

## 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: 2/5/2021	Completed by: ANNABELLE LEWIS
Vendor Name, Address, Contact: WALK OF LIFE, MUSE – INC, 168 EVVIA COURT, VISTA, CA 92083	
Vendor Number: HQ1516	
Service Type and Code: RESIDENTIAL CARE PROVIDER, 915	

<p><b><u>Federal Requirement #1:</u></b></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</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</li> </ul>
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<p><i>degree of access as individuals not receiving Medicaid HCBS.</i></p>	<p>refer the individual to the appropriate community agency/resource?</p> <ul style="list-style-type: none"> <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?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Walk of Life offers the services described in the above guidelines, however our clients' experiences in accessing the community are lacking. We currently have 3 of our 6 clients that are dependent on manual wheelchairs for mobility. We currently have a wheelchair accessible minivan that can only accommodate one wheelchair at a time. This poses as a barrier for bringing the clients on outings as a group, or what they refer to as a "family"; as well as being limited in the distance that we can travel (from home) due most public bathrooms not having adequate changing accommodations for persons in wheelchairs. Additionally, staffing limitations is a barrier for bringing our clients out as a group, as each person in a wheelchair requires 1:1 staffing ratio – in addition to the staff that are required to safely supervise the other ambulatory clients.</p>	
<p><b><u>Federal Requirement #2:</u></b></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><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?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Yes, all clients have current IPP's on file.</p>	
<p><b><u>Federal Requirement #3:</u></b></p> <p><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> </ul>

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	<ul style="list-style-type: none"> <li>Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Please explain: All of Walk of Life's clients are afforded privacy and treated with dignity and respect; direct care providers can communicate with our clients verbally, in writing and by sign language. Walk of Life employs bi-lingual direct care staff that can communicate with our Spanish speaking clients. Clients rights are communicated by methods in which each individual is able to understand.</p>	
<p><b><u>Federal Requirement #4:</u></b> <i>Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>Does the provider offer daily activities that are based on the individual's needs and preferences?</li> <li>Does the provider structure their support so that the individual is able to interact with individuals they choose to interact with, both at home and in community settings?</li> <li>Does the provider structure their support so that the individual is able to participate in activities that interest them and correspond with their IPP goals?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> Please explain: Due to our transportation limitations, Walk of Life is not able to fully comply with the services as described above. This poses as a barrier for clients having the ability to participate in activities of their choosing – in a community setting.</p>	
<p><b><u>Federal Requirement #5:</u></b> <i>Facilitates individual choice regarding services and supports, and who provides them.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available?</li> <li>Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b></p>	

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Please explain: Walk of Life's direct care staff have our clients' best interest at heart; however, they lack proper training on person-centered thinking and planning. With training that emphasize on person-centered services – our staff are better equipped with empowering our clients to make choices & advocating on their behalf.

### **Federal Requirement #6:**

*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.*

### **Guidance:**

- 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?

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

Please explain: All clients have written admission agreements on file; individuals (or their conservator) are informed on how to relocate and request new housing.

### **Federal Requirement #7:**

*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.*

### **Guidance:**

- 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?

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

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Please explain: Each of our residents have been able to choose their roommate and/or having a private room. Their rooms are decorated to their personal preference and may be locked if so desired.	
<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?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Due to limitations on transportation (current van unable to accommodate 3 wheelchairs), our clients do not have the opportunity to set their own schedule and access the community when desired. Additionally, for clients that are dependent on their wheelchairs – safe and comfortable bathroom access in the home is limited due to the current layout.</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?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Walk of Life adheres to the services above and encourage frequent contact with their loved ones. Unfortunately, due to the current Covid19 pandemic and sheltering orders, there have been some limitations. In lieu of family/friends visits, clients are enjoying the ability to have virtual visits with their loved ones (via FaceTime and Zoom).</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 supports can move about the setting as they choose?</li> </ul>

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	<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?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Clients that are dependent on their wheelchairs have been meeting barriers when using our bathrooms. Walk of Life is in dire need of a full bathroom remodel in order to meet the services as described above. While we currently have safety bars in place, it is difficult for those in wheelchairs to fully and comfortably access the bathroom, wash their hands, brush their teeth, get in and out of the toilet/shower without taxing effort and move around freely with plenty of space.</p>	

### CONTACT INFORMATION

Contact Name: ANNABELLE LEWIS

Contact Phone Number: 707-439-1816

Email Address: annabelle.lewis707@icloud.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

