

## 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: February 10, 2021	Completed by: Anthony Ngo
Vendor Name, Address, Contact: Tonopah Home Living 333 Tonopah Ave La Puente, CA 91744 Main office: (626) 363 – 4343, Direct Mobile: (310) 407-9602	
Vendor Number: HP0100	
Service Type and Code: Residential Care Facility for the Elderly – Code: 915	

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

<p><b><u>Federal Requirement #1:</u></b> <i>The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals receive services in the community based on their needs, preferences and abilities?</li> <li>• Does the individual participate in outings and activities in the community as part of his or her plan for services?</li> <li>• If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource?</li> <li>• Do individuals have the option to control their personal resources, as appropriate?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b>   <input type="checkbox"/> <b>Yes</b>   <input checked="" type="checkbox"/> <b>No</b></p> <p>Please explain:</p> <p>Tonopah Home Living is a residential care facility for the elderly (RCFE) currently providing services to five individuals. Due to their advanced age, individuals are needing additional supportive services due to age-related decline in mobility and health. One of our residents is wheelchair bound, and her ability to bear weight and transfer is increasingly challenging. Other individuals at Tonopah Home Living are facing similar physical limitations. In the hope to continue their engagement in community life and medical resources, the individuals are in need of an accessible van to transport them to outings and activities, as well as to appointments with their healthcare providers.</p> <p>The COVID-19 pandemic significantly impacts our residents as they are at very high- risk of severe disease due to their age and their chronic medical conditions. Prior to the pandemic, our program provided community -based options for activities and paid employment. During the pandemic, our individuals are increasingly isolated from community resources and unable to seek paid employment. Senior individuals will likely continue to face long- term isolation from community life as a means to protect them from possible severe COVID-19 disease. Individuals can virtually reengage with the community and to participate in possible employment activities through technology. Having computers, printers, and tablets, the individuals will have access to various online resources for learning opportunities and daily living activities.</p>	
<p><b><u>Federal Requirement #2:</u></b> <i>The setting is selected by the individual from among setting options,</i></p>	<p><b><u>Guidance:</u></b></p>

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

<p><i>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>	<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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Please explain: A current Individual Program Plan (IPP) is on file for all individuals who reside at Tonopah Home Living. The IPP indicate the different options that were considered by the individual prior to selecting Tonopah Home Living as their choice for residential care services.</p>	
<p><b><u>Federal Requirement #3:</u></b> <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint?</li> <li>• Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality?</li> <li>• Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Please explain: All clients are informed and aware of their rights of privacy, dignity, respect and freedom from coercion and restraint. This is communicated verbally and in writing.</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</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</li> </ul>

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

<p><i>activities, physical environment, and with whom to interact.</i></p>	<p>to interact with individuals they choose to interact with, both at home and in community settings?</p> <ul style="list-style-type: none"> <li>• Does the provider structure their support so that the individual is able to participate in activities that interest them and correspond with their IPP goals?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Tonopah Home Living offer daily activities based on the individuals' needs and preferences, which includes options for home- based activities and exercise. Due to the individuals' increasing age and declining mobility, an accessible van is needed to transport individuals to participate community- based activities.</p>	
<p><b><u>Federal Requirement #5:</u></b> <i>Facilitates individual choice regarding services and supports, and who provides them.</i></p>	<p><u>Guidance:</u></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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Tonopah Home Living provide our individuals with options for services and support through communication between our residents and staff. Residents are prompted to discuss their concerns and any changes in their preferences. The staff engages in regular meetings to discuss a plan to accommodate their needs. We also support our individuals' choice in deciding who they prefer to provide care and alternative staff are available, but limited.</p>	
<p><b><u>Federal Requirement #6:</u></b> <i>The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city or other designated entity.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> <li>• As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement?</li> <li>• Are individuals informed about how to relocate and request new housing?</li> </ul>

