

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 5, 2021	Completed by: Cynthia P. Dinglasan
Vendor Name, Address, Contact: Equiventure Day Program, Inc. 258 Sunset Avenue, Suite M Suisun City CA 94585	
Vendor Number: HN0479	
Service Type and Code: Community Integration Training - 055	

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<p><u>Federal Requirement #1:</u> <i>The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals receive services in the community based on their needs, preferences and abilities? • Does the individual participate in outings and activities in the community as part of his or her plan for services? • If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource? • Do individuals have the option to control their personal resources, as appropriate?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Equiventure Day Program was formulated with the concept of integrating the clients/participants in the community. Our goal is geared towards normalization with no barriers. Opportunities, choices, education and quality care are the core of our services. We provide a person-centered approach in achieving our participants' maximum level of competency</p> <p>Before the pandemic, we take our participants in the community to immerse/integrate or utilize the available community resources and opportunities. Our participants spend time in the community through Community Based Instruction (CBI) that focuses on developing interpersonal skills, choices, money management and community safety and awareness. At present, we are conducting Zoom group activities daily, going out in the community virtually to enhance engagement of clients during this pandemic.</p> <p>Most participants have physical and medical challenges. We provide pre-vocational training for participants who have desire of future employments. Example of which are sorting materials by color, size or kind, paper shredding and recycling. We are located in a commercial center and plans of acquiring network for future employment of our participants around our area.</p> <p>Some individuals control their personal resources by communicating their wants and needs through body language, vocalization and eye gaze. Some of them uses old communication devices that are outdated.</p> <p>Participants in our day program are not able to receive full access to activities and integrate in the community they individually enjoy. Transportation and staffing to assist them to these places have always been a challenge because each individual has a different interest of enjoyment. In addition, group community activities limit some individual choice of activity.</p>	

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<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 Please explain: Equiventure Day Program participants has their current IPP on file through NBRC. Our services are formulated through our participant's IPP. We collaborate with our participant's ID team to enhance, provide the best care, address the needs and choices of each individual we serve. Prior to placement at Equiventure Day Program, the participant and family/conservator visit the facility to find out if the individual is a good fit to the program. Different setting options are considered by each individual or their respective conservator based on their needs and wants.</p>	
<p><u>Federal Requirement #3:</u> <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint? • Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality? • Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: Upon enrollment of a participant in Equiventure, personal rights are discussed with the individual. Personal Rights is part of Equiventure's curriculum. On morning huddles,</p>	

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the teacher discusses (verbalizes) their rights (Personal Rights of People with Disability). Individuals are encouraged to participate in the discussion of their rights.

Personal information of every individual is well kept and placed in secured area. Staff are aware of the policy of confidentiality and we practice the principles of HIPPA. Written and verbal communications with the home providers are strictly confidential.

Our staff are trained to communicate with the participants based on their needs and preferences. We use Go Talks or assistive technology, communication boards, pictures, sign language, communication switches, computers, audio visuals and other ways and means for our participants to communicate their wants and needs. Currently, we have limited resources and outdated communication devices.

Federal Requirement #4:

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.

Guidance:

- 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?

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

Please explain:

Equiventure Day Program offers services to prepare each participant for future employment opportunity through pre-vocational activities. A variety of different activities are presented to our participants and they are empowered to make choices using communication devices in expressing their wants and needs.

We would like to get training in customized employment to become better able to support people who have employment goals.

To better serve participants with mobility issues, anxiety and physical challenges, we would like to provide a Wellness Program that is incorporated to our daily activities through Massage Therapy, thus improving their focus, circulation and good relaxation.

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<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> <p>Equiventure provides well trained and caring staff for our participants. We practice the value of integrity and compassion when providing services. We assign our staff by zones/groups wherein we rotate our staff weekly to different zones to familiarize them to the preferences and needs of our participants. We encourage our participants to voice their concerns and issues. Through documentation and observation, we base our staff zoning with the participant's preferences and needs.</p> <p>Equiventure encourages and/or motivates our participants to voice their concerns and issues if the need arises at any time. Constant and open communication with the home providers are practiced. Voices are heard to provide the best care and training for participants. For non-verbal individuals, client's body language, demeanor, gesture and facial expression are the baseline used to determine their preferences and preferred staff.</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><u>Federal Requirement #6:</u> <i>The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city or other designated entity. For settings in which landlord/tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord/tenant law.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement? • Are individuals informed about how to relocate and request new housing?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:</p>	
<p><u>Federal Requirement #7:</u> <i>Each individual has privacy in his/her sleeping or living unit: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed. Individuals sharing units have a choice of roommates in that setting. 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 type="checkbox"/> Yes <input type="checkbox"/> No Please explain:</p>	

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<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 type="checkbox"/> Yes <input type="checkbox"/> No Please explain:</p>	
<p><u>Federal Requirement #9:</u> <i>Individuals are able to have visitors of their choosing at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Are visitors welcome to visit the home at any time? • Can individuals go with visitors outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or weekends?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:</p>	
<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? • 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 type="checkbox"/> No Please explain:</p>	

CONTACT INFORMATION

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Contact Name: Cynthia P. Dinglasan
Contact Phone Number: (408)504-3947
Email Address: equiventuredayprogram@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

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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.

