

## 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: <a href="#">Click or tap here to enter text.</a>	Completed by: Cynthia Hill, Program Director
Vendor Name, Address, Contact: Life Services Alternatives, 260 West Hamilton Ave., Campbell, Ca	
Vendor Number: HS0370, HS0322, HS0321, H80863, HS0948, HS0482, HS0483, HS0484, HS0485, HS0486, ZS080, HS127, HS1218	
Service Type and Code: <a href="#">113-Residential 962 Homes; 113 &amp; 113 STS-Rivermark Homes; 915-ARF Homes; 55-CITP day activity services; 880-Transportation Services</a>	

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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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</b> Please explain: The individuals living in ARFPSHN homes use wheelchairs and require total staff assistance to move about in the home and in the community. The people living in ARF and RCFE homes and those in our Community Integration Program (CITP) require assistance in the form of staff supervision and transportation to go to places of their choosing. After COVID, individuals will need to be transported in smaller groupings than previous.. In the ARFPSHN and ARF/RCFE homes, vehicle usage is often necessarily scheduled for routine or emergency medical appointments, which interferes with small group outings based on individual preferences. Additionally, several individuals residing in ARFPSHN homes cannot participate in preferred community activities without additional respiratory support.</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>
<p><b>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</b> Please explain: Each individual has a current IPP on file that addresses if their needs and preferences will be met in their current living situation. Prior to moving into the home, the individual and the family visit and meet staff and other house mates. Private rooms are offered to almost all individuals living in the homes.</p>	

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<p><b><u>Federal Requirement #3:</u></b> <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint?</li> <li>• Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality?</li> <li>• Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: We review, describe and discuss rights upon admission, every year, and as needed, communicating this information both verbally and in writing. Individuals who would benefit from the use of assistive technology to better understand often do not have the funds for the equipment, and our staff lack training to fully develop their skills to utilize many alternative methods of communication, to include the use of assistive technology and sign language. Some individuals would also benefit from an assessment from a speech pathologist and, if then recommended, the purchase of assistive technology in the form of iPads and/or communication devices and training for staff in how to best implement the technology.</p>	
<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: Activities are structured to meet the individual's needs and preferences and IPP goals. Different activities are offered, and individuals choose in which to</p>	

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participate. Community involvement in the home and the CITP is limited due to transportation choices. Staff are now being trained about the person centered service plan/ new HCBS rules and do not yet have the skills to find community activities that would promote true community integration. Two key staff have completed the Person Centered Thinking Train the Trainer training and will begin to train other LSA staff ongoing, which was hampered by COVID. Having an additional staff trained would enable LSA to increase the amount of training available to LSA staff and would make it possible to offer Person Centered Thinking training to all of our staff as quickly as possible.

**Federal Requirement #5:**

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

**Guidance:**

- Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available?
- Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?

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

Please explain: If the individual expresses or demonstrates a preference for certain staff, we make every effort to schedule that staff to work with them. Individuals are free to voice any concern about services and staff will work with them to modify or change the service. Regularly scheduled Resident Council meetings are an opportunity for residents to express their concerns.

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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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</b>                  Please explain: Each person has an admission agreement. Each person has the right to request to relocate which is explained upon admission or when an individual or family member requests a change in location.</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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</b>                  Please explain: Almost all individuals moving into the LSA homes have a private room. All people living in the homes are encouraged and supported to decorate their rooms and</p>	

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participate in decisions about furnishing for the shared areas in the homes. Every individual has the ability to lock his or her room for privacy.

**Federal Requirement #8:**

*Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.*

**Guidance:**

- 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?

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

Please explain: People living in the LSA homes participate in the menu planning, shopping and cooking, laundry task and household task to the extent of their abilities. All common rooms are open. Snacks are available. Individuals are encouraged to participate in planning their schedule, to include attending a day program, weekend activities and vacations

**Federal Requirement #9:**

*Individuals are able to have visitors of their choosing at any time.*

**Guidance:**

- 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?

