Instructions: For each requirement, there are questions in the left-hand column. Provide the answers in the comments section in the right-hand column. Do the answers meet HCBS compliance? Check the review guidance document if you are unsure. Check one of the boxes to indicate compliance: yes, no, or partial.

There are questions for direct care staff and there are questions for individuals supported. For the people who attend the program or live in the home, please ask them the questions listed below and take notes to help determine compliance.

<table>
<thead>
<tr>
<th>Requirement One: Access to the Community</th>
</tr>
</thead>
</table>
| 1. How do you identify what community activities each person wants to participate in?  
  - How does each person decide on their schedule each day? | ☐ Yes ☐ No ☐ Unsure  
  Comments: |
| 2. Does your setting offer opportunities for individuals to participate in activities at places where there are people of all abilities and disabilities?  
  - How are your staff supporting each individual to be a part of their community? | ☐ Yes ☐ No ☐ Unsure  
  Comments: |
| 3. Does your setting offer different transportation options? (i.e., public transportation, provider transportation, ride shares, family or friends)? | ☐ Yes ☐ No ☐ Unsure  
  Comments: |
4. Do individuals control their own money and other personal items?
   - If not, is this documented in the ISP/IPP?
   - Do you have a policy in place for money management?
     - Including staff using a person’s funds
     ☐ Yes ☐ No ☐ Unsure
     Comments:

5. How do you identify who wants to seek paid employment?
   a. And how do you determine what type of employment they would like to participate in?
     ☐ Yes ☐ No ☐ Partial
     Comments:

**Requirement Two: Choice of Setting**

| 1. Where is it documented that your setting was selected by the individual from among various other options? | ☐ Yes ☐ No ☐ Partial |
| Comments: |

| 2. Is each individuals’ choice of service and provider reviewed with them at least quarterly and choices are honored as best possible? | ☐ Yes ☐ No ☐ Partial |
| Comments: |

| 3. Does your setting have every person’s current and up-to-date ISP and IPP on file? | ☐ Yes ☐ No ☐ Partial |
| Comments: |

| 4. Is each person’s choice of private vs. shared bedroom reviewed at least annually and choices are honored as best possible? | ☐ Yes ☐ No ☐ Partial |
| Comments: |

**Requirement Three: Right to be Treated Well**

| 1. Do staff explain all individuals’ rights in a meaningful way before they move in (rights to privacy, dignity, respect, and freedom from coercion and restraint)? | ☐ Yes ☐ No ☐ Partial |
| Comments: |

| 2. Are support staff chosen by the individual and trained in how to best communicate with them? | ☐ Yes ☐ No ☐ Partial |
| Comments: |

| 3. Does the staff communicate about individuals’ medical conditions, financial situation, and other personal information in a place where privacy/confidentiality is assured? | ☐ Yes ☐ No ☐ Partial |
| Comments: |
4. Does your setting have rules for visitors?
   - Are the individuals involved in creating these rules?
     ☐ Yes  ☐ No  ☐ Partial
     Comments:

5. Do staff ensure individuals have privacy while using the bathroom and when assisted with personal care?
   ☐ Yes  ☐ No  ☐ Partial
   Comments:

6. Are individuals supported to dress and groom in a manner that honors their individual choice and preferences?
   ☐ Yes  ☐ No  ☐ Partial
   Comments:

7. Are there cameras inside the home or garage?
   ☐ Yes  ☐ No  ☐ Partial
   Comments:

8. Does the residence have delayed egress devices, secured perimeters, or alarmed doors?
   ☐ Yes  ☐ No  ☐ Partial
   Comments:

9. Are all staff trained on the HCBS Final Rule requirements?
   a. Where is this documented?
     ☐ Yes  ☐ No  ☐ Partial
     Comments:

**Requirement Four: Independence**

1. Do staff ask each person for their preference of daily and weekend activities?
   ☐ Yes  ☐ No  ☐ Partial
   Comments:

2. Are individuals involved in planning their days and developing activities schedules with support staff?
   ☐ Yes  ☐ No  ☐ Partial
   Comments:

3. Do individuals have the opportunity to participate in desired religious or cultural activities?
   ☐ Yes  ☐ No  ☐ Partial
   Comments:

4. Do staff encourage individuals to interact with whomever they choose?
   ☐ Yes  ☐ No  ☐ Partial
   Comments:
5. When choices interfere with staffing ability or home schedule, how is this resolved? □Yes □No □Partial
Comments:

**Requirement Five: Choice of Services and Supports**

1. Are all individuals asked if they have any concerns about or praise for a staff member at each quarterly meeting? □Yes □No □Partial
Comments:

2. Do staff support individuals’ choices of who provides their care to the extent that alternative staff are available? □Yes □No □Partial
Comments:

3. Does the grievance policy include escalation to the regional center if an individual’s concern is not settled to their satisfaction by staff, and all grievances are kept on file? □Yes □No □Partial
Comments:

4. Are people required to attend a day program? □Yes □No □Partial
Comments:

**Requirement Six: Residential Agreement**

*Federal Requirements 6-9 only apply to residential settings*

1. Does each individual in your setting have their own lease, residency agreement, or admission agreement? □Yes □No □Partial □NA
Comments:

2. Does the residential agreement include:
   a. Guidelines for decorating and furnishing bedrooms and common areas?
   b. Non-restrictive visitor policy?
   c. Explanation of bedroom door locks and policy for lost keys or codes?
   d. Evictions and appeals policies and timelines?
   e. Restraint and reporting policies?
   f. Transportation support provided?
   g. Money policies?
   h. That the house is accessible to all residents, including kitchen and kitchen appliances?
   i. Food is available at all times, unless a modification is in place?
   j. no blanket restrictions?
   □Yes □No □Partial □NA
Comments:
3. Has each individual been informed of their rights regarding housing in a way that is meaningful to them? □Yes □No □Partial □NA
Comments:

4. Do the individuals in your setting have the same responsibilities and protections from evictions that tenants have under the landlord tenant law of California? □Yes □No □Partial □NA
Comments:

### Requirement Seven: Privacy

1. Do units have entrance doors lockable by the individual, with only appropriate staff having access to keys? □Yes □No □Partial □NA
- Does your setting have a policy in place for this? Comments:

2. Do individuals in your setting have a choice of roommates? □Yes □No □Partial □NA
- If yes, what is the procedure for selecting and/or changing roommates as needed? Comments:
- Is each individual’s roommate choice reviewed at least quarterly and documented in their IPP?

3. Is it communicated to each person that they can choose their own bedroom furniture and decorate as they prefer? □Yes □No □Partial □NA
Comments:

4. If sharing a room, does each roommate have private space in their bedroom? □Yes □No □Partial □NA
Comments:

### Requirement Eight: Schedule and Access to Food

1. Are all individuals informed at least quarterly that they do not have to participate in planned activities? What support do you provide if they don’t want to participate? □Yes □No □Partial □NA
Comments:

2. Does your setting restrict where individuals can go, inside and outside of the home? □Yes □No □Partial □NA
- Do individuals have set routines (eating, sleeping, waking, activities) determined solely by the setting/support staff? Comments:

3. Do residents choose what is on the daily menu? □Yes □No □Partial □NA
Comments:
<table>
<thead>
<tr>
<th>Requirement Nine: Right to Visitors</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. Does your setting allow individuals to have visitors at any time?</td>
<td>□ Yes □ No □ Partial □ NA</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>2. Are visitors welcome to visit residents in their room (respecting any roommate's preferences) or in common areas of the home?</td>
<td>□ Yes □ No □ Partial □ NA</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>3. Are residents provided support outside the home?</td>
<td>□ Yes □ No □ Partial □ NA</td>
</tr>
<tr>
<td>a. for a meal or shopping, a longer visit outside the home, such as for holidays or weekends in accordance with the individual's IPP?</td>
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<td>Comments:</td>
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<thead>
<tr>
<th>Requirement Ten: Accessibility</th>
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<tbody>
<tr>
<td>1. Do residents have the freedom to move about inside and outside their home?</td>
<td>□ Yes □ No □ Partial</td>
</tr>
<tr>
<td>a. Are there rooms or bathrooms that are off-limits?</td>
<td>Comments:</td>
</tr>
<tr>
<td>2. Is the home fully accessible to all residents based on their needs (e.g., grab bars, seats in the bathroom, ramps for wheelchairs and table/counter heights appropriate to the individuals)?</td>
<td>□ Yes □ No □ Partial</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>3. Are all doors and doorways fully accessible to everyone in the setting? Or do people need support getting around the setting?</td>
<td>□ Yes □ No □ Partial</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
</tbody>
</table>
## Interview with residents or participants of the program

**Instructions:** Speak with at least three people who participate in the program or live in the home. Ask each of these individuals at least 3 questions from the list provided as a resource and provide notes about their answers.

<table>
<thead>
<tr>
<th>Question 1</th>
<th></th>
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<tbody>
<tr>
<td>(Please write question selected below)</td>
<td>Notes:</td>
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<th>Question 2</th>
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<td>(Please write question selected below)</td>
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<th>Question 3</th>
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<tbody>
<tr>
<td>(Please write question selected below)</td>
<td>Notes:</td>
</tr>
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</table>
Observations During On-site Visit

Instructions: Please use the section below to describe any relevant observations you experienced while on site. You can reference the resource provided to you for examples of things you may have observed.

Example for homes and programs, What activities are going on? Is everyone doing the same thing or in the same room? Is private information in a public space?

Example for homes: Are bedrooms decorated differently? Are there posters on the walls? Are there decorations around the room? Does the house feel like a home? Does the furniture look comfortable?

Comments: