

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

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 9, 2021	Completed by: Tammy Shindy
Vendor Name, Address, Contact: Golden Haven Guest Home and White Rose Guest Home	
Vendor Number: Golden Haven: HP0042 and White Rose: HP0035	
Service Type and Code: Residential Home – Service Code: 915	

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<p><b><u>Federal Requirement #1:</u></b></p>	<p><b><u>Guidance:</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 degree of access as individuals not receiving Medicaid HCBS.</i></p>	<ul style="list-style-type: none"> <li>• Do individuals receive services in the community based on their needs, preferences and abilities?</li> <li>• Does the individual participate in outings and activities in the community as part of his or her plan for services?</li> <li>• If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource?</li> <li>• Do individuals have the option to control their personal resources, as appropriate?</li> </ul>
<p><b>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</b></p>	
<p>Please explain: We have begun implementing our person-centered practices in the homes. We have learned that we are limited in the ability to support individuals in exercising their interest, preferences and needs especially in their community activities. Individuals rely on our transportation services for community activities, social engagement, and other events. Due to COVID-19 we now need to rotate the community outing schedule to ensure we meet the Department of Health's requirements. This has caused us to limit individuals in their community engagement activities due to the number of vehicles we have and meeting additional staffing needs. Another aspect of our transportation need is spreading out our doctor appointments as they are required to have 1:1 support due to new restrictions from the medical facilities. At full capacity this would include arranging appointments for 18 people each individual in our homes this would be a challenge in staffing and transportation.</p>	
<p><b><u>Federal Requirement #2:</u></b></p>	<p><b><u>Guidance:</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>	<ul style="list-style-type: none"> <li>• Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals?</li> <li>• Does each individual's IPP document the different setting options that were considered prior to selecting this setting?</li> </ul>
<p><b>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</b></p>	
<p>Please explain: A current IPP is on file for each individual who resides at Golden Haven and White Rose. The IPP indicates the different setting options that were considered prior to selecting Golden Haven or White Rose Homes.</p>	

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<b><u>Federal Requirement #3:</u></b>	<u>Guidance</u>
<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Through our implementation of our person-centered practices we discovered that individuals in our homes need support in the way they can communicate with others. This need for alternative and individualized methods of communication is what is needed to help each person exercise their rights and express their needs, preferences and interest. We would like to provide assistive technology such as iPads, applications, programs (Zoom) and plain language to support those who may not read, require picture systems or want to be empowered to be self-determined in their needs. This also means with individual devices and applications, each person would have the freedom and choice to attend their day program remote learning services in a variety of locations in the home (room, living room, dining room, outdoors) instead of collectively with their peers in the home.</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>	<u>Guidance:</u> <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"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Daily activities are offered based on an individual's needs and preferences, yet COVID-19 has significantly impacted our ability to meet the needs of each person in transportation services, staffing, and assistive technology. We are now limited in the places, number of people and how we are in the community. Public transportation is not a current resource as many of the individuals are elderly with existing health conditions. We are also limited in who we can transport to medical</p>	

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appointments. We now have to provide 1:1 support as medical facilities and other places limit who and how many can enter their site. This also means that we need to have a wheelchair accessible van with a lift for one facility and a fuel efficient, compact vehicle for the other facility. In our local community we are also unable to participate in groups which limits social activities and participation outside the home.

**Federal Requirement #5:**

*Facilitates individual choice regarding services and supports, and who provides them.*

**Guidance:**

- Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available?
- Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?

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

**Please explain:** We make every effort for individuals to choose staff to provide their care. We have learned in our person-centered training that we need to have better opportunities for each person to have more control over their schedule and to be empowered to voice their concerns in the services we provide. Having assistive technology such as iPads and apps will empower each person to reach their potential of self-determination.

