

## Home and Community-Based Services (HCBS) Rules DEPARTMENT FUNDING GUIDANCE

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 <https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/>.

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

Date(s) of Evaluation: 2/2/2021	Completed by: Darryl Goodus, Vice President of Adult Programs
Vendor Name, Address, Contact: Villa Esperanza Services, 2116 E. Villa Street, Pasadena CA, 91107, (626) 449-2919, ext. 101	
Vendor Number: H25239, PD1494	
Service Type and Code: Adult Activities Center, Code 505, Community Integration Training, Code 055.	

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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>Prior to COVID-19, participants in our Dimensions Day Program had the opportunity to participate in outings up to five days per week. Due to limited staffing and transportation, participants rotated in order to provide each one with the opportunity for meaningful community integration. Through group discussions with peers and staff, participants made their own choices about where they would visit each month, while always having the option to not participate. Due to the 1:6 staff to participant ratio and persons served with challenging behaviors that require a 1:1 ratio, 48 clients were in the community around 51% of the time. The other 20 clients were in the community an average of 60% of the time.</p> <p>Participants with Villa’s Adult Day Program (ADP) also had the opportunity to join in volunteer opportunities in the community five days per week prior to COVID-19. Due to the 1:6 ratio at the program, and 1:3 ratio in the community, these volunteer opportunities were rotated between different participants/groups so all participants (as deemed appropriate by the interdisciplinary team) had the opportunity to participate in volunteer work and meaningful community outings. Our Community Integration Program (CIP) also offered daily opportunities to engage in the community such as volunteering, prevocational and socialization themed activities.</p> <p>COVID-19 has had a significant impact on our operations. Since March 2020, we have temporarily ceased the implementation of in-person programming and pivoted to remote services through Zoom and other videoconferencing methods. Recently, we have also offered alternative services to our participants and families as an additional service delivery option. We anticipate that when we resume our in-person programming we will require lower staffing ratios to better meet individualized needs and manage the medical needs of our medically complex participants.</p>	

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<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 individual's 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>Participants in our programs provide their consent regarding their Individual Service Plans (ISPs) and any goals and objectives contained within their ISPs are person-centered. Our participants offer input on the types of outings that they would like to go on as well as other activities that they enjoy participating in. Limitations do exist in terms of staffing and transportation in order to provide the fully desired frequency of community integration experiences. Participants attend their annual and quarterly ISP/IPP meetings, where they provide feedback on their plan(s).</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>Villa Esperanza Services employees are trained on client rights upon hire and quarterly thereafter. All Villa employees are also required to sign the Zero Tolerance policy annually. Staff members assist our clients during their activities with assistive</p>	

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technology methods. Needs in this area have increased due to the COVID-19 pandemic and we will need additional computers, tablets with adaptations to assist us with remote service implementation during the pandemic and beyond. We also have the need for additional software to assist with communication via electronic methods as well. Mobile Hot Spots are also needed for our staff and clients to connect remotely with other clients while engaging in programming in their homes and the community.

**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 individual’s 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**

Prior to COVID-19, the participants with Dimensions Day Program were encouraged to participate in choosing activities. Staff would ask the participants each month which outings they would like to go on for the following month. Participants would then choose the type of activities they would like to participate in during holidays and other special events such as parties. Participants are provided options throughout the day to meet their needs and preferences. Currently, these options are provided via remote learning options. Participants are encouraged to interact with others while in program and staff work with clients daily on social skills to help assist with appropriate interaction and community integration skills and comfortability. A lack of staffing and transportation hinder the staff’s ability to implement and honor choices that correspond with IPP goals. This is especially challenging regarding our current staffing structure as we will need to place a greater emphasis on providing support on an individual basis, or perhaps in smaller groups, in accessible community settings. Similar challenges apply with regards to our Adult Day program and our Community Integration Program as we will need to lower our participant to staff ratios in order to safely support our participants, and well as better meet our participants’ individual needs, during community integration activities currently and in the future.

**Federal Requirement #5:**

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

**Guidance:**

- Does the provider support individuals in choosing which staff

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	<p>provide their care to the extent that alternative staff are available?</p> <ul style="list-style-type: none"> <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?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Participants in our programs have the ability to make choices and decisions regarding their schedules and services they receive while in the program, and the freedom to express any concerns or ask questions. Participants discuss these matters with the staff or, on occasion, meet with management privately. Participants also attend their annual and quarterly ISP/IPP meetings, and express certain modifications they would like to make. We attempt to provide flexible staffing options as frequently as possible, based on the person-centered choices and needs of our participants. Offering alternative staff at times is challenging due to the staff ratios and limited staff positions currently provided through our programs.</p>	

**CONTACT INFORMATION**

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**ACKNOWLEDGEMENT**

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

I AGREE

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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 backup, 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.
- Using a form from previous years will negatively impact a concept score, so please ensure the current FY 20-21 form is 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 and opportunities.

