

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: November 15, 2019	Completed by: Andrea Stilleson, Program Director
Vendor Name, Address, Contact: Kainos Residential Programs (3): Kainos Triplex, 1209 Chantel Way, Redwood City, CA 94061 (650) 363-2423; Adult Beginnings and La Vista, 3631 Jefferson Ave, Redwood City, CA 94062 (650) 3630 2423	
Vendor Number: H10442, H12082, H12230	
Service Type and Code: Level 3 ARF, Service Code 915	

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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: These homes are in residential neighborhoods and individuals served are able to access the greater community on a regular basis. Every consumer accesses the community with staff support that is equivalent to the degree of client need articulated in the ISP. This ranges from staff supervised outings to individuals going out completely independently. Some individuals who live here are retired from competitive employment. Everyone goes to work or a community-based day program daily. Anyone who would like to seek competitive integrated employment has the opportunity to do so. Individuals control their personal resources with staff assistance as needed to budget and pay bills.

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: In the Bay Area, where there is minimal affordable housing, most Section 8 lists are closed and group homes have long waiting lists, the regional center may not have many options for individuals served. Still, everyone who lives here chooses to be in this setting and has an Individual Program Plan (IPP) in their file. There is an evaluation process that assesses the person holistically to determine if the home is a fit. It must be a mutual determination between consumer and provider before placement. We work hard to support individuals served in making their home reflect their preferences.

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However, many rooms are shared bedrooms. Therefore, not everyone receives a complete choice to have a room or roommate of his or her own. Though the physical limitations may not be easily changed, we are identifying ways of incorporating in a more person-centered approach, empowering individuals to be more autonomous and make changes as they would like.

Federal Requirement #3:

Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.

Guidance:

- 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.)?

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

Please explain: We pride ourselves in treating all individuals with dignity and respect with freedom from coercion or restraint. We strive to have all materials available in an accessible manner; this is an area that can be improved on. As was stated in Federal Requirement 2, privacy is limited for some individuals who are sharing a bedroom.

Federal Requirement #4:

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.

Guidance:

- 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?

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

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Please explain: Individuals have the ability to make their own choices about daily activities. Staff work with individuals by presenting options and encouraging clients to make their own decisions in alignment with their interest and IPP goals. However, in licensed homes with 12-15 residents, some individual choices wind up limited. This is often a function of resources and the sheer number of individuals in the home. We hope to address this issue with extensive training in the person-centered approach we are hoping to instill in the homes. This can be done so individuals are able to articulate their interests and brainstorm ways in achieving this goal and/or activity of choice.

Federal Requirement #5:

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

Guidance:

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

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

Please explain: Individuals are encouraged to make choices that suit their needs. Individuals are taught that they can speak to program staff, the manager, their circle of support or case worker at any time if they are unhappy with services. House meetings are scheduled every week and residents are encouraged to bring up anything that concerns them as well as get support to make plans for the week.

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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 checked="" type="checkbox"/> No</p> <p>Please explain: Individuals do not have a legally enforceable residency agreement. They sign an admission agreement that outlines the basic general and health services that are provided.</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 checked="" type="checkbox"/> No</p>	

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Please explain: Individuals have limited privacy in their bedrooms. Bedroom doors do not lock, but staff are trained to knock before entering. Most individuals share bedrooms and we get input from individuals on whom they would like to room with. Individuals furnish and decorate their space however they like. It is our hope to be able to help individuals served be able to articulate how they would like their spaces and advocate for themselves.

Federal Requirement #8:

Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.

Guidance:

- 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?

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

Please explain: Individuals have access to every area of their home except for storage areas for medication and chemicals that must be locked up per community care licensing regulations. Individuals are encouraged to eat at breakfast, lunch, afternoon tea and dinner. They have access to food at any time as the kitchen is openly accessible. Individuals access to the community via walking and public transit or rides from staff.

Federal Requirement #9:

Individuals are able to have visitors of their choosing at any time.

Guidance:

- 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?

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

Please explain: Individuals are able to have visitors of their choosing at any time. We encourage residents to invite friends and family over and assist them in doing so.

Federal Requirement #10:

The setting is physically accessible to the individual.

Guidance:

- Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area?

