

## 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: January 30, 2021	Completed by: Marie Jan Foronda-Cayabyab
Vendor Name, Address, Contact: Parkside Villas II, 300 S 22 <sup>nd</sup> St., San Jose, CA 95116. Contact: Marie Jan Foronda-Cayabyab 510-375-1335	
Vendor Number: HS1196	
Service Type and Code: Adult Residential 15	

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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></p> <p>Please explain: Prior to Covid19, all persons living in our home were able to go out into the community for some time to integrate with others outside of the home, and outside of the regional center population. However, not all individuals are not able to receive full access to activities and integrate in the community they fully enjoy, due to reasons of lack of transportation. The home does not have enough transportation or the correct type of transportation due to certain individuals' mobility differences, and staffing assistance is also a challenge to certain places since different individuals want to enjoy different outings. Individuals have different interests of enjoyment, and oftentimes the outings are beyond the scope of what the home can provide. Some of the clients we serve have limitation in ambulation, some clients want to enjoy an outing where other individuals do not want to go, so there are a lot of outing conflicts. 2 smaller modes of transportation, instead of 1 large van will enhance community access for a smaller groups and provide more choice.</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></p> <p>Please explain: Each individual living in the home is very well cared for by staff. Each person also has an updated (every quarter) IPP goal and report per regional center that is submitted to all members of the ID team. The individual is the goal driver, and the</p>	

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<p>family members who are also involved along with administrator and staff make sure that we do what we can to help the individual meet their goals</p>	
<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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</b>          Provider keeps constant communication with the individuals and their authorized representatives regarding their rights and grievance process in a manner that they understand or through tier authorized representatives.</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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</b>          Please explain: Not all of the people who reside in the home are able to receive full access to activities and participate in community outings and events they fully enjoy, due to the lack of transportation. All clients have an opportunity to go on outings, however many complaints are due in part because the individual does not like the outing that the group voted on, or the</p>	

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individual would often express that they did not have time to go to their location of their choice because of lack of time or spending too much time at another location. This would be a matter of having additional vehicles in the home, such as smaller vehicles for a smaller cohort of individuals within the home. Some of the clients our home serves also have restricted ambulation, which makes it difficult to mingle with those individuals who are completely ambulatory. A choice in vehicles such as a smaller vehicle for those who are completely ambulatory, and a van with wheelchair access would be ideal in this situation. This would help with the dilemma of doing a group outing with different mobility issues and also different interests in outings. Two additional vehicles greatly expand inclusion to opportunities in the community.

### **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: Limited funding to send staff to various staff training is also a big barrier in providing meaningful and person-centered services to these individuals. Prior to staff being hired, and for continuing education purposes, the home would need to send staff to a variety of training so the staff is well-versed in how to handle situations such as de-escalating outbursts, following care plans, and knowing how to provide meaningful attention to the individual inside of the home and outside of the home during outings.

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

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

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<p>Please explain: Each person living in the home has a roommate. The individuals' side of the room is adorned with their personal touches, their choice of décor and to their own liking.</p>	
<p><b><u>Federal Requirement #8:</u></b> <i>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have access to food at any time?</li> <li>• Does the home allow individuals to set their own daily schedules?</li> <li>• Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?</li> </ul>
<p><b>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</b> Please explain: Communal dining is an option. Each person has the choice to dine in their room, living room or dining area.</p>	
<p><b><u>Federal Requirement #9:</u></b> <i>Individuals are able to have visitors of their choosing at any time.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Are visitors welcome to visit the home at any time?</li> <li>• Can individuals go with visitors outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or weekends?</li> </ul>
<p><b>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</b> Please explain: Due to COVID19, the home is now following CDC protocols, government mandates, and the guidance of licensing and regional center, as a result the home is not currently taking visitors. However, prior to the COVID19 mandates, individuals were able to accept visitors at their discretion. Individuals were also able to leave the home to go on vacation with their family members and friends of their choosing, and were also able to come home to their family homes on the weekends.</p>	
<p><b><u>Federal Requirement #10:</u></b> <i>The setting is physically accessible to the individual.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area?</li> <li>• Are grab bars, seats in bathrooms, ramps for wheelchairs, etc., available so that individuals who need those</li> </ul>

