

**Assessment of Arkansas  
Home and Community-Based Services:  
Agencies Providing Non-Residential Services**

**Adult Day Centers and Adult Day Health Centers**

**December 2015**



**Division of Aging & Adult Services**

## INTRODUCTION

On March 17, 2014, the Center for Medicare and Medicaid Services (CMS) issued a final rule for home and community-based services that requires states to review and evaluate current Home and Community-Based Services (HCBS) settings, including residential and nonresidential settings. States are required to analyze all HCBS settings where HCBS participants receive services, determine if the current settings comply with the final rule, and demonstrate how compliance will be achieved for those settings that do not meet the HCBS settings requirements. Settings that are HCBS compliant must be integrated in and support full access of individuals receiving Medicaid HCBS to the greater community, including 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.

The final rule requires that all home and community-based settings have the following qualities:

- The setting is integrated in and supports full access to the greater community;
- The setting is selected by the individual from among setting options;
- The setting ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint;
- The setting optimizes autonomy and independence in making life choices; and
- The setting facilitates choice regarding services and who provides them.

In addition, the final rule also includes provisions for provider-owned or controlled home and community-based residential settings. The requirements include:

- The individual has a lease or other legally enforceable agreement providing similar protections;
- The individual has privacy in their unit including lockable doors, choice of roommate, and freedom to furnish or decorate the unit;
- The individual controls his/her own schedule;
- The individual can have visitors at any time; and
- The setting is physically accessible.

## METHODS

To assess compliance with the new HCBS settings requirements, the Arkansas Department of Human Services' (DHS) Division of Aging & Adult Services (DAAS) developed a non-residential provider self-assessment survey (see appendix A). The survey was developed using the exploratory questions provided in the CMS HCBS Toolkit. Non-Residential providers include Adult Day Centers (ADC) and Adult Day Health Centers (ADHC). The survey questions fall under five general categories: 1) neighborhood characteristics; 2) home environment; 3) community access and supports; 4) services and supports planning process; and 5) setting characteristics and personal experience.

Neighborhood characteristics encompass traits of the surrounding physical environment including location of the facility within the broader community and access to public transportation. The purpose of the CMS HCBS guidelines is to ensure that individuals are receiving services in a facility that resembles a home-like environment. There are several questions on this survey that address qualities of the home, including questions related to free range inside and outside the facility, lack of restrictive schedules, meal/snack times, meal/snack choices, physical accessibility of facility, ability to secure personal belongings, and privacy. Community access and supports describe the integration of residents into the broader community for non-

work and leisure activities, as well as visitor access to the facility. The services and supports planning process include individual needs and preferences, informed consent, and individuals rights. Finally, the setting characteristics and personal experience category covers a variety of issues including staff behavior and individual restrictions or interventions.

Non-residential provider self-assessment surveys (n=31) were distributed via mail in July 2014 (see Appendix A). Non-responders were contacted via phone and email to encourage completion of the survey which resulted in a response rate of 77%. Follow-up phone calls and emails ensued to clarify residential provider responses (as needed). This survey will serve as a baseline “snapshot” of the non-residential provider’s existing self-assessed compliance with the HCBS Settings rule. Frequency of responses (unit of analysis=ADC/ADHC) will be presented (see Appendix B).

## RESULTS

In this section, we will analyze responses to the self-assessment survey in the following categories:

- **Neighborhood Characteristics**
- **Home Environment**
- **Community Access and Supports**
- **Services and Supports Planning Process**
- **Setting Characteristics and Personal Experiences**

