

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.

Date(s) of Evaluation: This is a multi-provider submission. The dates of evaluations vary by provider. Click or tap here to enter text.	Completed by: This is a multi-provider submission. The dates of evaluations vary by provider.
Vendor Name, Address, Contact: Mains’I- Lead Organization 40 Landing Circle, Suite 1 Chico, CA 95973 Contact: Jamie Markey. Anne Silcher	
Vendor Number: Mains’I – PF3638	
Service Type and Code: 055 – Community Integration	

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<p><u>Federal Requirement #1:</u> <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><u>Guidance:</u></p> <ul style="list-style-type: none"> • 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?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Currently, California and DDS/the Regional Center system are making attempts to align with general HCBS compliance. Still, the existing system is not generally converted to person-centered practices from an administrative perspective. Currently, the service system and providers create their own set of tools and resources to support individuals' choices and preferences. Agencies do not have the personnel trained in planning methods to meet the need of all of the individuals. Individuals do not always have an opportunity to voice their preferences in the current system. It is more challenging for people who may not use words to communicate to address their current system's preferences and goals. As providers, we continue to assume we know what is working and not working for the individual.</p>	
<p><u>Federal Requirement #2:</u> <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><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals? • Does each individual's IPP document the different setting options that were considered prior to selecting this setting?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: All service providers in this group proposal work with individuals to ensure they have a current IPP on file. Some of the agencies participate in person-centered planning, and some have just begun implementing this model. The</p>	

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majority of IPPs do not document the different or variety of setting options available to a participant unless there has been a discussion in an IPP meeting. Even then, it is not always reported in a way in which the individual intended. An individual's needs and preferences are considered, but true person-centered planning has not been possible without alternative methods to engage our individuals with more limited communication. Additional tools and training would be helpful to better engage individuals on their needs, preferences, and choices. Individuals would have the opportunity to self-direct their services and settings and communicate those preferences in a way that suits them best.

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: With resources being limited and accessibility to alternative communication devices being sparse, providers are limited in how they can effectively communicate with individuals. To ensure providers are capturing what is important to and what is important for individuals, alternative methods need to be readily available and to evolve with the person's need. The toolbox would allow the individuals to communicate their goals from their perspective in a multitude of ways. Individuals will have the opportunity to record themselves, utilize imagery, videos, ASL, and other assistive technology to communicate what they want without support if they choose to.

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

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

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<i>with whom to interact.</i>	<p>to interact with individuals they choose to interact with, both at home and in community settings?</p> <ul style="list-style-type: none"> • 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?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Many providers offer community options, access to interactions with individuals of their choosing, and various daily activities based on whole group needs and preferences. Participation in activities is geared towards and promoted based on interest. Agencies work to support individuals to the best of their abilities, though without the tools and training to access individual choices with individuals with more limited communication effectively. Providers have limited resources to further develop staff skills to ensure a person's plan or create a person-centered plan. It is difficult to ensure we are meeting everyone's needs and interests and fully compliant with HCBS rules and person-centered planning principles.</p>	
<p><u>Federal Requirement #5:</u> <i>Facilitates individual choice regarding services and supports, and who provides them.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • 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?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Many service providers do not have the ability for individuals and students to choose or elect the staff working with them. As agencies begin to implement person-centered practices, it will be even more critical to identify an individual's preferences on who they work with and how they spend their time. The continued development of a communication and training module online toolbox and framework to create a person-centered plan would be highly beneficial to better access participant choice and preferences and provide staff with additional training on how to engage in that process for each individual.</p>	
<p><u>Federal Requirement #6:</u> <i>The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement?

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<p><i>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>	<ul style="list-style-type: none"> • Are individuals informed about how to relocate and request new housing?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: N/A</p>	
<p><u>Federal Requirement #7:</u> <i>Each individual has privacy in his/her sleeping or living unit:</i></p> <ul style="list-style-type: none"> • <i>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</i> • <i>Individuals sharing units have a choice of roommates in that setting.</i> • <i>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i> 	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have a choice regarding roommates or private accommodations? • Do individuals have the option of furnishing and decorating their sleeping or living units with their own personal items, in a manner that is based on their preferences? • Do individuals have the ability to lock their bedroom doors when they choose?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: N/A</p>	
<p><u>Federal Requirement #8:</u> <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><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have access to food at any time? • Does the home allow individuals to set their own daily schedules? • Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?

