

**Alta California Regional Center
Annual HCBS Quality Assurance Review**

Facility Name _____ Vendor # _____ Review Date _____
Street Address _____ City _____ Zip _____
Facility Phone _____ Alt Phone _____ Facility Email _____
Number of Residents _____ License Capacity _____ Non-Ambulatory Capacity _____

ACRC Staff In Attendance :

The purpose of the Review is to comply with CFR 441.301 (HCBS Final Rule) to ensure services are being provided in accordance with the federal regulation. Additionally, this review assures consistency, quality, and continuity of direction is provided to the facility administration.

ACRC Representative Name _____ Title _____

ACRC Representative Name _____ Title _____

ACRC Representative Name _____ Title _____

ACRC Representative Name _____ Title _____

ACRC Representative Name _____ Title _____

Program Design Review

Review Program Design for each requirement

Requirements	Regulation Reference	Comments
<p>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.</p>	<p>CFR 441.301 (C)(4)(i)</p>	<p> <input type="checkbox"/> Met <input type="checkbox"/> Unmet <input type="checkbox"/> Concerns <input type="checkbox"/> n/a </p>
<p>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.</p>	<p>CFR 441.301 (C)(4)(ii)</p>	<p> <input type="checkbox"/> Met <input type="checkbox"/> Unmet <input type="checkbox"/> Concerns <input type="checkbox"/> n/a </p>
<p>The setting/service ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.</p>	<p>CFR 441.301 (C)(4)(iii)</p>	<p> <input type="checkbox"/> Met <input type="checkbox"/> Unmet <input type="checkbox"/> Concerns <input type="checkbox"/> n/a </p>

Requirements	Regulation Reference	Comments
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.	CFR 441.301 (c) (4)(iv)	<input type="checkbox"/> Met <input type="checkbox"/> Unmet <input type="checkbox"/> Concerns <input type="checkbox"/> n/a
The setting/service facilitates individual choice regarding services and supports, and who provides them.	CFR 441.301 (c) (4)(v)	<input type="checkbox"/> Met <input type="checkbox"/> Unmet <input type="checkbox"/> Concerns <input type="checkbox"/> n/a
Residential Only 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.	CFR 441.301 (c) (4)(vi)(A)	<input type="checkbox"/> Met <input type="checkbox"/> Unmet <input type="checkbox"/> Concerns <input type="checkbox"/> n/a
Residential Only Each individual has privacy in his/her sleeping or living unit: 1. Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed. 2. Individuals sharing units have a choice of roommates in that setting. 3. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	CFR 441.301 (c) (4)(vi)(B)(1-3)	<input type="checkbox"/> Met <input type="checkbox"/> Unmet <input type="checkbox"/> Concerns <input type="checkbox"/> n/a

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<p>Residential Only</p> <p>Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.</p>	<p>CFR 441.301 (c) (4)(vi)(C)</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Unmet <input type="checkbox"/> Concerns <input type="checkbox"/> n/a</p>
<p>Residential Only</p> <p>Individuals are able to have visitors of their choosing at any time.</p>	<p>CFR 441.301 (c) (4)(vi)(D)</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Unmet <input type="checkbox"/> Concerns <input type="checkbox"/> n/a</p>
<p>Residential Only</p> <p>The setting is physically accessible to the individual.</p>	<p>CFR 441.301 (c) (4)(vi)(E)</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Unmet <input type="checkbox"/> Concerns <input type="checkbox"/> n/a</p>

