

## 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: 11/19/2019	Completed by: Christina Buth-Okatch
Vendor Name, Address, Contact: PALS Santa Barbara Autism Center; 2429 Pacific Ave, Long Beach, CA, 90806; 562.426.5444	
Vendor Number: PT1492, HT0720, PT1517	
Service Type and Code: 055, 882, 880	

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

### **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: While PALS strives to provide services to the individuals we support based on their needs, we are unable to adequately provide the type advanced, evidence-based services these individuals require. Our agency serves individuals that are described by DDS as “difficult to serve”. They may have histories of intellectual and development disability with dual diagnosis and/or mental illness, violence, criminal behavior and sex offenses. Previously, these individuals have resided in settings including Patton Secure Treatment Program, Fairview Developmental center, the Bungalows, and College Hospital. They require supports from highly trained staff to adequately meet their needs and abilities. We are requesting funding through the HCBS compliance process to 1)purchase desktop computers for individuals on site use to search for job opportunities, MapQuest, creating resumes.2) purchase iPads, for participants who need to search for job opportunities and MapQuest for directions in the community 3) purchase the of PALS Person-Centered Training (PCT) Trainer to advanced staff training with Person Center Thinking.

### **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

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

Please explain: The regional center's have provided IPP's for all of the individuals we serve. The IPP is developed for these individuals through a Person-Centered process. These documents typically address the type of objectives found for individuals with I/ID, but may not always adequately address the needs of the individuals due to lack of community capacity. The IPP's do address the setting options considered for each individual.

### **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: : PALS reviews Client's Rights with each individual prior to admission date and thereafter, on an annual basis. All information and communication is documented through Therapp, Inc. which is a technology/communication network system that PALS uses to ensure participant confidentiality and compliance with HIPPA standards. PALS will pair staff with the right communication skills/abilities to support each individual's needs. For example, for an individual who uses gesturing and signing as a way to communicate, PALS assigns a staff that is certified in American Sign Language (ASL) to support the participant in our program. Our staff speak multiple languages, in addition to English, for individuals/families that require translation services as well.

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</b> Please explain: Currently, PALS is serving eight (8) individuals who are ambulatory and have access to vehicles. We are in compliant with requirement.</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</b> Please explain: At PALS we embrace Person-Centered Planning and Thinking. We include our participants in all decision-making processes. Individuals that we support direct and develop their IPP programing goals/objectives set forth in the regional center IPP. On a weekly basis, participants and staff collaborate to plan out their activities for the next week. On a given day, individuals can participant in the scheduled activity or choose to join a different group activity of their choice. PALS have floating staff available to support individuals when they are not interested in joining the planned activity for that day. We encourage participants to advocate for themselves by having weekly on-site classes to teach self-advocacy skills and prompt where and when they might be used in daily activities. We teach individuals different methods to successfully approach community members when requesting assistance and to recognize unsafe situations when they arise. The on-site classes teach individuals to identify proper agencies that individuals can contact if they have concerns or grievances. In addition, PALS have a comment/suggestion box on-site for individuals to share ideas and concerns about our</p>	

**Home and Community-Based Services (HCBS) Rules  
CONCEPT FORM**

program. In our "Town Hall Meeting," participants and/or parents are able to share and express their ideas and concerns about the program.

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

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> <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><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>	

**Home and Community-Based Services (HCBS) Rules  
CONCEPT FORM**

<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? <input type="checkbox"/> Yes <input type="checkbox"/> No</b> Please explain: N/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? <input type="checkbox"/> Yes <input type="checkbox"/> No</b> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No</b> Please explain: N/A</p>	

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CONCEPT FORM**

**CONTACT INFORMATION**

Contact Name: Christina Buth-Okatch  
Contact Phone Number: 562.426.5444  
Email Address: cbuth@palsworks.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



## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

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).

