

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

The Home and Community-Based Services (HCBS) rules ensure that people with disabilities have full access to, and enjoy the benefits of, community living through long-term services and supports in the most integrated settings of their choosing. In order to assist in determining eligibility for compliance funding, providers must complete this evaluation. Both “Yes” and “No” answers require an explanation. A “No” response *could* mean a service setting is out of compliance with the HCBS rules and is potentially eligible for funding to make necessary adjustments. Once this evaluation is completed, it should act as a guide for filling out the provider compliance funding concept, which is required for any provider to be eligible for compliance funding. **Completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that the Department may require to determine provider compliance with the HCBS settings rules. Only providers requesting compliance funding need to complete this evaluation.**

Federal Requirements #1-5 apply to providers of all services, including residential and non-residential settings. Federal Requirements #6-10 are additional requirements that apply only to provider-owned or controlled residential settings.

The column labeled “Guidance” contains a series of questions intended to help identify compliance or non-compliance with each requirement as it relates to the HCBS rules. While responses to these questions can help in the determination of whether or not a particular requirement is met, these responses may not be the sole factor in this determination.

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

Questions may be directed to HCBSregs@dds.ca.gov.

Date(s) of Evaluation: 12/8/2020, 11/2/2020	Completed by: Sarai Marcelin
Vendor Name, Address, Contact: AVID Behavioral Day Program , 562 W Grand Ave Escondido, CA 92025; Sarai Marcelin (760) 691-9622	
Vendor Number: HQ1372; HQ1135	
Service Type and Code: Day Program / Service Code 515/ Service Code Description Behavioral Management Program	

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<p><u>Federal Requirement #1:</u> <i>The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals receive services in the community based on their needs, preferences and abilities? • Does the individual participate in outings and activities in the community as part of his or her plan for services? • If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource? • Do individuals have the option to control their personal resources, as appropriate?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: AVID Behavioral Day Program (515) program in May 2015 to provide services to consumers with challenging behavior. Our vision is to empower developmentally disabled adults with the vocational and social skills that enable them to be as independent as possible in the community. Most of our consumers reside in level 4i homes. Currently AVID BDP serves a total of 67 individuals and 10 of them use ambulatory-assistive devices or wheelchairs. This number increases every year and with limited transportation means due to costly wheelchair accessible vans. Current vans do not provide wheelchair lifters and does not accommodate non-ambulatory consumers. AVID aims to develop person-driven for those have specialized needs, impaired mobility and poor balance and provide them necessary transportation for off-site programs and jobs at their preferred time and day. Having wheel-chair accessible vehicles will provide more opportunities for our individuals using ambulatory-assistive devices or wheelchairs. In addition, while AVID has an amazing behavioral program, we still lack staffing resources necessary for developing jobs for individualized employment for those who are seeking paid employment in the community and inhibits us in assisting existing clients who are currently working to improve their paths and find alternative employment. A person-center facilitator is also needed to ensure consistent training and implementation in person-center planning throughout the daily operations.</p>	

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<p><u>Federal Requirement #2:</u> <i>The setting is selected by the individual from among setting options, including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals? • Does each individual's IPP document the different setting options that were considered prior to selecting this setting?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: During the referral process we received collateral information which consist of IPP, CDER, family contact information, conservator documentation if applicable. Individual Program Plan (IPP) does not reflect prior setting options conserved nor their informed decision to choose us. At our end, we have modified our intake process to inform, education and encourage ability-based decision making. Person Centered Facilitator would collaborate with intake officer to ensure this guided principle is implemented, documented, and measure data.</p>	
<p><u>Federal Requirement #3:</u> <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint? • Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality? • Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Rights are reviewed with clients on an ongoing bases during intake, semi-annuals, and annual meetings. In addition, rights are discussed with clients on an informal basis more frequently. Consumer Rights are posted throughout the facility and in each classroom. Rights are used as a training activity and are reviewed informally through out the month. For those who do not communicate verbally, we utilize pictures, communication boards or gestures to measure their likes , dislikes and preferences. We</p>	

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also train all staff members through Relias Learning, New Staff Orientation, and Staff Meetings on Client Rights. Privacy, dignity, respect and freedom from coercion and restraint are discussed in policies and procedures. Staff are trained and expected and held accountable to follow policy and procedures. Confidentiality and privacy are highly respected and upheld. Alternative methods of communication are used and available when needed.

Federal Requirement #4:

Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.

