

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

The Home and Community-Based Services (HCBS) rules ensure that people with disabilities have full access to, and enjoy the benefits of, community living through long-term services and supports in the most integrated settings of their choosing. In order to assist in determining eligibility for compliance funding, providers must complete this evaluation. Both "Yes" and "No" answers require an explanation. A "No" response *could* mean a service setting is out of compliance with the HCBS rules and is potentially eligible for funding to make necessary adjustments. Once this evaluation is completed, it should act as a guide for filling out the provider compliance funding concept, which is required for any provider to be eligible for compliance funding. **Completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that the Department may require to determine provider compliance with the HCBS settings rules. Only providers requesting compliance funding need to complete this evaluation.**

Federal Requirements #1-5 apply to providers of all services, including residential and non-residential settings. Federal Requirements #6-10 are additional requirements that apply only to provider-owned or controlled residential settings.

The column labeled "Guidance" contains a series of questions intended to help identify compliance or non-compliance with each requirement as it relates to the HCBS rules. While responses to these questions can help in the determination of whether or not a particular requirement is met, these responses may not be the sole factor in this determination.

More information on the HCBS rules and this form can be found at <https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/>.

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

Date(s) of Evaluation: 2/12/2021	Completed by: David-Preston Dent
Vendor Name, Address, Contact: The Broadway Skills Development Center, 544 Finney Ct., Unit B, Gardena, CA 90248	
Vendor Number: H18799	
Service Type and Code: 510	

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## **Federal Requirement #1:**

*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.*

## **Guidance:**

- 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?

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

Please explain: Individuals in our program receive services based on their respective needs as informed by medical and mental health assessments. All individuals could participate in outings and activities in the community. Individuals do have the option to control their personal resources as appropriate. Yet, ways in which individuals can receive services in the community though is an area in which we are open to explore and consider. Our program lacks the resources and training to provide employment services to its clients. During the COVID-19 pandemic, we are pausing our in-person services (opting for alternative services via self-directed or home-assisted activities) and though not encouraging consumers to engage in community activities, providing frequent reminders (to both consumers and caregivers) to observe physical distancing and to utilize PPE guidelines when outside of their homes.

## **Federal Requirement #2:**

*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.*

## **Guidance:**

- 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: Our program (not residential-based) does have current regional center IPPs on file (in both paper and digital format, securely stored) for all individuals at our facility. Each individuals' IPP documents the different setting options that were considered prior to selecting our program and its physical setting. We have utilized a Person-Centered approach to last year's IPPs with special consideration for quarantine measures; alternative services during COVID-19 were developed with the respective IPPs of consumers as well as respective living situations in mind, providing engaging activities relative to the quality of service they would receive in our in-person setting.

**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: All staff adhere to the parameters of this given federal requirement, as instruction, care, and communication are tailored to the needs and abilities of individual.

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<p><b><u>Federal Requirement #4:</u></b>  <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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider offer daily activities that are based on the individual's needs and preferences?</li> <li>• 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?</li> <li>• 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?</li> </ul>
<p><b>Does the service and/or program meet this requirement?   X Yes   <input type="checkbox"/> No</b></p> <p>Please explain: For in-person services, instruction and activities are varied daily and facilitated based on the individual means and goals of clients (as well as caregivers when appropriate). For alternative services during the COVID-19 pandemic, delivered instructions for activities along with supplemental materials and equipment are varied weekly. As part of the curriculum of our service, interaction between individuals is also encouraged and facilitated (during the COVID-19 pandemic, interaction is kept to brief in-person check-in outside, observing physical distancing and PPE guidelines; program staff also interacts with consumers via phone or virtually).</p>	
<p><b><u>Federal Requirement #5:</u></b>  <i>Facilitates individual choice regarding services and supports, and who provides them.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available?</li> <li>• Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?</li> </ul>

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

Please explain: During in-person services (pre-pandemic), individuals were circulated to different Direct Care Staff based on the staff member's specialty instruction. When necessary, staff can alternate provision of services. Individuals always have opportunities to voice their concerns outside of the scheduled review of services. Currently though, our program does not offer a choice in staff care and instruction to individuals. Consultation with individuals on modifying scheduled services is not yet in practice for our in-person program during COVID-19 but we have been modifying alternative services in light of COVID-19 based on consumer concerns, tailoring services and frequency of delivery accordingly.

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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><b><u>Federal Requirement #6:</u></b></p> <p><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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement?</li> <li>• Are individuals informed about how to relocate and request new housing?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: <a href="#">Click or tap here to enter text.</a></p>	
<p><b><u>Federal Requirement #7:</u></b></p> <p><i>Each individual has privacy in his/her sleeping or living unit:</i></p> <ol style="list-style-type: none"> <li>1. <i>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</i></li> <li>2. <i>Individuals sharing units have a choice of roommates in that setting.</i></li> <li>3. <i>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i></li> </ol>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have a choice regarding roommates or private accommodations?</li> <li>• 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?</li> <li>• Do individuals have the ability to lock their bedroom doors when they choose?</li> </ul>

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The Broadway Skills Development Center had been making measurable progress in utilizing its 2019-2021 HCBS grant by having its Assistant Program Director participate in certification training, training its staff in Person Centered Practices, and applying Person Centered Practices in our work with consumers. Though as the COVID-19 pandemic became more pervasive in 2020, its effect on our program's consumers, staff, and respective families became a considerable obstacle. Broadway's efforts in attaining the 2019-2021 HCBS grant goals were often interrupted and, by Fall of 2020, were temporarily halted due to loss of life, illnesses, general concerns of contracting the virus, spikes in COVID-19 cases throughout Los Angeles County, the shift from in-person services to alternative services, and other adversities. Though certification training has re-started for us as of January 2021, we recognize that our program will not be able to fulfill our proposed goals based on the timeline of our 2019-2021 HCBS grant. The Broadway Skills Development Center is, however, adamant in meeting these goals with the approval of an HCBS grant for 2020-2023 (we will note that our Assistant Program Director was at the half-way point of his certification training once the COVID-19 pandemic began to pose serious obstacles in the Fall of 2020). Moreover, we are requesting significantly less funding than offered in our 2019-2021 HCBS grant agreement as shortly after acquiring our 2019-2021 HCBS grant, we were able to obtain a more cost-effective and local means of acquiring "train-the-trainer certification" for Person Centered Planning. Our goal is to continue with the same training agency (Choicess, Inc.) and mentor we had contracted up to this point.

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.

This current funding request bears the difference of the amount, allocation, and use of funds towards training. As mentioned, our program came upon a more cost-effective and accessible means of attaining training for our staff as well as cultivating a in-house PCP trainer for our program. Moreover, the current funding request is not redundant as the events of 2020 were unforeseen and provided considerable obstacles to the active pursuit of our grant goal.



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

Please explain: [Click or tap here to enter text.](#)

**Federal Requirement #8:**

*Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.*

**Guidance:**

- 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?

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

Please explain: [Click or tap here to enter text.](#)

**Federal Requirement #9:**

*Individuals are able to have visitors of their choosing at any time.*

**Guidance:**

- 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?

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

Please explain: [Click or tap here to enter text.](#)

**Federal Requirement #10:**

*The setting is physically accessible to the individual.*

**Guidance:**

- 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?



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

Please explain: Click or tap here to enter text.

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**CONTACT INFORMATION**

Contact Name: David Dent

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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	The Broadway Skills Development Center
Vendor number(s)	H18799
Primary regional center	South Central Los Angeles Regional Center
Service type(s)	ADC
Service code(s)	510
Number of consumers typically and currently served	18
Typical and current staff-to-consumer ratio	3:1
<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>	

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BSDC is an Adult Day Care center that provides individualized training that is centered around: self-care & grooming, community integration, vocations & speech communication, survival literacy, and art & recreation. We serve the ambulatory and non-ambulatory as well as the continent and incontinent. A non-aversive training curriculum is developed for each client. A typical day consists of a ride service (provided by SCLARC) that shuttles all clients to our facility from their respective homes. Around 8am, the Program Director and Direct Care Staff greets and guides all clients into the facility where they are seated at the training stations appropriate to their curriculum/IPP for that day. Training starts and continues until 11am when lunch is served at a communal table where both clients and staff convene (typically a 30-minute lunch). If at a community outing, food is either provided by Direct Care Staff or purchased if available and appropriate to the dietary needs of the individual clients. Clients and staff clean their eating surfaces. Curriculum continues until approximately 1:45pm when shuttle services arrive to transport clients to their homes (if at a community outing, staff and clients are back at the facility by 1:45pm for shuttle pick-up). Direct Care Staff guides all clients to their respective shuttles. Facility typically closes at around 2:15pm.

Individuals do have the option to control their personal resources as appropriate. Yet, ways in which individuals can receive more services in the community is an area in which we are open to explore and consider. Our program does not yet offer a choice in staff care and instruction to individuals. Consultation with individuals on modifying scheduled services is also not yet in practice at our program.

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

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

We are interested in providing Person-Centered Care training to all staff. The funding would go towards the continued use of a certified Person Centered Thinking mentor from Choicess, Inc. to provide "train-the-trainer certification" to Broadway's Assistant Program Director. The intention is to certify the Assistant Program Director as a Person Centered Thinking trainer and provide 2-day training to Broadway's staff (and outside entities, potentially), effectively fostering an in-house PCT trainer. We anticipate having a more comprehensive understanding of Person-Centered Care as a concept, brainstorming new ideas for how our program can better serve our individual clients based on the PCP approach and receiving periodical follow-up assessments from Choicess, Inc. mentor so as to hone our practices.

