DHS Oregon Department of Human Services

Aging and People with Disabilities and Developmental Disabilities Services

Information Memorandum Transmittal

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Authorized signature

Number: APD-IM-15-061
Issue date: 8/21/2015

Topic: Other

Subject: Home and Community-Based Services (HCBS) Provider and Individual Surveys

Applies to (*check all that apply*):

- ☒ All DHS employees
- ☒ Area Agencies on Aging
- ☒ Aging and People with Disabilities
- ☐ Self Sufficiency Programs
- ☒ County DD Program Managers
- ☐ ODDS Children's Residential Services
- ☐ Child Welfare Programs
- ☐ County Mental Health Directors
- ☐ Health Services
- ☒ Office of Developmental Disabilities Services(ODDS)
- ☐ ODDS Children's Intensive In Home Services
- ☒ Stabilization and Crisis Unit (SACU)
- ☒ Other *(please specify)*: Brokerage Directors and Personal Agents, CDDP Service Coordinators

Message: The purpose of this memorandum is to inform case management entities and field staff that all Medicaid Community-Base Residential providers and Medicaid-funded residents will be receiving surveys (attached) in the next few weeks as part of the Home and Community-Based Services (HCBS) transition plan. Should offices or workers be contacted by providers or individuals regarding the survey they should refer all callers to the contractor, Acumentra Health's, toll free number: 1-866-432-8403.

Case Managers or Service Coordinators are **not expected** to assist with the survey. Please do validate that the survey is legitimate and that we would like them to participate. Providers are required to complete the survey and individuals are encouraged to complete the survey. Below is some background on this topic. For more information about HCBS and Oregon's transition plans go to:
http://www.oregon.gov/dhs/seniors-disabilities/HCBS/pages/index.aspx

The Centers for Medicare and Medicaid Services (CMS) have issued regulations that define the settings in which it is permissible for states to pay for Medicaid Home and Community-Based Services (HCBS).

The purpose of these regulations is to ensure that individuals receive Medicaid-funded HCBS in settings that are integrated in and support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree as individuals who do not receive HCBS.

As part of the transition plan to comply with these regulations surveys are being sent to all provider owned, controlled, or operated residential settings (generally licensed facilities). Surveys are also being sent to individuals receiving Medicaid living in those facilities. The surveys will be used to understand what changes are needed based on both the facility and individual resident responses.

If you have any questions about this information, contact:

Contact(s):	For DD: Rose Herrera, for APD Bob Weir		
Phone:	503-947-5201/503-945-6414	**Fax:**	
Email:	Rose.K.Herrera@state.or.us Bob.Weir@state.or.us		

Date Survey ID#: [Survey ID]

Name
Address
City, State, Zip

Dear Name

In January 2014, the Federal Centers for Medicare and Medicaid Services (CMS) issued regulations regarding Home and Community-Based Services (HCBS) and settings. As a provider of HCBS, you will be affected by these regulatory changes. The Department of Human Services (DHS) and Oregon Health Authority (OHA) have requested from CMS that Oregon be given until March 2019 to come into compliance with these regulations and have been working with stakeholders, including consumers, advocates, and provider organizations, in developing and implementing Oregon's Home and Community Based Services Setting Global Transition Plan (Transition Plan).

For more information regarding Oregon's Home and Community-Based Services, Settings and Transition Plan, please visit the link below.
www.oregon.gov/dhs/seniors-disabilities/HCBS/Pages/Index.aspx

In order to obtain a picture of Oregon's HCBS network, DHS and OHA are requiring all providers to complete the Provider Self-Assessment Survey (survey) for each HCBS site they own, operate, or control. Please see the back of this letter for instructions on completing the survey.

If you are a Supported Living Provider for Individuals with I/DD, please only complete this survey for those sites where you:

a. Own the residential setting;
b. Lease the residential setting, co-sign, or co-lease, with the individual for the residence; or
c. If you have a direct or indirect financial relationship with the property owner.

It is critical that your answers reflect how your HCBS site actually operates today. Your responses to this survey will not disqualify you from providing Medicaid HCBS during the transition period.

