

ADULT DAY CARE CENTER: HOME AND COMMUNITY BASED SERVICE (HCBS) REVIEW Reviewer Guidelines

How to Use This Document: This document is intended to be used in conjunction with Wisconsin's Adult Day Care Center HCBS Benchmark Checklist. It suggests questions for reviewers to use during the desk review and onsite visit and identifies observations that require correction to come into compliance.

General Principles for Assessing Compliance with the federal HCBS Rule in Wisconsin:

- People have a choice whether to participate in activities inside and outside the setting.
- Exceptions to the requirements of the benchmarks may be allowed on a person-by-person basis. Any exceptions to benchmark requirements must be justified and documented in the person's individualized, person-centered plan.
- Per CMS, the person-centered plan "must reflect the services and supports that are important for the individual to meet the needs identified through an assessment of functional need, as well as what is important to the individual with regard to preferences for the delivery of such services and supports." All settings must do their own person-centered planning for each individual they support. This is in addition to but does not take the place of the person-centered plan developed by the long-term care agency (MCO/ICA/County). The setting might not call their individualized process "person centered planning," but they should know what is important to the person and have documentation to support this concept and the document should include individualized, measurable goals.
- Provider statements regarding limited funding and staff availability are not justifications for not meeting the benchmarks.
- The term "facilitate" is used to indicate that the setting does not need to provide the activity or transportation but must offer information and assistance as needed to enable a person to engage in an activity or to access the community.

Benchmark – Specific Notes	
<p>1A. The setting has all the following at or near the setting:</p> <ul style="list-style-type: none"> • Sidewalks • Pedestrian roads • Signage • Curb cuts and • Accessible ramps or equivalent <p>If not, setting has a plan in place and implements the plan to access the broader community.</p> <p>1B. Setting has access to a variety of community-based activities that provide a measure of psycho-social value to individuals. Examples of where such activities can take place may include, but are not limited to:</p> <ul style="list-style-type: none"> • Parks • Schools and/or colleges/universities • Library • Community Center • Job Center • Restaurants • Stores <p>If not, setting has a plan and implements the plan to access the broader community.</p>	
	<p>Emphasis of these benchmarks: To assess whether the setting includes physical features that enable HCBS participants gain access to the broader community and to assess whether or not the setting helps facilitate access for HBCS participants to the broader community. The term “broader community” can be defined as businesses, community resources such as libraries and parks, and other community members who are coming and going from their own activities.</p>
	<p>Suggested questions: If observations reveal that the setting does not meet these benchmarks, ask to see written policies, transportation schedules, ISPs, and/or activity calendars for evidence that the setting has a plan in place to facilitate access to the broader community.</p>
	<p>Not Acceptable: The setting does not include the features described in benchmark 1A and does not have clear policies and practices in place to facilitate access to the broader community.</p>

Benchmark – Specific Notes	
<p>2A. Setting provides opportunities for daily interactions inside the setting with people from the broader community who do not receive HCBS services and are not paid to provide support.</p> <p>2B. People receiving HCBS have opportunities for individualized or small group activities in and outside the setting with people without disabilities in addition to congregate activities.</p>	
	<p>Emphasis of these benchmarks:</p> <p>2A. To assess if the setting includes people who do not receive HCBS, excluding paid staff. This is evidenced inside of the setting through examples such as integrated exercises classes, people and/or members of the community/public visiting, etc. The intent of this benchmark is to show the setting is not isolating.</p> <p>2B. To assess that the setting provides interaction with people without disabilities, in or outside the setting, either individually or in small groups in addition to offering large group activities.</p>
	<p>Suggested questions:</p> <ul style="list-style-type: none"> • Are people who are not receiving HCBS, excluding staff, interacting with HCBS participants in the setting? • What policies and practices are in place that support and facilitate interaction between people with and without HCBS and with and without disabilities?

	<p>Look for:</p> <ul style="list-style-type: none"> • Individuals receiving HCBS interacting with people without disabilities and/or people not receiving HCBS. • Policies and practices that support and facilitate interaction with people from the broader community inside the setting. This may include either interactions with other people participating in the activities provided by the setting (e.g., integrated exercise class and other events open to the public that take place inside the setting), interactions with members of the public who visit the setting, or both. • Visitor logs, individual service plans or other documentation in which evidence of compliance can be found.
	<p>Not Acceptable:</p> <p>The setting does not allow or facilitate regular interaction with people from the broader community including people who do not receive HCBS, people without disabilities and people who are not paid to provide support. The setting does not offer opportunities for individual or small group activities in addition to congregate activities.</p>

