

## Benchmark Guide for Home and Community-Based Services Settings Rule: Certified 1-2 Bed Adult Family Homes

This document is provided as a cross-reference of the Centers for Medicare & Medicaid Services (CMS) and Wisconsin Department of Health Services (DHS) requirements for certified 1-2 bed adult family home (AFH) compliance with the CMS Home and Community-Based Services (HCBS) settings rule.

This guide provides justification to support the certifying agency's determination of compliance. It is intended to be used by waiver agency certifiers as a reference of state benchmarks for HCBS compliance with the [Wisconsin Medicaid Standards for Certified 1-2 Bed Adult Family Homes, P-00638](#). It is recommended that this guide be used as a checklist when reviewing the [Home and Community-Based Settings Adult Residential Provider Assessment form, F-02117](#).

**HCBS requirements from the Code of Federal Regulations (C.F.R.) are cited in blue throughout this document.**

**42 C.F.R. § 441.301(c)(4):** Home and community-based settings must have all of the following qualities and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan:

Suggested Questions to Understand Area of Compliance	Intent and DHS Benchmark for Compliancy	References to Compliance in Wisconsin Medicaid Standards for Certified 1-2 Bed AFH
<b>42 C.F.R. § 441.301(c)(4)(i): The setting is integrated and supports full access of individuals to the greater community to the same degree of access as individuals not receiving Medicaid HCBS. This includes opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community.</b>		
<input type="checkbox"/> Does the facility offer options for residents to receive services in the community rather than at the facility?	<b>Benchmark:</b> Yes, the facility offers options.  <b>Intent:</b> Residents have a choice of service locations in addition to the facility. Choices mirror what is available to the broader community.	<b>Rights:</b> A resident of an AFH shall have the opportunity to make decisions relating to services, activities, and other aspects of life in the AFH and community. Wisconsin Medicaid Standards for Certified 1-2 Bed Adult Family Homes, Article XI(D)(6)
<input type="checkbox"/> Residents make independent choices that are not contingent upon other residents going to the same activities in the following community activities.  For example: shop in the community, attend religious services, schedule and attend appointments, or visit with family and friends in the community.	<b>Benchmark:</b> At least one type of activity must be available in the community (for example: shop in the community, attend religious services,).  <b>Intent:</b> Residents have a choice of activities, not just those at the facility. Choices mirror what is available to the broader community.	<b>Person-Centered Planning:</b> Placement decisions should consider the AFH's ability to adequately support the individual's needs, and identify how the home will: provide opportunities for contact and interaction with community friends and associates; accommodate and support access to and participation in work, vocational program, or other structured daytime activities; and provide recreational/social opportunities and activities. Standards, Article IX(B)(1)(a, f, and g); Wisconsin Medicaid Waiver

