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| **HOME AND COMMUNITY-BASED SERVICES (HCBS) SETTINGS RULE**  **COMPLIANCE REVIEW: CHILDREN’S LONG TERM DAY SERVICE SETTINGS**  **Evidentiary Document Checklist** | | | | | |
| **Setting Information** (Please update any incorrect information) | | | | | |
| Setting Name | | Contact Name | | | |
| Setting Address | Setting City | | State | Zip Code | County |
|  |  | |  |  |  |
| Contact Email Address: | | Contact Phone Number | | | |
| Waiver Agencies Serving Individuals in this Setting: (Please check all that apply)  Community Care, Inc. (CCI)  Advocates 4U  iCare  Consumer Direct for Wisconsin  Inclusa  First Person Care Consultants  Lakeland Care (LCI)  Lutheran Social Services (Connections)  My Choice Wisconsin (MCW)  Midstate Independent Living Choice (MILC)  PACE (through CCI)  Progressive Community Services (PCS)  County:        TMG | | | | | |
| **Evidentiary Materials** | | | | | |
| **Please provide all requested documentation within 30 days via email to:** [dhshcbsreview@dhs.wisconsin.gov](mailto:dhshcbsreview@dhs.wisconsin.gov) | | | | | |
| **Setting’s Policy, Practices and Procedures Manual, may include:**   * Participant privacy and confidentiality * Client rights and grievance process * Participant involvement in their assessment and person-centered planning process * Participant choice in how they spend time inside and outside the setting * Participant choice of staff they work with inside and outside the setting * Process on how participants may request new services, changes in services, or adaptions to services * Use of restrictive measures and behavioral support plans * Staff and participant break and mealtimes * Staff and participant absences, sick time, and medical leave * Visitor policies (logs to be observed during onsite) | | **Person-Centered Planning Documents:**  Required Documents to be submitted. Check boxes below for required submitted documentation:  Individualized participant intake assessments\* (minimum 3 to 5 completed individual plans)  Person-centered plans (minimum of 3 to 5 completed individual plans)  Restrictive Measures, Restrictive Measures plan(s) (minimum of 3 to 5 completed individual plans) | | | |
| **Setting-Specific Documents:**   * Program brochures * Service and program descriptions * Calendars for activities taking place inside the setting (daily, weekly, monthly) * Calendars for activities taking place out in the community (daily, weekly, monthly) * Transportation schedules; copies of transportation information posted in participant areas * Provide photographic evidence that could validate any benchmark (accessible areas, activity areas, break/lunchrooms, posted information and schedules, facility vehicles, etc.) | | **Staff Training materials, to include:**   * Initial and ongoing staff training requirements, curriculum, and training frequency * If providing personal cares, training on policies and procedures specific to assisting with participant personal cares * Training on policies and procedures specific to client rights and grievance processes | | | |
| **Member/Participant Program handbook, to include:**   * Privacy and confidentiality * Service plan review timelines * Sick and medical leaves * Break and mealtimes * Policy and procedure on participant choice of who they’d like to spend time with within and outside the setting * Policy on participant choice of staff within and outside setting * Policy and procedure on how participants request new services, changes in services, or new adaptions | | **Person-Centered Planning Documents:**  Person-centered plans should evidence the person’s:   * Preferences and interests with regard to what to do, where to go, who they choose to go with, and when to go * Accommodations necessary to meet their preferences and interests * Learning style to best meet their needs to reach their goals * Daily opportunities to access community settings and to interact with others not paid to provide support * Ability to make choices about their schedule and who provides their support * Services being used to reach their personal outcomes | | | |

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| **INSTRUCTIONS:** This is required to demonstrate compliance with each benchmark. Providers must specify all documents submitted as well as the location within each document, where applicable, in which evidence of compliance can be found. **Documentation sent without completion of this form will be considered incomplete and will not be reviewed.** | | | |
| **1:** Is the setting in a location where it is easy and convenient for people to access the broader community from that setting?  Examples of documents submitted for benchmarks 1A-1B might include screenshots of Google maps or photographs. | | | |
| **BENCHMARK** | **TITLE OF DOCUMENT SUBMITTED**  (Completed by Provider) | **PAGE / SECTION**  (Completed by Provider) | **NOTES**  (Completed by Provider) |
| **1A:** Setting has all the following at or near the setting:   * Sidewalks * Pedestrian roads * Signage * Curb cuts and * Accessible ramps (or equivalent)   If not, setting has a plan in place and implements the plan to access the broader community. |  |  |  |
