

California Department of Developmental Services
Home and Community-Based Services (HCBS) Final Rule Requirements
Non-Residential Provider – Compliance Validation

Vendor Name	
Vendor Number	
Service Code	
Regional Center	
Date of Site Visit	

Please see guidance on completing this form posted on the Department’s website: <https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/>. If you have questions, please contact your regional center HCBS Program Evaluator.

DETERMINATION OF COMPLIANCE IS AS FOLLOWS:

✓ **Full compliance was reported, and more information is needed to support this determination.** Please refer to the self-assessment report as needed and submit existing documentation for each federal requirement that shows compliance with the requirements. **Submit this form along with all required documentation by attaching documents in a reply to the email within 30 days of receipt of the email.**

For each federal requirement, the Department has listed examples of documents that can be submitted to support the determination of compliant.

Please Note:

- DO NOT submit documents with individual identifiable information.
- DO NOT submit entire program designs or policies/procedures. ONLY submit the page(s) that are applicable as evidence of compliance.
- Providers must complete a separate form for each service, each vendored program, which they operate.

Federal Requirement 1: Access to the Community

The setting/service is integrated in and supports full access 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 regional center services.

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Please check which documents are submitted (be sure to remove any individual identifiable information), and explain in the box below how compliance is confirmed, include the page number(s) in the documentation submitted that supports compliance and the original date of the document:

- A. Segment from program design that includes language supporting compliance.
- B. Provider policy or procedure that includes language supporting compliance.
- C. Segment from client handbook that includes language supporting compliance.
- D. Schedule or calendar of activities supporting compliance.
- E. Monthly client meeting record. (Names removed)
- F. Staff training curriculum and schedule.
- G. Other: (Please list additional documents submitted)
- H. Visual Observation from Site Visit

Provide explanation here (*Example: A. Page 10 in program design requires annual review of client rights. C. Page 15 of client handbook lists client rights. Document updated May 2020 to include...*)

(Please describe how this requirement was met or not met and any additional information pertaining to outcomes):

Federal Requirement 2: Choice of Setting

The setting/service is selected by the individual from among various options, including non-disability specific options and an option for a private room in a residential setting. The options are identified and documented in the Individual Program Plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.

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Federal Requirement 3: Right to be Treated Well

The setting/service ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.

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(Please describe how this requirement was met or not met and any additional information pertaining to outcomes):

Federal Requirement 4: Independence

The setting/service optimizes but does not regiment individual initiative, autonomy and independence in making life choices, including daily activities, physical environment and with whom to interact.

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H. Visual Observation from Site Visit

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(Please describe how this requirement was met or not met and any additional information pertaining to outcomes):

Federal Requirement 5: Choice of Services and Supports

The setting/service facilitates individual choice regarding services and supports, and who provides them.

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Name, Agency and Title of Person Who Completed this Form	
Completion Date	