

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

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

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

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

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

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

Date(s) of Evaluation: February 10, 2021	Completed by: Mike and Thelma Dougherty
Vendor Name, Address, Contact: Dougherty’s Guest Home 8308 Alexa Ct. Stockton, CA 95209: Contact: Mike Dougherty, 209-603-7048 or Thelma Dougherty 209-603-7049	
Vendor Number: HV0156 & HV0321	
Service Type and Code: Adult Residential 915	

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<p><u>Federal Requirement #1:</u> <i>The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals receive services in the community based on their needs, preferences and abilities? • Does the individual participate in outings and activities in the community as part of his or her plan for services? • If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource? • Do individuals have the option to control their personal resources, as appropriate?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: While our residents do participate in community outings and settings, it is often difficult to accommodate all individuals with the use of a single vehicle or having to transfer non-ambulatory individuals out of their wheelchairs and then trying to load and secure that chair, as well as try to make the consumer as comfortable as possible. This often requires an extra staff, which isn't always available and therefore restricts this from happening more frequently or restricting the amount of passengers that can fit into the van or auto. We currently have one lift van for both homes for medical appointments, outings, trips out of town to visit family, and transportation to and from day programs. Our resident's outings would be greatly enhanced with comfort, safety, and better opportunity to have a more community integrated lifestyle that would promote this federal requirement. We have also considered transporting all of our residents to and from their day programs, although we cannot commit to this as reimbursement rates for our service doesn't even cover the cost. However, if those rates could be adjusted, we believe, after our residents have shared their discomfort on the rides home from day programs, sometimes more than 2 hours and sometimes up to 3 or more hours and coming home sweating in the summertime, that we would be able to provide more direct route to and from which would bring more comfort and possibly less irritability, making for a much happier group. Our current van is 20 years old. We are asking for a lift van for each home to enhance the consumer's lifestyle, along with increased opportunities for community integration.</p>	
<p><u>Federal Requirement #2:</u> <i>The setting is selected by the individual from among setting options, including non-disability-specific settings and an option for a private unit</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals?

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<p><i>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"> • Does each individual's IPP document the different setting options that were considered prior to selecting this setting?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: All residents IPP's are kept in their individual files and updated as necessary but at least annually. Residents are offered the choice of where to live and their preference of settings. They are informed of their rights to have a private room, if available, or given the choice of a shared room, if they choose to accept the placement.</p>	
<p><u>Federal Requirement #3:</u> <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint? • Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality? • Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Residents and/or their representatives are provided with a copy of Rights of the Developmentally Disabled, upon admission, and we also have it posted on the information wall. We provide private meeting areas and train staff of privacy issues and sharing of information guidelines. We use picture boards for the hearing and speech impaired and also use signing and gesturing to help offer the best option of communication for all residents.</p>	
<p><u>Federal Requirement #4:</u> <i>Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices,</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider offer daily activities that are based on the individual's needs and preferences?

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<p><i>including, but not limited to, daily activities, physical environment, and with whom to interact.</i></p>	<ul style="list-style-type: none"> • Does the provider structure their support so that the individual is able to interact with individuals they choose to interact with, both at home and in community settings? • Does the provider structure their support so that the individual is able to participate in activities that interest them and correspond with their IPP goals?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: During the IPP planning we make every effort to incorporate whomever the consumer chooses to have input. We then implement these goals both in the home and community. We have materials available to residents for adaptive learning, motor skills and leisure times. We incorporate their IPP goals into the daily planning and community integration that each consumer chooses by offering a variety of outings that meet individual wants and needs. We could further enhance the physical well-being by having exercise equipment such as a stationary workout bike for both homes.</p>	
<p><u>Federal Requirement #5:</u> <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"> • 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?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Some residents do have preferred staff and we accommodate as much as scheduling and staff load permit. We make the utmost effort to accommodate our residents in all choices. We also inform them and or their family or representative, of who they might contact if they have concerns or complaints. Some have a direct dialogue with their Service Coordinators on a weekly or even daily basis.</p>	
<p><u>Federal Requirement #6:</u> <i>The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement?

