

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.

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| Date(s) of Evaluation: 2-11-21 | Completed by: Eyob Wallano |
| Vendor Name, Address, Contact: W & W Residential Care Facility, 3919 Sutro Avenue, Los Angeles, CA 90008 | |
| Vendor Number: HX0768 | |
| Service Type and Code: ARF | |

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| <p><u>Federal Requirement #1:</u></p> <p><i>The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</i></p> | <p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals receive services in the community based on their needs, preferences and abilities? • Does the individual participate in outings and activities in the community as part of his or her plan for services? • If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource? • Do individuals have the option to control their personal resources, as appropriate? |
| <p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: The facility is licensed for 4 residents and each resident receives according to their needs and abilities. These individuals participate in birthday parties, church activities, dinning outs and shopping as their preferences. A few of the residents control their resources and do appropriately paid jobs.</p> | |
| <p><u>Federal Requirement #2:</u></p> <p><i>The setting is selected by the individual from among setting options, including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</i></p> | <p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals? • Does each individual's IPP document the different setting options that were considered prior to selecting this setting? |
| <p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: The provider has each resident's current regional center individual program plan on the individual's file which exhibit different setting options.</p> | |
| <p><u>Federal Requirement #3:</u></p> <p><i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p> | <p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint? • Does the provider communicate, both |

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| | <p>verbally and in writing, in a manner that ensures privacy and confidentiality?</p> <ul style="list-style-type: none"> • Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)? |
| <p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain:</p> <ul style="list-style-type: none"> • The individuals are served in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint. The staff communicates verbally and in writing depending on their understanding. • The 4 residents are living in two rooms and each room facilitated for two residents with different needs. We wish to divide the existing room with a few modifications to facilitate each may have his/her single room that helps to practice their rights to privacy, dignity, respect, and freedom from coercion and restraint. | |
| <p><u>Federal Requirement #4:</u> <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><u>Guidance:</u></p> <ul style="list-style-type: none"> • 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? |
| <p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain:</p> <ul style="list-style-type: none"> • The facility provides daily activities that are based on the individual's needs and preferences as gardening, cooking, assisting on washing their cloths and taking care of their room sanitation. • The care service and training issues are structured to the way support to be so that the individual is able to interact with individuals interest and choice based on their IPP | |

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.goals. 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?

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: The facility provides a support according to the individuals care in choosing which staff provides whom with existing alternative staff schedule available and the staff also be able to modify their services and/or voice their concerns outside of the scheduled review of services.

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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:

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| <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain:</p> <p>As applicable, everyone has a residency agreement and admission agreement, depending the requirement from South Central Regional Center. All residents individually informed about how to relocate and request new housing per their needs.</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | |

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Please explain:

- Individuals share rooms because only two are available for consumers, and of these rooms the doors have no locks, as per the previous requirements. Each individual needs to have privacy in his/her sleeping room. The rooms have clear and appropriate entrance doors but one or two of the residents are unable to lock and unlock the doors or one can open and lock and another maybe not able to do those given services.
- The facility is licensed for 4 residents and two residents allocated in one room with normal size and two others are in vey large room can be modified/reconstructed to fit other rooms.
- Some share rooms because only two are available and to be HCBS complaint, everyone should have their own rooms to be used as their choices.
- The facility needs funding in remodeling rooms to increase privacy and accessibility as individuals need.

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: Currently the residents have all access to the kitchen, bathrooms, living rooms and other areas of the home. The staff provides daily and weekly individuals schedules to fit their needs. But a few individuals closely observed to keep away from fire and hot foods during food preparations. The clients have a choice to the dinning area, laundry and comfortable seating in a shared area.

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: The residents have guests when they choose but their family and friends generally choose to visit them when ever they want. The individuals go with visitors

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outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or weekends.

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?

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

Please explain:

Currently the residents have access to most areas of the home and outside home without any restriction. We have a few residents who need special access to wheelchair with ramps, bathroom and toilet seat grab bars. These appliances are needed for smooth accessibility. Therefore, the facility needs funding to provide requires accessibility for residents.

CONTACT INFORMATION

Contact Name: Eyob Wallano
 Contact Phone Number: (323) 599 6472 or (323) 792 4628
 Email Address: eyobwalla@yahoo.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.

