

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: February 12, 2021	Completed by: Lee Stollo
Vendor Name, Address, Contact: People’s Care, 13920 City Center Drive, Suite 290, Chino Hills, CA 91709; Contact Person: Lee Stollo	
Vendor Number: HQ1212, HQ1128, HQ1243	
Service Type and Code: Specialized Residential Facility, 113	

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

<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: Our residential homes offers limited community integration. The sites selected in the community are rarely individualized as the home typically travels and goes out together. In addition, staff members typically use historical data to choose where and when the outings are. They may offer choices, but the staff members tend to decide on the choices.</p>	
<p><u>Federal Requirement #2:</u> <i>The setting is selected by the individual from among setting options, including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals? • Does each individual's IPP document the different setting options that were considered prior to selecting this setting?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: All our homes in San Diego area have private bedrooms for the residents. Each resident and/or their authorized representatives are explained their rights at the time of admission and annually thereafter. These discussions are captured and signed on the IPP and Personal Rights form. All forms are explained in a manner that the individual understands.</p>	

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

<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</p> <p>Please explain: Our residential homes go over Personal Rights, House Rules, Grievance Procedures and consent forms at admission and annually thereafter. The Administrator or designee discusses the contents of these forms with the residents and/or their parents or authorized representatives. All forms are explained in a manner that the individual can understand. The form of explanation is also noted on these forms.</p>	
<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: The residents have limited options in the choosing of activities. Two of the three homes are for children and activities are rarely individualized nor do they embrace person-centered principles. The activities and outings are always grouped together and the participants don't interact with their friends outside of the day program/home. This rigidity does not promote individual choice. Unfortunately, without</p>	

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

person-centered approaches the activity calendar is limited in options and creativity as staff members develop it with limited to no resident participation. Staff members tend to stay with what has been scheduled in the past, but this does not necessarily mean the activity is preferred. It may indicate surrender and learned helplessness.

Federal Requirement #5:

Facilitates individual choice regarding services and supports, and who provides them.

Guidance:

- 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: The residential homes are guided by a daily and activity schedule and calendar. All activities or outings are completed by staff members without resident buy-in. This practice lacks individuality and is not person-centered. This has caused frustration which leads to behavioral challenges. These behavioral challenges then limit the time spent in the community.

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

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Each resident does have an admission agreement and their living situation is addressed at least every quarter.</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: The residents have private bedrooms and are furnished nicely and in accordance with regulation. Residents are encouraged to bring their own furniture as well. The rooms are decorated with personal preferences. Due to the nature of the</p>	

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

<p>mental health and behavioral needs only a few bedrooms have doors with a locking mechanism.</p>	
<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 checked="" type="checkbox"/> No</p> <p>Please explain: All the residents have access to any common area room in the home. This includes the kitchen and/or food in the cupboards and refrigerator. The resident have full access to the back yard, but any hanging out in the front yard is monitored by staff to ensure safety. The home allows minimal individuality with daily schedules. The residents may have a 1-2 hour period when they get home from day program that is strictly their time and can do what they want. Otherwise, everything typically runs on a schedule. The Covid pandemic has exacerbated the situation. Although scheduling tries to be individualized, the residents are limited in the activities they do and typically stuck at home.</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 checked="" type="checkbox"/> No</p> <p>Please explain: There is a visiting policy that it is typically flexible and accommodates the schedules of the visitors. However, we feel Covid-19 may not be an isolated pandemic and we have to be better prepared the next time such an event occurs. People's Care has followed CDC, State and local county ordinances with regards to visitation. PCT knowledge and competence is even more important as it can help identify concerns and give us the skills necessary to treat the root cause and not just focus on the symptoms.</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 and Community-Based Services (HCBS) Rules
DEPARTMENT FUNDING GUIDANCE**

	<p>home or are they primarily restricted to one room or area?</p> <ul style="list-style-type: none"> • 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: There are no restrictions in the home setting. Again, over the last year Covid-19 has really restricted the resident's movements to just the lines of the property. The home takes the resident's needs into account as grab bars and other renovations such as enlarged bathrooms with roll in showers were developed.</p>	

CONTACT INFORMATION

Contact Name: Lee Strollo

Contact Phone Number: (909) 342-7163

Email Address: lstrollo@peoplescare.org

ACKNOWLEDGEMENT

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

X I AGREE

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

Regional center vendors may receive funding to make changes to service settings and/or programs to help them come into compliance with the HCBS rules. To be considered for funding, vendors must complete and submit this form and the provider compliance evaluation form as one packet to the regional center with which it has primary vendorization.

Instructions:

- The concept form on the next page must be used, may not exceed four pages plus the budget worksheet and any cost backup, and must be kept in Arial 12-point font. Submit the form in Microsoft Word or PDF format. An extra half page is permitted to answer questions about prior funding.
- Using a form from previous years will negatively impact a concept score, so please ensure the current FY 20-21 form is used.
- For providers that operate programs with several vendor numbers involved in one concept, one evaluation and concept form should be submitted and should list all vendor numbers for related/included programs. If multiple programs owned by the same parent company have different compliance evaluations or concepts, additional applications can be submitted but should be attached in the same document as the other owned programs so they can be reviewed together.
- The results of the evaluation should be clearly laid out in the section referring to identification of federal requirements that are currently out of compliance, which the concept will address.
- The concept form includes detailed information that describes the funding requests and supports how the requests will assist the provider to come into compliance.
- There should be a clear link between what is being requested and the federal requirement currently out of compliance.
- Concepts should demonstrate how the requested change in service delivery will impact individuals in offering more choices and opportunities.

