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| **Vendor Name** |  |
| **Vendor Number** |  |
| **Service Code** |  |
| **Regional Center** |  |

Please see guidance on completing this form posted on the Department’s website: <https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/>. If you have questions, please contact your regional center HCBS Program Evaluator.

**DETERMINATION OF COMPLIANCE IS AS FOLLOWS:**

**ü Full compliance was reported, and more information is needed to support this determination.** Please refer to the self-assessment report as needed and submit existing documentation for each federal requirement that shows compliance with the requirements. **Submit this form along with all required documentation by attaching documents in a reply to the email within 30 days of receipt of the email.**

For each federal requirement, the Department has listed examples of documents that can be submitted to support the determination of compliant.

Please Note:

* DO NOT submit documents with individual identifiable information.
* DO NOT submit entire program designs or policies/procedures. ONLY submit the page(s) that are applicable as evidence of compliance.
* Providers must complete a separate form for each service, each vendored program, which they operate.

**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.*

Please check which documents are submitted (be sure to remove any individual identifiable information), and explain in the box below how compliance is confirmed, include the page number(s) in the documentation submitted that supports compliance and the original date of the document:

A. Segment from program design that includes language supporting compliance.

B. Provider policy or procedure that includes language supporting compliance.

C. Segment from client handbook that includes language supporting compliance.

D. Schedule or calendar of activities supporting compliance.

E. Monthly client meeting record. (Names removed)

F. Staff training curriculum and schedule.

G. Other: (Please list additional documents submitted)

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| Provide explanation here *(Example: A. Page 10 in program design requires annual review of client rights. C. Page 15 of client handbook lists client rights. Document updated May 2020 to include...)* |

**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.*

Please check which documents are submitted (be sure to remove any individual identifiable information), and explain in the box below how compliance is confirmed, include the page number(s) in the documentation submitted that supports compliance and the original date of the document:

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**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.*

Please check which documents are submitted (be sure to remove any individual identifiable information), and explain in the box below how compliance is confirmed, include the page number(s) in the documentation submitted that supports compliance and the original date of the document:

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**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.*

Please check which documents are submitted (be sure to remove any individual identifiable information), and explain in the box below how compliance is confirmed, include the page number(s) in the documentation submitted that supports compliance and the original date of the document:

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D. Schedule or calendar of activities supporting compliance.

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F. Staff training curriculum and schedule.

G. Other: (Please list additional documents submitted)

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**Federal Requirement 5: Choice of Services and Supports**

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

Please check which documents are submitted (be sure to remove any individual identifiable information), and explain in the box below how compliance is confirmed, include the page number(s) in the documentation submitted that supports compliance and the original date of the document:

A. Segment from program design that includes language supporting compliance.

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D. Schedule or calendar of activities supporting compliance.

E. Monthly client meeting record. (Names removed)

F. Staff training curriculum and schedule.

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**Federal Requirement 6: Residential Agreement**

*A lease, residence agreement or other form of written agreement is in place for each participant and the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction’s landlord tenant law.*

Please check which documents are submitted (be sure to remove any individual identifiable information), and explain in the box below how compliance is confirmed, include the page number(s) in the documentation submitted that supports compliance and the original date of the document:

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F. Staff training curriculum and schedule.

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**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.*

Please check which documents are submitted (be sure to remove any individual identifiable information), and explain in the box below how compliance is confirmed, include the page number(s) in the documentation submitted that supports compliance and the original date of the document:

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**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.*

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**Federal Requirement 9: Right to Visitors**

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

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**Federal Requirement 10: Accessibility**

*The setting is physically accessible to the individual.*

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| Name and Title of Person Who Completed this Form |  |
| Completion Date |  |