



HCBS Validation Process

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Eligible Service Codes

Residential Services


- ▶ 096
- ▶ 113
- ▶ 904
- ▶ 905, 915
- ▶ 910, 920

Employment Services

- ▶ 950
- ▶ 954

Day Type Services

- ▶ 028
- ▶ 055
- ▶ 063
- ▶ 475
- ▶ 505
- ▶ 510
- ▶ 515
- ▶ 855

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- Providers completed self-assessments between January and August of 2020.
 - Some providers received an HCBS Assessment through Public Consulting Group done virtually through Microsoft Teams. Regional center is in receipt of these reports and can email to providers as requested.
 - Most providers received an email on 5/27/2022 with an explanation of the validation or remediation process.
 - Email sent out again to providers who are required to submit validation plans 6/8/2022, with an explanation on how to submit the plans.



Why Validation?

- ▶ Providers who certified through the self-survey to be fully compliant must go through the validation process
- ▶ The California Statewide Transition Plan (STP) is submitted to the Centers for Medicaid Services (CMS) and contains information about the level of compliance for all RC vendors with eligible service codes
- ▶ Self-Assessment surveys completed during 2020 are not considered valid by CMS due to their self-reported nature, those assessments must be validated
- ▶ Validation process relies on the submission of documents verifying that the provider who reported to be fully compliant with the HCBS regulations are in fact compliant
- ▶ Examples of the documents that can be submitted are listed on the validation template
- ▶ Validation forms and supporting documents are due **June 30th, 2022**



How to Label Documents:

- ▶ Folder/File should include the Validation Enclosure 2b as the first document:

- ▶ HA1234- ACRC Care Home

Supporting documents should be labeled as follow:

- ▶ FR1-Program Design Segment page 10

- ▶ FR1- Weekly Schedule

- ▶ FR2- Exit Criteria

- ▶ FR6- Residential Services Admission Agreement

Sample Enclosure 2b Federal Requirement #1

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.

Please check which documents are submitted (be sure to remove any individual identifiable information), and explain in the box below how compliance is confirmed.

1

Enclosure 2b

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

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)

Program Design page 10
Weekly Schedule

Sample from Program Design

FR- 1 Program Design Page 10

CLIENT SERVICES

Person-Centered Driven

Our program design provides an intentional culture valuing integration into the community as part of everyday life with growth opportunities to help participants become more included in their communities. Working towards this outcome, we undertake initiatives that encourage friendships and community inclusion among the individuals we support by developing experiential learning modules that include literacy, active community engagement, volunteerism, and integrated employment.

The types of activities we facilitate, and the way individuals spend their time within are based, first and foremost, on a thoughtful, person-centered planning process that identifies an individual's preferences and interests. The outcomes of this planning process, regularly updated, guide how the participant spends their time in program activities.

Natural Environment | Community-Based

During the design and implementation of our program design, great care has been taken to ensure activities occur fully integrated within the community. Program activities – like literacy, recreation and wellness programs, volunteer activities, job exploration, employment preparation, etc. – are implemented with greater quality and typically with less expense in the community, using resources that already exist. For example, rather than assuming the full responsibility of creating a job-training program, we focus on supporting individuals interested in a training program to access such programs via a “full-service” career center, community education program, community college, or similar entity. We believe community-based integration opportunities provide context for participants to grow in mobility, social interaction, confidence, and independence.

Our strategic shift in service delivery innately includes the guidance and support from the participant's Planning Team, including their families, caregivers, Alta California Regional

Sample Weekly Schedule

FR-1 Weekly Schedule

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
	5 Flea market	6 Work/Day progra	7	8	9	10
11a						
12p						
1p						
2:11p						
3p						
4p						Dinner at Olive Garden
5p			Grocery Shopping			
6p						
7p						
8p						

Sample Enclosure 2b

Federal Requirement #2

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.

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)

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Enclosure 2b

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

- F. Staff training curriculum and schedule.
- G. Other: (Please list additional documents submitted)

Program Design, Exit Criteria




Sample Segment from Program Design

FR-2

Exit Criteria

1. When a client, their representative(s), or the Regional Center makes a written request to terminate services provided by the program director/owner.
2. When a client has developed skills to the extent that our services are no longer necessary.
3. When a client's needs for service exceed our company's ability to meet those needs.



Sample Enclosure 2b Federal Requirement #6

Federal Requirement 6: Residential Agreement

A lease, residence agreement or other form of written agreement is in place for each participant and the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.

