff how to properly integrate into the community is difficult. Again transportation, large enough to provide safety to the driver when driving consumers that require additional security is a challenge. We feel staff, training and consumer integration is the key to our residence success.

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 X 6 \_\_\_ 7 X 8 \_\_\_ 9 \_\_\_ 10 \_\_\_

Federal Requirement: 1, 4, 5, 7 are out of 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.

Federal Req: #1. Barriers: Travel funds, Staffing, Training, Transportation

Federal Req: #4. Barriers: Training, Staffing

Federal Req: #5. Funds for advertisement for Staff, Consultants, Training, Salaries

Federal Req: #7. Funds for advertisement for Staff, repairs/replacement of property

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.

In order to comply with federal requirement 1,4,5,7. Funding to ascertain and pay the proper staff, and consultants to work with the consumers and train staff will provide stability and consistency.

Safe, transportation where more staff can travel will provide safety to the consumers and staff.

Hiring a Community Integration consultant to train Direct Support Staff and Direct Support back up staff will facilitate learning of the HCBS requirements and client rights along with hands-on training for the consumers while in the community. With these trainings the staff will be able to best serve the needs of the consumer.

In two years the consumers will be able to see their progress because it will be rewarded by being able to participate and be accepted more and more in their community with others that are different than themselves.

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

Once the above barriers are addressed. We can continue to provide quality assurance and completely comply with HCBS requirements. Our consumers look forward to being in the community and do not cognitively understand many times why they are not. Consistent outings make a difference in their behaviors. They get to see how others besides their peers are acting while in the community and mimic that behavior as well. The staff track the consumers behavior

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while out in public and they are written in the consumer daily notes. They are tracked on a numerical scale and evaluated by the behaviorist. This information is then discussed with the Community Integration consultant and any necessary training for the staff and the consumer will be conducted based on this data in an effort to achieve the desired goals

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 IDT team and circle of support including the consumer meet during quarterly meetings and more if necessary to review and revise the clients IPP goals. In addition to the meeting, we work with our consultant to discuss if the IPP goals are on target. During the meeting the consumer and their circle of support have expressed how we can fulfil the need for the consumers to have more access to the community in a safe way.

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

With the resources expanded, we would have more flexibility to offer a wider variety of choices and encourage the individuals to come up with more activities of their choice.

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

We will maintain our van by routinely taking it for scheduled maintenance, oil changes etc. We feel at the end of this project our Community Integration consultant will not be needed full-time and will have provided enough training to our staff and consumers for us to maintain what we have been taught. They will also provide us in writing directives that we can follow. I am hopeful that our additional staff will find fulfillment and satisfaction with working with our population and want to continue to grow with the company.

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](#).

8-10 passanger Mini Van (Including registration and insurance) \$60,000  
 Additional Staffing for 1:1 outings beyond current staff \$23,040 per staff member  
 Community Integration Specialist 2 years \$51,840 per year  
 Additional Staff Handy Man - 2 years \$38,400 per year  
 Education and Training in HCBS concepts \$3500 each year  
 Consumer out of town: \$6000 for hotel and lodging and related costs

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.

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Vehicle request for funding will be on a tight maintenance scheduled to ensure operation for longer time.

Funding for education and staff training and consultants will be based on materials presented by trainers that the home will develop its own curriculum for new incoming staff.

Funds for trips out of town will be budgeted carefully taking into consideration the need and interest of the consumers.

When the funding from the HCBS for the trip is exhausted we will gladly continue to supplement the trips and events as done in the past.

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.

We have not received DDS Funding

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.

N/A

| HCBS CONCEPT BUDGET                |                   |                    |                   |               |             |                   |
|------------------------------------|-------------------|--------------------|-------------------|---------------|-------------|-------------------|
| Vendor Name                        |                   | XAVIER FAMILY HOME |                   |               |             |                   |
| Vendor Number(s)                   |                   | HJ0835             |                   |               |             |                   |
|                                    | Wage and Benefits | Year 1 Budget      |                   | Year 2 Budget |             | Total             |
|                                    |                   | FTE                | Annual Cost       | FTE           | Annual Cost | Cost              |
| <b>Personnel (wage + benefits)</b> |                   |                    |                   |               |             |                   |
| DIRECT CARE STAFF                  | 47680             | 3.00               | \$ 143,040        |               | \$ -        | \$ 143,040        |
| HANDY MAN                          | 76800             | 1.00               | \$ 76,800         |               | \$ -        | \$ 76,800         |
| COMMUNITY INTEGRATION CONSULTANT   | 103680            | 1.00               | \$ 103,680        |               | \$ -        | \$ 103,680        |
| Position Description               |                   |                    | \$ -              |               | \$ -        | \$ -              |
| Position Description               |                   |                    | \$ -              |               | \$ -        | \$ -              |
| Position Description               |                   |                    | \$ -              |               | \$ -        | \$ -              |
| Position Description               |                   |                    | \$ -              |               | \$ -        | \$ -              |
| Position Description               |                   |                    | \$ -              |               | \$ -        | \$ -              |
| Position Description               |                   |                    | \$ -              |               | \$ -        | \$ -              |
| <b>Personnel Subtotal</b>          |                   |                    | <b>\$ 323,520</b> |               | <b>\$ -</b> | <b>\$ 323,520</b> |
| <b>Operating expenses</b>          |                   |                    |                   |               |             |                   |
| EDUCATION & TRAINING               |                   |                    | \$ 7,000          |               | \$ -        | \$ 7,000          |
| MINI VAN                           |                   |                    | \$ 60,000         |               | \$ -        | \$ 60,000         |
| OUT OF TOWN OUTINGS                |                   |                    | \$ 12,000         |               | \$ -        | \$ 12,000         |
|                                    |                   |                    |                   |               | \$ -        | \$ -              |
|                                    |                   |                    |                   |               | \$ -        | \$ -              |
|                                    |                   |                    |                   |               | \$ -        | \$ -              |
|                                    |                   |                    |                   |               | \$ -        | \$ -              |
|                                    |                   |                    |                   |               | \$ -        | \$ -              |
|                                    |                   |                    |                   |               | \$ -        | \$ -              |
| <b>Operating Subtotal</b>          |                   |                    | <b>\$ 79,000</b>  |               | <b>\$ -</b> | <b>\$ 79,000</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>\$ 402,520</b> |               | <b>\$ -</b> | <b>\$ 402,520</b> |

See Attachment F for budget details and restrictions