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

Vendor name	PALS Santa Barbara Autism Center
Vendor number(s)	PT1492, HT0720, PT1517
Primary regional center	Tri-Counties Regional Center
Service type(s)	Community Integration Training Program, Transportation-Additional Component, Transportation-Assistant
Service code(s)	055,880,882
Number of consumers currently served	PALS serves approx. 8 individuals.
Current staff to consumer ratio	General Program ratio 1:3; or 1:1 or 2:1 for people with severe behavioral issues, as related to behaviors associated with dual dx and history of trauma
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>PALS is a day support program that provides services to individuals that frequently present with an intellectual/developmental disability with community integration. Activities are individualized and driven by participant preferences as captured in a dynamic person centered plan. Participants learn work and life skills of their choosing based on a daily/weekly schedule that they develop. They also agree to participate in on-site class activities (i.e., anger management, healthy relationships, etc.) to help them address the emotional and behavioral barriers that may be currently preventing them from fully participating in work or community recreational activities.</p>	
<b>Project Narrative Description:</b>	
2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.	
<p>PALS is requesting for the following items to fully comply to HCBS requirements:</p> <ol style="list-style-type: none"> <li>1) Person Center Thinking (PCT) Trainer on-site at PALS</li> <li>2) Computer and iPads available for participants on-site and in the community</li> </ol>	
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.	
Federal Requirement #1 and Federal Requirement #4	
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.	

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

### Barriers to Federal Requirement # 1

-Currently, individuals participate in activities that are known to them by “word of mouth,” from staff and/or peers. The resources in the community such as events and/or work opportunities on the internet that individuals are not aware of. This limits participant choices of job opportunities and/or activities in the community.

### Barriers to Federal Requirement #4

Current approaches to supporting individuals with dual diagnosis frequently consist of applied behavioral analysis in the form of a Functional Behavioral Analysis (FBA) developed by a Board Certified Behavior Analyst (BCBA) and a positive behavior support plan. While a positive behavioral support plan can provide many benefits to an individual with a dual diagnosis, it cannot, and does not, address the whole person. These are clearly outside the scope of practice for a BCBA. Recent developments in the field suggest that persons with an intellectual disability can learn better through the practice of Person-Centered Thinking (PCT), adapted for a person with an intellectual disability, is one such promising approach for teaching an individual to self-advocate and build better confidence in decision making skills.

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.

### Federal Requirement #1

-

Having computers and iPad will increase individual ability to find job opportunities and increase greater independence in the community.

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### Federal Requirement #4-

We asked “if we could find a way to better help staff understand how to support people as equals, do you think it would be helpful?” The idea was universally supported by the people we serve. Having a member of PALS, Inc train to become a Person Centered Thinking Trainer will give staff director access to PCT training, when needed. Person Centered Thinking approaches strive to eliminate power differentials that support to individuals and create unnecessary barriers to full community participation. By using PCT approaches, staff is modeling skills and language that teaches participants to self-advocate and prompt choices.

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

By approving a Person-Centered Thinking Trainer, options of transportation, computer and iPads, PALS proposed outcome is to increase greater independency and prompt choices for the people that we support in the community. The method PALS will use to track our achievement area includes:

- 1) Community Integration Log—this measure how long and often an individual is participating in vocational training in the community and community events. There will be an increase in

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

community integration due to the increase of transportation options for the people that we support.

- 2) Monthly review and quiz to test staff knowledge with PCT
- 3) The progress report will reflect an increase in vocation training and/or community integration.
- 4) An interview with participants during ID Team Meeting (30day, semi, annual and on a needed base) to share how PALS is current support and meeting his/her needs.
- 5) 30-day, semi, annual will include a section, where participant sign and can choose to describe their service experience at the program.

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.

Our policies and procedures manual will be modified to ensure that the methods of procedure learned via Person Centered Thinking is incorporated into the daily activities throughout all of the program we current operate. Our serve designs will reflect the use of PCT and training requirement for current and new staff.

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

During intake procedure, individual will complete a questioner that identify the interest and desires of programming activities and qualities that he/she is looking in a staff for support. Management will present staff options that meets participants interest and service needs prior to service date. Staff will use Person Centered Thinking to support participant to create their own schedule activities. The activities scheduled will be signed and dated by the participant. Participant and family will be involved in the decision making progress in development program goals. In addition, monthly "Town Hall," will conduct for participants and/or parents to express concerns and suggestion to the program.

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

Hold monthly "Town Hall," meeting with (participants, parents, regional center, staff and ownership) to discuss what is working and/ not working in the program and how to address those needs. PALS will have meeting minutes on file to review and address those concerns.

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):

Within 1-6 months of grant approval, PALS will purchase the following items:  
Purchase of Supplies:

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

- 1) Seven (7) Desktop computers x \$500  
 2) Seven (7) iPad x \$886  
 3) One (1) Person Center Thinking Trainer Certification X \$35,0000

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.

IT support will be hired to program and set up computers at \$100 per computer

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

HCBS Funding \_\_\_ No  Yes. If Yes, FY(s) 2018/2019\_\_  
 Disparity Funding  No \_\_\_ Yes. If Yes, FY(s) \_\_\_\_\_  
 CPP Funding \_\_\_ No  Yes. If Yes FY(s) TCRC 2016/2017  
 If yes to any question be sure to answer questions 13 and 14.

