



CALIFORNIA DEPARTMENT OF DEVELOPMENTAL SERVICES HCBS FINAL RULE VIRTUAL SITE ASSESSMENT

VENDOR NAME:

VENDOR NUMBER:

SERVICE CODE:

SETTING TYPE:

DATE OF ASSESSMENT:

Contents

General Vendor Information	2
Vendor Contact Information.....	2
Visit Information	3
Compliance Recommendation Summary	4
Heightened Scrutiny	5
Federal Requirement 1: Access to the Community	7
Federal Requirement 1 Individual Questions.....	9
Federal Requirement 1 Access to the Community Compliance Recommendation	11
Federal Requirement 2: Choice of Setting	12
Federal Requirement 2 Individual Questions.....	12
Federal Requirement 2 Choice of Setting Compliance Recommendation.....	13
Federal Requirement 3: Right to be Treated Well.....	14
Federal Requirement 3 Individual Questions.....	18
Federal Requirement 3 Right to be Treated Well Compliance Recommendation.....	19
Federal Requirement 4: Independence	20
Federal Requirement 4 Individual Questions.....	21
Federal Requirement 4 Independence Compliance Recommendation	22
Federal Requirement 5: Choice of Services and Supports.....	23
Federal Requirement 5 Individual Questions.....	23
Federal Requirement 5 Choice of Services and Supports Compliance Recommendation	24
Federal Requirement 10: Accessibility	34
Federal Requirement 10 Individual Questions.....	34
Federal Requirement 10 Accessibility Compliance Recommendation.....	35

General Vendor Information

Vendor Name:	
Vendor Number:	
Vendoring Regional Center:	
Service Type:	
Setting Type:	
Number Served:	
Total Capacity:	

Vendor Contact Information

Vendor Contact Name:	
Street Address:	
City:	State:
Zip:	Phone Number:
Email Address:	

Visit Information

Date of Assessment:	
----------------------------	--

Assessor Name:	
-----------------------	--

Name(s) and titles of Provider Staff Interviewed:
--

--

HCBS Final Rule March 17, 2023

Does the setting plan to make adjustments to the way services are provided in order to be in alignment with the HCBS Final Rule?

Compliance Recommendation Summary

Below is a summary of your setting’s Compliance Recommendation for each of the HCBS characteristics (e.g. community integration, individual rights, etc.). Please note this section represents a summary of your setting’s compliance. The sections that follow will include the response to each question as observed during the visit.

Overall Compliance Overall compliance is an observation comprised of results from the site assessment for each Federal Requirement.	
---	--

Heightened Scrutiny According to CMS, the location in which services are provided, or the way in which some services are provided, results in the need for additional review, or “heightened scrutiny” in order to verify that the service meets the federal requirements.	
--	--

Federal Requirement 1-5	Fed 1	Fed 2	Fed 3	Fed 4	Fed 5

Federal Requirement 10	Fed 10

Heightened Scrutiny

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.

Has this site been identified for Heightened Scrutiny?

1. The service is provided in settings that are located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment.

2. The service is provided in settings that are located on the grounds of, or immediately adjacent to, a public institution.

3. 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?

4. 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?

5. 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?

Heightened Scrutiny Justification:

Please note this section may appear blank. Justifications are completed for settings identified as Heightened Scrutiny.

Blank area for Heightened Scrutiny Justification.

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.

1a. 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?

- Are Individual Activities?

- Are Individual Activities Planned by?

- Are Group Activities?

- Are Group Activities Planned by?

1b. Do the opportunities for community outings and activities include meaningful interaction with individuals not receiving regional center services, not including paid staff or volunteers?

1c. If individuals want to seek paid employment, do they have access to competitive integrated employment opportunities?

1d. 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?

- Medical Services:

- Dental Services:

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.

- Optometry/ophthalmology Services:

- Therapy (PT, OT, Speech):

- Therapy (Behavioral):

- Salon Services:

- Banking Services:

1e. 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?

1e. Continued...

- Public Transportation:

- Provider Transportation:

- Ride Share (Uber, Lyft):

- Volunteer Organization:

- Family or Friends:

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.