Benchmark – Specific Notes

3A.	<p>People who receive HCBS may choose to receive their medical treatments in the same places as others without disabilities and are not mandated to use services provided by the setting.</p>
	<p>Emphasis of these benchmarks:</p> <p>If the setting offers specialized medical or therapeutic services, the setting should not have any requirements or rules that a person receiving HCBS must use the services from that setting in order to receive HCBS. The person receiving HCBS must be allowed to receive the above services in places and by providers of their choosing.</p>
	<p>Suggested questions:</p> <ul style="list-style-type: none"> • Are specialized services offered in the setting? If not, then the setting is compliant with this question. • If so, is there any requirement that the person receiving HCBS is mandated to receive those specialized services provided in that setting in order to also receive the non-residential service being provided? • What are the setting’s policies regarding an individual receiving HCBS using the setting’s specialized services? Look for the setting to not require the individual to receive specialized services in the setting as part of their requirements for nonresidential services. • If a person needs specialized services, can they choose to receive them from an outside provider?
	<p>Look for:</p> <ul style="list-style-type: none"> • Evidence of specialized services being offered in the setting. • Documentation (policies, person-centered plans, participant rights, brochures and/or participant handbooks) that clearly states the person receiving HCBS has the choice to receive specialized services anywhere the person chooses.
	<p>Not Acceptable:</p> <ul style="list-style-type: none"> • Setting mandates that specialized services have to be provided by the setting in order to receive the HCBS. • Setting limits information on options to obtain specialized services from other providers or does not facilitate the ability of the participant to receive services of their choosing elsewhere.

Question – Specific Notes

4A.	<p>Setting offers opportunities to experience activities that promote new learning related to areas of interest identified by the person receiving HCBS.</p>
4B.	<p>Setting allows people receiving HCBS to notify the setting if the individual will be taking time off for any reason including illness.</p>
	<p>Emphasis:</p> <p>Setting actively pursues information from people receiving HCBS about new learning opportunities of interest. This may be accomplished through the person-centered assessment planning process or through informal interviews with the individual, their legal decision maker or anyone else identified by the individual. The setting must also allow individuals to take time away from the setting for personal reasons including vacation or due to illness and establish a process through which the individual notifies the setting of a planned or unplanned absence.</p>

	<p>Suggested questions:</p> <ul style="list-style-type: none"> • How does setting identify areas of new learning that are of interest to individuals? • Does the setting have a policy or practice to ensure that individuals who receive HCBS are able to notify the setting of a planned or unplanned absence?
	<p>Look for:</p> <ul style="list-style-type: none"> • Person-centered assessments and plans including areas of interest related to new learning opportunities. • Attendance policy in participant handbook or rights document.
	<p>Not Acceptable:</p> <ul style="list-style-type: none"> • Person-centered assessments and plans do not solicit or identify areas of individual interest related to new learning opportunities. • There is no evidence that setting incorporates areas of new learning as identified by individuals receiving HCBS into setting program. • Setting does not allow individuals to take time away from setting for personal reasons including vacation or illness. • Setting states that they allow individuals to take time away from setting but does not have a policy or other documentation through which individuals are made aware of the policy.

Question – Specific Notes	
<p>5A. Setting does not have rule to restrict freedom of movement inside or outside the setting that can be considered different than people not receiving HCBS. Any restrictions must be documented in each individual person-centered assessment, plan, and behavior support plan.</p>	
	<p>Emphasis: Everyone in the setting has the same freedom of movement and there are no restrictions on movement, or restricted areas, inside and outside the setting that only apply to people receiving HCBS.</p>
	<p>Suggested questions:</p> <ul style="list-style-type: none"> • Are there places that HCBS participants cannot go inside or outside the setting? • Are restricted areas the same for people receiving HCBS as they are for people not receiving HCBS?
	<p>Look for:</p> <ul style="list-style-type: none"> • Policies and practices that reflect typical freedom of movement. • Signage that applies only to people receiving HCBS. • Areas in the setting that are inaccessible to people with mobility impairments, especially areas used for program activities.
	<p>Not Acceptable:</p> <ul style="list-style-type: none"> • Restrictions that apply only to people receiving HCBS. • Inaccessible activity areas for people with mobility impairments.

Question – Specific Notes	
<p>6A. The setting provides or supports access to accessible public transportation to and from facility to the broader community. If public transportation is not available, the setting provides and posts information, in a convenient location, about resources to access the broader community.</p>	
<p>6B. The setting provides transportation for individuals receiving HCBS to the broader community when requested, within reason, or provides and posts information, in a convenient location, about transportation options to individuals if the setting does not provide transportation.</p>	
	<p>Emphasis: The person has transportation options allowing them to come and go from the setting into the broader community, including accessible transportation as needed.</p>

<p>Suggested questions:</p> <ul style="list-style-type: none"> • Does the setting provide transportation? If yes, does the setting provide transportation upon request? • How does the setting communicate transportation options to individuals receiving HCBS? • Do individuals know how to make transportation arrangements and does the setting provide assistance when needed?
<p>Look for:</p> <ul style="list-style-type: none"> • Posted public transportation information such as bus schedules and route information, cab company phone numbers, Uber, volunteer driver options, etc. • If community does not have public transportation, the setting should provide information about other transportation options. • Availability of accessible transportation options • Transportation policy and practices allowing individuals to utilize transportation to access the broader community.
<p>Not Acceptable:</p> <ul style="list-style-type: none"> • Setting does not provide or post transportation information and options in a convenient location. • There are no available options for individuals who require accessible transportation. • Setting does not support or facilitate transportation for people receiving HCBS.

