

Guidance:

In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced a requirement for states to review and evaluate current Home and Community Based Services (HCBS) settings, including non-residential and residential settings, and to demonstrate provider compliance with the federal HCBS setting rules that went into effect March 17, 2014. 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 setting rules and provide a framework for assisting providers with the necessary steps to compliance. It is acceptable for providers to not currently be in compliance with all of the requirements. There will be time to develop transition plans to help bring providers into compliance by March 2022. 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. All providers who provide services in a congregate setting or in a congregate way are required to complete this self-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.

All settings/providers must comply with the federal regulations by March 17, 2022.

For more information regarding the CMS regulations for Home and Community-Based Services, please visit the following link:
[Department of Developmental Services - CMS & HCBS Regulations](#)

Instructions:

1. Providers must complete a self-assessment for each service setting, each vendored program*, which they own, co-own, and/or operate. If a provider operates a setting that utilizes multiple service codes, a self-assessment must be completed for each service code. Providers who operate a setting or provide a service with any of the following characteristics must complete a self-assessment:

- The setting is designed specifically for individuals with disabilities or with a certain kind of disability;
- Individuals with disabilities are grouped for the provision of services; and/or,
- Individuals in the setting are primarily or exclusively individuals with disabilities and on-site staff providing services to those individuals

2. Responses to questions **must** be completed with either a "**YES**" or "**NO**" answer to each question.

For every "YES" response: Providers must identify documentation that supports a "Yes" response as evidence. Identified documentation does not need to be submitted with this assessment, but should be kept on-site and accessible along with a copy of the completed assessment form. 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

For every "NO" response: Providers must describe their current operations and provide information as to why a "No" response was given. It is acceptable to not currently be in compliance with these requirements, as there will be time to transition your setting.

Reasons for a "No" response may include, but are not limited to:

- There are modifications in place for individuals receiving services at the setting;
- The setting is not responsible for performing the required function(s); or,
- The setting is not currently in compliance and will need to transition

*Each vendored program with a vendor number needs to complete an assessment.

Providers are encouraged to print this instruction page to use as a reference while completing this self-assessment. If, at any time, you wish to view these instructions again, you may access the previous page by clicking the "Prev" button at the bottom of each page. To return to the current page, click the "Next" button; your answers will be saved.

Date(s) of Assessment:

Completed by:

Vendor Name

Vendor Address:

Name and Phone Number of Contact Person:

Vendor Number:

What is your vendoring regional center?

Service/Setting Type

Note: Providers whose settings offer services under multiple service codes will need to complete a self-assessment for each service code.

- Activity Center (505)
- Adult Day Care (Adult Day Care Facility) (855)
- Adult Development Center (510)
- Family Home Agency (Adult Family 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)
- Family Home Agency (Certified Family Home) (904)
- Child Day Care Center (851)
- Child Day Care Facility (851)
- Community Activities Support Service (063)
- Participant-Directed Community-Based Training Service for Adults (Community-Based Training Provider) (475)
- Community Integration Training Program (055)
- Day Care Family Member (Family Child Care Home) (405)
- Family Teaching Home (904)
- Residential Facility Serving Children (Foster Family Home) (910, 920)
- Group Home (910, 920)
- Geriatric Facility (Residential Care Facility for the Elderly) (096)
- Small Family Home (910)
- Socialization Training Program (028)
- Supported Employment - Group Services (950)
- Work Activity Program (954)
- Other (please specify)

Please check the boxes of all regional centers with which your agency provides services:

- Alta California Regional Center (ACRC)
- Central Valley Regional Center (CVRC)
- Eastern Los Angeles Regional Center (ELARC)
- Frank D. Lanterman Regional Center (FDLRC)
- Far Northern Regional Center (FNRC)
- Golden Gate Regional Center (GGRC)
- Harbor Regional Center (HRC)
- Inland Regional Center (IRC)
- Kern Regional Center (KRC)
- North Bay Regional Center (NBRC)
- North Los Angeles County Regional Center (NLACRC)
- Regional Center of the East Bay (RCEB)
- Regional Center of Orange County (RCOC)
- Redwood Coast Regional Center (RCRC)
- San Andreas Regional Center (SARC)
- South Central Los Angeles Regional Center (SCLARC)
- San Diego Regional Center (SDRC)
- San Gabriel/Pomona Regional Center (SGPRC)
- Tri-Counties Regional Center (TCRC)
- Valley Mountain Regional Center (VMRC)
- Westside Regional Center (WRC)

Is the setting a residential or non-residential setting?

- Residential
- Non-Residential

Please provide a brief description of the setting.

Number of individuals served:

Please briefly describe the services/supports provided by the setting:

Do any of the following statements apply to the setting?

- The setting is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment
- The setting is in a building located on the grounds of, or immediately adjacent to, a public institution
- The setting has the effect of isolating individuals receiving HCBS from the broader community of individuals not receiving Medicaid HCBS

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

- Yes
- No

If "Yes," please describe:

Federal Requirement #1: Access to the Community

The setting 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 Medicaid HCB Services.

For each question below, please provide a detailed explanation. If answering "Yes," please indicate the supporting document(s) and page number(s) that support your response.

1a. Do individuals receive services in the community based on their needs, preferences and abilities?

Yes

No

Please explain "Yes" or "No" response:

1b. Does the individual participate in outings and activities in the community as part of his or her plan for services?

Yes

No

Please explain "Yes" or "No" response:

1c. If an individual wants to seek paid employment, does the provider refer the individual to the appropriate community agency/resource?

Yes

No

Please explain "Yes" or "No" response:

1d. Do individuals have the option to control their personal resources, if applicable?

Yes

No

Please explain "Yes" or "No" response:

Are the standards of Federal Requirement #1 currently met?

Note: Any "NO" responses to the questions above that indicate a change to services is needed may mean that the setting does not currently meet HCBS standards.

Met

Not Met

Federal Requirement #2: Choice of Setting

The setting is selected by the individual from among various setting options, including non-disability specific settings and an option for a private room 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.

For each question below, please provide a detailed explanation. If answering "Yes," please indicate the supporting document(s) and page number(s) that support your response.

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

- Yes
 No

Please explain "Yes" or "No" response:

2b. Does each individuals' IPP document the different setting options that were considered prior to selecting this setting?

