

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 modifications. 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 DDS 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: <http://www.dds.ca.gov/HCBS/>. Questions may be directed to [HCBSregs@dds.ca.gov](mailto:HCBSregs@dds.ca.gov).

Date(s) of Evaluation: [Click or tap here to enter text.](#)  
 Completed by: [Click or tap here to enter text.](#)  
 Vendor Name, Address, Contact: [Click or tap here to enter text.](#)  
 Vendor Number: [Click or tap here to enter text.](#)  
 Service Type and Code: [Click or tap here to enter text.](#)

<p><b><u>Federal Requirement #1:</u></b>  <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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals receive services in the community based on their needs, preferences and abilities?</li> <li>• Does the individual participate in outings and activities in the community as part of his or her plan for services?</li> <li>• If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource?</li> <li>• Do individuals have the option to control their personal resources, as appropriate?</li> </ul>
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<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/>Yes <input type="checkbox"/>No Please explain: <a href="#">Click or tap here to enter text.</a></p>	
<p><b><u>Federal Requirement #2:</u></b> <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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals?</li> <li>• Does each individuals' IPP document the different setting options that were considered prior to selecting this setting?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/>Yes <input type="checkbox"/>No Please explain: <a href="#">Click or tap here to enter text.</a></p>	
<p><b><u>Federal Requirement #3:</u></b> <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint?</li> <li>• Does the provider communicate, both verbal and written, in a manner that ensures privacy and confidentiality?</li> <li>• 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.)?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/>Yes <input type="checkbox"/>No Please explain: <a href="#">Click or tap here to enter text.</a></p>	
<p><b><u>Federal Requirement #4:</u></b> <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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider offer daily activities that are based on the individuals' needs and preferences?</li> <li>• Does the provider structure their support so that the individual is able to interact with individuals they choose to interact</li> </ul>

	<p>with, both at home and in community settings?</p> <ul style="list-style-type: none"> <li>• 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?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/>Yes <input type="checkbox"/>No          Please explain: <a href="#">Click or tap here to enter text.</a></p>	
<p><b><u>Federal Requirement #5:</u></b>  <i>Facilitates individual choice regarding services and supports, and who provides them.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available?</li> <li>• Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/>Yes <input type="checkbox"/>No          Please explain: <a href="#">Click or tap here to enter text.</a></p>	

Only providers of services in **provider-owned or controlled residential settings** need to complete the remainder of this evaluation. In **provider-owned or controlled residential settings**, in addition to the above requirements, the following requirements must also be met:

<p><b><u>Federal Requirement #6:</u></b>  <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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement?</li> <li>• Are individuals informed about how to relocate and request new housing?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b>   <input type="checkbox"/>Yes   <input type="checkbox"/>No                  Please explain: <a href="#">Click or tap here to enter text.</a></p>	
<p><b><u>Federal Requirement #7:</u></b>  <i>Each individual has privacy in his/her sleeping or living unit:</i></p> <ol style="list-style-type: none"> <li>1. <i>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</i></li> <li>2. <i>Individuals sharing units have a choice of roommates in that setting.</i></li> <li>3. <i>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i></li> </ol>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have a choice regarding roommates or private accommodations?</li> <li>• 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?</li> <li>• Do individuals have the ability to lock their bedroom doors when they choose?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b>   <input type="checkbox"/>Yes   <input type="checkbox"/>No                  Please explain: <a href="#">Click or tap here to enter text.</a></p>	

<p><b>Federal Requirement #8:</b> <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><b>Guidance:</b></p> <ul style="list-style-type: none"> <li>• Do individuals have access to food at any time?</li> <li>• Does the home allow individuals to set their own daily schedules?</li> <li>• Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/>Yes <input type="checkbox"/>No Please explain: <a href="#">Click or tap here to enter text.</a></p>	
<p><b>Federal Requirement #9:</b> <i>Individuals are able to have visitors of their choosing at any time.</i></p>	<p><b>Guidance:</b></p> <ul style="list-style-type: none"> <li>• Are visitors welcome to visit the home at any time?</li> <li>• 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?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/>Yes <input type="checkbox"/>No Please explain: <a href="#">Click or tap here to enter text.</a></p>	
<p><b>Federal Requirement #10:</b> <i>The setting is physically accessible to the individual.</i></p>	<p><b>Guidance:</b></p> <ul style="list-style-type: none"> <li>• Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area?</li> <li>• 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?</li> <li>• Are appliances and furniture accessible to every individual (e.g., the washer/dryer are front loading for individuals using wheelchairs)?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/>Yes <input type="checkbox"/>No Please explain: <a href="#">Click or tap here to enter text.</a></p>	

**CONTACT INFORMATION**

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**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 DDS may require to determine provider compliance with the HCBS settings rules.

I AGREE

Existing 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 three pages, and must be kept in Arial 12-point font. Submit the form in Microsoft Word.
- For providers that operate programs with several vendor numbers, one evaluation and concept form may be submitted, provided that the plan applies to all vendor numbers listed.
- The narrative should link to the federal requirement that is not currently being met. The results of the evaluation should be clearly laid out in the narrative. The narrative should describe how the funding would achieve compliance.
- Concepts should be developed with a person-centered approach, with proposed changes/activities focused on the needs and preferences of those who receive services.
- The estimated budget and timeline need not be detailed at this point but must include all major costs and benchmarks.

**Examples of previously funded concepts:**

- Identified the need as well as proposed a plan to provide outreach and information regarding the HCBS rules to consumers and members of their support teams
- Discussed the need for additional funds in order to effectively support consumers on a more individualized basis in overcoming barriers to community integration and employment, as appropriate
- Prioritized the preferences of consumers and utilized consumer feedback in the development of the concept

More information on the HCBS rules and this form can be found at:

<http://www.dds.ca.gov/HCBS/>

**Home and Community-Based Services (HCBS) Rules  
CONCEPT FORM**

**Enclosure C**

Vendor name	<u>Click or tap here to enter text</u>
Vendor number(s)	<u>Click or tap here to enter text</u>
Primary regional center	<u>Click or tap here to enter text</u>
Service type(s)	<u>Click or tap here to enter text</u>
Service code(s)	<u>Click or tap here to enter text</u>
Number of consumers currently serving	<u>Click or tap here to enter text</u>
Please describe your person-centered approach <sup>1</sup> in the concept development process; how did you involve the individuals for whom you provide services?	<u>Click or tap here to enter text</u>
Does the concept address unmet service needs or service disparities? If so, how?	<u>Click or tap here to enter text</u>
Barriers to compliance with the HCBS rules and/or project implementation	<u>Click or tap here to enter text</u>
Narrative/description of the project. Identify which HCBS federal requirements are currently out of compliance; include justification for funding request	<u>Click or tap here to enter text</u>
Estimated budget; identify all major costs and benchmarks — attachments are acceptable	<u>Click or tap here to enter text</u>
Requested funding for 2017-18	<u>Click or tap here to enter text</u>
Estimated timeline for the project	<u>Click or tap here to enter text</u>

<sup>1</sup> A person-centered approach emphasizes what is important to the individual who receives services and focuses on personal preferences, satisfaction, and choice of supports in accessing the full benefits of community living. For more information regarding person-centered practices, please visit <http://www.nasdds.org/resource-library/person-centered-practices/>