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<input type="checkbox"/> Are resources other than public transportation available for residents to access the broader community?	<p><b>Benchmark:</b> Yes, resources other than public transportation are available.</p> <p><b>Intent:</b> Resources mirror community options and access.</p> <p><b>Examples of alternatives:</b> Residents have access to rides from family, friends, MCO, waiver agency, facility-provided transportation, private companies, volunteers, etc.</p>	<p><b>Provider Requirement:</b> The AFH service plan shall contain a description of how the resident will obtain access to places in the community, community activities, resources, and other planned services; a list and brief description of the services provided by other service providers that interact with the AFH, and how the services will be coordinated for the resident. Standards, Article IX(C)(1)(e)(2 and 3)</p>
<input type="checkbox"/> Is public transportation available near the facility? <input type="checkbox"/> If yes, do residents have access to it? <input type="checkbox"/> Is assistance or training in the use of public transportation offered to residents? <input type="checkbox"/> If rural community, what alternatives exist, and how do residents access them?	<p><b>Benchmark:</b> This is based on the community:</p> <ul style="list-style-type: none"> <li>• If public transportation (train, bus, taxi) is available, residents must have access.</li> <li>• If public transport is available, residents must be offered assistance or training.</li> <li>• If no public transportation is available, the facility must have a plan to ensure residents are provided transportation that allows them access to the community.</li> </ul>	<p><b>Physical Requirements:</b> A 1-2 bed AFH may be located anywhere residences are permitted in a community, but should be located in anticipation of resident needs to get to employment opportunities or access community activities and supportive services. Standards, Article V(A)</p>
<input type="checkbox"/> Are residents dependent on facility staff for transportation options? <input type="checkbox"/> If staff is unavailable, how is transportation provided?	<p><b>Benchmark:</b> No, residents are not dependent on facility staff for transportation options.</p> <p>Residents must receive assistance from facility staff for transportation needs when requested.</p>	<p><b>Resident Support Requirements:</b> The services the home is capable of providing may include providing, arranging transportation, or transporting a resident to and from leisure and recreational activities, employment, medical and dental appointments, and other activities identified in the resident’s AFH service plan. Standards, Article IX(E)(3)</p>
<input type="checkbox"/> Are residents required to sign over their employment paychecks to the facility? <input type="checkbox"/> Have residents or legal guardians granted consent to the facility for managing funds? <input type="checkbox"/> Is there a central location at the facility where residents’ personal finances are held?	<p><b>Benchmark:</b> No, residents are not required to sign over their paychecks to the facility.</p> <p><b>Intent:</b> Providers may only receive signed-over checks to facilitate resident access.</p> <p>Resident funds are managed by the facility only for security or recordkeeping purposes, and this does not impact resident access. Residents or legal guardians must agree to facility managing funds.</p>	<p><b>Rights:</b> A resident of an AFH shall have the right to control personal resources, manage his or her own personal finances, or choose a separate service provider to perform this function. Personal finances include any personal allowances under federal or state programs. Standards XI(D)(8)</p>

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<input type="checkbox"/> Does the facility restrict when residents can access their personal funds? <input type="checkbox"/> Does the facility restrict the amounts of personal funds residents can access?	<p><b>Benchmark:</b> No, the facility does not impose restrictions in either case.</p> <p><b>Intent:</b> There are no policy restrictions. Amounts are not limited unless the legal guardian or ISP specifies. Residents have access to all of their money held by the facility.</p>	<p><b>Resident Support Requirements:</b> Control of funds is decided by the resident or the resident’s guardian, consistent with protective payee and guardianship authorities. Standards, Article IX(C)(2)(c)(7)(b)</p>
<input type="checkbox"/> Is personal-fund access dependent on facility staff being present?	<p><b>Benchmark:</b> No, this will only apply if the person requests funds be held; staff must be readily available to provide access to funds.</p> <p><b>Intent:</b> All funds are available 24 hours every day.</p>	<p><b>Resident Support Requirements:</b> The AFH agreement for services shall identify that, if the resident wants funds held by the facility, the facility will make those funds immediately available to the resident upon request. Standards, Article IX(C)(2)(c)(vi)(b)</p>
<b>42 C.F.R. § 441.301(c)(4)(iii): Ensures an individual’s rights of privacy, dignity and respect, and freedom from coercion and restraint.</b>		
<input type="checkbox"/> Is a telephone available to residents for personal use? <input type="checkbox"/> Is the telephone in a location that has space around it to ensure privacy?	<p><b>Benchmark:</b> Yes, a telephone is available in a location that ensures privacy.</p> <p><b>Intent:</b> A telephone (landline or cell) is available 24 hours every day within the facility.</p> <p><b>Example:</b> A cordless phone located in community area that reaches within living spaces meets the threshold.</p>	<p><b>Physical Requirements:</b> The AFH shall provide at least one non-pay telephone for residents to make and receive telephone calls. Standards, Article V(H)</p> <p><b>Rights:</b> A resident of an AFH shall be permitted to make and receive a reasonable number of telephone calls of reasonable duration and in privacy. Standards, Article XI(D)(11)</p>
<p>Are there restrictions on the use of (select all that apply):</p> <input type="checkbox"/> Private cellphones <input type="checkbox"/> Computers <input type="checkbox"/> Other personal communication devices	<p><b>Benchmark:</b> No, personal communication devices are not restricted.</p> <p>Residents must have unrestricted access to cellphones, computers, and personal devices unless documented in ISP.</p> <p>Residents must have access to private telephone calls, for example, a cordless phone or a corded phone in a private room.</p>	

