

## 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: September 1, 2019	Completed by: <u>Tammy Shindy</u>
Vendor Name, Address, Contact: <u>Golden Haven Guest Home and White Rose Guest Home.</u>	
Vendor Number: <u>White Rose: HP0035 Golden Haven: HP0042</u>	
Service Type and Code: <u>Residential Home – Code: 915</u>	

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<p><b><u>Federal Requirement #1:</u></b>  <i>The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals receive services in the community based on their needs, preferences and abilities?</li> <li>• Does the individual participate in outings and activities in the community as part of his or her plan for services?</li> <li>• If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource?</li> <li>• Do individuals have the option to control their personal resources, as appropriate?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: <u>Individuals who reside at Golden Haven or White Rose are able to control their personal resources. Staff provide referrals to community services and resources that are not available through Golden Haven or White Rose and support individuals to access those services. The area where we fall short is providing person-centered community activities and outings. We do not have a process in place to discover what is important to a person and what is important for a person (i.e. person-centered planning process). Although we currently support individuals to participate in community activities and outings, those options are typically limited to a short list of options generated by staff.</u></p>	
<p><b><u>Federal Requirement #2:</u></b>  <i>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.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals?</li> <li>• Does each individuals' IPP document the different setting options that were considered prior to selecting this setting?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: <u>A current IPP is on file for each individual who resides at Golden Haven or White Rose. The IPP indicates the different setting options that were considered by the individual prior to selecting the Golden Haven or White Rose home.</u></p>	

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<p><b><u>Federal Requirement #3:</u></b> <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><b><u>Guidance:</u></b></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> <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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</b></p> <p>Please explain: All individuals are informed of their rights to privacy, dignity, respect, and the right to be free from coercion and restraint. This is communicated verbally and in writing. However, staff don't fully understand these rights and therefore are not consistent with ensuring privacy, showing respect, and treating individuals with dignity. Furthermore, staff have not been trained in person-centered thinking and person-centered practices. They struggle with the concept of "presuming competence" for someone they are paid to "take care of". We do not have a person-centered planning process in place to capture how a person best communicates, therefore staff do not know how to BEST communicate with individuals who are non-verbal, or who have difficulty expressing their needs and preferences.</p>	

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<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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</b> Please explain: <u>Staff solicit input from individuals during resident council meetings. In addition, staff ask individuals about what they like or don't like. However, there is no formal person-centered planning process to capture what is important to and for the individual. In addition, staff are not trained in person-centered thinking and do not have the skills to fully implement person-centered practices.</u></p>	
<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</b> Please explain: <u>Individuals are able to modify their services and voice their concerns. However, they do not currently have a means of choosing which staff provide their care.</u></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>  <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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</b>  Please explain: <u>Each individual has a current admissions agreement in place.</u></p>	
<p><b><u>Federal Requirement #7:</u></b>  <i>Each individual has privacy in his/her sleeping or living unit:</i></p> <ol style="list-style-type: none"> <li>1. <i>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</i></li> <li>2. <i>Individuals sharing units have a choice of roommates in that setting.</i></li> <li>3. <i>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i></li> </ol>	<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>

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<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>Please explain: <u>All individuals have been given a choice of roommates and/or a choice for private accommodations. Each home has been furnished and decorated with basic furnishings. Individuals can decorate their sleeping units based on their preferences and several individuals in each home have already done so.</u></p>	
<p><b><u>Federal Requirement #8:</u></b></p> <p><i>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</i></p>	<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 checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>Please explain: <u>Regular meals are prepared with input from the individuals who reside in the home. In addition, food is available at any time. Individuals who reside in the home know where the food is located and can ask for assistance if they are physically unable to access the food (e.g. pouring a glass of milk).</u></p>	
<p><b><u>Federal Requirement #9:</u></b></p> <p><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 checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>Please explain: <u>Visitors are welcome in the home at any time that the individual chooses. Individuals can also leave with visitors to go eat, shopping, etc.</u></p>	

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<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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</b></p> <p>Please explain: <u>Golden Haven and White Rose are physically accessible. Individuals have the freedom to move about inside and outside the home as they choose. Appliances and furniture are assessible to every individual.</u></p>	

**Home and Community-Based Services (HCBS) Rules  
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Contact Name:	Tammy Shindy
Contact Phone Number:	(714) 351-1012
Email Address:	tshindy@yahoo.com

