

**HCBS Settings Rule: Residential Setting-Specific Transition to Compliance Plan**

Section A. Setting Information						
Setting Name:						
Setting Address:						
Section B. Agency Information						
Provider Agency Name:						
Primary Agency Contact:						
Phone Number for Primary Contact:						
Email Address for Primary Contact:						
Provider Agency Mailing Address:						
Section C. Addressing Areas of Partial or Non-Compliance with HCBS Settings Rule Standards						
Validation Assessment Question Number and Question	Validation Assessment Answer Indicating Partial or Non-Compliance with HCBS Settings Rule	Remediation Options	Remediation Step(s) to be taken by Provider	Target Date for Completion of Each Remediation Step: Note: For questions 1a, 2a, 3a, 3b, 3c, target date cannot be later than July 1, 2020. For all other questions, target date cannot be later than September 30, 2021.	Regional Office Comments on Proposed Plan	Regional Office Verification of Implementation of Remediation Step(s) and Date Verified
1a. Is the setting under the same roof as a building that houses a publicly or privately-operated setting which provides inpatient institutional care: skilled nursing setting (SNF), immediate care setting for individuals with intellectual disabilities (ICF/IID), institute for mental disease (IMD), or hospital?	YES	1. Relocate setting to a location that is not located under the same roof as a building that houses a publicly or privately operated setting which provides inpatient institutional care. <b>Optional</b> 2. Seek out and explore with the person, options for living near people not receiving Medicaid HCBS and that offer opportunities for community involvement and participation typical of the opportunities that others members of the same community have. 3. Offer living arrangements that are typical for other members of the same community if the person desires this type of living arrangement after having chance to explore the options. <b>If Action Step 1 not selected, Action Steps 2 and 3 listed above (or equivalent action steps) are required for Transition to Compliance Plan to be approved if 1a included in Plan. [Presumed Institutional Issue]</b>				

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2a. Is the setting in a building located on the grounds of, or immediately adjacent to, a building that is a public institution which provides inpatient institutional care 1 (Skilled Nursing Setting (SNF), Intermediate Care Setting for Individuals with Intellectual Disabilities (ICF/IID), Institute for Mental Disease (IMD), or hospital)?	YES	<p>1. Relocate setting to a location that is not located on the grounds of, or immediately adjacent to, a building that is a public institution which provides inpatient institutional care.</p> <p><b>Optional</b></p> <p>2. Seek out and explore with the person, options for living near people not receiving Medicaid HCBS and that offer opportunities for community involvement and participation typical of the opportunities that others members of the same community have.</p> <p>3. Offer living arrangements that are typical for other members of the same community if the person desires this type of living arrangement after having chance to explore the options.</p> <p><b>If Action Step 1 not selected, Action Steps 2 and 3 listed above (or equivalent action steps) are required for Transition to Compliance Plan to be approved if 1a included in Plan. [Presumed Institutional Issue]</b></p>				
3a. Due to model used for service provision, do individuals have limited opportunities for interaction in and with the broader community, including interactions with individuals not receiving Medicaid HCBS?	YES	<p>1. Implement policies and practices that ensure individuals to have the opportunity to access and interact in the broader community. <b>Action Step 1 or equivalent action step is required for Transition to Compliance Plan to be approved if 3a included in Plan. [Presumed Institutional Issue]</b></p> <p>2. Communicate opportunities developed with other service providers (ex. Case Managers) to ensure that they are documented in the individual's person-centered plan.</p> <p>3. Train staff on the value of this rule to change the organizational culture and foster additional connections and opportunities that would be utilized in the community.</p>				

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3b. Does the setting restrict and/or limit individuals' choice to receive services outside of the setting or to engage in activities outside of the setting?	YES	<p>1. Implement policies and practices that ensure individuals served to have choice in receiving services outside of the setting or to engage in activities outside of the setting. <b>Action Step 1 or equivalent action step is required for Transition to Compliance Plan to be approved if 3b included in Plan. [Presumed Institutional Issue]</b></p> <p>2. Inform individuals of the local opportunities to access and interact in the broader community.</p> <p>3. Base community integration opportunities on the interests and preferences of the individual.</p> <p>4. Develop transportation options and training for individuals to access the broader community.</p>				
3c. Is the setting physically located separate and apart from the broader community?	YES	<p>1. Relocate services to a setting that is not physically separate and apart from the broader community. <b>Optional</b></p> <p>2. Implement policies and practices that ensure individuals served to have choice in receiving services outside of the setting or to engage in activities outside of the setting.</p> <p>3. Use public buildings and venues to regularly support people to have the opportunity to engage in activities outside the home with people who do not receive HCBS. <b>If Action Step 1 not selected, Action Step 2 and 3 or equivalent action steps are required for Transition to Compliance Plan to be approved if 3c included in Plan. [Presumed Institutional Issue]</b></p>				
4a. Are there gates, locked doors, or other barriers that would prevent a person's ability to independently leave and re-enter the setting?	YES (for all waiver participants)	<p>1. Incorporate policies and procedures to allow each individual served to leave and re-enter the setting independently.</p> <p>2. Establish a sign in and out system for people receiving services, keeping safety in mind.</p> <p>3. Teach safety skills when accessing the broader community.</p>				

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5a. Is the setting within walking distance to allow people access to places open to the public in the broader community?	NO (no alternative plan in place)	<ol style="list-style-type: none"> <li>1. Develop a transportation plan to allow individuals served access to places open to the broader community.</li> <li>2. Create policies and practices to allow staff to transport individuals in their personal vehicles such as liability policies, minimum insurance requirements, reimbursement rates, verification of license, etc.</li> <li>3. Develop a list of options available to the individual to access transportation options (Uber/Lyft, cab, hired driver, bus, Bicycle, etc.)</li> <li>4. Establish mobility training for use of these transportation options.</li> </ol>				
5b. At or near the setting, are there sidewalks and/or pedestrian pathways that are physically accessible to allow people to unimpeded access to walk to places open to the public in the broader community?	NO (no alternative plan in place)	<ol style="list-style-type: none"> <li>1. Relocate setting in neighborhoods that provide physically accessible access in the broader community.</li> <li>2. Teach safety rules/skills for walking and crossing roads.</li> <li>3. Meet with community members to advocate for safe and accessible sidewalks and pathways.</li> </ol>				
5c. Is the setting close to places open to the public that have other people from the broader community coming and going? Examples of places include but are not limited to those listed in 5d. below.	NO (no alternative plan in place)	<ol style="list-style-type: none"> <li>1. Educate the community that individuals in the setting are contributing members of their neighborhoods and find ways to bring together people from the broader community and those receiving HCBS.</li> <li>2. Participate or plan neighborhood parties to bring together people living near the setting.</li> <li>3. Establish a mentorship or buddy process to connect people in the neighborhood with people living in the setting.</li> <li>4. Find ways to share resources or provide services for others in the neighborhood (share lawn mower, help shovel each other's sidewalks, cook for someone ill, wash windows together, grilling meals together, etc.</li> </ol>				