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 | W & W Residential Care Facility |
| Vendor number(s) | HX0768 |
| Primary regional center | South Central Los Angeles Reginal Center |
| Service type(s) | ARF |
| Service code(s) | 905 |
| Number of consumers typically and currently served | 4 |
| Typical and current staff-to-consumer ratio | 3:1 |
| <p>1. Please provide a brief description of the service/setting. Include what a typical day consists of during regular program as well as how services are currently being provided. This response must include the baseline/current levels for any aspects of the program for which the concept proposes funding.</p> <p>The W & W residential care facility is licensed for four resident and located at 3919 Sutro Avenue. Los Angeles, CA 90008. The facility is a level three and two resident share one bedroom. These individuals participate in birthday parties, church activities, dinning outs and shopping as their preferences. A few of the residents control their resources and do appropriately paid jobs.</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> <p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p> <ul style="list-style-type: none"> The individuals are served in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint. The staff communicates verbally and in writing depending on their understanding. The 4 residents are living in two rooms and each room facilitated for two residents with different needs. We wish to divide the existing room with a few modifications to facilitate each may have his/her single room that helps to practice their rights to privacy, dignity, respect, and freedom from coercion and restraint. <p>3. Identify which HCBS federal requirements this concept addresses that are currently out of compliance. Could be all or a subset of those identified as out of compliance on the evaluation.</p> | |
| <p>1___ 2___ 3X___ 4___ 5___ 6___ 7X___ 8___ 9___ 10X___</p> | |

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| <p>3X - The 4 residents are living in two rooms and each room facilitated for two residents with different needs. We wish to divide the existing room with a few modifications to facilitate each may have his/her single room that helps to practice their rights to privacy, dignity, respect, and freedom from coercion and restraint.</p> <p>7X - Individuals share rooms because only two are available for consumers, and of these rooms the doors have no locks, as per the previous requirements. Each individual needs to have privacy in his/her sleeping room. The rooms have clear and appropriate entrance doors but one or two of the residents are unable to lock and unlock the doors or one can open and lock and another maybe not able to do those given services.</p> <p>The facility is licensed for 4 residents and two residents allocated in one room with normal size and two others are in very large room can be modified/reconstructed to fit other rooms.</p> <p>Some share rooms because only two are available and to be HCBS complaint, everyone should have their own rooms to be used as their choices.</p> <p>The facility needs funding in remodeling rooms to increase privacy and accessibility as individuals need.</p> |
| <p>4. For each HCBS out-of-compliance federal requirement that is being addressed by this concept, describe the barriers to compliance and why this concept is necessary. If this information is in the evaluation section, please copy it here.</p> |
| <p>Out of compliance #7, the rooms do not have lockable handles and replacement is required to fulfil that all individuals will have ability to lock their rooms as personal living space.</p> |
| <p>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.</p> |
| <p>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.)? A few of our consumers may use a technology as a laptop computer and this may fulfill the needs and preferences of the residents.</p> |
| <p>6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?</p> |
| <p>The objectives are as address the necessary changes related to HCBS guidelines: Creation and implementation of plans for all residents per their preferences. Implementation of programmatic changes per individuals goals, and development of individuals hands on trainings.</p> <p>The outcomes: The individuals interest and preference kept well according to the HCBS guidelines.</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</p> |