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

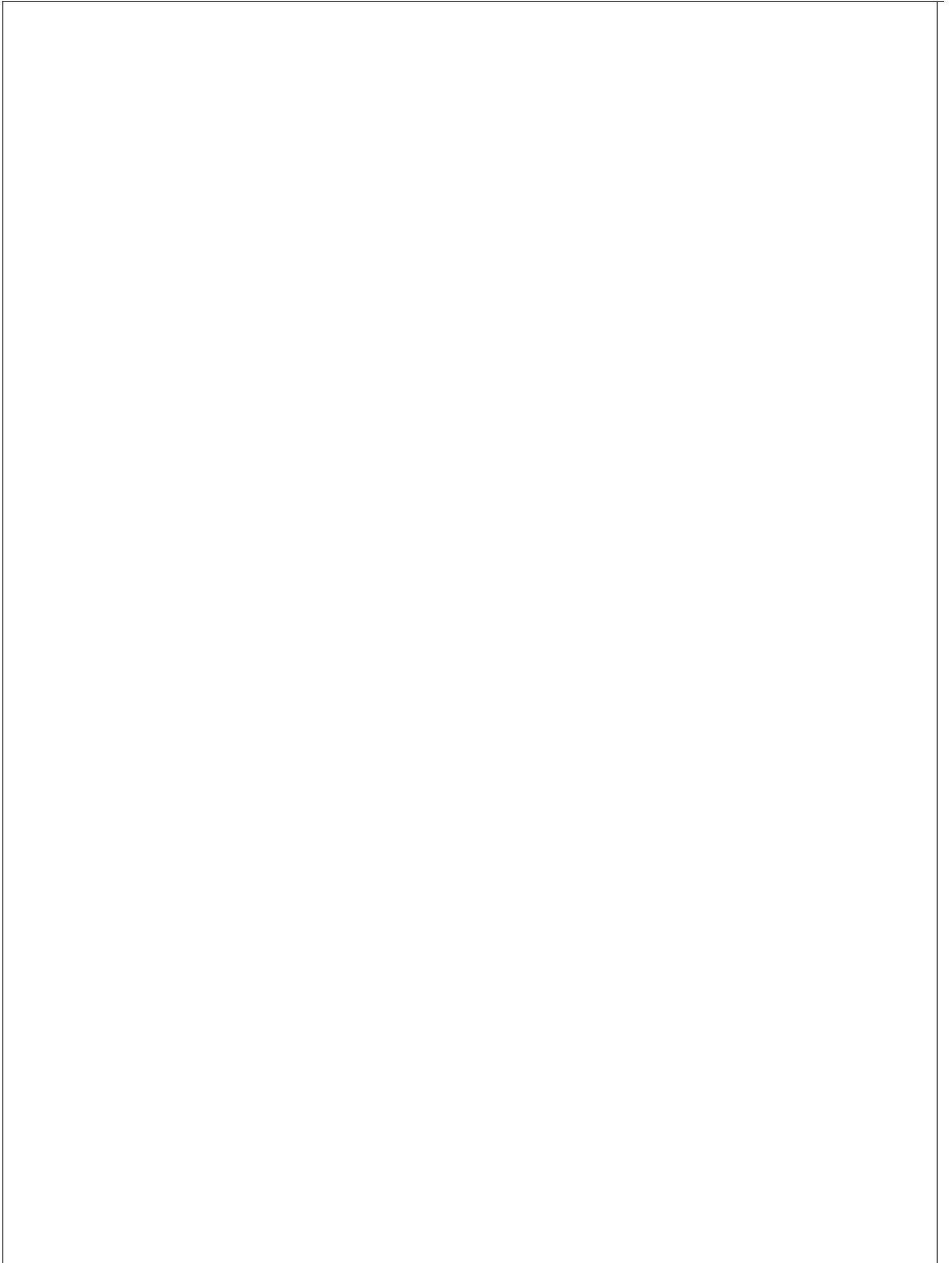
- Yes
 No

Please explain "Yes" or "No" response:

Are the standards of Federal Requirement #2 currently met?

Note: Any "NO" responses to the questions above that indicate a change to services is needed may mean that the setting does not currently meet HCBS standards.

- Met
 Not Met



Federal Requirement #3: Right to be Treated Well

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

For each question below, please provide a detailed explanation. If answering "Yes," please indicate the supporting document(s) and page number(s) that support your response.

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?

- Yes
- No

Please explain "Yes" or "No" response:

3b. Does the provider have policies and procedures that address individuals' rights of privacy, dignity, respect, and freedom from coercion and restraint?

- Yes
- No

Please explain "Yes" or "No" response:

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

Note: "Communications" may include an individual's medical conditions and/or financial situation.

- Yes
- No

Please explain "Yes" or "No" response:

3d. Does the provider ensure individuals have privacy while using the bathroom and when assisted with personal care?

Yes

No

Please explain "Yes" or "No" response:

3e. 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

Please explain "Yes" or "No" response:

3f. 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

Please explain "Yes" or "No" response:

***For the following questions, only provide an explanation if "Yes" is selected. There is no need for an explanation if "No" is selected.**

*3g. Does the provider impose restrictions regarding access within the setting?

Yes

No

If "Yes," please explain:

*3h. 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 settings that utilize restraints, acceptable explanations may include identifying policies that require documentation of the use of interventions and/or restraints in the person centered service 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

No

If "Yes," please explain:

*3i. 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

No

If "Yes," please explain:

Are the standards of Federal Requirement #3 currently met?

Met

Not Met

Federal Requirement #4: Independence

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

For each question below, please provide a detailed explanation. If answering "Yes," please indicate the supporting document(s) and page number(s) that support your response.

4a. Does the provider offer daily activities that are based on the individuals' needs and preferences?

- Yes
- No

Please explain "Yes" or "No" response:

4b. Does the provider structure their support so that the individual is able to interact with individuals they choose to interact with, both at home and in community settings?

- Yes
- No

Please explain "Yes" or "No" response:

4c. 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

Please explain "Yes" or "No" response:

4d. Can individuals choose to dine alone or in a private area?

Yes

No

Please explain "Yes" or "No" response:

Are the standards of Federal Requirement #4 currently met?

Note: Any "NO" responses to the questions above that indicate a change to services is needed may mean that the setting does not currently meet HCBS standards.

Met

Not Met

Federal Requirement #5: Choice of Services and Supports

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

For each question below, please provide a detailed explanation. If answering "Yes," please indicate the supporting document(s) and page number(s) that support your response.

5a. Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available?

- Yes
- No

Please explain "Yes" or "No" response:

5b. Does the provider have a complaint/grievance policy for individuals and inform individuals how to file a grievance?

- Yes
- No

Please explain "Yes" or "No" response:

5c. Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?

- Yes
- No

Please explain "Yes" or "No" response:

Are the standards of Federal Requirement #5 currently met?

Note: Any "NO" responses to the question above that indicates a change to services is needed may mean that the setting does not currently meet HCBS standards.

Met

Not Met

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

Are you a residential provider?