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5d. Is the setting near (within 1 mile) of at least four (4) of the following: parks, recreational activities, schools and colleges or universities, and public facilities, such as library, community center, job center, restaurants, stores, etc.?	NO (no alternative plan in place)	<ol style="list-style-type: none"> <li>1. Approach these establishments and develop partnerships to provide transportation to these locations.</li> <li>2. Create an alternative plan that connects people to these locations.</li> <li>3. Relocate to live near these locations for easier access to the broader community.</li> <li>4. Talk to the broader community about how they are accessing these locations and replicate their access (transportation options, bike paths, accessible paths for someone in a wheelchair, etc.)</li> </ol>				
6a. Are the people receiving HCBS interacting with people from the broader community (people who are not receiving HCBS and who are also not paid staff or volunteers) on a daily basis?	NO	<ol style="list-style-type: none"> <li>1. Develop a plan for everyone receiving services to be in fully integrated work settings or recreational, educational and volunteer settings with people from the community do not receive HCBS.</li> <li>2. Develop a position within your organization called "Community Connectors" or "Bridge Builders" who facilitate connections with community members and people with disabilities. The Connector will find events, activities, groups and individuals in the community that share interests and passions that match the person supported. Introductions into groups, hobbies, or volunteer opportunities create fuller lives and more inclusive communities.</li> <li>3. Seek opportunities to connect with people in the broader community such as classes, health clubs, picnics, volunteer opportunities (5k runs, fairs, community events, voting, etc.), clubs, library, campaigns, concerts, community theater, religion, choir, pools, shopping, helping others in need, Habitat for Humanity, etc. What are people doing in your communities and join in!!</li> </ol>				
6b. Is a telephone available for people to use whenever they wish?	NO (no alternative plan in place)	<ol style="list-style-type: none"> <li>1. Provide a landline or cellphone for outgoing calls located in a convenient place with privacy.</li> <li>2. Unless stated differently in the person-centered plan, provide assistance for people to make outgoing calls upon request!</li> </ol>				

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6c. Is a telephone in a location that allows a person privacy when using it?	NO (no alternative plan in place)	<ol style="list-style-type: none"> <li>1. Unless stated differently in the person-centered plan, the person will be given access to a telephone in a location in the setting that allows privacy.</li> <li>2. Allowing privacy would be in their own room or in a room separate from others in the home, including being respectful of volume of TV or music in the background.</li> </ol>				
6d. Do people have a private, unsupervised place to meet with visitors?	NO (no alternative plan in place)	<ol style="list-style-type: none"> <li>1. The setting must offer people privacy when a person is at home and meeting with friends, family, etc. who are members of the broader community.</li> <li>2. Set up a comfortable place in the setting for people to meet with visitors that is private from others, has good seating, and is relatively quiet for visitors and the person to have a conversation.</li> <li>3. It is best to not have this private place in their room as few people greet visitors in their bedroom vs. in a sitting room. Create a pleasant space for this purpose.</li> </ol>				
6e. Do people receiving HCBS have opportunities in the setting that involve interacting with people without disabilities who are not receiving HCBS and also not paid staff or volunteers?	NO	<ol style="list-style-type: none"> <li>1. Document frequency of the broader community being present and involved at the setting</li> <li>2. Provide opportunities for people from the broader community to come in to the setting by hosting parties, teaching cooking class, hosting exercise group, sharing resources (hedge trimmer, shovel, etc.) and sharing passions (knitting, photography, cooking, traveling, etc.).</li> <li>3. Invite family and friends to gather at the setting for various reasons that would benefit them such as celebrations, sharing resources (SSA, benefits counseling, caregiver support, etc.), mentorship, Special Olympics, etc.</li> <li>4. Develop a walking club where people are picked up as the members walk past their setting to connect those receiving HCBS with people from their neighborhood in a joint activity.</li> </ol>				

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7a. Does the setting offer options for people receiving HCBS to receive services in community-based integrated settings outside of their home?	NO	<ol style="list-style-type: none"> <li>1. Develop partnerships with local businesses to tour and learn about possible employment opportunities.</li> <li>2. Seek integrated settings to provide services such as in post-secondary schools, library, community center, businesses, retail, strip malls, religious centers, city/county buildings, offices, recreational centers, health clubs, YMCA, any place where people not receiving HCBS are working, living, recreating, and receiving educational services.</li> </ol>				
8a. Does the setting provide opportunities and support for people receiving HCBS to interact with others (who are not paid staff or volunteers) in integrated community settings?	NO	<ol style="list-style-type: none"> <li>1. Join in seasonal activities in the community like a community garden, raking assistance, snow removal to share joint activities with the broader community.</li> <li>2. Plan menus/parties and shop for ingredients in integrated settings.</li> <li>3. Learn about activities occurring in the broader community to match interests and skills of people receiving HCBS. Engage in these activities jointly with members of the community to develop shared interests, experiences and friendships (political campaigns, concerts, community theater, choir, sports, etc.)</li> <li>4. Join health clubs, YMCA, exercise classes, yoga, spas, etc. to participate with the broader community.</li> <li>5. Seek volunteer opportunities occurring in the community to work together with people not receiving HCBS such as 5k walks, Habitat for Humanity, Senior Center activities, clubs/organizations/religious groups helping others, etc.</li> </ol>				

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8b. Does the setting provide opportunities and support for people to choose and participate in non-work activities in integrated community settings?	NO	<ol style="list-style-type: none"> <li>1. Develop curricula for Daily Living Skills that is age appropriate (personal care, cooking, housekeeping, laundry, etc.).</li> <li>2. Develop classes and training programs to teach soft skills, work skills, creative arts, mindfulness, healthy lifestyle including exercises groups, etc. First look to the community for these integrated learning opportunities.</li> <li>3. Offer community-based activities as the first choice for all non-work activities.</li> <li>4. Present computer training to develop needed skills for the labor market. Find classes at the local technical colleges.</li> </ol>				
8c. Does the setting allow and support people receiving HCBS to have the same degree of access to the broader community as people not receiving HCBS have?	NO	<ol style="list-style-type: none"> <li>1. Develop transportation options for greater access to the broader community.</li> <li>2. Help each person budget their funding or own resources to pay for transportation options that supports access.</li> <li>3. Provide mobility training to develop the needed skills to utilize transportation options to support greater access.</li> <li>4. Create policies and practices to allow staff to transport individuals in their personal vehicles such as liability policies, minimum insurance requirements, reimbursement rates, verification of license, etc. to support greater access.</li> </ol>				
8d. Does the setting encourage typical relationships between persons receiving HCBS and neighbors from the immediate broader community? Typical relationships would be those that would otherwise typically exist between neighbors living in the same local area.	NO (not at least weekly)	<ol style="list-style-type: none"> <li>1. Seek opportunities to make connections to the neighborhood through block parties, sharing resources (lawn mower, shovels, gardening tools, etc.), participate in a community garden, plan walking clubs, share plants/flowers, help each other with house projects (painting, raking, mowing, shoveling, etc.), grilling, spending time outside to greet neighbors walking by, having a dog to walk throughout the neighborhood, take the time to introduce yourselves to neighbors, participate in local sports activities, etc.</li> <li>2. Share transportation to stores, events, sports, with neighbors.</li> </ol>				

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8e. Does the setting encourage and support meaningful interactions, outside of the setting, with members of the broader community not receiving HCBS (who are also not paid staff or volunteers)?	No (not at least weekly)	<ol style="list-style-type: none"> <li>Attend local events, fairs, picnics, and other neighborhood gatherings and support meaningful interactions through purposeful social skills (introductions, find common interests, encourage small talk, create a comfortable atmosphere for both parties to connect).</li> <li>Seek opportunities for members of the broader community to be connected to people receiving HCBS through shared interests and passions by joining clubs, meetings, and events.</li> </ol>				
9a. Is there public transportation between (to/from) the setting and the broader community?	NO (and setting does not provide transportation or facilitate a person's access to other non-public transportation options that are available)	<ol style="list-style-type: none"> <li>Provide mobility training to teach needed skills for accessing public transportation options, street crossing, and stranger safety.</li> <li>Inform individuals of non-public transportation options such as taxi, Uber/Lyft, hired drivers.</li> <li>Teach and assist individuals to use the non-public options.</li> <li>Discuss with parents, guardians and Case Managers to develop a list of options available in the broader community.</li> </ol>				
9b. Is there accessible public transportation between (to/from) the setting and the broader community, for those who need it?	NO (and setting does not provide accessible transportation or facilitate a person's access to other non-public accessible transportation options that are available)	<ol style="list-style-type: none"> <li>First determine ability of the person to access public transportation (bus, paratransit) and provide the needed mobility training.</li> <li>If using the setting's vehicle, provide accessible options when needed and training for use of this vehicle (seatbelt use, proper etiquette, getting on/off safely, use of lifts, etc.)</li> <li>Use settings that have accessible transportation.</li> </ol>				