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<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: N/A</p>	
<p><u>Federal Requirement #9:</u> <i>Individuals are able to have visitors of their choosing at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Are visitors welcome to visit the home at any time? • Can individuals go with visitors outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or weekends?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: N/A</p>	
<p><u>Federal Requirement #10:</u> <i>The setting is physically accessible to the individual.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area? • Are grab bars, seats in bathrooms, ramps for wheelchairs, etc., available so that individuals who need those supports can move about the setting as they choose? • Are appliances and furniture accessible to every individual?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: N/A</p>	

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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.

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Vendor name	Mains'I California LLC
Vendor number(s)	Mains'I – PF3638 Ability Now Bay Area: H04568; Ala Costa Centers: HB0892, H01957, PB0964; California Autism Foundation: H14294; Futures Explored; Harambee Community Services: PG1816, PG1815, HB0934; Las Trampas: HB0034;
Primary regional center	Far Northern Regional Center
Service type(s)	Community Integration, Adult Day Programs, Behavior Management Day Programs, Supported Employment Programs,
Service code(s)	Mains'I 055; Ability Now Bay Area: 510; Ala Costa Centers: 851, 055; California Autism Foundation: 515; Harambee Community Services:055, 055, 515; Las Trampas: 510;
Number of consumers typically and currently served	Mains'I: 170 individuals, Ability Now Bay Area: 85 individuals, Ala Costa Centers: 92 individuals; Harambee Community Services: 90 individuals ; Las Trampas: 70 individuals
Typical and current staff-to-consumer ratio	Vary- 1:1, 1:2, 1:3, 1:4, 1:5

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.

There is a wide variety of programming provided by the collaborating organizations, including adult day, behavioral management day, community-based services, after-school programming, supported living, and employment support. These organizations all provide individual choice options to the best of their abilities but have similar challenges with reaching all individuals, especially those who use different communication types. Accessing what is important to an individual can often be challenging and thus provides a barrier to independence, choice, and implementation of a person-centered plan. Currently, the state needs quality planners that can create plans that support people in having positive control and assist in implementation or training for their support circle. There is a higher need for plans than there are planners to facilitate. Not only does this impact the number of people, it is not cost-effective for those who are able to have plans developed. People have to fly planners from across or out of state to have plans developed, and costs vary depending on the planner. The online toolbox will give all people access to have developed and control their own person-centered plan. As the platform and website have been developed, the initial stages of testing and evaluating the site's efficacy and appropriateness are beginning in early 2021.

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

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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.
<p>This proposal is an effort to extend this person-centered platform from a previously awarded HCBS collaborative Grant from the 19-20 cycle. The group would like to continue to work on accessibility and functionality through the 2021-2022 fiscal year. It will focus on a long-term sustainability resource platform through enrichment and, most importantly, feedback from the IDD stakeholder community. Future growth and development of this platform will center on long term site sustainability. To keep the site relevant and adapt to the current needs, we have identified the following areas that will be vital to the site—keeping the technology relevant and updated content that adapts to best practices and newer principles. The site will also continually evaluate and update visual engagements and add and adjust adaptability features to best fit the users. Improve access across languages for persons with hearing or vision access needs, and integrate with Special Education and Transition Programming from school districts- local and state wide.</p>
3. Identify which HCBS federal requirements this concept addresses that are currently out of compliance. Could be all or a subset of those identified as out of compliance on the evaluation.
1_X 2_X 3_X 4_X 5_X 6___ 7___ 8___ 9___ 10___
4. For each HCBS out-of-compliance federal requirement that is being addressed by this concept, describe the barriers to compliance and why this concept is necessary. If this information is in the evaluation section, please copy it here.
<p>Barriers –</p> <ul style="list-style-type: none"> • Planning tools are not accessible • There are not enough planners to meet the current and future need. • Economic disparities between different regions of the state • Lack of resources for people to be able to plan for themselves who have limited communication • There is no organized resource for person centered thinking and planning <p>The online toolbox will allow all individuals to access person-centered planning tools to self-direct their goals and create a path to get there. It allows the individual to control what goes into their plan, but it creates opportunities for people to identify who and how people can contribute to their plans. It will empower individuals to advocate for themselves and allow them to direct precisely how and when they want/need supports. The site is designed to reach ALL people.</p> <p>Through a highly interactive, user-friendly platform that uses simple language, the platform is designed to be an experience for users. With an intentional focus on utilizing graphic facilitation, video instructions, interpretation, and various adaptable features, the site provides an inclusive means to capture what a person wants in their life, all within their own communication mode.</p> <p>In addition to creating opportunities for all people to positively control their plan, it will create opportunities for people throughout the state to utilize the platform at any point in time. This will enable individuals to have people in their lives contribute without barrier; as long as they have internet, they can access the site.</p> <p>The on-line platform will give providers an all-in-one resource for training and</p>