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<p><i>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>	<ul style="list-style-type: none"> • Are individuals informed about how to relocate and request new housing?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: All residents have a placement agreement on file. They are informed of their right to terminate the agreement at any time, with notice, and what would happen if we asked them to relocate.</p>	
<p><u>Federal Requirement #7:</u> <i>Each individual has privacy in his/her sleeping or living unit:</i> <ul style="list-style-type: none"> • <i>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</i> • <i>Individuals sharing units have a choice of roommates in that setting.</i> • <i>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i> </p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have a choice regarding roommates or private accommodations? • Do individuals have the option of furnishing and decorating their sleeping or living units with their own personal items, in a manner that is based on their preferences? • Do individuals have the ability to lock their bedroom doors when they choose?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: When a potential resident is offered residency, we inform them of their choices. We do offer private and shared rooms. If an individual so chooses and we have a private room available, we offer that choice. However, when no private room is available, we offer them the choice of meeting their potential roommate and vis versa, and offer them the choice of accepting the placement. We do accommodate those individuals that so choose to have a lockable door, where safety is not an issue. Only authorized individuals are allowed access with the permission of the resident. All of our residents are free to decorate the personal spaces as they so choose, and all have done so.</p>	
<p><u>Federal Requirement #8:</u></p>	<p><u>Guidance:</u></p>

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<p><i>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</i></p>	<ul style="list-style-type: none"> • Do individuals have access to food at any time? • Does the home allow individuals to set their own daily schedules? • Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Our residents have full access to all food items and are offered the required 3 meals daily, along with 2 snacks. However, some choose to prepare or request staff to make a specific item. Our residents have full access to all common areas and supervision is provided, if needed. Residents do choose their own daily schedules. While some enjoy a structured day of events, others choose to sleep in or eat their meals at the time they choose. In any case, we accommodate whatever they choose.</p>	
<p><u>Federal Requirement #9:</u> <i>Individuals are able to have visitors of their choosing at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Are visitors welcome to visit the home at any time? • Can individuals go with visitors outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or weekends?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: We allow visitors at any time. We encourage visitation regularly and promote family and friends visits in and out of the home. We even offer to provide transportation to these visits, sometimes out of town visits as far away as 50 miles and more. We feel this is a very healthy accommodation to offer. New vans would improve safety and comfort on both short and long trips. The updated and enhanced comfort and safety designs in newer vans would provide for a safer trip for all consumers with the addition of airbags and air curtains in the entire passenger area, which our current van does not provide as it is 20 years old.</p>	
<p><u>Federal Requirement #10:</u> <i>The setting is physically accessible to the individual.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area? • Are grab bars, seats in bathrooms, ramps for wheelchairs, etc., available so that individuals who

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	<p>need those supports can move about the setting as they choose?</p> <ul style="list-style-type: none"> • Are appliances and furniture accessible to every individual?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Our homes are not equipped with roll in showers. While one home does have a walk in shower available for use, it is very difficult to utilize for our non-ambulatory residents as it has a 2 inch lip that we have to lift their shower chair over. The other home has a tub enclosure. This is very difficult for our non-ambulatory residents to manipulate. Staff have to carefully assist them over the tub and into a shower chair inside the tub. A roll-in shower and increased room that a remodel would afford, would greatly enhance the safety and comfort of all residents, especially our non-ambulatory residents. The remodel would provide a continuous tile floor that would have a central sloped drain that would meet disability guidelines and ease the use of roll-in shower chairs, promoting a safe and enjoyable bathing experience. At our #2 home we would also be relocating the toilet by reducing the vanity size to better utilize the space. This would allow more shower space as well as toilet space. Safety grab bars are provided in the bathing area as well as the toilet area. We also propose to purchase a wheelchair scale for each home for our non-ambulatory residents to more accurately monitor their weight. We currently weigh them using a chair scale that requires the individual to be transferred onto the chair. It does have armrests but we still have to stabilize the residents that are unable to secure themselves without assistance, thus leaving room for inaccurate weight recordation. A Wheelchair Roll-on Scale will provide our residents an accurate weight record that will help in defining any health issues that may arise.</p>	