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9c. Does the setting provide transportation for people receiving HCBS to the broader community <b>when requested</b> ?	NO	<ol style="list-style-type: none"> <li>1. Determine what is considered a reasonable request for transportation and share these parameters with people receiving HCBS.</li> <li>2. Develop other options to connect individuals to the community such as volunteers, hired drivers, taxi and Uber/Lyft.</li> <li>3. Provide mobility training using public transportation.</li> <li>4. Work with the person and their team to determine if any parameters may be needed for safety considerations.</li> </ol>				
9d. Does the setting provide information (in an accessible format and convenient location for HCBS participants) regarding types of transportation available to people receiving HCBS in the setting?	NO	<ol style="list-style-type: none"> <li>1. Determine accessible formats that are necessary to convey information and post in a common area.</li> <li>2. Decide on accommodations that need to be considered for individual transportation needs and seek solutions to any barriers to types of transportation available.</li> <li>3. Compile a complete list of options including bicycles and walking.</li> <li>4. Provide visual information such as maps to common locations.</li> </ol>				

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10a. Does the setting provide opportunities and support for people receiving HCBS to <b>explore</b> the possibility of working in integrated community settings for pay that is at least minimum wage.	(Explore) NO (Pursue) NO (Work) NO  Provider operating setting has contract with ADRS to provide SE: NO Provider operating setting is approved provider of SE through Waiver: NO	1. Implement SE services including career exploration 2. Have polices or procedures to connect with agencies that provide SE. 3. Discuss options for SE at intake. 4. Contract with DVR for funding support. 5. Develop best practices in developing functional/SE assessments. 6. Use the Discovery process to learn more about the person and best job matches. 7. Develop business partnerships to set up job shadows, work experiences and job placements 8. Participate in local business groups to connect with that community and share positive outcomes when hiring people with disabilities. 9. Maintain appropriate work skills (soft skills) as all work settings need the following skills: reliability, hygiene, attention to detail, staying at the work area until breaks/lunch, teamwork, meeting production goals, how you are communicating with coworkers, appropriate interactions with supervisors, etc. 10. When a person receiving HCBS states they do not want to work there are several ways to approach this conversation. Informed choice is a critical piece, does the person express why they do not want to work, what are the perceived and				

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10b. Does the setting assist people receiving HCBS to pursue finding work in an integrated community setting for pay that is at least minimum wage?	<p>Provider operating setting is approved provider of SE through Waiver</p> <p>YES OR NO</p>	<ol style="list-style-type: none"> <li>1. Implement SE services including career exploration</li> <li>2. Have polices or procedures to connect with agencies that provide SE.</li> <li>3. Discuss options for SE at intake.</li> <li>4. Contract with DVR for funding support.</li> <li>5. Develop best practices in developing functional/SE assessments.</li> <li>6. Use the Discovery process to learn more about the person and best job matches.</li> <li>7. Develop business partnerships to set up job shadows, work experiences and job placements</li> <li>8. Participate in local business groups to connect with that community and share positive outcomes when hiring people with disabilities.</li> <li>9. Use Interest inventories/career exploration to determine the person’s interests. Explore types of jobs within interest areas.</li> <li>10. Offer Job Shadows and Informational interviews.</li> <li>11. Determine barriers to employment and bring people together to problem solve through those barriers.</li> <li>12. Offer mobility training.</li> <li>13. Provide Interview practice.</li> <li>14. Develop business partnerships for tours to explore possible careers. Use these opportunities</li> </ol>				
10c. If people work for part of the day, does the setting offer support at home, if needed, when the person is not at work that is flexible based on the person’s work schedule?	NO	<ol style="list-style-type: none"> <li>1. Develop volunteer opportunities to teach soft skills and job readiness when not at paid work.</li> <li>2. Maintain flexible staffing hours to support people around their work schedule.</li> <li>3. Find connections and activities in the community the person can participate when not in paid work for a meaningful day.</li> </ol>				

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10d. Does the setting support the people they serve participating in integrated community employment (individual jobs in the community paid at least minimum wage) by offering flexible transportation when needed?	NO	<ol style="list-style-type: none"> <li>1. Determine what is considered a reasonable request for transportation and share with people receiving HCBS.</li> <li>2. Develop other options to connect individuals to the community such as volunteers, hired drivers, taxi and Uber/Lyft. These options may often be less expensive than using residential staff. Hired drivers can be members from the community with a negotiated fee for rides. Drivers must meet all required standards (background check, proof of insurance and good driving record) and agency can obtain hired driver's insurance policy to cover all volunteer and hired drivers as well as staff who drive people to and from their jobs.</li> <li>3. Provide mobility training using public transportation.</li> <li>4. Determine the cost of offering flexible transportation for employment and discuss with funders.</li> </ol>				
10e. Is the setting aware of whether each person they serve has an integrated employment goal in their person-centered plan?	NO	<ol style="list-style-type: none"> <li>1. Work with the Managed Care organizations and other service providers to be informed of identified goals.</li> <li>2. Receive a copy of their employment goal to help support this outcome. What soft skills should they work on such as appropriate work hygiene?</li> <li>3. Determine what the goals are in the plan and identify additional goals that will lead to integrated employment.</li> <li>4. Encourage individuals to consider community employment by looking at small steps that can lead to community employment and allow the person and their support system to gain confidence that integrated employment can be a successful and positive outcome.</li> </ol>				

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10f. When a person is working in integrated community employment, does the setting monitor whether the person has the amount of integrated community employment the person desires, and if not, does the setting take appropriate steps to address this?	NO	<ol style="list-style-type: none"> <li>1. Develop a tool to document the person's interest for number of hours and monthly income. Include the person on the job development list if interested in additional work. Track income for Social Security purposes.</li> <li>2. Meet with the individual and ask if they are working the number of hours and in the job of their choice.</li> <li>3. Inform the individual that if interested, the setting can assist with job advancement, job change, different hours, etc.</li> <li>4. Include Vocational Rehabilitation involvement whenever new jobs are being discussed. Start the process early.</li> </ol>				
10g. Does the setting provide opportunities and support for people receiving HCBS to volunteer with people without disabilities (who are not paid staff or volunteers) in the broader community to benefit charitable, non-profit organizations that are not HCBS providers?	NO	<ol style="list-style-type: none"> <li>1. Seek opportunities within the community to volunteer, matching with the same experiences as those who do not receive HCBS.</li> <li>2. Align volunteer opportunities with the person's interests and preferences.</li> <li>3. Develop a variety of options for individuals to choose similar to others in their community.</li> <li>4. Allow for multiple volunteer opportunities throughout the year.</li> <li>5. Take advantage of opportunities to volunteer when the activity is of interest to the individual such as 5k Runs, Polar Plunge, community fairs, senior centers, childcare facilities, animal shelters, religious organizations, sitting on Board of Directors for non-profit agencies, and many other civic organization events.</li> <li>6. Whenever possible, match up the person with another volunteer not paid to be with that individual to develop more community connections.</li> </ol>				