- Church:

1f. Do individuals have the option to control their personal resources, if applicable? (Including financials and other personal item?)

- Money:

- Checkbook:

- Budget:

Federal Requirement 1 Individual Questions

1. Do you go to the community to do things you like to do?

2. Do you go on errands (drug store, shopping for clothing, etc.) if you want to?

3. Do you have to do errands with the entire group at the same time?

4. Do you get to choose who you go on errands with?

5. When other people go out in the community to do an activity, do you have to go, even if you don't want to?

Federal Requirement 1 Individual Questions	
6. Are you currently attending a day/employment program? (If no, please answer the questions based on what you experienced when you did attend the program.)	
7. Do you get to control/keep your own money?	
8. If no to question above: Do you know how to ask for your money?	
9. Can you get money when you ask for it?	
10. Can you choose to receive medical, dental or therapy services within the community?	
11. Do you get to choose any services in the community, such as salon or bank? If No, do you have to receive these services at this setting?	

Federal Requirement 1 Access to the Community Compliance Recommendation

Based on the observations, does the setting meet the standards of Federal Requirement 1?

Justification:

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.

2a. Does the setting have a current regional center Individual Program Plan (IPP) on file for all individuals?

--

- Setting options, including non-disability specific?

--

- Service options specified?

--

2b. 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?

--

Federal Requirement 2 Individual Questions

12. Did you choose this setting? If residential - home or apartment?

--

13. Was there another setting you wanted to attend? If residential – home or apartment you wanted to live?

--

14. Were you able to see/visit other places before you selected this one?

--

Federal Requirement 2 Choice of Setting Compliance Recommendation

Based on the observations, does the setting meet the standards of Federal Requirement 2?

Justification:

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.

3a. Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint?

- Dignity:

- Respect:

- Privacy:

Freedom from coercion and restraint:

Privacy regarding:

Written communications/files:

Verbal communications (health, finances, etc.):

Medication administration:

Visitors:

Email, checking mail, phone calls:

Personal Care:

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.

3b. 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.)?

Check all that are currently utilized/ accessible:

3c. Are individuals allowed to dress or groom in a manner that is appropriate to the setting while honoring individual choice and life-style preferences?

3d. Does the facility ensure staff is knowledgeable about the capabilities, preferences, interests, and needs of the individuals they serve?

- Are individual capabilities, preferences, interests and needs documented in the IPP?

- Do staff have access to the IPP either electronically or onsite?

3e. Is there a place for individuals to store belongings in a secure manner?

Cubby or locker (with lock):	Secure lock box:

Nightstand (residential):	Closet:

Locked room or bedroom:	Staff Office:

- Does only the individual have access to the secured belongings?

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.

3f. Are all individuals able to talk on the phone or comparable technology, text, and read mail/email in private?

Talk/text on the phone or communicate with others:

Read email / mail:

FaceTime/Zoom, or other virtual chat options:

3g. Does the provider impose restrictions regarding access within the service location, inside or outside, for individuals or visitors?

Inside Setting

Outside Setting

Delayed Egress/ Secured perimeters

“Delayed egress” is defined in Health and Safety Code 1531.1; and “Secured perimeter” is defined in Health and Safety Code 1531.15

Privacy in bathroom:

Visitors-hours:

Visitors areas of setting:

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.

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.

3h. Does the provider utilize restraints?

--

Chemical Restraint:

--

Physical Restraint:

--

Mechanical Restraint:

--

Staff are trained upon hire and, at a minimum, annually on the use of restraints?

--

Staff trainings on the use of restraints is documented.

--

Does the setting have a policy in place for the use of restraints?

--

Is there a process/protocol in place for reporting the use of restraints?

--

Federal Requirement 3 Individual Questions
15. Do you have a specific space to keep your personal items secure (e.g., locker, cubby, IF residential – nightstand, closet)?
16. If you are unhappy or uncomfortable with staff, do you feel safe enough to tell someone?
17. Do you know what to do or who to talk to if you have a problem?
18. Has anyone given you a telephone number you can call if you have a problem?
19. Are you able to use the phone or other device in private?
20. Are you able to get your own mail (residential) /check email in private if you choose?
21. Are you able to keep things that are important to you /valuable with yourself, in a safe place or locked up?
22. Do staff treat you and talk to you like an adult?

