

The Home and Community-Based Services (HCBS) rules ensure 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. In order to assist in determining eligibility for compliance funding, providers 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 and is potentially eligible for funding to make necessary modifications. Once this evaluation is completed, it should act as a guide for filling out the Provider Compliance Funding Concept Proposal, which is required for any provider to be eligible for compliance funding. **Completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that DDS may require to determine provider compliance with the HCBS settings rules. Only providers requesting compliance funding need to complete this evaluation.**

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.

The column labeled “Guidance” contain a series of questions intended to help identify compliance or non-compliance with each requirement as it relates to the HCBS rules. While responses to these questions can help in the determination of whether or not a particular requirement is met, these responses may not be the sole factor in this determination.

More information on the HCBS rules and this form can be found at: <http://www.dds.ca.gov/HCBS/>. Questions may be directed to HCBSregs@dds.ca.gov.

Date(s) of Evaluation: [Click or tap here to enter text.](#)  
 Completed by: [Click or tap here to enter text.](#)  
 Vendor Name, address, contact: [Click or tap here to enter text.](#)  
 Service Type and Code: [Click or tap here to enter text.](#)

<p><b><u>Federal Requirement #1:</u></b>  <i>The setting is integrated in and supports full access of individuals receiving Medicaid HCB Services 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 HCB Services.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have options for community integration and utilization of community services in lieu of onsite services?</li> <li>• Are individuals able to regularly access the greater community and are they able to describe how they access the community, who assists in facilitating the activity, and where he or she goes?</li> <li>• Do individuals get support to access the community?</li> <li>• Are individuals who want to work offered</li> </ul>
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	<p>opportunities to seek competitive integrated employment?</p> <ul style="list-style-type: none"> <li>• Do individuals have the option to control their personal resources?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/>Yes <input type="checkbox"/>No  Please explain: <a href="#">Click or tap here to enter text.</a></p>	
<p><b><u>Federal Requirement #2:</u></b>  <i>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.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals consent to receive services in the setting in accordance with their person-centered plan?</li> <li>• Does the setting reflect individual needs and preferences and do its policies ensure the informed choice of the individual?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/>Yes <input type="checkbox"/>No  Please explain: <a href="#">Click or tap here to enter text.</a></p>	
<p><b><u>Federal Requirement #3:</u></b>  <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do paid and unpaid staff receive new hire training and continuing education classes related to the rights of individuals receiving services as outlined in the Lanterman Act?</li> <li>• Are individuals made aware of the provider's policies outlining their rights?</li> <li>• Are discussions of individuals' personal information limited to areas where privacy and confidentiality are assured?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/>Yes <input type="checkbox"/>No  Please explain: <a href="#">Click or tap here to enter text.</a></p>	
<p><b><u>Federal Requirement #4:</u></b>  <i>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.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Are individuals encouraged to engage in activities of their choosing?</li> <li>• Are individuals encouraged to interact with whomever they choose?</li> <li>• Are individuals provided with options to</li> </ul>

	meet their needs and preferences (e.g., meals/snacks, planning their day, etc.).
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/>Yes <input type="checkbox"/>No          Please explain: <a href="#">Click or tap here to enter text.</a></p>	
<p><b><u>Federal Requirement #5:</u></b>  <i>Facilitates individual choice regarding services and supports, and who provides them.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Are individuals' choices supported in a manner that leaves them feeling empowered to make decisions?</li> <li>• Do individuals have continuous opportunities to modify their services, and voice their concerns or ask questions regarding the services they receive?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/>Yes <input type="checkbox"/>No          Please explain: <a href="#">Click or tap here to enter text.</a></p>	

In **provider-owned or controlled residential settings**, in addition to the above requirements, the following requirements must also be met. Only providers of services in **provider-owned or controlled residential settings** need to complete the remainder of this evaluation.

<p><b><u>Federal Requirement #6:</u></b>  <i>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.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does each individual have a legally enforceable residency agreement?</li> <li>• Do individuals know how to relocate and request new housing?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/>Yes <input type="checkbox"/>No                  Please explain: <a href="#">Click or tap here to enter text.</a></p>	
<p><b><u>Federal Requirement #7:</u></b>  <i>Each individual has privacy in his/her sleeping or living unit:</i></p> <ol style="list-style-type: none"> <li>1. <i>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</i></li> <li>2. <i>Individuals sharing units have a choice of roommates in that setting.</i></li> <li>3. <i>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i></li> </ol>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have the ability to lock their bedroom doors when they choose?</li> <li>• Do individuals have private bedrooms, or the choice of with whom they share a bedroom?</li> <li>• Do individuals have the option of furnishing and decorating their sleeping or living units with their own personal items?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/>Yes <input type="checkbox"/>No                  Please explain: <a href="#">Click or tap here to enter text.</a></p>	

<p><b><u>Federal Requirement #8:</u></b>  <i>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?</li> <li>• Do individuals have access to food at any time?</li> <li>• Are individuals in the setting assured of access to public transportation, and where no public transportation is available, have other resources by which to access the broader community?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/>Yes <input type="checkbox"/>No  Please explain: <a href="#">Click or tap here to enter text.</a></p>	
<p><b><u>Federal Requirement #9:</u></b>  <i>Individuals are able to have visitors of their choosing at any time.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Are individuals restricted in any way from having guests when they choose?</li> <li>• Can individuals encourage their guests to visit the setting?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/>Yes <input type="checkbox"/>No  Please explain: <a href="#">Click or tap here to enter text.</a></p>	
<p><b><u>Federal Requirement #10:</u></b>  <i>The setting is physically accessible to the individual.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Are individuals prevented from entering or exiting certain areas of the setting by gates, locked doors, or other barriers?</li> <li>• Are appliances and furniture accessible to every individual?</li> <li>• Are grab bars, seats in bathrooms, ramps for wheel chairs, etc., available so that individuals who need those supports can move about the setting as they choose?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/>Yes <input type="checkbox"/>No  Please explain: <a href="#">Click or tap here to enter text.</a></p>	

**CONTACT INFORMATION**

Contact Name: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**ACKNOWLEDGEMENT**

By checking the box below, I acknowledge that completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that DDS may require to determine provider compliance with the HCBS settings rules.

I AGREE