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	<p>supports can move about the setting as they choose?</p> <ul style="list-style-type: none"> <li>• Are appliances and furniture accessible to every individual?</li> </ul>
<p><b>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</b></p> <p>Please explain: Every person living in the home is able to move about freely inside the home, except in other individual's bedrooms, unless they were given permission by the individual residing in that particular room. Individuals are able to roam freely inside the home in the common areas as well as outside of the perimeter of the home. The space inside and outside has the safety measures in place such as ramp and handrails, and free of any obstruction. However, all bathrooms are in need of updating to ADA compliant standards. Most residents have matured into an age where it is difficult to get in a tub for a shower or others have walkers and wheelchairs that need more space to move for safety.</p>	

**CONTACT INFORMATION**

Contact Name: Marie Jan Foronda-Cayabyab

Contact Phone Number: 510-375-1335

Email Address: janice.parksidevilla@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	Parkside Villas II
Vendor number(s)	HS1196
Primary regional center	San Andreas Regional Center
Service type(s)	Adult Residential
Service code(s)	915
Number of consumers typically and currently served	15 consumers
Typical and current staff-to-consumer ratio	1:4
<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>Parkside Villas II is a residential care facility for the elderly /DD home, 15-bed, level 4F that has served the community for many years. We are not a traditional 6 bed facility like most other homes. We are licensed and have 15 residents in our home. Most of the individuals who have lived at Parkside Villa have been here for 25+ years. All consumers have moderate to severe behaviors. Some consumers also have some ambulatory issues, such as individuals needing a walker, and some individuals are overweight, for which both issues make getting into a mini-van quite challenging. These physical imitations make it somewhat difficult and time consuming to use the home's mini-van that is used for doctor's appointments and leisure outings. Prior to COVID19 lockdown, all individuals attended an in-person day program 5 days a week. Currently, all individuals attend via zoom. The home provides a safe space for each person, continuous medication management, well-balanced scrumptious meals, and well-caring staff, the individuals also find comfort, peace and enjoyment, with a joyous atmosphere in the home. Individuals are given a choice in many of their activities, as well as choices in food options. Staff makes sure to help the individuals log on to their day program, staff also help with the troubleshoot as necessary, they help with activities provided by the day programs such as cutting and gluing arts and crafts, and oftentimes an individual will not know how to maneuver to break out rooms or not know how to mute and unmute, so the staff will provide assistance with that aspect. During COVID times, staff still continues to take the clients to necessary medical appointments, and outings have been more prominent since the individuals do not go out to the day programs at all. On certain days the clients are brought to empty parks for hiking, or clients are also brought to fast food chains just for the drive-thru purposes of being out of the home even for a brief moment. The home has tried to be creative with outings even with lockdowns. Prior to the COVID lockdowns, the home weekend outings included attending a wide variety of community events and outings such as malls, bowling, movie theater, shopping in big chains such as Target and Costco, concerts, fairs, and church.</p>	
<p><b>Project Narrative Description: While filling out this section, reflect on how services are typically provided and how that might have changed in the past year. Think about what has been learned in the past year and how that might shape services going</b></p>	

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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.

Parkside Villa's inability to meet some HCBS criteria is a result of the request for funding. Each individual is unique and has different interests. 1) The home would like to request for funding to update the bathrooms to be fit for our now elderly community and be compliant with ADA standards. Majority of the clients in this home have lived here since they were in the 30s, and many are now into their 60s, parts of the home are no longer the best fit for their needs and the common areas need a lot of updating. It is very difficult to have our elderly shower over a bathtub. Given residents' current mobility, ADA compliant showers and toilets are best suited for their current needs and it would help in their mobility and decrease chances of accidents in the bathroom. 2) The home would like to respect the interests of each person and be able to afford to take them to their choice of activities, where each person feels most like they belong during outing events. This will help keep the individual mentally engaged in all other aspects of their life, keep each person sharp, and the outings help to prevent future illnesses such as maintaining good emotional health and to prevent any early onset of dementia, alzheimers, etc. Connecting with others during outing events help keep a positive mood, which in turn wards off depression, and improves the individual's physical health. Additional transportation will help to fulfill these situations. Furthermore, staff training is also valued and is seen as an important role in having proper engagement between staff and resident. Staff training is another funding request. Parkside Villa would like to hire a professional training coordinator such as a consultant to address person-centered services and HCBS final rule and build on those foundations for a well-trained staff member. 3) Parkside Villa would also like to request more funding for 2 smaller modes of transportation (2 Toyota Priuses or similar electric vehicles), for the purposes of taking smaller cohorts of people in outings. A smaller vehicle would be practical for both types of individuals who are mobile and non-mobile (uses walker), as long as the group being taken out are in a smaller cohort. The mini-van is currently being used as a bigger group outing, which defeats the purpose of helping to cater to each individual outing requests for community integration, and a smaller vehicles also makes the transport inconspicuous. 4) Lastly and most importantly, Parkside Villa funding request is also asking due to a need in updating/upgrading our storage area in the back of the home into an accessory dwelling unit (ADU). The goal for an ADU, is because there is currently the living room is being used as the dining room in Parkside Villa. Adding a separate wing of the house would give the residents more choice and flexibility, independence, and freedom to move about the home, and it would make more sense in their environmental lifestyle. Especially during COVID19 times, where it is necessary to isolate individuals who might contract the virus, and would need full isolation from the rest of the household. Parkside Villa's existing storage space in the back would be the best fit to build an ADU space. In the month of December a staff with no symptoms unknowingly brought COVID19 into the home. All safety precautions had been followed, such as masks being worn all day, temperatures checked, proper hygiene-- however, the job description of a staff/caregiver/DSP oftentimes require caring for the individuals with virtually no space in between them, making it impossible to maintain any social distancing and protection even with the proper PPE gear. As a result, all members of the household, staff and residents alike were exposed to COVID, and all eventually contracted the virus. Since there was no separate wing of the home, this scenario made it impossible to isolate the infected from the non-infected. As result, there was an outbreak at Parkside Villa. Allocating funds towards an ADU unit will help contain hazardous conditions such as this outbreak that Parkside Villa had.

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.

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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.

Federal Requirements #1, 4, 5, 10: Funding to update bathrooms to ADA compliant standards to help our elderly community and converting our storage into an accessory dwelling unit with a bathroom will be beneficial for the individuals because that will be a much needed extra common room that the residents will gain and would have full access to, to enjoy more activities, and practice their independence. It also serves as a separate wing to where we can help contain another outbreak such as COVID19. Additional funds to purchase smaller transportation will help individuals have more control of schedules and outing preferences. This will be a big help to the residents in the home who are not able to receive full access to activities and integrate in the community they fully enjoy. All individuals in the home have the opportunity to go on outings, but it is quite difficult when a larger group has to compromise on the outing agreement, vs. smaller cohorts with additional staffing and additional transportation to accompany the outings. Transportation, additional staffing along with staff training will help with more activity access for each individual. Parkside Villa would like to hire a consultant to train the staff that will educate on personal centered concepts, HCBS final rule., resident rights, and each individual's needs met. The ADU would give more access to an additional part of the home to do more activities with the residents such more room for smaller group cohorts for table games (puzzles, arts and crafts, etc), exercise activities, reading nooks, and social hour. More importantly, it will also serve as an isolation room for any future breakouts.

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.

Federal Requirements #1, 4, 5, 10d: By getting funding for more vehicles, this will help ensure that all of our individuals' in the home who request for leisure outings are met, rather than bringing one big group in the van- smaller vehicles allow for more intimate and smaller cohort settings of people to achieve their preferred excursion. In regards to funding for an additional dwelling unit, it will satisfy the requirements for space and independence while helping Parkside Villas prevent future outbreaks such as the COVID19, as the ADU can also be used as a proper isolation room. The ADU would also provide individuals in the home an additional common area room for them to move about to since the home currently only has one living room and not a family room area. In order for an individuals to be a part of their preferred community setting and integrate and enjoy activities with other people outside of the home and outside of regional center community, Parkside Villas is requesting person-centered-planning and HCBS final rule training for staff so that the staff has a more meaningful staff to client bond, and that the staff is well-versed with the HCBS final rule, as well as staff being knowledgeable and have the ability to cater to the needs and requests of each individual.

