

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: 02/12/2021	Completed by: SASHI KUMAR
Vendor Name, Address, Contact: CALIFORNIA RESIDENTIAL FACILITY 3781 POLTON PLACE WAY SAN JOSE CA 95121 SASHI KUMAR	
Vendor Number: <u>HS0813</u>	
Service Type and Code: <u>915 AND 109</u>	

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

Federal Requirement #1:

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.

Guidance:

- 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?

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

Please explain: California Residential Facility assists 6 residents, and typically, we have several community outings scheduled throughout the weekdays and weekends. The facility is restricted in offering more individual choices due to having funding for only one vehicle. We believe our residents receive exceptionally good services, but with proper person-centered trained staff, there would be a greater emphasis on the needs and desires of each resident. A more personalized approach would lead to activities and services that support residents, and more creative options that challenge residents and enhance their ability to achieve their goals.

The residents will receive services based on their needs, preferences, and abilities.

The home staff refer the individual to appropriate community agency/resources by assisting competitive employment and preparing these individuals to achieve their goals for employment. These are some resources and techniques staff have offered:

1. Inform residents of the potential impact earning could have on public benefits and resources.
2. To provide residents to explore, seek, and experience employment, including work in a competitive integrated setting if desired.
3. Staff would identify potential jobs opportunities and resources of interest in the community e.g., training programs and educational programing resources. Additionally, research the wages and benefits for those opportunities and conduct a benefit analysis to see if there would be any negative impacts on the public benefits the resident would receive. Through this process, the resident can make an informed decision.
4. Helping prepare and review interview questions and answers.
5. Discussing work environments, requirements, principles, and ethics

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

6. Emphasizing on importance of punctuality and dress codes
7. Role play job interviews

Depending on individual ability levels, some of the residents have the option to control their personal resources as appropriate and desired. Cash ledgers with expenditure receipts are kept and an inventory list of all personal belongings are updated regularly as needed. Residents have control over their personal funds and access to information about their income. Staff would identify roles and responsibilities of parties as they relate to money management. Residents have access to their money when they choose, not just during a set timeframe.

Federal Requirement #2:

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.

Guidance:

- 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?

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

Please explain: All residents have current SARC IPP on file. The setting options are identified and documented and attached to the IPP after individual assessments done with IDT members.

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

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

	<p>methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?</p>
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: With the person-centered planning approach, staff needs to be aware and must understand its principles and values. Training for all staff is required to get a better understanding of the PCP approach.</p> <p>We inform individuals about their rights to privacy, dignity, respect and freedom from coercion and restraint by having regular meetings by:</p> <ol style="list-style-type: none"> 1. Provider does not discuss a resident in the open or within earshot of those who do not need to hear the discussion. 2. Residents have access to make and receive private telephone calls and access to personal communication via text, email, or other personal communication method. 3. All residents personal or health information are not left in open for others to see. 4. Residents can perform/receive personal care in a private are and with discretion and dignity. 5. Staff are trained to confidentiality policies and practices. 6. Staff keeps personal information private and does not share it with others without resident's written consent. 7. Residents have access to spaces for private conversations or quiet time (e.g., a place to be alone if someone is upset or wants to relax in a quiet area) <p>Residents are treated with respect and dignity in all aspects of life. Respecting a resident for who they are is a basic human dignity. Staff ensures the residents they assist are always treated with dignity and respect. This includes resident's likes and dislikes, talking with residents in a way that makes them feel respected and heard, and assisting residents with personal care in a compassionate manner that preserves their dignity.</p> <ol style="list-style-type: none"> 1. Staff assist residents with all personal cares in a dignified manner. 2. During mealtimes, staff do not require residents to wear bibs or use disposable cutlery, plates, and cups. 3. Residents can choose clothes and hairstyle that meet their personal preferences, fit and are clean and appropriate for the time of day and weather. 4. Residents are addressed by their preferred name, not "hon," "sweetie" or similar name. 5. Staff do not discuss a resident who is present like he/she is not there. They include the person in conversation. 	

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

6. Staff converse respectfully with residents while providing care and assistance, regardless of the resident's ability to vocalize a response.
7. Staff use written, verbal, and non-verbal communication that demonstrate the values of respect and dignity.
8. Provider Posts a recipient rights document in a general area where residents or guardians are likely to see.
9. A copy of resident's rights is kept in each resident binder with resident signatures.
10. Residents are periodically informed of about their rights.
11. Residents have access to contact or file a complaint or grievance in English and Spanish languages
12. Residents are informed the compliant policy includes a statement that no retaliation will occur if a complaint is filed.
13. Staff receives training on compliant and grievance policies.