In addition to the provider survey, individuals who receive HCBS in sites owned, operated, or controlled by the provider will be given the opportunity to complete surveys regarding their experiences in those settings. The information obtained from both surveys will assist DHS and OHA with determining what changes need to occur at the individual, provider and systemic levels. The survey results will be utilized to assist all providers of HCBS to achieve full compliance with the regulations within the CMS-approved timeframe.

Please complete your survey online:

- Go to [insert website]
- Enter your password: [insert password]

If you would like help to complete the survey, options for assistance include:

- Call toll free 1-866-432-8403, Option 3, to have someone complete the survey with you.
- Attend an HCBS forum in your area that will provide more information about the HCBS and the surveys. (Please see the HCBS website for additional information about dates and locations: http://www.oregon.gov/dhs/seniors-disabilities/HCBS/Pages/Index.aspx

If you are unable to complete the survey online, you will receive a paper survey in about two weeks. These will be sent out automatically; it is not necessary to call to request one.

Thank you for your time in completing this survey.

Sincerely,

Mike McCormick, APD Director;
Lilia Teninty, ODDS Director;
Donna Keddy, Office of Licensing and Regulatory Oversight; and
Justin Hopkins, AMH Quality Management Administrator.

Survey ID#" [Survey_ID]

1. Date_____

2. Provider Name _____

3. Person completing Survey and Title/Position _____

   _____

4. Medicaid Provider Number_____

5. Type of License or certification _____

6. Licensing or Certification Agency_____

7. Primary Population(s) Served_____

8. Physical Address of Service Site _____

9. Mailing Address (if different)_____

   _____

10. Phone_____

11. Email_____

12. Total number of sites you will be completing surveys on_____

Section 1: The residential setting is integrated and supports full access to the greater community and does not isolate individuals

SECTION A:

13. Please choose the best option from the choices below.

☐ Individuals have full access to the community. The residential setting does not specialize in, or target, a specific disability or diagnosis type and may have a mix of people with and without disabilities. The residential setting may have a mix of private pay and Medicaid. The setting may include room and board, bathing and other personal assistance while Individuals are supported to obtain many other services outside of the residential setting in the broader community. Off-site services may include competitive integrated employment, day services, beautician services, community activities, gym, medical care, behavioral and therapeutic services, and/or social recreational activities.

☐ Individuals receive some services in-house and others in the broader community. The residential setting may include room and board, bathing and other personal assistance services. The additional services on-site are intended to be convenient for individual access, yet, they may have the unintended consequence of isolation from the broader community. On-site and off-site services may include competitive integrated employment, day services, beautician services, community activities gym, medical care, behavioral and therapeutic services, and/or social recreational activities.

☐ The residential setting is designed for people with disabilities and often for people with a certain type of disability. The individuals in the residential setting are primarily or exclusively people with disabilities and on-site staff provides many of the services. The residential setting services include community access and individuals have regular opportunities to engage in the broader community.

☐ The residential setting is designed to provide people with disabilities multiple types of services on-site, including housing, day services, medical, behavioral and therapeutic services, and/or social and recreational activities and people in the residential setting have limited, if any, interaction with the broader community.

SECTION B: Please indicate whether the below statement is true for this setting.

14. The residential setting is a locked facility. ☐ Yes ☐ No

15. The residential setting is one of the following: ☐ Yes ☐ No

- Farmstead or disability specific farm community located in rural residential setting on a large parcel of land with little ability to access the broader community outside of the farm.

- Gated/secured "community" for people with disabilities where services are provided on-site and individuals rarely leave the gated community.

- Residential school where individuals receive both education and residential services in one setting and do not go into the broader community for education.

- Multiple residential settings co-located and operationally related (operated by the same provider) where services are provided on campus with individuals rarely accessing the broader community.

Section 2: Optimizes autonomy and independence in making life choices

Employment

16. Please choose the option that best describes the services and supports for employment:

☐ For individuals who want to work, the residential setting/provider encourages the individual's opportunities to seek employment and work in integrated settings and for competitive wages (minimum wage or better). Working individuals who live in this residential setting have supports from the provider in planning and meeting their daily needs in order to access and maintain employment. Individuals who live in this residential setting have frequent opportunities throughout the year to discuss career goals, including career advancement, career changes, increased wages, or increased hours. Individuals who want to work are working or using employment services in an integrated employment setting where there are opportunities to interact with people who do not have disabilities (not including paid staff).