Question – Specific Notes

7A. Setting provides tasks and activities both inside and outside the setting that are comparable to tasks and activities for people of similar ages who do not receive HCBS.

7B. Individuals are able to decline to participate in activities.

<p>Emphasis:</p> <p>8A. Setting provides activities (in and outside the setting) and materials that are appropriate to the person’s chronological age and, when required, to the person’s developmental age as identified on their person-centered assessment and plan.</p> <p><i>Note: Settings do not have to remove all age-inappropriate items from individuals who choose to use those items, but these should be reflected on the individual’s person-centered assessment and plan.</i></p> <p>8B. Individuals retain their right to determine which activities they would like to participate in and setting supports their right to decline to participate in any activity at any time.</p>
<p>Suggested questions:</p> <ul style="list-style-type: none"> • What art and crafts, games, physical activities, movies, music, etc. are available for individuals in the setting? • Do outings take place in age-appropriate venues? • How does the setting address a non-age-appropriate activity brought in by an individual? • Are there individuals in the setting that prefer or require activities or materials that are not chronologically age-appropriate? If yes, are these reflected on the individual’s person-centered assessment and plan? • Does setting allow people to refuse to participate in activities? • What other opportunities does setting offer when someone does not choose to participate in scheduled activities? (e.g. 1:1 or alternative small group activities?) • Does setting have policies and procedures and rights document indicating that individuals may refuse to engage in scheduled activities?

<p>Look for:</p> <ul style="list-style-type: none"> • Activity schedules/calendars as evidence that age-appropriate activities are offered in and outside the setting • Activity materials in the setting (supplies, movies, books, etc.) • Person-centered assessments and plans that may identify if/when non-age-appropriate options are required or preferred by an individual • Policies and practices indicating that age-appropriate activities and materials are offered by the setting • Are there people in the setting who are not participating in scheduled activities? If, yes, what are they doing instead? • Policy and procedure, rights document or language in participant handbook that informs individuals about their rights to decline participation.
<p>Not Acceptable:</p> <ul style="list-style-type: none"> • The setting incorporates activities and materials that are not age-appropriate and these are not identified as preferred or required on any individual’s person-centered assessment or plan. • Setting does not allow people to decline participation. • Setting does not ensure adequate staffing to allow individuals to decline to go on scheduled outings. • Setting does not offer alternative opportunities if someone declines to participate in scheduled activities.

Question – Specific Notes

<p>8A. Setting provides:</p> <ul style="list-style-type: none"> • A secure place for people receiving HCBS to store their personal belongings • Opportunity for people receiving HCBS to choose where they keep their monetary resources in the same ways as people not receiving HCBS, and • Decision making opportunities for spending one’s own money onsite or in the community. <p>This may include provision of vending machines, a cafeteria, or access to restaurants and/or shopping opportunities.</p>
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<p>Emphasis:</p> <p>Individuals in the setting who receive HCBS are able to control access to and use of their own money. The setting provides opportunities for individuals to exercise decision making about spending their own money. <i>Note: The setting does not have to provide people with money.</i></p>
<p>Suggested questions:</p> <ul style="list-style-type: none"> • Do individuals maintain control of their money at the setting? • Does the person have options about where they keep their money and how they use their money while at the setting? • Does the setting have any rules about money in the setting? • Does the setting provide opportunities, either in or outside the setting for people to choose how to spend their own money?
<p>Look for:</p> <ul style="list-style-type: none"> • Policy on individual monetary resources in the setting. • Person-centered assessments plans, that may explain limitations on right to control one’s own monetary resources. • Opportunities inside and outside the setting that allow for decision making about spending one’s own money (e.g. outings to restaurants or stores, access to a cafeteria with vending machines, etc.).
<p>Not Acceptable:</p> <ul style="list-style-type: none"> • Setting does not allow people to manage or have access to their own monetary resources in the setting. • Setting does not offer opportunities for people to make decisions about spending their own money in or outside the setting.