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

Please explain: Pre-COVID, LSA had a very liberal visitation policy and encouraged visitors and visits inside and outside of the home. Many residents would spend holidays and vacations with loved-ones. We currently follow COVID guidelines but look forward to going back to our previous visitation policy.

**Federal Requirement #10:**

*The setting is physically accessible to the individual.*

**Guidance:**

- 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?

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

Please explain: : Individuals are able to freely move about the home and outside. Staff provide assistance to those individuals who are in wheelchairs and not able to self-propel. Homes for individuals who are in wheelchairs meet all ADA requirements, and all rooms and back-yard patio are accessible.

**CONTACT INFORMATION**

Contact Name: Dana Hooper, Executive Director  
Contact Phone Number: 650-533-6556  
Email Address: dhooper@lsahomes.org

**ACKNOWLEDGEMENT**

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

I AGREE

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

### Instructions:

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

### Strengths of previously funded concepts:

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

More information on the HCBS rules and this form can be found at <https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/>.

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Vendor name	<u>Life Services Alternatives Inc.</u>
Vendor number(s)	HS0370, HS0322, HS0321, H80863, HS0948, HS0482, HS0483, HS0484, HS0485, HS0486, ZS0809, HS1217, HS1218
Primary regional center	SAN ANDREAS REGIONAL CENTER
Service type(s)	<u>ARFPSHN Residential, ARF Residential, Community Integration Training Program</u>
Service code(s)	<u>113-Residential 962 Homes; 113 &amp; 113 STS-Rivermark Homes; 915-ARF Homes; 55-CITP day activity services; 880-Transportation Services</u>
Number of consumers typically and currently served	25 live in ARFPSHN Homes 5 live in RCFE Homes 40 live in ARF Homes 12 individuals participate in our Community Integration Training Programs
Typical and current staff-to-consumer ratio	ARFPSHN—2:4 or 3:4 based on individual needs RCFE & ARF—2:4 during active times, 1:4 at night CITP—1:3 or 1:1
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.	
The individuals living in our ARFPSHN, RCFE and ARF homes, and their families have expressed a desire to be more involved in community activities of their choice. During IPP meetings, staff training, and resident council meetings, we have discussed the new HCBS rules and how to implement changes to provide better services for our individuals. As a result of these meetings, we have identified areas that we need to improve, including staff and administrative understanding of person centered planning and HCBS rules, how to implement identified service needs and how to develop more connections with the community.	
<b>Project Narrative Description:</b> While filling out this section, reflect on how services are typically provided and how that might have changed in the past year. Think about what has been learned in the past year and how that might shape services going forward. Funding awarded through this concept can span the course of up to two years which would allow time to shape services to be more person-centered and align with the HCBS federal requirements.	
2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.	
Person-centered thinking needs to be fully integrated into everything that LSA does. Staff who have not been trained in PCT concepts tend to think that their jobs consist only of care-giving and ensuring the health and safety of the individuals that LSA	

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serves. Extensive, ongoing training is necessary to educate staff to understand how to move past these basic goals to help individuals realize fully actualized lives. We are also looking at the needs of our more medically fragile individuals during this grant period. These individuals need additional consultant support to venture into the community and participate in preferred activities. We feel that we can make a huge difference in these individuals' lives by giving them this opportunity to explore.

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 \_\_\_

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—Transportation limitations affect staff ability to take individuals to preferred community activities. When outings are scheduled, planned or emergency medical appointments often take precedence regarding vehicle usage. In our ARFPSHN homes, several individuals are greatly limited in outings based on their need for respiratory therapy at all times.

#3—Many individuals served by LSA have difficulty communicating their choices verbally. Lack of assessment, technology and training for staff hinder individuals we serve from fully making choices and expressing their preferences.

#4—Individuals cannot always access individualized activities of choice because all individuals living in the home need to share a vehicle. Staff need additional training in Person Centered Thinking to plan individualized community-based activities.