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Vendor name	Equiventure Day Program, Inc.
Vendor number(s)	HN0479
Primary regional center	North Bay Regional Center
Service type(s)	Community Integration Training
Service code(s)	055
Number of consumers typically and currently served	31
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>Equiventure Day Program is a center-based day program for adults with medical and developmental disabilities. We are vendored for 45 clients with North Bay Regional Center and licensed for 45 clients in May 2018. It is a medical day program serving individuals with mild to severe medical conditions such as seizure disorder, respiratory compromise, hypothermia, GT/JT feeding, fall risk, and other related medical issues. Most of our clients were from Sonoma Developmental Center that were transitioned last year to the community due to closure of the center.</p> <p>Our curriculum is based on the person-centered philosophy and services. Community integration is immersed in our participants' daily activity considering their preferences, environment, weather condition and the availability of a licensed person. We encourage our participants to participate, be active, to self-advocate, to look and feel good, to express what they think and feel, and to be an active member of their new community.</p> <p>Equiventure recognizes the needs of individuals to actively and appropriately communicate their needs to maximize their opportunity to participate in inclusive community environment and achieve their personal goals. Individuals are trained to communicate through our trained staff using alternative methods of communication and our limited resources in technologies based on their needs and preferences. Most of our participants are still using the old Go Talks (most of them are not working and desktop computers (outdated) that they used way back at SDC.</p>	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p>	
<p>We provide services for individuals with significant health issues. Currently, we try our best to be in compliant with the Federal Requirements but our resources are very</p>	

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limited. We believe that Equiventure can deliver better and can enhance the services we provide by requesting funding to augment what we currently have.

- Purchase 2 accessible Toyota Sienna dedicated to participants, who will be exploring their own individual interest of enjoyment and access full social activities like connecting to family and friends by visiting them at their own residences.
- Increase Mobility Aide/staff with 1:1 ratio (2 staff), so that appropriate supports can be provided in the community.
- Increase licensed persons to go with the medically challenged participants for community integration. Currently, we do community integration for the medically challenged clients once a week due to the availability of a licensed staff.
- Medical equipment such as suction machine, oxygen, etc. that will go with the medical professional when in the community to address some medical needs of our participants.
- Purchase new iPads, switches, computers, communication devises and other state of the art technologies that will help and enhance communication training of the clients we serve. Our clients are currently using outdated devices.
- Receive training in Customized Employment from Griffin-Hammis Associates so we can individualize supports for people who are interested in employment.
- Request budget to purchase massage chair to be used by participants in our wellness program.

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_x 4_x 5__ 6__ 7__ 8__ 9__ 10__

#1 Out of compliance. Equiventure's participants who expressed their choice of going to their own social outings such as shopping and connecting to people, friends and relatives by visiting them at their respective residences are not able to receive access to such activity due to limited transportation and staffing to assist them.

In addition, outing and activities in the community for the medically fragile participants are limited, due to the need for, licensed staff to support them and medical equipment that goes with them.

#3 Out of compliance. Majority of our participants have no access to a communication device when they go out in the community and some have outdated communication equipment. There should be a continuity of training from the home to the day program, and from the day program to the community. Giving them the right tools for communication will enhance their ability to make choices and self-advocacy.

#4 Out of compliance. Our clients cannot express themselves verbally and communication is the key factor for independence and self-advocacy. We have some participants who expressed their desire to someday work to earn money. Staff training in customized employment will support and help them achieve their goals. The Wellness Program will help them improve their focus and circulation.

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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.

One of the key barriers here is the need of developing an effective communication system in order for individuals to express their choices, needs and self-advocacy. Another barrier is the need for 2 accessible Toyota Sienna vans for participants individual choice of activity, 2 additional licensed staff and 2 regular staff that will accompany our medically fragile clients to the community more often.

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.

The requested funding for the 2 accessible Toyota Sienna vans will enable participants who expressed their choice to have their own private time and socialize with their friends and family. Acquiring additional licensed staff, medical equip. will increase frequency in the community for integration and opportunities. Pre-vocational equip. will give clients skills for future employment. The requested funding for communication technology will empower them to appropriately communicate their preferences and needs. The massage therapy will enhance wellness and relaxation of individuals.

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

The proposed outcomes and objectives of the concept are as follows;

2 accessible Toyota Sienna vans – opportunity for our participants to see places they want to go based on their own choice of interest and enjoyment. To explore their own social connection with their friends and families.

Communication & Technology – Will empower clients to express their wants & needs

- Computers will increase leisure/recreation skill through the use of different program applications.

Wellness Therapy – will best serve our aging clients for mobility, relaxation, focus and boost their moral.

Licensed and Support Staff- They will ensure the safety of our medically fragile participants when in the community.

