

Welcome:

In California, people with intellectual and developmental disabilities are provided many services because of the Lanterman Act. Many of these services are paid for with state and federal money from the federal Centers for Medicare and Medicaid Services (CMS). Therefore, the state and service providers must comply with what is called the Home and Community-Based Services (HCBS) Final Rule. In January 2014, CMS announced a requirement for states to review and evaluate current services, including both non-residential and residential programs, and to demonstrate alignment with the federal HCBS Final Rule.

These rules were developed to ensure that individuals receiving long-term services and supports through HCBS programs under Medicaid waiver and State Plan authorities have full access to the benefits of community living and the opportunity to receive services in the most integrated setting appropriate. As part of the federal rule, it is critical that individuals and families have the opportunity to collaborate with service providers regarding the services that they receive.

The following self-assessment is designed to measure providers' current level of compliance with these Federal HCBS rules and provide a framework for assisting providers with the necessary steps to align their services with the federal rules. It is acceptable for providers to not be currently in compliance with all of the requirements. There is time to develop transition plans to help bring providers into compliance by March 2023. Additionally, a provider may not be solely responsible for the activities associated with each question, as some of the questions may be a shared responsibility with the regional center or another entity.

Each individual and service provider is unique. As a result, there are many ways to align services in California to meet the federal requirements. Collecting input from individuals on their experience is necessary to ensure services are individualized and person-centered since there is not a singular template or service design that can be used to meet these requirements in all situations.

For more information regarding the CMS regulations for Home and Community-Based Services, as well as additional training regarding the completion of this self-assessment, please visit the following link: <https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/>

Instructions:

1. Providers must complete a self-assessment for each service, each vendored program*, which they operate. Vendored services that are designed specifically for groups of individuals with developmental disabilities are required to complete a self-assessment.

*Each program with a unique vendor number/ service code combination needs to complete an assessment.

For providers that are uncertain if they must complete this assessment or have questions regarding the instructions, please contact HCBSregs@dds.ca.gov for guidance.

2. Providers must complete this assessment in conjunction with others who have knowledge of the service provided. Others involved in the assessment must include persons receiving services from the provider, and/or family members of persons served, and may also include staff and other stakeholders as necessary. Information should be collected from a variety of individuals served and their families and in methods that accommodate their preferred modes of communication. This assessment will collect information on how and from whom the information was collected.

3. This self-assessment consists of a series of questions that should help inform whether the service is being provided in alignment with each federal requirement. There are "YES," "NO," "SOMETIMES" questions listed within each requirement that will guide the provider to ultimately determine whether they meet the overall requirement, and therefore select either "MET," "PARTIALLY MET," or "NOT MET" for each requirement. Responses **must** be completed for each question. Providers can save their responses and return to complete their assessment at a later time.

A "MET" response indicates that policies exist and services are provided in a way that meets the requirement for all individuals served, in alignment with their individualized program plan.

Providers must identify and describe documentation that supports "MET" responses as evidence. Documentation that will be deemed acceptable evidence to demonstrate compliance includes, but is not limited to:

- Provider Policies/ Procedures
- Program Design
- Client Handbook
- Staff training curriculum
- Training Schedules

When explaining how each requirement is met and where documentation can be found, providers should address each topic specifically and the explanation should contain references to and/or short excerpts from policies. Please do NOT copy full policy manual or sections thereof. Please DO include the location of policies and practices and

relevant page numbers. If a response is the same for multiple requirements it only needs to be described once and can be referenced for later questions.

Providers should ensure that no Personal Health Information is included in this assessment. For clarification please see question 7 on page 5 of the CMS March 2019 guidance at <https://www.medicaid.gov/federal-policy-guidance/downloads/smd19001.pdf>

For every “SOMETIMES,” “NO,” or “NOT MET” response: It is acceptable not to be currently in compliance with these requirements, there is time to make adjustments as necessary.

Reasons for a “No” or “Not Met” response **may** include, but are not limited to:

- The provider is not responsible for performing the required function(s);
- The setting is not currently in compliance, and may need to make adjustments as necessary.