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11a. Does the setting ensure individual needs and preferences of people receiving HCBS are taken into consideration?	NO	<ol style="list-style-type: none"> <li>1. Develop a process to determine how and when the individuals would like to receive services.</li> <li>2. Utilize assessment tools and career exploration tools.</li> <li>3. Support the individual to learn how to speak up at meetings. Teach leadership skills and to lead their own planning meetings. It is important to support the person to be comfortable in speaking and sharing their own preferences.</li> <li>4. Support self-advocacy skills and seek opportunities for the person receiving HCBS to participate in workshops and classes to learn these skills.</li> </ol>				
11b. Does the setting require all direct-support professionals to be trained on what it means to provide person-centered supports (in contrast to agency-centered or staff-centered supports)?	NO	<ol style="list-style-type: none"> <li>1. Provide Certification courses that reflect knowledge in person-centered planning.</li> <li>2. Provide ongoing training on the philosophy and skills to support people's choices.</li> <li>3. Utilize on-line person-centered training for staff to receive this training at flexible hours.</li> </ol>				
11c. Does the setting ensure staff is knowledgeable about the capabilities, interests, preferences, and needs of people receiving HCBS?	NO	<ol style="list-style-type: none"> <li>1. Provide planned activities and tools to share this knowledge and review with staff.</li> <li>2. Train staff to recognize barriers to employment and skills to problem solve with a "can do" attitude.</li> <li>3. Use technology to learn more about the person's interests, preferences and capabilities.</li> <li>4. The person will utilize communication devices to share with others and train staff to support these devices for meaningful communication.</li> <li>5. Obtain knowledge on how best to support people within specific target populations.</li> </ol>				

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11d. Do the setting's practices, procedures, and policies ensure responsiveness to the needs of each person who receives HCBS, as defined in their plan?	NO	<ol style="list-style-type: none"> <li>1. Confirm management has the knowledge and capabilities to monitor staff performance.</li> <li>2. Monitor if services are being delivered in a timely manner.</li> <li>3. Conduct satisfaction surveys on an individual basis to learn about how your setting can provide better outcomes.</li> <li>4. Once feedback is received, gather a group of interested parties (person receiving services, family, staff) who will review the information and develop a 6-month, 1 year, 3 year business plan to respond to the surveys. Have goals for continual improvement as an organization supporting people who receive HCBS.</li> </ol>				
12a. Is the setting able to adapt activities, routines and daily/weekly plans to the needs and preferences of people who receive HCBS?	NO	<ol style="list-style-type: none"> <li>1. Avoid rigid schedules.</li> <li>2. Offer a variety of activities based on interests and preferences</li> <li>3. Propose various times for activities</li> <li>4. Respond to individual requests (flexibility)</li> <li>5. Offer choices by using pictorial representation as well as written information.</li> </ol>				
12b. Does the setting provide people receiving HCBS with the opportunity to participate in negotiating his or her schedule for receiving service, including mealtimes, to offer people receiving HCBS have the same flexibility that people not receiving HCBS typically have?	NO	<ol style="list-style-type: none"> <li>1. Include individual in planning the schedule that supports choices.</li> <li>2. Teach the individual how to lead their own meetings and support their expression of needs and preferences.</li> <li>3. Collect periodic feedback from the individual about their current services and suggestions for any changes.</li> <li>4. Accommodate person's preferences for their daily schedule.</li> </ol>				

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12c. Does the setting afford people receiving HCBS the opportunity to regularly and periodically update or change their daily activities?	NO	<ol style="list-style-type: none"> <li>1. Allow for opportunities to make changes in their schedule based on current needs.</li> <li>2. Collect regular feedback from the individual to determine if their present schedule is working for them.</li> <li>3. Allow flexibility to direct staff in managing schedules so changes can be made quickly when needed.</li> <li>4. Provide both pictorial and written schedules to help support choice.</li> <li>5. Find daily opportunities where people receiving HCBS can have choices regarding their activities and schedules.</li> <li>6. Train staff on the concepts of "Power and Control" with examples to help understand how the staff can impact a person's ability to choose on a daily basis and how to change that interaction to support choice.</li> </ol>				
12d. Does the setting offer people receiving HCBS choices about participation in community opportunities <b>at different times</b> ?	NO	<ol style="list-style-type: none"> <li>1. Inform the individual of what choices may be upcoming for community opportunities.</li> <li>2. Allow the individual to decline activities at certain times.</li> <li>3. Plan activities with consideration of individual's needs.</li> <li>4. Offer opportunities to connect to their community both during the day and in the evening by communicating with day settings and night/weekend services or family.</li> </ol>				

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13a. Does the setting offer opportunities and support, consistent with each person's preferences and goals, to access activities or classes that promote new learning?	NO	<ol style="list-style-type: none"> <li>1. Offer new learning opportunities by keeping fresh the curricula. Seek more opportunities in the community to support learning of soft skills, daily living skills such as cooking, housekeeping, laundry, safety skills, work skills, and educational/recreational experiences.</li> <li>2. Fully utilize the community to promote new learning to match the person's preferences and goals.</li> <li>3. Present new learning in a variety of formats to accommodate all styles of learning.</li> <li>4. Survey individuals to determine potential new learning concepts.</li> <li>5. Expand on learning new skills to include recreational activities such as painting, knitting, planting, photography, yoga, sports, etc.</li> </ol>				
14a. Does the setting have rules about freedom of movement inside the setting that could be considered different from what would be typical for people not receiving HCBS?	NO	<ol style="list-style-type: none"> <li>1.1. Confer with their person-centered plan to make modifications needed to promote freedom of movement.</li> <li>2. Ensure areas are clear of physical barriers and potential safety hazards.</li> <li>3. Look at the setting's policies and procedures and determine if there are any restrictions of movement inside the setting and change those policies.</li> <li>4. Look at the settings' work culture to change attitudes and philosophy of staff to support freedom of movement inside the setting by those receiving HCBS.</li> </ol>				

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15a. Is the setting accessible per the Americans with Disabilities Act?	NO	<ol style="list-style-type: none"> <li>1. Use the ADA National Network website:               <ol style="list-style-type: none"> <li>a. Glossary of ADA terms</li> <li>b. ADA acronyms &amp; abbreviations</li> <li>c. ADA publications/fact sheets</li> <li>d. Frequently asked questions</li> </ol> </li> <li>2. Utilize ADA Online Learning tools</li> <li>3. Research questions at ADA.gov.</li> <li>4. Use the ADA operational guide               <ol style="list-style-type: none"> <li>a. for how ADA affects small</li> <li>b. nonprofits</li> <li>c. <a href="https://www.missionbox.com">https://www.missionbox.com</a></li> </ol> </li> <li>5. Seek resources from the ADA helplines for legal assistance.</li> <li>6. Use the Job Accommodation Network from the Office of Disability Employment Policy (JAN).</li> </ol>				
16a. Is the movement of those who receive HCBS restricted by the physical environment differently than for people not receiving Medicaid-funded HCBS (e.g. staff)?	NO	<ol style="list-style-type: none"> <li>1. Remove restrictions caused by doors, gates, fences, cluttered areas, narrow hallways, limited lighting.</li> <li>2. Current modifications must be justified and documented in person-centered plan.</li> <li>3. Confer with individual to determine if additional barriers are present based on their personal needs.</li> </ol>				
17a. Does the setting allow people receiving HCBS the freedom to move about outside to the same degree of access as people not receiving HCBS?	NO	<ol style="list-style-type: none"> <li>1. Remove locks from exits to buildings while individuals are in the setting.</li> <li>2. Remove any barriers that may impede exiting the building.</li> <li>3. For safety, have an in and out log book to track movement</li> <li>4. In the person-centered plan, establish what is safe for the individual regarding access outside the setting.</li> <li>5. Teach community safety skills.</li> </ol>				
18a. Does the setting give people the choice to have their own bank account and debit card, established in their own name?	NO	<ol style="list-style-type: none"> <li>1. Educate individuals on local bank locations.</li> <li>2. Learn about the various bank services.</li> <li>3. Visit a bank, tour and talk to staff to learn more about the role of banks and what services they offer.</li> <li>4. Involve family and/or guardian if necessary to discuss monetary access and include the person in discussions if there are established limitations.</li> </ol>				