Strengths of previously funded concepts:

- Identified the need as well as proposed a plan to provide outreach and information regarding the HCBS rules to individuals served and members of their support teams.
- Discussed the need for additional funds to effectively support individuals served on a more individualized basis in overcoming barriers to community integration and employment, as appropriate.
- Prioritized the preferences of individuals served and utilized their feedback in the development of the concept.
- Implemented a sustainable plan for person-centered planning/thinking and training regarding the HCBS rules.
- Enabled residents to age in place and exercise more choice and independence.

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

Vendor name	People's Care
Vendor number(s)	HQ1212, HQ1128, HQ1243
Primary regional center	San Diego Regional Center
Service type(s)	Specialized Residential Facility
Service code(s)	113
Number of consumers typically and currently served	Specialized Residential Facility = 12 residents
Typical and current staff-to-consumer ratio	Specialized Residential Facility = 1:2 staff to resident ratio. Sometimes, residents require one-on-one support
<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>These residential settings are heavily influenced by daily schedules that are regimented and lacking in individuality and personal choice. These individuals are highly aware of their likes/dislikes and are able to articulate their needs and preferences. When people of this caliber and understanding do have choice or control it becomes a strong antecedent for behavioral challenges. Staff are not recognizing this and power struggles occur. Thus a negative pattern is perpetuated.</p> <p>Not having choice over inherent rights like daily activities, physical environment and people we choose to associate with provides a rather empty life. Most opportunities are grouped and not individualized. People's Care needs to better empower the residents and participants in making decisions. Too often decisions are predetermined and staff members are too rigid in thinking to allow resident/participant driven spontaneity to occur.</p> <p>Staff members are provided with training, but it usually falls under what is practical – meaning what staff needs to know to get through the day (e.g. medication administration, behavioral). While these are important, there needs to be a place for person-centered training on a consistent basis. Since the training and tools are centered on empowerment, the residents/participants will have more positive control over their lives.</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>	

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

Like many providers in California, People's Care tries to be person-centered and think it uses a person-centered process, but we are not achieving the desired outcome. All too often, we see it in the goals and objectives that get carried over from year to year. We also see it by not being able to implement the concept to affect positive change in everyday lives.

Very few of our employees in the San Diego area have attended PCT trainings and they mostly tend to be in the Los Angeles county. This information does get shared, but is filtered through a trickle-down effect where the message and tools get watered down or lost in translation. By the time it makes its way through the agency hierarchy and reaches the staff members (administrators, program managers, instructors, DSP) who could really benefit from it, the nuts and bolts of the different tools are distorted and not used correctly.

People's Care is an agency that employs over 1500 employees. Sending a few staff to infrequent PCT trainings is not a viable option. For meaningful change, an agency has to live and breathe person centered thinking every day. Management has to reinforce these principles and staff members have to utilize these tools on a daily basis. Only then, can People's Care rightly claim to be a person-centered agency.

People's Care would like two people from SDRC catchment area to become certified in person-centered thinking and go through an apprenticeship program with a certified PCT coach/mentor. This type of specialization may be a big commitment, but the potential for positive and lasting change would be too great an opportunity not to pursue. Having two employees that are mentored by a certified PCT trainer would allow for frequent and hands-on training for all People's Care employees. These in-house trainers would reach all employees at our residential sites. This ability to reach a larger audience will truly benefit the participants in our programs.

Another positive outcome to having PCT coaches at People's Care is that we would be a viable resource for regional centers in helping train vendors, consumers and family members on person-centered thinking principles. We want to be leaders and drive these principles not just within our own agency but others as well. We believe that sharing our knowledge is as important as obtaining it.

Lastly, having in-house PCT trainers will allow our population to have greater control over their lives while giving the staff the tools they need to take the paper and turn it into purposeful and meaningful lives.

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

1__ 2__ 3__ 4_X 5_X 6__ 7__ 8__ 9__ 10__

4. For each HCBS out-of-compliance federal requirement that is being addressed by this

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

concept, describe the barriers to compliance and why this concept is necessary. If this information is in the evaluation section, please copy it here.

FR #4 and #5: The residents have limited community options and this is due to staff not being trained in person-centered thinking concepts. All the residents have behavioral concerns and staff members are ill-equipped to individualize choice and preferences. The old saying rings true – “if you don’t use it, you lose it.” Having PC employees as certified trainers in the San Diego area would allow for the PCT roots to take hold. They live in the area and are accessible which would assist and overseeing how PCT tools and planning is being utilized. The PCT trainers can help problem-solve and find creative solutions so each resident can have a more fulfilled and happy life.