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<input type="checkbox"/> Is health information, including the resident's daily therapeutic schedules, medications, or dietary restrictions, kept private?	<p><b>Benchmark:</b> Yes, health information is kept private.</p> <p>Residents' health information, including daily therapies, medications, dietary restrictions, and behavior plans, must be kept out of plain sight.</p> <p><b>Example:</b> Persons are not able to view any schedules, medications, or restrictions (dietary or behavioral) in plain sight.</p>	<p><b>Physical Requirements:</b> The sponsor or operator shall keep all resident records confidential, maintain a record for each resident, and store it in a secure location within the AFH. The record shall be kept confidential in accordance with all applicable state and federal laws, regulations, and program requirements. Standards, Article XII(A)</p> <p><b>Rights:</b> A resident of an AFH has the right to have his or her records kept confidential in accordance with Wis. Stat. § 51.30, and Wis. Admin. Code ch. DHS 92 and any other applicable state or federal law, rule, or program requirement. Standards, Article XI(D)(4)</p>
<input type="checkbox"/> Are restrictive measures, including isolation, chemical restraints, and physical restrictions, used? <input type="checkbox"/> If yes, are approved restrictive measures documented in the resident's care plan?	<p><b>Benchmark:</b> The facility must have policies in place addressing restrictive measures.</p> <p><b>Intent:</b> Restricted measures are allowed if approved by the state (certifiers must verify approval).</p>	<p><b>Rights:</b> A resident of an AFH shall have the right to be free from seclusion, coercion, physical and chemical restraints, including the use of an as-necessary (PRN) order for controlling acute, episodic behavior, and other restrictive measures. Standards, Article XI(D)(19)(a)</p>
<input type="checkbox"/> Are policies and procedures for reporting followed when unapproved measures are used?	<p><b>Benchmark:</b> Yes, the facility must have policies in place addressing restrictive measures.</p> <p><b>Intent:</b> Restricted measures are allowed if approved by the state (certifiers must verify approval).</p> <p>Use of approved and unapproved restrictive measures under emergency conditions as defined in the Standards guidelines must be reported to the certifying agency by the next business day.</p>	<p><b>Rights:</b> Emergency or non-emergency use of restrictive measures, including restraints, may be permitted only if approved by DHS according to the Guidelines and Requirements for the Use of Restrictive Measures. Use of restrictive measures under emergency conditions as defined in these guidelines must be reported to the placing agency and the certifying agency by the next business day with a description of what happened, the actions taken by the AFH's operator or staff, and the outcome of the incident. Standards, Article XI(D)(19)(b)</p>