### 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 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 a sustainable plan 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 <https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/>.

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Vendor name	Villa Esperanza Services
Vendor number(s)	H25239, PD1494
Primary regional center	Frank D. Lanterman Regional Center
Service type(s)	Adult Activities Center, Community Integration Training, Adult Development Center
Service code(s)	505, 055
Number of consumers typically and currently served	173 consumers typically and currently served
Typical and current staff-to-consumer ratio	<p>Typical staff-to-consumer ratios: Adult Day Program (ADP):1-6, Community Integration Program (CIP):1-3, Dimensions: 1-6</p> <p>Currently (Online Sessions): ADP: 1 staff leading activity to approximately 20-30 participants and 4 staff members to assist. CIP: 1 staff leading activity to approximately 10-15 participants and 2 other staff to assist. Dimensions: 1 staff leading activity for approximately 15-25 participants and 1-2 other staff present.</p>

1. Please provide a brief description of the service/setting. Include what a typical day consists of during regular program as well as how services are currently being provided. This response must include the baseline/current levels for any aspects of the program for which the concept proposes funding.

**Typical day:** Villa Esperanza Services provides adults with intellectual/development disabilities the person-centered care and attention they require through our Dimensions Day Program, Adult Day Program (ADP), and Community Integration Program (CIP). ADP serves adults with mobility issues and vulnerable older adults who exhibit signs of dementia or have complex medical issues, providing an alternative to nursing home care for those who do not need 24-hour skilled nursing. All clients receive person-centered services to maximize their independence, enhance physical and mental wellness and prevent decline of their abilities, reduce isolation, and promote community participation.

The Dimensions Day Program works with higher functioning, ambulatory, and more independent individuals. Participants are encouraged to choose which activities they want to partake in, working with staff to plan their outings for the following month. CIP is a pre-vocational program designed to help participants develop the social and employment skills they need to obtain gainful employment, all while giving back to their community through volunteerism. The CIP program is 100% community based and offers supervised volunteer opportunities, self-advocacy skills training, writing and reading skills development, and more.

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**Baseline:** COVID-19 has had a significant impact on our operations. Since March 2020, in-person programming has been temporarily suspended, with all services being provided remotely through Zoom and other videoconferencing methods. Daily activities are offered that include exercise, cooking class, bingo, virtual tours, and safety, health and wellness tips from a nurse. Staff also assembles work packets with all the materials and supplies necessary for the upcoming week's activities and delivers them to participants. Each packet is unique to the participants' skills, abilities, and choices for their preferred activities. Alternative services for participants and their families are also available as an additional service delivery option. Though community outings have been suspended, participants are provided options throughout the day to meet their needs and preferences via remote learning. They are encouraged to interact with their peers in the programs and staff continue to work with them daily on social skills to help assist with appropriate interaction and community integration.

**Project Narrative Description: While filling out this section, reflect on how services are typically provided and how that might have changed in the past year. Think about what has been learned in the past year and how that might shape services going forward. Funding awarded through this concept can span the course of up to two years which would allow time to shape services to be more person-centered and align with the HCBS federal requirements.**

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

The past year has transformed the way that Villa Esperanza Services operates and underscored the importance of our person-centered approach, as the new context has required the implementation of innovative solutions that accommodate each participant's needs. Through increased communication with the program participants and their families, Villa staff was able to gain important insight into their individual needs, concerns, and input. The program modifications were, therefore, a result of the internal communication with participants, as well as external factors including the furlough of staff and mandatory government health guidelines. Though COVID-19 was the catalyst, the changes that have been implemented during the past year will remain in place for the foreseeable future. There are now new barriers that affect the participants' individual preferences as they are restricted from participating in community outings, in-person activities, working and volunteering.

