



VALLEY MOUNTAIN REGIONAL CENTER

Best Practice in Licensed Adult Residential Services

(Revised May 2023 & finalized December 2025, March 2026)

The VMRC Community Services team, with input from residential providers, began revising VMRC's "Best Practices," in May of 2023. Changes, specifically Home and Community Based Services Federal settings rules and then "rate reform," greatly impacted the effort. The team made adjustments as changes occurred. This document captures the Federal Home and Community Based Services settings rules and aligns with changes to residential service settings [D-2024 Rate Reform-011 Rate Reform Implementation for Residential Services](#)

This document is a guide for residential service providers.

It is the philosophy of Valley Mountain Regional Center (VMRC) that all people, regardless of their abilities, can benefit from living in an environment that meets and supports their individual social, emotional, mental and physical needs. Individuals with developmental disabilities have the same basic needs as non-disabled people including a stable, comfortable living environment, and a variety of choices in their living environments.

In assisting individuals with developmental disabilities and/or their families to choose living arrangements that are best suited to their wants and needs, there are some principles which VMRC staff use for guidance. These principles include choosing the least restrictive environment and ensuring access for their personal choices, social interactions, and community. Additionally, identifying appropriate facilities to serve individuals based on their needs.

Title 17 of the California Code of Regulations and the Welfare and Institutions Code establish requirements for regional centers regarding the vendorization of residential facilities. These regulations require that regional centers follow certain procedures in identifying appropriate facilities to serve individuals; in monitoring the individuals' services and continuing progress in placement; and in monitoring facilities' continuing compliance with vendorization standards, regulations, and statutes.

VMRC has established internal procedures to address the requirements of applicable regulations and statutes, including procedures that case management staff follow in determining what facility(ies) might be appropriate choices to offer an individual needing residential placement.

VMRC's intention in listing the following requirements is to promote a clear understanding of our best practice standards and our plan to evaluate residential settings. Also, information regarding the process for developing and/or changing facilities' service programs.

VMRC will systematically monitor each facility and evaluate compliance with these standards and regulations to ensure that VMRC individuals are receiving quality care, supervision, training, and support. It is expected that residential service providers will encourage a lifestyle that promotes self-esteem and self-confidence for individuals with developmental disabilities and results in the individual:

- ◆ Making and expressing their choices that are important to them.
- ◆ Accessing A variety of preferred activities both at home and in the community.
- ◆ Accessing Activities that involve interactions with people other than paid staff.

Critical elements in the assessment of a quality life include dignity, respect, productivity, expression of individual preference, independence, integration with family, community, and living in the least restrictive environment.

Relevant chapters of Title 17, Title 22 and the Lanterman Act shall be kept in the administrative office of the facility. If a facility is one of several served by a single administrative office, the required documents need only be retained in that administrative office.

Additional VMRC Best Practices

I. Residential Program

1. Facility staff must demonstrate respect individuals living in the facility, and treat them in a dignified and humane manner.
2. Staff members communicate with individual residents via communication methods which are appropriate for those residents. Facilities may have residents who are non-English speaking or who are nonverbal and communicate in sign language, via communication boards, or through pictures. Staff as a group should have the ability to communicate in the range of methods that are necessary for the residents of the facility. If there is a resident who communicates in a manner not understood by staff, there should be evidence that at least some staff are being trained to communicate with this resident.
3. Activities of all residents in the facility should be reflected in a written weekly or monthly Facility Schedule which is available in the facility. The schedule needs to be individual-specific and should identify the activity, the time and place of occurrence, and the staff present during the activity. There should be evidence that the schedule is regularly followed. Variations from planned activities should be noted on the schedule. This requirement does not limit activities only to those on the Schedule.
4. Planned activities may include those done at home or out in the community.
5. Activities should be chosen by the individual and can be discussed during the home's residential council meetings.
 - A. Regular social, recreational, and leisure-skill activities are provided by or arranged for by the facility. Activities are age-appropriate, consistent with the needs, abilities and interest of the individuals involved. The facility does not rely on television watching or other passive activities for recreation, unless the individual wishes to watch television as a part of his/her leisure activities or if the individual's physical and/or developmental

skills are limited to preclude more active pursuits. The IPP or IFSP must reflect the individual's decision.

