

**DQA IMPLEMENTATION OF
HOME AND COMMUNITY-BASED SERVICES
SETTINGS RULE
IN ASSISTED LIVING FACILITIES**



**STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES**

Division of Quality Assurance
Bureau of Assisted Living

P-01826 (07/2017)

Contents

INTRODUCTION	3
BACKGROUND	3
IMPLEMENTATION	5
TRAINING INFORMATION	7
HOME AND COMMUNITY-BASED SERVICES SETTING RULE CROSSWALK.....	7
HCBS SETTING RULE CROSSWALK: CBRF, AFH, RCAC	8

INTRODUCTION

The Department of Health Services (DHS), Division of Medicaid Services (DMS), has established an agreement that, effective July 1, 2017, the Division of Quality Assurance (DQA), Bureau of Assisted Living (BAL) will begin inspecting DQA-regulated assisted living facilities to ensure ongoing compliance with the [Home and Community-Based Services \(HCBS\) settings rule](#).

The federal Centers for Medicare & Medicaid Services (CMS) requires all states that operate Medicaid HCBS waivers to comply with a new federal rule by March 17, 2022. The purpose of the new "HCBS settings rule" is to ensure that people receiving services through HCBS waiver programs have access to the benefits of community living and are able to receive services in the most integrated setting. Since Wisconsin operates several programs under Medicaid HCBS waivers, DHS is required to implement the new rule. Approximately 65,000 people in Wisconsin receive services under 1915(c) waiver programs. The ability of DHS to continue to provide home and community-based services depends on ensuring compliance with the rule. States have until March 17, 2022, to come into compliance with the rule. Wisconsin's plan for meeting the rule's requirements is described in the Statewide Transition Plan.

This publication provides important information on the following:

- Background
 - Implementation
 - Training Information
 - Home and Community-Based Services Settings Rule Crosswalk
-

BACKGROUND

CMS published regulations in the Federal Register effective March 17, 2014 which, among other things, changed the definition of HCBS settings for the 1915(c) and 1915(i) Medicaid HCBS Waivers.

In Wisconsin, DMS is the State Medicaid Agency responsible for direct oversight of the new HCBS settings rule.

The HCBS settings rule addresses several sections of Medicaid law under which states may use federal Medicaid funds to pay for HCBS. The rule supports enhanced quality in HCBS programs and adds protections for individuals receiving services. Furthermore, the new rules require all HCBS compliant settings to have the following:

- Be integrated in and facilitate full access to the greater community;
- Promote autonomy and independence in making life choices;
- Be chosen by the individual from among residential and day options, including non-disability specific settings;
- Ensure the right to privacy, dignity, respect, and freedom from coercion and restraint;
- Provide individuals an option to choose a roommate;
- Facilitate services and providers.

The rules reiterate long standing federal law that institutions – e.g., nursing homes, psychiatric hospitals, or intermediate care facilities for individuals with intellectual disabilities (ICF/IDDs) – cannot be funded as HCBS settings.

Key Provisions of the Final Rule

1915(c) Home and Community-Based Waivers

The final rule amends the regulations for the 1915(c) HCBS waiver program, authorized under section 1915(c) of the Social Security Act (the Act), in several important ways designed to improve the quality of services for individuals receiving HCBS. Specifically, it establishes requirements for home and community-based compliant settings in Medicaid HCBS programs operated under sections 1915(c), 1915(i), and 1915(k) of the Act; defines person-centered planning requirements; provides states with the option to combine multiple target populations into one waiver to facilitate streamlined administration of HCBS waivers; clarifies the timing of amendments and public input requirements when states propose modifications to HCBS waiver programs and service rates. For more detail, refer to the 1915(c) fact sheet at <https://www.medicaid.gov/medicaid/hcbs>.