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

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

### **Instructions:**

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

### **Strengths of previously funded concepts:**

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

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Vendor name	WALK OF LIFE – MUSE, INC.
Vendor number(s)	HQ1516
Primary regional center	SAN DIEGO REGIONAL CENTER (SDRC)
Service type(s)	RESIDENTIAL CARE PROVIDER
Service code(s)	915
Number of consumers typically and currently served	LICENSED FOR 6 CONSUMERS (5 non-ambulatory, 1 bedridden); CURRENTLY SERVING 6 CONSUMERS (3 non-ambulatory)
Typical and current staff-to-consumer ratio	1:2 DURING AM/PM SHIFTS 1:6 DURING NOC SHIFTS

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.

Walk of Life is a level 4i, adult residential facility serving 6 clients (ambulatory and non-ambulatory) that present with self-care deficits, challenging/maladaptive behaviors and require incidental medical services (feeding tube, urinary catheter). Of the 6 clients, 3 are above the age of 55 and are dependent on manual wheelchairs for mobility. Walk of Life is dedicated to providing exceptional services, proper and appropriate care and supervision, while having the least restrictive environment. We strive to maintain an environment that would allow our current clients to age in place. In doing so, there are measures that should be taken (i.e., ADA accessible bathroom, ADA transportation and person-centered training for direct care staff). In a normal world, clients would typically attend day program Monday thru Friday, 8 am – 3 pm; however, due to the COVID19 pandemic, day program services have not been community based in almost 1 year. So now, our typical “client’s day” consists of the following: **6a-9a:** *Waking up, A.M. care (showering, grooming, hygiene, medications); breakfast, morning chores. 9a-3p: Structured schedule with daily activities to include virtual day program participation, exercise, arts & crafts, music, movies, “spa” days, cooking/baking, and other activities of choice.; scheduled outings, scheduled meetings or appointments; assistance with personal care, medications. 3p-7p: Dinner, leisure time, assistance with personal care, medications. 7p-9p: P.M. care (showering, grooming, hygiene, medications); bedtime.*

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

Walk of life is requesting HCBS funding so that we can maintain a living environment that promotes person-centered planning; encourages choice, independence and community access; provides a setting with the least restrictive environment and affords our clients with the opportunity to age in place. We would utilize HCBS funding for the following areas: **1) Professional Training** specific to person centered planning. Ensuring that our administrative and direct care staff are well versed in person-centered thinking and planning is key in promoting our clients’ independence, choice making, utilization of individualized supports and HCBS compliance. **2) Part-time/weekend staffing** for outings would allow us to maintain compliance with HCBS rulings; it would enable us to afford our clients with the opportunities to access the community, while having adequate care and supervision to ensure their safety and well-being. **3) Obtaining a wheelchair accessible van** that would accommodate 3 wheelchairs and a changing table for clients that are unable to use public restrooms. Having a larger accessible van would allow Walk of Life to take our clients into the community when they desire. A common barrier for



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clients that are non-ambulatory and wheelchair dependent is not being able to use public bathrooms when needed. Public bathrooms do not have dignified changing spaces for adults that are incontinent. Many times, our clients are forced to stay in wet/soiled briefs until the group returns home from an outing; while being in the community, having to remain in soiled briefs can be distressing, degrading and a violation of an individual's rights and human dignity. Having a changing table will allow direct staff to change clients while preserving their dignity and maintaining their privacy. **4)** Walk of Life has 3 older clients (55+) that are now dependent on manual wheelchairs for mobility both at home and in the community. We have a dire need for a **full bathroom remodel** in order to accommodate these clients in wheelchairs. Modifications would include: widening the bathroom door to 36"; increasing the square footage of the bathroom by removing a closet; changing the sink to "floating vanity" which would allow leg room for clients to independently wash their hands, brush their teeth and shave; installing a raised toilet for easier transfers from wheelchair to toilet; and installing a "lipless" roll-in shower.

3. Identify which HCBS federal requirements this concept addresses that are currently out of compliance. Could be all or a subset of those identified as out of compliance on the evaluation.

1 X 2 \_\_\_ 3 \_\_\_ 4 X 5 X 6 \_\_\_ 7 \_\_\_ 8 X 9 \_\_\_ 10 X

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.