### Neighborhood Characteristics

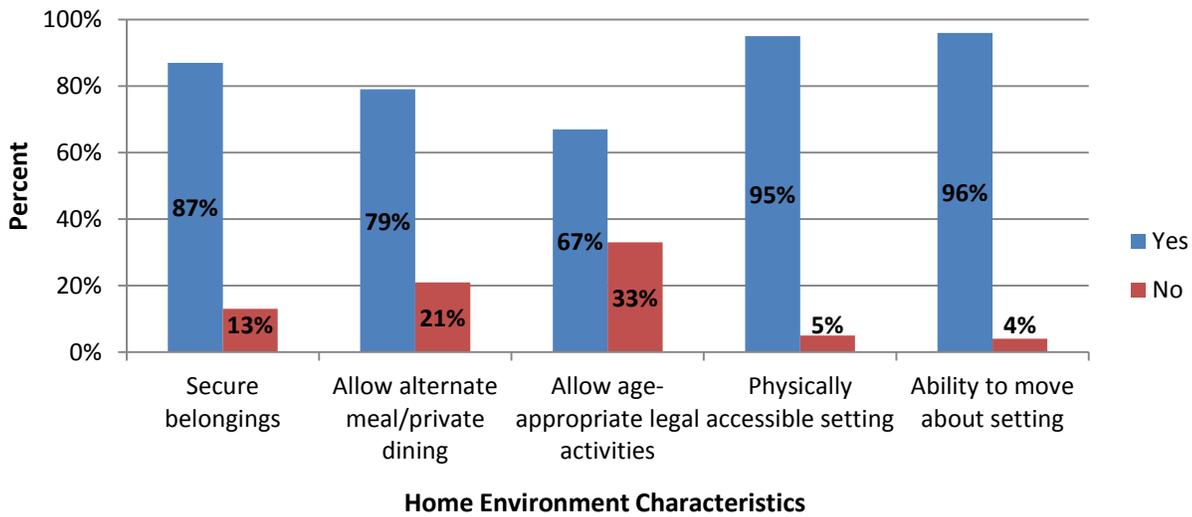
The majority of ADCs/ADHCs, providing services to HCBS clients, who responded to the provider self-assessment survey, are located in a community setting among other private residences and retail businesses (83%).

### Home Environment

All ADCs/ADHCs report that residents do not adhere to a set schedule and that client schedules are tailored to the needs and desires of each individual. Eighty-seven percent of ADCs/ADHCs provide a secure place for client’s to store their personal belongings. The majority (92%) allow client’s to have a meal/snack at the time and place of their choosing while 79% report that an alternate meal and/or private dining is available if requested. Sixty-seven percent of ADCs/ADHCs reportedly do not prohibit clients from engaging in age-appropriate legal activities such as voting or consuming alcohol in a manner that is different from individuals not receiving Medicaid-funded services and supports. With respect to privacy, all ADCs/ADHCs maintain client privacy by ensuring that client therapy and medication schedules are not posted in a general area within the setting.

Generally, clients are able to move about the facility (both inside and outside) instead of being restricted to a particular room within the setting. Ninety-five percent of ADCs/ADHCs replied that the setting is physically accessible with furniture that is comfortable, appliances at a convenient height, and a facility free of obstructions that may limit an individual’s mobility in the setting. All ADCs/ADHCs suggest that the physical environment can accommodate group and individual activities and provides indoor and outdoor gathering spaces.

**Table 1. HCBS Home Environment Characteristics Among Adult Day Centers and Adult Day Health Centers in Arkansas, 2015**



### Community Access and Supports

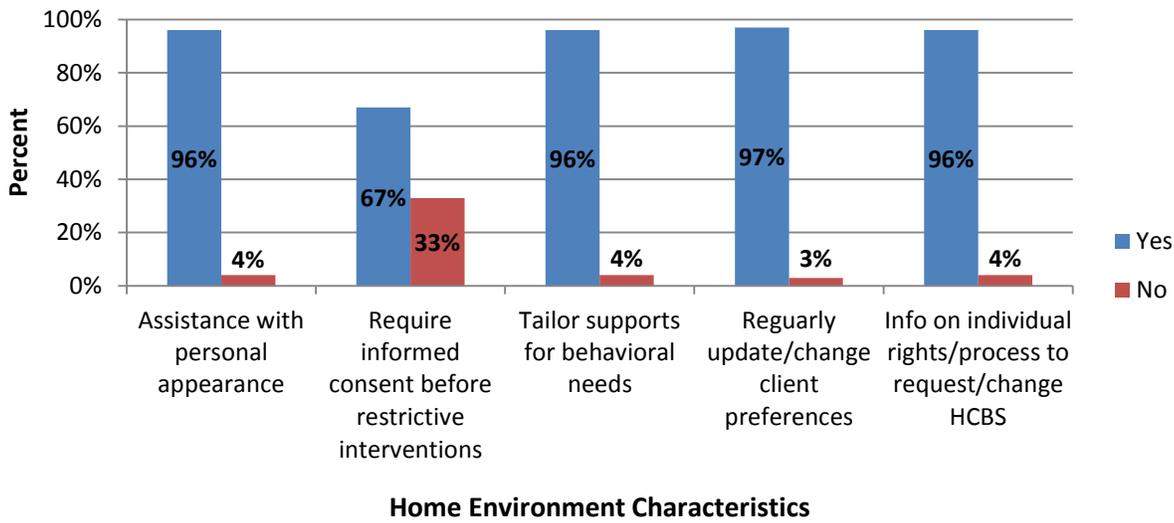
ADCs/AHDCs provide opportunities for regular non-work activities in the community. Eighty-three percent of ADCs/ADHCs report that these opportunities are consistent with client needs and preferences while 75% report these opportunities occur for the period of time desired by the client. However, all ADCs/ADHCs encourage visitors and document that visitors are present in the setting at regular frequencies.