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18b. Does the setting require people to automatically sign over every employment paycheck or direct deposit to the provider agency or to an account controlled by the provider agency?	NO	<p>1. Ideally the paychecks are deposited into the person receiving HCBS' checking account, then a check or direct deposit is sent to the agency to help defray the cost of their living expenses. The person will have the opportunity to write the check, or via electronic deposit and see how their earned income is used directly to pay for their living expenses. Use graphics, visual representation, or charts, to provide this information in a format the person and their guardian will understand.</p> <p>2. If paychecks are currently being turned over to provider agency, share specifically why this is done, how often and how much with the person receiving HCBS and their guardian/family.</p> <p>3. Find ways to reflect how their paychecks contribute to their living expenses to better understand how working impacts their quality of life.</p>				
19a. Does the setting allow people to choose where they keep their monetary resources (cash; checkbook; ATM card)?	NO	1. Involve family and/or guardian if necessary to discuss monetary access and include the person in discussions if there are established limitations.				
19b. Does the setting offer people a place to lock up their money, checkbook and ATM card (as applicable) which is not used to store other people's money or the agency's money and only the person (and necessary staff, if applicable) has a key to this location?		<p>1. Provide locked drawers for individuals that need that option to store monetary resources.</p> <p>2. Ensure the individual can access locked locations.</p> <p>3. Encourage safety precautions regarding monetary resources.</p> <p>4. Discuss location of the space and what needs to be secured prior to choosing a spot.</p> <p>5. Determine a location that is accessible to the person at all times.</p> <p>6. Determine if some items can be stored in a nearby location not readily available but accessible if needed.</p>				

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20a. Does the setting provide opportunities for people receiving HCBS to make informed decisions about how to spend their own money?	NO (limited for all or for some who do not have modification justified and documented in person-centered plan)	<ol style="list-style-type: none"> <li>1. Teach how to create a budget to know how much of their income is expendable each day/week for these options.</li> <li>2. Learn about cost of these options, cheaper alternatives and what fits in to their own personal monetary resources.</li> <li>3. Use charts, visual aids, to explain income and expenses for making choices on how to spend their income and consequences to overspending.</li> <li>4. Offer learning opportunities to understand ebb and flow of cash throughout a month or between paychecks.</li> </ol>				
20b. Does the setting limit when people can access their monetary resources (e.g. cash; checkbook; ATM card)?	NO	<ol style="list-style-type: none"> <li>1. Ensure the individual can access locked locations.</li> <li>2. Ensure safety with access to monetary resources so funds are not stolen from others around the person.</li> <li>3. Involve family and/or guardian if necessary to discuss monetary access and include the person in discussions if there are established limitations.</li> </ol>				
20c. Is people's ability to access their monetary resources (e.g. cash; checkbook; ATM card) dependent on presence and availability of staff?	NO	<ol style="list-style-type: none"> <li>1. Ensure the individual can access locked locations at any time.</li> <li>2. Ensure safety with access to monetary resources so funds are not stolen from others around the person.</li> <li>3. Involve family and/or guardian if necessary to discuss monetary access and include the person in discussions if there are established limitations.</li> </ol>				
21a. Does the setting offer a secure place for the person receiving HCBS to store personal belongings which is not used to store other people's belongings or the agency's belongings and only the person (and necessary staff, if applicable) has a key to this location?		<ol style="list-style-type: none"> <li>1. Discuss location of the space and what needs to be secured prior to choosing a spot.</li> <li>2. Determine a location that is accessible to the person at all times.</li> <li>3. Determine if some items can be stored in a nearby location not readily available but accessible if needed.</li> <li>4. The person should have a sense of ownership of their own belongings, thus having access at anytime and secure from others is critical to feeling this is their home.</li> </ol>				

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<p>22a. Does the setting provide any of the following: physical, occupational, and/or speech therapies; counseling and/or mental health treatment; behavioral analysis; medical services from a doctor or nurse practitioner within the setting?</p> <p><b>If yes, list which service(s) the setting provides in the setting and for each, note if there is a requirement that people receiving HCBS in that setting must receive the service in the HCBS setting or whether there is an opportunity and support for a person to receive the service in settings where people not receiving HCBS would typically receive these services.</b></p>	NO	<ol style="list-style-type: none"> <li>1. Offer the person a choice of services, location and service provider. Often their Medicaid or other medical insurance will dictate these choices. Talk to family/guardians about what choices the person has within their service area.</li> <li>2. Accommodate schedules and transportation as needed and reasonable.</li> <li>3. Approval of in-house services must be chosen by the person. First choice is to receive these services out in a community setting to make connections and offer learning opportunities within these settings.</li> </ol>				
<p>23a. Does the setting use restrictive measures with people receiving HCBS?</p>	NO	<ol style="list-style-type: none"> <li>1. Use of restrictive measures must be approved by appropriate authorities.</li> <li>2. Report emergency use of restraints.</li> <li>3. Train staff on proper techniques and how to correctly document incidents to assist with future needs/plans.</li> <li>4. Consistently perform the required steps in a behavioral plan prior to using the restrictive measure approved.</li> <li>5. The default before restrictive measures is to develop a plan to support positive interventions and train staff on the ABCs of Crisis Prevention and Intervention.</li> </ol>				
<p>23b. Does the setting's policy mirror DDD Behavioral Services Procedural Guidelines for people receiving HCBS?</p>	NO	<ol style="list-style-type: none"> <li>1. Consult with Behavioral Specialists (professionals) that can assist the team to develop a plan with positive interventions</li> <li>2. Ensure staff training to follow the recommendations and guidelines from the plan and establish a process of documentation to determine success or challenges with the recommendations.</li> <li>3. Review recommendations regularly to ensure consistency across all staff with implementation.</li> </ol>				

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24a. Does the setting ensure that one person's behavior supports do not impede the rights of other people?	NO	<ol style="list-style-type: none"> <li>1. Review every person's plan to ensure that rights of others are taken into consideration.</li> <li>2. Create an environment where all people are supported in a positive way and where preventative measures are consistently in place to reduce the need for interventions.</li> <li>3. When providing behavioral supports, avoid involving others in the setting and provide the minimum amount of intervention as is needed and as unobtrusive as possible to avoid impeding the rights of others.</li> </ol>				
25a. Do the setting's practices, procedures, and policies ensure that each person receiving HCBS who has behavioral support needs, has a unique plan and individualized supports to address these behavioral needs and not a plan and supports that is the same as everyone else in the setting who has behavioral support needs?	NO	<ol style="list-style-type: none"> <li>1. Review current setting practices. Establish procedures and policies to match state and HCBS regulations and update as necessary to be compliant.</li> <li>2. Develop a behavioral support plan that is inclusive of others knowledgeable about person and that is unique to that individual's own needs.</li> <li>3. Develop a crisis response plan to respond to a person who may be a danger to others and themselves, so all staff are fully aware and trained on what needs to be done to ensure safety for everyone in the setting.</li> <li>4. Review all behavioral support plans to ensure each is unique to the individual's needs and address only that person's challenges.</li> </ol>				
26a. Does the setting assure the staff communicates with the person receiving HCBS in a manner that reflects the way the person would like to be addressed while providing assistance and during the regular course of daily activities?	NO	<ol style="list-style-type: none"> <li>1. Use language the person can understand.</li> <li>2. Use their preferred name.</li> <li>3. Use alternate communication strategies, specifically if the person is using AAC devices</li> <li>4. Ensure comfort level of person when communicating including eye contact, tone of voice, and volume of voice.</li> <li>5. Use people first language whenever talking with and about people receiving HCBS.</li> </ol>				