Question – Specific Notes

9A. Setting adapts activities and schedules to the needs and preferences of people receiving HCBS upon request. This includes:

- **Offering both community-based and facility-based options at various times throughout the day to allow flexibility for people receiving HCBS to choose where their services take place**
- **Using adaptive aides and technologies to assist in activity participation and**
- **Other accommodations to meet the needs of people receiving HCBS within the scope of the setting's responsibilities**

Emphasis:

- All settings must offer people a variety of activity choices, both inside and outside the setting, at various times throughout the day.
- Settings offer appropriate accommodations, including but not limited to the use of adaptive aides and technology to maximize participation.

Suggested questions:

- How often and what type of community activity choices are offered to people in the setting?
- Are all people provided the opportunity to participate in community activities?
- Does the setting provide a variety of activities at a variety of times throughout the day?
- Does the setting adapt activities so everyone can participate if they want?

Look for:

- Activity schedules showing a variety of activities offered at various times of the day.
- Individual schedules that reflect participation in preferred facility and community-based activities.
- Use of adaptive aids and technology or individual support to enable people to participate in activities.
- Person-centered plans addressing individual adaptations and accommodations needed to meet goals.

Not Acceptable:

- Community experiences are only offered at times that prevent an individual's ability to participate.
- The setting makes no or minimal effort to provide flexibility, variety and adaptation of activities and schedules to meet needs and preferences.
- The setting does not support individuals utilizing adaptive aids or technology in a way that enhance their ability to participate successfully in various types of activities.

Question – Specific Notes

10A. Setting ensures all direct-support professionals receive training in person-centered assessment and planning strategies upon hire and annually, thereafter.

Emphasis:

- All direct support staff are trained annually in person-centered planning approaches.
- Note: Even if some staff do not engage in person-centered planning in the formal sense, all staff must be person-centered in their approach to people receiving HCBS.

Suggested questions:

- Is everyone trained in person centered approaches upon hire and annually?

Look for:

- Policies and practices that support person-centered planning approaches.
- Training guidelines and training opportunities for person-centered planning approaches.
- Person-centered planning documents and goals to support training efforts.

	<p>Not Acceptable:</p> <ul style="list-style-type: none"> • The setting does not have policies and practices in place to ensure that staff are trained in person-centered planning. • Evidence of that setting offers training in person-centered planning is not available.
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Question – Specific Notes

	<p>11A. Setting has practices, procedures, and policies to ensure:</p> <ul style="list-style-type: none"> • All information about individuals receiving HCBS services is kept private and confidential • Individuals receiving HCBS have privacy when receiving assistance with personal cares; and • Staff receive training on confidentiality upon hire and annually thereafter.
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	<p>Emphasis:</p> <ul style="list-style-type: none"> • All personal information is treated confidentially, and personnel is trained upon hire and annually about confidentiality.
	<p>Suggested questions:</p> <ul style="list-style-type: none"> • May I see your written confidentiality policies and procedures? • If an individual doesn't want information such as their birthday posted, is that respected? • What are the written policies for handling breaches of individual's information?
	<p>Look for:</p> <ul style="list-style-type: none"> • Locked areas (room or file cabinets) for individual records. • Documentation of confidentiality training upon hire and annually. • Policies that require individual permission to post things like birthdays. • Personal information posted in public areas of the setting.
	<p>Not Acceptable:</p> <ul style="list-style-type: none"> • No policies and practices surrounding confidentiality. • Not following the policy. • Staff do not receive training on confidentiality upon hire and annually thereafter. • Setting posts names of people receiving services in public places (sign-in logs, etc.).

Question – Specific Notes

	<p>12A. Setting ensures staff remain discreet and respectful at all times, including:</p> <ul style="list-style-type: none"> • Addressing individuals in the manner in which they would like to be addressed • Using a person's preferred name, nickname, or title • Not talking about a person receiving services in the presence of others; and • Not discussing individuals as if they were not present.
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	<p>Emphasis:</p> <ul style="list-style-type: none"> • People are addressed in a manner they prefer. • Staff is respectful of individuals and protects a person's information by not discussing personal information in areas where staff could be overheard.
	<p>Suggested questions:</p> <ul style="list-style-type: none"> • Does staff address the person they way they wish to be addressed? • Are policies in place to ensure respect of the individual? • Are there disciplinary measures in place for staff who are not respectful of people with disabilities? • How does staff know how an individual wishes to be addressed? (e.g. information is solicited via person-centered assessment and plan?

	<p>Look for:</p> <ul style="list-style-type: none"> • How individuals are addressed. • Documentation in person-centered plans of personal preferences regarding how to be addressed. • Observe how individuals are being addressed while in the setting. • Observations of discussions between staff while on site. • Documentation including policies and training records that verify practices are in place.
	<p>Not Acceptable:</p> <ul style="list-style-type: none"> • The setting does not have policies and practices regarding how people are addressed. • Staff do not respect the person’s wishes on how they want to be addressed. • Staff routinely use terms like “honey” or “sweetie” when addressing individuals.

