Date(s) Monitored: Monitored By:

Setting Name: Vendor Number:

Service Code:

Setting Address:

How Many Living Here:

Qty of Bedrooms:

**CONVERSATION QUESTIONS FOR INDIVIDUALS**

Name of Individual(s) Interviewed:

If unable to interview an individual at the setting, explain why:

**Federal Requirement 1: The setting 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 Medicaid HCB Services.**

| Specific Question | Met | Not Met | **Describe Evidence of Compliance or Non-Compliance** |
| --- | --- | --- | --- |
| 1a. What do you like to shop for?Where do you like to shop?When did you last go to those stores?Do you go shopping for food, clothes and things you want when you want to? |  |  | Interviewee: |
| 1b. Who is your doctor and when did you last visit?Who is your dentist and when did you last visit?  |  |  | Interviewee: |
| 1c. Do you have a debit card?How do you get your spending money?Do you get to buy what you want?Do you get to use your money when you want? |  |  | Interviewee: |
| 1d. Where do you like to go outside of your home?Tell me what things you like to do outside of your home.Does staff ever tell you about new things you might want to do?When did you last go to the places you like or do things you like outside of your home?Where did you go? |  |  | Interviewee:  |
| 1e. What restaurants do you like?Which ones have you been to lately? |  |  | Interviewee:  |
| 1f. Who do you like to go out with?Do you get to choose who you go with?Do you usually have to go out with the group?  |  |  | Interviewee:  |
| 1g. Are you interested in finding a paid job? What type of work?Are you interested in going to school?Would you like to go to a day program?Has staff asked you this and how do they help you with it? |  |  | Interviewee:  |
| 1h. What transportation do you use? Do you always have transportation when you want to go somewhere?Have you learned or would you like to learn to use the bus or Uber/Lyft?   |  |  | Interviewee:  |

**Federal Requirement #1 Additional Comments:**

**Federal Requirement** 2: **The setting gives individuals the right to select from among various setting options, including non-disability specific settings and an option for a private unit in a residential setting**

| Specific Question | Met | Not Met | **Describe Evidence of Compliance or Non-Compliance** |
| --- | --- | --- | --- |
| 2a. Did you choose to live here?Where would you like to live? Has anyone else asked you this? |  |  | Interviewee:  |
| 2b. Is there somewhere else you would like to live?Would you like to live without roommates?Has anyone else asked you this?(if ***appropriate***) How did that person help? |  |  | Interviewee:  |
| 2c. Are you ever asked if you want to have a roommate or change your roommate? Who asks you if you want to change?(if ***appropriate***) How did that person help? |  |  | Interviewee:  |

**Federal Requirement #2 Additional Comments:**

**Federal Requirement** 3: **The setting ensures an individual’s rights of privacy, dignity, respect, and freedom from coercion and restraint.**

| Specific Question | Met | Not Met | **Describe Evidence of Compliance or Non-Compliance** |
| --- | --- | --- | --- |
| 3a. Do you know what your rights are? Please share them with me.Share these rights if needed to answer the question: rights of privacy, dignity, respect, and freedom from coercion and restraint.Are there any of these I can explain better to you?Does staff explain these rights every once in a while? |  |  | Interviewee:  |
| 3b. Do you always feel safe here?Do you ever feel someone here doesn’t respect your rights? If so, do you know who to talk to about it?Have you ever talked with anyone here about your rights not being respected?Did that person help you? How? |  |  | Interviewee:  |
| 3c. Do you have privacy when you use the bathroom and dress? Do you lock the door each time?If someone helps you in the bathroom, do they wait outside until you call them back in? |  |  | Interviewee:  |
| 3d. Do you have privacy for your meetings and when you talk on the phone? Where do you use the phone and have your meetings? |  |  | Interviewee:  |
| 3e. Do you have privacy when you take medication or talk about it? Where do you take your medication and talk about it? |  |  | Interviewee:  |
| 3f. Where do you lock up your personal things you want to keep safe? Do you have a key to open it?Who else has a key to this place? |  |  | Interviewee:  |
| 3g. Can you dress the way you like?Can you wear your hair the way you like?If not, who tells you how to dress or style your hair? |  |  | Interviewee: |
| 3h. Have you ever been restrained in a room or chair or any other way?If so, please let me know who restrained you?Can you tell me why this happened? |  |  | Interviewee:   |
| 3i. Can you leave home when you want to?If not, who has told you that you can’t?Did they tell you why you can’t leave when you want to? |  |  | Interviewee:   |