6. Training techniques are consistent with the principle of least restrictive method. This principle means that the techniques include positive rather than negative reinforcement, and encourage independent action on the part of the individual ~~are~~. This also relates to the concept of "Dignity of risk": Dignity of risk occurs when individuals are given the opportunity to act with fewer external controls in order to achieve greater independence both emotionally and functionally.
7. The facility encourages each individual to develop friendships and relationships inside and outside the facility.
8. The facility will identify those specific residential training techniques and/or learning goals that are appropriate for each individual in cooperation with the planning team; those goals are actively worked on by the facility, progress is being achieved and progress is documented by the facility.
9. There should be a constant focus on the resident and his or her continual progress toward developing an ever-larger set of skills. Attainment of objectives should be viewed as a step on the way to new objectives and not as an end in itself. The resident's record should always show that certain objectives are the focus of current training. If a record indicates that all objectives have been achieved or that there is consistent failure of the resident to achieve objectives, there should be additional evidence that some attempt is being made to establish new objectives. A facility representative should notify the regional center about the need for revision and should make specific recommendations for revising the plan.
10. Chores, tasks, or routine activities that are done by facility residents must be agreed upon by the planning team after considering the person's abilities and interests, and be documented on the individuals' IPP. The facility schedule must show that these chores, tasks, and routine activities (i.e., household chores like taking the garbage out) are shared on a rotating basis among residents whose

IPP states this as an objective. Each individual has the right to refuse to complete assigned chores, tasks, or routine activities.

II. Collaboration

1. The facility is cooperative with the rest of each individual's planning team and is supportive towards the individual's IPP/IEP/IFSP goals, including goals being worked on at school or day program.
2. The facility is supportive of non-traditional work and day program schedules and/or the individual work schedules of adult residents, e.g., works weekends but has two days off during the weekdays when other residents are in day programs.
3. The facility shall cooperate fully in any investigation of suspected abuse or criminal activity involving VMRC individuals.
4. The facility Administrator, Administrator Designee or House Manager attends all annual individual staffings and provides input as to the development of goals and objectives for each individual's IPP/IFSP.
5. The facility Administrator, Administrator Designee or House Manager participates cooperatively in VMRC Case Management's quarterly reviews, and provides accurate and complete input to VMRC in the review of individual goals and objectives.

III. Health and Safety

1. The facility provides three nutritionally balanced meals and snacks to individuals each day. Individuals should have access to food and the kitchen (for cooking) at all times. Foods are wholesome, fresh, and of good quality. Meals reflect a variety of tastes and cultural/ethnic origins. Food is handled in a sanitary manner. Adequate amounts of food, both fresh and preserved, are on hand in the facility at all times. Dietary restrictions of individual individuals are followed and documented.
 - A. Facilities that do not prepare lunch for individuals attending school or day program will purchase a lunch for those

individuals. Individual personal funds will **not** be used to purchase meals that are the responsibility of the facility.

2. The facility should have a systematic way of ensuring that meals are nutritious and meet the needs of all residents. Acceptable methods include consultation with a nutritionist, hiring a staff member who is knowledgeable about nutrition, and/or following Title 22 guidelines. There should be at least weekly written menus that reflect meal planning variety and individuals' input on meal preferences. There should be evidence that staff members are aware of the unique dietary needs of specific residents and meals are planned to meet those needs. This may be reflected on special menus or on notations appearing on the facility menu.
3. The facility is clean, neat, and kept at a temperature that is between 68 and 85 degrees. Any appliance, furnishing, fixture, plumbing equipment, door, window, etc., that needs repair shall be repaired or replaced within a reasonable amount of time. If the facility suffers the loss of a vital service (water, power, plumbing, sewage, telephone), the facility shall notify VMRC immediately so that a plan to either relocate the individuals temporarily or provide an emergency substitute (e.g., bottled water) can be agreed upon.
4. VMRC is informed immediately by the facility if an individual who is certified as ambulatory cannot independently respond to fire/disaster drills.

The facility provides fire/disaster plan training for staff and residents, and conducts, and documents at least one fire/disaster drills each month, and one disaster drill every six months. During each three-month period, a fire drill is conducted on every shift.