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	<ul style="list-style-type: none"> • 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: The setting is physically accessible to individuals we serve. We are licensed to serve ambulatory individuals, but grab bars and modifications that allow individuals to age in place have been added as needed.</p>	

CONTACT INFORMATION

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ACKNOWLEDGEMENT

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

I AGREE

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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	Kainos La Vista, Triplex and Adult Beginnings
Vendor number(s)	H10442, H12082 and H12230
Primary regional center	Golden Gate Regional Center
Service type(s)	Level 3 Adult Residential Facilities
Service code(s)	915
Number of consumers currently served	42
Current staff to consumer ratio	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>Kainos operates three ARM funded Adult Residential Facilities that are licensed for 12, 15 and 15 adults. These facilities provide 24 hour staffing, a rich level of skills training and extensive community based programming. Unfortunately, due to the large size of these homes, programming, activities, choice in roommates and overall privacy presently aren't solely driven by individual resident's desires. Due to constraints with funding and staffing there may be a limit to the range of opportunities available to an individual resident. We believe that to more fully meet the settings rule of the HCBS waiver and to reach the goal of each resident having autonomy over their choices and being the "author" of their life we need to continue to develop staff expertise in person-centered practices.</p>	
<p>Project Narrative Description:</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>Kainos has been fortunate enough to have received HCBS funding for the past two years in regards to our residential homes in order to close the gap of not being in compliance. Kainos is requesting further funding to continue the implementation of Kainos' new Person-Centered Planning (PCP) focused Residential homes. Through the past grants, Kainos has had two PCP trainers who have been able to educate residents, staff and families on HCBS regulations and PCP tools. This past year, Kainos has been able to engage residents directly through the development of an advocacy group. Kainos has already experienced the residents' excitement as they embrace the PCP initiative and tools being received and have developed a list of initiatives they are hoping to be able to implement over the next few years.</p> <p>The main initiatives are: educating their peers on HCBS regulations and PCP; developing privacy for themselves; having more autonomy to choose what they want to eat and activities they would like to engage in; and having the choice to age in their residential homes. Therefore, Kainos is requesting a grant this coming year, to support the implementation of achieving these initiatives set by residents themselves. Some measurements which are addressed below in more detail are: providing quality checks on each resident's ISP/IPP to ensure that residents are able to vocalize and have documentation of all changes they would like in all aspects of their life, specifically in their residential home; the implementation of physical changes to provide residents with more privacy within their home, such as, installing lock and key entry on each bedroom door; the implementation of physical accessibility changes</p>	

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which will allow residents to age in place; and lastly ensuring each resident is an active member in choosing and participating in which activities and/or food they would like to have in their home.

In order to make these physical changes in a large residential licensed home, residents themselves need to be able to advocate through their ISP/IPP in order to proceed. Therefore, the quality checking and continuation of the advocacy group and staff training is essential to be able to implement these initiatives identified.

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___ 2X 3___ 4X 5___ 6X 7X 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.

Though Kainos has received support from previous HCBS grants to implement Person Centered Planning trainings and tools in order to make strides to improve efforts to be in compliance with Federal Requirements 2, 4, 6 & 7, there are still limitations to being able to give clients the full autonomy, privacy and independent choices.

The biggest barrier to HCBS compliance for Kainos' three residential homes La Vista, Triplex and Adult Beginnings is the lack of privacy, ability to adapt the physical homes as clients age and the autonomy in decision making that comes from the number of residents living together in each home. Residents are involved in choosing their rooms and potential roommates but if each resident requested their own room, we could not accommodate this preference due to the amount of rooms in total versus the 42 residents. Similarly, while choice is provided most of the time, with the number of clients served, staff lose sight of the individualized nature of the program. While these homes were an innovative model when they opened, large group homes have since been replaced by residents living in smaller settings with a higher degree of individualized attention and better access to the kind of lifestyle (including privacy) most non-disabled adults living in their own homes are afforded.

Though Kainos would like to downsize, the Bay Area real estate market is prohibitively expensive. It is extremely difficult to find affordable housing for individuals served who desire to move to a smaller, more independent setting. Additionally, Kainos owns and operates these residential homes and clients sign an admission agreement upon moving in. It does not offer the individual the legal rights of a lease. Though we cannot change all limitations, we are continuing each year to come closer to providing a residential home where clients can make choices important to themselves, provide more privacy and autonomy and help to change the physical environment to help each client age in their own home.

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.

Through Kainos' HCBS grant last year, our Person Centered Planning (PCP) Trainers have been able to educate residents and develop an internal PCP focused advocacy group. This group embraced the learnings already and have developed a list of priorities they would like to work on in order to make their homes more compliant. The top initiatives are educating their peers on HCBS regulations and person centered planning; developing privacy for themselves; having more autonomy to choose what they want to eat and activities they would like to engage in at home; and having the choice to age in their residential homes.

In order to meet these top initiatives, we are requesting a grant this year that will help us to continue these educational efforts from our PCP trainers and staff who have been trained over the past two years. In addition, making physical changes within the homes, such as putting locks on each clients door for

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privacy and making the homes more accessible for individuals who are aging in place. Through these vital initiatives, it is our belief that residents will be able to demonstrate their ability to transition a large residential home through their ISP/IPP, into a home that is led and guided by the residents themselves reducing the overall disparity gap currently being experienced.