Home and Community-Based Settings Requirements

The final rule establishes requirements for home and community-based settings in Medicaid HCBS programs operated under sections 1915(c), 1915(i), and 1915(k) of the Act. The rule creates a more outcome-oriented definition of home and community-based settings, rather than one based solely on a setting's location, geography, or physical characteristics. The regulatory changes will maximize the opportunities for HCBS program participants to have access to the benefits of community living and to receive services in the most integrated setting and will make the law's intention for Medicaid home and community-based services to provide alternatives to services provided in institutions. For more detail, please refer to the HCBS Settings fact sheet at <https://www.medicaid.gov/medicaid/hcbs>.

The final rule includes a provision requiring states offering HCBS under existing state plans or waivers **to develop transition plans** to ensure that HCBS settings will meet final rule's requirements. New 1915(c) waivers or 1915(i) state plans must meet the new requirements to be approved.

The DHS, DMS developed a Statewide Transition Plan to address how the Department will ensure compliance with the new HCBS settings rule. These new rules allow for a transition plan of up to five years for full compliance.

For more detail, refer to the Wisconsin DMS Statewide Transition Plan at: <https://www.dhs.wisconsin.gov/hcbs/index.htm>

The statewide transition plan applies to the HCBS waivers under § 1915(c) HCBS Waiver Program, § 1915(i) HCBS State Plan Option, and § 1915(k) Community First Choice.

With regard to community-based residential facilities (CBRFs), residential care apartment complexes (RCACs), and adult family home (AFH) settings, the statewide transition plan states, "For residential settings, the service standards in Wisconsin's waivers are based upon and reference applicable state statutes and regulations." The state Medicaid agency (SMA) conducted an analysis of the current regulatory requirements for the residential settings that serve adults and identified those that align with and meet specific requirements of the HCBS regulations and guidelines for these residential settings. The analysis indicates that most of the requirements included in the federal rule are already covered by Wisconsin's statutes and regulations that govern certain licensed or certified residential settings. The SMA determined that Wisconsin's state statutes, state regulations, and DHS standards related to residential settings do not conflict with any requirements of the HCBS regulations; that is, they do not include any requirement for certification or licensure that would put the setting out of compliance with the rule. The results of the analysis conducted by the SMA are detailed in the crosswalk found in Appendix 3 in the Wisconsin State Transition Plan. The crosswalk identifies areas of compliance and areas where the statutes, regulations, and standards are silent and specifies the remediation actions to be taken to ensure that settings used by waiver programs are compliant.

Regarding Non-Residential (Adult Day Care Center) Settings: The SMA used the same process for systemic assessment of non-residential settings. The crosswalk is based on the language of the HCBS settings regulation and the state's existing regulatory or SMA policy requirements, where applicable. As not all day and vocational settings are covered by state law, regulation, or certification standards, the SMA analyzed program policies as articulated in Wisconsin's waivers, policy documents, and contract requirements to determine the degree of compliance with the HCBS settings rules. The crosswalk for non-residential settings, including remediation actions, is included as part of Appendix 3 in the Wisconsin State Transition Plan.

Conclusion of Analysis: Wisconsin laws, regulations, standards, and other policies address most of the requirements of the rule, including provider agreements, participant choice, participant rights, and accessibility. In some cases, however, the policies do not address all of the criteria that CMS has suggested in its toolkits and other sub-regulatory guidance. In addition, Wisconsin policies are silent on some aspects of the rule. Therefore, provider assessments will be performed to determine whether requirements of the federal rule that are not addressed in detail through state policies are met by individual providers.

Based on CMS guidance, areas where the SMA has determined additional information is needed include:

- Location of the setting; characteristics of surrounding area
- Access to transportation
- Opportunities to receive services in an integrated community setting
- Opportunities to engage in competitive integrated employment
- Lockable entrances to individual living spaces
- Opportunities for privacy

- Nature of ability to make individual choices, such as access to food and money
- Access to certain areas in the setting
- Resident rights training for all staff

As necessary, additional requirements will be incorporated into waivers, SMA policies, contracts, and other documents used to articulate program requirements per the remediation plan described below.

