

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.

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| Date(s) of Evaluation: 1/29/2021 | Completed by: Alicia Carroll |
| Vendor Name, Address, Contact: Prairie House 4475 Prairie Rd. Paso Robles, CA 93446 | Turning Point of Central California, Inc. La Serenata 1017 La Serenata Way Nipomo, CA 93444 |
| Vendor Number: Prairie House - HT0311 | La Serenata - HT0727 |
| Service Type and Code: Residential - 113 | |

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| <p><u>Federal Requirement #1:</u> <i>The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</i></p> | <p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals receive services in the community based on their needs, preferences and abilities? • Does the individual participate in outings and activities in the community as part of his or her plan for services? • If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource? • Do individuals have the option to control their personal resources, as appropriate? |
| <p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: As per client's ISPs and IPPs we ensure that they have access to activities that help meet their goals. Preferences are always considered however cannot always be accommodated. Employment opportunities as of now are offered through the school setting primarily. The adults responsible for their care tend to be responsible for their resources.</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 Please explain: All clients have current IPPs on file. In general they do discuss options tried before seeking placement, however not all do.</p> | |
| <p><u>Federal Requirement #3:</u> <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p> | <p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and |

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| | <p>freedom from coercion and restraint?</p> <ul style="list-style-type: none"> • Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality? • Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)? |
| <p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Upon all admit client's rights are reviewed with all clients and a copy is provided and posted in the home. If necessary an interpreter can be brought in and the ability to create visuals is available in all the homes.</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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: We do try to structure client activities around wants/needs/preferences. However do the need of clients served and the availability of staff based on structure we aren't able to accommodate last minute requests or frequent 1-1 individualized outings/activities. Supervision is also required at all times so going into friends' homes or having friends over is a very limited option.</p> | |
| <p><u>Federal Requirement #5:</u> <i>Facilitates individual choice regarding services and supports, and who provides them.</i></p> | <p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider support individuals in choosing which staff |

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| | <p>provide their care to the extent that alternative staff are available?</p> <ul style="list-style-type: none"> • Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services? |
| <p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: All clients have access to their Service Coordinators and/or Social Workers upon request. Since we are a children's placement the adults responsible are usually responsible for their services. Staff changes and accommodations are not available due to limited number of staff and small staffing ratios.</p> | |

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| <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</p> <p>Please explain: Admission's Agreements are on all file for all client. Again we are working with children so ultimately the adults are responsible for these decisions. As clients gets closer to and turns 18 they are more involved and their input and decisions are taken into account pending availability or feasibility of their choice.</p> | |
| <p><u>Federal Requirement #7:</u> <i>Each individual has privacy in his/her sleeping or living unit:</i></p> | <p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have a choice regarding roommates or private accommodations? |

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| <p>. Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</p> <p>. Individuals sharing units have a choice of roommates in that setting.</p> <p>. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</p> | <ul style="list-style-type: none"> • 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</p> <p>Please explain: All clients have private bedrooms, there is no option for a roommate. They are able to decorate their bedroom as they choose to. Due to the nature of clients served locks on their door is generally not an option although pending client not out of the realm of possible.</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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Fresh fruit and vegetables are available 24/7. There is a menu that is followed for meals and snacks with designated time frames. The clients should be a part of the menu planning process and do have options to 1 or 2 alternatives weekly. The clients do not set their own schedule but it is designed to accommodate the needs of all clients served.</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Due to the nature of clients served visitors are not allowed in the home unless it has been preplanned and it safe for them to be present. This is generally reserved for professional workers and family for short periods of time. The programs strongly encourage clients to visit with family. This frequently</p> | |

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includes overnight visits. However leaving with a “friend” to go to something is not an option if they are not an adult a part of their treatment team or designated.

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: Clients are restricted from areas where staff cannot maintain supervision, they can't go into each other's bedrooms and certain areas that are locked to store medications, toxins, sharps etc. They are not able to leave the facility grounds without staff however are allowed outside if supervision can be maintained and they are demonstrating safe behavior.

