**DUE DATE: 12/5/2022  
Please submit to** [**hcbs@rceb.org**](mailto:hcbs@rceb.org)

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| --- | --- |
| **Vendor Name** |  |
| **Vendor Number** |  |
| **Service Code** | Choose an item. |
| **Service Address** |  |
| **Name and Title of Person Responsible for Completion of this Form** |  |
| **Date this form was completed** | Click or tap to enter a date. |
| **Target Date to Implement Remediation Plan** | Click or tap to enter a date. |

**INSTRUCTIONS**:

1. Please fill out the entirety of this form and note the instructions at the halfway point (after Federal Requirement 5)
2. If you have supporting documents that closely mirror the Federal Requirement language (listed in italics below every Federal Requirement), then please make sure to include the page number you are referencing in the comment box section.
   1. You need not provide a document for every letter A-G if the document you are using encapsulates the entirety of the Federal Requirement language.
   2. The more explicit your documentation language is, the better!
3. If you are unable to provide a document to support compliance, then please come up with a plan on how you will include such language into your current documentation
   1. This is only a plan, which means that you need not create any modifications just yet until you receive approval from RCEB.
   2. It can be as short as “will include ABC into our program design, which will state XYZ”
4. When you submit this plan to [hcbs@rceb.org](mailto:hcbs@rceb.org) via email, you can attach your supporting documents to that email.

Completion of this form does not equate to compliance with the HCBS Final Rule. This will be reviewed upon your submission of this form, and you will be provided with feedback regarding your plan. Please make sure that you provide yourself with enough time to implement your plan ahead of the 3/17/2023 compliance date. Please note: Providers must complete a separate form for each service, each vendored program, which they operate.

**DETERMINATION OF COMPLIANCE IS AS FOLLOWS:**

**✓ Not yet compliant in one or more of the HCBS requirements.**

**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.)

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)

Setting **does not fully meet** this requirement; plan to meet compliance described below.

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**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.)

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E. Monthly client meeting record. (Names removed)

F. Staff training curriculum and schedule.

G. Other: (Please list additional documents submitted)

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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*.* Example: A. Page 10 in program design requires annual review of client rights. C. Page 15 of client handbook lists client rights. Document updated May 2020 to include...) |

**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.)

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D. Schedule or calendar of activities supporting compliance.

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F. Staff training curriculum and schedule.

G. Other: (Please list additional documents submitted)

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**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.)

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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)

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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.*

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.)

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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)

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**If you provide residential services, i.e., including but not limited to the following service codes (096, 113, 904, 905, 910, 915, 920), then please make sure you fill out Federal Requirements 6-10 as well.**

**If you do not provide such services, then you have completed your requirement.**

**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.*

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**Federal Requirement 7: Privacy**

*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.*

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.)

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**Federal Requirement 8: Schedule and Access to Food**

*Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.*

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.)

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**Federal Requirement 9: Right to Visitors**

*Individuals are able to have visitors of their choosing at any time.*

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.)

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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)

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**Federal Requirement 10: Accessibility**

*The setting is physically accessible to the individual.*

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.)

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