☐ For individuals who want to work, the residential setting/provider encourages opportunities to seek employment and work in integrated employment for competitive wages (minimum wage or better). Individuals might have opportunities to talk about employment goals once a year or so. Those who want to work are working; however, it may not be in an integrated employment setting where individuals interact with people who do not have disabilities (not including paid staff). Individuals who are working in less integrated or segregated settings continue to be supported in career goals relating to obtaining integrated employment at a competitive wage.

☐ The residential setting/provider supports individuals in getting ready for work each day, but does not necessarily encourage individuals in seeking employment and working in integrated competitive settings.

☐ Individuals who reside in this residential setting and want to work are not encouraged or emotionally supported by the provider to do so.

Personal Finances (Resources)

17. Please choose the option that best describes the services and supports for personal resources:

Individuals may or may not have a Social Security designated Representative Payee. Individual may or may not be beneficiaries of a Special Needs Trust or Discretionary Trust. The existence of one of these is not a considered a limitation by the residential setting/provider.

☐ The residential setting/provider places no limitations to an individual's, or their designated representatives, ability to access personal financial resources (personal spending monies, personal property, real estate, assets, savings, etc.). Personal resources may be safeguarded but individuals have easy access to, experience no barriers, and are supported in obtaining and using personal resources as desired.

☐ There may be some limitations based on the safeguarding of personal resources. Individuals, or their designated representatives, can typically access funds in the same day, or within 24 hours for larger sums. Individuals are supported in obtaining and using their personal resources as desired.

☐ Limitations are placed on an individual's, or their designated representatives, access to their personal resources.

18. If you selected "Limitations are placed on an individual's, or their designated representatives, access to their personal resources" above, are the limits universally applied to everyone living in the residential setting?

☐ Yes ☐ No

19. Are the limits only applied to those who need them? ☐ Yes ☐ No

20. If you answered yes to the above, is there documentation of less restrictive alternatives tried before applying limits? ☐ Yes ☐ No

21. If limits are used, are the limitations identified in the individual's person-centered service plan? ☐ Yes ☐ No

22. If limits are used, they are primarily used to (select the best answer):

☐ Protect the individual or others ☐ Efficiently manage operations

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Section 3: The individual controls his/her own schedule

23. Please choose the option that best describes the services and supports for controlling one's own schedule:

☐ Individuals are supported to control their own schedules. Services such as bathing and mealtimes are flexible and work around the individual's personal schedule. Requests for engaging in the broader community such as going shopping or to the movies are routinely supported and accommodated. When individuals work, their schedules are supported.

☐ Individuals generally control their own schedules. Services such as mealtimes and bathing are scheduled. If individuals miss a scheduled service activity, such as a bath, meal or laundry, because of their personal schedule, it is not automatically rescheduled or replaced unless the individuals request or otherwise indicate they want the missed service activity.

☐ Most activities are scheduled by the provider, including services such as mealtimes and bathing and social and recreation opportunities. If individuals miss a scheduled activity, such as a bath, meal or laundry, because of their personal schedule, it is not replaced, or if replaced, with a lesser quality alternative.

☐ There are residential setting/provider limits to the amount of control individuals have over their own schedules.

24. If you selected "There are residential setting/provider limits to the amount of control individuals have over their own schedule" above, are the limits universally applied to everyone living in the residential setting?

☐Yes ☐No

25. Are the limits only applied to those who need them? ☐Yes ☐No

26. If you answered yes to the above, is there documentation of less restrictive alternatives tried before applying limits? ☐Yes ☐No

27. If limits are used, are the limitations identified in the individual's person-centered service plan? ☐Yes ☐No

28. If limits are used, they are primarily used to (select the best answer):

☐Protect the individual or others ☐Efficiently manage operation

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Section 4: Setting ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint

Freedom from Coercion

29. Are individuals free from coercion as defined below? ☐Yes ☐No

- **i.** Threats of serious harm to or physical restraint against any person;
- **ii.** Any scheme, plan, or pattern intended to cause a person to believe that failure to perform an act would result in serious harm to or physical restraint against any person; or
- **iii.** The abuse or threatened abuse of the legal process.