All proposed concepts will be integrated in the participants daily activities. Close monitoring and documentation will be part of the participant's record.

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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 projects requested for funding were conceptualized and formulated to add more benefit to Equiventure participants. We identified and classified each participant's wants and needs by listening to their request (for the verbal clients) and ID Team/ professional Consultants input (for participants who do not express verbally) as we identify the things that are important TO him/her and things that are important FOR him/her.

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

These proposals will enable participants to actively and appropriately communicate their needs through the use of state-of-the art technology. New accessible Toyota Sienna vans will give opportunity to our participants to practice their social skills based on their own choice and interest. Additional licensed staff/regular staff will provide supervision and care when medically fragile participants are in the community. The massage therapy will make our clients feel good, relax and attain optimum health.

9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2019-20 HCBS Funding.

Equiventure Day Program is committed to achieving compliance with HCBS regulations and therefore has plans in place to sustain the benefit of this project. Equiventure is focused on creating new community-based opportunities, on ways to engage persons served in making choices and self-advocacy. We will be focusing our service to our participants wants and needs, respecting each participants uniqueness, by providing them the support we have requested from HCBS. We are confident to see a better person for every individual we serve. We take pride on how dedicated we have served our participants by actively participating in each of our participants daily lives. And with this premise, with the support we are asking from HCBS, we are seeing a better individual in terms of their health, character, behavior and outlook in life. We believe in the saying "A HAPPY LIFE IS A QUIET LIFE". A quiet life results to a better health. A better health gives everyone a better quality of life.

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).

http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&lawCode=WIC

Major cost category and timeline.

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-Add 2 accessible Toyota Sienna vans with licensed staff and med equip. 2 mos. after funding.

-Add 20 ipads, and 10 computers 1 months after funding,

-Add 4 Massage Chairs 1 months after funding.

Please see attached Budget Template for costing and cost back up.

11. Please address sustainability of funding sources for all programs or concepts requiring any funding past the time frame of the requested grant, especially those that involve staff or other long-term costs. Please mark "not applicable" if costs will all be incurred during the program time frame.

Not Applicable

Describe the barriers to compliance and why this concept is necessary. If this information is in the evaluation section, please copy it here.

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.

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

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.

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

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

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](#).

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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.

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) 2020
 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.

Equiventure was awarded HCBS/CMS Grant last 2020. This funding was used to acquire 2 accessible Ford vans to be used for participants' group community integration program.

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.

What we currently have are basic equipment and materials that our clients are currently using. The funding that we are requesting will enhance the program by empowering our clients with new technology for communication, 2 accessible Toyota Sienna vans for participants individual choice of activity and a Wellness Program to boost our clients focus and morale.

HCBS CONCEPT BUDGET		Fiscal Year 2020-21					
Vendor Name		EQUIVENTURE DAY PROGRAM ,INC.					
Vendor Number(s)		HN0479					
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total	
		FTE	Annual Cost	FTE	Annual Cost	Cost	
Personnel (wage + benefits)							
1st Licensed staff	75600	1.00	\$ 75,600	1.00	\$ 75,600	\$ 151,200	
2nd Licensed staff	75600	1.00	\$ 75,600	1.00	\$ 75,600	\$ 151,200	
Mobility aide 1	25200	1.00	\$ 25,200	1.00	\$ 25,200	\$ 50,400	
Mobility aide 2	25200	1.00	\$ 25,200	1.00	\$ 25,200	\$ 50,400	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
Personnel Subtotal			\$ 201,600		\$ 201,600	\$ 403,200	
Operating expenses							
van maintenance for 2 vans			\$ 2,400		\$ 2,400	\$ 4,800	
gasoline			\$ 24,000		\$ 24,000	\$ 48,000	
Virtual Competetive Employment Training / ACRE Certificate - Griffin Hammis Associates(GHA) - All Staff			\$ 12,500			\$ 12,500	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Operating Subtotal			\$ 38,900		\$ 26,400	\$ 65,300	
Administrative Expenses							
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Administrative Subtotal			\$ -		\$ -	\$ -	
Capital expenses							
2 Accessible Toyota Sienna @ \$53,803.38			\$ 107,606			\$ 107,606	
4 Reclining Massage Chair @ \$4,299.00			\$ 17,196			\$ 17,196	
2 Portable Suction Machine @ \$630.88			\$ 1,261			\$ 1,261	
2 Portable Nebulizer/Inhaler @ \$144.15			\$ 288			\$ 288	
2 Portable Oxygen Concentrator \$2,445.00			\$ 4,890			\$ 4,890	
20 Apple iPad @ \$299.99			\$ 5,999			\$ 5,999	
10 Desk Top Computers @ \$829.99			\$ 8,299			\$ 8,299	
						\$ -	
Capital Subtotal			\$ 145,539		\$ -	\$ 145,539	
Total Concept Cost			\$ 386,039		\$ 228,000	\$ 614,039	

See Attachment F for budget details and restrictions