There are some requirements within the HCBS Final Rule that can be modified based on an individualized need. Some questions have a choice of “modified based on individualized need”. This response should only be selected if all of the following is documented in the individual’s program plan:

- A specific and individualized assessed need.
- Positive interventions and supports used prior to any modification(s).
- Less intrusive methods of meeting the need that have been tried but did not work.
- Clear description of the condition(s) that is directly proportionate to the specific assessed need.
- Review of regulations and data to measure the ongoing effectiveness of the modification(s).
- Established time limits for periodic reviews to determine if the modification(s) is still necessary or can be terminated.
- Informed consent of the individual.
- An assurance that interventions and supports will cause no harm to the individual

Date(s) of Assessment:

1. Completed by:
2. Vendor Name:
3. Vendor Number:
4. Vendor Address (physical location):
5. Name of Contact Person:
6. Phone Number of Contact Person:
7. What is your vendoring regional center?
8. Service/Setting Type:
Note: Providers whose settings offer services under multiple service codes will need to complete a self-assessment for each applicable service code.
 - Activity Center (505)
 - Adult Day Care (Adult Day Care Facility) (855)
 - Adult Development Center (510)
 - Family Home Agency (Adult Family Home, Certified Family Home, Family Teaching Home) (904)
 - DSS Licensed Specialized Residential Facility (Adult Residential Facilities for Persons with Special Health Care Needs) (113)
 - Adult Residential Facility (905, 915)
 - Behavior Management Program (515)
 - Community Activities Support Service (063)
 - Participant-Directed Community-Based Training Service for Adults (Community-Based Training Provider) (475)
 - Community Integration Training Program (055)
 - Group Home; Residential Facility Serving Children (Foster Family Home) (910, 920)
 - Geriatric Facility (Residential Care Facility for the Elderly); or Small Family Home (096)
 - Socialization Training Program (028)
 - Supported Employment - Group Services (950)
 - Work Activity Program (954)
- 8a. Other (please specify)
9. Please check the boxes of all regional centers with which your agency provides services: (drop down of all 21 regional centers)
10. Number of individuals currently served:

The assessment is intended to be completed by multiple constituents and stakeholders. Please state whether the following types of representatives participated in completing this self-assessment:

11. Individuals receiving services:

- Yes
- No

12. Describe how if Yes

13. How many individuals served participated in the assessment process?

14. Family members of individuals receiving services:

- Yes
- No

15. Describe how if Yes

16. Board of Directors:

- Yes
- No
- N/A

17. Direct Support Staff:

- Yes
- No

18. Other Staff (excluding leadership/ownership):

- Yes
- No
- N/A

According to CMS, the location in which services are provided, or the way in which some services are provided, results in the need for “heightened scrutiny” in order to verify that the service meets the federal requirements. For more information about this, please see guidance from CMS: <https://www.medicaid.gov/federal-policy-guidance/downloads/smd19001.pdf>. The following questions below help determine which services **may** need further verification.

19. The service is provided in a building that is also a publicly or privately-operated facility that provides inpatient institutional treatment.

- Yes
- No

20. If “Yes”, please describe:

Note: A public institution is an inpatient facility that is financed and operated by a county, state, municipality, or other unit of government.

21. The service is provided in a building located on the grounds of, or immediately adjacent to, a public institution.

- Yes
- No

22. If "Yes", please describe:

Does the way the service is provided have the effect of isolating individuals from the broader community of individuals who do not receive regional center services? For example, are any of the following true?

23. Due to the design or model of the setting and/or the way services are provided, do individuals have limited, if any, opportunities for interaction in and with the broader community, including with individuals who do not receive regional center services?

- Yes, individuals have limited or no opportunities
- No, individual's opportunities are not limited

24. If "Yes", please describe:

25. Does the setting and/or the way services are provided restrict individuals' choice to receive services or to engage in activities outside of the location where services are provided?

- Yes
- No

26. If "Yes", please describe how the setting restricts choice to engage in outside activities:

27. Is the service provided in a location that is physically separate** and apart from the broader community and does not facilitate opportunities to access the broader community and participate in community services, consistent with an individual's service plan?

