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| **Vendor Name** |  |
| **Vendor Number** |  |
| **Service Code** |  |
| **Regional Center** |  |

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:**

**✓ Not yet compliant in one or more of the HCBS requirements.** Please refer to the self-assessment report or, if received, the virtual on-site assessment report and submit a plan for how compliance will be achieved for each federal requirement. **Submit this required plan by responding to the email within 45 days of receipt of the email.** If already compliant with one of the requirements, please provide evidence that confirms compliance.

Please note: Providers must complete a separate form for each service, each vendored program, which they operate.

[Frequently Asked Questions (FAQs)](https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/faq-hcbs-rules/) and additional information can be found on the Department’s website that provides suggestions for ways to comply with the HCBS requirements, as well as acceptable documents to submit that confirms compliance with a requirement.

Training on the HCBS Final Rule and person-centered practices can be found on the Department’s website: <https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/training-information/>

**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.*

[ ]  Setting meets this requirement; documents confirming compliance are attached and summary of how compliance is achieved is described below. (Please do not submit documents with individual identifiable information.)

[ ]  Setting does not fully meet this requirement; plan to meet compliance described below. (Training on ways to meet compliance can be found on the Department’s website)

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| (Provide either a plan to meet compliance for this requirement OR a summary of attached documents and how compliance is achieved for this requirement here) |

**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.*

[ ]  Setting meets this requirement; documents confirming compliance are attached and summary of how compliance is achieved is described below. (Please do not submit documents with individual identifiable information.)

[ ]  Setting does not fully meet this requirement; plan to meet compliance described below. (Training on ways to meet compliance can be found on the Department’s website.)

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| (Provide either a plan to meet compliance for this requirement OR a summary of attached documents and how compliance is achieved for this requirement here) |

**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.*

[ ]  Setting meets this requirement; documents confirming compliance are attached and summary of how compliance is achieved is described below. (Please do not submit documents with individual identifiable information.)

[ ]  Setting does not fully meet this requirement; plan to meet compliance described below. (Training on ways to meet compliance can be found on the Department’s website.)

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| (Provide either a plan to meet compliance for this requirement OR a summary of attached documents and how compliance is achieved for this requirement here) |

**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.*

[ ]  Setting meets this requirement; documents confirming compliance are attached and summary of how compliance is achieved is described below. (Please do not submit documents with individual identifiable information.)

[ ]  Setting does not fully meet this requirement; plan to meet compliance described below. (Training on ways to meet compliance can be found on the Department’s website.)

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| (Provide either a plan to meet compliance for this requirement OR a summary of attached documents and how compliance is achieved for this requirement here) |

**Federal Requirement 5: Choice of Services and Supports**

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

[ ]  Setting meets this requirement; documents confirming compliance are attached and summary of how compliance is achieved is described below. (Please do not submit documents with individual identifiable information.)

[ ]  Setting does not fully meet this requirement; plan to meet compliance described below. (Training on ways to meet compliance can be found on the Department’s website.)

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| (Provide either a plan to meet compliance for this requirement OR a summary of attached documents and how compliance is achieved for this requirement here) |

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| Name and Title of Person Responsible for Completion of this Remediation Plan |  |
| Date by which this Remediation Plan will be complete *(No later than March 17, 2023)* |  |