

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: Click or tap here to enter text.	Completed by: Donald J. Krysakowski, Executive Director
Vendor Name, Address, Contact: Work Training Center, Inc. 80 Independence Circle, Suite 200, Chico, CA 95973	
Vendor Number: HF0102, H82225, PF5173, PF5175,	
Service Type and Code: 510, 055	

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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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Non-residential Adult Day Programs have traditionally been constructed and vendored to provide for client care in a facility in which staff primarily provided the options and activities in the community that were available to clients. Since March 2020 and continuing through the development of Alternative Services, clients are being supported individually by a staff member. The client and staff member meet in a home or in the community at the client’s choosing, and they may engage in local public health permitted activities in outdoor areas. Current staff have completely rewritten group activities such as community college non-credit functional learning skills classes that are delivered online to clients and can be viewed through, and interacted with, just browser-based technology (Chrome, Edge, Firefox, etc.). Additionally, live social and fun activities involving groups of clients are delivered by more traditional social media platforms (Facebook, Instagram, Tik-tok, and Twitter). Any client expressing interest in employment can participate in job discovery, development, training, guidance and ongoing support to both achieve and sustain their goal of individualized employment.</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>	

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Please explain: Unfortunately, IPP's received from our Regional Center do not specify the different setting options that were considered prior to placement. However, after receipt of the IPP and upon client induction into one of our programs, we conduct an assessment of the client's wants, needs, desires, and skills to determine whether their placement would be a good fit and to then develop the client's Individual Service/Support Plan (ISP) documenting the client's needs and preferences in order to identify a path forward to achieving a client's goals and outcomes.

<p><u>Federal Requirement #3:</u> <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • 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.)?
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Does the service and/or program meet this requirement? Yes No

Please explain: Upon entry to program, all clients receive a Client Handbook and client training on their rights to privacy, dignity, respect, and freedom from coercion and restraint, as well as grievance procedures if they (or their caretaker/conservator) believe those rights have been violated. The training, transfer, and subsequent counseling session are all done in a manner that ensures privacy and confidentiality. Further, this communication is done in a manner consistent with the needs and preferences of the client, their caregiver, and/or conservator including any and all accommodations needed to effectively communicate the client's rights enumerated above.

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<p><u>Federal Requirement #4:</u> <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><u>Guidance:</u></p> <ul style="list-style-type: none"> • 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?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Prior to March 2020 it would have been difficult to offer daily activities based upon individual client's needs and preferences due to licensing restrictions, mandated ratios, and other facility and transportation limitations. Day Program activities were largely developed by staff with extremely limited opportunities for clients to experience daily activities of their choice. Individuals were restricted to interacting only with others within their own facility-based program. Throughout the period of COVID restrictions, however WTC has been able to provide alternative service supports directly to individual clients, but due to social distancing limitations, congregate settings allowing for social activities between and among clients have not been possible. This experience has provided the opportunity to expand on our understanding of client initiative, autonomy, independence, and choice.</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: To the extent that specific staff are available, WTC has regularly provided client choice for staff support. Further, through established processes detailed in our Client Handbook individual clients can voice their preferences to modify their services by meeting with their client services staff representative.</p>	

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Only providers of services in **provider-owned or controlled residential settings** need to complete the remainder of this evaluation. In **provider-owned or controlled residential settings**, in addition to the above requirements, the following requirements must also be met:

<p><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 individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city or other designated entity. For settings in which landlord/tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord/tenant law.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement? • Are individuals informed about how to relocate and request new housing?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Not Applicable</p>	
<p><u>Federal Requirement #7:</u> <i>Each individual has privacy in his/her sleeping or living unit: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed. Individuals sharing units have a choice of roommates in that setting. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have a choice regarding roommates or private accommodations? • Do individuals have the option of furnishing and decorating their sleeping or living units with their own personal items, in a manner that is based on their preferences? • Do individuals have the ability to lock their bedroom doors when they choose?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Not Applicable</p>	