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27a. Does the setting have practices, procedures, and policies to ensure all information about people receiving HCBS is kept private and confidential?	NO	<ol style="list-style-type: none"> <li>1. Provide training on confidentiality and HIPAA upon hire and annually.</li> <li>2. Maintain confidentiality when training another staff person in the setting or out in the community by not sharing personal information where others can hear.</li> <li>3. Lock file cabinets and do not display confidential information on walls or boards such as a person's medications, behavioral plans, medical appointments, etc.</li> <li>4. Secure computer systems.</li> </ol>				
28a. Does the setting have policy and training to assure that staff does not talk about the person receiving HCBS in the presence of other persons (staff or anyone else) who does not have a "need to know" and that staff does not talk about the individual, in the presence of the individual, as if he or she were not present?	<p>NO (do not assure "need to know" is met)</p> <p>NO (don't assure don't talk about individual as if s/he not present)</p>	<ol style="list-style-type: none"> <li>1. Provide training on confidentiality and HIPAA upon hire and annually.</li> <li>2. Maintain confidentiality when training another staff person in the setting or out in the community by not sharing personal information where others can hear.</li> <li>3. Respect the presence of the person and allow them to speak for themselves.</li> <li>4. Discuss with the person and their guardian what information they would like shared about themselves to new staff and what the setting feels is required to be shared.</li> <li>5. Post reminders that prompt adherence to the confidentiality rules.</li> </ol>				

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29a. Does the setting support people receiving HCBS who need assistance with their personal appearance (e.g., teeth brushing, personal care, toileting, eating) to receive such supports in a way that ensures their privacy?	NO	<ol style="list-style-type: none"> <li>1. Respect privacy by scheduling personal care needs on an individual basis verses as a group.</li> <li>2. Provide a discrete room or area to teach personal hygiene skills.</li> <li>3. Train staff to protect privacy and provide personal care needs in a respectful manner. This includes closing shower curtains or bathroom doors when assisting with bathing or use of toilet.</li> <li>4. Provide choices when assisting with eating, check for temperature of food and drink, maintain contact with the person vs. talking to others in the lunchroom between bites, use face clock locations of food on their plate for people with visual impairments, provide adaptive equipment/tools to support independence and give instructions quietly to protect privacy.</li> </ol>				
30a. Does the setting have practices and policies to ensure dignity is afforded to people receiving HCBS in an age-appropriate manner while dining?	NO	<ol style="list-style-type: none"> <li>1. Provide supports that ensure dignity and engage in age appropriate interactions for meals. Consider desired pace, sequence of food items, and refusal of food items that is respectful of that person's choices.</li> <li>2. Respect person's choice of being with others or eating alone.</li> <li>3. Look at the lunch area to ensure age appropriate décor.</li> <li>4. Provide choices when assisting with eating, check for temperature of food and drink, maintain contact with the person vs. talking to others in the lunchroom between bites, use face clock locations of food on their plate for people with visual impairments, provide adaptive equipment/tools to support independence and give instructions quietly to protect privacy.</li> </ol>				
30b. Does the setting afford people receiving HCBS full access to dining areas with comfortable seating and opportunity to converse with others during break or meal times?	NO	<ol style="list-style-type: none"> <li>1. Ensure the person's ability to move around at break times and meal times.</li> <li>2. Provide different layouts (arrangements) of furniture to allow conversation when desired.</li> <li>3. Adjust schedules to accommodate groups that request to be together.</li> </ol>				

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31a. Does the setting provide for an alternative meal if requested by the person receiving HCBS?	NO	<ol style="list-style-type: none"> <li>1. When appropriate for the setting, offer choices of food with consideration to health, allergies, and ethnic or religious needs.</li> <li>2. Discuss menu options prior to each meal so people may know in advance whether to bring their own meal.</li> </ol>				
32a. Does the setting provide opportunities for private dining if requested by the person receiving HCBS?	NO	<ol style="list-style-type: none"> <li>1. Determine the reason for this request and review options that may be acceptable.</li> <li>2. Discuss using a screen or some sort of barrier to obstruct view of others eating in the setting.</li> <li>3. Consider a different dining schedule for the person.</li> <li>4. Offer a different location to eat meals.</li> </ol>				
33a. Does the setting allow for people receiving HCBS to have a meal or snack at the time and place of their choosing?	NO (limited for all or for some who do not have modification justified and documented in person-centered plan)	<ol style="list-style-type: none"> <li>1. Discuss concerns with Case Manager, parent, guardian to determine if modifications would be justified.</li> <li>2. Exhaust other options prior to limiting access to food and document options explored and tried.</li> <li>3. Determine if there are medical ramifications involved with access or no access.</li> <li>4. Determine the setting's ability to allow breaks at their choosing if there are expectations of specific work hours and pre-determined breaks consistent with experiences of people who do not receive HCBS.</li> </ol>				
34a. Does the setting policy ensure the informed choice and autonomy of the person receiving HCBS?	NO	<ol style="list-style-type: none"> <li>1. Develop policies to ensure informed choice for each person.</li> <li>2. Ensure individuals understand all options, methods to overcome barriers and potential risks and benefits of their decisions.</li> <li>3. Include family, guardian and significant others as appropriate in the decision-making process.</li> <li>4. Respect and honor decisions made by the individual.</li> <li>5. Individual should be comfortable to openly express their wishes and that they have been fully informed of their choices.</li> </ol>				

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34b. Does the setting provide training and support to people receiving HCBS about informed decision-making and autonomy?	NO	<ol style="list-style-type: none"> <li>1. Support and determine individual's capacity to decide for themselves and their options for their daily living and employment.</li> <li>2. Seek resources already available in other Employment First states that offer training tools and manuals. An example of a manual is the Person Centered-Informed Choice Toolkit from Minnesota Department of Human Services.</li> <li>3. Staff receive training on Power and Control to understand how their actions impact people's informed decision-making and autonomy.</li> <li>4. Finds ways within your organization to foster a culture of supporting informed choice and autonomy.</li> <li>5. Cultivate the work culture to advance self-determination and self-advocacy for people receiving HCBS.</li> </ol>				
34c. Does the setting post and provide information on individual rights for people receiving HCBS?	NO	<ol style="list-style-type: none"> <li>1. Post Individual Rights in an easy-to-read format in common areas within the setting.</li> <li>2. Incorporate discussions around individual rights and ways to foster self-determination periodically with both staff and people receiving HCBS and share FAQs with others in the setting.</li> <li>3. Inform family, guardians and others of established policies around individual rights and how the setting incorporates these rights in their services.</li> <li>4. Encourage family, guardians and others to ask questions regarding individual rights.</li> </ol>				

