

## 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: 1/25/21	Completed by: Paula Finley, Chief of Services
Vendor Name, Address, Contact: Becoming Independent, 1455 Corporate Center Parkway, Santa Rosa, CA 95407 Contact: Paula Finley, Chief of Services	
Vendor Number: H83740, H83899, HN00498, PN1102, PN1111, H83741, PN1050	
Service Type and Code: Community Integration Training Program (055), Adult Day Program (510), Behavior Management Program (515)	

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<p><b><u>Federal Requirement #1:</u></b> <i>The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals receive services in the community based on their needs, preferences and abilities?</li> <li>• Does the individual participate in outings and activities in the community as part of his or her plan for services?</li> <li>• If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource?</li> <li>• Do individuals have the option to control their personal resources, as appropriate?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Of the nearly 300 people served in Becoming Independent’s Day Service program, 10% of them travel in wheelchairs. Many of these individuals have expressed strong interest in spending more time in the community rather than in the agency facility.</p> <p><b>Barriers to Federal Requirement #1:</b> Transportation options for individuals who travel in wheelchairs are limited compared to their ambulatory peers. Barriers include: <b>Lack of effective Public Transportation.</b> Limited accommodations for wheelchairs often require individuals to wait for the next bus, with still no guarantee of a spot. This delay uses up a sizable portion of their time and seriously limits their time in the community. Utilizing public transportation also limits the distance they can travel. <b>ADA restroom accommodations are nearly non-existent.</b> When a person who requires a lift is accessing community environments, they must return to the agency facility when they need a restroom. Lacking smaller vehicles and portable hooyer lifts makes it impossible to provide 100% community-based services without taking measures such as using two adult briefs each for our non-ambulatory clients – a practice that is antithetical to our core values of human dignity and respect. Moreover, we do not believe that such a practice should be necessary in order to provide what should be an innate right for each of us: Engaging in our communities in the manner that we choose.</p>	
<p><b><u>Federal Requirement #2:</u></b> <i>The setting is selected by the individual from among setting options, including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual’s needs, preferences, and, for residential settings, resources available for room and board.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals?</li> <li>• Does each individual’s IPP document the different setting options that were considered prior to selecting this setting?</li> </ul>

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

Please explain: Currently, all of the individuals served at BI have IPPs on file. Thanks to previous funding from DDS, we have been able to identify a person-centered service plan for many of our clients through our Discovery Project and update their IPPs accordingly. **Barriers to Federal Requirement #2: Historically, transportation options have been limited.** Those who use wheelchairs for travel have not had the full range of options that are available to their ambulatory peers. Therefore, **people using wheelchairs are often provided with a set of fixed options** from which to choose. Based on those options, clients are then assigned activities. To-date, there are 8 individuals who travel in wheelchairs who have completed or nearly completed Phase 1 of the Discovery process, yet their self-determined service plan cannot be implemented without the necessary transportation. The amount of time spent in preferred community settings is also limited due to a **lack of appropriate restroom facilities.**

**Federal Requirement #3:**

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

**Guidance:**

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

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

Please explain: BI continues to be committed to ensuring each individual's rights of privacy, dignity and respect. BI has a zero-tolerance policy for coercion and restraint. We have processes in place that ensure each person's individual choices are respected and supported, using NADSP's Informed Decision Making process.

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<p><b><u>Federal Requirement #4:</u></b> <i>Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider offer daily activities that are based on the individual's needs and preferences?</li> <li>• Does the provider structure their support so that the individual is able to interact with individuals they choose to interact with, both at home and in community settings?</li> <li>• Does the provider structure their support so that the individual is able to participate in activities that interest them and correspond with their IPP goals?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Before and during the recent COVID-19 restrictions, BI has offered a wide variety of activities and environments based on individual choice for ambulatory clients. <b>Barriers to Federal Requirement #4:</b> BI has <b>struggled to offer the same full choice of preferred environments to individuals who use wheelchairs</b> as is available to their ambulatory peers. Prior to the pandemic, ambulatory service recipients have enjoyed much more choice than their peers traveling in wheelchairs in accessing the full spectrum of community activity offerings, as they are less limited by transportation options, and the inaccessibility of restroom facilities. <b>Utilizing the larger, BI branded busses is often stigmatizing.</b> This stigma is felt particularly by young people, who are much more interested in being seen in the community in a more traditional passenger vehicle. <b>The size of our busses is prohibitive.</b> All but two of our vehicles that will accommodate wheelchairs are too large to be parked in traditional parking spaces, which limits community options considerably.</p>	
<p><b><u>Federal Requirement #5:</u></b> <i>Facilitates individual choice regarding services and supports, and who provides them.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available?</li> <li>• Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Our ambulatory program participants have had expanded choices based on their stated preferences. <b>Barriers to Federal Requirement #5:</b> The physical barrier to offering a full range of supports to both ambulatory and non-ambulatory clients is the <b>limited means of transportation.</b> Without enough vehicles that support smaller groups, we are not able to accommodate individual choice, but must instead accommodate the group as a whole. Additionally, <b>lack of adaptive restroom facilities</b> limits the choices and opportunities we are able to provide.</p>	