Suggested Questions to Understand Area of Compliance	Intent and DHS Benchmark for Compliancy	References to Compliance in Wisconsin Medicaid Standards for Certified 1-2 Bed AFH
<input type="checkbox"/> Do all staff (paid and unpaid) receive new-hire training related to residents' rights? <input type="checkbox"/> Do all staff (paid and unpaid) receive continuing education related to residents' rights?	<p><b>Benchmark:</b> Yes, all staff (paid and unpaid) receive initial training on resident rights. No exemptions or prior training at other facilities will apply.</p> <p><b>Benchmark:</b> Yes, all staff (paid and unpaid) receive annual training on resident rights. No exemptions or prior training at other facilities will apply.</p> <p><b>Clarification:</b> Anyone that provides direct care for the resident must have resident-rights training. If owner is the only staff, owner must have resident-rights training.</p> <p>Everyone, including nurses, must have resident-rights training.</p>	<p><b>Provider Qualifications:</b> Initial training: Except as provided in Article VI.A.8.b., the operator, substitute provider, and all staff who regularly provide services in the home and who meet the definition of caregiver shall have completed not less than 10 hours of up-to-date, certifying agency-approved training related to the health, safety, welfare, rights, community integration, and service provision to residents during the first year of certification. Standards, Article VI(A)(8)</p> <p><b>Provider Qualifications:</b> Ongoing training: Annually, the sponsor, operator, substitute provider, and all staff who regularly provide services in the AFH and who meet the definition of caregiver shall complete eight hours of training approved by the certifying agency related to the health, safety, welfare, rights, community integration, and treatment of residents. Standards, Article VI(A)(8)(c)</p>
<input type="checkbox"/> Are facility policies on resident rights regularly reassessed for compliance and effectiveness, and amended as necessary?	<p><b>Benchmark:</b> Yes, facility policies on resident rights are regularly reassessed.</p> <p><b>Intent:</b> Resident rights policies reflect current codes and regulations.</p> <p><b>Clarification:</b> Facilities must regularly reassess their policies on resident rights to ensure compliance and effectiveness.</p>	<p><b>Rights:</b> A resident of an AFH shall have all of the following rights: To be free from physical, sexual, verbal, or emotional abuse or neglect; and to be treated with courtesy, dignity, and respect in full recognition of the resident's individuality. Standards, Article XI(D)(1; 2)</p> <p><b>Noncompliance</b> involves a violation of the resident's rights involving abuse, neglect, mistreatment, financial exploitation or misappropriation of funds, misuse of restrictive measures, including use without DHS approval, or denial of the right to direct the resident's own services. Standards, Article IV(F)(2)(c)</p>

**42 C.F.R. § 441.301(c)(4)(iv): Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.**

**Physical Environment:** Are there gates, locked doors, or other barriers preventing a resident’s entrance to or exit from certain areas of the facility?

**Benchmark:** No, there are no barriers to passage.

**Intent:** Residents have the same access to facilities (for example, a gym or a pool) as the broader community. Any restrictions must accompany a DHS waiver or approval.

**Clarification:** In some instances, barriers may be acceptable as long as they do not restrict access to the living areas of the facility.

**Examples** of allowable restrictions: medical dispensation areas, offices, or basements with no common spaces.

**Physical Requirements:** The sponsor or operator shall provide a safe, emotionally stable, homelike, and humane environment that encourages maximum resident self-direction, independence, and autonomy. Standards, Article IX(A)

Each resident shall be provided the least restrictive conditions that allow the maximum amount of personal and physical freedom. Standards, Article XI(D)(20)

**42 C.F.R. § 441.301(c)(4)(vi): In a provider-owned or controlled residential setting, in addition to the qualities at § 441.301(c)(4)(i) through (v), the following additional conditions must be met:**

**42 C.F.R. § 441.301(c)(4)(vi)(A): The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord-tenant laws of the state, county, city, or other designated entity. For settings in which landlord-tenant laws do not apply, the state must ensure that a lease, residency agreement, or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction’s landlord-tenant law.**

- Does the provider-owned or controlled residential setting have in place a written, legally enforceable lease for each resident?
- If no, does the provider-owned or controlled residential setting have in place for each resident a written agreement in accordance with licensing or certification requirements?

**Benchmark:** The answer to one of the questions must be yes.

**Intent:** Residents must receive a document that provides protections, which address an eviction process and appeals comparable to those provided under Wisconsin’s landlord-tenant laws.

**Resident Support Requirements:** Each resident shall have a written agreement that includes a description of the space to be provided to the resident, the agreed-upon rate of payment, a statement of the resident’s rights, and a statement of responsibilities and protections from eviction and the appeals process comparable to those provided under Wisconsin’s landlord-tenant laws.