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

<p><i>For settings in which landlord/tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord/tenant law.</i></p>	
<p><b>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: Each individual has a current admissions agreement on file.</p>	
<p><b><u>Federal Requirement #7:</u></b> <i>Each individual has privacy in his/her sleeping or living unit:</i></p> <ul style="list-style-type: none"> <li><i>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</i></li> <li><i>Individuals sharing units have a choice of roommates in that setting.</i></li> <li><i>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i></li> </ul>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have a choice regarding roommates or private accommodations?</li> <li>• Do individuals have the option of furnishing and decorating their sleeping or living units with their own personal items, in a manner that is based on their preferences?</li> <li>• Do individuals have the ability to lock their bedroom doors when they choose?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Please explain: All individuals at Tonopah Home Living are offered shared units at this time. They have been given a choice of roommates. Individuals are aware of their choice for private accommodations if desired. Each room has been furnished and decorated with basic furnishings. Individuals can decorate their sharing units based on their preferences, which they have already done.</p>	
<p><b><u>Federal Requirement #8:</u></b> <i>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have access to food at any time?</li> <li>• Does the home allow individuals to set their own daily schedules?</li> <li>• Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p>	

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

Please explain: All individuals have to freedom to control their own daily schedule and activities. These choices can be greatly enhanced through technology and an accessible van. Individuals at Tonopah Home Living also have access to food at any time and have access to the kitchen and common areas.

**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: This requirement is met at Tonopah Home Living. However, visitation is currently restricted due to the COVID-19 pandemic and as per provider information notices by Community Care Licensing Division (CCLD).

**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: Tonopah Home Living is a RCFE serving senior individuals with age- related declines in mobility and health. Due to the COVID-19 pandemic, our individuals spend most of their time at- home. Our home provides grab bars and shower seats in the bathroom, and ramps for wheelchairs. However, due to our individuals' advanced age and increased impairments in their mobility, they are increasingly needing additional and updated accessible support. Updating our home to be more accessible will help to facilitate independent living. These improvements would include an ADA-compliant ramp and a roll-in shower. Further, our individuals will likely continue to face long- term isolation from community life as a means to protect them from possible severe COVID-19 disease. There is also a need to improve the facility's ventilation systems in order to provide a safe environment for our individuals to participate in home- based activities and medical care.

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

**CONTACT INFORMATION**

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Email Address: admin@tonopahhomeliving.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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## Home and Community-Based Services (HCBS) Rules DEPARTMENT FUNDING GUIDANCE

Vendor name	Tonopah Home Living
Vendor number(s)	HP0100
Primary regional center	San Gabriel Pomona Regional Center
Service type(s)	Residential Care Facility for the Elderly
Service code(s)	915
Number of consumers typically and currently served	Licensed for 6, and currently serving 5 individuals.
Typical and current staff-to-consumer ratio	1:2

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.

Tonopah Home Living currently provides 7 days a week and 24-hour services for five (5) female individuals eligible for level 4C services in a home-like environment. Prior to the COVID-19 pandemic, residents participated in day programs during the week, Monday to Friday. Since then, residents spend the majority of their time at home. Every day, the residents wake up at around 7:00 AM, and residents independently complete their routine morning self-care which consist of a shower, dressing, and grooming with as needed help from staff. Throughout the day, residents help staff clean their rooms and common areas, and prepare and serve meals. Physical distancing is maintained during all meal and activity times. After breakfast, residents are encouraged to participate in daily morning independent walks and exercises in the backyard to promote health and well-being. Afterwards, the residents have independent leisure time before and after lunch. Approximately 2 pm, activities are facilitated for about two hours daily. After dinner, individuals complete their nightly routines before going to bed.

**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.**

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

Tonopah Home Living is a RCFE serving senior individuals in need of additional accessible support, meaningful activities and engagement with the community. The individuals that we served are aging and facing physical challenges from decreased mobility and declining health. During the past year, the COVID-19 exacerbated these challenges and further isolated the residents to their home environment, away from community life. This year, Tonopah Home Living would like to facilitate more choices that are person- centered and reflect our individuals' abilities and needs. Accessible transport would aid our individuals to engage with community resources and receive medical care from their healthcare providers. An accessible home will allow our increasingly mobility-impaired individuals continue to live independent lives. Additionally, technology in the form of computers, printers, and tablets will afford our individuals more choices in their activities, as well as provide the choice to participate in some form of paid employment. Unfortunately, our aging individuals are likely homebound for the foreseeable future due to ever-changing dangers of COVID-19. In order to facilitate additional home- based

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

activities, accessibility is a top priority. Finally, we hope to improve our ventilation systems in order provide a safe environment for these home-based activities to occur with safeguards to reduce the spread of disease and lower the risk of exposure to COVID-19. According to the Centers for Disease Control and Prevention, HEPA filtered ventilation can reduce 99% of airborne particles.