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<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?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Not Applicable</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: Not Applicable</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: Not Applicable</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	Work Training Center, Inc.
Vendor number(s)	HF0102, H82225, PF5173, PF5175
Primary regional center	Far Northern Regional Center
Service type(s)	Adult Developmental Center (ADC), Community Integration Training Program (CITP)
Service code(s)	510, 055
Number of consumers typically and currently served	130
Typical and current staff-to-consumer ratio	1:3
<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.</p>	
<p>WTC serves 100 individuals at two Adult Development Centers and another 30 individuals at two Community Integration Training Programs. The ADC staff planned community outings to occur 4 times per week for approximately 2-3 hours each time. Due to transportation and staff ratio limitations, these outings could accommodate a maximum of 12 individuals at a time – severely limiting opportunities for any extensive individual community involvement. The CITP programs, although still facility-based programs, were designed with community integration activities in mind involving individuals in community activities and outings nearly every day. The CITP programs envisioned individuals reporting to a facility for up to six hours per day and then in teams of three or four, determine what activities they would experience that day. In periods of extreme heat or rain, individuals could engage in activities inside the CITP facility.</p>	
<p>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.</p>	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p>	
<p>The perfect storm of COVID restrictions, implementation of the final HCBS rule set, improvements in information technology connectivity and applications, and the creation of alternative service delivery methods has offered the opportunity to completely re-envision the individual client experience. No longer will services need to be delivered exclusively in a single, or program dependent facility. Individuals can obtain a variety of services via direct (1:1) support and augmented by an open “Drop-in Center.” This is</p>	

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not a program facility, but an open hub and activity center allowing for the free-flow of clients to find out what is happening in their community. This becomes a kind of “Boys and Girls Club” for Regional Center consumers. It is an individual’s right to come and go at the Drop-in Center according to their own schedule to participate at their choice in the various activities available in the facility including functional education and arts classes e.g. painting/drawing, ceramics, cooking, knitting, etc.; structured games and fun events including themed movie events or dances; non-structured games like pool, card and board games or arcade-based activity games; and computer resources with high-speed broadband access, or most importantly, any activity that a participant wants to create. In addition, the facility will house meeting space for other resources such as WTC’s Community Employment Service that assists individuals find jobs in the community; our Opportunities, Partnerships, and Transitions services that helps individuals explore their personal interests and goals through assessments such as a *Liberty Plantm* and *Charting the LifeCoursetm*; or a Social Security benefits expert to help individuals understand the challenges and benefits of moving off SSI through employment. The Drop-in Center functions as the hub, the meeting place, and departure point for outings, events, and activities taking place in the community. A Drop-in Center will operate well beyond the “normal” eight-hour workday, 10:00 AM to 8:00 PM, Monday through Saturday, to accommodate activities during evening hours and weekends, as well as meetings with clients and their stakeholders during non-business hours.

While creating the opportunity to support the myriad of interests of our clients and giving them the choice to participate is important and groundbreaking, it is equally important to educate the WTC staff on Person Centered Planning and Informed Client Choice. These two initiatives go hand in hand with more generalized Direct Support Professional training. The COVID pandemic has exposed the ugly truth that, while not quite as egregious as the state developmental centers, local adult developmental centers do limit individual choice in a manner that is inconsistent with the HCBS final rule set. While merely having choice may be an improvement, training staff resources on what Person-Centered Planning means and how the concept of Informed Client Choice needs to be implemented is necessary for clients to fully comprehend the variety of choices before them. It is impossible to understand and experience choice without understanding what there is to experience.

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___ 2___ 3___ 4 X 5___ 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.

Prior to March 2020 it would have been difficult to offer daily activities based upon individual client’s needs and preferences due to licensing restrictions, mandated ratios, and other facility and transportation limitations. The “Drop-in Center,” offering a gateway of community and social integration options both in a facility and in the

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<p>community, under the watchful (but not controlling) eye of a trained and competent staff is essential to increase the quality of life for our clients through independence of choice.</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>Operationally, the “Drop-in Center” provides the open access and freedom of choice demanded by the HCBS final rule set. Transferring clients from a 510 Adult Development Center to an 055 Community Integration Training Program removes the stigma of being locked behind the four walls of day program, isolated from the community. Further, the cost difference between the two is negligible (at least at current rates) and alternative service delivery eliminates the artificial restrictions of mandated client-staff ratios. Finally, having a fully trained staff in Person-Centered Planning and Informed Client Choice provides the necessary Direct Support Professional staff competence to implement these changes consistently and effectively.</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>By the conclusion of the grant period, 75% of all ADC and 90% of CITP clients are able to understand and make informed decisions. Increase daily community engagement to 90% by 75% of all ADC and 90% of CITP clients. 90% of current DSP staff will have a basic competency in Person-Centered Planning and Informed Client Choice within one year and 100% by the end of year two. 40% of staff will have achieved DSP certification from NADSP in year one of the grant and 90% by the conclusion of year two.</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>With the advent of the COVID lockdowns and restrictions, most interaction with clients has come through the variety of programming provided through WTC’s social media channels and our Microsoft TEAMS restricted video chat functions. Despite the success of our educational programs in health and wellness, functional academics, fine arts, sign language, horticulture, and culinary arts; as well as our virtual hangouts, karaoke nights, and themed parties the overwhelming request by our client base was the ability to be with their friends. These individual comments were analyzed, and additional questions were asked of clients about current program activities. What emerged formed the basis of what became the “Drop-in Center” concept. A place where clients could plan to meet on their schedule, could stay if they liked, interact with their friends, and be free to go out with a staff member or in a group to explore their community on their terms – not ours. From this concept, senior staff put together the planning to implement this client-generated idea.</p>
<p>8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.</p>
<p>The key to the success of this effort is the training of staff to fully understand and embrace Person-Centered Planning and Informed Client Choice. The open “Drop-in Center” is the vessel within which this staff training will be utilized. The contents of this</p>

