**Home and Community Based Resource Toolkit**

This document is meant to be used as a guide to ensure that you have the appropriate policies and documentation in place to demonstrate compliance with the HCBS (Home and Community Based Services) Final Rule. The following are some examples of practices you might want to adopt, or you are already doing. The following is not a comprehensive list, and you may have other ways to demonstrate compliance. At the heart of the Final Rule is person centered thinking and planning. Adopting PCT (Person Centered Thinking) practices will go a long way in demonstrating compliance.

**Table of Contents**

Rules & ways to show compliance.…………………………………………………………. 2

What is a 1-page description…………………………………………………………………… 5

1-page description template…………………………………………………………………… 6

Community Mapping……………………………………………………………………………… 7

Pre-ISP meeting guide…………………………………………………………………………….. 10

Satisfaction Survey………………………………………………………………………………….. 13

Annual Documentation ………………………………………………………………………….. 16

Resource links…………………………………………………….…………………………………… 17

**Ways to show compliance**

Residential and Non-Residential:

Final Rule #1: Access to the Community, Access to Personal Resources

* Evidence that the person served is able to participate in meaningful activities in the broader community including non-disability settings
* Daily, weekly, or monthly schedules of activities and documentation that shows the person served participates in planning these activities.
* Program/Homes support people in finding competitive employment if that is one of their goals (either by providing that service or by making referrals to employment agencies/DOR)
* Access to their own resources (i.e. money)
* Training and/or access to public transportation
* Location/site is accessible

Final Rule #2: Choice of Setting

* Grievance Procedures (and policies that how often persons served receive this information)
* Satisfaction Surveys
* Documentation at Intake asking if this is the program/home the person has chosen and if they considered/looked at other homes/programs.
* A minimum, annual documentation showing that the person served was asked if they want to continue receiving services from their current home/program.

Final Rule #3: Right to Privacy, Dignity and Respect

* Client Rights Statements (and documentation that show often persons served receive this information)
* Secure place for people served to keep their belongings
* Evidence of Staff Training/New Staff Orientation on Confidentiality and HIPAA
* Files of participants are in a locked/secure location
* Documentation showing informed consent before the use of restraints and restrictive interventions (and plans documented in the ISP/IPP)

Final Rule #4: Right to be Independent (Right to Freedom and Choice on how you spend your time and with whom)

* Personalized schedules/calendars
* Documentation where a person served changed their activities and or schedule
* Evidence that the person served is able to spend time with their friends
* Documentation of minutes to Client Advisory Council (or similar type group)
* Evidence of Person-Centered Practices
* Documentation that during intake/assessment, discovery or person-centered tools were used to find out about the person’s strengths, interests, likes, dislikes, etc.

Final Rule #5: Choosing Services and Supports (choosing your staff and your services)

* One-Page Descriptions of persons served highlighting their interests and strengths
* Evidence of Person-Centered Practices (such as individualized service plans that are based on the person’s interests, hopes and dreams)
* Documentation on how staff learn about the person’s served such as reviewing their Person-Centered Assessments/Discovery and intake information
* Documentation of the process where a person served can change their goals/preferences and which staff they prefer to work with

Residential Only:

Final Rule #6: Admission Agreements (Tenant Rights)

* Lease Agreement
* Documentation showing the process by which a person can choose to have their own room or the roommate of their choice

Final Rule #7: Privacy at Home (you must have functioning locks and say who can enter your room), Choice in Roommates (if applicable), Room Personalization

* Residents have keys to their homes and their rooms (with only appropriate staff having keys)
* Rooms are personalized
* Residents can lock their rooms from the inside and outside of the room
* Conduct ISP, IPP and other confidential meetings in a location that allows privacy
* Matching Profiles for those with roommates

Final Room #8: Schedule and Access to Food (Control over your schedule and your food)

* Documentation of minutes to House Meetings
* Access to food
* Options of foods are offered as well as flexibility in mealtimes, including location of a person’s preference to eat meals
* Evidence that the person served is able to participate in meaningful activities in the community
* Personalized schedules/calendars

Final Rule #9: Rights to Visitors (Visitors at Any Time)

* Documentation showing that persons served participated in the creation of shared “House Rules”
* Evidence showing that persons served can have visitors when desired
* Privacy is available
* Evidence that the person served is able to spend time with their friends

Final Rule #10: Accessibility (easily accessible for all)

* All areas of the home (inside and out) are accessible to all people living in the home
* Accessibility is universal for not only people with mobility challenges but also sensory challenges

**What is a 1-page Description**

Person-Centered Thinking® (PCT®) begins with learning about the positive reputation of people, and both what is “important to” a person and what is “important for” a person, and the balance between them. 1 PCT® skills help people describe both how they want to live, and a reasonable balance between the components of “important to” and “important for” in their lives. For those who do not yet communicate with words and sentences, family members and others close to them can provide that information.