Wisconsin's statewide transition plan states, "licensed and certified settings are subject to periodic compliance site visits by the state licensing authority, or by the entity that certified the provider if not regulated by the state." Sites found to have deficiencies in licensing or certification requirements are required to implement corrective actions and can lose their license or certification when noncompliance continues or is egregious. Any provider that loses its license or certification cannot continue to be a qualified waiver service provider regardless of HCBS compliance status. **As part of these periodic licensing or certification reviews, the credentialing entity will also review the setting for continued HCBS compliance.** Providers will be required to address any HCBS rule deficiencies. Failure to adequately remediate will result in removal as an HCBS waiver provider.

Per [CMCS Informational Bulletin of May 9, 2017](#) (external link), CMS has extended the transition period for states to demonstrate compliance with the home and community-based settings criteria until March 17, 2022. This extension will allow more time for settings to come into compliance with the provisions of the rule and give time for CMS to clarify some of the policies and procedures of the rule. At this point, the Department of Health Services (DHS) will continue to move forward with determining compliance of residential and non-residential settings so that providers that comply can be assured they meet the requirements, and providers that do not meet compliance will have time to remediate any deficiency.

IMPLEMENTATION

Effective July 1, 2017, DQA/BAL will begin inspecting DQA regulated settings for ongoing compliance with the HCBS setting rule.

Ongoing compliance will include the following:

- Assisted living facilities requesting an HCBS compliance determination on their initial license/certification application starting July 1, 2017 or later
 - Assisted living facilities licensed prior to July 1, 2017, that currently do not have public funding listed on their license and would like to serve residents receiving HCBS funding
 - Assisted Living facilities licensed prior to July 1, 2017, that currently serve residents receiving HCBS funding and have received the initial HCBS compliant determination from DMS
1. **Assisted living facilities requesting an HCBS compliance determination on their initial license/certification application starting July 1, 2017 or later**
 - If an applicant chooses to include HCBS compliancy on their license/certification, the applicant will be required to complete the sections of the application and checklist that reference HCBS.
 - One significant change will be the HCBS settings rule requirement of locks on every resident/consumer bedroom door.
 - Central Office licensing staff and onsite surveyor will confirm compliance with the new HCBS setting rule.
 - Failure to be identified as HCBS compliant during the initial onsite licensing/certification visit may significantly delay the facility's ability to admit individuals receiving HCBS funding.
 - The HCBS settings rule assumes that certain settings are not home and community-based. These include:
 - Settings in a publically or privately owned facility providing inpatient treatment (including hospitals and skilled nursing facilities)
 - Settings on the grounds of, or adjacent to, a public institution (A public institution is owned and operated by a county, state, municipality, or other unit of government.)
 - Settings with the effect of isolating individuals from the broader community (such as intermediate care facility for individuals with intellectual disabilities)
 - If a setting meets one of the above criteria, it will require additional review to overcome the assumption that it is not home and community-based.

New initial license/certification material will be posted on DHS's website by July 1, 2017.

2. Assisted living facilities licensed prior to July 1, 2017, that currently do not have public funding listed on their license and would like to serve residents receiving HCBS funding

- DQA has developed form F-02138, *HCBS Compliance Review Request*, to assist the provider in submitting a request for HCBS compliance to be included on the license/certification. See <https://www.dhs.wisconsin.gov/regulations/assisted-living/hcbs.htm> for more information.
- The form will include an attestation of compliance with applicable HCBS setting rules, as well as submitting documentation to support compliance.
- The provider will submit completed form F-02138 and supporting documentation to the appropriate BAL regional office.
- A desk review will be completed by regional office assisted living staff. If the review reflects that the form is incomplete and/or supporting documentation has not been submitted, the provider will receive a non-compliance notification. If documentation reflects that revisions are required to meet HCBS criteria as defined by DHS, the assisted living staff will contact the provider for revisions. Only one update request will be made prior to making a final HCBS compliance decision.
- If it is determined the facility meets the definition of heightened scrutiny, this form and submitted documents will be forwarded to the DMS. DMS will complete the HCBS compliance review working with the Centers for Medicare & Medicaid Services (CMS).
- The decision on facility HCBS compliance will be mailed to the facility mailing contact. All Wisconsin waiver agencies will receive a copy of the decision notification.
- In accordance with federal requirements, all compliance results will be made public by the Department of Health Services (DHS). The decision will appear on the next upload of facility information to DHS websites, including the [DQA Provider Search webpage](#) and the provider directories available at the [Consumer Guide to Health Care – Finding an Choosing an Assisted Living Facility](#) webpage.

