

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: 01/19/21 – 01/22/19	Completed by: Charles Clariza
Vendor Name, Address, Contact: Oak and Cedar LLC, 818 Purple Sage Dr. Vacaville, CA 95687. Contact: Charles Clariza (charlesclariza@gmail.com)(916.718.7119)	
Vendor Number: HN0558	
Service Type and Code: 055 Adult Day Program	

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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: While its our goal to give our participants as meaningful of an experience as possible, it has been found that many of our individuals have been accustomed to following along with the activities scheduled for them. OAC will open a position titled Person Centered Planning Coordinator (PCPC) to attend trainings, create company protocols and to ensure that Person Centered Planning is occurring. Additional roles would include training staff to have a person centered mindset. Additionally, due to the COVID-19 outbreak, individuals are not currently receiving services in the community. While our intention is to return to programing in the community when safe, services in the community may be delayed due to inability to provide adequate space in smaller vehicles especially at a 1:2, staff to client ratio. In order to mitigate risk of COVID exposure, OAC looks to use HCBS funding towards purchasing a fleet of vans. In addition to providing adequate space per CDC guidelines, vans equipped with a lift will allow community based services to non-ambulatory individuals. With the use of company vehicles, our individuals will be able to receive transportation to access the community in vehicles that are cleaned, controlled, and used only for the sole purpose of transporting our individuals into the community. Additionally, the benefit of added space allows for a secondary staff member to join in instances where an individual may have high interfering behaviors. That additional space a van provides allows for added support while maintain distancing per CDC recommendations.</p>	

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<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Yes, a current IPP has been obtain for each of the individuals the discuss different setting options. OAC will work with SC's in cases where IPPs do not document different setting options.</p>	
<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.)?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Individuals are informed of their rights to privacy, dignity, respect, and freedom from coercion and restraint at the onset of their admission into Oak and Cedar. Individuals are notified both verbally and with written documentation provided in their Admission's Packet</p>	

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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: While participants at OAC are given opportunities to be as independent as possible, we have found that most of our individuals are limited in their array of activities due to lack of exposure or as a result of having their activities chosen for them for the majority of their lives. OAC will open 2 positions titled Discover Specialist (DS) who will work to help our participants explore new activities, experiences, make social connections, and employment in the community.</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: Yes, Individuals have the opportunity in choosing which staff provide support. They also have the voice to learn skills or participate in services that are meaningful to them.</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: N/a</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: N/a</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: 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.

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	Oak and Cedar LLC
Vendor number(s)	HN0558
Primary regional center	North Bay Regional Center
Service type(s)	Adult Day Program
Service code(s)	055
Number of consumers typically and currently served	2 Consumers Currently Goal: Growth to 15 consumers by June 30, 2021
Typical and current staff-to-consumer ratio	1:2
<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>Oak and Cedar LLC (OAC) is an Adult Day Program that specializes in individuals with severe challenging behaviors. Our goal is to help our participants access services in the community based on their needs and preferences, like employment, access to recreational activities, social experiences, and education. Our services are conducted in the community based on the goals found within the person centered planning process. Due to the COVID-19 Pandemic, services are being provided remotely to ensure the health and safety of the participant, their home, OAC staff, and the community. Post-COVID, services would include the participant being picked up from the home and transported into the community to participate in activities based on their Person Centered Plan (or Individual Service Plan (ISP)). This may look like attending Yoga Classes or Gyms to promote Mental and Physical Health; Behavioral or Skills Training like using coping skills as a replacement to aggressive behavior; or Community Awareness Training like how to cross the street or utilize public transportation to access desired locations within their community. In regards to baseline, currently all participants are receiving remote services via Zoom, Phone Calls, or Material Drop Offs. In regards to transportation, OAC currently utilizes smaller vehicles that do not have the ability to transport individuals using wheelchairs. Additionally, these smaller vehicles do not allow for the CDC recommended spacing. Currently OAC has two staff members and two 5 seat sedans.</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>	

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With the HCBS Funding, OAC will open up 3 positions focused on both Person Centered Planning and an overall day program experience that is meaningful to the participant. OAC will open a position titled Person Center Planning Coordinator (PCPC). Duties of this position include attending PCP trainings, create PCP company protocols, train staff on having a person centered mindset, and working with the participant to ensure the plan of services in place is meaningful to them. Additional tasks include coming to an understanding of HCBS and utilize participant feedback to create a service that is more meaningful to them. "The PCPC will also identify and attend PCP training as well as a train-the-trainer series in order to pass on training to staff. In order to maintain PCP planning, the PCPC will create a curriculum to be included and taught in the New Employee Orientation. All staff will be required to attend PCP refresher training to be held annually. Including PCP curriculum in our NEO training will emphasize our organizational goal to utilize person centered planning. Additionally, providing annual refresher training will ensure the knowledge gained from the PCPC position will be sustained within our organization.

OAC will open 3 positions title Discovery Specialist (DS). Duties of the position include but are not limited to working with participants daily to help in exploring activities, learning opportunities, and social connections creating a Day Program experience that is more meaningful for the participant.

