**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: 1/25/21 – 2/5/21	Completed by: Necole Vano

Vendor Name, Address, Contact: Community Interface Services (CIS), 2621 Roosevelt St. Carlsbad, CA 92008
Vendor Number: H39507, H39534
Service Type and Code: Day Program - ADC / Code: 510

Federal Requirement #1:	Guidance:
The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to	• Do individuals receive services in the community based on their needs, preferences and abilities?

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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.	• 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 ☒ No

Please explain: Community Interface Services'(CIS) philosophy toward overall service provision is aligned with the HCBS rules. The agency aims to provide supports in all services that are fully integrated in the community and is successful in doing so in programs that offer individualized supports. However, because of funding constraints that provide only for group service delivery within the agency's Career and Community Exploration (CCE) V & VI day programs, full integration into the community and access to engagement in community life for each individual who participates is limited. Thus, due to the nature of group services, our CCE services do not fully meet the Federal Requirement that the setting supports full access of individuals receiving Medicaid HCBS Services to the greater community, including opportunities to engage in community life *to the same degree of access as individuals not receiving Medicaid HCBS Services.* Services prior to the COVID-19 pandemic: the agency's CCE day program services are fully community based and funded at a 1:3 staff to participant ratio. The day program consists of small groups of people working together for 5-6 hours a day, five days a week. Each group meets in community locations all day long and has options for community integration throughout their day. The participants regularly volunteer, and participate in community activities, and actively participate in the planning of each day. Participants direct how they access the community, who assists in facilitating the activity, and where they go, either verbally or in their preferred mode of communication such as using calendars, visual aids, etc. Support is provided so that each group has the most positive community access experiences possible. Yet, again due to the group nature of the services, the individual participants are not fully accessing the greater community and are not engaging in that community life to the same degree as individuals not receiving Medicaid HCB Services. Through past HCBS grant funding, more intensive person-centered planning and supports have been put in place to assist program participants in exploring individual interests and creating visions that direct the development of their Individual Service Plans and day program activities. Engaging in a community involves a deeper involvement than merely accessing a community, and true engagement requires that a person find a community that is not only geographically accessible but also the right match for them so they feel included and at ease. It is not common that three people that happen to be in the same day program group would have the same likes, dislikes, hobbies, interests, experience, background, culture, hopes, dreams, goals, and

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abilities that would prove to be a match for the same type of community. Thus, the community integration that occurs in the agency's day program falls short of meeting the Federal requirements for providing opportunity for each person's full engagement and individual inclusion is constrained by the opportunities available to the group as a whole. CCE offers each person the opportunity to control their personal resources to the degree they choose and have options as to how they do so. Most often, participants hold their own money or credit/debit cards during day program and choose what to spend their money on; staff provide suggestions on ways to safeguard the money/cards and support with individual choice making. Currently during the COVID-19 Pandemic, CCE services are being provided under both the Traditional and Alternative service models, in-person and remotely/virtually, continue to be community based at both community locations and participant homes, and are tailored to meet the unique interests and needs of the participant/family during this time.

Federal Requirement #2:	Guidance:
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.	• 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?

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

Please explain: CIS has a current Regional Center IPP for individuals receiving services or is working with Regional Center to attain one. CIS encourages and supports individuals to choose their preferred setting options. Services are provided on a voluntary basis, and it is each individual's choice to receive services. Individuals participate in the development of their goals/objectives and their daily schedules. Participants work together with other individuals in their group and their staff member to choose the activities they participate in each day in accordance with their person-centered plan.

Federal Requirement #3:	Guidance:
Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	• 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

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

<table>
<tr>
<td></td>
<td>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.)?</td>
</tr>
</table>

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

Please explain: CIS takes all steps to ensure that each individual's rights of privacy, dignity, and respect are upheld and that each person receiving services is free from coercion and restraint. Significant training is provided to all staff members upon hire and throughout employment about individual rights as outlined in the Lanterman Act. Participants are informed of their rights in a manner they can understand based on their needs and preferences. Community Interface's *My CIS Handbook* (participant handbook) outlines each person's rights, in both written and picture form, and how those rights relate to CIS' services. Training and oversight are provided related to maintaining privacy and confidentiality throughout service delivery and during discussions of personal information.