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: Current staffing to residents is 1:2. Activities/outings are accomplished in groups and are identified in each resident's daily/weekly schedule. Residents take turns choosing an outing each time. The facility does not currently offer daily activities/outings that are based on individual preferences. Currently, due to lack of extra transportation, we are restricted to and have obstructions to community access according to individual preference. As a result, we are unable to support residents in their desires to participate in community.

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

<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: Residents have individual schedule of daily activities based on their preferences. Likewise, staff has been assigned appropriately to the individuals based in compatibility and resident requests.</p> <p>Residents can make an informed choice of where they live, work and receive services based on needs, preferences, financial resources and availability of settings, services and service providers. Priorities are given to the resident's preferences, unless for health and safety reasons.</p> <ol style="list-style-type: none"> 1. Residents know how to make a request for a new setting and/or changes to current services and supports. 2. Resident and their support team have opportunities for feedback and input regarding settings, services, and service providers. 3. Service coordinator provides resident with information about identifying, choosing, and changing settings in a manner or format they can understand. 4. Residents are encouraged to ask questions about their setting options. 5. Residents can visit or view a setting as part of their informed decision-making process. 6. If a resident wants to change their setting choice(s), their service coordinator supports them in that process. 	

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

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

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

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

<p><u>Federal Requirement #8:</u> <i>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> ● Do individuals have access to food at any time? ● Does the home allow individuals to set their own daily schedules? ● Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Residents have access to food at any time and can set their own daily schedules of choice. Residents have full access to all common areas such as kitchen, dining area, laundry, family room and living room.</p>	
<p><u>Federal Requirement #9:</u> <i>Individuals are able to have visitors of their choosing at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> ● Are visitors welcome to visit the home at any time? ● Can individuals go with visitors outside the home, such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or weekends?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Yes, visitors are welcome at the home. Residents can go with visitors outside the home as they choose. A visitor log is maintained at the facility.</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?

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

Does the service and/or program meet this requirement? **Yes** **No**
Please explain: Residents have the freedom to move inside and outside of the house as preferred. The backyard is set up for picnics and birthdays or any holiday gatherings. Grab bars are in bathrooms; ramps for wheelchairs are available for front entrance and for backyard entrances. All residents have full access to appliances and furniture.

CONTACT INFORMATION

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ACKNOWLEDGEMENT

By checking the box below, I acknowledge that completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that the Department may require to determine provider compliance with the HCBS settings rules.

I AGREE

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

Regional center vendors may receive funding to make changes to service settings and/or programs to help them come into compliance with the HCBS rules. To be considered for funding, vendors must complete and submit this form and the provider compliance evaluation form as one packet to the regional center with which it has primary vendorization.

Instructions:

- The concept form on the next page must be used, may not exceed four pages plus the budget worksheet and any cost backup, and must be kept in Arial 12-point font. Submit the form in Microsoft Word or PDF format. An extra half page is permitted to answer questions about prior funding.
- Using a form from previous years will negatively impact a concept score, so please ensure the current FY 20-21 form is used.
- For providers that operate programs with several vendor numbers involved in one concept, one evaluation and concept form should be submitted and should list all vendor numbers for related/included programs. If multiple programs owned by the same parent company have different compliance evaluations or concepts, additional applications can be submitted but should be attached in the same document as the other owned programs so they can be reviewed together.
- The results of the evaluation should be clearly laid out in the section referring to identification of federal requirements that are currently out of compliance, which the concept will address.
- The concept form includes detailed information that describes the funding requests and supports how the requests will assist the provider to come into compliance.
- There should be a clear link between what is being requested and the federal requirement currently out of compliance.
- Concepts should demonstrate how the requested change in service delivery will impact individuals in offering more choices and opportunities.

Strengths of previously funded concepts:

- Identified the need as well as proposed a plan to provide outreach and information regarding the HCBS rules to individuals served and members of their support teams.
- Discussed the need for additional funds to effectively support individuals served on a more individualized basis in overcoming barriers to community integration and employment, as appropriate.
- Prioritized the preferences of individuals served and utilized their feedback in the development of the concept.
- Implemented a sustainable plan for person-centered planning/thinking and training regarding the HCBS rules.
- Enabled residents to age in place and exercise more choice and independence.

