

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 www.dds.ca.gov/HCBS.

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

Date(s) of Evaluation: 10/25/2019 and 10/31/2019	Completed by: Carol Ledbetter, Mary Hodges and Susan Duran
Vendor Name, Address, Contact: PSW, 194 W Poplar Avenue, Porterville CA 93257	
Vendor Number: HCO403, HC354, HC1282, HO8772, HC0757	
Service Type and Code: 954 Work Activity Program, 505 Day Training Activity Center, 515 Behavior Management Program	

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Federal Requirement #1:

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.

Guidance:

- 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?

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

Please explain: Individuals served receive limited access to the community, based specifically on work assignment. Individuals participating in the onsite WAP Assembly do not have routine outings/community activities as part of their plan for services—the primary focus is on paid work.

Federal Requirement #2:

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.

Guidance:

- Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals?
- Does each individuals' IPP document the different setting options that were considered prior to selecting this setting?

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

Please explain: All referrals arrive with most recent Individual Program Plan. After a referral has been reviewed and discussed between the individual, PSW staff, provider/parent and Regional Center; the individual then tours the programs available and chooses from a menu of options based on hours of operation, transportation needs and individual desire.

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<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: Verbal at intake meeting, verbal at job/program site(s) and written via handbook. The individual's rights are posted in various areas and are reviewed during their annual meetings. As necessary, alternative methods of communication are utilized; including sign language.</p>	
<p><u>Federal Requirement #4:</u> <i>Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider offer daily activities that are based on the individuals' needs and preferences? • Does the provider structure their support so that the individual is able to interact with individuals they choose to interact with, both at home and in community settings? • Does the provider structure their support so that the individual is able to participate in activities that interest them and correspond with their IPP goals?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: Daily activities are assigned based on crew assignment, staffing and job contract needs. Individuals choose attendance on specified crews based on their preferences and abilities; however, staff assignments, job tasks, and hours of operation are often fixed. Activities are in line with interests outlined in IPP.</p>	

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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: While individuals have the opportunity to voice their concerns and modify their services outside the scheduled review of services, they do not participate in the selection of assigned staff. Alternative staff are not often available.

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

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

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<p><u>Federal Requirement #8:</u> <i>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have access to food at any time? • Does the home allow individuals to set their own daily schedules? • Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: N/A</p>	
<p><u>Federal Requirement #9:</u> <i>Individuals are able to have visitors of their choosing at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Are visitors welcome to visit the home at any time? • Can individuals go with visitors outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or weekends?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: N/A</p>	
<p><u>Federal Requirement #10:</u> <i>The setting is physically accessible to the individual.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area? • Are grab bars, seats in bathrooms, ramps for wheelchairs, etc., available so that individuals who need those supports can move about the setting as they choose? • Are appliances and furniture accessible to every individual?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: N/A</p>	

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CONTACT INFORMATION

Contact Name: Mary Hodges
Contact Phone Number: 559-784-1399 ext 1116
Email Address: mhodges@pswcares.org

ACKNOWLEDGEMENT

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

I AGREE

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Existing 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 back up, 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, but the rest of the concept must be within the standard page requirements.
- There has been a significant change in the form and process compared to prior years. **In order to receive funding, this 2019-20 form must be 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 or opportunities in the community.

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 in order 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 train-the-trainer certification 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 www.dds.ca.gov/HCBS.

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Vendor name	PSW
Vendor number(s)	HCO403, HC354, HC1282, HO8772, HC0757
Primary regional center	Central Valley Regional Center
Service type(s)	Work Activity Program, Day Training Activity Center, Behavior Management Program
Service code(s)	954, 505, 515
Number of consumers	332
Current staff to consumer ratio	1:12, 1:3, 1:4, 1:8, 1:6
<p>1. Please provide a brief description of the service/setting that includes what a typical day consists of and how services are currently provided. This response must include the baseline/current levels for any aspects of the program for which the concept proposes funding.</p>	
<p>OUTSIDE CREWS: Individuals arrive to gather their work tools, PPE, and prep and load work vehicles for anticipated contract day. Individuals depart facility and work scheduled contracts. Individuals may stop at stores or local fast food establishments during the break/meal periods and purchase items of their choosing, consistent with their preferences, dietary needs/restrictions and individual resources. All contract work is complete between 2 and 2:30pm.</p> <p>SITE BASED CREWS: Individuals arrive to job sites, put their personal effects away and meet with their assigned staff to obtain their job assignments/goals or objectives for the day. Individuals choose or modify activities based on preferences. For breaks/meal periods individuals either bring their own lunches, purchase lunch out (via delivery) from various local restaurants or at the Snack Shack or local convenience markets. If individuals arrive via PSW transportation, their work day ends at 2:30pm. Individuals arriving via other methods have the option of working until 5 or 5:15 depending on their employment site.</p> <p>DAY PROGRAMS: Individuals arrive at their assigned program location and then meet with their staff to see in which activities they will be participating. These activities have been chosen according to their preferences and goals. For breaks/meal periods individuals either bring their own lunches, purchase lunch out (via delivery), or if they are spending the day in the community, individuals may stop at stores or local fast food establishments. Typically, an individual's day ends at approximately 2:00.</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>PSW's mission is to assist individuals with disabilities to achieve a more independent and productive life, but we recognizes that our existing programs fall short in some aspects of our mission. Our WAP, BMGT and ASC (ADP) Programs are all center based with limited utilization of community resources. We would like to make strides forward in meeting HCBS compliance by looking at certain realities within our program designs and locations and address them via transition funds in the following ways:</p>	

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Relocation of existing WAP Assembly and BMGT programs to a more centralized location. This relocation will allow for greater access to public transportation for training in mobility and independence as well as access to general community resources such as shopping and dining establishments. This proposed change will allow individuals to have greater presence in the community and encourage greater participation through exploration of individual likes/dislikes, work related opportunities, and frequency of access to the community.

Increase staffing to support greater access to opportunities for career exploration, vocational skill development, volunteer activities, and access to one-stop centers. Establish resources available for entrepreneurial and cultural/artistic endeavors for individuals served.

Establish routine activities/outings/opportunities as part of the normal program day to include pre-vocational skills, resume building, interview skills and social skills training in addition to completion of regular job contracts. (rotate time in paid work/ vocational training for each group/site)

In an effort to continue to strive to meet the individualized needs of each person served, transportation will play a vital role. One barrier to compliance with the HCBS rule that we continue to see in our area is Transportation. Public Transportation is limited. Multiple types of vehicles will be required in order to accomplish the customized guidance in this rule. PSW would like to request funding for the purchase of (3) three additional vehicles that are wheelchair accessible to support individuals served in achieving integrated opportunities.

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

1 X 2 ___ 3 ___ 4 X 5 X 6 ___ 7 ___ 8 ___ 9 ___ 10 ___

Requirement #1: Individuals served receive limited access to the community. Individuals participating in the onsite WAP Assembly do not have routine outings/community activities as part of their plan for services—the primary focus is on paid work.

Requirement #4: Daily activities are assigned based on crew assignment, staffing and job contract needs. Individuals choose attendance on specified crews based on their preferences and abilities; however, staff assignments, job tasks, and hours of operation are often fixed. Activities are in line with interests outlined in IPP.

Requirement #5: While individuals have the opportunity to voice their concerns and modify their services outside the scheduled review of services, they do not participate in the selection of assigned staff.

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.

#1: Individuals will have increased access to the community with the relocation of the WAP Assembly and BMGT Sites, allowing presence and encouraging engagement through frequency, exploration of preferences and exploration of alternative integrated sites within walking distance of public transportation of their work site. WAP Assembly will go from 0% access to a minimum of 25% access.

#4: PSW will strategically evaluate existing operational practices to allow for greater choice and engagement from individuals served, by soliciting input related to job tasks/assignments, hours of attendance based on individual preferences and support needs. Individuals served will take a more

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active role in choosing with whom they interact, with PSW ensuring alternative staff are available as needed.