Question – Specific Notes

13A.	<p>Settings using restraints or restrictive measures must:</p> <ul style="list-style-type: none"> • Have a policy that matches state restrictive measures policies • Use them in accordance with Wisconsin policies • Use them only as approved by DHS and if not approved, does not use; and • Report emergency use of restrictive measures to the waiver agency as an incident. <p>Settings that do not use restraints or restrictive measures are exempt from meeting this benchmark.</p>
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	<p>Definition(s):</p> <ul style="list-style-type: none"> • <i>Restrictive measures:</i> an umbrella term to describe the types of restraint, isolation/seclusion, and protective equipment, medical restraints, etc. that are covered in DHS Guidelines. • <i>Chemical restraint:</i> the use of any type of drug to restrict a person’s movement or freedom. • <i>Restraint:</i> any device, garment or physical hold that: limits the voluntary movement of a person’s body or access to any part of the body AND cannot be removed by the person. • <i>Isolation:</i> involuntary physical or social separation of a person from others by the actions or direction of staff. <p>Reference: Guidelines and Requirements for the Use of Restrictive Measures</p>
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	<p>Emphasis:</p> <p>If restrictive measures or restraints are used, they must have been approved by the state of Wisconsin and are used and documented appropriately.</p>
	<p>Suggested questions:</p> <ul style="list-style-type: none"> • Does anyone in the setting have a restrictive measure or restraint procedure in place for use in the setting? • Has each restrictive measure or restraint been approved by the Wisconsin DHS? • Is staff trained in the application of any restrictive measure or restraint? • Ask to see an example of a restrictive measure or restraint plan.
	<p>Look for:</p> <ul style="list-style-type: none"> • Evidence of restrictive measures or restraints in use. • If restrictive measures and restraints are used, evidence of approval by the Wisconsin Department of Health Services (DHS). • If restrictive measures and restraints are used, evidence that they are being used in accordance with the approved plan, including any required documentation and reporting. Observe, while in the setting, if any restraints or restrictive measures are apparent.
	<p>Not Acceptable:</p> <ul style="list-style-type: none"> • The setting uses restraints or restrictive measures without approval and documentation or uses approved restraints or restrictive measures incorrectly. • Policies are not consistent with DHS policies.

Question – Specific Notes

14A. Setting has practices and policies in place to ensure that staff respond to the needs and preferences of people receiving HCBS, as identified in their person-centered assessment and plan, in a timely manner.

	<p>Emphasis:</p>
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	<p>The setting is responsive to the person's needs and has written policies to ensure that staff is responsive to the needs.</p>
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	<p>Suggested questions:</p>
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| | <ul style="list-style-type: none"> • Is staff available to assist participants throughout the day? • Is assistance provided in accordance with the needs and preferences of individuals receiving assistance? • How do people indicate that they need something from staff? |
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	<p>Look for:</p>
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| | <ul style="list-style-type: none"> • Each person has their own person-centered service and support plan. • Observe staff being attentive and responsive to needs while in the setting. |
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	<p>Not Acceptable:</p>
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| | <ul style="list-style-type: none"> • The setting does not have policies and practices in place to ensure people's needs are met. • Evidence/observation that individuals are not getting assistance when they request it or according to the preferences identified verbally or on their person-centered service and support plan. |
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Question – Specific Notes

15A. Setting ensures person-centered behavior support plans are implemented in such a way as to not impede the rights of other individuals or restrict others from setting activities.