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—Transportation limitations—additional vehicles in the LSA fleet would ensure that community outings would not have to be cancelled to accommodate medical emergencies or appointments. In our ARFPSHN homes, additional respiratory therapy hours would allow an RT to accompany medically fragile individuals to attend special outings in the community.

#3—Access to assessments by a speech pathologist to ascertain in individual's needs for assistive communication devices would give individuals who do not communicate verbally the opportunity to make life choices.

#4—Additional vehicles would facilitate more opportunities for individuals to participate in small group activities. Having two additional staff trained as Person Centered Thinking trainers would enable LSA to get all staff trained in PCT faster and would enable us to also train staff for other agencies.

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

Federal Requirement #1, #3, and #4 are out of compliance.

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LSA would continue to focus on providing training and support to the individuals, families and staff on the concepts of Person Centered Thinking and Planning to address requirements 1, 3 and 4. For the implementation of the new regulations, it is important that everyone involved in the IPP process have a clear understanding of the CMS Final Rule requirements.

To be successful, LSA wants to train one more key staff in the PCT concepts in order to work with staff and families by providing training and support before, during and after the IPP process. This staff would be responsible for increasing community inclusion by training direct support staff to make contacts within the various communities, assisting individuals in finding those activities in which they have expressed interest, to include paid employment, volunteer positions, and leisure activities. The Training Coordinator would also train and assist staff in obtaining equipment and/or training for alternative means of communication. (Requirements #1,3,4) Training will be recorded in each staff's file.

Req. # 1 & 3. The addition of Respiratory Therapy and Speech Pathology hours will enable individuals with respiratory illness and individuals who do not communicate verbally to make choices and communicate their desires. Increases in individuals' communication abilities will be recorded in their IPPs.

Req. #1. Two additional vehicles would need to be purchased to allow for an increase in community opportunities and to comply with COVID rules. These vehicles would be used by all LSA homes and the CIP so that our individuals are able to make choices about where to go and when they want to go. A small mini-van vehicle adapted for wheelchair use would open the program to the possibility of accepting participants with mobility issues.(Requirement 1,4) Increased access to individualized community activities will be recorded and reported quarterly to SARC as part of the HCBS grant process.

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.

LSA staff facilitate person-centered quarterly meetings for individuals during which their goals and dreams for the future are set. We encourage and invite the individual's family members and circle of support to attend and to participate in this process. The individuals, the people that are important in their lives, and LSA staff were queried as to how LSA can best improve its Person Centered approach and meet the HCBS Final Rule requirements. Those recommendations were incorporated into this proposal.

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

LSA believes that training is at the heart of person-centered services, both for staff and for the individuals that we serve. Training staff so that they understand how to provide services in a person-centered manner and training individuals in how to exercise their rights to make choices and to live fully actualized lives is critical to the success of the HCBS federal mandates. PCT requires a paradigm shift in thinking from care-giving to supporting individuals to realize their life goals. Assistance in the form of communication technology and vehicles will help staff to carry out the person centered plans developed during this process.

