

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: 12/18, 11/19, 8/20, 2/21	Completed by: Carin Hewitt & Lea Ronald
Vendor Name, Address, Contact: Napa Valley PSI, PO Box 600, Napa CA 94559 Lea Ronald (707) 255-0177	
Vendor Number: HN0176	
Service Type and Code: Work Activity Program-954	

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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: PSI's Work Activity Program typically provides onsite work training through a 1:15 staff to participant ratio. The traditional services WAP program serves 44 people and by design limits individual ability to receive services in the community. For nearly a decade, the organization has committed additional resources to augment staffing in order to create opportunities for persons served to participate in community-based work crews. In 2015, PSI further initiated efforts to transition from site to community-based services and developed a Community Integration Training component. This program, called <i>Integrated Services</i>, focuses on readying individuals for competitive integrated employment through discovery, volunteerism and community inclusion. It also bridges the gap between site based vocational training and supported employment. PSI has successfully transitioned 45% of program participants from site to community-based services but 55% of the program remains out of compliance with this requirement. This means that upon return to the typical program (post the pandemic) 55% of participants will spend 100% of their day at the site-based work program. COVID has created new opportunities for staff to work 1:1 with individuals and provided an opportunity for discussion about what people can do outside of the work program. This has created more willingness to explore new things and less resistance to change.</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?

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Does the service and/or program meet this requirement? **Yes** **No**

Please explain: PSI has procedures in place which require a current IPP as part of the files for persons served. Staff review files for completeness as part of the semiannual and annual process and will follow up with North Bay Regional Center Service Coordinators to obtain current IPP's when they expire. It is believed that compliance in this area is enhanced by conversation at IHC meetings regarding interest in the *Integrated Services* model. It has also been enhanced through implementation of person-centered planning processes which guide both the persons service plan (IHC) but also enriches the broader planning (IPP) for an individual's life.

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: Individual participants, family members, and if required their legal representatives are informed about PSI policies outlining individual participant rights. These materials are available in Spanish and picture format and communicated as part of intake and annually thereafter. Participant rights are also a topic of curriculum covered during non-work activities. In addition, staff receive training that emphasizes participant rights and how to support individuals as part of their service plan. PSI maintains a Code of Ethics and Corporate Compliance Policy and reviews the contents with board and staff annually. Program participants receive support using alternative methods of communication as identified in their program/service plan although training for staff in this area would enhance compliance.

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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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: PSI has temporarily come into compliance with this regulation due to the nature of providing the alternative services model. Individual programming is frequently 1:1 and all activities are 100% individualized to the person's needs and interests. Unfortunately, a return to site-based services, post the pandemic, will create a return to challenges with meeting the intention of this requirement. Traditional WAP services offer participant choice in regard to work, friends, and activities but options are limited due to the fact that services are primarily site based. This means the type of work that is available doesn't always meet individual career interests and the segregated setting limits access to having friends outside of the program (with or without disabilities) and exploring a wider range of social and recreational options.</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: Individuals served by PSI can express choice regarding the staff they want to work with. Participants also have continuous opportunity to voice concerns or express wishes to modify their services. Aside from formal complaint procedures, by policy and protocol persons served have access to management, who will make time to listen, answer questions and act on expressed concerns. Individual participants are also supported to contact their North Bay Regional Center Service Coordinator to express grievances or modifications in programming. ID team meetings to address participant concerns and wishes are also supported and facilitated. Often it is staff or management</p>	

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who may recognize the need for and advocate problem solving concerns or service modification for those unable to verbalize or express their needs fully.

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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: Click or tap here to enter text.</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: Click or tap here to enter text.</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: Click or tap here to enter text.</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: Click or tap here to enter text.</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: Click or tap here to enter text.</p>	

CONTACT INFORMATION

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Contact Name: Lea Ronald
Contact Phone Number: 707 255-0177
Email Address: lea@napavalleypsi.org