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     6     7     8     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.

Federal Requirement #1 and #4: Individuals at Tonopah Home Living are aging and experiencing age-related impairments in their mobility and health. In order to aid our individuals to better engage and receive services in the community, such as medical care, an accessible van is needed. Due to the COVID-19 pandemic, the world is increasingly on the internet, and online and technological resources will afford individuals more opportunities to make choices in their activities and possibly earned income online.

Federal Requirement #10: Tonopah Home Living is a RCFE serving senior individuals who are facing age-related declines in mobility and health. Due to the COVID-19 pandemic, our individuals spend most of their time at-home. Our home provides grab bars and shower seats in the bathroom, and ramps for wheelchairs. However, due to our individuals' advanced age and increased impairments in their mobility, they are increasingly needing additional and updated accessible support. Updating our home to be more accessible will help to facilitate independent living. These improvements would include an ADA-compliant ramp and roll-in shower. Further, our individuals will likely continue to face long-term isolation from community life as a means to protect them from possible severe COVID-19 disease. We also need to improve the facility's ventilation systems in order to provide a safe environment for our individuals to participate in home-based activities and medical care.

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.

Seniors at Tonopah Home Living with an accessible van and home will be afforded opportunities to make person-centered choices as they freely engage with their physical environment and community. An accessible home will facilitate independent living by allowing individuals to move inside and outside the home with minimal restrictions. An accessible van will transport individuals to the community, so they can receive the resources and services that they need. Utilizing online resources through the use of computers and related devices will increase the choices that our individuals can make in their daily living activities. Further, it can possibly provide individuals with at-home employment and/or entrepreneurial opportunities. Finally, an updated and well-ventilated home is

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

<p>needed to ensure the safety of our vulnerable individuals who largely engaging in home – based activities.</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>With increases in the accessibility at home, individuals can move inside and outside the home on their own, making their own decisions and choices as they engage freely with the physical environment and other individuals at the home. An accessible van will allow individuals to make decisions on where and how they want to engage with the community. They can receive resources and services with minimal restrictions as related to their physical impairments. With these concepts, we can track the individual’s independence by monitoring residents as they make choices in their daily living activities with minimal assistance from staff. Further, we will monitor the individuals’ desire to engage with community and the frequency in which they utilize the accessible van to facilitate their participation.</p> <p>In regard to the use of online resources through the use of computers and related devices, we will help facilitate the individuals’ preferences by exposing them to a variety of different activities and learning opportunities provided by online content. Staff will also present opportunities for individuals to earn money online, such as art and craft items that they can sell online. Finally, as individuals engage in more activities at home, we hope that an updated ventilation system minimizes exposure to airborne pathogens and reduce the likelihood of infectious disease, especially as the individuals are faced with long-term COVID-19 restrictions.</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 steps were taken to identify the interests and desires of the individuals and who was involved in that process.</p>
<p>We facilitate open discussions and communication between individuals and staff at Tonopah Home Living. We prompt individuals to think about their preferences and how the staff and the home can better accommodate their life choices. As more online and community resources are being presented to our residents, we will ask for feedback and facilitate the resources that best reflect individual abilities, needs, and preferences. Meetings are held with each individual with the staff and their service coordinator to identify their interests and desires. The residents have expressed their preference to stay at their current home, and the home will need to accommodate them as they age and experience age- related decline in their mobility and health.</p>
<p>8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.</p>
<p>These concepts offer more resources to individuals, so they can best select the activities that reflect their preferences, needs, and abilities. Further, online resources will be accessible by computers and related devices, and provide opportunities to seek employment and work in competitive integrated settings. Individuals can engage in community life and its numerous resources and services through transportation by an accessible van. Individuals will have increased autonomy and independence in their home through accessible modifications. Finally, individuals can engage in home-based activities independently or with their peers safely in well-ventilated areas throughout the home.</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>