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

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

HCBS Funding 2018/2019 (Tri-Counties Regional Center)

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

HCBS CONCEPT BUDGET						
Vendor Name		PALS SANTA BARBARA AUTISM CENTER				
Vendor Number(s)		PT1492,HT0720,PT1517				
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
<b>Personnel (salary + benefits)</b>						
IT programer	75	10.00	\$ 750		\$ -	\$ 750
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 750		\$ -	\$ 750
<b>Operating expenses</b>						
Desk Top Computer			\$ 3,500		\$ -	\$ 3,500
11 inch iPad pro Wi-Fi 64GB			\$ 4,430		\$ -	\$ 4,430
Person Center Train The Trainer			\$ 35,000		\$ -	\$ 35,000
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Operating Subtotal			\$ 42,930		\$ -	\$ 42,930
<b>Administrative Expenses</b>						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
<b>Capital expenses</b>						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Capital Subtotal			\$ -		\$ -	\$ -
<b>Total Concept Cost</b>			\$ 43,680		\$ -	\$ 43,680

See Attachment F for budget details and restrictions

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

Date(s) of Evaluation: 11/19/2019	Completed by: Christina Buth-Okatch
Vendor Name, Address, Contact: PALS WTC Simi Valley; 2429 Pacific Ave, Long Beach, CA, 90806; 562.426.5444	
Vendor Number: HT0709, HT0617	
Service Type and Code: 515, 110, 880	

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

### **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: While PALS strives to provide services to the individuals we support based on their needs, we are unable to adequately provide the type advanced, evidence-based services these individuals require. Our agency serves individuals that are described by DDS as “difficult to serve”. They may have histories of intellectual and development disability with dual diagnosis and/or mental illness, violence, criminal behavior and sex offenses. Previously, these individuals have resided in settings including Patton Secure Treatment Program, Fairview Developmental center, the Bungalows, and College Hospital. They require supports from highly trained staff to adequately meet their needs and abilities. We are requesting funding through the HCBS compliance process to 1) purchase wheelchair accessible vans to provide transportation to work and community activities when participants are unable to safely use public transportation and 2) purchase of small compact cars to provide transportation to work and community activities when an individual are unable to safely use public transportation 3) purchase desktop computers for individuals on site use to search for job opportunities, MapQuest, creating resumes.4) purchase iPads, for participants who need to search for job opportunities and MapQuest for directions in the community 5) purchase the of PALS Person-Centered Training (PCT) Trainer to advanced staff training with Person Center Thinking.



## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

<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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</b></p> <p>Please explain: The regional center's have provided IPP's for all of the individuals we serve. The IPP is developed for these individuals through a Person-Centered process. These documents typically address the type of objectives found for individuals with I/ID, but may not always adequately address the needs of the individuals due to lack of community capacity. The IPP's do address the setting options considered for each individual.</p>	
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</b></p> <p>Please explain: : PALS reviews Client's Rights with each individual prior to admission date and thereafter, on an annual basis. All information and communication is documented through Therapp, Inc. which is a technology/communication network system that PALS uses to ensure participant confidentiality and compliance with HIPPA standards. PALS will pair staff with the right communication skills/abilities to support</p>	

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

each individual's needs. For example, for an individual who uses gesturing and signing as a way to communicate, PALS assigns a staff that is certified in American Sign Language (ASL) to support the participant in our program. Our staff speak multiple languages, in addition to English, for individuals/families that require translation services as well.

### **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

Please explain: Currently, PALS is serving six (6) individuals who are non-ambulatory and have access to one (1) vehicles with wheelchair accessibility. In addition, individuals with "severe behavior," challenges, who have a history of severe violent and property destruction under the certain circumstances to having to wait for the group or being transport with a group to participant in the community. Due to the limited transportation arrangement options, individuals who are non-ambulatory and/or individuals with "severe behaviors," have limited access in participating fully in activities that interest them in the community. Not having adequate means of transportation limits their choices in community activities and job opportunities, and their community involvement.