Yes

No

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.

For each question below, please provide a detailed explanation. If answering "Yes," please indicate the supporting document(s) and page number(s) that support your response.

6a. As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement?

- Yes
- No

Please explain "Yes" or "No" response:

6b. Are individuals informed about how to relocate and request new housing?

- Yes
- No

Please explain "Yes" or "No" response:

Are the standards of Federal Requirement #6 currently met?

Note: Any "NO" responses to the questions above that indicate a change to services is needed may mean that the setting does not currently meet HCBS standards.

- Met
- Not Met

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.

For each question below, please provide a detailed explanation. If answering "Yes," please indicate the supporting document(s) and page number(s) that support your response.

7a. 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

Please explain "Yes" or "No" response:

7b. Is there a process for changing roommates or acquiring other accommodations, if desired by the individual?

Yes

No

Please explain "Yes" or "No" response:

7c. 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?

Yes

No

Please explain "Yes" or "No" response:

7d. Do individuals have the ability to lock their bedroom doors when they choose?

Yes

No

Please explain "Yes" or "No" response:

Are the standards of Federal Requirement #7 currently met?

Note: Any "NO" responses to the questions above that indicate a change to services is needed may mean that the setting does not currently meet HCBS standards.

Met

Not Met

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.

For each question below, please provide a detailed explanation. If answering "Yes," please indicate the supporting document(s) and page number(s) that support your response.

8a. Do individuals have access to food at any time?

Yes

No

Please explain "Yes" or "No" response:

8b. Does the home allow individuals to set their own daily schedules?

Yes

No

Please explain "Yes" or "No" response:

8c. 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

No

Please explain "Yes" or "No" response:

8d. Are individuals in the setting assured of access to public transportation, and where no public transportation is available, have other resources by which to access the broader community (to the same degree of access as individuals not receiving Medicaid HCBS)?

Yes

No

Please explain "Yes" or "No" response:

Are the standards of Federal Requirement #8 currently met?

Note: Any "NO" responses to the questions above that indicate a change to services is needed may mean that the setting does not currently meet HCBS standards.

Met

Not Met

Federal Requirement #9: Right to Visitors

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

For each question below, please provide a detailed explanation. If answering "Yes," please indicate the supporting document(s) and page number(s) that support your response.

9a. Are visitors welcome to visit the home at any time?

- Yes
- No

Please explain "Yes" or "No" response:

9b. 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

Please explain "Yes" or "No" response:

Are the standards of Federal Requirement #9 currently met?

Note: Any "NO" responses to the questions above that indicate a change to services is needed may mean that the setting does not currently meet HCBS standards.

- Met
- Not Met

Federal Requirement #10: Accessibility

The setting is physically accessible to the individual.

For each question below, please provide a detailed explanation. If answering "Yes," please indicate the supporting document(s) and page number(s) that support your response.

10a. Do individuals have the freedom to move about inside and outside the setting?

Note: This questions 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

Please explain "Yes" or "No" response:

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

Yes

No

Please explain "Yes" or "No" response:

Are the standards of Federal Requirement #10 currently met?

Note: Any "NO" responses to the questions above that indicate a change to services is needed may mean that the setting does not currently meet HCBS standards.

Met

Not Met

Did you respond "Not Met" to any of the underlined Federal Requirements #1-10 listed on the previous pages?

Yes

No

All settings must come into compliance by March 17, 2022. Do you plan to make changes to your setting in order to achieve compliance?

- Yes, I plan to make changes.
- No, I do not plan to make any changes.

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

I agree

Post-Assessment Survey

Was the instruction page helpful to you?

- Yes
- No

If you feel that the instruction page was not helpful, what changes would you make to increase its effectiveness?

To what extent do you agree or disagree with the following statement:

I easily understood each of the federal requirements.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

To what extent do you agree or disagree with the following statement:

I easily understood the questions in the Provider Self-Assessment.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Identify, if any, questions that were confusing (please include recommendations for how to improve each question):

To what extent do you agree or disagree with the following statement:

I found the Provider Self-Assessment to be easy to navigate.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

To what extent do you agree or disagree with the following statement:

I know who to contact if I have questions or need help.

- Yes
- No

To what extent do you agree or disagree with the following statement:

After completing the Provider Self-Assessment, I have a clearer idea of what I need to do to bring my setting into compliance:

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

What changes would most improve the Provider Self-Assessment process overall?

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: [Department of Developmental Services - CMS & HCBS Regulations](#)