NOTE: An "HCBS Compliant" decision does not guarantee a contract with Wisconsin waiver agencies to provide services under the Wisconsin Medicaid waiver programs; e.g., Family Care, Family Care Partnership, IRIS (Include, Respect, I Self-Direct), Community Integration Program, Community Options Program, or Children's Long-Term Support Waiver.

3. Assisted Living facilities licensed prior to July 1, 2017, that currently serve residents receiving HCBS funding and have received the initial HCBS compliant determination from DMS.

DQA/BAL has incorporated the HCBS settings rule into its current assisted living survey process/activities.

- During a standard/abbreviated survey, BAL will ensure the provider meets the HCBS setting rule.
 - Surveyors will ensure HCBS compliance with the following:
 - Residents/consumers have access to their personal funds 24 hours a day/7 days a week.
 - The facility has locks placed on all resident/consumer bedroom doors and the facility has policies to ensure why, how, and when a staff member will enter a resident's bedroom.
 - Verify that all staff has completed initial and annual resident rights training. There should be documentation in the personnel file.
 - Resident/consumer had the choice of roommate.
 - Resident/consumer had the opportunity to fully decorate their bedroom/apartment.
 - Resident/consumer has the right to have visitors.
 - Resident/consumer has access to public transportation and has received needed interventions to allow the use of public transportation.

DHS's review of the HCBS regulations conclude that most of the HCBS settings rule is in Wisconsin licensing/certification laws, regulations, standards. The areas listed above are not addressed in Wisconsin's assisted living licensing laws.

Because of a completed DQA/BAL survey, a deficiency may be issued. DQA/BAL will only cite a federal rule when there is no state comparison. DQA/BAL will not use the same fact patterns to cite federal rule and a state rule.

If a federal rule is cited, the provider does not have appeal rights based on consultation with DMS and the Department's Office of Legal Counsel. The provider will be required to submit a plan of correction. There are no other enforcement remedies imposed for a federal cite.

TRAINING INFORMATION

The Department will offer training to assisted living providers through a series of in-person meetings. Training will be provided at Assisted Living Forums and RESOLVE Forums.

The first training will be held during the August 10, 2017 AL Forum. More training dates and locations will be announced through the Assisted Living Forum Email subscription service. You may register for the listserv at <https://www.dhs.wisconsin.gov/regulations/listserv-signup.htm>

HOME AND COMMUNITY-BASED SERVICES SETTING RULE CROSSWALK

The crosswalks listed below provide a comparison outline of the federal rule and state licensing/certification rules. The comparison outline does not include the entire federal or state rule. **NOTE:** It is the responsibility of each provider to review and become familiar with the specific language and requirements that are identified in the HCBS settings rule and state licensing/certification rules.

HCBS SETTING RULE CROSSWALK: CBRF, AFH, RCAC

TIP: Key (ctrl + F) to search through document for a regulation.