A one-page description provides an at-a-glance positive way to share key information, and has at least these three sections:

• What people like and admire about the person.

• What is most important to the person.

• How to best support the person.

A one-page description does not take the place of a person-centered description. Instead, it connects to the most important information within the person-centered description to share with those who may be learning how to support the person for a specific purpose. Some of the possible uses for students are when moving to a new school or classroom, meeting new people, or putting the one-page description on the front page of a student’s records to share when paperwork is transferred.

Why do it?

Providing a one-page description that references the information that the person and his or her team has been using makes it more likely that person-centered plans and descriptions can be referenced, used and acted on right from the beginning of a transition. In this way, supports provided can be seamless across different support staff and new environments

A screenshot of a computer screen

AI-generated content may be incorrect.

A screenshot of a paper with text

AI-generated content may be incorrect.

A diagram of a house

AI-generated content may be incorrect.

A drawing of a house on a white sheet of paper

AI-generated content may be incorrect.

**Pre-ISP/Annual meeting guide**

|  |  |
| --- | --- |
| **Name:** | **Date:** |
| **Support staff:** | **IPP Date:** |

**Progress:**

Remind them that there is no wrong answer and that you want to have a better understanding of what they would like to accomplish in the coming year. Record answers in the person’s own words and ask follow-up questions to pull out any support needed, further interested, goals, and or changes they might want within their IPP. This summary may be used as their portion of the annual report.

What kinds of work or volunteer activities do you do now?

What kinds of hobbies or activities do you like to do?

What kinds of places do you go to have fun?

How do you get to and from places?

What has worked for you this past year?

What has not worked for you this past year?

Who would you like to attend your IPP?

Is there anything you would like to discuss during your IPP?

**What other things would you like support with?**

* Cooking
* Transportation
* Shopping
* Cleaning my place
* Meeting more people/making friends or dating
* Learning about sexual relationships and safe sex
* Getting along better with people
* Self-advocacy and knowing my rights
* Problems with Social Security, SSI, or other benefits
* Self-defense, Strength training

Review previous goals and discuss progress/steps taken towards achieving each goal. How has each goal been worked on, what has been achieved (even parts of the goal, CELEBRATE), what is no longer working and needs to be dropped, does the goal still fit their needs.

|  |
| --- |
| Goal 1: |
| Goal 2: |
| Goal 3: |
| Goal 4: |
| Goal 5: |

Example of breaking goals into smaller objectives:

1. Learn to Drive
2. Obtain DMV manual handbook
3. Create study schedule
4. Take practice exams online

**Knowing your strengths and supports:**

(Also known as what’s working/not working)

Take a few moments to think about your strengths (like cooking or going to the movies) and needs (like learning how to call the taxi). This can include your likes and dislikes or long-term and short-term goals.

Strengths Support Needs

(What you can and like to do) (What helps you do things on your own)

|  |  |
| --- | --- |
| At home: | At home: |
| At work: | At work: |
| In the community: | In the community: |
| For fun: | For fun: |

**Informed Decision regarding services and supports:**

After reviewing goals and support expressed by the individual explain how the program plans on meeting the needs identified. Ask the individual the following questions:

Would you like to continue receiving support from this program?

If not, would you like support to explore other programs?

\*\*\*If support cannot be provided then explore ways to have those needs met, such as reaching out to RCEB case managers or the ID team.

**Annual Satisfaction Survey templates**

This tool is used to gather feedback from those supported to assess their level of satisfaction with the services they are receiving. It addresses areas of satisfaction such as choice, safety, privacy, respect, and supports. It is recommended that providers complete Satisfaction Surveys annually. However, they can be completed as frequently as you’d like. Below you will find two workable templates.

**Template (1)**

**Annual Satisfaction Survey**

Enter agency name

Person Supported:

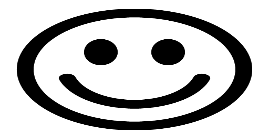
Support staff if applicable:

Date:

Do you want to continue living here?