ACKNOWLEDGEMENT

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

I AGREE

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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	Napa Valley PSI
Vendor number(s)	HN0176
Primary regional center	North Bay Regional Center
Service type(s)	Work Activity Program
Service code(s)	954
Number of consumers typically and currently served	Typically, in Traditional Services-44 Currently, in Alternative Services-40
Typical and current staff-to-consumer ratio	Typical ratio is 1:10 (program design is 1:15) Current ratio is 1:1 with Zoom classes averaging 1:10
<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>In the traditional model, participants choose from site-based assembly work, a few community based crews and mostly site based educational and recreational options. In the Alternative Service model, individuals choose from a variety of online classes and receive 1:1 support to achieve goals and explore areas of interest via phone, mailed materials and video conference. By design, the typical WAP model limits access to services in the community, participation in a wide range of activities and the chance to make friends outside of staff or program participants. In 2015, PSI started a 100% community-based day program in order to provide an alternative to site based services and to increase compliance with HCBS. As a result of previous grant funds, staff positions were created and utilized to address barriers to community participation. These same staff worked with individuals and their families, using person centered planning processes, to explore community-based options and begin to address fears related to leaving a workshop setting. The pandemic has created an opportunity to further explore service options due to the fact that site-based services are not currently operational. This has resulted in more people being willing to try new ways of receiving services. As of today, 45% of individuals served in the WAP have transitioned to receiving some services through the community-based day program.</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>COVID 19 has created many challenges but one of the positives has been the expectation that staff, families and participants rethink how services are provided and</p>	

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received. PSI (with a traditional ratio of 1:10) has been able to shift services to a much richer ratio by serving individuals in small classes and on a 1:1 basis. Subsequently, staff have been able to spend more time getting to know participants and seeing them outside the work program has provided new insights. COVID has also created more flexibility for participants (and their circles of support) who were reluctant to try new things including community-based services. Encouragement from staff and the opportunity for 1:1 virtual exploration has created excitement and decreased fears. The intent of this grant is to continue progress made from previous grants to transition people from site to community-based services. It is also intended to build on the fact that COVID has created the opportunity for staff to better understand the individualized needs of participants and for persons served to have a clearer set of goals. A set of goals that very frequently includes some type of employment advancement. PSI proposes to use funds from this grant to: 1) Lay the groundwork necessary to become certified for Customized Employment services. Department of Rehabilitation has asked PSI to be one of their pilot programs for this service in Napa County. Expenses requested are related to sending staff to become certified in the delivery of CE. 2) Hire a job developer who will assist the team through outreach and coordination. This position will work with PSI staff and persons served, based on their interests and experience, to find volunteer opportunities, internships and customized employment. Expenses include salary and associated costs.

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

1_X_ 2__ 3__ 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.

The primary barrier to compliance with Federal Requirement #1 and #4 relates to the fact that the WAP is a site-based model with high participant to staff ratios which make community access a challenge. It is also based on the fact that services in a congregate setting with a ratio of 1:10 inherently limits choices for persons served. Compliance with Requirement #4 is temporarily not an issue due to the fact that alternative service delivery is 100% individualized.

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.

PSI will increase compliance with Federal Requirement #1 and #4 by building on efforts to shift all services to a community-based model and by seizing an opportunity presented by the pandemic. PSI has seen a shift in participant willingness to try new things and services have become 100% individualized in the alternative service model. This has resulted in temporary compliance with Requirement #4. Unfortunately, if persons served return to the work program, post the pandemic, they will settle into a routine which includes limiting options and potential challenges with agency compliance with Requirement #4. If PSI can use this moment to find people meaningful volunteer,

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internship or employment options, it is believed they will be less inclined to return to the site-based program.
6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?
<p>Increased opportunities to develop work skills and experience. Measured by an:</p> <ul style="list-style-type: none"> • Increase in total number of hours persons served spend volunteering in the community • Increase in total number of hours persons served spend working in the community • Increase in total number of hours persons served spend in the community
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.
PSI's management team gathered input from program participants, family members/residential service providers, and NBRC about service needs and used data from annual surveys and formal/informal conversations to develop this proposal.
8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.
PSI has already implemented person-centered planning with individuals to help them determine areas of interest, strengths, barriers to employment etc. These tools will be enhanced and expanded upon as a part of this grant proposal. The intent is for individuals to make informed choices about preferences, explore work areas of interest, build their resume and ultimately obtain the job they want.
9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2020-21 HCBS Funding.
PSI has committed significant resources to transitioning services to be compliant with HCBS requirements. The organization recognizes the need to change its service model to one that is community based and has demonstrated success over the past 5 years in moving 45% of program participants to a 100% community-based model. The long-term plan for PSI is to shift services to a community-based model but many of the participants have been with the organization many years and need support to recognize their potential for other options.
<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>
Timeline: 7/1/2021-2/28/2023