HCBS Setting Rule Code	Community-Based Residential Facility	Adult Family Home	Residential Care Apartment Complex
<p>441.301(c)(4) Qualities of Home and Community-Based Settings</p> <p>441.301(c)(4)(i) Community Integration, Offers Opportunities</p> <p>Key Features:</p> <ul style="list-style-type: none"> • <i>Integrated in community</i> • <i>Opportunities to seek employment</i> • <i>Engage in community life</i> • <i>Control personal resources</i> • <i>Receive services in community</i> 	<p>50.09(1)(c) Finances 50.09(1)(h) Outside Activities 50.09(1)(i) Personal Possessions 83.36(1)(a) Adequate Staff To Meet Resident Needs 83.36(1)(b) Qualified Staff In Charge, On Duty, Awake 83.38(d) Community Activities 83.38(e) Family And Social Contacts 83.38(j) Information And Referral 83.38(k) Transportation</p> <p>**NOT COVERED IN STATE CODE: <i>Residents have access to funds 24/7</i></p>	<p>88.04(2)(b) Awake Staff For Continuous Care 88.05(1) Location And Access To Community 88.05(3)(h)6. Space For Individual Storage 88.07(1)(c) Activities And Services 88.07(2)(b)2. Transportation To Activities 88.07(2)(b)3. Transportation To Medical 88.10(3)(d) Presumption Of Competency 88.10(3)(e) Self-Direction 88.10(3)(f) Financial Affairs 88.10(3)(g) Clothing And Possessions 88.10(3)(h) Social Activity Choice 88.10(3)(i) Choice Of Providers 88.10(3)(j) Treatment Choice 88.10(3)(k) Religion 88.10(3)(r) Mail 88.10(3)(s) Telephone Calls 88.10(3)(t) Visits</p> <p>**NOT COVERED IN STATE CODE: <i>Residents have access to funds 24/7</i></p>	<p>89.23(2)(a)2.a. Supportive Services 89.23(4)(d)2.b Training On Purpose And Philosophy Of Assisted Living 89.24(2)(b)3. Tenant Contracted Services, No Limit 89.27(2)(a)3. Service Agreement: Activities, Social Connections Facility Will Assist In Maintaining 89.34(3) Self-Direction 89.34(3) Management Of Financial Affairs 89.34(5) Service Choice 89.34(7) Furnishings And Possessions 89.34(8) Association 89.34(9) Mail 89.34(10) Telephone 89.34(11) Religion 89.34(16) Medications</p> <p>**NOT COVERED IN STATE CODE: <i>Residents have access to funds 24/7</i></p>
<p>441.301(c)(4)(ii) Selected By The Individual</p>	<p>Placing agency will be responsible for this.</p>	<p>Placing agency will be responsible for this.</p>	<p>Placing agency will be responsible for this.</p>
<p>441.301(c)(4)(iii) Ensures Right To Privacy, Respect, Freedom</p>	<p>50.09(1)(a-n) Rights Of Residents In Certain Facilities 83.28(6) Resident Rights, Grievance Procedures, Rules 83.32(3)(a-n) Rights Of Residents 83.33(1)(c) Grievance Procedure: Coercion Prohibited 83.36(1)(a) Adequate Staff To Meet Resident Needs 83.36(1)(b) Qualified Staff In Charge, On Duty, Awake</p> <p>**NOT COVERED IN STATE CODE: <i>Initial and annual resident rights training for everyone paid and unpaid – no exemptions or prior training at other facilities will apply.</i> <i>Facilities must review resident rights policy</i></p>	<p>88.04(2)(b) Awake Staff For Continuous Care 88.07(1)(a) Resident Care-General Requirements 88.07(1)(b) Autonomy And Choices 88.10(3)(a-u) Resident Rights 88.10(6) Coercion And Retaliation Prohibited</p> <p>**NOT COVERED IN STATE CODE: <i>Initial and annual resident rights training for everyone paid and unpaid – no exemptions or prior training at other facilities will apply.</i> <i>Facilities must review resident rights policy regularly.</i></p>	<p>89.23(3)(e) Service Quality 89.23(4)(a)1. Service Provider Qualifications, Meets Federal And State Standards 89.23(4)(d)1. Staff Training 89.27(2)(c)3. Service Agreement: Tenant Rights 89.27(2)(c)4. Service Agreement: Dispute Resolution 89.33 Explanation Of Tenant Rights 89.34(1-10) Rights Of Tenants 89.36 Coercion And Retaliation Prohibited 89.44(5) Coercion Prohibited</p> <p>**NOT COVERED IN STATE CODE: <i>Initial and annual resident rights training for everyone paid and unpaid – no exemptions or prior training at other facilities will apply.</i> <i>Facilities must review resident rights policy</i></p>

