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| **DEPARTMENT OF HEALTH SERVICES**  Division of Quality Assurance  F-03124 (02/2024) | | **STATE OF WISCONSIN**  Page 1 | | | | | |
| **ADULT DAY CARE CENTER: HOME AND COMMUNITY BASED SERVICE (HCBS) REVIEW**  **Benchmark Review and Compliance Report**  **PROVIDER INSTRUCTIONS**   * Review the home and community-based services (HCBS) non-compliance information below. * For more information about the HCBS waiver requirements and regulations, see <https://www.dhs.wisconsin.gov/hcbs/nonresidential.htm> or federal regulations at **42 CFR § 441.301.** * Document the corrective actions for each item marked "no" in column 2. Note the plan for correction and the completion date in column 3. Compliance must be achieved within 60 days after receipt of this compliance report and cover letter. * Return your HCBS Plan of Correction form to the e-mail address identified in the cover letter. * If you have questions about completing this report, contact the surveyor named below or [DHSDQABHSACCS@dhs.wisconsin.gov](mailto:DHSDQABHSACCS@dhs.wisconsin.gov). | | | | | | | |
| **Adult Day Care Center (ADCC) Information** | | | | | | | |
| ADCC Name | | | | ADCC License Number | | | |
| Street Address | | City | | State | | Zip Code | County |
| Surveyor | | Survey Exit Date | | Survey Event ID | | | |
| **Benchmark** | **Compliance (Completed by Surveyor)** | | | | **Plan of Correction (Completed by Provider)** | | |
| **1A**. Setting has at least two of 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. | Yes  No  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **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 or * Stores   If not, setting has a plan in place and implements the plan to access the broader community. | Yes  No  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **2A.** Setting provides daily interaction with people from the broader community who do not receive HCBS services and are not paid to provide support. | Yes  No  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **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. | Yes  No  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **3A.** People may choose to receive their medical treatments in the same places as other without disabilities and are not mandated to use services that may be provided by the setting. | Yes  No  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **4A.** Setting provides people the same degree of access to the community as people not receiving HCBS, including staff and volunteers. | Yes  No  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **5A.** Setting offers opportunities to experience activities that promote new learning related to areas of interest identified by person. | Yes  No  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **5B.** Setting allows people receiving HCBS to request time off for any reason including illness. | Yes  No  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **6A.** Settings 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 the individual’s person-centered assessment, plan, and behavior support plan. | Yes  No  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **7A.** 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. | Yes  No  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **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. | Yes  No, Explain  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **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. | Yes  No  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **8B.** Individuals are able to decline to participate in activities. | Yes  No  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **9A.** Setting provides:   * A secure place for people to store their personal belongings * Opportunity for people 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.   This may include provision of vending machines, a cafeteria, access to restaurants and/or shopping opportunities. | Yes  No  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **10A.** Setting adapts activities and schedules to the person’s needs and preferences 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 aids and technology to assist in activity participation, **and** * Other accommodations to meet the individual’s needs within the scope of the setting’s responsibilities. | Yes  No  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **11A.** Setting has practices, procedures, and policies to ensure:   * All information about individuals receiving waiver funded HCBS services is kept private and confidential; * Individuals have privacy when receiving assistance with personal cares; **and** * Staff receive training on confidentiality upon hire and annually thereafter. | Yes  No  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **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 HCBS in the presence of others and * Not discussing individuals as if he/ she were not present | Yes  No  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **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 **and** * 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. | Yes  No  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **14A.** Setting has practices and policies in place to ensure that staff respond to people’s needs and preferences, as identified in their person-centered assessment and plan, in a timely manner. | Yes  No  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **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. | Yes  No  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **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 person, **and** * Consideration of input from legal decision maker or others as identified by the individual | Yes  No  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **17A.** Setting offers a variety of places in the physical environment to meet an individual’s goals and needs. 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 **or** * Quiet areas | Yes  No  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **18A**. Setting offers:   * An array of comparable tasks and activities * The flexibility to adjust as needed * Comparable assessment tools **and** * Communication approaches for people of similar age, skills, and abilities | Yes  No  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **19A.** Setting provides and posts information about:   * Individual rights * How to make a request for additional services, accommodations, or changes to their person-centered, setting-specific assessment and plan. * Competitive Integrated Employment. <https://dwd.wisconsin.gov/dwd/publications/dvr/pdf/dvr-19024-p.pdf> | Yes  No  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **20A.** Setting is accessible per the Americans with Disabilities Act (ADA). If not accessible, setting must have a reasonable accommodations policy. | Yes  No  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **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. And * Opportunities for private dining if requested. | Yes  No  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **21B.** Settings must arrange for or provide meals, including alternative choices, if requested. | Yes  No  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **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 to spend as much of their free time as they like with whomever they choose. | Yes  No  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **23A.** Setting allows flexibility for people 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. | Yes  No  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **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. | Yes  No  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **25A.** Setting offers people 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. | Yes  No  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **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 | Yes  No  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **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 | Yes  No  If No, Deficiency Identified: | | | | Plan:    Completion Date: | | |
| **28A.** The setting allows prospective participants the opportunity to tour the setting. | No  Yes, Explain: | | | | Plan:    Completion Date: | | |
| **Heightened Scrutiny Criteria** | | | | | | | |
| Is the setting:   * In a publicly or privately owned facility providing inpatient care (such as a skilled nursing facility)?   Yes  No   * On the grounds of, or adjacent to, a public institution?   Yes  No   * Isolated from the broader community?   Yes  No  Definitions found at: <https://www.dhs.wisconsin.gov/hcbs/heightened-scrutiny.htm> | | | If yes for 1 or more criteria, Explain:  If yes for 1 or more criteria, refer for heightened scrutiny review. | | | | |

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| **SIGNATURE** *(in full)* – Licensee or Designee (when submitting Plan of Correction) | Date Signed |
| **Name (Print or type.)** | Title / Position |

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| **DQA USE ONLY** | |
| Is a heightened scrutiny review needed?  No  Yes | |
| Heightened scrutiny review completed by:  DMS  DMS/CMS | Date: |
| Heightened scrutiny review results:  Facility is HCBS compliant after review  Facility is not HCBS compliant after review | |
| Comments: | |