Guidance:

- Does the provider offer daily activities that are based on the individual's needs and preferences?
- Does the provider structure their support so that the individual is able to interact with individuals they choose to interact with, both at home and in community settings?
- Does the provider structure their support so that the individual is able to participate in activities that interest them and correspond with their IPP goals?

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

Please explain: Partially Met; Daily activities are assigned based on assignment, staffing, IPP and contract needs. AVID BDP has a ratio of 1:3. Individuals consent to the activity in that group based on a variety of choices. Daily activities are planned with consumer's ability and preferences in mind; however, not all activities are individualized due to staffing ratios. Individuals participate in group activities that encompasses socialization, sports, dances, library, museum visits, board games and other activities that enhance learning and functional capacity to interact with others. The majority of consumers who attend this program have goals related to behaviors and safety, not employment. Goals are not always chosen by the individual due to their severe deficits in communication and cognitive function; however, goals are determined with consumer's best interest in mind. Due to transportation constraints outing and participation in the community is offered to ambulatory consumers.

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?

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

Please explain: We strive to honor client choice in choosing the staff who support them and extend alternative staff when preferred staff is not available. We also keep consumer cultural preferences in mind. We have an “open door” policy so that individuals can discuss concerns at any time and not just at the annual review. We also provide any assistance an individual may need to contact their service coordinator regarding to service modifications or concerns. During intake a grievance procedure is reviewed with client and client’s conservator and is contained in the client file; however, clients may voice concerns at any time (formal or informal) and concerns are addressed promptly. Consumers are encouraged to ask questions and seek clarification on any matter of importance to them at any time, and these are responded to in a respective and timely manner. Program modification is provided on an individual basis, and as needed.

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

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

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<p><u>Federal Requirement #8:</u> <i>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have access to food at any time? • Does the home allow individuals to set their own daily schedules? • Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: N/A—NOT A RESIDENTIAL FACILITY</p>	
<p><u>Federal Requirement #9:</u> <i>Individuals are able to have visitors of their choosing at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Are visitors welcome to visit the home at any time? • Can individuals go with visitors outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or weekends?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: N/A—NOT A RESIDENTIAL FACILITY</p>	
<p><u>Federal Requirement #10:</u> <i>The setting is physically accessible to the individual.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area? • Are grab bars, seats in bathrooms, ramps for wheelchairs, etc., available so that individuals who need those supports can move about the setting as they choose? • Are appliances and furniture accessible to every individual?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: N/A—NOT A RESIDENTIAL FACILITY</p>	

CONTACT INFORMATION

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Contact Name: Sarai Marcelin
Contact Phone Number: 760-691-9622
Email Address: smarcelin@avidbdp.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.

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Vendor name	AVID Behavioral Day Program
Vendor number(s)	HQ1372; HQ1135
Primary regional center	San Diego Regional Center
Service type(s)	Adult Day Program/ Behavioral Management Program
Service code(s)	515
Number of consumers typically and currently served	67
Typical and current staff-to-consumer ratio	1:3 or 1:1
<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>Individuals arrived to day program between 8:30 AM-9:00AM; Body checks are conducted prior to going to their classroom. Once they arrive to their assign classroom, snacks is provided. Clients have pre-assigned groups based on their cognitive abilities and age. Activities have been chosen according to their preferences, goals, abilities, and likes. Clients are provided with activity choices and can engage in group activities and independent activities. Activities are as follows but not limited: Yoga, exercise, arts and crafts, sensory activites, fine motor activities, socialization, money management, communication skills training. Arts and crafts activities are based on the month. For example, for December we will have many Christmas activities for those who wish to participate. Snack times are at 9:00AM, Lunch at 12 and second snack is at 2:00 PM. For lunch, clients can either bring their lunch or purchase lunch (via delivery) or lunch outing if they are in the community. Day Program provides lunch every Friday "Fiesta Friday." On Fridays, we provide various cultural meal options. Some of consumers also go out in the community twice a week. Community Activities are but not limited to: Museums, park, beach, library, hiking, restaurants, and shopping.</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>	
<p>AVID's mission is to assist individuals with disabilities to achieve a more independent and productive life, but we recognize that our existing program fall short in some aspects of our mission. Our site based day programs have limited utilization of community resources and would like to make changes to meet HCBS compliance. When analyzing certain realities within our program design we concluded deficiency can be addressed via transitional funds in the following ways:</p>	