### **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: At PALS we embrace Person-Centered Planning and Thinking. We include our participants in all decision-making processes. Individuals that we support

**Home and Community-Based Services (HCBS) Rules  
CONCEPT FORM**

direct and develop their IPP programming goals/objectives set forth in the regional center IPP. On a weekly basis, participants and staff collaborate to plan out their activities for the next week. On a given day, individuals can participate in the scheduled activity or choose to join a different group activity of their choice. PALS have floating staff available to support individuals when they are not interested in joining the planned activity for that day. We encourage participants to advocate for themselves by having weekly on-site classes to teach self-advocacy skills and prompt where and when they might be used in daily activities. We teach individuals different methods to successfully approach community members when requesting assistance and to recognize unsafe situations when they arise. The on-site classes teach individuals to identify proper agencies that individuals can contact if they have concerns or grievances. In addition, PALS have a comment/suggestion box on-site for individuals to share ideas and concerns about our program. In our "Town Hall Meeting," participants and/or parents are able to share and express their ideas and concerns about the program.

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

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> <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><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>	

**Home and Community-Based Services (HCBS) Rules  
CONCEPT FORM**

<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? <input type="checkbox"/> Yes <input type="checkbox"/> No</b> Please explain: N/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? <input type="checkbox"/> Yes <input type="checkbox"/> No</b> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No</b> Please explain: N/A</p>	

**Home and Community-Based Services (HCBS) Rules  
CONCEPT FORM**

**CONTACT INFORMATION**

Contact Name: Christina Buth-Okatch  
Contact Phone Number: 562.426.5444  
Email Address: cbuth@palsworks.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

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

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).

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

Vendor name	PALS WTC Simi Valley
Vendor number(s)	HT0709, HT0617
Primary regional center	Tri-Counties Regional Center
Service type(s)	Behavior Management Program; Program Support Group-Day Service; Transportation-Additional Component;
Service code(s)	515,110,880
Number of consumers currently served	PALS serves approx. 43 individuals.
Current staff to consumer ratio	General Program ratio 1:3; or 1:1 or 2:1 for people with severe behavioral issues, as related to behaviors associated with dual dx and history of trauma
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>PALS is a day support program that provides services to individuals that frequently present with an intellectual/developmental disability with community integration. Activities are individualized and driven by participant preferences as captured in a dynamic person centered plan. Participants learn work and life skills of their choosing based on a daily/weekly schedule that they develop. They also agree to participate in on-site class activities (i.e., anger management, healthy relationships, etc.) to help them address the emotional and behavioral barriers that may be currently preventing them from fully participating in work or community recreational activities.</p>	
<b>Project Narrative Description:</b>	
2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.	
<p>PALS is requesting for the following items to fully comply to HCBS requirements:</p> <ol style="list-style-type: none"> <li>1) Person Center Thinking (PCT) Trainer on-site at PALS</li> <li>2) Vehicle to accommodate non-ambulatory and with "behavior challenge," participants</li> <li>3) Computer and iPads available for participants on-site and in the community</li> </ol>	
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.	
Federal Requirement #1 and Federal Requirement #4	



## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

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.

### Barriers to Federal Requirement # 1

- Currently, PALS program support six (6) individuals who are not non-ambulatory status and have one (1) wheel accessible transportation for community integration. In addition, other individuals with "severe behavioral," challenges, who have a history of violent and property destruction certain circumstance to having to wait for the group or being transported with a group to participate in the community. Due to the limited transportation arrangement options, individuals are limited to their choices in community.

-Currently, individual participate in activities that are known to them by "word of mouth," from staff and/or peers. The resources in the community such events and/or work opportunities on the internet that individuals are not aware of. This limits participant choices of job opportunities and/or activities in the community.

### Barriers to Federal Requirement #4

Current approaches to supporting individuals with dual diagnosis frequently consist of applied behavioral analysis in the form of a Functional Behavioral Analysis (FBA) developed by a Board Certified Behavior Analyst (BCBA) and a positive behavior support plan. While a positive behavioral support plan can provide many benefits to an individual with a dual diagnosis, it cannot, and does not, address the whole person. These are clearly outside of the scope of practice for a BCBA. Recent developments in the field suggest that persons with an intellectual disability can learn better through the practice of Person-Center Thinking (PCT), adapted for a person with an intellectual disability, is one such promising approach for teaching an individual to self-advocate and build better confidence in decision making skills

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.

### Federal Requirement #1

- Have means of transportation arrangement options, individuals who are non-ambulatory and/or individuals with "severe behaviors," increase individuals choices in participating fully in activities that interest them in the community. Adequate means of transportation options to many types of community activities and/or job opportunities and their community involvement limits the program to support their interest and IPP goals.

Having computers and iPad will increase individual ability to find job opportunities and increase greater independence in the community.