### Services and Supports Planning Process

The majority of ADCs/ADHCs (96%) are providing clients' assistance with their personal appearance if requested, and personal assistance is provided in private as appropriate. All ADCs/ADHCs suggest that the setting reflects the needs and preferences of the clients and policies are in place to ensure informed consent of the client. However, only 67% of ADCs/ADHCs require that clients (or their representative) provide informed consent prior to the use of restraints and/or restrictive interventions documented in the person-centered plan. The majority (96%) tailor supports to address behavioral needs documented in the person-centered plan so as not to apply the same restrictions on everyone in the setting.

All ADCs/ADHCs suggest that appropriate supports are available to assist clients with plan development to document their needs and preferences. Furthermore, all ADCs/ADHCs report that staff are knowledgeable about the capabilities, interests, needs, and preferences of clients. Ninety-seven percent of ADCs/ADHCs provide clients an opportunity to regularly update or change their preferences. Additionally, the majority of ADCs/ADHCs (96%) provide information on individual rights as well as provide information to clients about the process for requesting additional (or making changes to their current) home and community-based services.

**Table 2. Services and Supports Planning Process Among Adult Day Centers and Adult Day Health Centers in Arkansas, 2015**



### Setting Characteristics and Personal Experience

All ADCs/ADHCs report that clients receiving Medicaid-funded HCBS have the same opportunities to engage in tasks and activities in the setting as individuals not receiving Medicaid-funded HCBS. Two-thirds of ADCs/ADHCs (67%) have barriers present that would restrict resident access to certain areas of the setting.

Most ADCs/ADHCs (96%) suggest that staff regularly converse with residents throughout the day as well as when providing assistance. Additionally, 92% ensure that the staff does not speak about a particular resident in front of or within ear shot of other residents.

## DISCUSSION

The non-residential provider-self assessment survey is a necessary part of the HCBS compliance process. This survey allows non-residential providers to reflect on their current level of compliance as well as take note of areas of potential non-compliance. This survey is intended to raise awareness among ADCs/ADHCs serving HCBS Medicaid clients about the changes to the HCBS settings rules. From this survey, the state will have a “snapshot” or baseline level of compliance for ADCs/ADHCs serving HCBS Medicaid clients. This information allows the state to provide targeted technical assistance for the ADCs/ADHCs as a whole as well as individually as they move into compliance with the HCBS settings rule. As a follow-up to this survey, the state will conduct on-site assessments as a way to validate the self-assessment findings. In doing so, the state will be able to use the findings of this survey to prioritize which ADCs/ADHCs to visit first.

While it appears that most ADCs/ADHCs serving HCBS Medicaid residents are progressing towards HCBS compliance, there are a few areas of concern that need to be addressed. Based on provider responses, there may be some ADCs/ADHCs that are in effect isolating residents due to the location of the ADC/ADHC in relation to the broader community. ADCs/ADHCs self-reporting this characteristic will receive priority for on-site visits.

There are a small number of ADCs/ADHCs that report restricting meal/snack time and/or choice, lacking a space to secure personal belongings, and prohibiting engagement in age-appropriate legal activities. One-third of ADCs/ADHCs describe barriers to prevent resident access to particular areas within the setting.

Some ADCs/ADHCs suggest that clients do not engage in regular non-work activities in the community. Additionally, some ADCs/ADHCs do not require informed consent prior to using restraints or restrictive interventions. A small number of ADCs/ADHCs reportedly do not provide clients the opportunity to update or change their preferences, provide information on individual rights, nor do they provide info to clients on the process for requesting additional (or making changes to their current) home and community-based services.

