

## 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](http://www.dds.ca.gov/HCBS).

Questions may be directed to [HCBSregs@dds.ca.gov](mailto:HCBSregs@dds.ca.gov).

Date(s) of Evaluation: 11/4-11/8/2019	Completed by: <u>Dan Chianello</u>
Vendor Name, Address, Contact: <u>Dan Chianello</u> Community Endeavors/Siskiyou Opportunity Center 321 North Gold Street, Yreka, CA 96097/ 1516 S. Mt. Shasta Blvd, Mt. Shasta CA 96067	
Vendor Number: PF4640 and PF 4699	
Service Type and Code: Both programs are Community Integration Trainings - <u>055</u>	

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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:** We offer many community integrated activities such as, volunteering with local food banks and resource centers. The clients also have access to the local horse therapy program and enjoy community outings with other similar agencies. We converted from a WAP to a Community Integrated Training program last year but we still offer paid work such as bulk mailing, small assembly projects, and janitorial services. We are finding many clients want to perform integrated work in the community. Many of them feel they are lacking confidence in real life issues such as obtaining a driving license, using a computer or ATM, filling out a resume, interview experience, managing and overcoming their behaviors and anxieties. We are in a small community that lacks Habilitation. We wish to increase our capacity to serve more clients and expand the facility to include work orientation training and job development.

#### **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 individual's 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:** Yes, all of the clients have an IPP on file and each IPP does document the different setting options.

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<p><b>CONCEPT FORM</b> <b>Federal Requirement #3:</b> <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"><li>• Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint?</li><li>• Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality?</li></ul>
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	<ul style="list-style-type: none"> <li>• Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b>   <input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b></p> <p><b>Please explain:</b> At orientation, each client receives a copy of their personal rights and sign a form that states they have received that information. All information is locked and secured, and always remains confidential.</p> <p>The staff utilizes a variety of methods to assist each person based on their individual communication needs. We do have a sign language interpreter to assist us with those that are hearing impaired.</p>	
<p><b><u>Federal Requirement #4:</u></b> <i>Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider offer daily activities that are based on the individuals' needs and preferences?</li> <li>• Does the provider structure their support so that the individual is able to interact with individuals they choose to interact with, both at home and in community settings?</li> <li>• Does the provider structure their support so that the individual is able to participate in activities that interest them and correspond with their IPP goals?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b>   <input type="checkbox"/> <b>Yes</b>   <input checked="" type="checkbox"/> <b>No</b></p> <p><b>Please explain:</b> As an aspect of the Individual Service Plan, the client develops the goals for their annual meeting. They attempt to set attainable goals to accommodate their needs, preferences and access to community resources. We feel an employment and life skills training area and program will help develop their confidence in seeking outside employment. We seek to add this to our program of activities.</p> <p>Some of the barriers to adding this program are, the funding for additional manpower, a separate training area, and the appropriate equipment to assist those who are looking to improve some important life skills associated with employment in the community.</p>	

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<p><b><u>Federal Requirement #5:</u></b>  <i>Facilitates individual choice regarding services and supports, and who provides them.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available?</li> <li>• Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?</li> </ul>
<p><b>Does the service and/or program meet this requirement?   <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</b></p> <p><b>Please explain:</b></p> <p>Each day, the clients are given choice as to which job and/or activities they would like to participate in for the day. Each task is supervised by different staff; therefore, the clients are choosing who they want to work with/participate in activities with, providing the staff are available. The staff attempt to be flexible when the conditions are appropriate if the clients wish to make changes to their day.</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><b><u>Federal Requirement #6:</u></b></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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement?</li> <li>• Are individuals informed about how to relocate and request new housing?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Please explain N/A</p>	
<p><b><u>Federal Requirement #7:</u></b></p> <p><i>Each individual has privacy in his/her sleeping or living unit:</i></p> <ul style="list-style-type: none"> <li>. <i>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</i></li> <li>. <i>Individuals sharing units have a choice of roommates in that setting.</i></li> <li>. <i>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i></li> </ul>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have a choice regarding roommates or private accommodations?</li> <li>• Do individuals have the option of furnishing and decorating their sleeping or living units with their own personal items, in a manner that is based on their preferences?</li> <li>• Do individuals have the ability to lock their bedroom doors when they choose?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Please explain: N/A.</p>	

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

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**CONTACT INFORMATION**

Contact Name: Dan Chianello

Contact Phone Number: 530-926-4698 xt103

Email Address: dan@siskiyouoc.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](http://www.dds.ca.gov/HCBS).

