



EASTERN LOS ANGELES
REGIONAL CENTER

HCBS Final Rule: Monitoring Tool

Non-Residential

Date:	Reporting Period: <input type="checkbox"/> 1 Half <input type="checkbox"/> 2 Half	Unannounced Visit: <input type="checkbox"/> Yes <input type="checkbox"/> No
Program Name:	Completed: <input type="checkbox"/> initial 30 day <input type="checkbox"/> Quarterly Review <input type="checkbox"/> Semi-Annual Review <input type="checkbox"/> Annual Review	
Program/Vendor Number:		
Program Type:	Assigned RC QA Specialist:	
Program Address:	Program Reviewer(s):	
Administrator:		
Assistance Administrator:		
Facility Liaison:	Wheelchair Accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Program Capacity:	Staff Ratio:	Secured Perimeter <input type="checkbox"/> Delayed Egress <input type="checkbox"/>
# of consumers currently at Program:	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:	
Review included: <input type="checkbox"/> Visual <input type="checkbox"/> Statement of <input type="checkbox"/> Individual <input type="checkbox"/> Written <input type="checkbox"/> Provider <input type="checkbox"/> Written <input type="checkbox"/> observation individual IPP/ISP Documentation Statement Provider Policy Other:_____		

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 5 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 individual.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
b) If individual want to seek paid employment, does he/she 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 his/her 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 his/her choice and program plan?	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
e) Individual has the option to control his/her 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.) 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 him/her quarterly and his/her 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 him/her quarterly and his/her 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 his/her 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. Individual has 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. Individual is 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 his/her 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 his/her needs and preferences including daily and group activities, daily schedule and who he/she 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 his/her 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 his/her 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. Individual has the opportunity to voice his/her concerns including how to file a grievance in a manner and timing of his/her choosing.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
c. Individual is offered and aware of how to request modifications to his/her services or schedule.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NA
d. Individual is of retirement age, he/she has 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

Staff Training				
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	[] Met	[] Partially Met	[] Not Met	[] NA
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>	[] Met	[] Partially Met	[] Not Met	[] NA

Comments/Descriptions - Comments are needed for all marked Partially Met or Not Met

Reviewer's Signature

Date

Representative's Signature

Date

DISTRIBUTION

- Original: Facility file
- Digital Cc: Administrator
- ELARC Day Program Liaison
- ELARC Supervisor
- Community Care Licensing (If applicable)
- Electronic Vendor File