<table>
<tr>
<td><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></td>
<td><u>Guidance:</u>
• 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?</td>
</tr>
</table>

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

Please explain: CIS values each person's choice in all aspects of their life and service delivery and promotes each person to take initiative and make choices about their daily activities, physical environment, and with whom they would like to interact. Individuals participate and are given the opportunity, but not required, to create their own daily schedules. Each person is encouraged to engage in the activities they choose, participate in activities that correspond with their IPP goals, interact with who they choose, and are provided with options throughout each step of their day.

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Federal Requirement #5:	Guidance:
Facilitates individual choice regarding services and supports, and who provides them.	• 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?

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

Please explain: CIS not only facilitates individual choice but values those choices. Continuous offerings are made to modify services, voice concerns, or ask questions. Staff members are trained to provide support in a way that leaves people served feeling empowered to make decisions and are evaluated on their ability to do so. Participants are encouraged to informally discuss concerns when they arise, and more formally at planning team meetings, via surveys, and at site visits from program supervisors. The agency has Advisory meetings open to all participants where there is direct access to staff at all levels, and participant feedback is solicited. People served are asked about preferences in staff and participate in the agency-wide applicant interview process. Their feedback is considered in hiring decisions. With previous HCBS funding, Community Interface has been able to engage in an in-depth Person-Centered Planning process where staff delve into participant's hopes, dreams, goals, and choices, and have discovered preferences that had not previously come to light, especially for people who communicate in non-traditional ways. Currently during the COVID-19 Pandemic, input from each CCE participant/family was actively sought to determine the best way to serve them during this time and Individual Service Plans and services have been modified and tailored to meet the unique interests and needs of the participant/family.

Federal Requirement #6:	Guidance:
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	• 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?

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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.

Does the service and/or program meet this requirement? ☐ Yes ☐ No
Please explain: N/A

Federal Requirement #7:	Guidance:
Each individual has privacy in his/her sleeping or living unit:	• Do individuals have a choice regarding roommates or private accommodations?
1. Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.	• 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?
2. Individuals sharing units have a choice of roommates in that setting.	• Do individuals have the ability to lock their bedroom doors when they choose?
3. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	

Does the service and/or program meet this requirement? ☐ Yes ☐ No
Please explain: N/A

Federal Requirement #8:	Guidance:
Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	• Do individuals have access to food at any time?
	• Does the home allow individuals to set their own daily schedules?
	• Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?

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Does the service and/or program meet this requirement?   ☐ Yes ☐ No Please explain: N/A

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: N/A

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?

Does the service and/or program meet this requirement?   ☐ Yes ☐ No Please explain: N/A

CONTACT INFORMATION

Contact Name:	Necole Vano
Contact Phone Number:	760-729-3866
Email Address:	nvano@communityinterfaceservices.org

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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	Community Interface Services
Vendor number(s)	H39507, H39534
Primary regional center	San Diego Regional Center
Service type(s)	Day Program - ADC
Service code(s)	510
Number of consumers typically and currently served	Typically:182 Currently:166
Typical and current staff-to-consumer ratio	Typically: 1:3 Currently: 1:3, 1:2, 1:1

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.
Typical services- CCE services are fully community based, funded at a 1:3 staff to participant ratio, and small groups of people work together for 5-6 hours a day, five days a week. Each group meets in community locations all day long and participants regularly volunteer and participate in community activities. Currently during the COVID-19 Pandemic- CCE services are provided under both Traditional and Alternative service models and are tailored to meet the unique interests and needs of the participant/family during this time. Participants are supported both in-person and/or remotely/virtually and services continue to be community based at community locations and participant homes, depending on participant needs and wishes and following guidelines related to COVID-19.
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.
As we seek to align CCE services fully with HCBS federal requirements, this project will focus on community inclusion, access, and engagement. Even more than before, this last year has taught us the importance of taking a holistic approach to providing services and the importance of understanding all the parts of an individual's life and helping them connect the dots between all of those parts. Alongside person-centered planning, the journey to true community inclusion starts with supporting individuals to live their lives and experience their communities to discover their own life priorities and the goals they want to achieve. In pursuit of that goal, funding will provide for a Community Inclusion team- Project Supervisor and two Community Inclusion Facilitators, to add another component of CCE services. Project staff will be trained in Community Inclusion best practices such as those from *The Council on Quality and Leadership - Personal Outcome Measures (POM) and The Institute for Community Inclusion, UMass, Boston.* Project staff will develop community inclusion focused curriculum, provide training for CCE staff, and work with CCE participants to create