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35a. Does the setting offer a variety of options about where people can participate in activities both in the setting and in the broader community?	NO	<ol style="list-style-type: none"> <li>1. Encourage individuals to share activities that are of interest to them.</li> <li>2. Provide opportunities for people to share their experiences and activities both in the setting and the community through a newsletter, picture board, brown bag lunch gatherings, slide shows, or discussion groups.</li> <li>3. Create a pictorial list of choices of classes and activities both in the setting and in the broader community to offer a variety of options the people can choose from.</li> <li>4. Use other resources such as the local newspaper, staff, and family to contribute additional suggestions.</li> <li>5. Explore uses of the Workplace Personal Assistant, who is a direct care worker that focuses on the personal care and support services that follow job coaching for employees with disabilities that will require long term supports to maintain their employment over time. Information about this type of position can be found at the Wisconsin DHS website.</li> </ol>				

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36a. Are people who receive HCBS supported to make meaningful and informed choices about the activities they will participate in while receiving supports from the setting?	NO	<ol style="list-style-type: none"> <li>1. Track community connections with the greater community by documenting the person's visits to other settings.</li> <li>2. Maintain staff's knowledge and awareness of other opportunities in the area to best fit specific needs of the person.</li> <li>3. Develop a supported employment program to support competitive integrated employment opportunities for all people receiving HCBS.</li> <li>4. Learn about the implementation of the Workforce Innovation &amp; Opportunity Act and its impact on the setting, vocational rehabilitation funding and collaboration with schools when working with transition age youth.</li> <li>5. Collaborate with the area school districts to work together in developing employment and non-work opportunities for both students and adults.</li> <li>6. Study the Office of Disability Employment Policy and other research and resources that support full inclusion for people receiving HCBS and best practices in supporting inclusive experiences for people receiving HCBS.</li> </ol>				

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37a. Does the setting afford people who receive HCBS the opportunity for tasks and activities matched to their age, skills, abilities, desires, and goals?	NO	<ol style="list-style-type: none"> <li>1. Match opportunities to explore new options/skills through using the Discovery process and having open discussions with family members, guardians and people who know that individual. Always find ways to include the person in these discussions to glean their interests and what they want for their future goals.</li> <li>2. Utilize comparable strength-based or functional skills assessment tools for age, skills and abilities to develop a list of tasks and activities that best match that person.</li> <li>3. Ensure the most age appropriate communication approaches are used such as adult to adult vs. parent to child level conversations.</li> <li>4. Train staff on use of effective listening skills to learn more about the person's desires and goals especially for those who may have challenges in verbal communication.</li> <li>5. Offer soft skills training or pre-employment transition services to support the needed skills and abilities needed for employment</li> <li>6. Utilize Motivational Interviewing skills to capture additional information.</li> </ol>				

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37b. Does the setting offer people receiving HCBS tasks and activities inside the setting that are comparable to tasks and activities for others of similar ages who do not receive HCBS?	NO	<ol style="list-style-type: none"> <li>1. Utilize comparable strength-based or functional skills assessment tools for age, skills and abilities to develop a list of tasks and activities that best match that person.</li> <li>2. Mirror activities found at community centers and other public settings that match the person's age.</li> <li>3. Determine tasks and activities the person enjoys at home or with family to expand on those opportunities within the setting.</li> <li>4. Provide tasks and activities within the setting that teach the skills needed in the community or at home such as social skills, hygiene, computer skills, food service/cooking, housekeeping/cleaning, laundry/sorting, creative arts, healthy lifestyle (exercise, food pyramid, chronic illness management), mindfulness (yoga, breathing, meditation), mobility training, and safety skills in the home and community.</li> </ol>				

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37c. Does the setting afford people receiving HCBS with tasks and activities outside the setting that are comparable to tasks and activities for others of similar ages who do not receive HCBS?	NO	<ol style="list-style-type: none"> <li>1. Use local newspaper, bulletins, online resources, neighborhood sites, blogs, etc., to locate age appropriate activities in the community. Talk to others to learn about opportunities for inclusive activities (classes, volunteerism, health clubs, etc.)</li> <li>2. Provide opportunities to access online devices and demonstrate how to find activities of interest in the community.</li> <li>3. Arrange for people to share their experiences from outside of the setting with others in the setting to increase awareness of what is available in their communities.</li> <li>4. Find opportunities for a mentor or buddy to pair individuals with and without disabilities that match their interests.</li> <li>5. Track community connections with the greater community by documenting the person's visits to other settings.</li> <li>6. Seek educational, recreational, employment and social opportunities that match the person's interests, passions, and age.</li> <li>7. Network with family and friends of the setting to learn about what is available in their community for tasks and activities others of similar ages who do not receive HCBS are doing to open up more options.</li> </ol>				

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38a. Does the setting offer people receiving HCBS choices about who they participate with when engaging in outside activities?	NO (who to participate with)  NO (ability to do activity individually rather than in group)	<ol style="list-style-type: none"> <li>1. Allow the choice to participate in outside activities individually rather than in a group. Find a mentor or buddy of their choice to offer more individualized experiences.</li> <li>2. Acknowledge people's choice of whom they want to engage with during outside activities.</li> <li>3. Develop signup sheets in common areas for various activities allowing people to see who is participating and determine if they are people they want to go with.</li> <li>4. Hold informal discussions on specific topics or interest areas with small groups to facilitate matching people with common interests and offering the choice of who to engage with in outside activities.</li> <li>5. Schedule staff to respect people receiving HCBS to engage in outside activities with the staff of their choice.</li> </ol>				
39a. Does the setting allow people receiving HCBS to choose who they spend time with, including who they sit by at meals or during free time while in the setting, to the same extent as people not receiving HCBS?	NO	<ol style="list-style-type: none"> <li>1. All rooms in the setting such as lunch, break or meeting rooms should not have assigned seating.</li> <li>2. Whenever possible, the person should be able to choose where they sit and with whom if mutually agreed upon.</li> <li>3. Allow people to choose when they take lunch, break or free time to accommodate being with other people of their choose. This is when there are no already existing work schedules the same as jobs outside the setting.</li> <li>4. Do not group people by their disability when sitting in the lunch or break room (people in wheelchairs for example). Accommodate the height of a table as needed to allow flexibility in where someone chooses to sit.</li> </ol>				

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39b. Does the setting impose limits on whom people receiving HCBS can talk to and spend time with while in the setting?	NO	<ol style="list-style-type: none"> <li>1. The person should be able to choose where they sit and with whom if mutually agreed upon.</li> <li>2. Maintain flexible schedules to acknowledge different preferences for socializing in the setting.</li> <li>3. Structure schedules as needed for a specific workflow purposes, but beyond that, the setting must have clear guidelines as part of their staff training, that people can talk to and spend time with people of their choosing when mutually agreed up by those parties.</li> <li>4. Discuss expectations with people so they fully understand the boundaries of the activities that is fair and reasonable to support each person's own choices.</li> </ol>				
40a. Does the setting allow people receiving HCBS to choose which of the setting's employees provide his or her services?	NO	<ol style="list-style-type: none"> <li>1. Create a process where people receiving HCBS can make requests for certain staff when it is reasonable and does not negatively impact the services provided others.</li> <li>2. Document all requests made and reason for the request.</li> <li>3. Record all decisions and justifications with final results and share with family, guardians and others.</li> <li>4. Review process of scheduling staff to offer the best outcomes for the most people receiving HCBS (ratios, personalities, skills, experience, etc.)</li> </ol>				

