

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: 10/31/19	Completed by: Edith Fierro
Vendor Name, Address, Contact: 7702 Washington Ave. First Floor, Whittier CA 90602	
Vendor Number: CAPC Inc. H26259, H26258	
Service Type and Code: BMP 515, ADC 510, 54 individual served	

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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: Currently the ADC and BMP services concept does not comply with the HCBS requirements. Our individuals lack control over their own personal resources and have limited opportunities. Due to low resources, they are in need of assistive technology that would otherwise aid them in better choice of their services.

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: Individuals have very little change in their schedule because of their lack of confidence. In addition they lack the understanding of their rights and responsibilities. Staff have limited experience in soliciting long term planning and empowering individuals of their own service plan. Individuals in 510 and 515 are aging prematurely and need additional support to understand their service options.

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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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: CAPC Individual's handbook is outdated and needs to include HCBS practices that incorporate additional adaptations. CAPC Staff need to be trained on alternative forms of communication to be able to provide better service to individuals and enhance existing communication. CAPC has been searching for funds to obtain additional assistive technology.</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</p> <p>Please explain: Individuals in group funding often have to consent to what the group wants to do, individuals are placed in groups due to funding, rather than choice. Lack of participation is an issue and call outs occur when the person is not able to choose their activity and peers. Staff have limited training on person centered thinking and planning to work within the groups they are assigned.</p>	

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<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: CAPC wishes to allow individuals to choose their own staff but due to limited staffing our individuals have limited choice of staff. Often times staff provide services with little understanding of person centered thinking or planning. Families heavily influence the individual when it comes to who should work with them and how to plan their day. The focus of PCP will help educate them on this matter. Individuals in 510 and 515 are aging prematurely and are in great need of a new service design to plan for continued community integration and services that meet the needs of their age group.</p>	

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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> <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 Please explain: N/A</p>	
<p><u>Federal Requirement #7:</u> <i>Each individual has privacy in his/her sleeping or living unit: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed. Individuals sharing units have a choice of roommates in that setting. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</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 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: Edith Fierro
Contact Phone Number: (562) 693-8826
Email Address: fierroe@capcinc.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	CAPC Inc.
Vendor number(s)	H26259, H26258
Primary regional center	ELARC
Service type(s)	Adult Development Center, Behavior Management
Service code(s)	510, 515
Number of consumers currently served	8 BMP, 46 ADC total of 54
Current staff to consumer ratio	31, 1-1 ratio, 23, 1-3 ratio
<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>CAPC Inc. is a non-profit organization located in Whittier that provides services in the greater Whittier area. A typical day of individuals in ADC and BMP services consists of community outings, driven by schedules. Many of our individuals in the 510 and 515 services are aging prematurely, but want to continue with their day services, which is often restrictive due to their age. Due to challenging communication issues and no access to resources like assistive/adaptive technology, there is no clear understanding of the HCBS that are offered.</p>	
<p>Project Narrative Description: 1) Develop a Community Integration service with a Senior component for existing individuals that provides opportunities for Person Centered choice and support within their home community using community resources to sustain their choice. A Director will oversee the development of this service and hire a consultant to write the service design.</p> <p>2) Update of the Individual Handbook with input from individuals served to include the HCBS waiver requirements.</p> <p>3) Identify leadership within CAPC to seek and obtain the training for Person Centered Planning known as (PCP) - 1 Train the Trainer certification and 1 backup trainer. These trainers will have the responsibility to sustain the education to all employees so that they can be equipped to provide person centered services moving forward.</p> <p>4) Provide immediate trainings and quarterly ongoing PCP to all individuals, family members and stakeholders. The outcome will be that individuals and family members understand that the person with a disability can live a fulfilled life without going into segregated living settings.</p> <p>5) Develop service videos, involving individuals and the community at large to tell their success story while promoting a Person Centered lifestyle. Through the videos, our staff and individual communication will be more clear and our individuals will be able to make more informed decisions on their services using the new CAPC Connect online portal. By</p>	

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creating an online portal, our individuals will be able to view and make changes to their own schedules.

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

CAPC is currently providing community based services to individuals with a variety of developmental disabilities and various behavioral issues. Using the HCBS as our guide we can enhance our services giving our individuals more opportunity for growth and independence. Through a core group of self-advocacy group members that were surveyed, we have determined that the immediate primary need is extensive training on PCP to all those we serve and their support teams. We are requesting funding for "Person Centered Planning" which includes funding for Trainer and backup trainer, training for our individuals and their support teams, and updating our Individual handbook to integrate assistive technology. A great deal of the funding request has been in the area of a PCP trainer and back up trainer. This will not only give CAPC the tools needed to be successful but after our staff is trained, CAPC can sustain itself by continuing to train staff independently as well as offer training to other organizations on PCP.