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1. Purchase 30 I-pads and several types of communication software to use with nonverbal and non-communicative individuals to use in the community with public and staff. I-Pads are less expensive than specialized communication devices, user friendly, and “normalized” in the community setting. I-pads will also allow staff to access to real-time data collection, medical information in a HIPPA compliant manner.
2. One HCBS Compliance Coordinator position full time for two years to provide oversight to the Person Centered Planning process for each individual in the day program and future referrals. Position will be lead for developing community goals and researching alternative community integration programming. They will work in both sites, Vista and Escondido.
3. One full time Employment Specialist who will establish work sites and coordinate clients desires and capabilities with job opportunities. Adding this position will support greater access to opportunities for career exploration, vocational, skill development, volunteer activities, and access to one-stop centers. Establish resources available for entrepreneurial and cultural/artistic endeavors for individuals served.
4. In an effort to continue to meet individualized needs of each person served, transportation will play a vital role. Public transportation is needed. Avid would like to request funding for the purchase of 3 wheelchair accessible to support and transport consumers with wheelchairs to community activities and community employment. This will help achieve community integrated opportunities.

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

Requirement #1: Ambulatory individuals have more opportunities for community integration. However, non-ambulatory served have limited access to community, especially those with wheelchairs due to transportation. Training staff regarding the HCBS concept will assist in creating a pathway to be in compliance with the new guidelines. Without proper training, staff are unable to implement plans, objectives, and or goals of any of our consumers.

Requirement #2: Consumer’s goals are mainly decreasing challenging behaviors. Once behavioral are stabilize, transition for employment is lacking. We need to provide a greater variety of community-based integrated work from which our participants may choose. A full time Employment Specialist and Job Coaches will assist in finding resources and coordinating jobs and activities outside of day program site.

Requirement #4: Partially met. Daily activities are assigned based on group assignments, staff, IPP goals and contract needs. Clients are assigned to a group based on cognitive ability, age, preferences abilities and desires. Clients are provided with choices within their group; however, as a group they sometimes complete task that is not preferred. Most of the time activities are align with their interest outlined in IPP.

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.

Requirement #1, #2, #4: A barrier for person-centered community participation in employment is the inability of individuals to communicate effectively, lack of ADA vehicles to be transported to

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community job sites/ community activities, and staffing resources. Currently, we do not have a HCBS Compliance Coordinator or Employment specialist due to lack of funding and resources.

We currently do not have an HCBS Compliance Coordinator who provides oversight to the Person Centered Planning process for each individual in the day program and future referrals. Position will be lead for developing community goals and researching alternative community integration programming. In addition to coordinating outside resources, HCBS compliance coordinator would be in charge of training all staff regarding new regulations, IPP and objectives.

We currently do not have an Employment Specialist who can assist and establish work sites and coordinate clients desires and capabilities with job opportunities. Adding this position will support greater access to opportunities for career exploration, vocational, skill development, volunteer activities, and access to one-stop centers.

In an effort to continue to meet individualized needs of each person served, transportation will play a vital role. Public transportation is needed. Not every consumer has the same opportunity to access community resources due to transportation resources. Wheelchair accessible vehicles will address this deficiency and support consumers with wheelchairs to community activities and community employment. This will help achieve community integrated opportunities.

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.

If AVID is provided the opportunity to purchase more vehicles with ramps and lift, it will open more opportunities for its consumers to provide them with more opportunities to consistently participate in offsite programs/activities and work sites. Individuals using wheelchairs will have increased access to community integration opportunities and other resources in the community. If AVID is provided with I-pads, consumers will be available to communicate their wants and needs appropriately using "normal" devices in the community and at the site. They will be able to learn other means of communication through a device that blends in the community.

With funds to provide a full time HCBS Compliance Coordinator we will be able to provide proper and quality training to AVID Staff, we are confident that our staff will delivery person centered services throughout the day and not just portion of the day.

An Employment Specialist is needed to seek out other outside community resources for employment opportunities for consumers who choose to have employment. This will assist in enriching opportunities for consumers who are ready to transition to lower level of care and generalized their learned skills to a naturalize setting. Community-based volunteer activities, paid internships and paid employment are all opportunities to improve quality of life, financial capacity, and control.

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

Outcome #1 Hire a person as HCBS Compliance Coordinator who will facilitate and mentor staff to develop a minim of 12 plans by 12/31/2022. Tracking #2: Person hired, plans developed and implement resulting in the individuals participating in meaningful community activities a minimum of 3 times per week by 12/31/2022.

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Outcome #2 : All staff will obtain IPP and person centered training. Tracking #2: Sign-in sheet, training outline, 2-3 plans developed and reviewed.

Outcome #3: Hire an Employment Specialist and increase participation in volunteer and paid internships from 0-10 along with increasing paid competitive integrated employment from 0 to 10 by 12/31/2022. Tracking#3: Person hired, pay stubs, employment documented on IPP, scheduled hours documented (timesheets) volunteer hours documented.

Outcome #4: Community Integration/ Community Activities: Consumers with wheelchairs attending community activities 3/5 days per week. Tracking #4: Community Activity Log, Outing name and milage log

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.

Survey was conducted and any “unmet area” became the area of focus. Survey was conducted with consumers, parents, staff members, and executive team. Any unmet area was an identification to develop this concept.

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

By training staff, they will be able to effectively implement concepts to consumer’s day-to-day life. Also, by providing vehicles with lifters we are able to provide transportation not only to ambulatory consumers but also to our consumers who use wheelchairs or ambulatory-assistive devices. By hiring an employment specialist we will be able to seek out employment opportunities in the community where consumers can participate and engage in a meaningful and productive manner. By providing communication devices (ipads) we allow consumers to functionally communicate with peers, staff and parents.

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

After completion of funding, AVID will absorb cost through proper budgeting and creating a larger occupancy to 90 clients or more.

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](#).

Pending HCBS Funding approval, the following timeline will be executed:

1. Employment specialist and HCBS Compliance Coordinator will be hired within the first 2 months of funding approval.

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2. Staff training to start in May 2021 and continue until 24 hours of training in completed with maintenance training.
3. Ipads to be purchased May 2021 with immediate use/implementation of current technology tools
4. Three wheelchair Accessible Vans—1 month each month as follows: May 2021, August 2021, November 2021.

11. Please address sustainability of funding sources for all programs or concepts requiring any funding past the timeframe of the requested funding, especially those that involve staff or other long-term costs. Please mark “not applicable” if costs will all be incurred during the program timeframe; up to two years.

Not Applicable

12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?

HCBS Funding No Yes. If Yes, FY(s) _____

Disparity Funding No Yes. If Yes, FY(s) _____

CPP Funding No Yes. If Yes, FY(s) _____

CRDP Funding No Yes. If Yes, FY(s) _____

If yes to any question be sure to answer questions 13 and 14.

For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS

13. If your organization has received prior funding from any of the above sources, please provide an update on the prior funding project. You may copy and paste from progress update(s) previously provided to regional centers or DDS.

N/A – we have not received prior funding

14. If your organization received prior funding, please explain how the current funding request is not redundant with any prior funding received and/or builds on the prior funding but was not part of the original funding.

N/A – we have not received prior funding

HCBS CONCEPT BUDGET						
Vendor Name		AVID Behavioral Day Program				
Vendor Number(s)		HQ1372/ HQ1135				
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)						
Employment Specialist	3600		\$ 43,200		\$ 43,200	\$ 86,400
HCBS Compliance Coordinator	3600		\$ 43,200		\$ 43,000	\$ 86,200
Job Coach	2560		\$ 30,720		\$ 30,720	\$ 61,440
Job Coach	2560		\$ 30,720		\$ 30,720	\$ 61,440
Job Coach	2560		\$ 30,720		\$ 30,720	\$ 61,440
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 178,560		\$ 178,360	\$ 356,920
Operating expenses						
Outreach/advertizing			\$ 2,000		\$ 2,000	\$ 4,000
workshop/training food/beverage			\$ 5,000		\$ 5,000	\$ 10,000
Instructional Materials/office supplies			\$ 4,000		\$ 4,000	\$ 8,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 11,000		\$ 11,000	\$ 22,000
Administrative Expenses						
15% of total budget			\$ 25,000			\$ 25,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ 25,000		\$ -	\$ 25,000
Capital expenses						
Purchase 3 wheelchair Accessible Vans			\$ 120,000			\$ 120,000
30 ipads			\$ 11,370			\$ 11,370
30 Ipad cases			\$ 2,370			\$ 2,370
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 133,740		\$ -	\$ 133,740
Total Concept Cost			\$ 348,300		\$ 189,360	\$ 537,660

See Attachment F for budget details and restrictions