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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\_\_\_ 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.

#1. Individuals in our program receive services based on their respective needs as informed by medical and mental health assessments. All individuals could participate in outings and activities in the community. Individuals do have the option to control their personal resources as appropriate. Yet, ways in which individuals can receive services in the community though is an area in which we are open to explore and consider. Our program lacks the resources and training to provide employment services to its clients. During the COVID-19 pandemic, we are pausing our in-person services (opting for alternative services via self-directed or home-assisted activities) and though not encouraging consumers to engage in community activities, providing frequent reminders (to both consumers and caregivers) to observe physical distancing and to utilize PPE guidelines when outside of their homes.

#5. During in-person services (pre-pandemic), individuals were circulated to different Direct Care Staff based on the staff member's specialty instruction. When necessary, staff can alternate provision of services. Individuals always have opportunities to voice their concerns outside of the scheduled review of services. Currently though, our program does not offer a choice in staff care and instruction to individuals. Consultation with individuals on modifying scheduled services is not yet in practice for our in-person program during COVID-19 but we have been modifying alternative services in light of COVID-19 based on consumer concerns, tailoring services and frequency of delivery accordingly.

5. For each out-of-compliance federal requirement that is addressed in this concept, please explain how the concept will bring the vendor into compliance by March 2023.

The most important aspect in this concept is to have our staff understand, consider, and implement HCBS directives. Though our Assistant Program Director has been undergoing training to become a certified trainer in Person Centered Practices and has already been implementing PCP into certain aspects of alternative services during the COVID-19 pandemic, it is clear from the degree xxxxxxxx compared to past practices that the program consumers and staff would considerably benefit from having an in-house PCP trainer to serve also as facilitator and bring the program under (a PCP czar, if one will).

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

Broadway Skills Development Center will not only be able to provide a more dynamic, Person-Centered Program to its individuals but it will also be able to self-correct with a staff and dedicated PCP facilitator encouraged to hold our program accountable in keep to HCBS directives. We will be utilizing much of our current ways of documenting our monthly HCBS milestones as well as our monthly logs that help us not only track correspondence and progress in alternative services, but future needs or wants of individuals and the people who support them.

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.

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

One of the most important part of becoming a person-centered service is for our staff and clients to obtain "a common understanding and language to support people in a better way and then to pass the information along to others" (The Learning Center's Training Guide, 2020-2021). Our program staff at this time has a cursory understanding of what it means to be person-centered; until we have a comprehensive knowledge of the motivations, language, and tools in person-centered practices, our program will not be completely effective in implementing it for our clients. We believe having an in-house trainer brought into our program's fold will be versatile asset for our program in the future.

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

We will continue maintaining the benefits, value, and success of our project using our HCBS milestone report that we update at the end of each month. This report is drafted chiefly by our Program Director and Assistant Program Director (with the Choicess, Inc. mentor's annotations when necessary). This report is shared with SCLARC's HCBS administrator at the end of each month.

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](#).



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3 Mentor trainers observed demonstrations of 2-day PCT training done by trainer candidates with competency; 6 days; \$1,500 per day/hr; \$1,500 total fee; travel included in flat daily rate; lodging and meals included in flat daily rate. TOTAL: \$9,000.00.

Coaching on 12-hour training curriculum, training demo day prep, completion of certification portfolio, post demonstration debriefing; 20 days; \$150 per day/hr; \$3,000 total fee; travel and lodging/meals not applicable as all training and correspondence to be done via video conference; TOTAL: \$3,000.00.

Training Materials workbook & activity booklet; 50 units; \$15 per day/hr; \$750 total fee; TOTAL: \$750.00

TOTAL: \$12,750.00

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 \_\_\_\_ No X Yes. If Yes, FY(s)

Disparity Funding \_\_\_\_ No \_\_\_\_ Yes. If Yes, FY(s)

CPP Funding \_\_\_\_ No \_\_\_\_ Yes. If Yes, FY(s)

CRDP Funding \_\_\_\_ No \_\_\_\_ 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**

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.

							Attachment C
Home and Community-Based Services (HCBS) Rules							
CONCEPT FORM							
HCBS CONCEPT BUDGET	2-Day PCT Training Trainer Certification of 1 Staff						
Vendor Name	The Broadway Skills Development Center						
Vendor Number(s)	H18799						
			Year 1 Budget		Year 2 Budget		Total
		Wage and Benefits	FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)							
Mentor Trainer		\$12,000.00		\$ 12,000		\$ -	\$ 12,000
Personnel Subtotal				\$ 12,000		\$ -	\$ 12,000
Administrative Expenses							
Training materials				\$ 750		\$ -	\$ 750
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
Administrative Subtotal				\$ 750		\$ -	\$ 750
Total Concept Cost				\$ 12,750		\$ -	\$ 12,750
See Attachment F for budget details and restrictions							