**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	White Rose and Golden Haven Guest Home
Vendor number(s)	HP0035 and HB0042
Primary regional center	San Gabriel Pomona Regional Center (SGPRC)
Service type(s)	Residential Home
Service code(s)	915
Number of consumers currently served	17 individuals currently served (total of both homes)
Current staff to consumer ratio	White Rose - 3:4, Golden Haven - 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><b>Typical day:</b> A typical day consists of staff assisting each person with activities of daily living including, but not limited to: personal hygiene, dressing, eating, maintaining continence, and transferring/mobility. Staff assist individuals with taking medications, attending medical appointments, managing finances, and preparing for their day (e.g. attending a day program, employment, community outings, and other activities).</p> <p><b>Baseline:</b> Programming and activities are not completely driven by individual desires. Staff identify individual preferences through ongoing observation and communication. Monthly Resident Council meetings are held to discuss outings, meals, activities etc. But unfortunately, staff continue to have the mindset that the residents are “disabled” and therefore cannot be part of the community as an independent individual. Due to limited transportation, outings are driven by what the majority chooses rather than the individual. Outings are often postponed or rearranged due to lack of available transportation. Residents with limited communication skills are unable to fully express their desires or choices. Non-verbal residents are often overlooked and attend outings selected by the residents who are able to communicate.</p>	
<p><b>Project Narrative Description:</b></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>Our vision is to become a person-centered organization that supports individuals to achieve their person-centered goals. Our objectives include:</p> <ol style="list-style-type: none"> <li>1. Revise policies and procedures to ensure alignment with person-centered practices and compliance with CMS HCBS Settings Rule.</li> </ol>	

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2. Implement a person-centered planning process that includes the development of a PC plan for each person.
3. Increase the capacity of staff to implement person-centered practices.
4. Increase the capacity of individuals to direct the development of their person-centered plan.
5. Remove barriers to community integration by providing accessible transportation to support individual preferences and schedules.
6. Ensure necessary supports/accommodations (i.e. assistive technology) are in place so that individuals can communicate their choices and preferences.

Initial and ongoing input (formal and informal) will be obtained from individuals and practices will be refined accordingly.

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

1 X 2 \_\_\_ 3 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.

1. Staff do not have the knowledge or skills needed to support PC plans.
2. Residents don't understand how to direct the development of their PC plans.
3. Policies and procedures are not aligned with PC practices or the CMS Rule.
4. There are no staff with knowledge of how to develop a PC plan.
5. Accessible transportation is not always available to support an individual's preferences and choices.
6. Some individuals are non-verbal, or have limited communication skills, and are not able to communicate their interests or express their choices.

5. For each out-of-compliance federal requirement that is addressed in this concept, please explain how the concept will bring the vendor into compliance.

1. Staff will be trained and certified in PCT and will support an individual's PC plan.
2. The People Planning Together training will be used to build the capacity of individuals to direct the development of their person-centered plans.
3. Consultants will be retained to evaluate the policies and procedures, and to develop the pre- and post-evaluation survey.
4. A Community Integration Specialist (CIS) will be hired to develop person-centered plans and facilitate community integration.
5. Accessible transportation will be purchased for each home and will be used to support individual preferences.
6. Assistive technology will be purchased to enable individuals with limited communication skills to express their interests and make their own choices.

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

### **Proposed Outcomes (for individuals receiving services):**

- **Person-Centered:** Each individual will have a person-centered plan that includes goals (i.e. relationship, education, employment, health and wellness, community living, finance, and other goals).
- **Choice:** Individuals will exercise more choice and independence.
- **Rights:** Individuals will have privacy, be treated with dignity and respect, and be free from coercion and restraint.
- **Opportunities for Integration:** Individuals will discover, navigate and access the community based on their individual preferences and goals.

### **Methods of achieving and tracking outcomes and objectives:**

1. **A person-centered plan** will be developed for each individual.
2. **An evaluation of each plan** will be conducted to determine the level of progress each person has made toward his/her individual PC goals.
3. **An annual satisfaction survey** will be used to measure individual satisfaction.
4. **A pre- and post- survey** will be administered that includes questions related to the anticipated outcomes (i.e. person-centered, choices, rights, and opportunities for integration).

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.

Meetings are held with each individual to review the goals set in their IPP and discuss their progress. Family members are encouraged to attend the meeting to gain a deeper understanding of the individual. Staff also meet with each person to gain input of their strengths, abilities, needs, and preferences.

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

The strategies outlined in this proposed concept changes the culture of our organization to a person-centered culture. This culture change shifts the control from the staff to the person receiving services. Individuals will be empowered to direct their person-centered plan, to the extent they choose. Policies and procedures will be in place that align with person-centered practices. Staff, trained in person-centered thinking, will have the capacity to support individuals to reach their PC goals. The Community Integration Specialist will be available to not only facilitate the planning process, but also facilitate implementation of the PC plan. The additional vehicles will be used to support individuals to access the community based on their preferences.