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Vendor name	Community Endeavors; Siskiyou Opportunity Center
Vendor number(s)	PF4640; PF4699
Primary regional center	Far Northern Regional Center
Service type(s)	Community Integration Training
Service code(s)	055; 055
Number of consumers currently served	50 participants; 35 participants
Current staff to consumer ratio	1:4; 1:3
<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>We operate 2 small rural programs in Siskiyou County, California where few program options are available for consumers. The community is very accepting of the individuals we serve. Employment opportunities exist although the unemployment rate exceeds the average for most areas in CA. Each morning, the staff and clients gather to discuss what their day will look like. They are given opportunities to volunteer in the community, participate in paid work, or engage in meaningful activities available to them.</p> <p>Those that are interested in obtaining employment in the community, struggle with anxieties about working in the community, lack of work skills, lack of ease in transportation, and lack of social skills in the workplace, to name a few. Providing a dedicated program and space for addressing their needs for community employment would allow those individuals from both of our programs to have 1:1 staff to assist the clients in specific areas they wish to improve. Each client would receive assistance tailored to their own needs and desires when it come to issues surrounding employment.</p>	
<b>Project Narrative Description:</b>	
<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 would like to create a separate space and program dedicated to comprehensive preparation for integrated employment. One staff would provide the service 5 days a week for individuals from both of our programs. 4 computers would be available with online access. The room would be strictly dedicated to those wishing to gain confidence by improving some basic life/employment skills such as accessing the internet, searching for and preparing to interview for a job, resume writing, learning to use an ATM, training for a driver license, learning how to type and perform basic data entry, and similar skills that give them more confidence in the workplace when being surrounded by non-disabled individuals.</p> <p>Community Endeavors has purchased a new building as we are losing our lease at a local school site in June 2020. We have secured funds to work on updating and reworking our new facility and have already started remodeling our new space (sprinklers included). To utilize the construction costs to the best of our advantage, we seek to add this dedicated training room now before the construction begins. The engineering plans have been completed and approved by the City of Yreka, without the configuration for a separate and dedicated space for the employment readiness</p>	

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program but can be changed and added to the project. Both of our CIT programs would be able to access the employment readiness program in the separate space.

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  2  3  4  5  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.

The facility we purchased currently does not have a dedicated room to provide employment readiness and skills training service. We feel an employment/life skills training area and program will help create a separation from our traditional program for those who want to concentrate on integrated employment, and allow space so that individuals from either of our CIT programs could access the room.

Some of the barriers to adding this program are, the funding for additional manpower, creating a dedicated training area, and the appropriate equipment and materials to assist those who are looking to improve important skills associated with employment in the community. The building improvements, as well as the staffing and equipment necessary, are significant expenses for Community Endeavors to absorb.

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.

While we do provide for many integrated activities, and some work experience, we currently do not provide any services that focus on work and the life skills that are necessary to be successfully employed in the community. There are many issues that affect each client's confidence level in working out in the community. Their anxiety is exasperated by their inability to drive to work, use a computer effectively, learn basic work skills, how to interview, what to wear, and what is expected in the real workplace. In the program we will work with the client in developing and prioritizing a list of objectives, those insecure areas that need that need the most focus. Each client interested will tailor their plan according the areas they want to work on first. Each completed objective will be documented and checked off. At the completion of the objectives, if the client feels ready, Community Endeavors will recommend a referral to a job developer at another small program in the area (Southern Oregon Good Will) for assistance in finding community employment opportunities.

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

Proposed objectives: To establish the employment readiness and skills training program in a dedicated area in our new building, installation of the appropriate equipment, and recruit necessary staff to develop training outlines to each client served.

Methods of achieving & tracking: A plan will be developed for each individual wanting to access this resource through an Individual Service Plan. Each plan will include an attainable and measurable goals. Staff will track objectives and progress through daily/monthly progress notes.

Proposed outcome: As clients improve their confidence level in the areas previously identified, they will, in a sense, feel more empowered to work alongside non-disabled individuals. Their feeling of inadequacy will be mitigated to a point where they will want to leave the security of the day program and start a new chapter in their life.

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.

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Through many of the clients Individual Service Plans, and open forum meetings, we found clients expressing their needs, desires, dreams, and goals of obtaining meaningful employment in the community. The one common thread we found in each was their confidence level in addressing weak areas. Many expressed anxieties about their ability to work beside non-disabled employees, their ability to get to work each day, and general knowledge that many non-disabled just have naturally about work.

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

By staffing one specific individual in this program, they will be able to work closely with each interested client developing an individualized plan identifying strengths and weaknesses as it relates to their confidence in overcoming those barriers. This is prioritized by the client and the staff member focuses specifically on that objective until the client is ready to move to the next objective.

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

We will track the number of participants and progress of each client involved. We will survey and have open forum discussions with the clients about their success in the program. At the end of the two-year term, Community Endeavors will evaluate the program success and determine if additional funding is needed.

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

Staff Person - \$15.00hr and \$16.00hr or \$37,869 and \$40,161 includes payroll taxes etc. Benefits included with Admin expenses.