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

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

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<p><b><u>Federal Requirement #8:</u></b> <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?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: <a href="#">Click or tap here to enter text.</a></p>	
<p><b><u>Federal Requirement #9:</u></b> <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?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: <a href="#">Click or tap here to enter text.</a></p>	
<p><b><u>Federal Requirement #10:</u></b> <i>The setting is physically accessible to the individual.</i></p>	<p><b><u>Guidance:</u></b></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?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: <a href="#">Click or tap here to enter text.</a></p>	

## CONTACT INFORMATION

**Home and Community-Based Services (HCBS) Rules  
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Contact Name: Paula Finley  
Contact Phone Number: 707-524-6704  
Email Address: pfinley@becomingindependent.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

## **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.

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	Becoming Independent
Vendor number(s)	H83740, H83899, HN00498, PN1102, PN1111, H83741, PN1050
Primary regional center	North Bay Regional Center
Service type(s)	Community Integration Training Program (055), Adult Day Program (510), Behavior Management Program (515).
Service code(s)	055, 510, 515
Number of consumers typically and currently served	Typical: 315 Current: 295
Typical and current staff-to-consumer ratio	Typical: 1:4, 1:3, 1:2 Current: Primarily 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>Pre-pandemic, BI's Day Services were offered at a 1:2, 1:3, or 1:4 ratio, based on each person's stated interests in the following areas: Vocational, Social, Educational, Community Service Volunteerism, and Recreational. Our ability to transport individuals into community settings was expansive for ambulatory individuals but limited for non-ambulatory. With current COVID-19 restrictions in place, our services are being offered both virtually and in person. In person supports are primarily offered at a 1:1 ratio to maintain appropriate social distancing mandates.</p>	
<p><b>Project Narrative Description: While filling out this section, reflect on how services are typically provided and how that might have changed in the past year. Think about what has been learned in the past year and how that might shape services going forward. Funding awarded through this concept can span the course of up to two years which would allow time to shape services to be more person-centered and align with the HCBS federal requirements.</b></p>	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p>	
<p>BI is requesting funding for the purchase of 4 minivan conversion vehicles, each with 1-2 wheelchair tie down spaces, as well as 4 portable hoist lifts to ensure accessibility of public restroom for individuals who travel in wheelchairs. Without these smaller vehicles and accompanying lifts, the clients most dependent on BI for access to their communities will have extremely limited options for service and would be unable to access their desired community environments for meaningful periods of time.</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__x__ 2__x__ 3__ 4__x__ 5__x__ 6__ 7__ 8__ 9__ 10__</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>	

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1. **Barriers to Federal Requirement #1:** Limited public transportation options and nearly non-existent ADA restroom accommodations for individuals who travel in wheelchairs greatly impedes our ability to provide these clients with the services they have chosen, in the setting they prefer. Having smaller vehicles that can accommodate people who travel in wheelchairs and equipping each of them with portable hooyer lifts ensures that all clients are able to engage in the community in a way that reflects their personal preferences and stated needs.
2. **Barriers to Federal Requirement #2:** Without additional smaller vehicles that can accommodate those who travel in wheelchairs, and which would allow staff to consider an individual's choice rather than compromising to the choices of a larger group, we are hindered from fulfilling the individualized and self-determined service plans of our clients. With the necessary vehicles, each equipped with portable lifts, BI staff can honor the personal choices of clients, including the setting in which they receive services.
3. **Barriers to Federal Requirement #4:** Ambulatory service recipients have enjoyed far greater choices in their daily activities, physical environment, and with whom they interact than their peers traveling in wheelchairs. BI seeks to offer comparable and comprehensive services to every person we serve, regardless of where they are on the ability spectrum.
4. **Barriers to Federal Requirement #5:** Without enough vehicles that support smaller groups, we are not able to accommodate an individual's choice of staff. With this funding for smaller and wheelchair accessible vehicles, as well as portable lifts for each vehicle, our ability to provide our clients with their preferred staff is considerably strengthened.

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.

BI has determined that the acquisition of 4 minivan conversion vehicles and 4 portable hooyer lifts is the pathway to being in compliance with each of the 1-5 Federal Requirements. As we continue to provide clients access to our Discovery Project, our need for vehicles and portable adaptive restroom equipment has become illuminated as a primary barrier to full compliance. With these vehicles and lifts, we will establish a far greater capacity to accommodate the demand for community access among our clients who travel in wheelchairs. Non-ambulatory service recipients will have the same opportunities to access and accomplish community-based goals, explore interests, and participate in vocational or volunteer jobs as their ambulatory peers. Smaller vehicles will offer non-stigmatizing transport that will be able to utilize any parking situation.