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<p>9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2020-21 HCBS Funding.</p>	
<p>Training: An additional PCT trainer will use this opportunity to create a DSS approved Person Centered Thinking/Planning Training that can be used ongoing to train new and existing staff. This creates a small redundancy plan to ensure that training will not stop if LSA loses an existing PCT trainer, and will get the training accomplished faster.                  Vehicles: After the second year, costs will be absorbed by the LSA operations budget.                  Respiratory Therapy: Before HCBS grant funding expires for this goal, LSA will pursue outside grant funding to maintain this benefit for the individuals that benefit from it.                  Speech Pathology: Before HCBS grant funding expires for this goal, LSA will pursue outside grant funding to maintain this benefit for the individuals that benefit from it.</p>	
<p>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 <a href="#">link</a>.</p>	
<p>Speech pathologist (consultant)-2 hours per week x 56 weeks x 2 years x \$75= \$16,800                  Respiratory therapist (consultant)-2 hours per week x 56 weeks x 2 years x \$75= \$16,800                  PCT train the trainer training for 1 key staff-\$6000                  2 W/C accessible Dodge Caravan minivans for ARF/RCFE/ARFPSHN homes-\$84,000                  Communication devices for 14 homes with cases and warrantees-\$15,000</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>Training: One additional PCT trainer will use this opportunity to create a DSS approved Person Centered Thinking/Planning Training that can be used ongoing to train new and existing staff. This creates a small redundancy plan to ensure that training will not stop if LSA loses an existing PCT trainer.                  Vehicles: After the second year, costs will be absorbed by the LSA operations budget.                  Respiratory Therapy: Before HCBS grant funding expires for this goal, LSA will pursue outside grant funding to maintain this benefit for the individuals that benefit from it.                  Speech Pathology: Before HCBS grant funding expires for this goal, LSA will pursue outside grant funding to maintain this benefit for the individuals that benefit from it.</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 <u> X </u> Yes. If Yes, FY(s) 18-19 &amp; 19-20                  Disparity Funding    <u> X </u> No ___ Yes.If Yes, FY(s) _____                  CPP Funding    <u> X </u> No ___ Yes. If Yes, FY(s) _____                  CRDP Funding    <u> X </u> No ___ Yes. If Yes, FY(s) _____</p>

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	If yes to any question be sure to answer questions 13 and 14.
<b>For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS</b>	
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.	
Two key staff have received PCT Train the Trainer training from PHP and have begun the Person Centered Planning Process for all our residents and participants. COVID has slowed our progress in getting all staff trained and Person Centered planning meetings have had to be done remotely. A vehicle was purchased from the 18/19 grant but the one from 19/20 has been on hold due to COVID but will be purchased soon.	
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.	
This grant request builds on our previous requests because although we've made headway in the concepts of the Final Rule, it is difficult for two trainers to train over 300 staff and complete over 80 Person Centered Plans for our residents and participants. COVID has put a strain on our capacity and has necessitated more vehicles to transport individuals in smaller groups.	

HCBS CONCEPT BUDGET						
Vendor Name		Life Services Alternatives				
Vendor Number(s)		HS0321,H80863,HS0948,HS0482,HS0483,HS0484,HS0485,HS0486,HZS0809				
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
<b>Personnel (wage + benefits)</b>						
Speech pathologist consultant 2 hours sper week	8400	1.00	\$ 8,400	1.00	\$ 8,400	\$ 16,800
for 2 years=\$75 per hour x 56=\$8400			\$ -		\$ -	\$ -
Respirator therapist consultant 2 hurs per wk	8400	1.00	\$ 8,400	1.00	\$ 8,400	\$ 16,800
for 2 years=\$75 per hour x 56=\$8400			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
<b>Personnel Subtotal</b>			<b>\$ 16,800</b>		<b>\$ 16,800</b>	<b>\$ 33,600</b>
<b>Operating expenses</b>						
Person-centered Thinking train the trainer course for one staff at \$6000			\$ 6,000			\$ 6,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Operating Subtotal</b>			<b>\$ 6,000</b>		<b>\$ -</b>	<b>\$ 6,000</b>
<b>Administrative Expenses</b>						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Administrative Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Capital expenses</b>						
2 wheelchair accessible Dodge Caravan minivan that can be used for ARFPSHN and ARF homes and CITP program			\$ 84,000			\$ 84,000
iPads and cases for communication + 2-year warranty x 14 homes			\$ 15,000			\$ 15,000
						\$ -
						\$ -
						\$ -
						\$ -
<b>Capital Subtotal</b>			<b>\$ 99,000</b>		<b>\$ -</b>	<b>\$ 99,000</b>
<b>Total Concept Cost</b>			<b>\$ 121,800</b>		<b>\$ 16,800</b>	<b>\$ 138,600</b>

See Attachment F for budget details and restrictions