While some limitations may be placed on clients based on their person-centered plan, it is important to ensure that ADCs/ADHCs are not issuing “blanket” restrictions for all clients. Exceptions will be necessary as some client plans will require restrictions or limitations; however, any deviation from the HCSB settings rule should be documented following a careful review of a client’s person-centered plan. The state will need to ensure that ADCs/ADHCs are HCBS compliant even with minor (case-specific) exceptions.

## **Limitations**

The non-residential provider self-assessment survey is based on self-report data. While this is a necessary part of the HCBS compliance process, it presents some limitations. Self-report data can be hampered by response bias. Response bias occurs when the individual filling out the survey responds in a self-perceived socially desirable way. The respondent fills out the questions based on what they think the researcher wants to hear rather than based on the reality of the situation. The respondent may also respond ‘yes’ to a question because an event referenced in the question has happened one time while other respondents may not respond ‘yes’ to the same question unless the event has happened multiple times. Due to the potential for response bias, the non-residential provider self-assessment survey results will be validated through an on-site assessment including direct observation of the setting, interviews with clients and staff, and review of pertinent documents.

The structure of the survey can also pose some limitations. When this survey was originally constructed and distributed, it only allowed for ‘yes’ or ‘no’ responses. Some questions really called for a ‘not applicable’ response category while other questions would have benefited from strategically placed skip patterns. Skip patterns allow respondents to skip certain questions that are not applicable. Respondents often wrote in the margins of the survey when they did not understand the question or needed clarification. This suggests that a qualitative, open response space after each question would have prompted respondents to justify/explain their response, which generates a richer dataset. Lastly, the survey included questions that were written in such a way as to lead the respondent into responding a particular way. These are called leading questions. The survey also included double-barreled questions essentially questions that were asking about more than one thing. Respondents may be confused as to which part of the question they are supposed to respond to. This places limits on the integrity of the data. These questions should be rewritten to avoid any potential response bias.

While there are some limitations present in the data, the state does have a general idea of the current level of compliance among ADCs/ADHCs serving HCBS Medicaid clients. This survey allows the state to tailor their technical assistance and prioritize the follow-up on-site assessment visits. This information will be valuable moving forward as the state works with ADCs/ADHCs serving HCBS Medicaid residents to ensure compliance with the HCBS settings rule.

# Appendix A

Arkansas Non-Residential Provider Self-Assessment Survey

Adult Day Centers and Adult Day Health Centers serving HCBS Medicaid residents

## HCBS Non-Residential Provider Self-Assessment

Setting Name:

Person completing survey:

Setting Address:

Telephone Number:

Number of Beds in Setting:

Email Address:

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### 1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including 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. 42 CFR 441.301(c)(4)(i)/441.710(a)(1)(i)/441.530(a)(1)(i)

- Does the setting provide opportunities for regular meaningful non-work activities in integrated community settings for the period of time desired by the individual?

\_\_\_\_\_Yes                      \_\_\_\_\_No

- Does the setting afford opportunities for individual schedules that focus on the needs and desires of an individual and an opportunity for individual growth?

\_\_\_\_\_Yes                      \_\_\_\_\_No

- Does the setting afford opportunities for individuals to have knowledge of or access to information regarding age-appropriate activities including competitive work, shopping, attending religious services, medical appointments, dining out, etc. outside of the setting, and who in the setting will facilitate and support access to these activities?

\_\_\_\_\_Yes                      \_\_\_\_\_No

- Does the setting allow individuals the freedom to move about inside and outside of the setting as opposed to one restricted room or area within the setting? For example, do individuals receive HCBS in an area of the setting that is fully integrated with individuals not receiving Medicaid HCBS?

\_\_\_\_\_Yes                      \_\_\_\_\_No

- Is the setting in the community/building located among other residential buildings, private businesses, retail businesses, restaurants, doctor's offices, etc. that facilitates integration with the greater community?

\_\_\_\_\_Yes                      \_\_\_\_\_No

- Does the setting encourage visitors or other people from the greater community (aside from paid staff) to be present, and is there evidence that visitors have been present at regular frequencies? For example, do visitors greet/acknowledge individuals receiving services with familiarity when they encounter them, are visiting hours unrestricted, or does the setting otherwise encourage interaction with the public (for example, as customers in a pre-vocational setting)?

\_\_\_\_\_Yes                      \_\_\_\_\_No

- Does the setting assure that tasks and activities are comparable to tasks and activities for people of similar ages who do not receive HCB services?