- Yes, services are provided in a location separate from the community and does not facilitate access
- No, service provision is integrated

28. If "Yes", please describe how the service being provided in a separate location limits opportunity:

** Please note: Services provided in rural areas are not automatically considered by CMS as isolating.

29. Does the provider have restrictive policies, including but not limited to, restricted access to and within the facility for individuals and/or family members, delayed egress devices, secured perimeters, or restraints.

- Yes
- No

30. If "Yes", please describe:

Federal Requirement #1: Access to the Community

The setting/service is integrated in and supports full access 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 regional center services.

FR1-1. As part of their plan for services, do individuals have the opportunity to participate in individual and group outings and activities in the community at the frequency and for the amount of time desired by individuals?

- Yes
- No
- Sometimes

Add comments (optional):

FR1-2. Do the opportunities for community outings and activities include meaningful interaction with individuals not receiving regional center services, not including paid staff or volunteers?

- Yes
- No
- Sometimes

Add comments (optional):

FR1-3. If individuals want to seek paid employment, do they have access to competitive integrated employment opportunities? Note: information on California's Competitive Integrated Employment Initiative can be found at <http://www.chhs.ca.gov/home/cie/>

- Yes
- No
- Not Applicable

Add comments (optional):

FR1-4. Do individuals have the choice to receive related personal services in the community (rather than on site) based on their needs, preferences and abilities to the same degree as individuals not receiving regional center services?

- Yes
- No
- Sometimes

Add comments (optional):

FR1-5. Do individuals have access to transportation options, including public transportation, family/friends/and volunteer organizations that promote ease of use and optimize individuals' independence, per their individual program plan?

- Yes
- No

- Sometimes

Add comments (optional):

FR1-6. Do individuals have the option to control their personal resources, if applicable?

- Yes
- No
- Sometimes

Add comments (optional):

FR1-7. Based on the above responses and any other knowledge in your possession, do you believe that the standards of Federal Requirement #1 are currently met for this service?

Note: Any "No" or "Sometimes" responses to the questions above may mean that the service does not currently meet HCBS requirements.

- **Met**
- **Not Met**
- **Partially Met**

FR1-8. Please explain response: For "Met" or "Partially Met", please explain how you meet this requirement and indicate the supporting document(s) and page number(s) that support your response. For "Partially Met" and "Not Met", please explain reasons you may not meet this requirement. (comment box)

Federal Requirement #2: Choice of Setting

The setting/service is selected by the individual from among various options, including non-disability specific options and an option for a private room in a residential setting. The options are identified and documented in the Individual Program Plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.

FR2-1. Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals?

- Yes
- No

Add comments (optional):

FR2-2. Does each individuals' IPP document the different options that were considered prior to selecting this service and that the current provider selected was based on the individual needs and preferences?

Note: Responding "No" to this question does not mean the provider is out of compliance.

- Yes
- No
- Sometimes

Add comments (optional):

FR2-3. Based on the above responses and any other knowledge in your possession, do you believe that the standards of Federal Requirement #2 are currently met for this service?

Note: Any "No" or "Sometimes" responses to the questions above may mean that the service does not currently meet HCBS requirements.

- **Met**
- **Not Met**
- **Partially Met**

FR2-4. Please explain response: For "Met" or "Partially Met", please explain how you meet this requirement and indicate the supporting document(s) and page number(s) that support your response. For "Partially Met" and "Not Met", please explain reasons you may not meet this requirement. (comment box)

Federal Requirement #3: Right to be Treated Well

The setting/service ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.

FR3-1. Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint?

- Yes
- No

Add comments (optional):

FR3-2. Does the provider have policies and procedures that address individuals' rights of privacy, dignity, respect, and freedom from coercion and restraint?

- Yes
- No

Add comments (optional):

FR3-3. Does the provider conduct communications, both verbal and written, about an individual's personal information in a manner that ensures privacy and confidentiality?

- Yes
- No

Add comments (optional):

FR3-4. Does the provider ensure individuals have privacy while using the bathroom and when assisted with personal care?