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

BI has not previously tracked the number of opportunities that individuals were not afforded, nor the number of trips that had to be cut short because of the need to utilize a restroom. However, upon purchase of the vehicles and lifts, BI will implement tracking mechanisms to gather data that will illuminate the number and length of opportunities, as well as the perceived benefit of those opportunities that would not have been possible without these smaller, accessible vehicles and accompanying lifts.

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A cost to value comparison or return on investment cannot measure quality of life. Data collection and analytic strategies will never capture the value of a life to which opportunities of their own choosing, resulting in feelings of freedom and independence, have been added.

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.

BI is grateful for previous funding from DDS which made our Discovery Project possible. The Discovery process is wholly dependent on input from the individuals served, and, in fact, would have no purpose to exist without their input. This design was intentional and born of feedback from clients stating their desire for more than a predetermined set of daily activities from which they could choose. In creating the Discovery Project, staff took the lead from the people themselves as they researched and developed exercises that seek to understand individuals in the context of their age, gender, culture, ethnicity, belief system, social and income status, education, family, and any other factors that make them unique.

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

Person-centered services are determined through our Discovery Project, and are based on the interests, talents, goals and desires of each person as an individual. Now, as clients are moving through Discovery, we see that many of our clients cannot realize the full benefit of the Project's considerable potential unless we are able to pair access with insights. Many service providers may inquire with their client what their individual desires are for the direction of their own service, but do not then provide them with the ability to walk that path. BI intends to honor our core values and our commitment to the people we serve by pairing access into the community with the insights into each client's personal choices.

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

With more individualized transportation options and equipment for full accessibility to public restrooms, we will be able to more effectively respond to each person's wishes in accessing community environments. This will continue for the life of the vehicles. The agency will be responsible for all incidental costs of vehicle maintenance, fueling and insurance.

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](#).

This proposal and accompanying budget include capital purchases, which would be acquired immediately upon funding and put directly into use. Purchases include:

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<p>1. 4 minivan conversion vehicles including 1-2 wheelchair tie down spaces. 2. 4 portable hoier lifts.</p>	
<p>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.</p>	
<p>Not applicable</p>	
<p>12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?</p>	<p>HCBS Funding    ___ No ___x_ Yes. If Yes, FY(s) 17/18 &amp; 19/20          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) _____</p> <p>If yes to any question be sure to answer questions 13 and 14.</p>
<p><b>For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS</b></p>	
<p>13. If your organization has received prior funding from any of the above sources, please provide an update on the prior funding project. You may copy and paste from progress update(s) previously provided to regional centers or DDS.</p>	
<p>BI achieved progress on Federal Requirement #1 following receipt of DDS funds in FY17/18 to support the hiring of Vocational Exploration Specialists (now called Discovery Coaches). Staff originally imagined that clients would be eager to share insights about their dream job, instead, many shared their desire to pursue relationships, hobbies, and connections to the wider community. To-date, DDS funds have supported service to 130 individuals who worked 1:1 with a Discovery Coach. 64 individuals have completed Phase 1 of Discovery and went on to Phase 2, where they put the pursuit of their goals into action. The other 66 individuals are currently in Phase 1. To-date, 36 individuals have competed Phase 2.</p>	
<p>14. If your organization received prior funding, please explain how the current funding request is not redundant with any prior funding received and/or builds on the prior funding but was not part of the original funding.</p>	
<p>Our previous funds were used to develop and implement our person-centered Discovery Project, which provides an in-depth assessment and insight into each person's dreams, goals, interests and talents in relation to each Life Domain. Our Discovery Coaches incorporate those interests into a practical plan created to achieve their primary goals. Our current request for funding is not redundant, and, in fact, builds upon the previous funding by providing the vehicles and lift systems we need in order to fully realize the individual plans created in Discovery.</p>	

HCBS CONCEPT BUDGET						
Vendor Name		Becoming Independent				
Vendor Number(s)		H83740, H83899, HN00498, PN1102, PN1111, PN1050, H83741				
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
<b>Personnel (wage + benefits)</b>						
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
<b>Personnel Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Operating expenses</b>						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
<b>Operating Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Administrative Expenses</b>						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
<b>Administrative Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Capital expenses</b>						
2019 Dodge Grand Caravan Braun XT Wheelchair Conversion Van			\$ 48,714			
2019 Dodge Grand Caravan Braun XT Wheelchair Conversion Van			\$ 50,911			
2019 Dodge Grand Caravan Braun XT Wheelchair Conversion Van			\$ 50,911			
2019 Dodge Grand Caravan Braun XT Wheelchair Conversion Van			\$ 50,920			
(4) Portable Hoyer Lifts			\$ 12,012			
<b>Capital Subtotal</b>			<b>\$ 213,468</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Total Concept Cost</b>			<b>\$ 213,468</b>		<b>\$ -</b>	<b>\$ -</b>

See Attachment F for budget details and restrictions