A black and white face

Description automatically generated

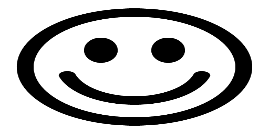


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Do you like the food you eat?

A black and white face

Description automatically generated

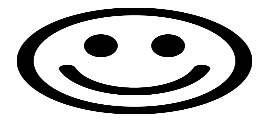


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Do you like the activities you do?

A black and white face

Description automatically generated

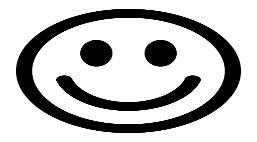


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Do you like where you go in the community?

A black and white face

Description automatically generated



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Anything you would like to add or suggest?

|  |
| --- |
|  |
|  |

**Template (2)**

**Annual Satisfaction Survey**

Enter agency name

Participant Name:

1. Do you feel safe at home and when you are out in the community?

Yes No

2. Do you get to make choices about how you spend your money?

Yes No

3. Do you choose the places you go to?

Yes No

4. Is your provider teaching you things that you want to learn? (Examples: cooking, grocery shopping, paying bills, taking the bus)

Yes No

5. Does the staff listen to you and treat you with respect?

Yes No

6. Did you get a say in picking the place where you live?

Yes No

8. Do you know who to talk to is you are unhappy?

Yes No

9. Do you feel your privacy is respected?

Yes No

10. In general, are you satisfied with your supported living services?

Yes No

Any additional comments or suggestions:

Customer’s Signature Form Completed by:

Did participant receive support in filling this form, if so by who:

Date Survey Completed:

**IPP Annual Document review**

Name:

Supporting staff:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Date |
| Client’s rights reviewed and understood |  |  |  |
| Grievance procedure reviewed and understood |  |  |  |
| Satisfaction Survey |  |  |  |
| Annual pre-meeting |  |  |  |
| Informed choice of program & services from our agency |  |  |  |
| One Page Description |  |  |  |
|  |  |  |  |
|  |  |  |  |

I,­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that I have read or been read to, understand, and received a copy of the documents listed.

Signature/Mark

Date

**Additional Resources**

Confidentiality training:

<https://learn.medi-cal.ca.gov/catalog/course.asp?id=1973>

Upcoming Person-Centered Thinking training:

Wednesday, **February 19th & Thursday, February 20th**, 9am – 5pm; (1320 Willow Pass Rd., Concord) RCEB Staff: Fructuoso Menchavez, HCBS Specialist

Wednesday, **June 11 st & Thursday, June 12th**, 9am – 5pm; (500 Davis St., San Leandro) RCEB Staff: Michael Minton, Manager of Risk Management & Quality Assurance

Wednesday, **September 24th & Thursday, September 25th**, 9am – 5pm; (1320 Willow Pass Rd., Concord) RCEB Staff: Fructuoso Menchavez, HCBS Specialist

Wednesday, **December 10th & Thursday, December 11th**, 9am – 5pm; (500 Davis St., San Leandro) RCEB Staff: Michael Minton, Manager of Risk Management & Quality Assurance

Person-Centered Thinking revolves around the core principle of balancing What’s Important To someone and What’s Important For someone. Through this training, attendees will learn practical skills that they can take back to their respective workplaces that center the person being supported and support compliance with HCBS Federal Requirements, while continuing to effectively improve the supports that are currently in place. Continuing Education credits: 12 units (Please see note above regarding the expectations of attending all trainings to receive the continuing education credits); Attendance is limited to 30; Cost: $75 per person (Please make checks payable to RCEB)

<https://rceb.org/wp-content/uploads/2025/01/CTEC-Newsletter-Feb.-Nov.-2025-1.pdf>

1-page description training on February 14th, 2025

<https://www.eventbrite.com/e/one-page-description-training-tickets-1217234724829?aff=erelexpmlt>

Check out the RCEB website: <https://www.rceb.org/providers/hcbs-final-rule/>

To ask a question, make a comment, or get more information about the HCBS Final Rule, email: [hcbs@rceb.org](mailto:hcbs@rceb.org)

For more detailed information on the HCBS Final Rule and California’s Statewide Transition Plan, please visit: <http://www.dds.ca.gov/initiatives/cms-hcbs-regulations>

CA HCBS Statewide Transition Plan: <http://www.dhcs.ca.gov/services/ltc/Pages/HCBSStatewideTransitionPlan.aspx>

Center for Medicare and Medicaid Services: <https://www.medicaid.gov/medicaid/hcbs/index.html>