The facility can be modified to accommodate client's needs when necessary
All common area furniture is available to clients however there might be times where the clients are purposely asked to split up between rooms.
Appliances are available to clients with staff supervision during designated times.

CONTACT INFORMATION

Contact Name: Jason Moore, Regional Director

Contact Phone Number: (707) 463-8346

Email Address: jmoore@tpocc.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 | Turning Point of Central California, Inc. |
| Vendor number(s) | Prairie House #HT0311; La Serenata #HT0727 |
| Primary regional center | Tri County Regional Center |
| Service type(s) | Residential |
| Service code(s) | 113 |
| Number of consumers typically and currently served | 8 consumers |
| Typical and current staff-to-consumer ratio | 2 staff to 1 consumer ratio |
| <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>This program is located in a residential neighborhood, in a single-family home. All clients have their own bedrooms and there is a bathroom designated for individuals served. Yard space, living room, kitchen and dining rooms are all common areas and easily accessed at any time. Each individual has been assigned a daily schedule including wake up, morning hygiene, breakfast, school time, lunch, free time and structured activities. Afternoons and evenings include homework, chores, meal prep, dinner and evening hygiene. Appointments and visits are incorporated into their daily schedule. Weekly menus and monthly activity schedules are posted and followed. The clients currently offer limited contributions to the menu and schedule decisions as most outings and meals are designed to address overlapping needs of all clients in the program at a given time.</p> | |
| <p>Project Narrative Description: While filling out this section, reflect on how services are typically provided and how that might have changed in the past year. Think about what has been learned in the past year and how that might shape services going forward. Funding awarded through this concept can span the course of up to two years which would allow time to shape services to be more person-centered and align with the HCBS federal requirements.</p> | |
| <p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p> | |
| <p>The purpose of this concept is to address identified deficits in the areas of person-centered planning and to meet the expressed desire for clients to increase self-determination. Turning Point proposes funding the addition of a full-time Person-Centered Thinking (PCT) Trainer, enhanced staff-training and expert consultation that will aid in the completion of Person-Guided Functional Assessments (PGFA) (Wehmeyer, et. al., 2004), administration of Arc's Self-Determination scales (Wehmeyer & Bolding, 1998) as well as the development of action plans and Person Centered Portfolios (Malloy, Couture & Drake, 2011) for all individuals being served.</p> | |
| <p>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.</p> | |
| <p>1 <u>x</u> 2 ___ 3 ___ 4 <u>x</u> 5 ___ 6 ___ 7 ___ 8 <u>x</u> 9 ___ 10 ___</p> | |
| <p>Federal Requirements #1, #4 & #8</p> | |

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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.

Federal Requirement #1: Preferences are always are considered however cannot always be accommodated due to safety and supervision needs. Employment opportunities as of now are primarily offered through the school setting. The adults responsible for their care tend to be responsible for their resources.

Federal Requirement #4: ...due to the need of individuals served and the availability of staff based on structure we aren't able to accommodate last minute requests or frequent 1-to-1 individualized outings/activities. Supervision is also required at all times so going into friends' homes or having friends over is a very limited option.

Federal Requirement #8: ...individuals do not set their own schedule but it is designed to accommodate the needs of all individuals served...areas like laundry rooms frequently store medications and cleaning supplies so must be with staff to access those areas.

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.

To achieve compliance with Federal Requirement #1, #4 & #8, over the 2-year funding period, this concept will increase client self-determination by teaching more effective skills for problem solving, goal setting and decision making through social skills groups, house meetings, increased client involvement and (when possible) leadership of their IPP/ISP/IEP meetings. This concept will require staff training in the Person-Centered standards of practice, Person-Centered Thinking, Person-Centered Descriptions, action plans and Person Centered Portfolios for this specific setting/population. Each action plan will incorporate their personal choices into decisions about daily activities, physical environment, with whom they interact, employment interests and activity choices during free time in ways that are compatible with their treatment and supervision needs. Action plans will include corresponding "soft skills" required to meet socialization goals and will be tiered (short-term/intermediate/long-term) so that skills are gradually developed and practiced as the individual nears discharge.