HCBS Setting Rule Code	Community-Based Residential Facility	Adult Family Home	Residential Care Apartment Complex
	<i>regularly.</i>		<i>regularly</i>
441.301(c)(4)(iv) Promotes Individual Initiative, Autonomy	Included in state codes listed in row above. 83.35(1)(b) Sources Used For Assessment Information 83.35(3)(d) Service Plan Development: Parties Involved 83.38(1)(a-k) Services	Included in state codes listed in row above. 88.06(3)(b) Persons Involved With ISP, Assessment 88.06(3)(f) Review Of ISP 88.07(1)(a-e) Resident Care General Requirements 88.07(2)(b) Services Directed To Goals 88.07(2)(c) Services Determined By All Involved	Included in state codes listed in row above. 89.23(3)(b) Services: According to Service Agreement 89.23(3)(d) Services: Appropriate To Needs 89.23(3)(e) Services: Service Quality 89.26(3)(a) Participation In The Assessment 89.26(4) Annual Review 89.27(1) Service Agreement 89.28(1) Risk Agreement
441.301(c)(4)(v) Choice Of Services	Included in state codes listed in row above.	Included in state codes listed in row above.	Included in state codes listed in row above.
441.301(c)(4)(vi)(A) Residential Setting: Legal Agreement	83.29(1-4) Admissions Agreement 83.31(1-7) Discharge Or Transfer [§§ 83.31(4)(a-e) key codes.]	88.06(2)(b) Service Agreement Except Respite 88.06(2)(c) Service Agreement Requirements 88.08 Termination Of Placement	89.22(2)(a-d) Building Requirements: Apartments 89.27(1) Service Agreement 89.28(1) Risk Agreement 89.29(3) Termination Of Contract
441.301(c)(4)(vi)(B) Residential Setting: Private Rooms, Locks Key features of sleeping/living units: 1. <i>Locks</i> 2. <i>Choice of roommate</i> 3. <i>Freedom to furnish and decorate</i>	50.09(1)(f) Privacy 50.09(1)(i) Personal Possessions 50.09(1)(n) Care Planning 83.32(3)(k) Rights Of Residents: Self-Determination 83.43(1) Environment Safe, Clean, And Comfortable **NOT COVERED IN STATE CODE: <ul style="list-style-type: none"> <i>Bedrooms/apartments have entrance doors lockable by the individual, with only appropriate staff having keys.</i> <i>Resident has input on roommate choice.</i> <i>Resident has freedom to furnish room within bounds of the agreement.</i> 	88.05(3)(j) Bedroom Requirements 88.05(3)(k) Bedrooms-Opposite Sex Not In Same Room 88.05(3)(L) Bedrooms-Privacy 88.05(3)(n) Clean, Safe, Functional Household Items 88.07(1)(b) Autonomy And Choices 88.07(1)(c) Activities And Services 88.10(3)(a) Fair Treatment 88.10(3)(b) Privacy 88.10(3)(e) Self-Direction 88.10(3)(g) Clothing And Possessions **NOT COVERED IN STATE CODE: <ul style="list-style-type: none"> <i>Bedrooms/apartments have entrance doors lockable by the individual, with only appropriate staff having keys</i> <i>Resident has input on roommate choice</i> <i>Resident has freedom to furnish room within bounds of the agreement.</i> 	89.22(2)(a-d) Building Requirements: Apartments 89.34(2) Rights Of Tenants: Privacy 89.34(3) Rights Of Tenants: Self-Direction 89.34(7) Rights Of Tenants: Furnishings And Possessions