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

Vendor name	California Residential Facility
Vendor number(s)	HS0813
Primary regional center	San Andreas Regional – San Jose
Service type(s)	Residential Behavioral Program
Service code(s)	915 & 109
Number of consumers typically and currently served	6
Typical and current staff-to-consumer ratio	2:1
<p>1. Please provide a brief description of the service/setting. Include what a typical day consists of during a 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>California Residential Facility is a Level 4F, servicing residents with behavioral challenges and autism. Our emphasis is to aid and support our residents to have full access to the benefits of community living in most integrated settings of their choosing. We provide various community outings, which includes dance classes, dance performances, trips to Monterey and Santa Cruz, picnics, movies, grocery shopping, mall and outlet visits, attend birthday parties and weddings. At times, there is a need to provide extra means of transportation to residents who choose a community outing individually rather than as a group.</p> <p>In addition to various community outings, the residents are provided transportation for personal needs such as doctor or clinic visits, and personal shopping occasions.</p> <p>Due to current pandemic situations, outdoor outings are limited to social distancing picnics, zoom Day Program and dance class meetings, movie nights via Netflix and Amazon, doctor and clinical visits, and shopping for groceries and personal needs.</p>	
<p>Project Narrative Description: While filling out this section, reflect on how services are typically provided and how that might have changed in the past year. Think about what has been learned in the past year and how that might shape services going forward. Funding awarded through this concept can span the course of up to two years which would allow time to shape services to be more person-centered and align with the HCBS federal requirements.</p>	

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

2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.

Currently, our residents have been going to community outings in one group; however, with person-centered planning, clients can choose their outings. In the past year, the schedule was too structured, and it would delay opportunities for residents to do activities of their choices. An extra vehicle will give flexibility to the structured schedule and provide the freedom to residents to participate in outings of their choice. Having an extra vehicle will not create a burden to the residents outing schedule, and residents will not have to be subjected to long waits for a vehicle to become available.

Currently, our residents have been going to community outings in one group; however, with person-centered planning, clients can choose their outings. In the past year, the schedule was too structured, and it would delay opportunities for residents to do activities of their choices. An extra vehicle will give flexibility to the structured schedule and provide the freedom to residents to participate in outings of their choice. Having an extra vehicle will not create a burden to the residents outing schedule, and residents will not have to be subjected to long waits for a vehicle to become available.

As an Administrator, I would need to attend classes called "Train the Trainer Training" to best educate and train my staff on the concepts of HCBS. If I teach my staff the concept of HCBS, the staff will be able to better relate to the needs of residents based on person-centered planning. When the concept of the HCBS is fully understood by the staff, they will be able to better comprehend what the residents want and not what the staff thinks the residents want. Overall, this training will educate my staff to better assist our residents.

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___ 2___ 3___ 4___ 5___ 6___ 7___ 8___ 9___
10___

1. Need to attend an extensive training of HCBS concepts to transfer knowledge of HBSC concepts and fully equip my staff to best assist residents.
2. Burden of prohibitive costs to provide multiple transportations.

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

4. For each HCBS out-of-compliance federal requirement that is being addressed by this concept, describe the barriers to compliance and why this concept is necessary. If this information is in the evaluation section, please copy it here.

1. Need for comprehensive training of all staff on person-centered planning for a cohesive understanding and implementation of program plans to individuals served by the program.
2. Burden of prohibitive costs to provide multiple transportations to residents for outings of their choice.

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.

1. With the move towards person-centered planning, staff training will provide clear understanding of principles of HCBS and provide opportunities to provide competitive integrated services to individuals being assisted. Funding is requested for the series of training required to satisfy the requirements.
2. To provide access to more community and personal outing opportunities to residents of outings of their choice. Funding is also requested to purchase vehicles for transportation.

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

1. My objective is to attend the training to well-resource the administrator and staff onto how to implement the HCBS program.
2. There would be greater emphasis on the needs and desires of each person.
3. A more personalized approach would lead to activities and services that support residents, and more creative options that challenge residents and enhance their ability to achieve their goals.
4. Having one on one conversations with residents and logging their interests and choices by creating One Page Description about each resident.
5. Having resident participate in choice making.
6. Any changes made by residents will be noted and used in making future objectives.

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

<p>7. My objective is to offer more flexibility to our outing schedules by having an additional van. The residents will have better opportunities to achieve their plans.</p>
<p>7. Please describe how and/or what was done to include input from the individuals served in developing this concept? Discuss not only the development of the concept, but also what steps were taken to identify the interests and desires of the individuals and who was involved in that process.</p>
<ol style="list-style-type: none"> 1. Residents had face to face discovery conversations with staff about their desires and needs that can be formatted to use to drive action based on: <ol style="list-style-type: none"> a. What a resident wants b. Where they want it c. When they want it d. Why they want it, and e. How they want it 2. For the residents that are conserved, family's input is needed during discovery conversations. 3. Outcomes of discovery conversations with each resident will be transferred to staff and service coordinators. 4. Decisions and choices are based on individual's safety and a good balance between important to and important for choices will be accommodated. 5. For residents that could not fully communicate their needs and desires, we use pictures, videos, magazines, visit to the mall, and advertisements were shared to identify residents' interests and desires/ 6. Weekly activity schedules were discussed giving multiple choices based on residents needs and desires. 7. Outings/events and dates/times were logged in for each resident.
<p>8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.</p>
<ol style="list-style-type: none"> 1. It will help residents work in partnership with their staff. 2. It may help minimize behavioral issues. 3. It will help them communicate better. 4. It will help them understand values of life and that they are important. 5. Power of communication will teach me and my staff to better communicate with individuals and how to listen.