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<p>developing employees on multiple levels. The toolbox will create a platform for providers to easily access person-centered thinking and planning resources such as; websites, articles, and videos designed to develop their skills and awareness of current best practices. Individuals creating the plan will also have the opportunity to create individualized videos to assist in training support staff specifically on their plan. All contributors will be required to watch before contributing or reading their plan. Once again, putting control in the hands of the person creating the plan.</p>
<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.</p>
<p>This concept's overarching goal is to help bring individualized planning to an accessible online platform that the individual can express their desired outcomes and preferences. This is a platform for all people to create a plan to get to their desired future. It will be the platform for providers to contribute. The site will develop and teach new practices as they adapt. This is a cost-effective and far-reaching platform that can allow all people to have a person-centered platform to build on. This concept will allow CA to have access to a state-wide adherence to the HCBS and CMS rule setting.</p>
<p>6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?</p>
<p>Enhancement to existing platform to increase functionality, address stakeholder feedback, enhance user experience, enrichment of the Resource Library, improved access for users (languages, those with communication challenges, vision or hearing needs, etc.), and pathways for immediate and long term sustainability. Maintenance of web-site that includes personnel, hardware, software. The oversight of these outcomes and objectives will be held by the collaborative service provider group associated with this project.</p>
<p>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.</p>
<p>We will begin sandbox testing in February 2021 which we will receive functionality comments from the content experts and providers. In April 2021 we will test the site with end users from the different catchment areas. The feedback that we capture will help shape the next year of programming needs and supports. We will continue to receive feedback as people use the site for the entire 2021 contract to inform what is working and not working. As we discover further enhancements needed to sustain and improve the site, we will continue to evaluate adaptability features needed to fit the need of all people accessing the site. In February 2021, Mains'l will be purchasing an accessibility plug in that offers a wide variety of accessibility features, however our hope is to create enhanced accessibility features that are specifically designed for the site.</p>
<p>8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.</p>
<p>This concept is designed to provide a working, dynamic mechanism to create and develop a person-centered plan in a time efficient and cost-effective manner. If this is adopted as a service standard, the implications for spreading person-centered</p>