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vessel will change over time in response to the service and activity choices made by our clients.									
9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2020-21 HCBS Funding.									
Funding requested is for limited startup and surge training funds. Additional activities and ongoing training beyond the grant period will be incorporated into regular budget-based program funding.									
<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). This information can be found at this link.</p>									
<p>Operating Expense comprise the surge training costs spread out over the two-year period of the grant to support approximately 50 DSPs each year. Capital Expenses represent the start-up costs for two Drop-in Centers, one in Chico and one in Oroville. Additional Capital Expenses for the installation of a training kitchen have been included for the Chico Drop-in Center. Capital Expense will on be incurred in grant year one.</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.									
Post-grant training costs will be incorporated into regular budget-based funding.									
<p>12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">HCBS Funding</td> <td style="padding: 2px;"><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____</td> </tr> <tr> <td style="padding: 2px;">Disparity Funding</td> <td style="padding: 2px;"><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____</td> </tr> <tr> <td style="padding: 2px;">CPP Funding</td> <td style="padding: 2px;"><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____</td> </tr> <tr> <td style="padding: 2px;">CRDP Funding</td> <td style="padding: 2px;"><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____</td> </tr> </table> <p>If yes to any question be sure to answer questions 13 and 14.</p>	HCBS Funding	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____	Disparity Funding	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____	CPP Funding	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____	CRDP Funding	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____
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CRDP Funding	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____								
For providers who have received prior HCBS, Disparity, CPP or CRDP 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.									
Not Applicable									
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.									
Not Applicable									

HCBS CONCEPT BUDGET		Drop-in Center and DSP Training on PCP and IDM				
Vendor Name		Work Training Center, Inc.				
Vendor Number(s)		HF0102, H82225, PF5173, PF5175				
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)						
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
Operating expenses						
Relias Traing for DSPs working with IDD			\$ 4,950		\$ 4,950	\$ 9,900
Open Futures Learning Training for DSPs			\$ 3,504		\$ 3,504	\$ 7,008
Mains'l Person Centered Thinking			\$ 1,550		\$ 1,550	\$ 3,100
Therap "Charting Life Course" module			\$ 500		\$ 500	\$ 1,000
NADSP "Informed Decision Making" Training			\$ 3,500		\$ 3,500	\$ 7,000
						\$ -
Lease - Kyocera Printer (\$30/mo.)			\$ 360		\$ 360	\$ 720
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 14,364		\$ 14,364	\$ 28,728
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
5 Dell Laptop Computers @ \$700ea x 2			\$ 7,000			\$ 7,000
Valita 7 Piece Washable Sectional @\$640 x 2			\$ 1,280			\$ 1,280
Pool Table @ \$1000 x 2			\$ 2,000			\$ 2,000
Basketball Arcade @ \$300 x 2			\$ 600			\$ 600
Ping Pong Table @ \$400 x 2			\$ 800			\$ 800
2 UHD LCD 75" Smart TV @\$950ea x 2			\$ 3,800			\$ 3,800
2 MSI Cubi N 8GL mini PC @\$353 x 2			\$ 1,412			\$ 1,412
						\$ -
Kitchen for Cooking Classes			\$ 25,386			\$ 25,386
Capital Subtotal			\$ 42,278		\$ -	\$ 42,278
Total Concept Cost			\$ 56,642		\$ 14,364	\$ 71,006

See Attachment F for budget details and restrictions