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

The following are proposed outcomes and objectives to met each initiative:

- 1) Kainos will implement a quality check on each of the 42 resident's ISP/IPP in order to ensure it is PCP focused. This will be tracked through an ISP/IPP check-off list to be completed by Kainos staff and residents.
- 2) As an initial pilot group, the 9 PCP advocacy group members will receive a comprehensive ISP/IPP process from preparation to the meeting itself through a PCP lens ensuring each client becomes the author of their own life. In order to do this, pre-meeting assessments and/or questionnaires will be developed and tracked for each client.
- 3) Kainos will ensure that the 9 PCP advocacy group members continue to meet each quarter to complete the initiatives identified at the end of this year's grant (i.e. resident led menus and grocery lists, resident led activity schedules, etc.). At the end of the current grant period 2-3 initiatives will be identified to be worked on.
- 4) Kainos will make physical changes to each home to ensure privacy initiatives are met (i.e. lock and key entry on each bedroom door).
- 5) Kainos will make physical changes to each home to ensure the homes are accessible for aging in place (i.e. grab bars, anti-skid strips, lighting improvements, bathroom remodels, etc.).

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.

Through the grant currently, Kainos' PCP advocacy group developed these initiatives in their meetings from what they learned from the PCP trainings received. Kainos residents and the PCP advocacy group developed all of the asks within this grant through their meetings and with one another. This was achieved by providing training on PCP tools from Kainos' PCP trainers, then supporting the residents to take ownership of the PCP Home Checklist which identifies all areas not in compliance which led the residents to develop the master initiative list they are beginning to work on this year and needing to continue to work on over the new few years.

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

Kainos is thrilled to request this grant this year as it is solely person-centered and developed from the residents themselves. This grant was not only developed by the residents but with also be driven and implemented by themselves as well, with the support of staff who are all now PCP trained due in major part to the past two HCBS grants.

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

Kainos' grant request provides tangible measurements which will be driven and implemented by each resident, with the strong support of each staff member in order to ensure that the initiatives are successful.

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

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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

In order to met the needs of all initiatives above, Kainos is requesting \$29,800.00. This will allow Kainos to use 20% of 1 staff member's time to oversee all measures (advocacy group continuation, ISP/IPP process and physical changes) and support the residents and advocacy group in their success. In addition, a large portion of this funding will be for the implement all physical changes identified.

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.

<p>12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?</p>	<p>HCBS Funding ___ No <u>X</u> Yes. If Yes, FY(s) <u>18-19, 17-18, 16-17.</u></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.

In FY 16-17, Kainos requested and was granted funding to close Kainos' Work Activity Program and open a Community Integration Program (Service Code 055). This was successfully done within the year of the grant.

In FY 17-18, Kainos requested and was granted funding for three large licensed residential homes to shift the culture to be PCP Focused. In order to do this, the grant supported the education of two internal staff as PCP trainers who in turn educated staff, families and residents on HCBS regulations and PCP tools and techniques. Kainos was able to successfully meet this goal through on-line training subscriptions, PCP trainings, and the development of residential home assessments and check-lists to begin shifting the culture to a PCP focus.

This current year's grant, FY 18-19, Kainos was granted funding to continue the education of PCP tools and techniques with a focus shifting from staff to clients. This is being done successfully through the development of an advocacy group. The advocacy group is supported by both the two internal PCP trainers and their residential home staff, however, we are seeing each resident embrace their role and beginning to identify initiatives. It is our hope with next year's grant these resident will be implementing these initiatives more independently, with the guidance of staff on a more limited basis.

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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.

Kainos has had great success through the last two years of funding focused specifically on education of staff, clients and families to now the beginning of the development of a resident PCP advocacy group which is identifying initiatives that will need to be implemented into this next years grant. This grant request is a continuation of the foundation that was built over the last two years in order to implement the changes each year has built up to. Through this upcoming year, this should be the culmination of what Kainos wanted to achieve, having residents identify and implement changes they choose in order to meet HCBS requirements within a large licensed group home.

HCBS CONCEPT BUDGET						
Vendor Name		Kainos Home & Training Center				
Vendor Number(s)		H10442, H12082, H12230				
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (salary + benefits)						
1 .20 FTE PCP STAFF (1 YEAR)	99000	0.20	\$ 19,800		\$ -	\$ 19,800
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 19,800		\$ -	\$ 19,800
Operating expenses						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
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					\$ -	\$ -
Operating Subtotal			\$ -		\$ -	\$ -
Administrative Expenses						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
ACCESSIBILITY PHYSICAL CHANGES			\$ 9,000			\$ 9,000
PRIVACY PHYSICAL CHANGES (LOCK AND KEY ENTRY)			\$ 1,000			\$ 1,000
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Capital Subtotal			\$ 10,000		\$ -	\$ 10,000
Total Concept Cost			\$ 29,800		\$ -	\$ 29,800

See Attachment F for budget details and restrictions