5. Facilities that are multiple-storied shall have a properly functioning signal system. This signal system may be either auditory or visual, and must be constructed in such a manner that the signal identifies the location of the individual activating the signal. Any signal system used may not violate individual's right to privacy.

6. The facility has properly operating smoke alarms placed in locations approved by the local fire jurisdiction. The facility has a properly operating carbon monoxide detector. The facility has proper operating and adequate numbers of fire extinguishers as approved by the local fire jurisdiction.
7. The facility maintains a medication log, listing for each resident: type of medication, dosage, frequency of administration, time of each administration, and initial of staff person supervising administration.
8. The facility maintains a medication list for each resident receiving medication indicating name of medication, reason for its use, possible side effects, and name of prescribing physician. Staff should be able to quickly determine the medication needs of any resident and to determine whether symptoms or unusual behaviors being exhibited by a resident may be unintended side effects of the medication.
9. Facility keeps the individuals' Medi-cal and/or insurance cards in a safe and accessible place, and uses the cards only for the specific individual in whose name the card is issued and only for medically necessary purchases.
10. The facility will weigh each minor and adult resident monthly, document the weight in each resident's file, report significant weight gains or losses (5 pounds or more) to the Service Coordinator immediately, and document this contact. An adult resident has the right to refuse to be weighed and/or to share weight gains or losses with the facility administrator. If this is the case, the objection must be noted in the individual's IPP.
11. Residents who require adaptive devices (eyeglasses, hearing aids, dentures, wheelchairs, etc.) are given assistance in securing and maintaining these devices. The facility has the primary responsibility for monitoring the condition of these devices and ensuring any necessary repairs are made in a timely manner.
12. Staff who leave the country for any reason and time period, should obtain a new TB clearance upon returning to work.

IV. Resident's Rights

1. The facility shall not use or encourage the use of medication to modify or control the behavior of individuals for the convenience of the facility. Non-medicinal strategies for managing disruptive behavior shall be used whenever possible.
2. All denial of rights must comply with the procedures outlined in Title 17 regulations. Prior approval from VMRC and/or the appropriate licensing agency must be obtained.
3. Facilities may **not** deny access rights (i.e., right to humane treatment) or constitutionally guaranteed rights (i.e., right to vote, right to worship or not to worship, etc.), including rights denied by judicial authority under conditional release programs/ condition of placement. The facility is expected to provide counseling and encouragement to the individual to follow court orders. The facility cannot enforce court order.
4. Any behavior modification plan involving tokens, points, rewards/punishments, or other devices or techniques is consistent with currently accepted standards of practice, has been approved, when necessary, by the VMRC behavior management committee and/or human rights committee, and is properly documented. A plan to modify behavior is not implemented until the individual's planning team has agreed and any other level of review and approval needed has been obtained.
5. The facility does not punish individuals, but uses positive behavioral techniques, counseling, and encouragement.

6. Physical restraint (use of hands-on containments) is done only as a last resort to prevent harm to self or others, is applied properly based on an accepted method of containment, and is reported immediately to the individual's VMRC Service Coordinator by completing an SIR. Only staff with a valid and current certification in the use of physical restraints may participate in the actual restraint. The SIR should include the name(s) of staff participating in the restraint. The use of physical restraints must comply with health & safety code.
7. Facilities may not invade an individual's privacy by using an intercom, video camera, or other type of audio or visual electronic monitoring device or technique in any area inside the home. Community Care Licensing approved "signaling devices" must function in such a manner as not to invade privacy, e.g., to be manually activated by the individual.
 - A. Exceptions to this prohibition against electronic monitoring devices may be made by VMRC for health and safety reasons (e.g., an intercom in the bedroom of a fragile, medically involved, non-verbal individual). All exceptions must be recommended by the planning team for each individual and approved by VMRC's Behavior Management Review Committee, VMRC'S Community Services department, and Community Care Licensing.
 - B. The use of any above-described monitoring devices in the facility must be pre-approved by VMRC's Community Support Services department, and the use of such devices outlined in the facility's program design. Surveillance cameras may be placed outside the home and away from gathering areas (patios, seated areas, etc). The cameras may not record audio to ensure the individuals' right to privacy. Individuals placed at the facility shall have a signed statement on file, acknowledging they are aware of the devices. A sign or notice shall be clearly posted in the facility indicating that such devices are in use.

V. Administrator/Staff Training

1. All Administrators shall complete an orientation provided by this regional center, prior to taking on the responsibility as an administrator.
2. All staff persons responsible for direct care of a individual must be familiar with the individual's IPP/ISP/IFSP objective and methods of implementation. This includes being able to describe objectives of specific residents, what types of techniques are being used, and how the resident has been responding to the training.
3. The facility uses and documents screening procedures to evaluate both a potential employee's character and his/her employment history, and to verify they meet qualifications per the job description.
4. The facility shall train all staff in the relevant abuse reporting requirements and laws, and keep in each employee's personnel record a signed and dated statement acknowledging mandated reporting responsibilities.
5. Staff must be properly trained to care for the individuals being served:
 - A. Direct care staff serving medically fragile individuals and/or individuals with an RHCCP shall have proper on-the-job training (or medical training such as certified nurses' aide training, LVN or RN licensure) and shall not be allowed to provide unsupervised care to such individuals until he/she can demonstrate understanding of the special needs of each individual. Training on RHCCPs shall occur annually.
 - B. Direct care staff serving any individuals must have received at least 40 hours of supervised on-the-job training and orientation on-site in the facility before being left alone in the facility without supervision.
 - C. In addition to Title 17 new staff orientation topics, staff need to be given orientation on the following areas: a) overview of the Developmental Disabilities system and its individuals, b)

Lanterman Act, c) Overview of IPP/ISP process, and d) overview of VMRC's Best Practice in Licensed Residential Services.

Staff must successfully complete an approved course on cardiopulmonary resuscitation (CPR) and first aid, and maintain current certifications. Staff who do not have current first aid and CPR certifications may work in the facility, but may not be left alone to care for and supervise VMRC individuals; these staff must always work under the supervision of an employee who is currently certified. Staff must be able to render emergency services when necessary. Refer to the First Aid and CPR board approved policy dated 7/10/06 (attached).

6. All staff must be aware of current Community Care Licensing or Department of Health Services (as applicable), Title 22, and Title 17 Regulations.
7. Direct care staff serving individuals with known histories of violence, aggression, assault, or property destruction must demonstrate knowledge of safe restraint and behavior de-escalation techniques such as completion of VMRC approved courses such as PRO-ACT, SCIP-R, CPI, or Management of Assaultive Behavior, etc. Staff who do not have such training or skills shall not be allowed to provide unsupervised care and/or assist in a physical restraint with individuals who are actively assaultive. "Actively assaultive" means that an episode or episodes of violence, or seriously attempted violence, has/have occurred within the past 30 days.
8. In addition to topics listed in Title 17, all direct care staff shall complete required continuing education training (CEU'S) from the topics listed or directly related to these topics: a) IPP process, b) health, sanitation and infection control, c) nutrition, d) medication, e) working with parents, advocates, etc., f) individual training and development, g) documentation, and h) sexuality. The selection of topics should correlate with the individual population of that facility. Any training outside these topic areas, as well as any online training opportunities, must be approved by the facility's assigned liaison for use towards CEU requirements, prior to attendance in the training.

Part-time, relief, and/or on-call direct care staff are expected to meet the same training and certification requirements (including but not limited to DSP training, continuing education units, and CPR/first aid certifications) as regular, full time direct care staff.

VI. Facility Administration

1. The facility administrator shall spend a minimum of twenty (20) hours per week at the facility. The facility Administrator or designee is available at all hours in response to any emergency involving a resident. The facility Administrator is personally responsible for dealing with all emergencies which arise at any time with a resident either in the facility or elsewhere. The administrator or designee is available by phone within ten (10) minutes and available to physically assist within sixty (60) minutes.
2. The facility is in an accessible and safe area. When appropriate, to facilitate the independent and integrated use of the local community by the residents, the facility will ensure either access to public transportation (e.g., city bus or dial-a-ride) or the availability of reliable transportation by the facility for the residents.
3. Vehicles used for transporting residents are properly maintained, equipped with seatbelts and if applicable equipped with car seats for children as required by law.
4. Facility provides at least weekly laundry service, more frequently if needed (i.e., bed linens are soiled). The facility does not have to provide free dry-cleaning service, but must assist a individual in obtaining dry cleaning service if needed.
5. The facility keeps only small amounts of individual funds on hand *in the facility* (i.e., no more than \$200.00 per individual).