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41a. Does the setting post or provide information to people receiving HCBS, including their families or guardians, about how to make a request for additional services or accommodations, or make changes to any aspect of the services they are receiving through the setting?	NO	<ol style="list-style-type: none"> <li>Place resources outlining how to make a request for additional services, accommodations or to make changes to services in a common area of the setting that includes contact information for potential questions or clarifications.</li> <li>Give the same resources (as above) at time of intake with a copy to be sent or given to guardians, family, and the person receiving HCBS.</li> <li>Meet a minimum of every 6 months to review services but requests for changes can be made at any time.</li> <li>Include Case Managers at all meetings to ensure needs are being met and use Motivational Interviewing techniques, which is a well-established, evidence-based practice for promoting positive behavior change. It is a collaborative conversation style for strengthening a person's own motivation and commitment to change. This method of counseling has proven effective using open-ended questions, reflective listening, affirmations, building self-efficacy, and assessing readiness to change.</li> </ol>				
42a. Does the setting have a lease agreement with each person receiving HCBS that is living in the setting and does the lease agreement include same responsibilities and protections from eviction as all tenants under landlord-tenant laws of Alabama?	NO	<ol style="list-style-type: none"> <li>Review setting policies to ensure that landlord-tenant agreements have the same legal rights as those who do not receive HCBS</li> <li>Review landlord-tenant agreements with the person receiving HCBS and their guardian/family prior to moving into the setting to be clear about lease expectations and eviction process when necessary.</li> </ol>				
43a. Did the setting offer each person living there the option of a private room/unit unless a person did not have the financial ability to afford the cost of a private room/unit?	NO (requirement met for no HCBS residents living in the setting)	<ol style="list-style-type: none"> <li>Review intake questionnaire and process to ensure that people receiving HCBS is offered a private room/unit when available or affordable.</li> <li>Share at regular planning meetings the option of a private room should one come available and be clear about the cost to provide an informed choice as to its affordability.</li> </ol>				

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44a. Does the setting have lockable entrance doors on the unit and private bedrooms (if the bedrooms in the unit are each leased by separate individuals)?	NO	1. Check that all locks for entrance and unit/bedroom doors are working and that keys or codes are known to the person receiving HCBS as well as specific staff if necessary. 2. In the person-centered plan, document any deviation from this expectation to clearly justify why and receive prior approval.				
44b. Did the setting provide each person with a key to the entrance door(s) of their unit (and to their individual bedroom if there are multiple bedrooms in the unit)?	NO (limited for all or for some who do not have modification justified and documented in person-centered plan)	1. Plan where the key will be kept for each person such as a wallet, keychain, lanyard, purse, etc. to prevent loss. 2. Establish a policy of key replacements and how that cost will be determined.				
44c. Does the setting ensure staff are provided a key to the entrance door(s) of the unit and to individual bedrooms (if there are lockable doors on bedrooms in the unit) only if necessary and that these keys are only provided to staff who need to have them.	NO	1. Document which staff have keys and track who has a need for them. 2. In the person-centered plan, document who will have a key to the person receiving HCBS' personal bedroom and why and review regularly.				
45a. Does the setting support each person to furnish and decorate their unit (reaching agreement with others who may share the unit) and their bedroom (reaching agreement with the person sharing the bedroom if applicable) as the person chooses, so long as they stay within the terms of the lease agreement?	NO (limited for all or for some who do not have modification justified and documented in person-centered plan)	1. As we all want our personal space to reflect our personality and preferences, help the person receiving HCBS to personalize and decorate their bedroom as they choose. Include roommates in that process. 2. Look at pictures on-line for ideas and shop at stores to work out colors, décor and space usage. 3. Bring in family/guardian when appropriate. 4. Help roommates negotiate choices using compromise and teamwork.				

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46a. Does the setting provide people with the opportunity to choose who they will share their living unit with, by facilitating introductions and get-to-know each other opportunities that can allow people to make a mutual choice about whether they want to share a unit?	NO	<ol style="list-style-type: none"> <li>1. Meet with the person receiving HCBS and their family/guardian to talk about possible roommate matches, what are they looking for in a roommate.</li> <li>2. Talk to funders, other providers, and family, to network in finding a good roommate match.</li> <li>3. Have potential roommates meet with each other and talk about interests, sleep patterns, choice of activities, etc. and see how personalities match and if they are interested in similar hobbies.</li> <li>4. Schedule several meetings in the community and an overnight trial before making a commitment to matching the potential roommates.</li> </ol>				
46b. Are people already living in the setting, after meeting a potential new unit-mate through introductions and get-to-know each other opportunities, able to provide meaningful input into whether the potential new unit-mate is able to move into the unit?	NO	<ol style="list-style-type: none"> <li>1. Encourage opportunities to share thoughts about the potential unit-mate. Ask with language that person will understand.</li> <li>2. Communicate with the person's AAC device or provide pictures of each person they met and have them point to the unit-mate they would like to live with.</li> </ol>				
46c. If a bedroom is shared, does the setting ensure the two people sharing mutually agree to share and they have the option to renegotiate this arrangement with the setting, if at any time this becomes necessary?	NO (for all people receiving HCBS in setting)	<ol style="list-style-type: none"> <li>1. At intake and planning meetings, include discussion topic of how things are going with the shared bedroom and if changes are desired. This opens the door to the discussion each time the team meets to ensure that this arrangement can be renegotiated.</li> <li>2. Always have the door open to renegotiate whenever there may be an interest to change roommates.</li> </ol>				

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47a. Do the person-centered plans for the individuals residing in this setting document the choice(s) of a non-disability specific setting that was offered to the person and further document that the person was aware of the opportunity to choose a non-disability specific setting, but chose this disability-specific setting?	NO (nothing required is documented in PCP)	<ol style="list-style-type: none"> <li>1. Collaborate with other providers to ensure the information is included in the person-centered plan and retain a copy.</li> <li>2. Develop an intake strategy to include family, guardians and significant others to be included in discussions regarding alternative options.</li> <li>3. Copies of intake materials can include options available and can be reviewed and signed by appropriate individuals.</li> <li>4. Staff are provided resources within their area to be aware of the options available of local existing non-disability specific settings in order to discuss alternative options.</li> <li>5. Use tools such as MAPS (Making Action Plans), which is a person-centered planning process that asks eight guiding questions from which a team works together to assist individuals with defining their dream and building a plan to achieve their dream or "Planning Alternative Tomorrows with Hope" (PATH) that begins by looking at the desired outcome, also known as the "North Star." The process focuses on ideals, values, passions, and dreams. It looks at the "positive" and engages the support of others.</li> </ol>				

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48a. Does the setting allow prospective participants the opportunity to visit the setting?	NO	<ol style="list-style-type: none"> <li>1. At the initial intake meeting, and at all future meetings, offer the opportunity to visit the setting and lay out the parameters/requirements for notification. This may not apply to outside the setting activities given private businesses would not typically have visitors for their employees unless arranged through that business.</li> <li>2. Obtain initial consent to allow visitors to observe the setting at intake meeting. The open invitation is meant to show full disclosure of what is occurring inside the setting.</li> <li>3. Inform staff and individuals of scheduled intakes and observations prior to their presence.</li> <li>4. Request that visits are scheduled in advance with identification of the visitor so others in the setting will know who this person is and their purpose. Maintain privacy and confidentiality with others in the setting while the visit is taking place.</li> <li>5. Never assume you can enter someone's bedroom or personal space without permission from that person.</li> </ol>				

**Section D. Additional Comments**

(Optional) Use this section to describe any additional information regarding your transition plan that is relevant to the reviewer (i.e. stakeholder involvement in the transition plan, expected challenges to implementing the transition plan etc.)