30. Do the provider/staff utilize any of the following restraints on individuals receiving services in this residential setting to address or control behavior?

☐ Yes
☐ No

- Chemical restraints
- Mechanical restraints, such as devices that limit an individual's ability to freely move their body, **not part of the person's formal behavior support plan**
- Physical restraints, such as using a physical maneuver to limit an individual's ability to freely move, where the maneuver is weight-bearing and/or **not part of the person's formal behavior support plan**
- Seclusion, such as restricting an individual to a specific physical space as a means of controlling behavior or in response to a behavior

Communication

31. Please choose the option that best describes the services and supports for communication:

☐ There are no residential setting/provider limitations to the individual's ability to communicate within the residential setting or with those outside of the setting. If the individual needs a phone or other accommodations or other communication tool, they are provided one and a private space from which to hold conversations. Individuals can access the phone independently at any time and will be supported, if needed. Inside the residential setting, individuals are encouraged and supported to raise and discuss issues or concerns without fear of retaliation.

☐ There are shared modes of communication made available by the residential setting/provider. There may be reasonable waiting periods if others are using the "house" phone or individuals may need the provider's support to access to the phone. They do not need permission to access the phone. Inside the residential setting, individuals may raise and discuss issues or concerns without fear of retaliation.

☐ The ability to communicate privately within and to those on the outside of the residential setting is limited.

32. If you selected "The ability to communicate privately within and to those on the outside of the residential setting is limited" above, are the limits universally applied to everyone living in the residential setting?

☐ Yes ☐ No

33. Are the limits only applied to those who need them? ☐ Yes ☐ No

34. If you answered yes to the above, is there documentation of less restrictive alternatives tried before applying limits? ☐ Yes ☐ No

35. If limits are used, are the limitations identified in the individual's person-centered service plan? ☐ Yes ☐ No

36. If limits are used, they are primarily used to (select the best answer):

☐ Protect the individual or others ☐ Efficiently manage operations

Homelike Accommodations

37. Please choose the option that best describes the services and supports for homelike accommodations:

☐ Individuals have full access to typical homelike accommodations such as a kitchen, dining area, family/living room, laundry, and bathroom.

☐ Individuals have full access to most typical homelike accommodations but may share bathrooms and not have access to the full (commercial) kitchen, in a larger facility. Individuals are offered substitute equipment and a means to cook.

☐ There are residential setting/provider limits to full access to typical homelike accommodations.

38. If you selected "There are residential setting/provider limits to full access to typical homelike accommodations" above, are the limits universally applied to everyone living in the residential setting? ☐Yes ☐No

39. Are the limits only applied to those who need them? ☐Yes ☐No

40. If you answered yes to the above, is there documentation of less restrictive alternatives tried before applying limits? ☐Yes ☐No

41. If limits are used, are the limitations identified in the individual's person-centered service plan? ☐Yes ☐No

42. If limits are used, they are primarily used to (select the best answer):

☐ Protect the individual or others ☐ Efficiently manage operations

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Section 5: Personal Privacy

43. Please choose the option that best describes the services and supports for personal privacy:

☐ All individuals may lock their bedroom and living unit doors. Door locks are single-action which means when the individual turns the handle or lever the door unlocks. All individuals have bathroom facilities that allow for complete privacy through the ability to lock the door or stall. Bathing areas are private and individuals are shielded or protected from others walking in on them. Only appropriate staff have keys.

☐ All individuals may lock their bedroom or living unit doors for privacy. Door locks are single-action which means when the individual turns the handle or lever the door unlocks. Bathrooms may be used by others and individuals may need additional support to obtain privacy, such as assistance to get from a wheelchair into the bathroom, in order to be able to shut the door for privacy. Only appropriate staff have keys.

☐ Doors are not lockable but privacy is assured through knocking before entering an individual's bedroom, living unit, or bathroom.

☐ There are residential setting/provider limits on an individual's ability to have personal privacy.