6. The facility has adequate cash flow to pay for normal operating expenses to support the individuals currently in placement. The facility does not have a garnishment or levy against funds due to be paid to the facility by VMRC.

The facility has a valid and current surety bond for an amount equal to or more than the individual funds safeguarded by the facility.

7. All suspected abuse of individuals, whether outside or within the facility, shall be promptly reported to VMRC, law enforcement, and child or adult protective service agencies. Suspected abuse of adults or elderly residents shall also be reported to the local Long Term Care Ombudsman office. All facility staff are mandated reporters, and shall complete form SOC 341 for each and any report of a known or suspected instance of abuse.
8. The facility shall keep a separate record or file for each individual that contains all documents required by Community Care Licensing and VMRC. At a minimum, VMRC requires these documents or types of documents: admission agreement; regular individual progress notes (date and signed or initialed); individual IPP/IFSP; physician certification; social, medical, psychological, and development information; safeguarded funds record (if relevant); property list; medical authorization (updated annually); individuals' rights form; house rules (signed by individual or representative).
9. The facility shall keep the individual file at the facility in a secure location, and shall make the file available for inspection by VMRC staff within sixty (60) minutes of request.
10. The facility complies with the Special Incident Report (SIR) requirements of Title 17 Section 54327 and with the SIR procedures required by VMRC. All special incidents are reported to VMRC staff within 24 hours, and written SIRs must be received by VMRC within 48 hours. The SIRs shall be complete, accurate, and are signed and dated by the staff member who witnessed the incident. SIR's should be sent to the appropriate VMRC office's dedicated fax number or email address.

11. Documentation for each individual, within the individual progress notes, shall occur at least monthly but should be done daily or weekly if individual activity warrants it.
12. The facility shall keep each individual's VMRC Service Coordinator informed of changes in individual progress, medical condition, behavior, medication prescriptions, unmet needs, etc. This can be done via telephone contact, written correspondence, individual staffings, or whatever means is most effective in conveying to the Service Coordinator, as quickly and completely as possible, the change in the individual. This notification should be documented in the individual notes.
13. The facility informs their assigned Community Services Liaison within 48 hours of any change in administration or insufficient staffing. Prior to change of Manager or Administrator, written communication with verification of qualifications attached is required. The new administrator must be approved by the facility's assigned Liaison prior to the change. Notification should be emailed to vendorchangerequest@vmrc.net . With any insufficient staffing, a new facility staffing schedule should be submitted to the assigned Quality Assurance Liaison and Community Care Licensing Program Analyst.
14. Staff and volunteers must be 18 years or older. Administrators must be 21 years or older.
15. Staff must have a criminal record clearance (fingerprint check) from the Department of Justice, associated with the facility, prior to presence in the facility.
16. Facility Licensee and Administrator shall comply with all local, state, and federal employment regulations, including but not limited to the completion of all necessary documents, such as W-2, I-9 employment eligibility verification, worker's compensation, etc. Any suspect hiring practices will be reported to the appropriate agencies.
17. Staffing schedules shall clearly identify each individual assigned direct care duty and the specific hours they are scheduled to work.

Staff other than the owner/licensee or a salaried manager are hourly employees and are subject to the requirements of the Fair Labor Standards Act and Industrial Welfare Commission order #5-2001.

Staff shall submit signed timecards which are in agreement with payroll records. Title 17 Section 50604 (c)(2) states that payroll records must support staffing requirements. For audit or QA purposes, staffing hours provided will be calculated from payroll hours paid plus a maximum of 20 hours per week of direct care time allowed for the Administrator.

18. Staff must be fluent in English. Fluency is defined as the ability to communicate effectively with individuals about routine activities of daily living; to communicate accurately and completely with medical and emergency personnel during both emergency situations (i.e., calling 911) and routine medical appointments; to communicate accurately and completely with VMRC staff concerning individual-related and facility-related issues (i.e., the ability to report on individual progress during a quarterly face-to-face visit); to accurately read medication orders; to effectively write file notes on individual progress. Facility staff that are not fluent in English may work in the facility only under the continuous supervision of another employee who is fluent in English and the approval of Community Care Licensing; in no case may a facility staff person who is not fluent in English be left alone to supervise or care for VMRC individuals. Facility staff shall not speak a language other than English or the preferred language of the residents to other facility staff when individuals are present.
19. The facility completes a functional capability assessment of the resident's skill level and behavioral deficits within the first 30 days of placement.

Weekly Direct Care Staffing Hours, Adults and Children

This staffing table represents the total direct supervision hours needed per week based on the number of residents if all individuals are present in the home 24 hours a day, seven days a week. Basic staffing is 168 hours.

Residential Facilities Serving Adults and Children

Number of Weekly Hours Per Resident Census **(Resident =Res.)**

Service Level	1 Res.	2 Res.	3 Res.	4 Res.	5 Res.	6 Res.	7+ Res.
2	168	168	168	168	168	168	28*
3	168	168	168	180	200	240	40*
4	168	168	186	220	255	305	50*
5	168	180	195	260	309	371	61*
6	168	204	258	312	366	420	70*

Semi-Annual Consultant Hours Service Level	Semi-Annual Hours per Individual
Level 1	0
Level 2	0
Level 3	8
Level 4	12
Level 5	16
Level 6	16
Level 7	Customized

Direct care staff at all service levels must be awake at all times, including throughout the night.

A Service Level 2 or 3 facility may be granted an exception by the vendoring regional center if all individuals' IPPs indicate awake staff is not required.

VII. Level 4, 5, 6 & 7 Homes

1. There should be evidence that the facility provides structured programming related to IPP/IFSP and/or ISP objectives during the hours and with the number and type of staff specified in the written program design. Structured programming includes planned instruction and activities that have a purpose and a desired outcome and are directed by trained staff at a 1:3 or greater staff-to-resident ratio.
2. Level 4-7 homes provide intense programming focused on specific skill or behavioral deficits. Because the specific deficits are the justification for placing residents in these programs, the training provided should be clearly related to the elimination of those deficits and the acquisition of the most appropriate skills as determined by the interdisciplinary team.
3. Level 4-7 homes must also provide the following:
 - A. All IPP objectives related to skill or behavioral deficits and excesses that made the resident eligible for level 4 services are specifically addressed by an ISP objective.
 - B. Level 4-7 homes are required to develop for each resident an Individualized Service Plan (ISP), in cooperation with the planning team, which describes what the facility will accomplish with the resident within what time period. The ISP is a specific individualized instructional plan built from the IPP/IFSP and an individualized assessment of the resident's skill levels. It is a "blueprint" that provides staff with information necessary to: recognize the individual's skill or behavioral deficit; identify how often a maladaptive behavior occurs or what is the current skill performance level (ISP baseline); identify the skill acquisition or behavioral improvement expected; pinpoint the target dates for skill attainment; and identify skill acquisition training as an alternative to maladaptive behaviors when a behavioral deficit is identified. It also provides information needed for designated staff to know which training techniques should be used and under

what specific conditions to use them. The team which develops an ISP should have representation from the disciplines which would be involved in the implementation of the plan (e.g., a psychologist if the resident requires behavior management). Names of all those involved in its development should be noted on the plan.

- C. An ISP is developed within 30 days of the resident's admission to the facility.
- D. Training techniques are individualized. Because of individual differences one would not expect the same training techniques to work for all residents.
- E. An ISP objective should be written so that the desired result is clearly stated as observable, measurable, and time limited (e.g., reduction in frequency of a specific behavior; ability to demonstrate a skill). The inclusion of time limits for accomplishing each objective provides a useful mechanism for judging progress in or success of a training program.
- F. The level 4-7 home maintains a formal procedure for assessing the skill and behavior levels of residents. Each resident should undergo a complete assessment concurrent with admission to the facility, and results of this assessment should be recorded in the resident's file. The results are used in developing the goals and objectives of the resident's ISP. Reassessment of the individual should occur regularly and as appropriate to the individual's progress.
- G. With respect to specific behaviors which become the focus of treatment, the formal assessment should include information describing the particular behavior, the circumstances under which the behavior is likely to occur (antecedents), typical reactions to the behavior occurring in the environment (consequences), and the probable reason that the individual exhibits the behavior (function). Those persons performing the assessment and developing the intervention strategies should consider a continuum of strategies (from least to most