At a minimum, the parties to the agreement shall include the resident, the resident’s guardian, if any, the sponsor or operator, and the placement agency. The agreement shall be signed by each of these parties and a copy given to all parties. The agreement shall be updated annually and shall take place in person. Standards, Article IX(C)(2)(b) and (c)(3)(4), and (6)

**42 C.F.R. § 441.301(c)(4)(vi)(B): Each individual has privacy in their sleeping or living unit.**

**42 C.F.R. § 441.301(c)(4)(vi)(B)1: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.**

<p><input type="checkbox"/> Does each living unit have lockable entrance doors?  (Living unit is defined as apartment or bedroom.)</p>	<p><b>Benchmark:</b> Yes, each living unit has a lockable entrance door.  <b>Intent:</b> The facility provides privacy and security for residents and their belongings.  The facility provides lockable key entry to the bedroom or the apartment. Lockable entries must unlock from the outside with a key, with each door being keyed differently (push-pin locks are not acceptable).  The facility must provide individual keys to all residents, unless written in a resident’s care plan.</p>	<p><b>Physical Requirement:</b> If the AFH intends to serve participants in Medicaid HCBS waiver programs, the door must be equipped with a lock that is keyed individually from other rooms in the home and that can be locked by the resident when in the room and upon departure. Only authorized staff can have access to a key. Standards, Article V(E)(7)</p>
<p><input type="checkbox"/> If yes, does only the resident and appropriate facility staff have keys to doors?</p>	<p><b>Benchmark:</b> Yes, keys have been provided to the resident and appropriate staff.  A master key for facility staff is acceptable.  <b>Clarification:</b> Policy documentation must indicate who has access to keys and how the policy will be maintained.  Resident and legal guardian must receive copy of documentation stating which staff has access to keys.</p>	<p><b>Physical Requirements:</b> Only authorized staff can have access to a resident’s room keys. Standards, Article V(E)(7)</p>
<p><input type="checkbox"/> Does facility staff always knock and receive permission prior to entering a resident’s living space?  <input type="checkbox"/> Does facility staff only use a key to enter a living area or privacy space under circumstances agreed upon with the resident?</p>	<p><b>Benchmark:</b> Yes, staff always knock and receive permission before entering.  Staff must knock and receive permission prior to entry to a resident’s private living area unless documented in ISP.</p>	<p><b>Rights:</b> A resident of an AFH shall have the right to physical and personal privacy when receiving treatment and services; in the living arrangement; in caring for personal needs such as toileting, bathing, and dressing; and when he or she desires time alone. Standards, Article XI(D)(3)</p>