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	Dougherty's Guest Home 1 & 2
Vendor number(s)	HV0156 & HV0321
Primary regional center	Valley Mountain Regional Center
Service type(s)	Adult Residential
Service code(s)	915
Number of consumers typically and currently served	Home #1 – 6 Home #2 6
Typical and current staff-to-consumer ratio	Home #1 1:3 Home #2 1:2
<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>Dougherty's Guest Home #1 is a Level 3 Adult Residential Facility for Developmentally Delayed individuals. We serve mild to moderate behaviorally involved adults with mild to severe physical limitations. We currently have 5 residents but have a 6th joining us on March 1st. Our current census is 3 female and 2 male with the new resident it will make it 3 males. 1 resident is non-ambulatory and another is legally blind, although she does well in familiar settings, but must be closely guided on outings or in unfamiliar settings. All residents need constant supervision. Some of our residents' cognitive level would be considered on the low end, while others are at mid-range. All are able to achieve individual successes that enhance their everyday life skills and overall happiness.</p> <p>Dougherty's Guest Home #2 is a Level 4H Adult Residential Facility. We serve individuals with moderate to severe behaviors and mild to severe physical challenges. Our current census is 4 females and 2 males. All individuals have their own unique challenges and also their own very unique talents. Some are very independent in their daily lives, while others require total care. 2 residents are non-ambulatory and another has trouble with her gait. Residents at both homes are compatibly matched and live harmoniously, most of the time. We offer a wide range of daily activities, such as a daily voluntary exercise routine, daily neighborhood walks, regular community outings, ADL's assistance and training, motor skills and adaptive learning, fun and games and arts and crafts, to name a few.</p>	
<p>Project Narrative Description: While filling out this section, reflect on how services are typically provided and how that might have changed in the past year. Think about what has been learned in the past year and how that might shape services going forward. Funding awarded through this concept can span the course of up to two years which would allow time to shape services to be more person-centered and align with the HCBS federal requirements.</p>	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p>	
<p>We currently struggle with providing the easiest access for all individuals to utilize a convenient and comfortable bathing experience, especially our non-ambulatory residents. Remodeling the bathrooms with a roll-in shower and increased toileting space would make the experience more comfortable and make it a more enjoyable and much more accessible. The proposed exercise equipment has been identified as a desired asset to improve physical well-being by improving cardio vascular in a low impact workout while at home. This will encourage a more consistent routine in the comfort of their home. We believe this will improve their overall health and self-esteem. Purchase of the vans with wheelchair lifts will enhance the quality of life by allowing more outings of desired groups</p>	

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or individuals. Increased capacity ensures that all that want to go on any particular outing will be able to go. This will also ensure a more comfortable outing which is a very important part of any trip, especially if the planned trip is of long distance. They can sit comfortably spaced apart and have an enjoyable ride. We will be able to transport more than one non-ambulatory individual at one time and won't have to choose who makes a trip and who doesn't. This will also allow us to better utilize staff because when we won't have to leave some individuals home on some outings and have a maximum combined staff presence that enhances safety and full enjoyment. Newer vehicles also provide more safety equipment such as air bags and curtains that protect the entire passenger cabin, along with other safety equipment and comfort supports.

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__ 5__ 6__ 7__ 8__ 9_X_ 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.

While our residents do participate in community outings and settings, it is often difficult to accommodate all individuals with the use of a single vehicle or having to transfer non-ambulatory individuals out of their wheelchairs and then trying to load and secure that chair, as well as try to make the consumer as comfortable as possible. This often requires an extra staff, which isn't always available and therefore restricts this from happening more frequently or restricting the amount of passengers that can fit into the van or auto. We currently have one 20 year old lift van for both homes for medical appointments, outings, trips out of town to visit family, and transportation to and from day programs. Our resident's outings would be greatly enhanced with comfort, safety, and better opportunity to have a more community integrated lifestyle that would promote this federal requirement. We have also considered transporting all of our residents to and from their day programs, although we cannot commit to this as reimbursement rates for our service doesn't even cover the cost. However, if those rates could be adjusted, we believe, after our residents have shared their discomfort on the rides home from day programs, sometimes more than 2 hours and sometimes up to 3 or more hours and coming home sweating in the summertime, that we would be able to provide more direct route to and from which would bring more comfort and possibly less irritability, making for a much happier group. Our current van is 20 years old. We are asking for a lift van for each home to enhance the consumer's lifestyle, along with increased opportunities for community integration.