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

<p><b><u>Federal Requirement #6:</u></b>  <i>The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city or other designated entity. For settings in which landlord/tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction’s landlord/tenant law.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement?</li> <li>• Are individuals informed about how to relocate and request new housing?</li> </ul>
<p><b>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</b>                  Please explain: We currently have an admission agreement with each resident. During the IPP placement in the home is discussed.</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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</b>                  Please explain: All individuals have been given a choice of roommates and/or a choice for private accommodations. Each home has been furnished and decorated with basic furnishings. Individuals can decorate their room based on their preferences.</p>	

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<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><u>Guidance:</u></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: We are excited to help each individual increase their choices in their daily schedules through technology. This includes using a variety of systems to help each person gain greater control over the activities. This includes tracking, setting up reminders, using picture systems or accommodations that help to access remote learning in the day programs or create new activities in the home. This also includes more independence in the home by use of universal design in the residence as a way of being person-centered. This can include addressing simple access needs such as tactile signs, reading lights, magnifiers, etc.</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><u>Guidance:</u></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: Visitors are welcomed in the home at any time the individual chooses. Individuals can also leave with visitors to go eat, shopping, etc.</p>	
<p><b><u>Federal Requirement #10:</u></b> <i>The setting is physically accessible to the individual.</i></p>	<p><u>Guidance:</u></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> <li>• Are appliances and furniture accessible to every individual?</li> </ul>

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

Please explain: Golden Haven and White Rose are physically accessible. Individuals have the freedom to move about inside and outside the home as they choose.

Appliances and furniture are accessible for every individual.

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**CONTACT INFORMATION**

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**ACKNOWLEDGEMENT**

By checking the box below, I acknowledge that completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that the Department may require to determine provider compliance with the HCBS settings rules.

I AGREE



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

### Instructions:

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

### Strengths of previously funded concepts:

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

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

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Vendor name	White Rose and Golden Haven Guest Home
Vendor number(s)	HP0035 and HP0042
Primary regional center	San Gabriel/Pomona Regional Center (SGPRC)
Service type(s)	Residential
Service code(s)	915
Number of consumers typically and currently served	18
Typical and current staff-to-consumer ratio	White Rose – 3:4 and Golden Haven – 1:3
<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>Typical Day: There are 14 residents at Golden Haven (1:3) and 4 at White Rose (3:4). The morning begins with staff helping each individual in their personal and daily living skills (personal grooming, dressing, etc.). The goal is for each person to reach their highest level of independence. Individuals then receive assistance in meal preparation, eating, medication administration, and preparing for the day. Staff then support those who participate in remote learning services in their day program. This is an integral part of continuity of services and supports. COVID-19 has forced individuals to remain home and has increased the need for technology and staff assistance. There's currently one computer at each home making it difficult for each individual to attend their scheduled Zoom meeting causing individuals to miss part or all of their meetings. Those scheduled for medical appointments or other activities in the community now require flexibility in scheduling and staff ratio changes to 1:1 to minimize the number of people in and out of the home and in the vehicle in order to meet the health and safety guidelines placed by the regulatory agencies. Community sites and medical facilities have also limited who can enter the site. Public transportation is also challenging for those who are older with existing conditions. Additional staffing can provide supervision, accountability in COVID-19 practices and reduce changes in the staffing schedule required to meet all appointments and community activities.</p>	
<p><b>Project Narrative Description: While filling out this section, reflect on how services are typically provided and how that might have changed in the past year. Think about what has been learned in the past year and how that might shape services going 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.</b></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>Our vision is to implement our person-centered practices in each home.</p> <p>1. <b>Vehicles:</b> Secure a wheelchair accessible van and a small fuel efficient car to fully support access and opportunities for social, recreational, personal and community participation/engagement. We have 3 individuals who use wheelchairs and 4 individuals over the age of 65.</p>	

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2. **Assistive Technology:** Purchase computers, iPads, applications, and programs to stay connected to day program, friends and family participate in activities to enhance communication and as an alternative way to be engaged in the community.

3. **Additional Staffing:** Will allow for 1:1 outings, increase options based on preferences, greater independence in the community, and allow for more flexibility and control of their schedules.

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 X 4 X 5 X 6     7     8 X 9     10    

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.

