



Home and Community-Based Services Final Rule Non-Residential Vendor Monitoring Form

Vendor Name: _____

Date of Visit: _____

Vendor Number: _____

Service Code: _____

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.

Questions listed under “Guidance” are intended to help identify the compliance status for each Federal Requirement. While responses to these questions can help with determining whether a particular requirement is being fully met by the vendor, these responses may not be the sole factor in this determination.

The compliance status for each Federal Requirement will be determined based on various types of information reviewed at the time of the monitoring visit including, but not limited to: vendor’s records, policies, and procedures, Individual Service Plans, Individual Program Plans, visual observations, and interviews with vendor’s staff and persons served by the vendor.

Federal Requirement #1- Access to the Community: *The setting/service is integrated in, and supports full access of individuals receiving regional center 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 regional center services.*

Guidance:
Do individuals have the choice to receive services in the community based on their needs, preferences, and abilities to the same degree as individuals not receiving regional center services?
Do individuals have the opportunity to participate in activities in the community at the frequency and duration of their choosing?
Do the opportunities for community outings and activities include meaningful interaction with individuals not receiving regional center services, not including paid staff, volunteers, or family members?
Do individuals have access to appropriate transportation options for community outings and activities?
If individuals are interested in employment, do individuals have access to competitive integrated employment?

Is Federal Requirement #1 met by this vendor? Yes ____ No ____



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Explanation of how this determination was made:

Federal Requirement #2- Choice of Setting: *The setting/service is selected by the individual from among setting options, including non-disability-specific settings and an option for a private room 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.*

Guidance:
Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals the provider serves that receive regional center services?
Does each individual's IPP document that the current provider selected was based on the individual needs and preferences?

Is Federal Requirement #2 met by this vendor? Yes ____ No ____

Explanation of how this determination was made:

Federal Requirement #3- Right to be Treated Well: *The setting/service ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.*

Guidance:
Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint?



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Does the provider have policies and procedures that address individuals' rights of privacy, dignity, respect, and freedom from coercion and restraint?
Does the provider communicate with individuals about themselves, both verbally and in writing, in a manner that ensures their privacy and confidentiality?
Does the provider ensure individuals have privacy while using the restroom and when assisted with personal care?
Do staff communicate 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.)?
Are individuals allowed to dress or groom in a manner that is appropriate to the setting while honoring individual choice and life-style preferences?
Does the provider ensure staff is knowledgeable about the capabilities, preferences, interests, and needs of the individuals they serve?
Is there a place for individuals to store belongings in a secure manner, e.g., locker, lockbox?
Does the provider utilize restraints?

Is Federal Requirement #3 met by this vendor? Yes ____ No ____

Explanation of how this determination was made:

Federal Requirement #4- Independence: *The setting/service 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.*

Guidance:
Do individuals have input into and choice among daily activities that are based on the individuals' interests, needs, and preferences?
Do individuals have the ability to control their own schedules?



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Does the provider structure their support so that the individuals served are able to interact with individuals they choose to interact with, both at day program and in community settings (as appropriate), including non-disabled peers other than paid staff, volunteers, and family members?

Does the provider structure their support, including supporting autonomy, so that individuals are able to participate in activities that interest them and correspond with their IPP goals?

Can individuals choose to spend time, including meals, alone or in a private area?

Is Federal Requirement #4 met by this vendor? Yes ____ No ____

Explanation of how this determination was made:

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Federal Requirement #5- Choice of Services and Supports: *The setting/service facilitates individual choice regarding services and supports, and who provides them.*

Guidance:

Does the provider support individuals in choosing which staff provide their care (e.g., based on language needs or gender)?

Does the provider have a complaint/grievance policy for individuals and inform individuals how to file a grievance in communication methods they can understand?

Do individuals have opportunities to modify their services or schedules and/or voice their concerns in the manner and timing of their choosing and consistent with their communication abilities and preferences?

Is Federal Requirement #5 met by this vendor? Yes ____ No ____

Explanation of how this determination was made:

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Description of Remediation Needed:

Is a Corrective Action Plan (CAP) required? Yes ____ No ____

If a CAP is required, RCOC will work with the vendor to develop and deliver a written CAP within 10 working days of any finding(s).

Vendor Representative Name

Vendor Representative Signature

Monitoring Visit Completed By:

Completion Date: