Below you will find a summary of the overall trends, best practices, and issues or concerns that DMAS staff observed during the desk reviews of Adult Day Health Care (ADHC) provider self-assessments. This summary is intended to provide guidance to providers to support their full compliance with HCBS settings requirements and person-centered planning.

As a reminder, please keep in mind that the DMAS determinations of the compliance status of self-assessments are based on a holistic review of a setting. When making a determination, reviewers take into consideration both the narrative response and evidence submitted. Question responses and evidence/documents submitted are not viewed in isolation but again, holistically across all elements of HCBS compliance.

Questions about this guidance and other aspects of HCBS compliance for ADHC providers should be directed to: HCBSComments@dmas.virginia.gov.

TRENDS

HCBS Rights and Individual Experience in HCBS Settings	DMAS noticed that many providers missed the distinction between the DSS required rights for licensure and the additional HCBS rights. DMAS acknowledges that perhaps the agency was not as clear or as specific as we could have been. To support providers with coming into compliance DMAS has developed a form that is available in the HCBS Toolkit that discloses the HCBS individual's rights and expectations for experience that is easily standardized across all settings within the service.
Geographic Locations	For New Providers: You are required to submit the following documentation: 1) Photographs of the exterior of the building. 2) An aerial or neighborhood map that clearly identifies the surrounding area, including nearby businesses, residences, and other relevant landmarks. 3) Photographs of the interior spaces where members gather or receive services. Included in these photos are the entrance and exits that show accessibility accommodation for members who require additional assistance. This also includes in the bathroom if an individual needs to utilize grab bars or assistive devices to use the bathroom safely.
Field Trips	DMAS noted that some providers identified field trips to demonstrate their compliance with access to the greater community. Field trips are great. They can most definitely be an element of access. However, scheduling field trips weekly, monthly or quarterly, for example, does not alleviate the provider's responsibility to account for how the provider would respond to a participant who expressed interest in community activities beyond or between field trips. In addition, providing details on how participation in field trips is determined is helpful in determining overall compliance. DMAS wants to be careful to emphasize field trips are not required to demonstrate access to greater community. Further, having field trips does not alone demonstrate access to the community.

BEST PRACTICES

Access to the Greater Community	Describing how your setting "facilitates access" to the community by providing information and resources can help to demonstrate compliance in this area. Examples of evidence include pictures of bulletin boards and resource corners with materials that an individual could access any time of day. Resources included: newspapers, calendars, computers, brochures on a variety of community activities, services and resources. Some providers choose to have materials out and available so that participants and their family members can review them when they would like. DMAS notes that this element is intended to go beyond medical services to actual community events, activities and other aging services or groups. Simply providing brochures on hospices and home health companies is not sufficient for this HCBS component *to support full access to the greater community.* Ex: The individual wants to go to an event that requires tickets to be bought. ADHC might be able to help assist or contact caregivers at home to help the individual purchase tickets for event.
Participant and Family Handbooks	DMAS really appreciated the value of participant or family handbooks to share key information with individuals from the start of service delivery. A handbook can serve as 'one-stop-shop' for questions and answers for families well beyond the initial admission to the center, which can often be overwhelming with information to take in. Providers may want to consider how they can develop a participant and family handbook for general purposes; even further, consider building HCBS elements into the handbook to demonstrate compliance during remediation. It is important to remember that no program rules are supposed to conflict with HCBS rights.
Partnerships with Organizations and Volunteers	Some providers created a chart or table to detail the relationships that the providers have with other organizations and volunteers in the community. A simple listing of organizations does not quite give DMAS a clear picture of how partnerships enhance being a part of the community. In a review, DMAS benefited from having more details about those partnerships, such as: are they new or long standing? One-time experiences or ongoing? Daily, weekly or monthly, etc.? Provider remediation for this element may want to consider how providers can expand on the details of partnerships. Providers may want to include a chart that lists: the partnership organization or volunteer, what role they serve, and how frequently they are engaged with your center.
Policies and Procedures	It is highly beneficial during on-site reviews and compliance determinations when providers submit the policies and procedures they believe demonstrate alignment with HCBS requirements. These may include policies related to staff training, use of restraints, admissions, plan of care development, and other operational areas. Particularly valuable is the submission of newly developed or updated policies and forms that explicitly incorporate HCBS requirements. This type of documentation reflects a provider's deeper understanding of HCBS expectations and the corresponding need to make organizational updates to ensure compliance. DMAS valued policies and procedures that were presented in a formal and