Additionally we serve a rapidly growing group of individuals over the age of 40 experiencing physical and cognitive changes that occur with aging. We are requesting funds to develop a new model of services that will address the specific needs of our aging population including positive psychosocial wellbeing, palliative care literacy, and frameworks that can be used for understanding aging. What we have already learned with our current group of seniors is that by increasing the value of belonging and contributing to one's community through acts of service brings added value to a person's life emotionally and financially which is what CAPC strives for.

Our planned outcome is that through these projects, our current individuals will be more educated on their rights and have an increased sense of independence through Person Centered Planning and the chances of health disparities will be lowered due to our seniors receiving services and awareness that cater to the needs of their age group.

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_x_ 3_x_ 4_x_ 5_x_ 6__ 7__ 8__ 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.

Federal Requirement #1: Currently the ADC and BMP services concept does not comply with the HCBS requirements. Our individuals lack control over their own personal resources and have limited opportunities. Due to low resources, they are in need of assistive technology that would otherwise aid them in better choice of their services.

Federal Requirement #2: Individuals have very little change in their schedule because of their lack of confidence. In addition they lack the understanding of their rights and responsibilities. Staff have limited experience in soliciting long term planning and empowering individuals of their own service plan. Individuals in 510 and 515 are aging prematurely and need additional support to understand their service options.

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Federal Requirement #3: CAPC Individual's handbook is outdated and needs to include HCBS practices that incorporate additional adaptations. CAPC Staff need to be trained on alternative forms of communication to be able to provide better service to individuals and enhance existing communication. CAPC has been searching for funds to obtain additional assistive technology.

Federal Requirement #4: Individuals often have the same plans and goals for years, not understanding their rights. Staff do not have the skills to plan with individuals as well as solicit their input into their own IPP and service plan. Individuals in 510 and 515 are aging prematurely and need additional support to understand their service options.

Federal Requirement #5: CAPC wishes to allow individuals to choose their own staff but due to limited staffing our individuals have limited choice of staff. Often times staff provide services with little understanding of person centered thinking or planning. Families heavily influence the individual when it comes to who should work with them and how to plan their day. The focus of PCP will help educate them on this matter. Individuals in 510 and 515 are aging prematurely and are in great need of a new service design to plan for continued community integration and services that meet the needs of their age group.

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.

Community Integration service with a Senior component that provides opportunities for Person centered choice will be available to current service participants, as well as others requesting this service in the future.

A new individual handbook will be provided to all participants to understand their rights and service choice.

One certified PCP trainer as well as a backup trainer that will be responsible to sustain the education to all employees and individuals so that they can be equipped to provide and receive person centered services.

Assistive/ adaptive technology will be available to staff and individuals to provide a person centered approach.

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

All CAPC individuals receiving handbooks will have a greater understanding of their rights and overall advocacy to live more empowered lives. Individuals within the 510, 515 services will have access and opportunities to choose their services using new adaptive technology. Families of individuals served will understand their responsibilities to ensure the individuals remain integrated and have choices presented to them to avoid future segregation due to aging. CAPC will assign a Service Director to ensure that objectives and outcomes will be met within the timeline.

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.

A survey of individuals attending all Self Advocacy groups was completed where they identified their needs for a more person centered approach. Input from staff and families

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also identified the needs for more person centered services and an emphasis on those over the age of 40.

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

With opportunity for new Senior services and the use of a new online service portal, individuals will have a greater choice in regards to their day to day services as well as staff having the knowledge to provide person centered services.

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

Through our 2 year funding plan, CAPC Individuals in 510 and 515, will play a more active role in obtaining resources so that they have the ability to access them as needed. Additionally, staff will be cross trained through our trainers to increase the sustainability of person centered planning.

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 See attached budget

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.

Community integration/Senior services will be a self-sustaining service.

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

HCBS Funding ___ No ___ Yes. If Yes, FY(s) _____

Disparity Funding ___ No ___ Yes. If Yes, FY(s) _____

CPP Funding ___ No ___ Yes. If Yes FY(s) _____

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.

None

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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.