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| <p>steps were taken to identify the interests and desires of the individuals and who was involved in that process.</p> | | | | | | | | | | | | | | | | | | | | | |
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| <p>In individuals planning model, the residents address their needs and all the needs documented as to be implemented as their preferences and interests. The implementation directly needs the resident input added to the gained information adapted from other facility operations.</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>The concept of person-centered planning purpose is to give residents a chance to include their preferences in their individual plan allowing staff to structure supports and activities per individuals interest. This brings a [positive result in a more self-directed culture for residents.</p> | | | | | | | | | | | | | | | | | | | | | |
| <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 style="text-align: center;">Project benchmarks</p> <p>1 – 2 Months - Improving accessibility for resident with ramps & railings to the back door of the home.</p> <p>1 – 2 Months - Bathroom accessories (install safety aids and equipment for shower, bathtub, around toilet sets in two bathrooms.</p> <p>Days - Month - Laptop computer (technology access for resident preferences).</p> <p>3 – 9 Months - Special locks on doors, big bedroom to reconstruct or remodel as to be used by each resident.</p> <p>1 – 12 Months - Gardening (teaching/training individuals how to plant and harvest fruits, vegetables, herbs, in addition to flowers that not only serves as an organic food source for the home, but as a means of creating community with fellow individuals and sharing the fruits of our labor with them as well.)</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.</p> <p>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.</p> | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center; padding: 5px;">Funding request 20 – 21</th> </tr> <tr> <th style="width: 5%; padding: 5px;">#</th> <th style="width: 75%; padding: 5px;">Description/Items for cost category</th> <th style="width: 20%; padding: 5px;">Cost in \$</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 5px;">1</td> <td style="padding: 5px;">Improving accessibility for resident with ramps & railings to the back door of the home.</td> <td style="text-align: right; padding: 5px;">7,759.00</td> </tr> <tr> <td style="text-align: center; padding: 5px;">2</td> <td style="padding: 5px;">Bathrooms accessories (install safety aids and equipment for shower, bathtub, around toilet sets in two bathrooms.</td> <td style="text-align: right; padding: 5px;">6,902.06</td> </tr> <tr> <td style="text-align: center; padding: 5px;">3</td> <td style="padding: 5px;">Laptop computer (technology access for resident preferences).</td> <td style="text-align: right; padding: 5px;">2. 500.00</td> </tr> <tr> <td style="text-align: center; padding: 5px;">4</td> <td style="padding: 5px;">Special locks on doors, big bedroom to reconstruct or remodel as to be used by each resident.</td> <td style="text-align: right; padding: 5px;">80,000.00</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </tbody> </table> | Funding request 20 – 21 | | | # | Description/Items for cost category | Cost in \$ | 1 | Improving accessibility for resident with ramps & railings to the back door of the home. | 7,759.00 | 2 | Bathrooms accessories (install safety aids and equipment for shower, bathtub, around toilet sets in two bathrooms. | 6,902.06 | 3 | Laptop computer (technology access for resident preferences). | 2. 500.00 | 4 | Special locks on doors, big bedroom to reconstruct or remodel as to be used by each resident. | 80,000.00 | | | |
| Funding request 20 – 21 | | | | | | | | | | | | | | | | | | | | | |
| # | Description/Items for cost category | Cost in \$ | | | | | | | | | | | | | | | | | | | |
| 1 | Improving accessibility for resident with ramps & railings to the back door of the home. | 7,759.00 | | | | | | | | | | | | | | | | | | | |
| 2 | Bathrooms accessories (install safety aids and equipment for shower, bathtub, around toilet sets in two bathrooms. | 6,902.06 | | | | | | | | | | | | | | | | | | | |
| 3 | Laptop computer (technology access for resident preferences). | 2. 500.00 | | | | | | | | | | | | | | | | | | | |
| 4 | Special locks on doors, big bedroom to reconstruct or remodel as to be used by each resident. | 80,000.00 | | | | | | | | | | | | | | | | | | | |
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| 5 | Training residents in gardening & landscaping including materials to purchase | 10,000.00 |
| Total | | 107,161.06 |

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.

The facility will provide funding sources from its own to keep sustainable function.

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| 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) _____ 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. |
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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.

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.

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| REGIONAL CENTER | SCLARC | | |
| VENDER NAME | W & W residential care facility | | |
| VENDER NUMBER | HX0768 | | |
| | | Wage and benefit | Year 1 budget |
| | | | annual cost |
| Operating expenses | | | |
| 1. Improving accessibility for residents with ramps, railings and other equipment at the back door of the home | | | 7,759.00 |
| 2. Bathroom accessories for shower, bathtub around the toilet sits in two bathrooms | | | 6,902.06 |
| 3. Laptop computer (technology access for resident preferences) | | | 2,500.00 |
| 4. Special door locks, big bedroom to reconstruct or remodel as to create individualized bedrooms for each resident. | | | 80,000.00 |
| 5. Training residents in gardening & landscaping by provided purchased materials. | | | 5,000.00 |
| Capital subtotal | | | 102,161.06 |
| Total concept cost | | | |

| | |
|---------------------|---------------|
| Wage and benefit | Year 2 budget |
| | |
| | annual cost |

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| | |
| | |
| | 5,000.00 |
| | 5,000.00 |
| 107, 161.06 | |