**Vehicles (Fed. Req. #1, #4)** – There’s currently an assigned vehicle for each home. This vehicle is occupied for transportation for routine meetings and medical appointments. This prevents others from making individual outings and activity plans especially spontaneous outings. We would like to remedy this with one fuel-efficient vehicle. We have additional individuals who utilize wheelchairs and adaptive devices who are at risk of injury during boarding and disembarking from the van. We are also requesting funding for one wheelchair accessible van with lift. Having a second vehicle will allow for more flexibility and control for individuals to manage their own schedule resulting in greater independence. **Assistive Technology – (Fed. Req. #3, #4, #5, #8)** –Using the tool What’s Important To and What’s Important for Individuals, we have identified the need for computers, iPads, programs, and apps to ensure there are variety of technologies offered. Nine different day program provide services to the 2 homes. Due to the pandemic, individuals are limited to small group outings and day programs are now done remotely. Since there is only one computer per home, each individual will have their own iPad allowing for autonomy and self-determination in their schedule and activities. Individuals can attend their day program/zoom meetings, virtual concerts, cooking classes, etc. and connect with members of their community through Facebook and Instagram. Individuals will also have the flexibility to FaceTime with their family and friends any time of the day in any location. **Additional Staffing Position – (Fed. Req. #4, #5, #8)** – Currently, licensing and funding allows for a 1:3 ratio and 3:4 ratio in each home. Based on person-centered training received, additional staffing will allow for 1:1 outings, increasing activity options based on preferences. The pandemic has increased limitations in accessing the community with restrictions on the number of people at each outing. Additional staffing will allow us to empower and advance person-centered choices for the individuals.

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.

Having a readily available vehicle and extra staff will allow us to accommodate our residents and increasing request for activities out in the community such as religious services, beach, parks, and drive in movie theaters. Assistive technology will support each person’s ability to advocate and connect with family, friends, and others outside of the home. Through social media such as Instagram and Facebook individuals can form or maintain meaningful relationships virtually.

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<p>6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?</p>
<p>1. <u>Implementation of person-centered plans</u> – <u>Outcome</u>: respect the choices, needs, preferences, dreams, and interests of each person's choice identified in the PCP. <u>Method</u>: purchasing accessible vehicles, additional staff and assistive technology.</p> <p>2. <u>Self-Determination</u> – <u>Outcome</u>: increase assistive technology skills, decision-making, choice, ability to direct their activities, and helping to have a voice in directing their life experiences. <u>Method</u>: Purchasing iPads and computers, choice in staff and activities, access the community, and participate in remote learning with minimal staff assistance.</p> <p>3. <u>Personal and Community Engagement</u> – <u>Outcome</u>: maintain and develop new relationships through social media, online video conferencing, messenger, and other methods. <u>Methods</u>: Purchasing iPads and computers, purchasing additional vehicles, and increasing participation in selected community activities.</p> <p>4. <u>Person-Centered Support</u> – <u>Outcome</u>: increase home and community engagement, match staff with individuals in common interests, support cultural interests, support mobility and transportation needs, implement personal daily schedules and support personal rights. <u>Methods</u>: Additional staff, purchasing additional vehicles and iPads and computers.</p> <p><u>Tracking</u>: ID notes, transportation log, reports, resident council meetings, data collection, and use of person-centered strategies identified in person-centered plans (Donut, Rituals/Routines, Good Day/Bad Day, What's Working and Not Working, etc.)</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 used the resident council meetings, person-centered exploration and future profiles (tools – likes and dislikes, what's working/not working, etc.) and an accessibility survey as input to this concept paper. Input was also provided by the staff and families on how to empower each person. This includes discussions and observations with individuals in the home. The findings helped to identify needs to successfully meet the HCBS Rules.</p>
<p>8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.</p>
<p>Based on our person-centered training, our organization is moving toward a person-centered culture. Having successfully completed our person-centered training, additional staff and assistive technology will shift the focus from the group to the individual. Outings, schedules, activities and community involvement will be driven by what the individual chooses rather than the majority. Individuals will now be empowered to direct their person-centered plan to the extent they choose.</p>
<p>9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2020-21 HCBS Funding.</p>
<p>Several project components were strategically selected to change the culture of the organization and ensure sustainability of person-centered practices after grant funds have expire White Rose and Golden Haven will assume all costs to retain additional staff, train staff on assistive technology apps, programs and costs for on-going maintenance of the vehicles.</p>