We will purchase 4 computers and \$575.00 each. Since there is online access it is imperative that we include cyber security protection on them. We have a tech consultant that monitors all computers for security and updates. The cost is \$100 per computer per month.

Miscellaneous items would include paper, special books or study materials.

Administrative costs would include the benefits for the staff person only.

Capital Expenses. The current industry average for construction costs is \$175.00 a square foot.

Because we must install sprinklers it is closer to \$200.00 a square foot. The Siskiyou Opportunity Center will absorb the difference.

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.

We anticipate the employment readiness program will be very successful and Community Endeavors and Siskiyou Opportunity Center then will move away from traditional day program activities to more employment focus and absorb the cost of the full time staff person or apply for

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alternate funding.

<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    <u>  X  </u> No ___ Yes. If Yes, FY(s) _____</p> <p>Disparity Funding <u>  X  </u> No ___ Yes. If Yes, FY(s) _____</p> <p>CPP Funding        <u>  X  </u> No ___ Yes. If Yes FY(s) _____</p> <p>If yes to any question be sure to answer questions 13 and 14.</p>
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**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.

N/A

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.

N/A

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HCBS CONCEPT BUDGET		\$181,829					
Vendor Name		Community Endeavors and Siskiyou Opportunity Center					
Vendor Number(s)		PF4640 & PF4699					
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total Cost	
		FTE	Annual Cost	FTE	Annual Cost		
<b>Personnel (salary + benefits)</b>							
Life Skills Training Instructor	\$15.00/hr	1	\$37,869 -	1	\$40,161 -	\$78,030 -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
<b>Personnel Subtotal</b>			<b>\$37,869 -</b>		<b>\$40,161 -</b>	<b>\$78,030 -</b>	
<b>Operating expenses</b>							
4 computers @ 575 each			\$2300		0	\$2,300 -	
Computer Tech Support			\$1200		\$1,200	\$2,400 -	
Miscellaneous Materials			\$200		\$200	\$ 400 -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
<b>Operating Subtotal</b>			<b>\$3,700</b>		<b>\$1,400 -</b>	<b>\$5,100 -</b>	
<b>Administrative Expenses</b>							
8%			\$3,325		\$3,324	\$6,649 -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
<b>Administrative Subtotal</b>			<b>\$3,325 -</b>		<b>\$3,324 -</b>	<b>\$6,649 -</b>	
<b>Capital expenses</b>							
Room modification including elect, sprinklers, internet wiring, lighting, insulation, etc.			\$92,050		0	\$92,050 -	
526 square feet @ \$175.00 a square foot						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
<b>Capital Subtotal</b>			<b>\$92,050 -</b>		<b>\$ -</b>	<b>\$92,050 -</b>	
<b>Total Concept Cost</b>			<b>\$136,944</b>		<b>\$44,885 -</b>	<b>\$181,829</b>	

See Attachment F for budget details and restrictions

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DEPARTMENT FUNDING GUIDANCE**

HCBS CONCEPT BUDGET		\$181,829.00					
Vendor Name		Community Endeavors/Siskiyou Opportunity Center					
Vendor Number(s)		PF4640/PF4699					
		Salary and Benefits	Year 1 Budget		Year 2 Budget		
			FTE	Annual Cost	FTE	Annual Cost	
Personnel (salary + benefits)							
Life Skills Training Instructor		\$15.00hr	1	\$37,869 -	1	\$40,161 -	\$78,030
Position Description				\$ -		\$ -	\$
Position Description				\$ -		\$ -	\$
Position Description				\$ -		\$ -	\$
Position Description				\$ -		\$ -	\$
Position Description				\$ -		\$ -	\$
Position Description				\$ -		\$ -	\$
Position Description				\$ -		\$ -	\$
Position Description				\$ -		\$ -	\$
Personnel Subtotal				\$37,869 -		\$40,161	\$78030
Operating expenses							
4 computers @ 575 each				\$2300		0	\$2,300
Computer Tech Support				\$1200		\$1,200	\$2,400
Miscellaneous Materials				\$200		\$200	\$ 400
							\$
							\$
							\$
							\$
							\$
							\$
							\$
Operating Subtotal				\$3,700		\$1,400 -	\$5,100
Administrative Expenses							
8%				\$3,325		\$3,324	\$6,649
							\$
							\$
							\$
							\$
							\$
							\$
Administrative Subtotal				\$3,325 -		\$3,324 -	\$6,649
Capital expenses							
Room addition including elect, sprinklers, lighting, insulation				\$92,050		0	\$92,050
526 square feet @ \$175.00 a square foot							\$
							\$
							\$
							\$
							\$
							\$
Capital Subtotal				\$92,050 -		\$ -	\$92,050
Total Concept Cost				\$136,944		\$44,885 -	\$181,829

See Attachment F for budget details and restrictions