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<p><u>Personnel Expenses</u> Part Time Job Developer-wages and payroll costs \$3010/month x 20 months= \$72,240</p>																
<p><u>Operating Expenses</u> CE Certification-training and technical assistance-3 staff @ \$800 each + TA = \$6000 Laptop Computer-for job exploration \$850</p>																
<p><u>Administrative Expenses</u> 15% Admin Oversight - \$11,864</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>Not applicable</p>																
<p>12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 30%;">HCBS Funding</td> <td style="width: 30%;">___ No ___ <input checked="" type="checkbox"/> Yes.</td> <td style="width: 40%;">If Yes, FY(s) _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">2016/2017 & 2018/2019 & 2019/2020</td> <td></td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Disparity Funding</td> <td>___ <input checked="" type="checkbox"/> ___ No ___ Yes.</td> <td>If Yes, FY(s) _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">CPP Funding</td> <td>___ <input checked="" type="checkbox"/> ___ No ___ Yes.</td> <td>If Yes, FY(s) _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">CRDP Funding</td> <td>___ <input checked="" type="checkbox"/> ___ No ___ Yes.</td> <td>If Yes, FY(s) _____</td> </tr> </table> <p>If yes to any question be sure to answer questions 13 and 14.</p>	HCBS Funding	___ No ___ <input checked="" type="checkbox"/> Yes.	If Yes, FY(s) _____	2016/2017 & 2018/2019 & 2019/2020			Disparity Funding	___ <input checked="" type="checkbox"/> ___ No ___ Yes.	If Yes, FY(s) _____	CPP Funding	___ <input checked="" type="checkbox"/> ___ No ___ Yes.	If Yes, FY(s) _____	CRDP Funding	___ <input checked="" type="checkbox"/> ___ No ___ Yes.	If Yes, FY(s) _____
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Disparity Funding	___ <input checked="" type="checkbox"/> ___ No ___ Yes.	If Yes, FY(s) _____														
CPP Funding	___ <input checked="" type="checkbox"/> ___ No ___ Yes.	If Yes, FY(s) _____														
CRDP Funding	___ <input checked="" type="checkbox"/> ___ No ___ Yes.	If Yes, FY(s) _____														
<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>As a result of previous funding, PSI has the following in place:</p> <ul style="list-style-type: none"> • A new logo, mission statement and website for marketing community services. • Continued participation in Kiwanis Napa for Director and one person served • Over 300 hours of staff training in innovative services to individuals with disabilities • The presence of an advocacy group supported by People First • Three individuals served have completed paid internships that were identified as part of a person-centered planning and discovery process • 99% of participants have completed a person-centered planning process • Over 45% of individuals have transitioned from site-based services to the community 																
<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 request builds on prior funding used to support the transition of individuals from site based to community-based programming. Current funding will focus exclusively on building PSI’s capacity to offer customized employment services and create a job developer with specific responsibility for building employment opportunities for persons served.</p>																

HCBS CONCEPT BUDGET						
Vendor Name		Napa Valley PSI				
Vendor Number(s)		HN0176				
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)						
Job Developer	72240	0.50	\$ 36,120	0.50	\$ 36,120	\$ 72,240
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 36,120		\$ 36,120	\$ 72,240
Operating expenses						
CE Certification and Technical Assistance			\$ 6,000		\$ -	\$ 6,000
Lap top Computer			\$ 850		\$ -	\$ 850
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Operating Subtotal			\$ 6,850		\$ -	\$ 6,850
Administrative Expenses						
15% Admin oversight			\$ 11,864		\$ -	\$ 11,864
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Administrative Subtotal			\$ 11,864		\$ -	\$ 11,864
Capital expenses						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Capital Subtotal			\$ -		\$ -	\$ -
Total Concept Cost			\$ 54,834		\$ 36,120	\$ 90,954

See Attachment F for budget details and restrictions