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<p>culture and paths toward administrative compliance would be much improved, thereby enabled service providers an optimal manner to focus on the implementation of person-centered services.</p>	
<p>9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2020-21 HCBS Funding.</p>	
<p>The purpose of this grant is to continue the process of a previously awarded grant in an effort to promote long term sustainability. Proposed partnership with DDS regarding community outreach, and marketing for this platform in an effort to identify the resource, and a proposed vendorization approach to address the current gap in person centered planning and practices due to availability and costs of trained facilitators. This will allow us to have a viable platform that people can begin using as we create a method to make it accessible and equitable for everyone in California to have a platform of a person centered plan.</p>	
<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. 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 link.</p>	
<p>Personnel for this website will include as little as two developers to focus on user experience, functionality, programming, etc. A business analyst tasked to create stories and wire frames for the developers. QA personnel that will assure experience and functionality from an end user. Consultants experts to advise on the website. Security Officer ensures all HIPPA and related compliance. Maintenance of web-site that includes personnel, hardware, software.</p> <p>June 2021 Website is launched version 1 (stakeholder feedback)</p> <p>Sept 2022 Begin enhancements and adaptations for version 2</p> <p>Nov 2022 Create conversations with DDS and Regional Centers about sustainability</p> <p>March 2022 Version 2 completed</p>	
<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.</p>	
<p>Overall sustainability of funding and the challenges therein are being actively discussed and addressed by the collaborative group of providers in connection and discussion. The ultimate goal is to develop a myriad of revenue supports, including but not limited to, subscription base, service provider support, regional center service vendorization, etc. in an effort to maintain a low cost to individuals and service providers, upkeep, maintenance, cloud services, server security and integrity- HIPAA, etc. There will be long-term staff and support costs, that are to evolve as the site and platform is developed.</p>	
<p>12. Have you or the organization you</p>	<p>HCBS Funding ___ No X Yes.</p>

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<p>work with been a past recipient of DDS funding? If yes, what fiscal year(s)?</p>	<p>If Yes, FY(s) <u>2017,2019</u> Disparity Funding ___ No ___ Yes. If Yes, FY(s) _____ CPP Funding ___ No <u>x</u> Yes. If Yes, FY(s) <u>2008/2010</u> CRDP Funding ___ No ___ Yes. If Yes, FY(s) _____</p> <p>If yes to any question be sure to answer questions 13 and 14.</p>
<p>For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS</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>2008/2010 We received CPP money to support people in the community who was transitioning from a locked setting – that transition/project is complete. 2017 -2018 Through the grant money we have added 2 more PCT instructors equaling a total of 4 instructors, including a mentor that can train trainers. We have hosted twelve 2 day PCT trainings for internal and external stakeholders. Mains'l has had 124 employees attend the 2 day PCT training as of 2018 , Mains'l continues to imbed person centered practices in all that we do. We offer new employees the PCT training as a foundation to person centered practices as part of our onboarding process. 2019 we received a grant for equipment on creating a micro business of custom printing for fabric, ceramic, and plastics. We have created a custom print shop that 5 people are employed in and we continue to grow that market.</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>This proposal is intended to be a support for extending the initial awarded grant for development of this project, which is not concluded and needs to be continued. This is not redundant due to the fact that the project has reached its' associated timelines for creating a web platform for person-centeredness. As of February 2021, Sandbox Testing, acquisition of devices and hardware are underway with formal beta testing with service recipients to immediate follow.</p>	

HCBS CONCEPT BUDGET	
Vendor Name	Mains'l
Vendor Number(s)	PF3638

	Year 1 Budget			Year 2 Budget		Total
	Wage and Benefits	FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)						
Project Manager	49920	1.00	\$ 49,920		\$ -	\$ 49,920
Lead Developer	74880	1.00	\$ 74,880		\$ -	\$ 74,880
Second Developer	49920	1.00	\$ 49,920		\$ -	\$ 49,920
QA	37500	1.00	\$ 37,500		\$ -	\$ 37,500
Security Officer	9360	1.00	\$ 9,360		\$ -	\$ 9,360
Consultants	5000	1.00	\$ 5,000		\$ -	\$ 5,000
Business Analyst	37440	1.00	\$ 37,440		\$ -	\$ 37,440
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 264,020		\$ -	\$ 264,020
Operating expenses						
Hardware			\$ 17,500			\$ 17,500
Software			\$ 22,400			\$ 22,400
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Operating Subtotal			\$ 39,900		\$ -	\$ 39,900
Administrative Expenses						
Administrative Expenses			\$ 39,222			\$ 39,222
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Administrative Subtotal			\$ 39,222		\$ -	\$ 39,222
Capital expenses						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Capital Subtotal			\$ -		\$ -	\$ -
Total Concept Cost			\$ 343,142		\$ -	\$ 343,142

See Attachment F for budget details and restrictions