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 PCT Train the Trainer model will address the biggest need for the population we support – the power of positive choice and having positive control over their lives. It also provides staff members with the tools necessary to find creative ways to meet the needs of the people we support.

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

There are two main objectives for the PCT train the trainer model. The first is to help People’s Care employees avoid power struggles by giving them the communication tools necessary to support without perceived power over a person. This includes recognizing and understanding that communication is both verbal and action driven. The second objective is to give people, who historically have been ignored, a voice that is listened to. Only when people are listened to can trust really be built. When trust and honesty are developed people can have positive control over their lives. This can be achieved and tracked through the utilization of PCT tools (i.e. Relationship Maps, Communication Chart, One Page Description, One Page Profiles) and incorporate them during meeting and in the formation/updating of ISPs.

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.

People’s Care utilizes performance surveys with the participants and their families. The item that is addressed the most is empowering choice and reaching goals on an individualized basis.

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

Having two People’s Care employees that are certified as PCT trainers is critical to success in the San Diego Regional Center catchment area. Many of the people that reside in our homes have mental health and forensic related challenges. Utilizing PCT tools with appropriate supervision of them will allow us to treat the cause of a person’s frustration and not focus solely on the symptoms. Employees have to understand that

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

behavior is a communication method and not necessarily a need for additional medication and behavior objectives. We have to be cognizant of this and help people have positive control. When we accomplish this, then people will have happier and more contentment in their lives.

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

The beauty behind our concept is the philosophy of a circle. There is no ending to a circle and this concept is the same. Having a certified trainer will allow People's Care employees to continually be trained in a PCT style and learn/reinforce the usage of PCT tools.

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](#).

Timeline is over a two year period. The major costs for two people include the following.

Year One

- Attend 2 day training = \$3,000.00 (per person)
- Attend 2 day training (observing techniques) = \$3,000.00 (per person)
- Full day of training = \$1,000.00 (per person)
- Preparation and review with the PCT mentor = \$1,000.00 (per person)
- Salary for two Administrator trainees = \$1,293.00 (per person – the salary is for the individuals who would be covering the homes while the trainees are being trained)
- Training expenses = \$500.00
- Administrative Costs (15%) = \$2,862.90 for operating costs and project management.

Total for Year One: \$10,974.45 (per person) and \$21,948.90 for two people

Year Two

- Present a training with PCT mentor observing = \$3,000.00 (per person)
- 20 hours of training with the PCT mentor = \$1,000.00 (per person)
- Present a 2nd training with PCT mentor observing = \$3,000.00 (per person)
- One full day of review with PCT mentor = \$1,000.00 (per person)
- Salary for two Administrator trainees = \$2,068.00 (per person - the salary is for the individuals who would be covering the homes while the trainees are being trained)
- Training expenses = \$500.00
- Administrative Costs (15%) = \$3,095.40 for operating costs and project management.

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

Total for Year Two: \$11,866.00 per person or \$23,732.00 for two people
Total for Years 1-2: \$45,680.90

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.

N/A

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) 2016/17; 2018/19
Disparity Funding X No ___ Yes If Yes, FY(s) N/A
CPP Funding ___ No X Yes If Yes, FY(s) 2019/20
CRDP Funding X No ___ Yes If Yes, FY(s) N/A

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.

In fiscal year 2016/17, People's Care was awarded a grant to utilize a consultant to support one of our adult day programs to increase volunteer and work activities. As a result we are vendored to provide Customized Integrated Employment and some of our participants started working at a local Subway and were volunteering at a church. In fiscal year 2018/19, People's Care was awarded a grant to hire a PCT consultant to mentor and certify 2 employees. Due to the Covid pandemic this project was stalled for half of 2020. The majority of the project is completed, but the two employees are not yet certified. In fiscal year 2019/20, People's Care was awarded two EBSH projects with IRC. Both projects should be completed by March 2021.

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.

The Covid-19 pandemic greatly hindered completion of the PCT Train the Trainer project in Southern California. People's Care remains committed to finishing this project, but as mentioned it is imperative that we have certified PCT trainers in the San Diego area.

HCBS CONCEPT BUDGET		PCT Train the Trainer Certification Project				
Vendor Name		People's Care				
Vendor Number(s)		HQ1212, HQ1128, HQ1243				
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)						
Facility Administrator	86180	0.02	\$ 1,293	0.02	\$ 2,068	\$ 3,361
Facility Administrator	86180	0.02	\$ 1,293	0.02	\$ 2,068	\$ 3,361
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 2,585		\$ 4,137	\$ 6,722
Operating expenses						
PCT Trainer			\$ 16,000		\$ 16,000	\$ 32,000
Training Expenses: Supplies			\$ 250		\$ 250	\$ 500
Training Expenses: Food			\$ 250		\$ 250	\$ 500
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 16,500		\$ 16,500	\$ 33,000
Administrative Expenses						
Operating Costs & Project Management = 15%			\$ 2,863		\$ 3,096	\$ 5,958
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ 2,863		\$ 3,096	\$ 5,958
Capital expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ -		\$ -	\$ -
Total Concept Cost			\$ 21,948		\$ 23,733	\$ 45,680

See Attachment F for budget details and restrictions