**42 C.F.R. § 441.301(c)(4)(vi)(B)(2): Individuals sharing units have a choice of roommates in that setting.**

<p><input type="checkbox"/> Do residents sharing units have a choice of roommates?  (Roommate choices at facility may be limited by the size of the facility.)</p>	<p><b>Benchmark:</b> Yes, residents have a choice when applicable.  <b>Intent:</b> The facility informs residents of their right to provide input and participate in the choice of a roommate.</p>	<p><b>Physical Requirements:</b> Accommodations shall be made for any two residents who wish to share a sleeping room, if possible and requested. Standards, Article V(E)(6)(c)(3)</p>
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42 C.F.R. § 441.301(c)(4)(vi)(B)(3): Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.		
<input type="checkbox"/> Do residents have the freedom to furnish and decorate their sleeping or living units within the bounds of the lease or other written legal agreement?	<p><b>Benchmark:</b> Yes, residents have this freedom.</p> <p><b>Intent:</b> Residents have the freedom to furnish and decorate their room within the bounds of the lease or agreement.</p>	<p><b>Physical Requirements:</b> To the extent that space allows, residents are allowed to bring their own bedroom furnishings and accessories and to personalize and individualize their room. Standards, Article V(E)(11)</p> <p><b>Rights:</b> A resident of an AFH shall have the right to retain and use personal clothing and other personal possessions in a reasonably secure manner and to be provided access to a reasonable amount of individual secure storage space for his or her private use(s) for possessions and clothing. Standards, XI(D)(9; 10)</p>
42 C.F.R. § 441.301(c)(4)(vi)(C): Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.		
<p>Residents have full access to:</p> <input type="checkbox"/> Kitchen with cooking facilities <input type="checkbox"/> Dining area <input type="checkbox"/> Comfortable seating in shared areas <input type="checkbox"/> Laundry	<p><b>Benchmark:</b> Residents have access to the dining area and comfortable seating at a minimum.</p> <p><b>Intent:</b> Residents have full access to facilities unless individual restrictions documented in their ISP or their BSP apply.</p>	<p><b>Physical Requirements:</b> The sponsor shall provide each resident with a quantity and variety of foods sufficient to meet the resident’s nutritional needs and preferences and to maintain his or her health. The sponsor shall provide or assure that each resident receives three nutritious meals each day. Standards, Article IX (H)(1) and (2)</p>
<input type="checkbox"/> Do residents have access to food at any time, as appropriate?	<p><b>Benchmark:</b> Yes, residents have this access.</p> <p><b>Intent:</b> Residents have choice in reasonable food access.</p> <p><b>Clarification:</b> When a resident’s ability to access food at any time must be limited due to diagnosis, medical condition, or other related circumstance, it must be documented in the resident’s care plan.</p>	<p><b>Rights:</b> Residents will have access to all foods and liquids at all times unless otherwise specified in the overall person-centered service plan, a behavior support plan, or an approved DHS restrictive measures plan. Standards, Article IX(H)(2)</p>
<input type="checkbox"/> Do residents have the freedom and support to control their schedules and activities?	<p><b>Benchmark:</b> Yes, residents have this freedom.</p> <p><b>Intent:</b> Residents are given choice in their schedules and activities.</p> <p><b>Example:</b> The resident likes to sleep late. Staff supports this by providing assistance with eating after the resident wakes up.</p>	<p><b>Rights:</b> A resident of an AFH shall have the opportunity to make decisions relating to services, activities, and other aspects of life in the AFH and community. Standards, Article XI(D)(6)</p>



<input type="checkbox"/> Are residents able to leave and return to the facility at will to accommodate scheduled and unscheduled activities?	<p><b>Benchmark:</b> Yes, the resident is able to leave and return to the facility to accommodate activities.</p> <p><b>Intent:</b> Residents have choice of access times.</p> <p>Resident schedules are not required to mirror facility schedules.</p>	<p><b>Person-Centered Planning:</b> The sponsor or operator shall allow a resident to participate in any activities that the resident selects unless the activity involves an unacceptable risk of harm or is contrary to the resident’s AFH service plan. Standards, Article IX(D)</p>
<input type="checkbox"/> Is there a curfew for a resident’s return to the facility?	<p><b>Benchmark:</b> No, imposing a facility-wide curfew is not allowed in the program statement or house rules.</p> <p><b>Example 1:</b> External doors are locked at 8 p.m., but the resident has a procedure to gain access after 8 p.m. This is allowable.</p> <p><b>Example 2:</b> Residents are not allowed to leave after 10 p.m. This is not acceptable.</p>	<p><b>Rights:</b> No curfew, rule, or other restrictions on a resident’s self-determination may be imposed unless specifically identified in the resident’s AFH service plan and the overall person-centered plan. Standards, Article XI(D)(6)</p>
<p><b>42 C.F.R. § 441.301(c)(4)(vi)(D): Individuals are able to have visitors of their choosing at any time.</b></p>		
<input type="checkbox"/> Do residents have a private, unsupervised space to meet visitors?  <p><b>Clarification:</b> A resident’s living unit counts as space.</p>	<p><b>Benchmark:</b> Yes, residents have private space to meet visitors.</p> <p>Residents may have visitors whenever they wish and they may meet with them in a private area.</p> <p><b>Clarification:</b> Facilities cannot prohibit overnight guests. The provider can place some restrictions on extended stays.</p>	<p><b>Physical Requirements:</b> The AFH shall provide space and adequate physical features, such as doors and interior sound control, so that the resident can have privacy when the resident wishes to be alone and/or undisturbed. Standards, Article V(C)(1)</p> <p><b>Rights:</b> An individual’s rights of privacy, dignity, and respect must be ensured. A resident shall have the right to have private visitors at any time, to have adequate time and private space for visits, to meet with people of the resident’s choosing, and to choose social and community activities in which to participate. Standards, Article V(C)(1) and Article XI(D)(13)</p>