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

Objective #1: To create a video training series for staff which applies the person-centered standards of practice, person-centered thinking, person-centered descriptions and action plans to this specific setting/population. **Method:** This training will be created and delivered to all program staff by the end of the first year of HCBS funding as measured by attendance and course surveys. This will be achieved by the PCT Trainer in collaboration with the Turning Point communications department. **Outcome:** To shift staff training, interventions and programming decisions to be more aligned with the standards of person-centered care.

Objective #2: To co-create individualized, person-centered descriptions and action plans and implement a Person Centered Portfolio for each individual that connects their unique goals to actual opportunities and resources available within the community. **Method:** This Person Centered Portfolio will be initially developed by the PCT Trainer in collaboration with local providers within the first 120 days of

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| <p>HCBS funding and will be regularly discussed with the individual, updated according to their preferences and interests throughout treatment, and provided to the individual at discharge. Self-determination will be measured using the age-appropriate version of the evidence-based Arc's Self-Determination Scale.</p> <p>Outcome: To increase the individuals' sense of self-determination.</p> |
| <p>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.</p> |
| <p>Qualitative interviews with clients and their support persons revealed a deep sense of discouragement after discharge when a client either fails to meet their goals or returns to treatment. Consistent themes of 1) individuals being unable to harness a sense of self-determination in decision making, and 2) being inadequately practiced/scaffolded in making healthy, pro-social decisions for themselves were consistently reinforced by the institutionalization that can occur as a result of staying in residential treatment for extended periods of time. To this end, this concept is designed to better prepare individuals for self-determination after discharge in the areas of autonomy, freedom, authority, support and responsibility, long after discharge from treatment.</p> |
| <p>8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.</p> |
| <p>With the addition of a PCT Trainer to train the person-centered standards of care among staff, model implementation of those standards in the creation of meaningful action plans, and the creation of Person Centered Portfolios, Turning Point will increase individuals' subjective experience of self-determination as measured by improved scores on the Arc's Self-Determination Scale.</p> |
| <p>9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2020-21 HCBS Funding.</p> |
| <p>The PCT Trainer will record all trainings in a video format so that the implementation of the Person-Centered Thinking, Person-Centered Descriptions and action plans will become a mainstay enhancement of the planning and execution of IPP and ISP's for every resident, long after the conclusion of the current HCBS funding period.</p> |
| <p>10. Write a brief narrative below explaining each major cost category and timeline. Complete the budget template at the end of the concept sheet. An excel version with formulas is available. When applicable, budgets should include personnel/benefits, operating costs such as consultants or training, administrative expenses/indirect costs, and capital costs (assets lasting more than 2 years). If project spans 2 years or occurs in phases, budget should be separated by phase/year.</p> <p>Administrative costs, if any, must comply with DDS' vendor requirements, including a cap of 15% of the sum of personnel/benefits, consulting, and operating costs (must exclude capital costs). This information can be found at this link.</p> |
| <p>The major cost categories for years 1 & 2 are described as follows:</p> <p>Full-time Person-Centered Thinking (PCT) Trainer position. This staff member will be certified through the International Learning Community for Person Centered Practices (ILCPCP), adhere to the corresponding Standards of Practice and complete</p> |

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the Plan Facilitation Training (PF). This position will then oversee and model (for existing program staff) the development of a Person-Centered Description and action plan for each individual while practicing the What's Working/Not Working skill as a bridge to discover action steps with individuals. The PCT Trainer will oversee the project start-up to ensure fidelity to evidence-based models, adapt curriculum and cross train line staff.

Consultants for 3 hours per week. The consultants will help staff adapt evidence-based practices to practice and retain life skills. Consultants will attend team meetings on a monthly basis on rotation, according to the specialty needs of clients in treatment at that time. This allows flexibility and immediate access to assistance while staff are working to collaborate on meaningful action plans.