| **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:   * Parks * Schools and/or colleges/universities * Library * Community center * Job center * Restaurants * Stores   If not, setting has a plan in place and implements the plan to access the broader community. |  |  |  |
| **2:** Do people receive services in an area of the setting that is fully integrated with people not receiving services? | | | |
| **BENCHMARK** | **TITLE OF DOCUMENT SUBMITTED**  (Completed by Provider) | **PAGE / SECTION**  (Completed by Provider) | **NOTES**  (Completed by Provider) |
| **2A:** Setting provides opportunities for daily interaction inside the setting with people from the broader community who do not receive HCBS services and are not paid to provide support. |  |  |  |
| **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. |  |  |  |
| **3:** Is the setting separate from medical, behavioral, or therapeutic services? | | | |
| **BENCHMARK** | **TITLE OF DOCUMENT SUBMITTED**  (Completed by Provider) | **PAGE / SECTION**  (Completed by Provider) | **NOTES**  (Completed by Provider) |
| **3A:** 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. |  |  |  |
| **4:** Does the setting provide opportunities for regular, meaningful activities in integrated community settings for the amount of time desired by the person? | | | |
| **BENCHMARK** | **TITLE OF DOCUMENT SUBMITTED**  (Completed by Provider) | **PAGE / SECTION**  (Completed by Provider) | **NOTES**  (Completed by Provider) |
| **4A:** Setting provides people 18 and older, the same degree of access to the community as people not receiving HCBS, including staff and volunteers. People under 18 have the same access to the community as same aged peers who do not receive HCBS. |  |  |  |
| **5:** Does the setting afford opportunities for individual schedules that focus on the needs and desires of a person and provide opportunities for personal growth? | | | |
| **BENCHMARK** | **TITLE OF DOCUMENT SUBMITTED**  (Completed by Provider) | **PAGE / SECTION**  (Completed by Provider) | **NOTES**  (Completed by Provider) |
| **5A:** Setting offers opportunities to experience activities that promote new learning related to areas of interest identified by the person receiving HCBS. |  |  |  |
| **5B:** Setting allows people receiving HCBS to notify the setting if the individual will be taking time off for any reason including illness. |  |  |  |
| **6:** Does the setting allow people the freedom to move about inside and outside the setting? | | | |
| **BENCHMARK** | **TITLE OF DOCUMENT SUBMITTED**  (Completed by Provider) | **PAGE / SECTION**  (Completed by Provider) | **NOTES**  (Completed by Provider) |
| **6A:** Setting does not have rules 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. |  |  |  |
| **7:** Is transportation available to/from the facility? | | | |
| **BENCHMARK** | **TITLE OF DOCUMENT SUBMITTED**  (Completed by Provider) | **PAGE / SECTION**  (Completed by Provider) | **NOTES**  (Completed by Provider) |
| **7A:** The setting provides accessible transportation to individuals receiving HCBS or enables them to access accessible public transportation (individuals, where applicable, must have consent of legal decision maker), to and from the broader community. If public transportation is not available, the setting provides and posts information for individuals receiving HCBS or their legal decision makers about resources to access the broader community. |  |  |  |
| **7B:** 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 setting does not provide transportation. Individuals under 18 must have consent of legal decision maker. |  |  |  |
| **8:** Does the setting assure that tasks and activities, both inside and outside the facility, are comparable to tasks and activities for people of similar ages who do not receive services? | | | |
| **BENCHMARK** | **TITLE OF DOCUMENT SUBMITTED**  (Completed by Provider) | **PAGE / SECTION**  (Completed by Provider) | **NOTES**  (Completed by Provider) |
| **8A:** 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. |  |  |  |
| **8B:** Individuals receiving HCBS are able to decline to participate in activities. |  |  |  |
| **9:** Does the setting offer a secure place for the person to store their personal belongings?  Does the setting afford opportunities for people to keep physical possession of their monetary resources? | | | |
| **BENCHMARK** | **TITLE OF DOCUMENT SUBMITTED**  (Completed by Provider) | **PAGE / SECTION**  (Completed by Provider) | **NOTES**  (Completed by Provider) |
| **9A:** Setting provides:   * 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. * Decision making opportunities for spending one’s own money onsite or in the community.   This may include provision of vending machines, a cafeteria, access to restaurants and/or shopping opportunities. |  |  |  |
| **10:** Does the setting provide people with flexibility in their schedule? | | | |
| **BENCHMARK** | **TITLE OF DOCUMENT SUBMITTED**  (Completed by Provider) | **PAGE / SECTION**  (Completed by Provider) | **NOTES**  (Completed by Provider) |
| **10A:** Setting is able to adapt activities and schedules to the needs and preferences of people receiving HCBS upon request. This includes:   * Offering both community-based and facility-based service options to allow flexibility for people receiving HCBS to choose where their services take place at various times throughout the day. * Using adaptive aids and technology to assist in activity participation. * Other accommodations to meet the needs of people receiving HCBS within the scope of the setting’s responsibilities. |  |  |  |