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

<p>Once an accessible van, computers and related devices are purchased, and physical accommodations and ventilation systems installed, they will require periodic maintenance and repair, which can be absorbed through normal operating expenses.</p>	
<p>10. Write a brief narrative below explaining each major cost category and timeline. Complete the budget template at the end of the concept sheet. An excel version with formulas is available. When applicable, budgets should include personnel/benefits, operating costs such as consultants or training, administrative expenses/indirect costs, and capital costs (assets lasting more than 2 years). If project spans 2 years or occurs in phases, budget should be separated by phase/year. Administrative costs, if any, must comply with DDS' vendor requirements, including a cap of 15% of the sum of personnel/benefits, consulting, and operating costs (must exclude capital costs). This information can be found at this <a href="#">link</a>.</p>	
<p>Capital costs: ADA compliant ramp and accessible modifications to one bathroom with roll-in shower will cost approximately \$24,000. A wheelchair accessible van will cost \$28,000. An updated HEPA filtered ventilation system will cost \$12,000. Computers and related devices will cost approximately \$7,500.</p>	
<p>11. Please address sustainability of funding sources for all programs or concepts requiring any funding past the timeframe of the requested funding, especially those that involve staff or other long-term costs. Please mark "not applicable" if costs will all be incurred during the program timeframe; up to two years.</p>	
<p>Not Applicable. All costs will be incurred within the program time frame.</p>	
<p>12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?</p>	<p>HCBS Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____</p> <p>Disparity Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____</p> <p>CPP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____</p> <p>CRDP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____</p> <p>If yes to any question be sure to answer questions 13 and 14.</p>
<p><b>For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS</b></p>	
<p>13. If your organization has received prior funding from any of the above sources, please provide an update on the prior funding project. You may copy and paste from progress update(s) previously provided to regional centers or DDS.</p>	
<p>N/A</p>	
<p>14. If your organization received prior funding, please explain how the current funding request is not redundant with any prior funding received and/or builds on the prior funding but was not part of the original funding.</p>	
<p>N/A</p>	

<b>HCBS CONCEPT BUDGET</b>	
Vendor Name	Tonopah Home Living
Vendor Number(s)	HP0100

	Year 1 Budget			Year 2 Budget			Total
	Wage and Benefits	FTE	Annual Cost	FTE	Annual Cost	Cost	
<b>Personnel (wage + benefits)</b>							
Position Description			\$ -		\$ -	\$ -	-
Position Description			\$ -		\$ -	\$ -	-
Position Description			\$ -		\$ -	\$ -	-
Position Description			\$ -		\$ -	\$ -	-
Position Description			\$ -		\$ -	\$ -	-
Position Description			\$ -		\$ -	\$ -	-
Position Description			\$ -		\$ -	\$ -	-
Position Description			\$ -		\$ -	\$ -	-
Personnel Subtotal			\$ -		\$ -	\$ -	-
<b>Operating expenses</b>							
						\$ -	-
						\$ -	-
						\$ -	-
						\$ -	-
						\$ -	-
						\$ -	-
						\$ -	-
						\$ -	-
Operating Subtotal			\$ -		\$ -	\$ -	-
<b>Administrative Expenses</b>							
						\$ -	-
						\$ -	-
						\$ -	-
						\$ -	-
						\$ -	-
						\$ -	-
						\$ -	-
Administrative Subtotal			\$ -		\$ -	\$ -	-
<b>Capital expenses</b>							
Wheelchair Accessible Van			\$ 28,000			\$ 28,000	28,000
Computer with Monitor (2)			\$ 4,000			\$ 4,000	4,000
Ipad (2)			\$ 3,000			\$ 3,000	3,000
Arts and Craft Printer			\$ 500			\$ 500	500
ADA Wheelchair Ramp			\$ 4,000			\$ 4,000	4,000
Roll-in Bathroom Modification			\$ 20,000			\$ 20,000	20,000
HIPA-Filtered Ventilation			\$ 12,000			\$ 12,000	12,000
						\$ -	-
						\$ -	-
Capital Subtotal			\$ 71,500		\$ -	\$ 71,500	71,500
Total Concept Cost			\$ 71,500		\$ -	\$ 71,500	71,500

See Attachment F for budget details and restrictions