\_\_\_\_\_Yes                      \_\_\_\_\_No

- Is the setting physically accessible, including access to bathrooms and break rooms, and are appliances, equipment, and tables/desks and chairs at a convenient height and location, with no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting individuals' mobility in the setting? If obstructions are present, are there environmental adaptations such as a stair lift or elevator to ameliorate the obstructions?

\_\_\_\_\_Yes                      \_\_\_\_\_No

**2. The setting is selected by the individual from among setting options including non-disability specific settings ... The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences, ... 42 CFR 441.301(c)(4)(ii)/ 441.710(a)(1)(ii)/441.530(a)(1)(ii)**

• Does the setting reflect individual needs and preferences and do its policies ensure the informed choice of the individual?

Yes  No

**3. The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)/ 441.710(a)(1)(iii)/441.530(a)(1)(iii)**

• Is all information about individuals kept private? For instance, do paid staff/providers follow confidentiality policy/practices and does staff within the setting ensure that, for example, there are no posted schedules of individuals for PT, OT, medications, restricted diet, etc., in a general open area?

Yes  No

• Does the setting support individuals who need assistance with their personal appearance to appear as they desire, and is personal assistance, provided in private, as appropriate?

Yes  No

• Does the setting assure that staff interact and communicate with individuals respectfully and in a manner in which the person would like to be addressed, while providing assistance during the regular course of daily activities?

Yes  No

• Do setting requirements assure that staff do not talk to other staff about an individual(s) in the presence of other persons or in the presence of the individual as if s/he were not present?

Yes  No

• Does the setting policy require that the individual and/or representative grant informed consent prior to the use of restraints and/or restrictive interventions and document these interventions in the person-centered plan?

Yes  No

• Does the setting policy ensure that each individual's supports and plans to address behavioral needs are specific to the individual and not the same as everyone else in the setting and/or restrictive to the rights of every individual receiving support within the setting?

Yes  No

• Does the setting offer a secure place for the individual to store personal belongings?

Yes  No

**4. The setting 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. 42 CFR 441.301(c)(4)(iv)/ 441.710(a)(1)(iv)/441.530(a)(1)(iv)**

• Are there gates, Velcro strips, locked doors, fences or other barriers preventing individuals' entrance to or exit from certain areas of the setting?

Yes  No

- Does the physical environment support a variety of individual goals and needs (for example, does the setting provide indoor and outdoor gathering spaces; does the setting provide for larger group activities as well as solitary activities; does the setting provide for stimulating as well as calming activities)?  
 Yes                       No

- Does the setting allow for individuals to have a meal/ snacks at the time and place of their choosing? For instance, does the setting afford individuals full access to a dining area with comfortable seating and opportunity to converse with others during break or meal times, afford dignity to the diners (i.e., individuals are treated age-appropriately and not required to wear bibs)?  
 Yes                       No

- Does the setting provide for an alternative meal and/or private dining if requested by the individual? Do individuals' have access to food at any time consistent with individuals in similar and/or the same setting who are not receiving Medicaid-funded services and supports?  
 Yes                       No

- Does the setting post or provide information on individual rights?  
 Yes                       No

- Does the setting prohibit individuals from engaging in legal activities (ex. voting when 18 or older, consuming alcohol when 21 or older) in a manner different from individuals in similar and/or the same setting who are not receiving Medicaid funded services and supports?  
 Yes                       No

**5. The setting facilitates individual choice regarding services and supports, and who provides them. 42 CFR 441.301(c)(4)(v) 441.710(a)(1)(v)/441.530(a)(1)(v)**

- Does the setting afford individuals the opportunity to regularly and periodically update or change their preferences?  
 Yes                       No

- Does the setting afford the individual with the opportunity to participate in meaningful non-work activities in integrated community settings in a manner consistent with the individual's needs and preferences?  
 Yes                       No

- Does setting policy ensure the individual is supported in developing plans to support her/his needs and preferences? Is setting staff knowledgeable about the capabilities, interests, preference and needs of individuals?  
 Yes                       No

- Does the setting post or provide information to individuals about how to make a request for additional HCBS, or changes to their current HCBS?  
 Yes                       No

## Appendix B

Frequency tables for Non-Residential Provider Self-Assessment Survey

Adult Day Centers and Adult Day Health Centers serving HCBS Medicaid residents

### Neighborhood Characteristics

Is the setting in the community or building located among other residential buildings, private businesses, retail businesses, restaurants, etc. that facilitates integration with the greater community?