restrictive) which, in total, would be adequate for the range of circumstances likely to be encountered with the resident, including a crisis situation.

- H. The severity of Level 4 thru 7 residents' skill or behavior deficits and excesses requires a high level of intervention activity and frequent review of data to assess individual individual progress. The program's written policies and procedures should clearly outline the type and frequency of such reviews, and there should be evidence in the individual records that such review is actually conducted and modifications to service plans implemented as a result of the review.
- I. There should be evidence in the individual notes and in discussions with staff that the methods outlined in the ISPs are routinely and regularly followed in implementing those plans.
- J. Level 4 -7 homes maintain intensive programming aimed at correcting serious behavior or skill deficits. These facilities are expected to have a system which includes daily recording of types and frequencies of behaviors which are the focus of treatment. These recordings are to be used both in assessing individual individual progress and in determining the success of the program. To be useful in this way the data sets should reflect regular and frequent measurements of well-defined, observable behaviors. There should also be comparability of data across individuals so that the data can be analyzed for groups of individuals as a reflection of program effectiveness.

K. **Four Bed Residential Policy**

On July 5, 1989, the Valley Mountain Regional Center Board of Directors issued a policy limiting vendorization of residential care homes to those with six (6) or fewer beds. This policy was reaffirmed on March 9, 1992:

Beginning July 1st, 2026, VMRC will promote vendorization of residential settings that have no more than 4 beds. A 4-bed residential option will afford individuals with opportunities to be supported in settings that mirror a family like setting. 4-bed residential settings afford opportunities for private rooms.

To be consistent with the “6-bed policy,” VMRC will continue to support the continuity of care in homes that exceed 4 beds. The policy will not impact homes vendored prior to July 1, 2026. Exceptions to this policy may be granted only in unusual circumstances. Responsibility for final approval of exceptions to this policy shall rest with the Board of Directors which shall act on requests for exceptions brought before the Board by the Director of Community Services. Exceptions shall be granted based on two criteria: 1) no negative impact to the individuals; and 2) there is an identified need for the proposed number of beds.

Before vendorization of a facility with a capacity of more than (4) four beds is pursued, the licensee shall send a letter to the Director of Community Services.

This request will include , at minimum:

- the number of beds the facility would be licensed/vendored for.
- The basis/ reason for the larger capacity.
- Summarize how the Residential setting is appropriate to the individual’s need for independence, choice and community integration. Indicate whether private or semi-private rooms will be offered. You should reference the “person centered planning” process as the driving force regarding decision making.
- Summarize how residents will be afforded the opportunity to make decisions on their day-to-day activities, including visitors and when and what to eat, in the home and in their community.

What happens next?

- The Community Services Director will bring the request to VMRC's Consumer Services Committee for discussion. The licensee will be invited to provide information to the Committee and address the Committee if he/she desires. The Committee will discuss the request one month, then take action on a recommendation for or against the request the next month. Finally, the full Board of Directors will vote on the matter after consideration of the Committee's recommendation. If the Board approves the 4-bed waiver request, the licensee will then be able to pursue a vendorization process for the higher capacity; approval by the Board of the exception request **does not** mean that the vendorization itself is approved. The licensee will still have to meet all regular vendorization regulations and requirements.

THE HCBS FEDERAL REQUIREMENTS

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.

1. 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.
2. 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.
3. Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
4. 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.
5. Facilitates individual choice regarding services and supports, and who provides them.
6. 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.

7. Each individual has privacy in his/her sleeping or living unit: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed. Individuals sharing units have a choice of roommates in that setting. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
8. Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.
9. Individuals can have visitors of their choosing at any time.
10. The setting is physically accessible to the individual.