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

Several project components were strategically selected to change the culture of the organization and ensure sustainability of person-centered practices after grant funds have expired (i.e. certification in PCT/PPT, evaluation of policies and procedures, development of a PC planning process). After grant funds expire, White Rose and Golden Haven will assume all costs to retain the Community Integration Specialist (CIS) and the costs for ongoing maintenance of the vehicles.

10. Write a brief narrative below explaining each major cost category and timeline. Complete the budget template at the end of the concept sheet.

**Personnel/Benefits:** Includes salary and related benefits (i.e. medical, dental, and vision) to hire a Community Integration Specialist.

**Operating Costs:** Includes the following:

- Consultant services (to evaluate policies and procedures for compliance with CMS HCBS rule and alignment with PC practices; to develop pre- and post-evaluation surveys for staff and the individuals receiving services);
- Training and certification in PCT and People Planning Together (PPT);
- Vehicle insurance, maintenance, and fuel for one (1) year;
- Supplies, including printing and publication of training materials and general office consumables (i.e. pens, paper, postage, etc.);
- Assistive technology and other small office equipment including computer, assistive devices, printers, iPad, software etc.

**Capital Costs:** Includes purchase of a van with non-hydraulic lift, and a fuel-efficient compact vehicle.

**Administrative/Indirect Costs:** Up to 15% of costs (not including capital costs).

**Timeline:** 0-3 months: Purchase equipment and vehicles; hire consultants.

3-6 months: Conduct PCT training and begin increased integration.

7-9 months: Continue working with staff and consultants.

10-12 months: Conduct surveys with staff and individuals/residents.

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. All costs will be incurred within the program time frame.

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<p>12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?</p>	<p>HCBS Funding <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. If Yes, FY(s) <b>FY 17-18</b>          Disparity Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____          CPP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes FY(s) _____          If yes to any question be sure to answer questions 13 and 14.</p>
<p><b>For providers who have received prior HCBS, Disparity or CPP Funding from DDS</b></p>	
<p>13. If your organization has received prior funding from any of the above sources, please provide an update on the prior funding project.</p>	
<p>The current funding request is for White Rose and Golden Haven, neither of which has received previous funding. Sunnyside is not included in this current funding request but did receive HCBS funding for FY 17-18. All contract deliverables were met within the appropriate timeframe for the HCBS funding received by Sunnyside Guest Home.</p>	
<p>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.</p>	
<p>See response to question 13. Also, if this funding request is approved, the staff certified in PCT training will be able to provide ongoing training to all three homes.</p>	

HCBS CONCEPT BUDGET	Becoming a Person-Centered Organization					
Vendor Name	White Rose and Golden Haven Guest Home					
Vendor Number(s)	HP0035 and HB0042					
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
<b>Personnel (salary + benefits)</b>						
Community Integration Specialist	60,000	1.00	\$ 60,000		\$ -	\$ 60,000
Benefits (Medical, Dental, Vision) - at 28%	16,800	1.00	\$ 16,800		\$ -	\$ 16,800
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
<b>Personnel Subtotal</b>			<b>\$ 76,800</b>		<b>\$ -</b>	<b>\$ 76,800</b>
<b>Operating expenses</b>						
Consultant			\$ 15,000			\$ 15,000
Training and Certification			\$ 40,000			\$ 40,000
Insurance, maintenance and fuel for 1 year			\$ 16,000			\$ 16,000
Technology (computer, assistive devices, etc.)			\$ 5,500			\$ 5,500
Program Supplies (general office consumables)			\$ 800			\$ 800
						\$ -
						\$ -
						\$ -
						\$ -
<b>Operating Subtotal</b>			<b>\$ 77,300</b>		<b>\$ -</b>	<b>\$ 77,300</b>
<b>Administrative Expenses</b>						
Grant management			\$ 23,115			\$ 23,115
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Administrative Subtotal</b>			<b>\$ 23,115</b>		<b>\$ -</b>	<b>\$ 23,115</b>
<b>Capital expenses</b>						
Van with non-hydraulic lift			\$ 50,000			\$ 50,000
Fuel-efficient compact vehicle			\$ 25,000			\$ 25,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Capital Subtotal</b>			<b>\$ 75,000</b>		<b>\$ -</b>	<b>\$ 75,000</b>
<b>Total Concept Cost</b>			<b>\$ 252,215</b>		<b>\$ -</b>	<b>\$ 252,215</b>

See Attachment F for budget details and restrictions