<b>Location</b>				
<b>Location</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Frequency</b>	<b>Cumulative Percent</b>
<b>0</b>	4	16.67	4	16.67
<b>1</b>	20	83.33	24	100.00

### Home Environment

Does the setting afford opportunities for individual schedules that focus on the needs and desires of an individual and an opportunity for individual growth?

<b>IndSched</b>				
<b>IndSched</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Frequency</b>	<b>Cumulative Percent</b>
<b>1</b>	24	100.00	24	100.00

Does the setting offer a secure place for the individual to store personal belongings?

<b>SecureBel</b>				
<b>SecureBel</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Frequency</b>	<b>Cumulative Percent</b>
<b>0</b>	3	12.50	3	12.50
<b>1</b>	21	87.50	24	100.00

Does the setting allow for individuals to have a meal/snack at the time and place of their choosing?

<b>MealTime</b>				
<b>MealTime</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Frequency</b>	<b>Cumulative Percent</b>
<b>0</b>	2	8.33	2	8.33
<b>1</b>	22	91.67	24	100.00

Does the setting provide for an alternative meal and/or private dining if requested by the individual? Do individuals have access to food at any time consistent with individuals in similar and/or the same setting who are not receiving Medicaid-funded services and supports?

<b>AltMeal</b>					
<b>AltMeal</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Frequency</b>	<b>Cumulative Percent</b>	
<b>0</b>	5	20.83	5	20.83	
<b>1</b>	19	79.17	24	100.00	

Does the setting prohibit individuals from engaging in legal activities (ex. voting when 18 or older, consuming alcohol when 21 or older) in a manner different from individuals in similar and/or the same setting who are not receiving Medicaid-funded services and supports?

<b>ProhLegal</b>					
<b>ProhLegal</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Frequency</b>	<b>Cumulative Percent</b>	
<b>0</b>	16	66.67	16	66.67	
<b>1</b>	8	33.33	24	100.00	

Is the setting physically accessible, including access to bathrooms and break rooms, and are appliances, equipment, and tables/desks and chairs at a convenient height and location, with no obstructions such as steps, lips in a doorway, narrow hallways, etc. limiting individuals' mobility in the setting?

<b>PhysAccess</b>					
<b>PhysAccess</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Frequency</b>	<b>Cumulative Percent</b>	
<b>0</b>	1	4.17	1	4.17	
<b>1</b>	23	95.83	24	100.00	

Does the setting allow individuals the freedom to move about inside and outside of the setting as opposed to one restricted room or area within the setting?

<b>MoveAbout</b>					
<b>MoveAbout</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Frequency</b>	<b>Cumulative Percent</b>	
<b>0</b>	1	4.17	1	4.17	
<b>1</b>	23	95.83	24	100.00	

Is all information about individuals kept private? For instance, do paid staff/providers follow confidentiality policy/practices and does staff within the setting ensure that, for example, there are no posted schedules of individuals for PT, OT, medications, restricted diets, etc. in a general open area?

<b>InfoPriv</b>				
<b>InfoPriv</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Frequency</b>	<b>Cumulative Percent</b>
<b>1</b>	24	100.00	24	100.00

Does the physical environment support a variety of individual goals and needs? For example, does the setting provide indoor and outdoor gathering spaces? Does the setting provide for larger group activities as well as solitary activities? Does the setting provide for stimulating as well as calming activities?

<b>PhysEnv</b>				
<b>PhysEnv</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Frequency</b>	<b>Cumulative Percent</b>
<b>1</b>	24	100.00	24	100.00

### Community Access and Supports

Does the setting provide opportunities for regular meaningful non-work activities in integrated community settings for the period of time desired by the individual?

<b>NonWorkAct</b>				
<b>NonWorkAct</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Frequency</b>	<b>Cumulative Percent</b>
<b>0</b>	6	25.00	6	25.00
<b>1</b>	18	75.00	24	100.00

Does the setting afford the individual the opportunity to participate in meaningful non-work activities in integrated community settings in a manner consistent with the individuals' needs and preferences?