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

and comprehend what the resident is trying to convey. It is especially useful in supporting residents who do not communicate well with words.

6. It will help us to provide a happy and positive environment for each resident and in return the concepts will help with behavioral issues and provide self-worth to each resident.
7. With more vehicles, it will help me maximize the opportunities to fulfil individual outing choices and desires or individual personal requirements, i.e., doctor visits.
8. With extra transportations in place, residents can have access to go into the community 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.

After the funding, administration will be trained and there will be a culture based on person centered thinking. We will be able to sort important to and important for each resident which will help us gain a deeper understanding of the individual while working towards a good balance. Staff will be able to support residents in situations rather than fixing it. Also, proper training will better inform us of our actions in partnership with the individual and those who love them. In Conclusion to our project, our residents will be satisfied, happier and live in a positive and healthier environment.

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](#).

The HCBS rules require us to implement individual choice and greater community involvement. The organization has been successful in increasing community access, but the critical point is the degree to which that community access meets the actual needs and desires of the individuals we serve. In order to be successful,

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

staff needs to really know what residents want to do and understand what resources/activities are necessary to achieve resident goals. The HCBS grant funds will allow California Residential Facility to address barriers of transportation and staff training. We are requesting funds to train our administrator and staffs in PCP and provide a better level of community integration to our residents of their choice.

By December 2023, the program will complete the following:

1) By January 2022, Administrator would be trained in PCP.

a) PCP 16 hour training (4 days)

Fees = \$125.00

2) By January 2022, one management Staff will have undergone

PCP Mentor Training Program (9-to-15-month program)

= \$17,855.00

3) By December 2022, first batch of 5 staff will have been trained in PCP 4-day training wages (16 hours)

x 5 persons at \$16/hour = \$ 1,280.00

Fees \$125.00X5 \$625.00

4) By March 2023, second batch of 4 staff will have been trained in PCP 4-day training wages (16 hours)

x 4 persons at \$16/hour = \$ 1,024.00

Fees \$125.00X4 = \$ 500.00

Sub Total = \$21,409.00

5) 2021 10-Seater Ford Van = \$70,000.00

Estimated Total = \$91,409.00

Requested funding for 2020-2021 \$91,409.00

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

11. Please address sustainability of funding sources for all programs or concepts requiring any funding past the timeframe of the requested funding, especially those that involve staff or other long-term costs. Please mark "not applicable" if costs will all be incurred during the program timeframe; up to two years. Not applicable.		
12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?	HCBS Funding	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____
	Disparity Funding	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____
	CPP Funding	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____
	CRDP Funding	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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.		
Organization has not received prior 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.		
Organization has not received prior funding		

HCBS CONCEPT BUDGET		CALIFORNIA RESIDENTIAL FACILITY					
Vendor Name		915(RESIDENTIAL ADULT) 109(PROG SUPP GROUP RESIDENTIAL)					
Vendor Number(s)							
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total	
		FTE	Annual Cost	FTE	Annual Cost	Cost	
Personnel (wage + benefits)							
1 Person-Centered thinking Administrator	17980	1.00	\$ 17,980	1.00	\$ 17,980	\$ 35,960	
5 staff \$16/hour for 16 hours attend initial training	1280	1.00	\$ 1,280		\$ 1,280	\$ 2,560	
4 staff \$16/hour for 16hours attend initial train	1024	1.00	\$ 1,024	1.00	\$ 1,024	\$ 2,048	
PCP initial training 9 staff x \$125	1125	1.00	\$ 1,125	1.00		\$ 1,125	
2021 10 seater Ford Van	70000	1.00	\$ 70,000	1.00	\$ 70,000	\$ 140,000	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Personnel Subtotal			\$ 91,409		\$ 90,284	\$ 181,693	
Operating expenses							
Food/beverage all HCBS trainings/wkshops			\$ 500			\$ 500	
Mileage cost all HCBS compliant traings/wkshops			\$ 700			\$ 700	
Hotel cost to attend annual PCT gatherings			\$ 600			\$ 600	
CBS compliance materials for creation/implementation			\$ 2,000			\$ 2,000	
Confidential meeting/person-centered activity space			\$ 18,000			\$ 18,000	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Operating Subtotal			\$ 21,800		\$ -	\$ 21,800	
Administrative Expenses							
Train-the-Trainer Certification Cost for Administrators			\$ 6,000			\$ 6,000	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Administrative Subtotal			\$ 6,000		\$ -	\$ 6,000	
Capital expenses							
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Capital Subtotal			\$ -		\$ -	\$ -	
Total Concept Cost			\$ 119,209		\$ 90,284	\$ 209,493	

See Attachment F for budget details and restrictions