



HCBS Final Rule: Monitoring Tool

Residential Facility

Date:	Reporting Period: <input type="checkbox"/> 1 Half <input type="checkbox"/> 2 Half	Unannounced Visit: <input type="checkbox"/> Yes <input type="checkbox"/> No
Facility Name:	Completed: <input type="checkbox"/> initial 30 day <input type="checkbox"/> Quarterly Review <input type="checkbox"/> Semi-Annual Review <input type="checkbox"/> Annual Review	
Facility/Vendor Number:		
Facility Type:	Assigned RC QA Specialist:	
Facility Address:	Facility Reviewer(s):	
Administrator:		
Assistant Administrator:	Wheelchair Accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility Capacity:	Secured Perimeter <input type="checkbox"/> Delayed Egress <input type="checkbox"/>	
# of clients currently at facility:	Remediation plan (Identify type of plan): <input type="checkbox"/> Yes, <input type="checkbox"/> No	
Non-ELARC consumers:	Corrective Action Plan (CAP) Issued:	Signed:
User Regional Center: <input type="checkbox"/> ELARC <input type="checkbox"/> Other:	Vendor Appeal:	
Vendoring Regional Center:	Sanctions:	
Reviewed included:	<input type="checkbox"/> Visual observation	<input type="checkbox"/> Statement of individual
	<input type="checkbox"/> Individual IPP/ISP	<input type="checkbox"/> Written Documentation
	<input type="checkbox"/> Provider Statement	<input type="checkbox"/> Written Provider Policy
		<input type="checkbox"/> Other: _____

★ Qualifies for Temporary Modification of HCBS requirement (if modification to the requirement is in place, verification need to be documented).

Home and Community Based Services(HCBS), Final Rule

In accordance with the [Home and Community Based Services \(HCBS\) Final Rule](#) and the [DDS Directive set forth on November 2023](#), vendors are required to be in compliance with federal requirements 1 thru 10 of the HCBS Final Rule. Vendors are to provide person centered services that meet individual's wants and needs regarding choice, rights, opportunities and integration (C.R.O.I).

1. Community Access

a) Individual has the opportunity to participate in outings and activities (<i>walks, hiking, leisure shopping, sporting events, festivals etc...</i>) in the community and have meaningful interactions with individuals not receiving regional center services at the <u>frequency</u> and for the <u>amount of time desired</u> by individuals.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
b) If individuals want to seek paid employment, do they have access to competitive integrated employment opportunities?	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
c) Individual's selected personal services (<i>Medical, Dental, Optometry/ophthalmology, Therapy (PT, OT, and Speech etc.), Therapy (Behavioral), Salon Services, Banking Services</i>) based on their needs, preferences and abilities.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
d) Individuals has access to transportation options (<i>Public Transportation, Provider Transportation, Ride Share (Uber, Lyft), Volunteer Organization, Family or Friends</i>) that promote ease of use and optimize individuals' independence, per their individual's choice and program plan?	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
e) Individuals has the option to control their personal resources (<i>Money, Checkbook, and Budget</i>).	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA

2. Choice of Setting

a. There is current documentation (IPP, ISP, case notes etc.) on file that details the <u>different residence options</u> offered and considered by the individual and how the selection of residence was made.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
b. There is current documentation (IPP, ISP, case notes etc.) IPP on file that details the <u>different day programing options including competitive employment offered</u> and considered by the individual and how the selection of day programing was selected.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
c. Individual's choice of residence is reviewed with them quarterly and their choice is honored as best possible.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
d. Individual's choice of day programing is reviewed with them quarterly and their choice is honored as best possible.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA

★3. Right to be Treated Well

a. Individual has been informed of their rights to privacy, dignity, respect, freedom from coercion and restraint in a manner they can understand .	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
b. Staff explains these rights to each individual at least annually.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
c. Individual has a specific space to keep their personal items secure (e.g., locker, cubby, and nightstand, closet).	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
d. Communication about the individual's medical conditions, financial situation and other personal information is discussed in private to ensure confidentiality.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
e. Medication is distributed confidentially and privately.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
f. Individuals have privacy while using the bathroom and when assisted with personal care?	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
g. Individuals are able to talk on the phone, Virtual Chat or comparable technology, text, and read mail/email in private.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
h. Staff communicates 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.).	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
i. Individual is allowed to dress or groom in a manner that is appropriate to the setting while honoring individual choice and life-style preferences.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
j. Provider utilize restraints (i.e. chemical restrains, physical restraint, and mechanical restraint) in the last 6 months.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
k. A temporary modification plan is in place as agreed through the IDT Process. If yes, please explain below under comments section. Include date the IDT meeting took place.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA

4. Independence

a. Individual has input into and choice among daily activities that are based on their needs and preferences including daily and group activities, daily schedule and who they interact with. (<i>this includes week day and weekends</i>)	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
b. Individuals is offered and can choose to spend their time, including dining, alone or in a private area as desired.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
c. Individual is offered and supported to make personal decisions such as practicing religion and voting based on their preferences.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA

5. Choice of Services and Supports

a. Vendor supports Individuals in choosing which staff provides their care(is choosing done based on language, gender, hobbies, interest)	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
b. Individuals have the opportunity to voice their concerns including how to file a grievance in a manner and timing of their choosing.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
c. Individuals are offered and aware of how to request modifications to their services or schedule.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
d. Individuals are of retirement age, they have been offered the choice to retire from the program.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA

★6. Residential Agreement

a. Individual has a lease, residential agreement, admission agreement, or other form of written residency agreement that specifies their protections from eviction and the right to appeal.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
b. Individual has been informed of their rights regarding housing in a way that is understood.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA

★7. Privacy

a. Individuals roommate choice is reviewed quarterly and documented in their IPP	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
b. Individuals have their own private space in their bedroom, whether their sharing or not a room.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
c. Individuals have the option of furnishing and decorating their sleeping or living units in a manner that is based on their preferences, desired personal items.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
d. Bedroom door is lockable from the inside and only the individual and appropriate agreed staff have keys to their locks.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
e. If locks have been restricted, is there temporary modification plan that was agreed by the ID team and the individual. (<i>Modification plan should be in writing and incorporated to the IPP as an amendment</i>)	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA

★8. Schedule and Access to Food

a. Individuals has access to food as desired, including dining out at their own expense?	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
b. If food of any sort has been restricted, is there a temporary modification plan that was agreed by the ID team and the individual? (<i>Modification plan should be in writing and incorporated to the IPP as an amendment</i>)	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
c. Individual has input into and choice on the menu that is based on their needs and preferences.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
d. Individual's daily schedule reflects their choice on what time they wake up, go to bed, what activities they will participate in, if they want to stay home etc.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA

e. Individual has full access to common areas in a home such as a kitchen, dining area, laundry etc. <i>If any restrictions on access to common areas are in place, a temporary modification plan agreed by ID team, including individual should be in place. (Modification plan should be in writing and incorporated to the IPP as an amendment)</i>	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
★ 9. Right to Visitors				
a. Individual is able to have visitors based on their choice.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
b. Individual is able to 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	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
c. Individual has the option and understand they can have overnight guest.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
d. If visitors have been restricted, is there temporary modification plan that was agreed by the ID team and the individual. <i>(Modification plan should be in writing and incorporated to the IPP as an amendment)</i>	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
10. Accessibility				
a. Individual is able to access all areas of the home with ease. All areas of the home have been adapted to in support physical accessibility based on individual's needs. <i>(e.g., grab bars, seats in the bathroom, ramps for wheelchairs)</i>	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
b. Individual is able to access all appliances and furniture in the home. <i>(e.g. kitchen, closets, laundry room, garage)</i>	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA

Staff Training

<p>Home and Community Based Services – HCBS, Final Rule: A set of rules that ensure home and community-based services programs funded through Medicaid (Medi-Cal) provide individuals with disabilities full access to the benefits of community living and offer them long-term services and supports in the most integrated settings of their choosing</p>	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
<p>Person Centered Thinking (PCT)/ Practice: Fundamental principle that speak to what is important to an individual to create or maintain a life they enjoy in the community. <i>It means treating individuals with dignity and respect; building on their strengths and talents; helping people connect to their community and develop relationships; listening and acting on what the individual communicates; taking time to know and understand individuals and the things that make them unique.</i></p>	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA

Comments/Descriptions - If marked Partially Met, Not Met , or if a modification plan has been identified.

Reviewer's Signature

Date

Representative's Signature

Date

DISTRIBUTION

- Original: Facility file
- Digital Cc: Facility Administrator
- ELARC Facility Liaison
- ELARC Supervisor
- Community Care Licensing
- Electronic Vendor File