	<p>Emphasis:</p>
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| | <ul style="list-style-type: none"> • Setting ensures that people have individualized behavioral support plans. • Plans in place to address a person's challenging behaviors do not limit the activities or rights of others in the setting. |
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	<p>Suggested questions:</p>
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| | <ul style="list-style-type: none"> • Do you have people with challenging behaviors in your setting? If so, what is done to minimize the impact of those behaviors on others? • Do people with challenging behaviors have an individualized plan? • How do you individually support people who may have a challenging behavior? • Are there rules or practices for everyone in the setting because of the behaviors of one or two people? |
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	<p>Look for:</p>
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| | <ul style="list-style-type: none"> • Individualized programming. • Individualized support plans for people with challenging behavior. • If one individual has an issue and another individual has a similar issue, look to see that the plans are individualized and not exactly the same for both people. |
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	<p>Not Acceptable:</p>
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| | <ul style="list-style-type: none"> • The setting does not have policies and practices in place to ensure that the behavioral support plans of some people in the setting do not impact the rights and activities of others. • Generic support plans that are not individualized. • Evidence that behaviors of some limit the activities and rights of others. • Consequences, or limitations, for everyone when one person has a challenging behavior or outburst. |
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Question – Specific Notes	
<p>16A. Setting ensures that people who receive HCBS make meaningful choices in their daily activities, which align with their personal goals, interests, and needs.</p> <p>Meaningful choices may be made in a variety of ways including:</p> <ul style="list-style-type: none"> • Person-centered assessments, • Formal interviews or • Informal discussion with people receiving HCBS, and • Consideration of input from legal decision maker or others as identified by the individual. <p style="background-color: yellow;">The activities offered should sufficiently enable individuals to receive a full day of support.</p>	
	<p>Emphasis: The setting must allow choice in activities every day.</p>
	<p>Suggested questions:</p> <ul style="list-style-type: none"> • What kind of activities are offered in this setting? • How are activities matched with a person’s goals and interests?
	<p>Look for:</p> <ul style="list-style-type: none"> • Person-centered service and support plans addressing individualized goals that can be met through involvement in activities. • Activities that match a person’s interests.
	<p>Not Acceptable:</p> <ul style="list-style-type: none"> • Setting relies on person-centered service and support plans created by long-term care agency, but does not have setting-specific plans. • Setting does not offer opportunities for activities.
Question – Specific Notes	
<p>17A. Setting offers a variety of places in the physical environment to meet the goals and needs of people receiving HCBS. Activities cannot take place in the same room, but rather in a variety of at least two distinct areas, with at least one allowing for privacy. Options include:</p> <ul style="list-style-type: none"> • Indoor or outdoor gathering spaces • Large or small group activity areas • Private space or • Quiet areas 	
	<p>Emphasis: Setting offers at least two of the physical space options, including one that allows privacy. <i>NOTE: One of the spaces may be outdoors, however, if the private space is outdoors, there must also be an indoor private space to accommodate a need for privacy during inclement weather.</i></p>
	<p>Suggested questions:</p> <ul style="list-style-type: none"> • How many areas are there in which activities take place? • Does at least one of these spaces allow for privacy?
	<p>Look for:</p> <ul style="list-style-type: none"> • Different spaces and rooms in the setting where activities take place, including outdoor areas (i.e., patios).
	<p>Not Acceptable:</p> <ul style="list-style-type: none"> • All activities take place in a single room • No area designated for privacy.

Question – Specific Notes	
<p>18A. Setting offers:</p> <ul style="list-style-type: none"> • An array of comparable tasks and activities • The flexibility to adjust tasks and activities, as needed • Comparable assessment tools; and • Communication approaches for people receiving HCBS who are of similar age, skills, and abilities 	
	<p>Emphasis:</p> <ul style="list-style-type: none"> • Tasks and activities offered by the setting are chronologically age-appropriate and are adjusted as needed to also match the skills, abilities and desires of people receiving HCBS. • If the setting does not offer age-appropriate activities to a person, the setting addresses reasons why on the individual person-centered service and support plan (e.g. developmentally age-appropriate).
	<p>Suggested questions:</p> <ul style="list-style-type: none"> • What tasks and activities does the setting provide? • What assessment tools does the setting use to evaluate individuals? • How does the setting ensure that staff use effective communication techniques among people of similar age, skills, and abilities?
	<p>Look for:</p> <ul style="list-style-type: none"> • All settings providing items 1-4 listed in the benchmarks. • Work training activities match the person's age, skills, and abilities/goals. • Chronologically age-appropriate activities are offered by the setting. • The way staff communicates with each other and with people receiving HCBS. • How people are assessed to determine what tasks and activities are offered.
	<p>Not Acceptable:</p> <ul style="list-style-type: none"> • The setting does not meet all 4 of the requirements in this benchmark. • The setting does not address in a person-centered plan if the individual does not engage in chronologically age-appropriate tasks or activities.

Question – Specific Notes	
<p>19A. Setting provides and posts information about:</p> <ul style="list-style-type: none"> • Individual rights and • How to make a request for additional services, accommodations, or changes to their person-centered, setting-specific assessment and plan 	
	<p>Emphasis:</p> <ul style="list-style-type: none"> • The setting promotes awareness of individual rights.
	<p>Suggested questions:</p> <ul style="list-style-type: none"> • How are people in the setting informed of their rights?
	<p>Look for:</p> <ul style="list-style-type: none"> • Postings about individual rights. • Documentation in case notes, etc. that the person was made aware of their rights. • Method for participants to acknowledge receipt of individual rights handouts.
	<p>Not Acceptable:</p> <ul style="list-style-type: none"> • The setting does not provide or post information about individual rights.