**Federal Requirement #3 Additional Comments:**

**Federal Requirement** 4: **The setting optimizes individual initiative, autonomy, and independence in making life choices, including daily activities, physical environment and with whom to interact.**

| Specific Question | Met | Not Met | **Describe Evidence of Compliance or Non-Compliance** |
| --- | --- | --- | --- |
| 4a. What do you like to do during the day?What do you like to do in the evenings?Do you get to do these things when you want?If you don’t get to do something you want, who tells you that you can’t?Do they tell you why you can’t? |  |  | Interviewee:  |
| 4b. When do you tell staff what you want to do and where you want to go?Do you get to do the things you tell the staff? |  |  | Interviewee: |
| 4c. Does anyone here ever tell you that you cannot talk to or visit with someone?Who tells you that you can’t?Do they tell you why you can’t? |  |  | Interviewee:   |

**Federal Requirement #4 Additional Comments:**

**Federal Requirement** 5: **The setting facilitates individual choice regarding services and supports, and who provides them.**

| Specific Question | Met | Not Met | **Describe Evidence of Compliance or Non-Compliance** |
| --- | --- | --- | --- |
| 5a. Is there a staff member you prefer to do things with? If they are working, do they help you when you ask?If no, why not? |  |  | Interviewee: |
| 5b. What do you do when something goes wrong or you don’t like something? Who would you tell about how you feel? |  |  | Interviewee: |
| 5c.Is there anything you do not like here?Is there anything you would like to change here?Who have you spoken with to help?What happened after you spoke with that person? |  |  | Interviewee: |

**Federal Requirement #5 Additional Comments:**

**Federal Requirement** 6: **The setting provides for a legally enforceable agreement between the provider and the consumer that allows the consumer to own, rent, or occupy, the residence and provides protection against eviction.**

| Specific Question | Met | Not Met | **Describe Evidence of Compliance or Non-Compliance** |
| --- | --- | --- | --- |
| If someone tells you that you have to move, how many days do you have before you must move?Can you tell me who you talk with if you don’t want to move? |  |  | Interviewee: |

**Federal Requirement #6 Additional Comments:**

**Federal Requirement** 7: **The setting provides for privacy in units including lockable doors, choice of roommates and freedom to furnish and decorate the sleeping or living unit within the lease or other agreement.**

| Specific Question | Met | Not Met | **Describe Evidence of Compliance or Non-Compliance** |
| --- | --- | --- | --- |
| 7a. Do you prefer sharing a room or having one to yourself?Have you talked with anyone about changing?What happened? |  |  | Interviewee: |
| 7b. Do you have your own bedroom key?What happens if you lose it?Who else has a key to your bedroom? |  |  | Interviewee: |
| 7c. Will you tell me about your room decorations?Why did you choose them?What else would you like to add to your bedroom? |  |  | Interviewee: |

**Federal Requirement #7 Additional Comments:**

**Federal Requirement** 8: **The setting provides for options for individuals to control their own schedules including access to food at any time.**

| Specific Question | Met | Not Met | **Describe Evidence of Compliance or Non-Compliance** |
| --- | --- | --- | --- |
| 8a. What happens when you don’t want to do what the others have planned?Who would or did you talk to about it? What did you do instead? |  |  | Interviewee: |
| 8b. What do you like to eat for breakfast, lunch and dinner?How often do you get them here?What snacks and drinks do you like?Are they available here?Who buys them? |  |  | Interviewee: |
| 8c. Do you eat meals and snacks when you want to?Do you get drinks when you want them?If not, who tells you that you cannot?Do you know your rights about choosing food and where you eat? |  |  | Interviewee: |

**Federal Requirement #8 Additional Comments:**

**Federal Requirement** 9: **The setting provides Individuals the freedom to have visitors at any time.**

| Specific Question | Met | Not Met | **Describe Evidence of Compliance or Non-Compliance** |
| --- | --- | --- | --- |
| 9a. Are you okay with the agreements around having visitors? Are there any restrictions about visits you don’t like?What would you like changed? |  |  | Interviewee: |
| 9b. Can you see your guests whenever and wherever you want?If not, what is restricted and by whom? |  |  | Interviewee: |

**Federal Requirement #9 Additional Comments:**

**Federal Requirement 10:** **The setting is a physically accessible setting.**

| Specific Question | Met | Not Met | **Describe Evidence of Compliance or Non-Compliance** |
| --- | --- | --- | --- |
| 10a. Can you go anywhere in your home that you want to? Is there anywhere staff says you cannot go?(if ***applicable***) Why can’t you use that area? |  |  | Interviewee: |
| 10b. Is there anywhere here you do not feel safe using?Where is it and why don’t you feel safe? |  |  | Interviewee: |

**Federal Requirement #10 Additional Comments:**

**MONITORING ACTIVITIES WITH VENDOR STAFF**

Name(s) and positions of Staff Interviewed:

**Federal Requirement 1: The setting 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 Medicaid HCB Services.**

| Specific Question | Met | Not Met | **Describe Evidence of Compliance or Non-Compliance** |
| --- | --- | --- | --- |
| 1a. Describe how all individuals in this home have full access to the community, including but not limited to community events, banks, restaurants, education opportunities, grocery and department stores, barbers and medical treatment. |  |  | Community Events:Restaurants:Movies, etc.:Banks:Barbers/Salons:Grocery Stores:Dr. Names:Dentist Names:Gastroenterologists:Where are mammograms provided:Other: |
| 1b. How are the individuals supported to develop relationships and community connections, as desired, with those not receiving regional center services and are not paid staff. |  |  | List non-paid, non-related connections: |
| 1c. List all transportation known by and available to the individuals. Please include all options supported by staff. |  |  |       |
| 1d. Where does staff refer individuals who want to seek paid employment in a competitive integrated setting? Please list all programs, etc. |  |  |       |
| 1e. Describe the individuals’ banking situation (do they use a bank or does staff keep the spending money for them?)Check P&I log entries to see there are no patterns (i.e., $30/week) |  |  |  |

**Federal Requirement #1 Additional Comments:**

**Federal Requirement** 2: **The setting gives individuals the right to select from among various setting options, including non-disability specific settings and an option for a private unit in a residential setting**

| Specific Question | Met | Not Met | **Describe Evidence of Compliance or Non-Compliance** |
| --- | --- | --- | --- |
| 2a. The home has the current, approved IPP on file for all individuals. |  |  |       |
| 2b. All IPPs document residence options considered by the individuals and how choices were made. If not in the IPP, note if it is in the ISP. |  |  |  |
| 2c. Each individuals’ choice of service and provider is reviewed with them at least quarterly and choices are honored as best possible (check IPP and/or ISP). |  |  |  |
| 2d. Each individuals’ choice of private unit v. roommate is reviewed at least annually and choices are honored as best possible (check IPP and/or ISP). |  |  |  |

**Federal Requirement #2 Additional Comments:**

**Federal Requirement** 3: **The setting ensures an individual’s rights of privacy, dignity, respect, and freedom from coercion and restraint.**

| Specific Question | Met | Not Met | **Describe Evidence of Compliance or Non-Compliance** |
| --- | --- | --- | --- |
| 3a. How does staff explain individuals’ rights in a *meaningful* way before they move in (rights to privacy, dignity, respect, and freedom from coercion and restraint). There is an approved Admissions Agreement on file for each individual. |  |  |  |
| 3b. Describe how the rights are posted in a *meaningful* way where all can view them daily. |  |  |  |
| 3c. Describe when and how staff explains these rights to each individual in a *meaningful* way at least annually. Describe how the meeting is documented. |  |  |  |
| 3d. Confirm staff (including direct support) is aware of the HCBS Waiver and trained on these rights before employment and at least annually. How is this documented? |  |  |  |
| 3e. Confirm staff conducts communications about individuals’ medical conditions, financial situation and other personal information in a place where privacy/confidentiality is assured. Where are private meetings and conversations held? |  |  |  |
| 3f. Confirm medication is distributed confidentially and privately. Describe where medication is distributed. |  |  |  |
| 3g. Describe how staff ensures individuals have privacy while using the bathroom.Verify bathroom doors have locks. |  |  |  |
| 3h. Describe the secured place(s) available for storing each individual’s personal belongings. |  |  |  |
| 3i. Describe how individuals choose what to wear, how to style their hair, what make-up to use, etc. |  |  |  |
| 3j. How does staff support an individual acting aggressive or agitated?Confirm staff never utilizes restraints. |  |  |  |
| 3k. Confirm the residence has no delayed egress devices or secured perimeters. |  |  |  |
| 3l. There are no cameras inside the home or garage. |  |  | Note if there are cameras in any private areas (bedrooms/bathrooms).If there are cameras in any common areas, (1) explain how this was discussed with all of the individuals a, (2) describe the documentation from the meeting(s), and (3) verify signed approval from each individual living in the home is on file. |

**Federal Requirement #3 Additional Comments:**

**Federal Requirement** 4: **The setting optimizes individual initiative, autonomy, and independence in making life choices, including daily activities, physical environment and with whom to interact.**

| Specific Question | Met | Not Met | **Describe Evidence of Compliance or Non-Compliance** |
| --- | --- | --- | --- |
| 4a. Describe the process used for each person to communicate their preferences of daily and weekend activities. |  |  |  |
| 4b. Confirm individuals’ preferred activities are documented and are reflected on last month’s calendar. |  |  |  |
| 4c. Describe how staff encourages individuals to interact with others they choose. |  |  |  |
| 4d. When choices interfere with staffing ability or home schedule, how is this resolved and documented? |  |  |  |

**Federal Requirement #4 Additional Comments:**

**Federal Requirement** 5: **The setting facilitates individual choice regarding services and supports, and who provides them.**

| Specific Question | Met | Not Met | **Describe Evidence of Compliance or Non-Compliance** |
| --- | --- | --- | --- |
| 5a. Is it documented that in the ISPs that all are asked if they have any concerns about or praise for a staff member at each quarterly meeting? |  |  |  |
| 5b. Does staff have examples of how they support an individual’s choice of who provides their care (to the extent that alternative staff are available)? |  |  |  |
| 5c. Confirm the grievance policy includes escalation to the regional center if an individual’s concern is not settled to their satisfaction by staff.How are grievances recorded and filed? |  |  |  |
| 5d. Describe when staff reviews the grievance policy with each individual at least annually.  |  |  |  |
| 5e. Describe how and where the grievance policy is posted in a *meaningful* way. Does it have illustrations if needed? |  |  |  |

**Federal Requirement #5 Additional Comments:**

**Federal Requirement** 6: **The setting provides for a legally enforceable agreement between the provider and the consumer that allows the consumer to own, rent, or occupy, the residence and provides protection against eviction.**

| Specific Question | Met | Not Met | **Describe Evidence of Compliance or Non-Compliance** |
| --- | --- | --- | --- |
| 6a. Confirm there is an approved SARC Admissions Agreement on file for each individual. |  |  |       |
| 6b. Describe methods used by staff to inform individuals of their rights regarding housing in a way that is **meaningful** to them. |  |  |    |

**Federal Requirement #6 Additional Comments:**

**Federal Requirement** 7: **The setting provides for privacy in units including lockable doors, choice of roommates and freedom to furnish and decorate the sleeping or living unit within the lease or other agreement.**

| Specific Question | Met | Not Met | **Describe Evidence of Compliance or Non-Compliance** |
| --- | --- | --- | --- |
| 7a. Confirm each individual’s roommate choice is reviewed at least quarterly and documented in their IPP or ISP.  |  |  |  |
| 7b. Confirm all bedroom and bathroom doors are lockable from the inside. Confirm all individuals and only appropriate staff have keys to their locks. |  |  |  |
| 7c. Describe the process for changing roommates or acquiring other accommodations if desired by the individual. |  |  |  |
| 7d. Visually verify individuals choose their own bedroom furniture and accessories. |  |  |  |
| 7e. Visually verify that all who share a room have some private space in their bedroom. |  |  |  |

**Federal Requirement #7 Additional Comments:**

**Federal Requirement** 8: **The setting provides for options for individuals to control their own schedules including access to food at any time.**

| Specific Question | Met | Not Met | **Describe Evidence of Compliance or Non-Compliance** |
| --- | --- | --- | --- |
| 8a. How and when does staff explain to everyone that they do not have to participate in planned activities. |  |  |  |
| 8b. Describe the documentation and process used to learn from the individuals what food and drinks they would like provided.Confirm this process occurs at least monthly.Confirm these documented preferences are on the menus and have been provided.Describe how individuals’ requests to opt for something different from the menu is honored.Confirm these requests do not have to be made at any particular time in advance. |  |  |  |
| 8c. Confirm all individuals have access to food as desired, including staff support of individuals who want to dine out at their own expense. |  |  |  |
| 8d. Confirm there are flexible meal times that allow for each person to select when and where they dine. |  |  |  |
| 8e. Describe how staff supports an individual’s last-minute request to change their schedule that day. |  |  |  |

**Federal Requirement #8 Additional Comments:**

**Federal Requirement** 9: **The setting provides Individuals the freedom to have visitors at any time.**

| Specific Question | Met | Not Met | **Describe Evidence of Compliance or Non-Compliance** |
| --- | --- | --- | --- |
| 9a. Confirm neither visitors nor visiting times are restricted in any way. (All visitors must conform to the laws of tenancy in California and documented roommate agreements).  |  |  |  |
| 9b. Confirm there is documentation that all individuals support of the visitor’s agreement.When was this discussed? |  |  |  |
| 9c. Confirm visitors are welcome to visit individuals in their room (respecting any roommate’s preferences) or in common areas of the home. |  |  |       |
| 9d. Confirm visitors can take individuals outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or weekends in accordance with the individual’s IPP. |  |  |   |

**Federal Requirement #9 Additional Comments:**

**Federal Requirement** 10: **The setting is a physically accessible setting.**

| Specific Question | Met | Not Met | **Describe Evidence of Compliance or Non-Compliance** |
| --- | --- | --- | --- |
| 10a. Confirm all individuals have the freedom to move about inside and outside the home.Confirm there are no rooms or bathrooms designated for staff only.  |  |  |       |
| 10b. Describe any areas not accessible to all who live there and why.     |  |  |  |
| 10c. Describe any accessibility need in the home and how it is accommodated (ramps, no slip matts, grab bars, appropriate counter heights, etc.) |  |  |  |

**Federal Requirement #10 Additional Comments:**