| **11:** Does the setting have practices, policies, and procedures to ensure all information about people is kept private and confidential?  Does the setting support people who need assistance with activities of daily living while ensuring the privacy of the person? | | | |
| **BENCHMARK** | **TITLE OF DOCUMENT SUBMITTED**  (Completed by Provider) | **PAGE / SECTION**  (Completed by Provider) | **NOTES**  (Completed by Provider) |
| **11A:** Setting has practices, procedures, and policies to ensure:   * All information about individuals receiving HCBS services is kept private and confidential. * Individuals receiving HCBS have privacy when receiving assistance with personal cares. * Staff receive training on confidentiality upon hire and annually thereafter. |  |  |  |
| **12:** Does the setting have practices, procedures, and policies to ensure staff interacts and communicates with people respectfully and in a manner in which the person would like to be addressed at all times?  Does the setting assure that staff does not talk about the person in the presence of other persons or in the presence of the individual as if s/he were not present? | | | |
| **BENCHMARK** | **TITLE OF DOCUMENT SUBMITTED**  (Completed by Provider) | **PAGE / SECTION**  (Completed by Provider) | **NOTES**  (Completed by Provider) |
| **12A:** Setting ensures staff remain discreet and respectful at all times, including:   * 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. * Not discussing individuals as if they were not present. |  |  |  |
| **13:** Does the setting use restrictive measures, including isolation, chemical restraints, and physical restraints? Examples may include but are not limited to lap belts, unreasonable confinement, restrictive garments, or other devices. | | | |
| **BENCHMARK** | **TITLE OF DOCUMENT SUBMITTED**  (Completed by Provider) | **PAGE / SECTION**  (Completed by Provider) | **NOTES**  (Completed by Provider) |
| **13A:** Settings using restraints or restrictive measures must:   * 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. * Report emergency use of restrictive measures to the waiver agency as an incident.   Settings that do not use restraints or restrictive measures are exempt from meeting this benchmark. |  |  |  |
| **14:** Do the setting’s practices, procedures, and policies ensure responsiveness to each person’s needs as defined in their plan? | | | |
| **BENCHMARK** | **TITLE OF DOCUMENT SUBMITTED**  (Completed by Provider) | **PAGE / SECTION**  (Completed by Provider) | **NOTES**  (Completed by Provider) |
| **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. |  |  |  |
| **15:** Does the setting ensure that one person’s behavior supports do not impede the rights of other people, and do the setting’s practices, procedures, and policies ensure that each person’s supports and plans to address behavioral needs are specific to the person and not the same as everyone else in the setting? | | | |
| **BENCHMARK** | **TITLE OF DOCUMENT SUBMITTED**  (Completed by Provider) | **PAGE / SECTION**  (Completed by Provider) | **NOTES**  (Completed by Provider) |
| **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. |  |  |  |
| **16:** Does the setting afford a variety of meaningful activities that are responsive to the goals, interests, and needs of people? | | | |
| **BENCHMARK** | **TITLE OF DOCUMENT SUBMITTED**  (Completed by Provider) | **PAGE / SECTION**  (Completed by Provider) | **NOTES**  (Completed by Provider) |
| **16A:**  Setting ensures that people who receive HCBS make meaningful choices in their daily activities, which align with their personal goals, interests, and needs.  Meaningful choices may be made in a variety of ways including:   * Person-centered assessments * Formal interviews or * Informal discussion with people receiving HCBS * Consideration of input from, legal decision maker or others as identified by the individual. |  |  |  |
| **17:** Does the setting offer any of the following options to meet the physical environment goals and needs? | | | |
| **BENCHMARK** | **TITLE OF DOCUMENT SUBMITTED**  (Completed by Provider) | **PAGE / SECTION**  (Completed by Provider) | **NOTES**  (Completed by Provider) |
| **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:   * Indoor or outdoor gathering spaces * Large or small group activity areas * Private space * Quiet areas |  |  |  |
| **18:** Does the setting afford the opportunity for tasks and activities matched to people’s age, skills, abilities, or desires/goals? | | | |
| **BENCHMARK** | **TITLE OF DOCUMENT SUBMITTED**  (Completed by Provider) | **PAGE / SECTION**  (Completed by Provider) | **NOTES**  (Completed by Provider) |
| **18A:**  Setting matches tasks and activities to the age, skills, abilities and desires of people receiving HCBS by offering:   * An array of comparable tasks and activities * The flexibility to adjust tasks and activities, as needed. * Comparable assessment tools * Communication approaches for people receiving HCBS who are of similar age, skills, and abilities. |  |  |  |