Question – Specific Notes	
20A. Setting must have a reasonable accommodations policy and must be accessible per the Americans with Disabilities Act (ADA).	
Emphasis:	The setting meets accessibility requirements under the ADA. <i>Note: If the setting is not fully ADA accessible then they need to share a copy of their reasonable accommodation policy/procedures. For example, a daycare program in a home or building that has a flight of steps to a porch to get into the building may consider providing a portable ramp. ADA says that settings should be making changes to be compliant, if it is financially feasible, or when they remodel or rebuild. If the setting remodels or rebuilds then they have to meet the 2010 ADA rules. If the setting was compliant with 1990 ADA rules, then there is a ‘safe harbor’ rule as well until they remodel or rebuild.</i>
Suggested questions:	<ul style="list-style-type: none"> Does your setting provide reasonable accommodations if it is not fully accessible?
Look for:	<ul style="list-style-type: none"> Accessibility features appropriate to all people in the setting, e.g. ramps or lifts, Braille signage, automatic door openers, etc.).
Not Acceptable:	<ul style="list-style-type: none"> Not compliant with ADA requirements and not offering reasonable accommodations.

Question – Specific Notes	
21A. Setting ensures that people who receive HCBS have access to a dignified, age-appropriate dining experience. This includes:	
<ul style="list-style-type: none"> A meal setting where people can move about, talk to others and be comfortable A dignified approach to assistance with pace, food sequence and refusal of food items when setting assists people to eat Use of appropriate clothing protection, if needed Allowing consumption of snacks and meals for people receiving HCBS like others in a similar setting and Opportunities for private dining, if requested. 	
Emphasis:	<ul style="list-style-type: none"> Ensure that the setting provides age-appropriate dignity while dining. People should have access to dining or break facilities that facilitate interaction and conversation with others. <i>Note: The setting is not required to provide a meal but should have a space where meals can be eaten comfortably.</i> Access to food is the same for HCBS participants as for anyone else in the setting or for people not receiving HCBS would experience in a similar setting. The setting accommodates the preference of a person to eat privately.
Suggested questions:	<ul style="list-style-type: none"> Is staff trained in supporting the dignity of the individual when eating? Are all individuals able to use the dining area? Are individuals able to move about and socialize during mealtimes? Are individuals allowed to refuse food items? When a person needs assistance, do they have choices about the order in which foods are eaten? If someone wants to eat alone, how is this accommodated? How is privacy given for people who have difficulty eating or who need feeding assistance? Are people receiving HCBS services at the setting able to eat a snack when they want, have their lunch when they are hungry, or need to take medication?

	<ul style="list-style-type: none"> • Are break/snack times flexible? • Can a person sit alone to eat?
	<p>Look for:</p> <ul style="list-style-type: none"> • People eating independently. • Individuals moving around to socialize during mealtimes. • Comfortable furnishings, environment, and surroundings. • People can choose to eat alone or with others in the setting. • People can choose how their food is served (e.g., dessert first, hot, or cold) in the setting. • Alternative locations where a person may choose to eat; a table away from others, a separate table, room or a separate space. • People eating in a different location from others. • People modifying their eating time to allow for privacy. • Policies and practices that allow people HCBS participants to access food the same as people not receiving HCBS. • When eating assistance is needed: <ul style="list-style-type: none"> ○ The setting’s attendant is focused on the person’s cues ○ Food is fed at the person’s desired pace in the setting ○ People can refuse food items in the setting
	<p>Not Acceptable:</p> <ul style="list-style-type: none"> • Requiring everyone to accept assistance with eating. • Seating does not allow the person to eat safely or comfortably. • Individuals are not allowed to move around for the purpose of socializing (e.g. assigned seating). • Inadequate or obviously uncomfortable seating during mealtimes. • Requiring someone to wear a bib if they do not want one or it is not appropriate for their age. • The setting does not observe items listed above when assistance is needed. • Feeding an adult like a child (i.e. Airplane “open up” gestures). • Use of clothing protection that is not age appropriate. • Setting has rules and practices that limit flexibility when there is no reasonable justification. • Setting has rules about food and food availability that are different for people receiving HCBS. • Staff cutting up food or feeding people who are capable of doing so for themselves. The exception to this would be documentation that the person needs assistance to safely eat (choking hazard). • Setting rules prohibit private dining. • There are no private dining space options.

Question – Specific Notes	
	<p>22A. The setting will:</p> <ul style="list-style-type: none"> • Not restrict social interactions or set time limits on who people can talk to and spend time with in or outside the setting • Allow people receiving HCBS to spend as much of their free time as they like with whomever they choose
	<p>Emphasis: The setting allows people to choose who they want to spend time with while outside of the setting (during service hours) and inside the setting during free time.</p>
	<p>Suggested questions:</p> <ul style="list-style-type: none"> • Can individuals spend time with whoever they want on community outings and inside the setting during free time?