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

By updating the bathrooms to ADA compliant standards, our current elderly residents will be able to get in the shower safely and maneuver their wheelchairs and walkers safely and efficiently. Converting the back storage area into an ADU will help the individuals because that will be a much needed extra common area that the residents will gain and would have full access to, to enjoy more activities, and practice their independence as well as serve a separate wing to where we can help contain another outbreak such as COVID19. The ADU gives additional space for

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individuals to be supported instead of just all residents congregating in the dining area, it is another place where residents can feel supported, and come together in a different part of the home in smaller cohorts. During the COVID19 lockdown, many residents had to be well-spaced out to adhere to physical distancing mandates, and many had to remain in their bedrooms, because there was not enough social distancing space in the dining area. When many individuals were in their room attending their virtual day program zoom meetings, the residents had no choice but to try their best to cope well with this hardship. With the funding for the outings, the purpose is so that Parkside Villa can have smaller cohorts and would achieve in helping all of the individuals get a chance of being a part of a community outing of their choice, and not just following on what is compromised by a larger group. The individuals in smaller outing cohorts will be comfortable in the community and feel like they belong. An outing log for each resident is always updated and relayed in IPP meetings.

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.

All individuals shared their thoughts and concerns on all these matters regarding more choice in activities in the community/home – such as bathroom mobility difficulties, and our current experience with COVID outbreak in the home. Staff input was also key in the development as their safety during COVID was a priority on how we could have contained the outbreak better, and their input on the difficulty in helping our elderly community in the shower and toilet.

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

With more choices comes the opportunity for the individual in the home to build greater self-regulation, life meaning and purpose. Parkside Villa feels that it is highly important to provide each individual with choices in their activities and outing to their personal liking because it helps with their confidence and their ability with their own life skills.

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

The licensee/administrator has ongoing trainings/meetings with all staff on a monthly basis. This monthly ongoing training educates and reiterates person-centered awareness and continues the expansion for search for meaningful activities and outings driven by the residents in the home.

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](#).

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

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<p>long-term costs. Please mark "not applicable" if costs will all be incurred during the program timeframe; up to two years.</p>	
<ul style="list-style-type: none"> <li>- Converting storage to and ADU will be sustainable for the life of the residents to use. Timeframe for completion will be approximately 6-9 months</li> <li>- Updating bathrooms to ADA compliant standards will also be sustainable for the life of the residents to use.</li> <li>- Vehicles requested for funding will be on regular maintenance schedule to ensure trouble free operation.</li> <li>- Funding for person centered planning education/ training for staff: Funds will also be dispersed toward staff trainings to make certain that staff are up-to-date with any new memos, new training materials as stipulated by HSBC final rule.</li> </ul>	
<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    <input checked="" type="checkbox"/> No    <input type="checkbox"/> Yes. If Yes, FY(s) _____</p> <p>Disparity Funding    <input checked="" type="checkbox"/> No    <input type="checkbox"/> Yes. If Yes, FY(s) _____</p> <p>CPP Funding    <input checked="" type="checkbox"/> No    <input type="checkbox"/> Yes. If Yes, FY(s) _____</p> <p>CRDP Funding    <input checked="" type="checkbox"/> No    <input type="checkbox"/> Yes. If Yes, FY(s) _____</p> <p>If yes to any question be sure to answer questions 13 and 14.</p>
<p><b>For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS</b></p>	
<p>13. If your organization has received prior funding from any of the above sources, please provide an update on the prior funding project. You may copy and paste from progress update(s) previously provided to regional centers or DDS.</p>	
<p>N/A</p>	
<p>14. If your organization received prior funding, please explain how the current funding request is not redundant with any prior funding received and/or builds on the prior funding but was not part of the original funding.</p>	
<p>N/A</p>	

HCBS CONCEPT BUDGET						
Vendor Name		Parkside Villas II				
Vendor Number(s)		HS1196				
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
<b>Personnel (wage + benefits)</b>						
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
<b>Operating expenses</b>						
PCP Training			\$ 9,000			\$ 9,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 9,000		\$ -	\$ 9,000
<b>Administrative Expenses</b>						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
<b>Capital expenses</b>						
Install ADU Unit (\$320,000 including modify 3 bathroom			\$ 245,000			\$ 245,000
Modify 3 Bathrooms to be ADA Compliant			\$ 75,000			\$ 75,000
2 Toyota Prius' or similar			\$ 64,000			\$ 64,000
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 384,000		\$ -	\$ 384,000
<b>Total Concept Cost</b>			<b>\$ 393,000</b>		<b>\$ -</b>	<b>\$ 393,000</b>

See Attachment F for budget details and restrictions