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actionable community inclusion service goals to become active members of their communities.
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___ 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.
Engaging in a community involves a deeper involvement than merely accessing a community, and true engagement requires that a person find a community that is not only geographically accessible but also the right match for them so they feel included and at ease. It is not common that three people that happen to be in the same day program group would have the same likes, dislikes, hobbies, interests, experience, background, culture, hopes, dreams, goals, and abilities that would prove to be a match for the same type of community. Thus, the community integration that occurs in CCE falls short of meeting the Federal requirements for providing opportunity for each person's full engagement and individual inclusion is constrained by the opportunities available to the group as a whole.
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.
Project staff will be trained and well-versed in community inclusion best practices, person-centered planning (PCP), HCBS final rule, and generic community resources. Project staff will provide training for CCE staff to build capacity in community inclusion best practices and work 1:1 with CCE participants and planning teams to create actionable community inclusion service goals. This project adds a needed training element to the CCE staff training plan and project staff will serve as a resource and guide to CCE staff and participants. By increasing the ability to focus on the quality of the individual's experiences in the community, services will align with the HCBS requirements even while participants are in a small group setting.
6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?

1. Project staff will increase CCE staff competency in the areas of community inclusion and person-centered thinking to increase overall agency capacity to provide quality, person-centered services in compliance with the HCBS Final Rule:
    a. Modify recruitment criteria and update staff Job Descriptions to focus on the competencies needed to achieve community inclusion.
    b. Develop and/or implement training components for staff and participants such as community mapping, person-centered thinking/planning, choice, rights, privacy, dignity, respect, risk mitigation, community inclusion, meaningful day activities, social relationships, communication, and HCBS/other regulatory required and best practices training.

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2. The quality of the individuals' experiences will meet or exceed the HCBS requirements even while provided in a small group setting. Services will support full access to their greater community, including opportunities to 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:
   a. Complete or review PCP with CCE participants to determine if Community Inclusion goals are desired.
   b. Review and update CCE participant's ISPs as needed to be meaningful, choice-driven, person-centered, and determine what support is needed to assist the participant in attaining desires for community inclusion.
3. Participants will be receiving their preferred services and express satisfaction with their services. Individuals who chose to receive CCE services will be doing so by choice based on their own needs and preferences.
   a. Survey participants for satisfaction/preferences upon the conclusion of the project/services with at least 80% positive ratings

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.

Input on desired supports is gathered during the intake process, the PCP process which drives service planning/delivery, and formally solicited annually. Additionally, a specific Person-centered Services Assessment was completed with each CCE participant/family to gather input and determine needs and wants for services during the pandemic. All of this input helped shape this proposal.

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

Person-centered planning is an integral part of each individual's process in directing their services. Having staff/leadership who are trained in PCP and Community Inclusion best practices in positions dedicated to focusing on the individual's person-centered community inclusion plans will increase the amoujnt of person-centered services provided.

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

New job descriptions, recruitment practices, and comprehensive Community Inclusion focused training plan/curricula that includes HCBS concepts developed from this proposal, will be well established and an integral part of the agency's recruitment and initial and ongoing staff development practices which will ensure the sustainability of competent, educated staff trained to provide HCBS-compliant services and will equip participants/ planning teams with the information and knowledge to pursue their goals of true community inclusion.

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

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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.
Project staff includes a full-time Project Supervisor and two .75 FTE positions – Community Inclusion Facilitators. Project staff will reflect diversity in terms of gender, languages spoken, age, etc. Project staff salary, taxes, insurance, and benefits are calculated based on 11 months in FY 1 (August 2021-June 2022), and 8 months in FY 2 (July 2022 – February 2023), for a total project length of 19 months. Operating expenses include cellphones, laptops, mileage reimbursement, and office supplies, and space for the project staff. Administrative costs include administrative support personnel such as reception, HR, payroll, and accounting; management support such as director oversight, and other allocated administrative expenses such as insurance, legal, etc.; and are below the required 15% cap.
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.
The project will provide for increased program and staff development. At the end of the project, community inclusion practices and concepts will be well established and an integral part of the agency's initial and ongoing staff development practices and CCE service delivery.

