



Non-Residential Provider HCBS Site Visit Review:

Provider Name:	TYPE HERE		
Vendor Number:	TYPE HERE	Service Code:	TYPE HERE
Name of Person from Vendor:	TYPE HERE		
Name of Site Reviewer:	TYPE HERE	Date of Site Visit:	TYPE HERE
Name of HCBS Reviewer:	TYPE HERE	Date Reviewed:	TYPE HERE
# of Staff Interviewed	TYPE HERE	# of Clients Interviewed	TYPE HERE

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: TYPE HERE

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: TYPE HERE

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: TYPE HERE

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: TYPE HERE

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: TYPE HERE

Best Practices Implementation of Person-Centered Plans

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: TYPE HERE

Comments regarding Individuals Served: TYPE HERE

Not able to interview the individual served: ☐ **Why?** TYPE HERE

Once this document is complete send to hcbs.frule@sdrc.org in WORD Format