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<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>One-year budget - purchase one wheelchair accessible van with lift (\$65,000), one car (\$25,000), insurances and registration. The vehicles will be purchased by 12/2021. Also, accessibility tools. Two (2) computers, iPads two (2) printers, Zoom account, Wifi, and apps for (\$19,300) by (9/2021). The two-year budget request - 2 part-time direct care staff positions (hiring by 9/2021). 1 staff at weekday schedule/1 staff at weekend schedule at \$48,384 per year.</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>All costs will be incurred during the program timeframe and the increased staffing will be maintained after funding expires as required by regulations.</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    ___No <u> X </u>Yes. If Yes, FY(s) <u>2019-2020</u>          Disparity Funding <u> X </u>No ___Yes. If Yes, FY(s) _____          CPP Funding     <u> X </u>No ___Yes. If Yes, FY(s) _____          CRDP Funding    <u> X </u>No ___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>Our current grant provides person-centered training and a Community Inclusion Specialist. We have learned how the home and community environments can be opportunities for independence, choice and decision-making. Our organization will continue the efforts of person-centered practices utilizing the tools to create conversations with individuals on their needs, wants, and preferences. The additional funding will support our current evaluation of the individualized needs of each person.</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>The new grant will allow us to implement the PCT concepts and build upon the training we received. The current funding addresses access and opportunities in the community (transportation) including social connections (assistive technology) and flexibility in scheduling, transportation support and address limited community engagement due to COVID-19 (additional staffing). These concepts will allow our homes to come into compliance with HCBS Final Rule.</p>	

HCBS CONCEPT BUDGET							
Vendor Name		Golden Haven Guest Home and White Rose Guest Home					
Vendor Number(s)		HP0042, HP0035					
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total	
		FTE	Annual Cost	FTE	Annual Cost	Cost	
<b>Personnel (wage + benefits)</b>							
Direct Care Staff for 1:1 outings Weekday	34,560	1.00	34,560	1.00	34,560	69,120	
Direct Care Staff for 1:1 outings Weekend	13,824	1.00	13,824	1.00	13,824	27,648	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
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			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
<b>Personnel Subtotal</b>			<b>\$48,384</b>		<b>\$48,384</b>	<b>\$96,768</b>	
<b>Operating expenses</b>							
Technology – 18 iPads (1 per individual 18x\$600)			\$10,800			\$10,800	
Wifi and Zoom Account			\$1,000		\$1,000	\$2,000	
Two Computers and printers			\$6,000			\$6,000	
Accommodations (magnifier, reading lights, etc.)			\$500			\$500	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
<b>Operating Subtotal</b>			<b>\$18,300</b>		<b>\$1,000</b>	<b>\$19,300</b>	
<b>Administrative Expenses</b>							
Grant Management			\$10,000			\$10,000	
						\$ -	
						\$ -	
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						\$ -	
						\$ -	
<b>Administrative Subtotal</b>			<b>\$10,000</b>		<b>\$0</b>	<b>\$10,000</b>	
<b>Capital expenses</b>							
Purchase of wheelchair-accessible van with lift including insurance, registration and 5-year warranty			\$65,000			\$65,000	
						\$ -	
						\$ -	
Fuel efficient, compact vehicle including insurance and Registration)			\$25,000			\$25,000	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
<b>Capital Subtotal</b>			<b>\$90,000</b>		<b>\$0</b>	<b>\$90,000</b>	
<b>Total Concept Cost</b>			<b>\$166,684</b>		<b>\$49,384</b>	<b>\$216,068</b>	

See Attachment F for budget details and restriction