The increased amount of time and work needed for planning and preparation of the new online activities, in addition to ongoing case management, has resulted in the need for a new staff position. The proposed project addresses this through the hiring of an Inclusion Manager who will be responsible for coordinating both online and in-person activities as well as community volunteer site. The Manager will work closely with each program participant and staff to develop person-centered plans within the context of the new program guidelines that have resulted from the ongoing health crisis. These goals will emphasize their individuality and focus on



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community involvement, which may be online or in-person, as well as skills development and meaningful goals and outcomes.
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 <u>X</u> 2 ___ 3 ___ 4 <u>X</u> 5 <u>X</u> 6 ___ 7 ___ 8 ___ 9 ___ 10 ___
4. For each HCBS out-of-compliance federal requirement that is being addressed by this concept, describe the barriers to compliance and why this concept is necessary. If this information is in the evaluation section, please copy it here.
<p><b>#1:</b> Throughout the past year, mandatory health guidelines have prohibited in-person gatherings, and volunteer sites were closed. This has restricted the participants' ability to go on outings and integrate within the community.</p> <p><b>#4:</b> Overall, participants enjoy the new online activities and have adapted to the new program structure. Nonetheless, they do not accommodate all participants' preferences. In addition, a new barrier that has emerged since pivoting to online activities is the need for access to technology, including laptops, computers and internet. Some participants do not have access to the technology needed to participate in activities.</p> <p><b>#5:</b> Current services are limited to online activities, which has restricted participants from modifying them. We anticipate that when it is safe to resume in-person programming, we will require lower staffing ratios to better meet individualized needs, manage the medical needs of our medically complex participants.</p>
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 by March 2023.
The proposed concept will address all of the out-of-compliance federal requirements by hiring an additional staff position to accomplish succinct activities related to each one. As a trained specialist on the person-centered philosophy, the new staff member will be responsible for ensuring that such practices are fully incorporated into Villa's programs and culture. An additional staff member will also ensure that our participants and their families receive more individualized support in relation to their needs throughout the ongoing health crisis. Each participant will create an Individual Program Plan (IPP) with the Inclusion Manager and Villa staff, and an Individual Service Plan (ISP) will be used to monitor the participants' advances every six months. As a result, each participant will have increased access to opportunities and options and will be more in control of their activities and the services they receive.
6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?
<p><b>Project Objective:</b> Ensure that a person-centered approach to service provision is fully integrated into Villa's adult day programs.</p> <p><b>Project Outcomes:</b> 1. An Inclusion Manager will be hired who will be responsible for ensuring that Villa is in compliance with the federal requirements and Final Rule.</p>

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2. A new hybrid methodology for Villa's adult day programs will be designed and implemented, which includes a combination of remote, online services with in-person activities when it is safe for participants and staff.
3. Each participant will work with the Inclusion Manager and Villa staff to create an IPP, and the Inclusion Manager and Villa staff will support each participant in fully accessing the available resources, and guiding them to participate in activities that align with their interests and goals.

**Methods of Achieving and Tracking Outcomes:** Once the Inclusion Manager position is filled, it will be his/her responsibility to write and update 30-day, semi-annual progress reports, annual individual service plans and 1:1 support justification reports in accordance with regulatory requirements. These reports will be shared and discussed with the Adult Program Director and Vice President to ensure that the program goals are being met. In addition, the Inclusion Manager will monitor each participant's IPP and provide follow-up to determine if their plans are being implemented.

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.

As a result of the COVID-19 pandemic, Villa staff increased communication with participants and their families, fortifying our community and network of support. The proposed concept was developed based on the newly arisen needs that have been identified by Villa program staff and communicated to us by the participants and their families. As Villa moves forward with a hybrid model of in-person and remote services, continued communication will be necessary to assess the participants' level of comfort and preference. Many participants and their family have preferred the online activities and will continue to utilize them once it is safe to meet in-person. In this way, we will ensure that the participants have as many options available as possible to access the services they need.

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

Though it was a challenge this past year, Villa staff was able to provide individualized care to each participant through online services. As a result, the non-ambulatory participants and those with more severe health issues in ADP were able to integrate into group activities and retain a sense of community during the isolation of the quarantine. In this way, we have re-imagined what community participation means, by opening up the possibility to be a part of a community from the safety of the participants' homes. Before, not all participants were able to go on outings or be in the community for prolonged periods of time. By offering online access to group activities, all participants may now choose how and with whom they spend their time. The proposed concept will take advantage of the new program structure to ensure that this person-centered approach is completely adopted, through the guidance of a specialized Inclusion Manager.