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) 16/17, 18/19, 19/20 Disparity Funding _X_ No ___ Yes. If Yes, FY(s) _____ CPP Funding _X_ No ___ Yes. If Yes, FY(s) _____ CRDP Funding _X_ 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.	
2016-17 Person Centered Planning: Completed 120 person-centered plans with CCE participants. Helped participants present them to their planning teams and incorporate their goals and wishes into their IPP/day program Individualized Support Plan (ISP). Provided agency wide staff training on PCP and created an internal PCP tool. 2018-19 Competitive Employment/Benefits Counseling: Twenty staff members completed the ACRE Customized Employment training. Leadership team	

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completed the Employment Services Leadership Training. Ten staff completed the Benefits & Work Incentives Practitioner Certification with Cornell University. Six ACRE certified staff are currently completing Customized Employment Mentoring with Six CCE participants.   2019-20 Community Employment Services Team: Hired Project Supervisor and two project facilitators. Project team is currently meeting individually with CCE participants to review PCP and determine interest in creating "Blueprint to Employment."
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 project builds on CIS' previous HCBS grants which started with a focus on implementing an enhanced Person-Centered Planning (PCP) process for individuals served in the CCE program and provided agency wide staff training on PCP and created an internal PCP tool. Then with additional HCBS grant funding, we focused on increasing individualized employment opportunities for participants in CCE by building staff and leadership capacity with ACRE Customized Employment Certification/Mentoring, Employment Services Leadership Training, Certified Benefits Counselors and added a Community Employment Services Team component to our CCE services to assist participants and planning teams to create a "Blueprint to Employment". The proposed project completes the alignment of CCE services with HCBS Federal Requirements by continuing to broaden the person-centered planning process and individualization within services by focusing on community engagement and inclusion with the short term infusion of a dedicated and trained Community Inclusion Team. This team will assist CCE participants to create actionable community inclusion service goals and establishes an initial and ongoing Community Inclusion training plan for staff that includes relevant HCBS topics and concepts and enables us to sustain the competencies into 2023 and beyond.

HCBS CONCEPT BUDGET								
Vendor Name		Community Interface Services						
Vendor Number(s)		H39507, H39534						

	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total	
		FTE	Annual Cost	FTE	Annual Cost		Cost
Personnel (salary + benefits)							
Community Inclusion Supervisor	86461.2	1.00	$ 79,544	1.00	$ 57,929	$	137,473
Community Inclusion Facilitator	58009.67	0.75	$ 36,111	0.75	$ 29,150	$	65,261
Community Inclusion Facilitator	58009.67	0.75	$ 36,111	0.75	$ 29,150	$	65,261
			$ -		$ -	$	-
Personnel Subtotal			$ 151,766		$ 116,229	$	267,995
Operating expenses							
Communication			$ 1,162		$ 900	$	2,062
Mileage			$ 7,231		$ 5,700	$	12,931
Facility Rent/Utilities/Maintenance			$ 2,535		$ 1,901	$	4,436
Office Supplies			$ 975		$ 731	$	1,706
laptops			$ 750			$	750
Project Staff Training			$ 3,600			$	3,600
						$	-
						$	-
						$	-
						$	-
Operating Subtotal			$ 16,253		$ 9,232	$	25,485
Administrative Expenses							
Administrative Support (reception/accounting)			$ 8,251		$ 5,486	$	13,738
Management Expense			$ 13,203		$ 8,779	$	21,982
Accounting & Legal			$ 975		$ 731	$	1,706
Insurance			$ 1,950		$ 1,463	$	3,413
						$	-
Administrative Subtotal			$ 24,380		$ 16,459	$	40,839
Capital expenses							
						$	-
						$	-
Capital Subtotal			$ -		$ -	$	-
Total Concept Cost			$ 192,399		$ 141,920	$	334,319

See Attachment F for budget details and restrictions