

Adult Day Health Care HCBS Crosswalk and Translation
42 CFR 441.301(c)(4)(i-v)

HCBS Regulation	ADHC Site Visit Tool Section	Expectation	Translation <i>(these are examples and are not exhaustive/inclusive)</i>
<p>(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including:</p> <ul style="list-style-type: none"> • opportunities to seek employment and work in competitive integrated settings, • engage in community life • control personal resources, and • receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. 	<p>1. SETTING 2. ACTIVITIES AND COMMUNITY INTEGRATION</p>	<p><i>1.1 Expectation: Individuals do not receive services/training primarily in isolated facilities, or setting which limit their potential integration with the community at large.</i></p> <p><i>2.2 Expectation: Individuals have opportunities to discover and learn to access new community resources.</i></p>	<ul style="list-style-type: none"> • <i>Employment:</i> connect people to resources to help them find the job they want (i.e. let Case Manager know, family know, etc.) • <i>Engage:</i> use existing community resources, don't re-invent the wheel (i.e., go to what is already happening – Garden shows, community classes, parades, etc.) • <i>Control:</i> have a place for people to store personal items (like a purse or wallet) while at facility • If service available in the community, take the people there – don't create it at the facility just for them. <ul style="list-style-type: none"> ○ EX: walking path; fitness facilities (YMCA); library, etc.

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<p>(ii) The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>3. CHOICE, DIGNITY & RESPECT</p>	<p><i>3.5 Expectation: Individuals and/or their representatives are active participants in the service planning process. Planning meetings occur at times convenient to the individual/representative.</i></p>	<ul style="list-style-type: none"> • Setting (ADHC) selection happens at the Case Manager level during creation of person-centered plan • ADHC still creates a person-centered care plan for participant. Start with: “What are your goals for attending ADHC?” or “What do you want to get out of coming to ADHC?”
<p>(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</p>	<p>3. CHOICE, DIGNITY & RESPECT</p>	<p><i>3.1 Expectation: Individuals have opportunities to make choices relating to all aspects of services received in the program free from coercion.</i></p> <p><i>3.2 Expectation: Information is available to individuals on how to file an anonymous complaint. Telephone numbers for appropriate regulating bodies and information for reporting Abuse, Neglect, and Exploitation are posted in a common area of the facility.</i></p> <p><i>3.3 Expectation: Staff treat individuals in a dignified manner.</i></p> <p><i>3.6 Expectation: The individual’s right to dignity and privacy is protected and respected.</i></p>	<ul style="list-style-type: none"> • Treat people like you want to be treated • People are free to choose what to participate in • People know where to go and/or who to talk to if they have a complaint • Call people by the name they prefer – not what you prefer (ex: Honey, sweetie, my kids, etc.) • Do any health-related activities (blood sugar, blood pressure, weight check, etc.) in private – not in common areas • Don’t ask across the room if a person needs to use the bathroom. Approach them and ask them privately.

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<p>(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.</p>	<p>1. SETTING 2. ACTIVITIES AND COMMUNITY INTEGRATION</p>	<p><i>1.2. Expectation: Individuals are able to maneuver through hallways, doorways, and common areas with or without assistive devices. Supports are available to individuals who require them.</i></p> <p><i>1.3 Expectation: Programs should allow for flexibility of an individual's day.</i></p> <p><i>2.1 Expectation: Individuals go outside the facility while receiving services.</i></p> <p><i>2.3 Expectation: Individuals have access to the community as part of the program's scheduled events.</i></p>	<ul style="list-style-type: none"> • Individuals freely move about the facility from various activities: They are not staying in one spot (i.e. sitting at a table or in a recliner) or one room for most of or all of daily activities. • People have a say in what they do all day and options to change their mind about what they want to do • Have meaningful activity options available to people who may not want to engage in a group activity – and encourage that <ul style="list-style-type: none"> ○ EX: age-appropriate books to read, crosswords, Sudoku, age-appropriate puzzles, etc. ASK participants what they would like as options
<p>(v) Facilitates individual choice regarding services and supports, and who provides them.</p>	<p>3. CHOICE, DIGNITY & RESPECT</p>	<p><i>3.1 Expectation: Individuals have opportunities to make choices relating to all aspects of services received in the program free from coercion</i></p> <p><i>3.4 Expectation: Individual choices are accounted for and honored unless the individual's safety would be jeopardized and in accordance with the person-centered plan.</i></p>	<ul style="list-style-type: none"> • Discuss with people any preferences they may have in working with certain direct support professionals on staff • Discuss with people how they want services provided <ul style="list-style-type: none"> ○ EX: They want to eat their afternoon snack at 3:00 p.m. and not at 2 p.m.