Federal Requirement 3 Right to be Treated Well**Compliance Recommendation**

Based on the observations, does the setting meet the standards of Federal Requirement 3?

Justification:

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.

4a. Do individuals have input into and choice among daily activities that are based on the individuals' needs and preferences?

- Daily Activities:

- Group Activities:

- Daily Schedule:

- Interact with others in the home

- Interact in community with non-disabled peers

4b. Can individuals choose to spend time, including dining, alone or in a private area?

- Can individuals dine alone in their bedroom or other private area?

- If individuals dine in a dining area, is there assigned seating?

4c. Does the provider support individuals' autonomy to make personal decisions such as practicing religion and voting?

- Can individuals attend religious services at a location and faith of their choosing?

- Are individuals supported to vote?

Federal Requirement 4 Individual Questions
23. Do you make decisions about what daily activities you want to participate in?
24. Do staff support you to make these decisions?
25. Are you able to bring the food you want to eat?
26. Are you able to eat where you want (e.g., dining room, outside etc.)?
27. Do you have an assigned seat where you must sit by the same person when you eat?

**Federal Requirement 4 Independence
Compliance Recommendation**

Based on the observations, does the setting meet the standards of Federal Requirement 4?

Justification:

Empty box for justification.

Federal Requirement 5: Choice of Services and Supports

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

5a. Does the provider support individuals in choosing which staff provide their care (for example gender or language spoken)?

5b. Does the provider have a complaint/grievance policy for individuals?

- Does the provider inform individuals how to file a Grievance in communication methods outlined in their IPPs?

5c. Do individuals have opportunities to modify their services or schedules?

- Do individuals have opportunities to voice their concerns in the manner and timing of their choosing, consistent with their communication abilities and preferences?

5d. If individuals are of retirement age, are they offered the choice to retire from a day or work program?

Federal Requirement 5 Individual Questions

28. If you wanted to receive different services or change some of your services, do you know what to do or who to speak with to make that request?

29. Do you go to the meeting where your individual service plan is developed?

30. Do you get to decide on who is invited to your service planning meeting?

31. Does anyone else come to your service planning meeting (family, friends, others)?

32. Do you think you are listened to during the individual service planning meeting?

Federal Requirement 5 Individual Questions
33. Does your service plan include things that are important to you?

**Federal Requirement 5 Choice of Services and Supports
Compliance Recommendation**

Based on the observations, does the setting meet the standards of Federal Requirement 5?

Justification:

Federal Requirement 10: Accessibility

The setting is physically accessible to the individual.

10a. Is the setting physically accessible for individuals who have a physical disability (e.g. ramps, railings, roll in showers, etc. ?)

--

10b. Are appliances and furniture accessible to every individual?

--

Federal Requirement 10 Individual Questions

52. Are you able to access any area or room in the home or apartment you choose? (e.g. kitchen, closets, laundry room, garage – as applicable)

--

**Federal Requirement 10 Accessibility
Compliance Recommendation**

Based on the observations, does the setting meet the standards of Federal Requirement 10?

Justification:



The California Department of Developmental Services and Public Consulting Group partnered to conduct these virtual site assessments to gather more information on how services are currently being provided and to determine compliance with the federal HCBS Final Rule requirements.

We appreciate your time and participation in completing the assessment. If you have any questions, please contact your vendoring regional center or the California Department of Developmental Services.

General Questions about compliance determinations:

Vendoring Regional Center

HCBS Questions related to the Statewide Transition Plan:

Department of Developmental Services

hcsregs@dds.ca.gov

Additional HCBS Final Rule resources can be found below:

CMS HCBS Information:

<https://www.medicaid.gov/medicaid/home-community-based-services/home-community-based-services-guidance/index.html>

CMS Heightened Scrutiny Guidance:

<https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/smd19001.pdf> California

Statewide Transition Plan:

<https://www.dhcs.ca.gov/services/ltc/Pages/HCBSStatewideTransitionPlan.aspx>

California DDS Website:

<https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/>