- Yes
- No

Add comments (optional):

FR3-5. 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.)?

- Yes
- No

Add comments (optional):

FR3-6. Are individuals allowed to dress or groom in a manner that is appropriate to the setting while honoring individual choice and life-style preferences?

- Yes
- No

Add comments (optional):

FR3-7. Are all individuals able to visit with others in private?

- Yes
- No

Add comments (optional):

FR3-8. Does the facility ensure staff is knowledgeable about the capabilities, preferences, interests, and needs of the individuals they serve?

- Yes
- No

Add comments (optional):

FR3-9. Is there a place for individuals to store belongings in a secure manner, e.g., nightstand, lockbox, room, closet?

- Yes
- No

Add comments (optional):

FR3-10. Are all individuals able to talk on the phone or comparable technology, text, and read mail/email in private?

- Yes
- No

Add comments (optional):

FR3-11. Does the provider impose restrictions regarding access within the service location, inside or outside, for individuals or visitors?

- Yes
- Yes, and one or more individuals have modifications based on their individualized need.
- No

Add comments (optional):

FR3-12. Does the provider utilize restraints?

Note: "Restraint" means control of the client's behavior or activities through the use of physical or pharmaceutical means other than postural supports. For providers that utilize restraints, acceptable explanations may include identifying policies that require documentation of the use of interventions and/or restraints in the individual program plan, that informed consent prior to the use of restraints has been obtained, or that it is the providers policy to ensure that individual supports and plans to address behavioral needs are specific to the individual and not the same for everyone else in the setting.

- Yes
- Yes, and one or more individuals have modifications based on their individualized need
- No

Add comments (optional):

FR3-13. Does the provider use delayed egress devices or secured perimeters?

Note: "Delayed egress" is defined in Health and Safety Code 1531.1; and "Secured perimeter" is defined in Health and Safety Code 1531.15

- Yes

- Yes, and one or more individuals have modifications based on their individualized need
- No

Add comments (optional):

FR3-14. Based on the above responses and any other knowledge in your possession, do you believe that the standards of Federal Requirement #3 are currently met for this service?

Note: Any "No" responses to the questions 3-1 to 3-10 indicate that the setting may not currently meet HCBS requirements. Any "Yes" responses to questions 3-11 to 3-13 indicate that the setting may not meet the requirement.

- **Met**
- **Not Met**
- **Partially Met**

FR3-15. Please explain response: For "Met" or "Partially Met", please explain how you meet this requirement and indicate the supporting document(s) and page number(s) that support your response. For "Partially Met" and "Not Met", please explain reasons you may not meet this requirement. (comment box)

Federal Requirement #4: Independence

The setting/service optimizes but does not regiment individual initiative, autonomy and independence in making life choices, including daily activities, physical environment and with whom to interact.

FR4-1. Do individuals have input into and choice among daily activities that are based on the individuals' needs and preferences?

- Yes
- No
- Sometimes

Add comments (optional):

FR4-2. Do individuals have the ability to control their own schedules?

- Yes
- No
- Sometimes

Add comments (optional):

FR4-3. Does the provider structure its support so that individuals are able to interact with people they choose to interact with, both at home and in community settings including non-disabled peers other than paid staff and volunteers?

- Yes
- No
- Sometimes

Add comments (optional):

FR4-4. 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?

- Yes
- No
- Sometimes

Add comments (optional):

FR4-5. Can individuals choose to spend time, including dining, alone or in a private area?

- Yes
- No

Add comments (optional):

FR4-6. Does the provider support individuals' autonomy to make personal decisions such as practicing religion and voting?

- Yes
- No

Add comments (optional):

FR4-7. Based on the above responses and any other knowledge in your possession, do you believe that the standards of Federal Requirement #4 are currently met for this service?

Note: Any "No" or "Sometimes" responses to the questions above may mean that the service does not currently meet HCBS requirements.