Training costs. *Year 1-* This line item includes costs associated with the PCT Trainer certification through the International Learning Community for Person Centered Practices (ILCPCP), as well as the Plan Facilitation Training (PF). *Year 1 & 2-* Additional cost of employee training courses are associated with Relias, LinkedIn Learning, trainings held by Turning Point registered staff and outside training courses.

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.

Whether or not Turning Point secures long-term funding for this position after the initial HCBS funding period, the use of person-centered standards, action planning, and Person Centered Portfolio will be retained as treatment components indefinitely.

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

HCBS Funding X No ___ Yes. If Yes, FY(s) _____
 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.

Not Applicable.

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.

Not Applicable.

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| HCBS CONCEPT BUDGET | | | | | | |
|------------------------------------|--|---------------|-------------------|---------------|-------------------|-------------------|
| Vendor Name | Turning Point of Central California, Inc. | | | | | |
| Vendor Number(s) | Prairie House #HT0311; La Serenata #HT0727 | | | | | |
| | Wage and Benefits | Year 1 Budget | | Year 2 Budget | | Total |
| | | FTE | Annual Cost | FTE | Annual Cost | Cost |
| Personnel (wage + benefits) | | | | | | |
| ILS Coordinator | \$ 79,383 | 1 | \$ 79,383 | 1 | \$ 85,127 | \$ 164,510 |
| | | | \$ - | | \$ - | \$ - |
| | | | \$ - | | \$ - | \$ - |
| | | | \$ - | | \$ - | \$ - |
| | | | \$ - | | \$ - | \$ - |
| | | | \$ - | | \$ - | \$ - |
| | | | \$ - | | \$ - | \$ - |
| | | | \$ - | | \$ - | \$ - |
| | | | \$ - | | \$ - | \$ - |
| Personnel Subtotal | | | \$ 79,383 | | \$ 85,127 | \$ 164,510 |
| Operating expenses | | | | | | |
| Office Supplies | | | \$ 2,500 | | \$ 2,300 | \$ 4,800 |
| Program Supplies | | | \$ 6,050 | | \$ 6,300 | \$ 12,350 |
| Building Rent | | | \$ 9,600 | | \$ 11,040 | \$ 20,640 |
| Utilities | | | \$ 1,500 | | \$ 1,725 | \$ 3,225 |
| Maintenance | | | \$ 2,800 | | \$ 2,800 | \$ 5,600 |
| Expendable Equipment/Furniture | | | \$ 6,000 | | \$ 2,500 | \$ 8,500 |
| Staff Training | | | \$ 3,800 | | \$ 3,500 | \$ 7,300 |
| Staff Travel | | | \$ 4,650 | | \$ 4,650 | \$ 9,300 |
| Insurance | | | \$ 960 | | \$ 960 | \$ 1,920 |
| O/S Labor- Consultant | | | \$ 15,600 | | \$ 15,600 | \$ 31,200 |
| Audit | | | \$ 350 | | \$ 350 | \$ 700 |
| Client Activities/Recreation | | | \$ 2,000 | | \$ 2,000 | \$ 4,000 |
| Other Recruitment/HR | | | \$ 1,176 | | \$ 1,176 | \$ 2,352 |
| | | | \$ - | | \$ - | \$ - |
| Operating Subtotal | | | \$ 56,986 | | \$ 54,901 | \$ 111,887 |
| Administrative Expenses | | | | | | |
| Admin Expense (15%) | | | \$ 20,455 | | \$ 21,004 | \$ 41,460 |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| Administrative Subtotal | | | \$ 20,455 | | \$ 21,004 | \$ 41,460 |
| Capital expenses | | | | | | |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| Capital Subtotal | | | \$ - | | \$ - | \$ - |
| Total Concept Cost | | | \$ 156,824 | | \$ 161,032 | \$ 317,857 |