

EASTERN LOS ANGELES REGIONAL CENTER

1000 S. FREMONT AVE. ~ P.O. BOX 7916 ~ ALHAMBRA, CA 91802-7916 ~ (626) 299-4700 ~ FAX (626) 281-1163

Self Determination Program (SDP)

Home and Community-Based Services (HCBS)

Provider Site Assessment

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Evaluation |  | Vendoring RC: |  |
| Provider Name: |  | | |
| Site Address: |  | | |
| Vendor Number: |  | Service Code/Type: |  |
| Provider Contact: |  | Phone & Email: |  |
| SDP Participant: |  | Consumer UCI: |  |
| Service Coordinator: |  | Phone/Email: |  |
| CS Specialist |  | Phone/Email: |  |

Assessment Team

|  |  |  |
| --- | --- | --- |
|  | Name | Title |
| 1. |  | ELARC Service Coordinator |
| 2. |  | SDP Participant |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

The HCBS Final Rule ensures 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.

Completion of this evaluation is for the purpose of assessing for HCBS compliance for the SDP and does not take the place of future provider assessments that the Department of Developmental Services (DDS) may require to determine provider compliance with the HCBS settings rules.

If a provider is identified to be out of compliance with one or more of the 10 federal requirements, the provider is required to submit to ELARC for review and approval a consumer specific HCBS Compliant-Person Centered Plan before SDP funds can be utilized for assessed service.

*An individual person centered plan is required for each SDP participant.*

In order to assist in determining eligibility for compliance funding, the assessment team 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.

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.

Refer to the “HCBS Site Assessment Guide” for a series of questions intended to help identify compliance or non-compliance with each requirement as it relates to the HCBS rules.

SDP-HCBS Site Assessment

|  |  |
| --- | --- |
| **Federal Requirement 1: Integration** | |
| 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. | |
| **Does the service provider meet this requirement?**  **Yes**  **No**  Explain why or why not: | |
| **Federal Requirement 2: Choice of Setting** | |
| 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. | |
| **Does the service provider meet this requirement?**  **Yes**  **No**  Explain why or why not: | |
| **Federal Requirement 3: Right to be Treated Well** | |
| Ensures an individual’s rights of privacy, dignity and respect, and freedom from coercion and restraint. | |
| **Does the service provider meet this requirement?**  **Yes**  **No**  Explain why or why not: | |
| **Federal Requirement 4: Independence** | |
| 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. | |
| **Does the service provider meet this requirement?**  **Yes**  **No**  Explain why or why not: | |
| **Federal Requirement 5: Choice of Services and Supports** | |
| Facilitates individual choice regarding services and supports, and who provides them. | |
| **Does the service provider meet this requirement?**  **Yes**  **No**  Explain why or why not: |
| **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. | |
| **Does the service provider meet this requirement?**  **Yes**  **No**  **NA**  Explain why or why not: | |
| **Federal Requirement 7: Privacy** | |
| Each individual has privacy in their 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. | |
| **Does the service provider meet this requirement?**  **Yes**  **No**  **NA**  Explain why or why not: | |
| **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. | |
| **Does the service provider meet this requirement?**  **Yes**  **No**  **NA**  Explain why or why not: | |
| **Federal Requirement 9: Right to Visitors** | |
| Individuals are able to have visitors of their choosing at any time. | |
| **Does the service provider meet this requirement?**  **Yes**  **No**  **NA**  Explain why or why not: | |
| **Federal Requirement 10: Accessibility** | |
| The setting is physically accessible to the individual. | |
| **Does the service provider meet this requirement?**  **Yes**  **No**  **NA**  Explain why or why not: | |
| **Federal Requirement 11: Shared Units or Dwellings** (*Unique to SDP)* | |
| The unit or dwelling maybe shared by no more than four waiver participants | |
| **Does the service provider meet this requirement?**  **Yes**  **No**  **NA**  Explain why or why not: | |
| **\* Please Send Completed Evaluation to HCBS Evaluator** [**Lizette Villa**](mailto:lvilla@elarc.org)**\*** | |

Additional Information and Resources

More information on the HCBS rules can be found on the [DDS-HCBS](https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/) and the [ELARC](https://www.elarc.org/resources-publications/home-and-community-based-services-hcbs) websites.

More information on the SDP can be found on the [DDS-DSP](https://www.dds.ca.gov/initiatives/sdp/) and the [ELARC](https://www.elarc.org/consumers-families/self-determination) websites.

HCBS Questions can directed to HCBS Evaluator, Lizette Villa at [lvilla@elarc.org](mailto:lvilla@elarc.org) .