	professional format. Effective policy documents were titled and dated, clearly identified who receives the policy, noted the date of the most recent revision, and specified who is responsible for ongoing updates. In contrast, some self-assessment submissions simply restated required HCBS elements in a basic Word document without identifying it as an official policy or procedure or explaining how staff and other stakeholders are informed of the requirements. Such documents did not meet the standard for sufficient evidence of compliance.
Participant and Family Survey	DMAS noted strong examples in which providers demonstrated that individuals and families had directly completed the self-assessment questions, or where providers adapted those questions and asked them in interviews with participants and their families. Providers who incorporated this approach were able to present compelling evidence that their settings were home and community-based from the perspective of those receiving services. Because a core principle of the HCBS Rule is the individual's experience, collecting direct feedback from participants and families is an effective method for assessing compliance. DMAS encourages providers to consider using participant and family surveys when additional details are requested, as well as a complementary remediation strategy alongside other actions, such as updating policies and procedures.
Interdisciplinary Approach to HCBS Compliance	DMAS noted a significant difference in the submissions that indicated that they were completed by one person and those that were completed in consultation with staff from all levels, community partners, board members, participants, families, and more. Just like there is value in interdisciplinary teams for health care service delivery, having a wide variety of individuals providing input in the process strengthened the case for compliance.
Participant or Family Councils	Providers reported, and in some cases provided documentation for, the use of family councils, activity-planning councils, or participant councils that offer input on activity planning, community outings, overall center operations, and satisfaction with services. These approaches are strong examples of proactively incorporating individual preferences into center administration and decision-making. DMAS encourages providers to consider implementing similar practices. If adopted, providers should ensure that council meetings are documented through minutes and outcomes that clearly demonstrate alignment with HCBS requirements and reflect that the process is participant-driven.

ISSUES OR CONCERNS

Lack of Evidence	Several providers submitted self-assessments without any accompanying evidence to substantiate or validate their compliance determinations. The self-assessment, guidance document, instructions, and webinar materials all clearly indicated that evidence was mandatory and required by DMAS. Providers who did not submit any evidence will receive determination letters indicating that they must complete a full remediation plan addressing all elements of the HCBS Rule.
Non-Emergency Medical Transportation	Taking someone to the doctor or to other medical appointments does not satisfy the element of access to the greater community. This is not what CMS intended or what the agency would look for or would consider sufficient to meet the standard.
Degree of Disability or Impairment	Some self-assessments included statements suggesting that the overall disability level or cognitive impairment of all participants served by the provider constituted a barrier to community integration and were used as justification for exempting the provider from community integration requirements. Provider-wide policies that make blanket statements indicating that all participants are unable to access the community, or that the provider will not facilitate community access due to significant disability, frailty, or cognitive impairment, *are not permissible*. CMS has been unequivocal in its guidance that this approach is inconsistent with the HCBS Rule and its expectations. Self-assessments containing such statements would be considered red flags and could prompt heightened scrutiny of the provider, the service setting, and the state's compliance efforts. DMAS encourages providers to review their self-assessments and develop remediation plans that do not rely on such disclaimers. Additionally, if this rationale formed the basis of the provider's self-assessment responses, the provider should be prepared to address and remediate it accordingly.
Activity Calendar Layouts	Many providers submitted activity calendars as evidence, and these documents are often a strong component in demonstrating compliance with several HCBS requirements. However, DMAS has identified a few areas where refinement would strengthen the evidence for remediation purposes. Calendars should clearly distinguish activities that occur outside of the setting, as well as any activities that involve external partners or volunteers. In previous discussions with CMS, the agency emphasized the importance of offering a diverse range of activities. Calendars should therefore specify how participants may access alternative options beyond the primary or planned group activities. Overall, CMS has communicated to Virginia that activity offerings should be broad, varied, and reflective of participants' individual interests. Submitted evidence should demonstrate how activities are determined and offered in a manner consistent with these expectations.
Assessment and Care Plan Tools	Many providers included their assessment and person-centered service plan (PCSP) tools as evidence for the PCSP elements. These are good and worth including and noting, particularly when they provide opportunities to document interests, social history, preferences, dislikes, etc. DMAS notes, however, that these tools should also clearly provide space for detailing an individual's or family's

	feedback or input into the process, and space for documenting when and how often such input occurs. DMAS needs to see that this is a foundational element of your HCBS compliance.
Care Plan Updates	Many providers indicated that care plans are updated every six months in accordance with DSS requirements. However, DMAS requires additional detail regarding how care plans are revised outside of the mandatory six-month DSS reviews or the DMAS-required quarterly reviews. Providers must ensure that individuals and families have ongoing opportunities to request updates to the care plan. Such revisions may be needed when an individual develops a new interest or hobby, when they are no longer able to participate in a previously identified activity, or for any similar reason. Documentation should clearly reflect any modifications made to the person-centered plan of care, especially when goals cannot be met within the Adult Day Health Care (ADHC) setting.
Restraints	DMAS received a wide range of responses regarding the requirement for freedom from restraint. Some providers submitted broad rights statements affirming a provider-wide prohibition on restraints, while others supplied detailed policies, procedures, and training materials outlining the circumstances under which restraints might be applied. Physical Restraint-Is direct bodily force. Mechanical Restraint- Straps, belts, devices that restrict the ability to move. Chemical Restraint- Medication to manage behavior. Environmental Restraint-Involuntary confinement of a person alone in a room or area. Providers are expected to prioritize individual autonomy, maintain clear and comprehensive policies, ensure thorough staff training, and consistently implement least-restrictive, person-centered alternatives that protect and uphold participant rights.
Coercion	Coercion includes any intimidation, guilt, or pressure that restricts an individual's autonomy or forces them to accept unwanted services or activities. Individuals must not be pressured into activities, services, or decisions, such as being told they cannot participate in community outings if they skip other activities.