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### Federal Requirement #4-

We asked "if we could find a way to better help staff understand how to support people as equals, do you think it would be helpful?" The idea was universally supported by the people we serve. Having a member of PALS, Inc train to become a Person Centered Thinking Trainer will give staff director access to PCT training, when needed. Person

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

Centered Thinking approaches strive to eliminate power differentials that support to individuals and create unnecessary barriers to full community participation. By using PCT approaches, staff is modeling skills and language that teaches participants to self-advocate and prompt choices.

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

By approving a Person-Center Thinking Trainer, options of transportation, computer and iPads, PALS proposed outcome is to increase greater independency and prompt choices for the people that we support in the community. The method PALS will use to track our achievement area includes:

- 1) Community Integration Log—this measure how long and often an individual is participating in vocational training in the community and community events. There will be an increase in community integration due to the increase of transportation options for the people that we support.
- 2) Monthly review and quiz to test staff knowledge with PCT
- 3) The progress report will reflect an increase in vocation training and/or community integration.
- 4) An interview with participants during ID Team Meeting (30day, semi, annual and on a needed base) to share how PALS is current support and meeting his/her needs.
- 5) 30-day, semi, annual will include a section, where participant sign and can choose to describe their service experience at the program.

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.

Our policies and procedures manual will be modified to ensure that the methods of procedure learned via Person Centered Thinking is incorporated into the daily activities throughout all of the program we current operate. Our serve designs will reflect the use of PCT and training requirement for current and new staff.

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

During intake procedure, individual will complete a questioner that identify the interest and desires of programming activities and qualities that he/she is looking in a staff for support. Management will present staff options that meets participants interest and service needs prior to service date. Staff will use Person Centered Thinking to support participant to create their own schedule activities. The activities scheduled will be signed and dated by the participant. Participant and family will be involved in the decision making progress in development program goals. In addition, monthly "Town Hall," will conduct for participants and/or parents to express concerns and suggestion to the program.

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

Hold monthly "Town Hall," meeting with (participants, parents, regional center, staff and ownership) to discuss what is working and/ not working in the program and how to address those needs. PALS will have meeting minutes on file to review and address those concerns.

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

<p>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.</p> <p>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):</p>	
<p>Within 1-6 months of grant approval, PALS will purchase the following items: Purchase of vehicles/Supplies:</p> <ol style="list-style-type: none"> <li>1) Two (2) Ford Transit Connect wagon XLT w/ wheel chair access X \$35,000</li> <li>2) Two (2) Ford Transit X \$24,000</li> <li>3) Six (6) Desktop computers x \$500</li> <li>4) Six (6) iPad x \$886</li> <li>5) One (1) Person Center Thinking Trainer Certification X \$35,0000</li> </ol>	
<p>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.</p>	
<p>IT support will be hired to program and set up computers at \$100 per computer</p>	
<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 <input checked="" type="checkbox"/> Yes. If Yes, FY(s) 2018/2019__</p> <p>Disparity Funding <input checked="" type="checkbox"/> No ___ Yes. If Yes, FY(s) _____</p> <p>CPP Funding ___ No <input checked="" type="checkbox"/> Yes. If Yes FY(s) TCRC 2016/2017</p> <p>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. You may copy and paste from progress update(s) previously provided to regional centers or DDS.</p>	
<p>HCBS Funding 2018/2019 (Tri-Counties Regional Center)</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>N/A</p>	

HCBS CONCEPT BUDGET						
Vendor Name		PALS WTC SIMI VALLEY				
Vendor Number(s)		HT0709,515 AIDE,HT0617,HT0707				
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
<b>Personnel (salary + benefits)</b>						
IT programer	50	15.00	\$ 750		\$ -	\$ 750
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 750		\$ -	\$ 750
<b>Operating expenses</b>						
2017 Ford Transit Connect Wagon XLT			\$ 70,000		\$ -	\$ 70,000
2020 Ford Transit Connect Cargo Van			\$ 48,000		\$ -	\$ 48,000
Desk Top Computers			\$ 3,000		\$ -	\$ 3,000
11 inch iPad pro Wi-Fi 64GB			\$ 5,316		\$ -	\$ 5,316
Person Center Train The Trainer			\$ 35,000		\$ -	\$ 35,000
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Operating Subtotal			\$ 161,316		\$ -	\$ 161,316
<b>Administrative Expenses</b>						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
<b>Capital expenses</b>						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Capital Subtotal			\$ -		\$ -	\$ -
<b>Total Concept Cost</b>			\$ 162,066		\$ -	\$ 162,066

See Attachment F for budget details and restrictions