OAC will purchase 4 vans (2 w/lifts) in order to transport participants in the community while following CDC guidelines in regards to adequate space to mitigate risk of COVID exposure. Vans with lifts ensure that non-ambulatory participants will have equal access to the community. Additional for vans ensure participants with more severe interfering behaviors can receive the staff support they need while in the community, the alternative being exclusion from the community. Benefits of company owned vehicles will increase safety in regards to cleaning and sanitation and ensuring the vehicle is properly maintained per manufacturer recommendations. In regards to transportation, OAC currently utilizes smaller vehicles that do not have the ability to transport individuals using wheelchairs. Additionally, these smaller vehicles do not allow for the CDC recommended spacing.

OAC will hire a BCBA Consultant which will benefit our participants who engage in interfering behaviors that are a barrier to community inclusion. BCBA's are certified in Applied Behavior Analysis and are able to conduct Behavioral Assessments to create intervention strategies and Behavior Plans for our staff to use in the community. Addressing interfering behavior will increase the opportunities that a participant will be able to access services and needs within their community in the least restrictive manner (e.g. smaller ratio, access to locations (e.g. Library, College Campus, etc.)

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.

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FR#1: OAC Participants are not currently able to access the community due to COVID safety concerns and the inability to transport participants who are non-ambulatory. Additionally, participants who engage in severe interfering behaviors, including aggression, may require more support which can not be accommodated due to limited space within vehicles. This concept is necessary to assist in bringing participants into the community in a safe manner. Additionally, hiring qualified staff will ensure both behavioral needs and person centered planning is being addressed.

FR#4: While activities in the community are offered, it has been discovered that participants array of preferred activities may be limited due to a history of their activities being chosen for them. Discovery Specialist will work with participants daily to explore new activities, social situations, and educational/employment opportunities. These activities may include Yoga and Gym classes in a typical setting which is open to all in the community.

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.

FR#1: Adequate Transportation, Consultants, and staff with a Person Centered Mindset will open the doors to the community by addressing health, safety, and behavioral needs. PCPC will create protocols and conduct assessments to identify participant needs and preferences and connect them to resources within the community.

FR#4: The hiring and development of Discovery Specialist will ensure that participants are given opportunities to explore activities and social interactions in the community that they may not have had access to in the past. With the array of new community activities, participants will be empowered to make choices about their day which will yield a more meaningful experience.

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

1. Participants will have access to the community each session, which includes visiting locations or engaging in experiences that are meaningful to them.
2. All participants, whether ambulatory or non-ambulatory will have equal access to locations within the community.
3. Participants will receive behavioral support they need, including coping skills and skill acquisition, that will promote community inclusion.
4. Participants will have the opportunity to widen their array of activities, including those in a community setting where they can participate side by side with all member of the community.

These outcomes will be tracked by daily data sheets to ensure they are being met. Outcomes will be discussed in both Annual and Semi-Annual ISP reports.

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.

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Prior to and within the first month of Admission, discussions with the participant and planning team were held to discuss preferences and goals. Discussion outcomes and goals were then documented in Individual Service Plans.

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

The concept proposed will enable OAC to provide more opportunities for community inclusion, behavioral support, skill building, increased communication, self advocacy, social opportunities, and experiences that all members of the community have access to. The concept proposed will enable OAC to provide services and life experiences that are meaningful to the participant.

9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2020-21 HCBS Funding.

Additional staff hired will have already been trained in person centered planning and will be absorbed to ensure the principles learned will reflect on the services given to current and new participants entering the program. Vehicles funded through this concept will continue to be utilized to promote community inclusions. Memberships or activity fees will be absorbed by OAC.

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](#).

Please see Budget Spreadsheet for breakdown

Within 2mo of Grant: PCP Coord. (PCPC) and BCBA will be hired. Van#1(7-Pass) purchased.

Within 3mo: Discovery Specialist (DS) to be hired. PCPC will begin monthly PCP Trainings.

Within 5mo: DS #2 to be hired. Van#2(w/lift) purchased.

Within 7mo: DS #3 to be hired.

Within 11mo: Van#3 purchased.

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.

Not applicable

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

If yes to any question be sure to answer questions 13 and 14.

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

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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.
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.

HCBS CONCEPT BUDGET						
Vendor Name		Oak and Cedar LLC				
Vendor Number(s)		HN0558				
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)						
Person Centered Planning Coordinator	53303	0.75	\$ 39,977	0.75	\$ 39,977	\$ 79,955
Discovery Specialist	43746	0.75	\$ 32,810	0.75	\$ 32,810	\$ 65,619
Discovery Specialist	43746	0.75	\$ 32,810	0.75	\$ 32,810	\$ 65,619
Discovery Specialist	43746	0.75	\$ 32,810		\$ -	\$ 32,810
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 138,406		\$ 105,596	\$ 244,002
Operating expenses						
PCP Curriculum Materials			\$ 2,500		\$ 2,500	\$ 5,000
Supplies			\$ 750		\$ 750	\$ 1,500
BCBA Consultant (\$800/mo)			\$ 9,600		\$ 9,600	\$ 19,200
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 12,850		\$ 12,850	\$ 25,700
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
Toyota Sienna w/lift (Mobilityworks)			\$ 64,990			\$ 64,990
Toyota Sienna w/lift (Mobilityworks)			\$ 67,490			\$ 67,490
Toyota Sienna 7 Passenger (Walnut Creek)			\$ 46,860			\$ 46,860
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 179,340		\$ -	\$ 179,340
Total Concept Cost			\$ 330,596		\$ 118,446	\$ 449,042

See Attachment F for budget details and restrictions