- **Met**
- **Not Met**
- **Partially Met**

FR4-8. Please explain response: For "Met" or "Partially Met", please explain how you meet this requirement and indicate the supporting document(s) and page number(s) that support your response. For "Partially Met" and "Not Met", please explain reasons you may not meet this requirement. (comment box)

Federal Requirement #5: Choice of Services and Supports

The setting/service facilitates individual choice regarding services and supports, and who provides them.

FR5-1. Does the provider support individuals in choosing which staff provide their care, for example gender or language spoken?

- Yes
- No
- Sometimes

Add comments (optional):

FR5-2. Does the provider have a complaint/grievance policy for individuals and inform individuals how to file a Grievance in communication methods outlined in their IPPs?

- Yes
- No

Add comments (optional):

FR5-3. Do individuals have opportunities to modify their services or schedules and/or voice their concerns in the manner and timing of their choosing and consistent with their communication abilities and preferences?

- Yes
- No
- Sometimes

Add comments (optional):

FR5-4. If individuals are of retirement age are they offered the choice to retire from a day or work program?

- Yes
- No
- Not applicable

Add comments (optional):

FR5-5. Based on the above responses and any other knowledge in your possession, do you believe that the standards of Federal Requirement #5 are currently met for this service?

*Note: Any "No" or "Sometimes" responses to the questions above **may** mean that the service does not currently meet HCBS requirements.*

- **Met**
- **Not Met**
- **Partially Met**

FR5-6. Please explain response: For "Met" or "Partially Met", please explain how you meet this requirement and indicate the supporting document(s) and page number(s) that support your response. For "Partially Met" and "Not Met", please explain reasons you may not meet this requirement. (comment box)

Providers who operate a residential setting will need to answer a few additional questions regarding the federal requirements.

Federal Requirement #6: Residential Agreement

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.

FR6-1. Does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement?

- Yes
- No

Add comments (optional):

FR6-2. Are individuals informed about how to relocate and request new housing?

- Yes
- No

Add comments (optional):

FR6-3. In the case of any possible eviction or involuntary relocation, are there policies and procedures in place to ensure individuals have and are informed of eviction protections and the appeals process?

- Yes
- No

Add comments (optional):

FR6-4. Based on the above responses and any other knowledge in your possession, do you believe that the standards of Federal Requirement #6 are currently met for this service?

*Note: Any "No" or "Sometimes" responses to the questions above **may** mean that the service does not currently meet HCBS requirements.*

- **Met**
- **Not Met**
- **Partially Met**

FR6-5. Please explain response: For “Met” or “Partially Met”, please explain how you meet this requirement and indicate the supporting document(s) and page

number(s) that support your response. For “Partially Met” and “Not Met”, please explain reasons you may not meet this requirement. (comment box)

Federal Requirement #7: Privacy

Each individual has privacy in his/her sleeping or living unit:

- 1. Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.**
- 2. Individuals sharing units have a choice of roommates in that setting.**
- 3. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.**

FR7-1. Do individuals have a choice regarding roommates or private accommodations?

Note: In regard to the question above, not every provider has to provide the option of a private room, but individuals must have a choice of who they share a room with.

- Yes
- No

Add comments (optional):

FR7-2. Do individuals have the option to change roommates, if desired?

- Yes
- No

Add comments (optional):

FR7-3. Do individuals have the option of furnishing and decorating their sleeping or living units in a manner that is based on their preferences, or with their own personal items?

- Yes
- No

Add comments (optional):

FR7-4. Do individuals have the ability to lock their bedroom doors when they choose?

- Yes
- Yes, and one or more individuals have modifications based on individualized need
- No

Add comments (optional):

FR7-5. Are policies in place to ensure only necessary and appropriate staff have access to bedrooms and are there protocols to ensure the policies are followed?

- Yes
- No

Add comments (optional):

FR7-6. Based on the above responses and any other knowledge in your possession, do you believe that the standards of Federal Requirement #7 are currently met for this service?

*Note: Any "No" or "Sometimes" responses to the questions above **may** mean that the service does not currently meet HCBS requirements.*

- **Met**
- **Not Met**
- **Partially Met**

FR7-7. Please explain response: For "Met" or "Partially Met", please explain how you meet this requirement and indicate the supporting document(s) and page number(s) that support your response. For "Partially Met" and "Not Met", please explain reasons you may not meet this requirement. (comment box)

Federal Requirement #8: Schedule and Access to Food

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

FR8-1. Do individuals have access to food at any time?