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

Please explain: Our homes are not equipped with roll in showers. While one home does have a walk in shower available for use, it is very difficult to utilize for our non-ambulatory residents as it has a 2 inch lip that we have to lift their shower chair over. The other home has a tub enclosure. This is very difficult for our non-ambulatory residents to manipulate. Staff have to carefully assist them over the tub and into a shower chair inside the tub. A roll-in shower and

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increased room that a remodel would afford, would greatly enhance the safety and comfort of all residents, especially our non-ambulatory residents. Safety grab bars are provided in the bathing area as well as the toilet area. We also propose to purchase a wheelchair scale for each home for our non-ambulatory residents to more accurately monitor their weight. We currently weigh them using a chair scale that requires the individual to be transferred onto the chair. It does have armrests but we still have to stabilize the residents that are unable to secure themselves without assistance, thus leaving room for inaccurate weight recordation.

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.

With the purchase of the 2 lift vans we will be able to more fully integrate our residents with more opportunities and choices to enhance their lives. Both comfort and availability to make choices are an important part of anyone's well-being. With each home having the ability to avail the transportation to accommodate individual choices, we will be less likely to have to schedule around the availability that of just 1 vehicle provides. The age of the van also restricts the comfort. Noises, Bumpy rides, air flow for back passengers are usually diminished as vehicles age. Newer vans also have increased safety features such as full cabin airbags and other comfort and safety features.

The remodel of the bathrooms will bring us into compliance so that all residents are able to bathe when they want and will be able to choose the staff they want. Currently, they might not have as many choices of staff or the times because they require additional help to manipulate the shower lip or the transferring into the tub. If there is a roll-in shower, we believe that 1 staff will be able to give showers at any given time and the increased space will allow for a more enhanced overall experience.

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

More community integration opportunities and more desired options. Better hygiene and a more pleasant bathing and overall bathroom experience. Enhanced physical and mental fitness. Easier access to more accurate health monitoring by utilizing a scale that is more compatible to our non-ambulatory residents. We will track the variety of outings and the increased capacity usage. We will integrate into our notes the enjoyment on outings and the opportunities provided so that more can take part and enjoy. We will track in our record keeping goals and accomplishments. Staff will recognize and encourage full participation on in home as well as out of home activities.

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.

We take input from our residents on likes and dislikes in their everyday lives. We listen to these concerns and discuss ways to overcome barriers. We provide solutions and ask for suggestions that would enhance their lives. Everyday comforts are always high on their list. We hope these concepts will enhance their enjoyment of everyday tasks and make life a little less stressful.

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

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<p>The availability of more choices will encourage more individuality. Choices that make life more comfortable and more accessible, make those choices easier to make and achieve. When individuals have more and easier access, they will make good choices that will enhance their lives. This allows consumers to stay and live where they choose and make it “their” 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>	
<p>The additions and enhancements described in these concepts will have a lasting effect on the individuals and the person centered concept. We will be able to offer continued and enhanced services for many years to come.</p>	
<p>10. Write a brief narrative below explaining each major cost category and timeline. Complete the budget template at the end of the concept sheet. An excel version with formulas is available. When applicable, budgets should include personnel/benefits, operating costs such as consultants or training, administrative expenses/indirect costs, and capital costs (assets lasting more than 2 years). If project spans 2 years or occurs in phases, budget should be separated by phase/year.</p> <p>Administrative costs, if any, must comply with DDS’ vendor requirements, including a cap of 15% of the sum of personnel/benefits, consulting, and operating costs (must exclude capital costs). This information can be found at this link.</p>	
<p>The van purchases would be acquired as soon as possible. We could especially use them during this COVID time so we could better distance any need if driving more than one person at a time. The bathroom remodels would be achieved over the next 2 to 3 months. We have discussed this concept with a contractor in the past and have a good working relationship. The workout bike and wheelchair scale would be obtained as soon as funding is available.</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>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>For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS</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>	

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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.

HCBS CONCEPT BUDGET	
Vendor Name	Dougherty's Guest Home 1&2
Vendor Number(s)	HV0156 & HV0321

	Year 1 Budget			Year 2 Budget		Total
	Wage and Benefits	FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)						
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
Operating expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ -		\$ -	\$ -
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
Purchase of two vans with lifts			\$ 120,000			\$ 120,000
Bathrooms Remodeled			\$ 50,000			\$ 50,000
2- Exercise Equipment			\$ 2,500			\$ 2,500
2- Wheelchair Weight Scale			\$ 7,500			\$ 7,500
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 180,000		\$ -	\$ 180,000
Total Concept Cost			\$ 180,000		\$ -	\$ 180,000

See Attachment F for budget details and restrictions