

**Home and Community-Based Services Waiver  
REGIONAL CENTER CONSUMER RECORD RATING SHEET**

*Department of Developmental Services  
Department of Health Care Services*

Consumer		R.C.	Residence	Program			Reviewer	Date
Criteria				+	-	NA	Comments	
2	Medi-Cal Eligible							
2.1	Medicaid Waiver Eligibility Record (DS3770							
2.1.a	Signed with QIDP Title							
2.1.b	Qualifying conditions and special health care requirements summarized							
2.1.c	Timely annual recertification							
2.1.d	Short-term absence identified							
2.2	Choice of Services/Living Arrangements (DS 2200)							
2.3	Notification of proposed action and fair hearing rights							
2.4	CDER reviewed annually							
2.5.a	Level of care qualifying conditions (QC)							
2.5.b	QC consistent with information in record							
2.6.a	IPP reviewed annually by planning team							
2.6.b	Standard Annual Review form completed							
2.7.a	IPP signed by consumer and regional center							
2.7.b	IPP addendums signed by consumer and regional center and/or documentation that the planning team was in agreement							
2.7.c	IPP prepared jointly by planning team							
2.8	IPP contains goals based on needs, preferences and choices							
2.9	Specific IPP objectives implement goals and address needs							
2.9.a	IPP addresses qualifying conditions							
2.9.b	IPP addresses special health care requirements and current health conditions							
2.9.c	IPP addresses CCF services							
2.9.d	IPP addresses day program services							
2.9.e	IPP addresses SLS agency or ILS services							
2.9.f	IPP addresses goals, preferences and choices							
2.9.g	IPP includes family plan component (minors only)							
2.10.a	IPP includes type and amount of all RC POS							
2.10.b	IPP includes types and amounts of all generic and other services							
2.10.c	IPP includes approximate start date for new services							
2.11	IPP identifies provider(s) responsible for implementing services							
2.12	Consumer progress documented at least annually							

2.13.a	Quarterly face-to-face contact (CCF, FHA, SLS, ILS if outside family home)				
2.13.b	Quarterly progress reports (CCF, FHA, SLS, ILS if outside of family home)				
2.14	Monthly face-to-face contact first 90 days after moving from DC to community				