



VALLEY MOUNTAIN REGIONAL CENTER

Life with the
Power of Choice
and Possibilities

VENDOR NAME:

VENDOR NUMBER:

SERVICE CODE:

SETTING TYPE:

DATE OF ASSESSMENT:

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:	
<p>This section will list staff interviewed, it will also mention whether a single participant or group of participants were interviewed</p>	

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
	Met, partially met or not met				

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?

Most of our vendor community does not fall under heightened scrutiny and will be marked n/a

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.

This section will be marked n/a

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? Documents for #1 will show how you know what individuals want to participate in and that those activities are scheduled. e.g. calendars, questionnaires, meeting notes, individual progress notes

- What are some of the individual activities?

- Who are individual activities planned by?

- What are some of the group activities?

- Who 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?

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.

- 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.

- Assistance with religious or spiritual activities of choice if requested:

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

Removed question about do you go to day program, as this interview takes place at day program

6. Do you get to control/keep your own money?

7. If no to question above: Do you know how to ask for your money?

8. Can you get money when you ask for it?

9. 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?

Remediation Activities Needed:

This section will detail what the provider needs to remediate and give some examples of ways that the federal requirement can be remediated. e.g. creation of forms for gathering of information in small groups of where individuals want to go and what they want to do while they are there, also keeping calendars that show when activities change on a daily basis based on feedback from participants

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?

- Are service options specified including non-disability specific?

2b. Do you review with participants that other options for day programming exist at least annually? What is your process if someone expresses a desire to attend a different program?

It is good practice to document the responses of individuals served to this question. It can be documented on a signature page on your ISP forms, you will provide samples of these during assessment.

Federal Requirement 2 Individual Questions

12. Did you choose this setting?

13. Was there another setting you wanted to attend instead?
14. Were you able to see/visit other places before you selected this one?
15. Are you happy attending this program?

Federal Requirement 2 Choice of Setting Compliance Recommendation

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

Remediation Activities Needed:

This would likely include updating a signature page to have a line stating that the individual was informed of their right to choose a different program at any time, then a signature or space to initial

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? What is the frequency of rights based training for participants? For Staff? What documents are provided?

HCBS specific rights documents should be provided to both individuals and staff, then a training signature page should be available for your staff. Individuals can sign or initial they have received the HCBS rights page as well, this can be during a training for individuals or during their annual ISP. For a training, have a signature page for all individuals trained, for the ISP a space to initial it was provided.

Examples will be requested

Privacy Policy for staff? How and when are staff trained on it? Does it cover privacy in communications, participant files, medication administration and personal care?

The privacy policy should include:
-locks on bathroom doors
-what the expectations are around staff assisting with personal care activities
-privacy in communications including on the phone, texting, using social media and internet use
-HIPAA and distributing medication

There should be a signature page that staff have been trained on this privacy policy

Examples will be requested

Can participants have visitors?

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.)? **What methods are currently used?**

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? Is there a dress code in place for participants?

Limitations on dress should be restricted to work appropriate clothing and shoes in employment/volunteer opportunities
Reminders around weather appropriate clothing are okay

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

Do you have a form that gathers important information on the likes and dislikes, preferences of individuals? Examples will be requested

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

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

3e. Is there a place for individuals to store belongings in a secure manner?
Lockers should be available
<ul style="list-style-type: none">• 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?

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

Inside Setting

Sharps, cleaning chemicals, individuals files and medication may be locked

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

How do you ensure privacy in the bathroom?

Where can participants visit with guests? Are there restrictions on visitors?

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? Either chemical, physical or mechanical?

Are staff are trained upon hire and, at a minimum, annually on the use behavior interventions and de-escalation techniques?

Staff trainings on the use of behavior interventions 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? Who would you tell?

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? Where can you do that?

20. Can you check email, use social media or video call in private? Would staff ever ask to look at your phone or what you were using it for?

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 with dignity and respect?

Federal Requirement 3 Right to be Treated Well Compliance Recommendation

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

Remediation Activities Needed:

HCBS specific rights documents should be provided to both individuals and staff, then a training signature page should be available for your staff. Individuals can sign or initial they have received the HCBS rights page as well, this can be during a training for individuals or during their annual ISP. For a training, have a signature page for all individuals trained, for the ISP a space to initial it was provided

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?

This is another area where documentation related to preferences will be requested

- Daily Activities, what does that look like?

- Group Activities, what does that look like?

- Daily Schedule, what does that look like?

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

- Are individuals supported to attend religious/spiritual activities during program hours if desired?

- How are individuals supported to vote if they choose?

Federal Requirement 4 Individual Questions
23. Do you get to decide what classes and activities you do at program?
24. Do staff support you to make these decisions?
25. Are you able to bring the food you want to eat? When you go out to eat with your program do have a say over where that is?
26. Are you able to eat where you want? Can you eat alone or with friends if you want?
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?

Remediation Activities Needed:

Ensure you have adequate documentation related to individuals choices throughout their day

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)? How do you know those preferences?

This should be documented as a preference somewhere in the file for individuals, a great place would be on a 'getting to know me' document, the preference could be as simple as preferring male or female staff

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

Copies will be requested

- Does the provider inform individuals how to file a Grievance in communication methods outlined in their IPP/ISPs? When is that done/frequency?

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

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

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30. Do you get to decide on who is invited to your service planning meeting? Can you say no to someone attending if you don't want them there?
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31. Does anyone else come to your service planning meeting (family, friends, others)?

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32. Do you feel like you are listened to during the individual service planning meeting?
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Federal Requirement 5 Individual Questions

33. Does your service plan include things that are important to you?
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Federal Requirement 5 Choice of Services and Supports Compliance Recommendation

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

Remediation Activities Needed:

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. Is it ever hard for you to get from one part of the building to another? Can you get in and out of doors, hallways, bathroom stalls easily? Are there any areas you can't go without staff help?

Federal Requirement 10 Accessibility Compliance Recommendation

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

Remediation Activities Needed:

_____	_____
Date	Date
HCBS Program Evaluator	Community Services Division Manager
_____	_____
Vendor Representative	Vendor Representative
Date	Date

We appreciate your time and participation in completing the assessment. If you have any questions, please contact Valley Mountain Regional Center.

General Questions about compliance determinations:

Valley Mountain Regional Center

asims@vmrc.net

HCBS Questions related to the Statewide Transition Plan:

Department of Developmental Services

hcbsregs@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/>