- Yes
- Yes, and one or more individuals have modifications based on their individualized need
- No
- Sometimes

Add comments (optional):

FR8-2. Does the home allow individuals to set their own daily schedules?

- Yes
- Yes, and one or more individuals have modifications based on their individualized need
- No
- Sometimes

Add comments (optional):

FR8-3. Do individuals have full access to common areas in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?

- Yes
- Yes, and one or more individuals have modifications based on their individualized need
- No
- Sometimes

Add comments (optional):

FR8-4. Do individuals have access to public transportation, and where no public transportation is available, are other resources available to them by which to access the broader community to the same degree of access as individuals not receiving regional center services?

- Yes
- No
- Sometimes

Add comments (optional):

FR8-5. Based on the above responses and any other knowledge in your possession, do you believe that the standards of Federal Requirement #8 are currently met for this service?

*Note: Any "No" or "Sometimes" responses to the questions above **may** mean that the service does not currently meet HCBS requirements.*

- **Met**

- **Not Met**
- **Partially Met**

FR8-6. Please explain response: For “Met” or “Partially Met”, please explain how you meet this requirement and indicate the supporting document(s) and page number(s) that support your response. For “Partially Met” and “Not Met”, please explain reasons you may not meet this requirement. (comment box)

Federal Requirement #9: Right to Visitors

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

FR9-1. Are visitors welcome to visit the home at any time?

- Yes
- No

Add comments (optional):

FR9-2. 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?

- Yes
- No

Add comments (optional):

FR9-3. Based on the above responses and any other knowledge in your possession, do you believe that the standards of Federal Requirement #9 are currently met for this service?

Note: Any "No" or "Sometimes" responses to the questions above may mean that the service does not currently meet HCBS requirements.

- **Met**
- **Not Met**
- **Partially Met**

FR9-4. Please explain response: For "Met" or "Partially Met", please explain how you meet this requirement and indicate the supporting document(s) and page number(s) that support your response. For "Partially Met" and "Not Met", please explain reasons you may not meet this requirement. (comment box)

Federal Requirement #10: Accessibility

The setting is physically accessible to the individual.

FR10-1. Do individuals have the freedom to move about inside and outside the home, including bedrooms, bathrooms, and common spaces?

Note: This question also refers to the presence of grab bars, seats in bathrooms, ramps for wheel chairs, etc., if individuals who need those supports are currently being served at the setting.

- Yes
- No

Add comments (optional):

FR10-2. Are appliances and furniture accessible to every individual?

- Yes
- No

Add comments (optional):

FR10-3. Based on the above responses and any other knowledge in your possession, do you believe that the standards of Federal Requirement #10 are currently met for this service?

Note: Any "No" or "Sometimes" responses to the questions above may mean that the service does not currently meet HCBS requirements.

- **Met**
- **Not Met**
- **Partially Met**

FR10-4. Please explain response: For "Met" or "Partially Met", please explain how you meet this requirement and indicate the supporting document(s) and page number(s) that support your response. For "Partially Met" and "Not Met", please explain reasons you may not meet this requirement. (comment box)

Review

R1. Did you respond "Not Met" or "Partially Met" to any of the Federal Requirements?

- Yes
- No

R2. All settings must be in alignment with the HCBS Final Rules by March 17, 2022. Do you plan to make adjustments to the way you provide services in order to be in alignment with the HCBS Final Rule? If you do plan to make adjustments, guidance and training from the Department of Developmental Services, as well as links to the CMS website for additional guidance, can be found at <https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/>.

- Yes, I intend to make adjustments.
- No, I do not intend to make adjustments.

R3. I confirm that the information I have provided is true, accurate, and complete to the best of my knowledge.

- I agree

Thank you for completing this self-assessment.

For more information regarding the Centers for Medicare & Medicaid Services (CMS) regulations for Home and Community-Based Services, please visit the following link: <https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/>