#5: Individuals receiving services from PSW will engage in staff recruitment, interview, and hiring processes, to the extent possible, while affording PSW the flexibility necessary to maintain required staffing ratios.

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

1. Greater access, presence, and engagement in the Porterville area for individuals served. From 0% to a minimum of 25% for individuals served in the WAP Assembly.
2. Participation of individuals served in the recruiting, interviewing and hiring of PSW staff for Business Services, from 0% to a minimum of 5% while affording PSW the flexibility necessary to maintain required staffing ratios.
3. Consistent outreach to the local community which will result in an increased presence of individuals served from 50% to 75% and secure opportunities for meaningful engagement of individuals served in the local community for at least 25 individuals over the next year.

(example: one individual is known in Fresno for making and distributing blankets at the children's hospital. Could we engage the hospital in our local community for a similar outreach effort and have more individuals participate in making the blankets (if they choose) with guidance from the active individual)

4. Routine access and safe exploration of CIE through participation in existing community service establishments (Employment Connection Job Club, Service Club presentations, Training Seminars etc.) while continuing to attend PSW program, gain work skills and earn a paycheck.

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.

Individuals enrolled in the existing Work Activity Program (WAP) participated in brainstorming sessions with staff, supervisors and business services director in establishing key components of this concept proposal in the month prior to submission.

Individual satisfaction surveys annually with individuals during the month of their birth to identify their specific needs/wants, concerns, and goals for the upcoming year.

Program Services Satisfaction Surveys are provided to each individual served and all other stakeholders including family members and CVRC staff annually, with results recorded and shared with stakeholders and the public. Unmet service needs are prioritized and addressed in ongoing program development.

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

Individuals served will have more choices and opportunity to be present and engaged in the community based on their preferences and support needs. Using PCT Discovery Skills, staff will record preferences and seek out opportunities for career exploration, job skills assessments and

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volunteer activities specific to the preferences of the individuals served. Individuals served will have the opportunity to provide routine input on PSW activities, safety, in-service training and PSW staffing.

9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2019-20 HCBS Funding.

PSW will continue to analyze efforts, evaluate outcomes and evolve our strategic plan to drive an active approach in addressing HCBS compliance including seeking input from individuals we serve. PSW will continue to provide ongoing training to staff in the use of PCT Skills, utilize various curriculums such as PATH and MAPS to assist individuals served with identify objectives and striving toward goals and continue to collaborate with the vendor's, business and community partners to achieve success.

PSW completes all their own vehicle maintenance, which will sustain reliable and accessible transportation for all individuals. The benefits and value of reliable and accessible transportation is increased community integration and inclusion.

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).
http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&lawCode=WIC

Relocation of WAP Assembly and BMGT Programs to a more central location to allow for greater access to the local community and a hub to public transportation. **\$75,000**

Recruitment, Interviewing and hiring of part-time staff to support increased access to the community for individuals served. Part-time staff over 2 years **\$188,240**

Purchase of smaller vehicles, to be maintained by PSW for transportation of individuals served to individualized community activities. Reimbursement of mileage for the use of existing staff vehicles where safe and appropriate, to transport individuals to individualized activities based on need and availability. **\$150,000**

Purchase of three (3) wheelchair accessible vehicles to promote access to the community for individuals who use a wheelchair and the equipment needed to support them. **\$123,120.**

Implementation of a Paid/Unpaid rotation 80% Paid work and 20% prevocational skills training for Individuals receiving service via WAP funds. This rotation will allow for us to maintain production on existing job contracts and provide consistent, ongoing individualized training for each individual. Training would include prevocational skills development (asking for a job application, completing an application, submitting a resume, obtaining letters of recommendation, searching for jobs, practicing interview skills. This will be accomplished through the utilization of part-time staff, additional class C vehicles, and coordinated efforts among work based programs. **\$0**

Administrative Expenses, not to exceed 15% of total Budget **\$61,986**

TOTAL \$598,346

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11. Please address sustainability of funding sources for all programs or concepts requiring any funding past the time frame of the requested grant, especially those that involve staff or other long-term costs. Please mark "not applicable" if costs will all be incurred during the program time frame.