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9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2020-21 HCBS Funding.	
The benefits, value, and success of the project will be maintained after the conclusion of the funding, through the training that the Inclusion Manager will share with Villa's adult program staff. As a result, the staff will be prepared to continue to incorporate elements of the project into the programs after funding has ended.	
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). This information can be found at this <a href="#">link</a> .	
<p><b>Year 1:</b> Hire Inclusion Manager (Within the first 2-3 months) = \$72,859 salary + benefits Purchase technology equipment – 3 laptops, 10 tablets, 10 hotspot devices, 1 year of data for 10 hotspot devices (Within the first 1-2 months) = \$14,440 <b>Total Request Funding (Year 1) = \$87,299</b></p> <p><b>Year 2:</b> Inclusion Manager = \$72,859 Salary + Benefits Purchase technology equipment = 3 laptops, 10 tablets, 1 year of data for 10 previously purchased hotspot devices = \$13,690 <b>Total Requested Funding (Year 2) = \$86,549</b> <b>Total Project Budget: \$173,848</b></p>	
11. Please address sustainability of funding sources for all programs or concepts requiring any funding past the timeframe of the requested funding, especially those that involve staff or other long-term costs. Please mark "not applicable" if costs will all be incurred during the program timeframe; up to two years.	
Villa currently employs a staff of 216 through a robust and diverse portfolio of funding that includes private foundations, government grants, fees-for-services, event fundraisers and individual giving. Additional funds will be required to maintain the new staff position, which will be acquired through our diverse funding sources.	
12. Have you or the organization you work with been a past recipient of DDS funding? If yes,	HCBS Funding ___ No <u>X</u> Yes. If Yes, FY(s) <u>2017-2018</u> Disparity Funding <u>X</u> No ___ Yes. If Yes, FY(s) _____ CPP Funding <u>X</u> No ___ Yes. If Yes, FY(s) _____ CRDP Funding <u>X</u> No ___ Yes.

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what fiscal year(s)?	If Yes, FY(s) _____ If yes to any question be sure to answer questions 13 and 14.
<b>For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS</b>	
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>All of Villa's Train the Trainer candidates made progress toward their certification during the final reporting period (April 1, 2020 – June 30, 2020). Candidates C &amp; D are in the process of completing their demo trainings, leading trainings in PCT for a total of 10 residential staff who work directly with special needs residents in our homes. Trainer Joe Denofrio is observing these trainings and providing support and guidance as needed. Demo trainings are taking place remotely as a result of COVID-19. Additionally, Mr. Denofrio has continued to provide virtual trainings as all our candidates prepare for certification, and all candidates are utilizing our e-learning portal.</p> <p>Two, three-hour trainings for Villa's Executive Team, which included Villa's CEO, CFO, Vice President of Development &amp; Public Relations, Vice President of Children's Programs, and Vice President of Adult Programs, along with all department directors, were completed via video conference in July 2020. Remote trainings with residents, parents/caregivers, and case coordinators were also carried out begin in August 2020. Program observation took place in April 2019 and supported the overall development of Train the Trainer and person-centered trainings.</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.	
The current request builds on the prior funding because it aims to incorporate the information that the staff learned in the train-the-trainer courses and apply it to the current context. Trained staff will lead additional sessions for those that did not participate in the initial project. The main focus of the training will be on how to fully incorporate a person-centered approach into all programs and organizational culture.	

HCBS CONCEPT BUDGET	
Vendor Name	Villa Esperanza Services
Vendor Number(s)	H25239, PD1494

	Year 1 Budget			Year 2 Budget		Total
	Wage and Benefits	FTE	Annual Cost	FTE	Annual Cost	Cost
<b>Personnel (wage + benefits)</b>						
Inclusion Manager (\$60,320 + \$12,539)	72,859	1.00	\$ 72,859	1.00	\$ 72,859	\$ 145,718
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
<b>Personnel Subtotal</b>			<b>\$ 72,859</b>		<b>\$ 72,859</b>	<b>\$ 145,718</b>
<b>Operating expenses</b>						
6 Laptop computers			\$ 3,600		\$ 3,600	\$ 7,200
20 Tablets			\$ 1,090		\$ 1,090	\$ 2,180
10 Hotspot devices			\$ 750			\$ 750
Data for 10 hotspots			\$ 9,000		\$ 9,000	\$ 18,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Operating Subtotal</b>			<b>\$ 14,440</b>		<b>\$ 13,690</b>	<b>\$ 28,130</b>
<b>Administrative Expenses</b>						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Administrative Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Capital expenses</b>						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Capital Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Total Concept Cost</b>			<b>\$ 87,299</b>		<b>\$ 86,549</b>	<b>\$ 173,848</b>

See Attachment F for budget details and restrictions