Individual Program Plan Review

Review each individual IPP that contains a modification

Modification Requirements	Regulation Reference	Comments			
IPP identifies a specific and individualized assessed need for modification.	CFR 441.301 (c)(4)(vi)(F) (1-8)	<input type="checkbox"/> Met	<input type="checkbox"/> Unmet	<input type="checkbox"/> Concerns	<input type="checkbox"/> n/a
IPP documents the positive interventions and supports used prior to any modifications.	CFR 441.301 (c)(4)(vi)(F) (1-8)	<input type="checkbox"/> Met	<input type="checkbox"/> Unmet	<input type="checkbox"/> Concerns	<input type="checkbox"/> n/a
IPP documents less intrusive methods of meeting the need that have been tried but did not work.	CFR 441.301 (c)(4)(vi)(F) (1-8)	<input type="checkbox"/> Met	<input type="checkbox"/> Unmet	<input type="checkbox"/> Concerns	<input type="checkbox"/> n/a
IPP includes a clear description of the condition that is directly proportionate to the specific assessed need.	CFR 441.301 (c)(4)(vi)(F) (1-8)	<input type="checkbox"/> Met	<input type="checkbox"/> Unmet	<input type="checkbox"/> Concerns	<input type="checkbox"/> n/a
IPP includes information about regular collection and review of data to measure the ongoing effectiveness of the modification.	CFR 441.301 (c)(4)(vi)(F) (1-8)	<input type="checkbox"/> Met	<input type="checkbox"/> Unmet	<input type="checkbox"/> Concerns	<input type="checkbox"/> n/a
IPP includes established time limits for periodic reviews to determine if the modification is still necessary.	CFR 441.301 (c)(4)(vi)(F) (1-8)	<input type="checkbox"/> Met	<input type="checkbox"/> Unmet	<input type="checkbox"/> Concerns	<input type="checkbox"/> n/a
IPP Includes information regarding informed consent of the individual regarding the modification.	CFR 441.301 (c)(4)(vi)(F) (1-8)	<input type="checkbox"/> Met	<input type="checkbox"/> Unmet	<input type="checkbox"/> Concerns	<input type="checkbox"/> n/a

Physical Plant Review

Review environment to ensure HCBS regulations are in place

Requirements	Regulation Reference	Comments
The setting/service ensures an individual's rights of privacy.	CFR 441.301 (C)(4)(iii)	<input type="checkbox"/> Met <input type="checkbox"/> Unmet <input type="checkbox"/> Concerns <input type="checkbox"/> n/a
<p>Residential Only</p> <p>Each individual has privacy in his/her sleeping or living unit:</p> <ol style="list-style-type: none"> 1. Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed. 2. Individuals sharing units have a choice of roommates in that setting. 3. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement. 	CFR 441.301 (C)(4)(vi)(B) (1-3)	<input type="checkbox"/> Met <input type="checkbox"/> Unmet <input type="checkbox"/> Concerns <input type="checkbox"/> n/a
<p>Residential Only</p> <p>Individuals have access to food at any time.</p>	CFR 441.301 (c) (4)(vi)(C)	<input type="checkbox"/> Met <input type="checkbox"/> Unmet <input type="checkbox"/> Concerns <input type="checkbox"/> n/a
<p>Residential Only</p> <p>The setting is physically accessible to the individual.</p>	CFR 441.301 (c) (4)(vi)(E)	<input type="checkbox"/> Met <input type="checkbox"/> Unmet <input type="checkbox"/> Concerns <input type="checkbox"/> n/a

Individual Interviews Findings

Interview 10 percent of individuals utilizing this service setting using interview questions. Put findings in the table.

Requirements	Regulation Reference	Comments Interviewed:
<p>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.</p>	<p>CFR 441.301 (C)(4)(i)</p>	<p> <input type="checkbox"/> Met <input type="checkbox"/> Unmet <input type="checkbox"/> Concerns <input type="checkbox"/> n/a </p>
<p>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.</p>	<p>CFR 441.301 (C)(4)(ii)</p>	<p> <input type="checkbox"/> Met <input type="checkbox"/> Unmet <input type="checkbox"/> Concerns <input type="checkbox"/> n/a </p>
<p>The setting/service ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.</p>	<p>CFR 441.301 (C)(4)(iii)</p>	<p> <input type="checkbox"/> Met <input type="checkbox"/> Unmet <input type="checkbox"/> Concerns <input type="checkbox"/> n/a </p>

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<p>Residential Only</p> <p>Individuals are able to have visitors of their choosing at any time.</p>	<p>CFR 441.301 (c) (4)(vi)(D)</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Unmet <input type="checkbox"/> Concerns <input type="checkbox"/> n/a</p>
<p>Residential Only</p> <p>The setting is physically accessible to the individual.</p>	<p>CFR 441.301 (c) (4)(vi)(E)</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Unmet <input type="checkbox"/> Concerns <input type="checkbox"/> n/a</p>

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Signature Page

By signing, I have completed this report, based on documentation and observation of the facility and interviews with participants.

ACRC Representative Signature: _____ **Date:** _____