**Fed. Reg. #1:** Clients choice to accessing the community is limited due to appropriate vehicles. Having a vehicle to accommodate our clients that are wheelchair dependent and adequate staffing while in the community would mitigate this barrier. **Fed. Reg. #4:** Current operation structures limit individual choice. Training specific to person-centered thinking and planning is essential to meeting this requirement. It would improve our company practices and enhance our compliance in promoting client autonomy, independence and choice making. **Fed. Reg. #5:** Clients do not always have the choice with it comes to staff providing their care and supervision. With current funding budget, we are limited on the number of staff scheduled specifically for community outings. Having the ability to hire additional staff for community outings would afford our clients with opportunities working with preferred staff. **Fed. Reg. #8:** Clients often express their desires to schedule "family outings" with their housemates. They have requested excursions to places such as Seaworld, the beach, etc. Not having a vehicle to accommodate 3 wheelchairs has been a barrier in fulfilling our clients request to go on "family outings" in a safe manner or with adequate care and supervision. **Fed. Reg. #10:** Currently, our residential setting does not have a bathroom that provides comfortable access to our clients who are wheelchair dependent. They are not able to access the bathroom without taxing efforts and require maximum assistance from direct care staff. Not having an accessible bathroom also compromises the plans for "aging in place". The concept of a full bathroom remodel that is ADA accessible would mitigate our current barriers to this requirement.

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.

The following actions will bring us into compliance by March 2023, by having the specified resource available for our clients: **Fed. Reg. #1:** Clients should always have community access when desired. Having a wheelchair accessible van with a changing table for clients that are wheelchair dependent would allow us to fulfill our clients' desires to go on "family outings" as a group. A changing table inside the van would allow us to provide personal care (toileting) incontinent clients bound to a wheelchair, who otherwise are not able to use public restrooms. This would allow the clients to have better access to the community, go on longer outings / further distances from home, and preserve the health and dignity as they would not be forced to sit in wet or soiled briefs until returning home. **Fed. Reg. #4:** Person-centered training is essential to meet this Federal Requirement. This training will teach our staff proper methods in

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listening to our clients, learning about their wants and needs, and understanding how to support them.

**Fed. Reg. #5:** Clients should be able to choose which staff are providing their direct care, to the extent that alternative staff members are available. If granted HCBS funds to hire additional staff (part-time) for weekend outings, our clients would be able to make a choice on which staff member would be escorting/assisting them while in the community. Due to 3 of our 6 clients being in wheelchairs, it would require having at least 5 staff members on duty for an outing / community access. **Fed. Reg. #8:** Clients should be able to control and make choices their schedules and activities. Due to our transportation situation, our clients cannot go on “family outings” as de-sired. Having a wheelchair accessible van that would accommodate both ambulatory and non-ambulatory individuals would provide them with these opportunities. **Fed. Reg. #10:** Clients should be able to move about their home, freely and comfortably. A full bathroom remodel would allow our clients that are in wheelchairs to access the bathroom and maintain independence to the best of their capabilities without structural limitations.

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

**Weekend/Part-Time Staffing:** Clients would have opportunities to choose preferred staff during community outings. **Wheelchair Van:** Clients would have greater community access; records of mileage, destination and maintenance will be maintained; **Bathroom Remodel:** Clients in wheelchairs would have increased accessibility. Regular bathroom maintenance will ensure cleanliness and safety.

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.

Walk of Life conducts monthly “House Meetings” to discuss what is on our client’s minds. Topics includes activities, wants, needs, opportunities for improvement and any concerns they might have. During our meeting to discuss HCBS Rulings and grant funding opportunities, 4 of our 6 clients expressed their desires to go on “family outings” to parks, the beach and places like the zoo or Seaworld. We discussed the barrier of not having a car big enough to fit everyone; all clients agreed that having a “big van” would be great. They clients mentioned having more staff to bring them as a group. In addition to this discussion, 2 of our 3 clients in wheelchairs complained that their bathroom was “too small”. One of the clients stated that he always pinches his hand when rolling his wheelchair into the bathroom (door).

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

Our proposed concepts will promote person-centered client services to include community integratio choice of staffing, freedom to move safely and comfortably withing their home.

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

**Training:** Included in our plan for person-centered training, we will have an Accredited Facilitator. This will allow us to conduct ongoing training to existing and new staff after the funding period. **Hire part-time staffing for weekend outings:** After the funding period, Walk of Life will make efforts to continue extra staffing as a part of our normal staffing schedule. **Wheelchair Van:** Walk of Life will assume the costs of repairs and maintenance for our new van after the funding period. **Bathroom Remodel:** Walk of Life will assume the costs of repairs and maintenance for the bathroom after the funding period.

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

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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](#).

**Training:** Per Mary Beth Lepkowsky with Helen Sanderson Associates USA, LLC, the costs for training is \$17,500. This would include the Facilitator Accreditation of 1 selected staff member and initial person-centered training for up to 24 staff members. A total of \$17,500 is requested that would include all training, on-going coaching and training materials. Training would take approximately 3 months and coaching available on-going. Helen Sanderson Associates would be available to conduct training within 6 months of funding.

**Hiring of new staff for weekend outings / community access:** Due to 3 of our 6 clients being wheelchair dependent, in order to provide adequate care and supervision during community outings, it would require (in addition to our existing staffing ration) 2 additional part-time staff for weekends. This would cost an additional (approximate) \$20,800/pp, per year for staff salary/wages. Walk of Life is requesting \$83,200 funding to hire part-time/weekend staff in order to stay in compliance with the HCBS ruling and ensure the safety and welfare of our clients while in the community setting. Weekend staff would be utilized for outings to the beach, Seaworld, Zoo, Wild Animal Park, Balboa Park, and any other desired destinations of our clients served.

**Wheelchair Van:** In researching the costs of large, high roof vans with a wheelchair lift, costs range from \$75,000 - \$86,000. A folding changing table ranges \$4000-\$5000. We estimate the cost of installing a changing table with any additional modifications to be \$3500-\$4000. A total of \$95,000 is requested, which would also cover tax and licensing fees. The van can be purchased withing 4-5 months of funding.

**Bathroom Remodel:** In researching the costs of a full bathroom ADA remodel, it is estimated to be \$18,000 - \$22,000. A total of \$22,000 is requested, which would also cover permit plans and fees with the city. Remodel and renovations can start within 6 months of funding, with a completion date TBD based on city inspection and permits.

**TOTAL REQUESTED FUNDING: \$217,700.00 \*\*SEE ATTACHED EXCEL FILE**

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.

Walk of Life has included a request to fund part-time staffing on the weekends and are committed in making all efforts for the continuation of these positions, assuming a positive position each fiscal year.

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**

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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

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

HCBS CONCEPT BUDGET	
Vendor Name	Walk of Life
Vendor Number(s)	HQ1516

	Year 1 Budget			Year 2 Budget		Total
	Wage and Benefits	FTE	Annual Cost	FTE	Annual Cost	Cost
<b>Personnel (wage + benefits)</b>						
Part-Time Weekend Staffing for client outings / community outings to beach, Seaworld, Zoo, Animal Wild Park, and other desired destinations of our consumers.	20	1,040.00	\$ 20,800	1,040.00	\$ 20,800	\$ 41,600
Part-Time Weekend Staffing for client outings / community outings to beach, Seaworld, Zoo, Animal Wild Park, and other desired destinations of our consumers.	20	1,040.00	\$ 20,800	1,040.00	\$ 20,800	\$ 41,600
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
<b>Personnel Subtotal</b>			<b>\$ 41,600</b>		<b>\$ 41,600</b>	<b>\$ 83,200</b>
<b>Operating expenses</b>						
Wheelchair Accessible Van (+tax/registration/maint.)			\$ 86,000			\$ 86,000
Folding changing table for van			\$ 5,000			\$ 5,000
Installation/modifications for changing table install			\$ 4,000			\$ 4,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Operating Subtotal</b>			<b>\$ 95,000</b>		<b>\$ -</b>	<b>\$ 95,000</b>
<b>Administrative Expenses</b>						
Person Centered Training by Helen Sanderson Associates			\$ 17,500			\$ 17,500
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Administrative Subtotal</b>			<b>\$ 17,500</b>		<b>\$ -</b>	<b>\$ 17,500</b>
<b>Capital expenses</b>						
Bathroom Renovation			\$ 22,000			\$ 22,000
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
						\$ -
						\$ -
<b>Capital Subtotal</b>			<b>\$ 22,000</b>		<b>\$ -</b>	<b>\$ 22,000</b>
<b>Total Concept Cost</b>			<b>\$ 176,100</b>		<b>\$ 41,600</b>	<b>\$ 217,700</b>

See Attachment F for budget details and restrictions