42 C.F.R. § 441.301(c)(4)(vi)(E): The setting is physically accessible to the individual.		
<ul style="list-style-type: none"> <li><input type="checkbox"/> Are there residents in your facility with mobility impairments?</li> <li><input type="checkbox"/> Is the facility physically accessible and free from obstructions such as steps, lips in a doorway, or narrow hallways that limit the resident’s mobility in the setting?</li> <li><input type="checkbox"/> Are there environmental adaptations, such as a stair lift or elevator, to mitigate the obstruction?</li> </ul>	<p><b>Benchmark:</b> Yes, the facility is accessible and free of obstructions.</p> <p><b>Intent:</b> These address dignity and access issues. Residents are able to independently access the facility.</p> <p><b>Benchmark:</b> Yes, the facility provides adaptations to mitigate the obstructions.</p>	<p><b>Physical Requirements:</b> The AFH shall be <i>physically accessible to</i> all individuals residing there and to prospective residents considering placement there. Residents shall be able to enter, exit, and move about in the AFH and to get to their bedrooms, bathrooms, common living and dining areas, and kitchen without difficulty.</p> <p>Non-ambulatory residents placed in the AFH shall have access to all common areas, including living rooms and dining areas. Home modifications such as ramps, grab bars, and widened doorways, etc., provided to address the non-ambulatory resident’s assessed needs must be installed in the AFH prior to and as a condition of that resident’s placement. Failure to provide such modifications or adaptations may be grounds for termination of a placement. Standards, Article V(B)</p>
42 C.F.R. § 441.301(c)(4)(vi)(F): Any modification of the additional conditions, under 441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan.		
<ul style="list-style-type: none"> <li><input type="checkbox"/> Does each resident have an up-to-date, person-centered, AFH service plan in place?</li> <li><input type="checkbox"/> Is the AFH person-centered service plan separate from and in addition to the certifying agency service plan?</li> </ul>	<p><b>Benchmark:</b> The individual has a current person-centered service plan in place. The person-centered planning process is led by the individual receiving services and supports, where possible. The individual’s representative has a participatory role, as needed and as defined by the individual.</p> <p><b>Intent:</b> The person-centered service plan reflects the services and supports that are important for that individual to meet their needs (as identified through an assessment of functional need), as well as what is important to the individual.</p>	<p><b>Person-Centered Planning:</b> Non-ambulatory residents placed in the AFH shall have access to all common areas, including living rooms and dining areas. Home modifications such as ramps, grab bars, and widened doorways, etc., provided to address the non-ambulatory resident’s assessed needs must be installed in the AFH prior to and as a condition of that resident’s placement. Failure to provide such modifications or adaptations may be grounds for termination of a placement.</p> <ol style="list-style-type: none"> <li>5. Include regular collection and review of data to measure the ongoing effectiveness of the modification.</li> <li>6. Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.</li> <li>7. Include the informed consent of the person.</li> <li>8. Include an assurance that interventions and supports will cause no harm to the person.</li> </ol>