<b>NonWorkPref</b>				
<b>NonWorkPref</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Frequency</b>	<b>Cumulative Percent</b>
<b>0</b>	4	16.67	4	16.67
<b>1</b>	20	83.33	24	100.00

Does the setting encourage visitors or other people from the greater community to be present, and is there evidence that visitors have been present at regular frequencies?

<b>Visitors</b>				
<b>Visitors</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Frequency</b>	<b>Cumulative Percent</b>
<b>1</b>	24	100.00	24	100.00

**Services and Supports Planning Process**

Does the setting support individuals who need assistance with their personal appearance to appear as they desire, and is personal assistance provided in private as appropriate?

<b>SupportInd</b>					
<b>SupportInd</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Frequency</b>	<b>Cumulative Percent</b>	
<b>0</b>	1	4.17	1	4.17	
<b>1</b>	23	95.83	24	100.00	

Does the setting reflect individual needs and preferences and do its policies ensure the informed consent of the individual?

<b>IndNeeds</b>					
<b>IndNeeds</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Frequency</b>	<b>Cumulative Percent</b>	
<b>1</b>	24	100.00	24	100.00	

Does the setting policy require that the individual and/or representative grant informed consent prior to the use of restraints and/or restrictive interventions and document these interventions in the person-centered plan?

<b>InformCons</b>					
<b>InformCons</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Frequency</b>	<b>Cumulative Percent</b>	
<b>0</b>	8	33.33	8	33.33	
<b>1</b>	16	66.67	24	100.00	

Does the setting policy ensure that each individual's supports and plans to address behavioral needs are specific to the individual and not the same as everyone else in the setting and/or restrictive to the rights of every individual receiving support within the setting?

<b>BehNeeds</b>					
<b>BehNeeds</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Frequency</b>	<b>Cumulative Percent</b>	
<b>0</b>	1	4.17	1	4.17	
<b>1</b>	23	95.83	24	100.00	

Does the setting post or provide information on individual rights?

<b>IndRights</b>					
<b>IndRights</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Frequency</b>	<b>Cumulative Percent</b>	
<b>0</b>	1	4.17	1	4.17	
<b>1</b>	23	95.83	24	100.00	

Does the setting afford individuals the opportunity to regularly and periodically update or change their preferences?

<b>UpdatePref</b>					
<b>UpdatePref</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Frequency</b>	<b>Cumulative Percent</b>	
<b>0</b>	1	4.17	1	4.17	
<b>1</b>	23	95.83	24	100.00	

Does the setting policy ensure the individual is supported in developing plans to support her/his needs and preferences?  
Is setting staff knowledgeable about the capabilities, interests, preference and needs of individuals?

<b>PlansPref</b>					
<b>PlansPref</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Frequency</b>	<b>Cumulative Percent</b>	
<b>1</b>	24	100.00	24	100.00	

Does the setting post or provide information to individuals about how to make a request for additional HCBS or changes to their current HCBS?

<b>ProvInfo</b>					
<b>ProvInfo</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Frequency</b>	<b>Cumulative Percent</b>	
<b>0</b>	4	16.67	4	16.67	
<b>1</b>	20	83.33	24	100.00	

### **Setting Characteristics and Personal Experience**

Does the setting assure that tasks and activities are comparable to tasks and activities for people of similar ages who do not receive HCB services?

<b>Tasks</b>					
<b>Tasks</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Frequency</b>	<b>Cumulative Percent</b>	
<b>1</b>	24	100.00	24	100.00	

Does the setting assure that staff interact and communicate with individuals respectfully and in a manner in which the person would like to be addressed, while providing assistance during the regular course of daily activities?

<b>StaffRespect</b>				
<b>StaffRespect</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Frequency</b>	<b>Cumulative Percent</b>
<b>0</b>	1	4.17	1	4.17
<b>1</b>	23	95.83	24	100.00

Do setting requirements assure that staff do not talk to other staff about an individual in the presence of other persons or in the presence of the individual as if s/he were not present?

<b>StaffManners</b>				
<b>StaffManners</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Frequency</b>	<b>Cumulative Percent</b>
<b>0</b>	2	8.33	2	8.33
<b>1</b>	22	91.67	24	100.00

Are there gates, velcro strips, locked doors, fences or other barriers preventing individual's entrance to or exit from certain areas of the setting?

<b>Barriers</b>				
<b>Barriers</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Frequency</b>	<b>Cumulative Percent</b>
<b>0</b>	8	33.33	8	33.33
<b>1</b>	16	66.67	24	100.00