None

CAPC- HCBS Funding Proposal

Grant Item	Timeline	Category	Approx Cost
Year 1 Phase 1 Feb. 2020- July 2020			
Identify/Hire Person Centered Planning Trainer	Year 1	PCP	\$736.00
PCP Training for Case Managers/Administrative Level (2 Day Training) -Training, Salary, Mileage, Meal Stipend	Year 1	PCP	\$5,120.00
Hire Consultant to Update/Reprint/Redistribute CAPC Individual Handbook to integrate Person Centered Planning with input from individuals - 85 Hours @ \$175 p/h	Year 1	PCP	\$15,823.00
PCP/Individual Handbook Training #1 for DSP Staff 1 Hour Training - Including Room Rentals, Assistive Technology, Handouts - 85 DSP Staff, 8 Case Managers, 2 Service Directors	Year 1	PCP	\$2,407.00
Creation of CAPC Connect online portal for Individuals to choose their weekly services and view their schedule through visually Adaptive Technology - Assign Project Manager - Training for Staff on portal	Year 1	PCP	\$7,500.00
"Train the Trainer" on CAPC Connect Online Services Portal (3 Hours) - 8 Case Managers, 2 Service Directors	Year 1	PCP	\$814.00
PCP/ Individual Handbook Training #2 for DSP Staff 1 Hour Training -Including Room Rentals, Use of Assistive Technology, Handouts - 85 DSP Staff, 8 Case Managers, 2 Service Directors	Year 1	PCP	\$2,407.00
Year 2 Phase 1 July 2020 - January 2021			
Hire Consultant to write Senior Services Community Integration Service Design with input from Individuals served. - Including revisions - 85 Hours at \$175	Year 2	SENIOR SERVICES	\$14,875.00
2 Computers to add to what we currently have dedicated for individuals to use in the office or out in the field to choose weekly service and update Personal Profile (Monthly) -Including 1st year of Data Plan to client information	Year 2	PCP	\$2,400.00
Training Certification for PCP Trainer and backup trainer - Training Fee plus hourly wages - Coaching on Curriculum (20 Hours) @ \$150/Hr - 2 Day Training Mentor Led (2 days @ \$1500/day) - Training Materials, Training attendees and trainer candidate manual - Review of curriculum with candidate in preparation for required Demonstrations (10 Hrs @ 150/hr) - 3 Demonstrations of delivery of 2 day training with competency (6 days @ \$1500 p/day x 2 Trainers)	Year 2	PCP	\$28,784.00

General Information Meetings for Individuals/support teams/ community at large on Person Centered Planning Training - (4 Trainings-during year July, August, December, April) - Including Room Rentals, Assistive Technology, Handouts	Year 2	PCP	\$1,059.00
Year 2- Phase 2 January 2021- June 2021			
PCP Annual Family Summit: - Including Conference Room Rentals, Continental Breakfast, Lunch, Assistive Technology, Handouts	Year 2	PCP/ SENIOR SERVICES	\$11,269.00
		Total	\$93,194.00

HCBS CONCEPT BUDGET						
Vendor Name	CAPC, Inc.					
Vendor Number(s)	H26258; H26259					
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (salary + benefits)						
Director of Services	76606	0.03	\$ 2,136	0.07	\$ 5,377	\$ 7,513
Case Manager	51381	0.08	\$ 3,952	0.08	\$ 3,903	\$ 7,855
Community Advocate	34182	0.12	\$ 4,207		\$ -	\$ 4,207
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 10,296		\$ 9,280	\$ 19,576
Operating expenses						
Consultant: update consumer handbook (85 hours)			\$ 14,875		\$ -	\$ 14,875
Consumer online portal / website updates (108 hours)			\$ 8,100		\$ -	\$ 8,100
Consultant: develop Seniors service design (85 hours)				\$ 14,875	\$ -	\$ 14,875
Facilities rental			\$ 600	\$ 6,200	\$ -	\$ 6,800
Printing training materials and handbooks			\$ 156	\$ 32	\$ -	\$ 188
Food/beverages for target population participants				\$ 2,600	\$ -	\$ 2,600
Training session fees			\$ 500		\$ -	\$ 500
Transportation related to training session			\$ 280		\$ -	\$ 280
Online access for two portable computers				\$ 1,200	\$ -	\$ 1,200
Two training certifications for Person Centered Planning				\$ 23,000	\$ -	\$ 23,000
Operating Subtotal			\$ 24,511	\$ 47,907		\$ 72,418
Administrative Expenses						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Administrative Subtotal			\$ -	\$ -		\$ -
Capital expenses						
Two portable computers				\$ 1,200	\$ -	\$ 1,200
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Capital Subtotal			\$ -	\$ 1,200		\$ 1,200
Total Concept Cost			\$ 34,807	\$ 58,387		\$ 93,194

See Attachment F for budget details and restrictions