Not applicable

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

HCBS Funding ___ No X Yes. If Yes, FY(s) FY 18-19
 Disparity Funding X No ___ Yes. If Yes, FY(s) ___
 CPP Funding X No ___ Yes. If Yes FY(s) ___
 If yes to any question be sure to answer questions 13 and 14.

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

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

- A. Contracted with Helen Sanderson and Associates and progressed 3 PSW Management Staff through the Person Centered Thinking (PCT) Credentialing/Certification Process.
 - a. Began providing PCT Training to PSW Staff (*cultural shift for entire organization*)
 - b. Began utilizing PCT Skills in PSW Programs where staff have been trained
- B. Developed a new program: Tailored Training for Employment and Work/Life Supports (TEWLS), and achieved vendorization with Central Valley Regional Center. This program provides 1:1 evaluation of vocational and prevocational skills of individuals and tailors training to develop skills or enhance existing skills, in partnership with employers of the local community to include work assessment, volunteer opportunities, paid internship/apprentice sites and direct hire opportunities and works in coordination with existing programs.
- C. Start up wages for Outreach Coordinator to develop Business-to-Business relationships at local employer sites for the provision of job training in the community. These are the work assessment, volunteer, paid internships and direct hire sites utilized by the TEWLS program.
- D. Purchased 2 small passenger vans (Class C) for getting smaller groupings of individuals out of the building with greater access to community participation and activities of their choosing.

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.

New funding will enable PSW to continue to build on the foundation of transition toward greater HCBS compliance; providing resources to develop and fund strategies which will continue to increase engagement in the community by individuals served and to solicit their input in the future of programming and service for the organization.

HCBS CONCEPT BUDGET							
Vendor Name		PSW					
Vendor Number(s)		HC0403, HC354, HC1282, HO8772, HC0757					
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total	
		FTE	Annual Cost	FTE	Annual Cost	Cost	
Personnel (salary + benefits)							
Life Skills Coach/Job Coach	18.1	1,040.00	\$ 18,824	1,040.00	\$ 18,824	\$ 37,648	
Life Skills Coach/Job Coach	18.1	1,040.00	\$ 18,824	1,040.00	\$ 18,824	\$ 37,648	
Life Skills Coach/Job Coach	18.1	1,040.00	\$ 18,824	1,040.00	\$ 18,824	\$ 37,648	
Life Skills Coach/Job Coach	18.1	1,040.00	\$ 18,824	1,040.00	\$ 18,824	\$ 37,648	
Life Skills Coach/Job Coach	18.1	1,040.00	\$ 18,824	1,040.00	\$ 18,824	\$ 37,648	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
Personnel Subtotal			\$ 94,120		\$ 94,120	\$ 188,240	
Operating expenses							
Relocation of WAP and BMGT			\$ 75,000		\$ -	\$ 75,000	
Mileage Reimbursement for use of staff vehicles			\$ 45,000		\$ 45,000	\$ 90,000	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Operating Subtotal			\$ 120,000		\$ 45,000	\$ 165,000	
Administrative Expenses							
15% of total budget			\$ 30,993		\$ 30,993	\$ 61,986	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Administrative Subtotal			\$ 30,993		\$ 30,993	\$ 61,986	
Capital expenses							
Purchase of 3 Class C vehicles (cars)			\$ 60,000			\$ 60,000	
Purchase of 3 Wheelchair Accessible Vans			\$ 123,120			\$ 123,120	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Capital Subtotal			\$ 183,120		\$ -	\$ 183,120	
Total Concept Cost			\$ 428,233		\$ 170,113	\$ 598,346	

See Attachment F for budget details and restrictions