



### Non-Residential Provider HCBS Site Visit Review:

<b>Provider Name:</b>	
<b>Vendor Number:</b>	<b>Service Code:</b>
<b>Person Name:</b>	
<b>SDRC Reviewer:</b>	<b>Code:</b>
<b>In-Site Visit Date:</b>	
<b># of Staff Interviewed</b>	<b># of Clients Interviewed</b>

#### 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.

**Compliant**    **Partially Compliant**    **Not Compliant**    **Unable to Determine**

**Observations:**

#### 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.

**Compliant**    **Partially Compliant**    **Not Compliant**    **Unable to Determine**

**Observations:**

#### 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.

**Compliant**    **Partially Compliant**    **Not Compliant**    **Unable to Determine**

**Observations:**

#### 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.

**Compliant**    **Partially Compliant**    **Not Compliant**    **Unable to Determine**

**Observations:**

#### Federal Requirement 5: Choice of Services and Supports

The setting/service facilitates individual choice regarding services and supports, and who provides them.

**Compliant**    **Partially Compliant**    **Not Compliant**    **Unable to Determine**

**Observations:**



### Best Practices Implementation of Person-Centered Plans / PCP-IPPs

Does the individual have an PCP-IPP that indicates all the PCT areas listed below?

**Compliant**    **Partially Compliant**    **Not Compliant**    **Unable to Determine**

**Reflect:**

- Choice of Setting?
- Individuals Strengths & Preferences?
- Clinical and Support Needs?
- Include Individual identified goals & desired outcomes?
- Services & Supports who will assist with goals & outcomes?
- Risk Factors & Measures in place, back up plans and strategies?
- Written in Plain Language?
- Identifies Roles and Responsibilities for monitoring plan?
- Informed Consent of Individual in writing and signed by all individuals?
- Documentation of any Modifications? (If Applicable)
  - Identify specific & individual assessed need
  - Document the positive interventions & supports
  - Document less intrusive methods tried but not successful
  - Include clear description to the specific assessed need
  - Monitoring Plan?
  - Established Timeline
  - Informed consent of individual
  - Ensures this will cause no harm to the individual

**Note by SDRC:**

Comments regarding Staff / Service Provider:

Comments regarding Individuals Served:

Not able to interview the individual served:  Why?

Once this document is complete send to your HCBS Specialist via email  
**SDRC Internal: Google  DDS  Follow Up**