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)

Residential Services Admission Agreement

*Can also be a rent/lease agreement if individual is in a different type of setting

FR-6

RESIDENTIAL SERVICES ADMISSION AGREEMENT

**Licensed Residential Facility
(24-hour Non-Medical care)**

This is an agreement between Alta California Regional Center (*hereinafter Regional Center*)¹ and ~~LYNN SWANSON (hereinafter Client) or SHARON JAMES (hereinafter Authorized Representative)~~² and ~~WILLIAM WILSON (hereinafter Facility Administrator)~~³ for residential services at ~~Alta Community Care Home~~ (*hereinafter Facility*), address ~~6800 Santa Joana Way, Orangevale, CA~~, for service level **CCH**.

1. DATES

Effective dates of Residential Services are identified as **3/17/2021 to Until CXL** (use same date on POS, e.g., until cancelled or specific date).

1. PAYMENT CARE AND SERVICES

Is a Representative Payee needed? No Yes (If so, complete an Authorization to Release Information form, then make the referral)

If not, identify the current Representative Payee for Client's Benefits:

Name:

Address:

Phone:

Where to Submit Plans?

- ▶ The validation template and supporting documents should be emailed to
 - ▶ HCBS@altaregional.org
- ▶ ACRC will offer training/ Q&A sessions every Fri during Coffee with CSS:
- ▶ <https://altaregional.webex.com/altaregional/j.php?MTID=mde5c8b93f8b2db3c814400e34e703590>
- ▶ Questions regarding HCBS, Validation Process or for copies of the self-assessments or Virtual Site Assessments, email:
 - ▶ cle@altaregional.org
 - ▶ Telephone: 916-978-6536



What happens after plans are submitted?

- ▶ HCBS Specialist will review to determine if the plans should go to DDS or another specialist to review and validate.
- ▶ Once reviewed and “validated” on the DDS spreadsheet, the validation process is completed.
- ▶ Provider is now “compliant”. Regional center will submit the spreadsheet to DDS for final review.



Frequently Asked Questions



1. If the provider completed the Virtual Site Assessment and PCG determined that the provider was in compliance, does the provider still need to complete the Validation Plans?

- ▶ If PCG has already determined the provider's compliance status, then the provider is not required to go through the validation process.

2. Is the provider required to complete both the validation and remediation plans?

- ▶ If the provider status shows that validation is required, then provider will only need to go through the validation process; however, if the provider status shows remediation, then provider is required to go through both validation and remediation process to determine compliance.

3. Does the provider have to submit all items on the list (A-F) for each question?

- ▶ No, provider can submit 1 or as many as necessary to help the reviewer determine the provider's compliance status. If A-F does not apply, provider can check G, for other (example: photos).



Frequently Asked Questions

4. What if provider completed the VSA, but did not complete the required follow up for PCG?

- If provider did not complete requested follow up by PCG, provider's status is incomplete and are required to go through the remediation process.

5. If provider started the Self-Assessment, but did not complete the assessment in its entirety, is provider required to complete the assessment or do anything at this point?

- If provider did not complete the assessment in its entirety, provider will go through the remediation process to determine compliance status in areas that were not assessed.

6. What if provider doesn't agree with the outcome of the VSA (incompliance)?

- Provider can submit documentation to show compliance



Frequently Asked Questions

7. Who will review providers' plans?

- ▶ PCG will review approximately 75% of the validation plans while Regional center (CSS Specialists) will review approximately 25%. Regional center will review 100% of the remediation plans.

8. Can providers submit one plan for multiple vendorizations?

- ▶ No, providers need to submit one plan for each vendorization.

9. Who should providers reach out to if they have questions regarding their validation or remediation status; to obtain a report or general questions about this process?

- ▶ Providers can reach out to HCBS Specialist, Cindy Le at cle@altaregional.org or 916-978-6536.
- ▶ Other follow up questions regarding validation and remediation plans can be directed to their CSS Specialist.

Resources

ACRC's HCBS Webpage

[CMS Final Rule and HCBS - Alta California Regional Center \(altaregional.org\)](https://alta.regional.org/cms-hcbs)

DDS's HCBS Webpage

<https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/>

HCBS Final Rule Webinar: Strategies for Providing Services in Alignment with the Final Rule

<https://www.youtube.com/watch?v=6GYBdMOstmk>

Assessment Validation and Remediation Templates (follow link and click on Assessment Validation and Remediation to access all templates:

<https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/assessment-information/>

Living Well In My Community – HCBS and Person-Centered Thinking Guide from Tri-Counties Regional Center (available in English, Spanish and Tagalog)

<https://www.tri-counties.org/living-well-in-my-community/>