	<p>Look for:</p> <ul style="list-style-type: none"> Evidence that people can engage in community opportunities and inside the setting during free time with people of their choice. Person-centered plans showing that people engage in outside activities and during free time in the setting with people of their choosing.
	<p>Not Acceptable:</p> <ul style="list-style-type: none"> There are no opportunities for people to choose who to spend time with outside of the setting or inside the setting during free time. The setting has rules limiting certain teams, groups, etc. from participating in activities with people from other teams/groups.

Question – Specific Notes

23A.	Setting provides informed choice opportunities for people receiving HCBS to practice decision making and to be as autonomous as possible.
	<p>Emphasis: Informed choice and autonomy are standard practice.</p>
	<p>Suggested questions:</p> <ul style="list-style-type: none"> How does the setting provide opportunities for informed choice? What does the setting do to ensure the individual can be as autonomous as possible?
	<p>Look for:</p> <ul style="list-style-type: none"> Policies and procedures that demonstrate informed choice is provided to every individual. Person-centered plans and assessments that demonstrate opportunities for informed choice.
	<p>Not Acceptable:</p> <ul style="list-style-type: none"> Informed choice is not an option. Individuals are not allowed to make their own decisions.

Question – Specific Notes

24A.	Setting allows flexibility for people receiving HCBS to choose with which staff they would like to work, within reason, that doesn't negatively impact the quality of services being provided to others in the setting.
	<p>Emphasis: The individual receiving HCBS has choice of the person(s) providing support, within reason.</p>
	<p>Suggested questions:</p> <ul style="list-style-type: none"> Do individuals have the opportunity to request a change in staff members providing services as long as the change does not disrupt services to others?
	<p>Look for:</p> <ul style="list-style-type: none"> Policies and practices that recognize that personalities vary among staff and individuals receiving HCBS and individuals have the opportunity to request a change in the staff they work with. Person-centered plan or case note that demonstrate a person's choice of staff.
	<p>Not Acceptable:</p> <ul style="list-style-type: none"> The setting does not allow an individual to request their support services are received through another staff person or regularly denies requests without good reason.

Question – Specific Notes

25A. Setting offers people receiving HCBS opportunities to:

- **Make their own schedules and**
- **Update and change their daily schedules upon request and at the person’s six- month review.**

Setting must document these choices and options for each person.

Emphasis:

The individual receiving HCBS has regular opportunities to change their daily activities to meet their preferences and desired outcomes.

Suggested questions:

- Can an individual make changes to their daily schedule?
- Are there any requirements to make a schedule change?

Look for:

- Six-month review documents.
- Policies and procedures that promote opportunities for people to modify their schedules.

Not Acceptable:

- The setting does not engage with the individual in updating their daily schedule.
- The setting makes changes to the individual’s schedule without that person’s input.
- The individual’s daily schedule is predetermined by staff and cannot be modified at the individual’s request.
- The setting does not allow changes in daily schedules due to production goals.

Question – Specific Notes

26A. Setting has documented policies, procedures, and practices to ensure the person receiving HCBS is supported and involved in developing person-centered, setting-specific assessments and plans to support their needs and preferences.

Emphasis:

To determine if the setting provides, as standard practice, person-centered planning that fully involves the individual receiving HCBS.

Suggested questions:

- How do you ensure person-centered planning for all HCBS participants?
- How do you support the participation of the individual receiving HCBS in the planning process?

Look for:

- Evidence that the person-centered planning process fully involves the individual receiving HCBS.

Not Acceptable:

- Setting has no policies and practices to ensure the person is supported and involved in developing person-centered setting-specific plans to support his/her needs and preferences.
- Each individual does not have person-centered plan.

Question – Specific Notes

27A. Setting has policies, procedures, and practices in place to ensure that staff is trained upon hire and annually in:

- **Person-centered assessment and planning strategies**
- **Individual and human rights, including how to support people to assert their rights and file grievances**
- **Working with the target population**
- **Using individualized communication styles and**
- **Utilization of assistive technology**

<p>Emphasis: Setting ensures that all training requirements identified in the benchmark are completed upon hire and annually for all employees.</p>
<p>Suggested questions:</p> <ul style="list-style-type: none"> • Are all staff trained in all 5 areas identified by the benchmark? • Does setting have written policies outlining expectation for trainings upon hire and annually?
<p>Look for:</p> <ul style="list-style-type: none"> • Policies and practices that require all staff to complete training in each of the 5 areas identified in the benchmark. • Evidence that all 5 trainings have been completed upon hire and annually, thereafter. (e.g. attendance logs for trainings, certificates of completion, etc.). • Person-centered planning documents and goals to support training efforts.
<p>Not Acceptable:</p> <ul style="list-style-type: none"> • Staff are not trained upon hire and annually in each of the 5 areas identified in the benchmark. • Setting does not have written policies and procedures that set the expectations for staff to complete training in all 5 areas identified by the benchmark.