HCBS Setting Rule Code	Community-Based Residential Facility	Adult Family Home	Residential Care Apartment Complex
<p>441.301(c)(4)(vi)(C) Residential Setting: Freedom Of Schedule, Access To Food</p>	<p>50.09(1)(h) Outside Activities 83.32(3)(k) Rights Of Residents: Self-Determin. 83.32(3)(L) Rights Of Residents: Least Restrictive Environment 83.36(1)(a) Adequate Staff To Meet Resident Needs 83.38(1)(a-k) Services 83.41(1)(a) Nutrition: Food Supply 83.41(2)(b) Nutrition: Meals</p>	<p>88.04(2)(b) Awake Staff For Continuous Care 88.07(1)(a-e) Resident Care General Requirements 88.07(4)(a) Nutrition 88.07(2)(a-c) Services 88.10(1)(d) Presumption Of Competency 88.10(1)(e) Self-Direction 88.10(1)(h) Social Activity Choice 88.10(1)(k) Religion 88.10(1)(t) Visits</p>	<p>89.22(2)(b) Apartments: Physical Features 89.23(2)(a)2.a Supportive Services 89.34(3) Rights Of Tenants: Self-Direction 89.34(8) Rights Of Tenants: Association</p>
<p>441.301(c)(4)(vi)(D) Residential Setting: Visitors</p>	<p>50.09(1)(a)3. Private Visits 50.09(1)(f) Physical And Emotional Privacy 83.32(3)(e) Rights: Freedom From Seclusion **NOT COVERED IN STATE CODE: <i>Residents have ability to meet with visitors 24/7.</i></p>	<p>88.10(3)(t) Visits **NOT COVERED IN STATE CODE: <i>Residents have ability to meet with visitors 24/7.</i></p>	<p>89.34(3) Rights Of Tenants: Self-Direction 89.34(8) Rights Of Tenants: Association **NOT COVERED IN STATE CODE: <i>Residents have ability to meet with visitors 24/7.</i></p>
<p>441.301(c)(4)(vi)(E) Residential Setting: Accessible</p>	<p>83.27(2)(a) Admissions Compatible With License Class 83.36(1)(a) Adequate Staff To Meet Resident Needs 83.36(1)(b) Qualified Staff In Charge, On Duty, Awake 83.52(2) Access 83.54(1)(a) Resident Bedrooms: Design 83.55(2) Bath And Toilet Areas: Location 83.59(1)(a-h) Exits 83.59(2) Doors 83.59(3) Patio Doors 83.59(4) Delayed Egress 83.59(5) Stairs And Shafts 83.59(6) Ramp Requirements 83.59(7) Emergency Lighting</p>	<p>88.04(2)(b) Awake Staff For Continuous Care 88.05(2) Access To Home And Within The Home 88.05(2)(a) Difficulty Walking 88.05(2)(b) Grab Bars In Toilet Area 88.05(2)(c) Levered Handles 88.05(2)(d) Bedroom On First Floor 88.05(3)(m) 2 Exits To Grade-Bedrooms In Basement</p>	<p>89.22(3) Building Requirements: Accessibility</p>
<p>441.301(c)(4)(vi)(F) Requirements To Modify Rules</p>	<p>83.35(1-3) Assessment, Individual Service Plan and Evaluations [§§ 83.35(1)(a) and (c); 83.35(2); 83.35(3)(a), (c), and (d) key codes] Note: WAVE committee will NOT grant waivers/variances of HCBS-specific rules; however, if there is an equivalent state code, the state code waiver/variance process remains.</p>	<p>88.06(3) Individual Service Plan And Assessment [§§ 88.06(3)(c) and (d) key codes] Note: WAVE committee will NOT grant waivers/variances of HCBS-specific rules; however, if there is an equivalent state code, the state code waiver/variance process remains.</p>	<p>89.26(1-4) Comprehensive Assessment [§ 89.26(1) key code] 89.27(1-4) Service Agreement [§ 89.27(1) key code] 89.28(1-6) Risk Agreement [§ 89.28(1) key code] Note: WAVE committee will NOT grant waivers/variances of HCBS-specific rules; however, if there is an equivalent state code, the state code waiver/variance process remains.</p>