| **19:** Does the setting post and provide information on individual rights and about how to make a request for additional services or accommodations, or changes to their setting-specific plan and does the setting afford specific opportunities to explore, seek and work in competitive integrated employment settings? | | | |
| **BENCHMARK** | **TITLE OF DOCUMENT SUBMITTED**  (Completed by Provider) | **PAGE / SECTION**  (Completed by Provider) | **NOTES**  (Completed by Provider) |
| **19A:** Setting provides and posts information about:   * Individual rights and * How to make a request for additional services, accommodations, or changes to their person-centered, setting-specific assessment and plan. * Competitive integrated employment. |  |  |  |
| **20:** Is the setting accessible per the Americans with Disabilities Act? | | | |
| **BENCHMARK** | **TITLE OF DOCUMENT SUBMITTED**  (Completed by Provider) | **PAGE / SECTION**  (Completed by Provider) | **NOTES**  (Completed by Provider) |
| **20A:** Setting must have a reasonable accommodations policy and must be accessible per the Americans with Disabilities Act (ADA). |  |  |  |
| **21:** Does the setting have practices, procedures and policies to ensure dignity is afforded to people in an age-appropriate manner while dining?  Do people have access to food at any time consistent with people in similar and/or the same setting who are not receiving services?  Does the setting provide opportunities for private dining if requested by the person? | | | |
| **BENCHMARK** | **TITLE OF DOCUMENT SUBMITTED**  (Completed by Provider) | **PAGE / SECTION**  (Completed by Provider) | **NOTES**  (Completed by Provider) |
| **21A:** Setting ensures that people who receive HCBS have access to a dignified, age-appropriate dining experience. This includes:   * 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 * Opportunities for private dining, if requested. |  |  |  |
| **22:** Does the setting allow people to choose with whom they spend their time inside and outside the setting during service hours? | | | |
| **BENCHMARK** | **TITLE OF DOCUMENT SUBMITTED**  (Completed by Provider) | **PAGE / SECTION**  (Completed by Provider) | **NOTES**  (Completed by Provider) |
| **22A:**  The setting will:   * 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 |  |  |  |
| **23:** Does the setting ensure people are supported to make informed decisions and exercise autonomy to the greatest extent possible? | | | |
| **BENCHMARK** | **TITLE OF DOCUMENT SUBMITTED**  (Completed by Provider) | **PAGE / SECTION**  (Completed by Provider) | **NOTES**  (Completed by Provider) |
| **23A:** Setting provides informed choice opportunities for people receiving HCBS to practice decision making and to be as autonomous as possible. |  |  |  |
| **24:** Does the setting allow people to choose which of the setting’s employees provide their services? | | | |
| **BENCHMARK** | **TITLE OF DOCUMENT SUBMITTED**  (Completed by Provider) | **PAGE / SECTION**  (Completed by Provider) | **NOTES**  (Completed by Provider) |
| **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. |  |  |  |
| **25:** Does the setting afford people the opportunity and periodically update or change their daily activities? | | | |
| **BENCHMARK** | **TITLE OF DOCUMENT SUBMITTED**  (Completed by Provider) | **PAGE / SECTION**  (Completed by Provider) | **NOTES**  (Completed by Provider) |
| **25A:** Setting offers people receiving HCBS opportunities to:   * Make their own schedules * 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. |  |  |  |
| **26:** Does the setting have practices, procedures, and policies to ensure the person is supported in developing setting-specific plans to support his/her needs and preferences? | | | |
| **BENCHMARK** | **TITLE OF DOCUMENT SUBMITTED**  (Completed by Provider) | **PAGE / SECTION**  (Completed by Provider) | **NOTES**  (Completed by Provider) |
| **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. |  |  |  |
| **27:** Does the setting ensure staff is knowledgeable about the capabilities, interests, preferences, and needs of people? | | | |
| **BENCHMARK** | **TITLE OF DOCUMENT SUBMITTED**  (Completed by Provider) | **PAGE / SECTION**  (Completed by Provider) | **NOTES**  (Completed by Provider) |
| **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 * Utilization of assistive technology. |  |  |  |
| **28:** Does the setting allow prospective participants the opportunity to tour the setting? | | | |
| **BENCHMARK** | **TITLE OF DOCUMENT SUBMITTED**  (Completed by Provider) | **PAGE / SECTION**  (Completed by Provider) | **NOTES**  (Completed by Provider) |
| **28A:** The setting allows prospective participants the opportunity to tour the setting. |  |  |  |

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| * **Documentation submitted should not include any personally identifiable information regarding any individual receiving waiver services.**   If you are submitting examples of individual service plans/care plans, or other participant-specific documentation, you MUST ensure that any personally identifiable information is redacted. | |
| **Additional Resources for Medicaid Home and Community-Based Services (HCBS)** | |
| HCBS Rule and Requirements:  <https://www.dhs.wisconsin.gov/hcbs/nonresidential.htm> |  |
| Please contact the HCBS review staff with questions at 608-261-6393 or by email at [dhshcbsreview@dhs.wisconsin.gov](mailto:dhshcbsreview@dhs.wisconsin.gov) | |