44. If you selected "There are residential setting/provider limits on an individual's ability to have personal privacy" above, are the limits universally applied to everyone living in the residential setting? ☐Yes ☐No

45. Are the limits only applied to those who need them? ☐Yes ☐No

46. If you answered yes to the above, is there documentation of less restrictive alternatives tried before applying limits? ☐Yes ☐No

47. If limits are used, are the limitations identified in the individual's person-centered service plan? ☐Yes ☐No

48. If limits are used, they are primarily used to (select the best answer):

☐ Protect the individual or others ☐ Efficiently manage operations

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Section 6: Choice of Roommates/Sharing Space

49. Please choose the option that best describes the services and supports individuals have in their choice of roommates and sharing space:

☐ This facility only offers private rooms.

☐ There are shared bedrooms or living units. There are methods in place for individuals to seek a new roommate should they desire. Individuals have the opportunity to meet new potential roommates and have input in the selection of their roommate.

☐ There are shared bedroom or living units in the facility. There are residential setting/provider limits regarding the individual's involvement in the selection of roommates or their ability to have input in the choice of roommates.

50. If you selected "There are shared bedroom or living units in the facility. There are residential setting/provider limits regarding the individual's involvement in the selection of roommates or their ability to have input in the choice of roommates" above, are the limits universally applied to everyone living in the residential setting? ☐Yes ☐No

51. Are the limits only applied to those who need them? ☐Yes ☐No

52. If you answered yes to the above, is there documentation of less restrictive alternatives tried before applying limits? ☐Yes ☐No

53. If limits are used, are the limitations identified in the individual's person-centered service plan? ☐Yes ☐No

54. I If limits are used, they are primarily used to (select the best answer):

☐ Protect the individual or others ☐ Efficiently manage operations

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Section 7: Freedom to Furnish and Decorate

55. Please choose the option that best describes the services and supports to individuals regarding furnishing and decorating:

☐ Individuals may bring their own furnishings and are supported and encouraged to personalize their space. Individuals may paint or secure pictures to walls or use accessories, as needed. There may be landlord/tenant type agreements regarding approval of painting, nails or holes in walls, but individual experience is that obtaining necessary permissions is reasonable and does not inhibit their personal style or ability to decorate.

☐ Individuals may bring their own furnishings. Decorating is not encouraged or discouraged. There may be landlord/tenant type agreements regarding approval of nails or holes in walls. Substantial changes, such as painting, may not be allowed.

☐ There are residential setting/provider limits on an individual's ability to furnish and decorate.

56. If you selected "There are residential setting/provider limits on an individual's ability to furnish and decorate" above, are the limits universally applied to everyone living in the residential setting? ☐Yes ☐No

57. Are the limits only applied to those who need them? ☐Yes ☐No

58. If you answered yes to the above, is there documentation of less restrictive alternatives tried before applying limits? ☐Yes ☐No

59. If limits are used, are the limitations identified in the individual's person-centered service plan? ☐Yes ☐No

60. If limits are used, they are primarily used to (select the best answer):

☐ Protect the individual or others ☐ Efficiently manage operations

Section 8: The individual can have access to food at any time

61. Please choose the option that best describes the services and supports to individuals regarding access to food.

☐ Individuals are provided three nutritious meals and two snacks a day. Individuals may assist with menu planning and personal preferences are considered. If an individual misses a meal, alternatives such as a to-go sack meal or heatable meals, are available Individuals have access to personal food storage, including refrigeration, freezer, and dry storage, that they can access at any time.

☐ Individuals are provided three nutritious meals and two snacks a day. Individuals may assist with menu planning and personal preferences are considered. If an individual misses a meal it is typically not replaced unless requested. Storing personal food items is not encouraged, but is allowed if requested.

☐ There are limits in place regarding access to food at any time.

62. If you selected "There are limits in place regarding access to food at any time" above, are the limits universally applied to everyone living in the residential setting? ☐ Yes ☐ No

63. Are the limits only applied to those who need them? ☐ Yes ☐ No

64. If you answered yes to the above, is there documentation of less restrictive alternatives tried before applying limits? ☐ Yes ☐ No

65. If limits are used, are the limitations identified in the individual's person-centered service plan? ☐ Yes ☐ No

66. If limits are used, they are primarily used to (select the best answer):

☐ Protect the individual or others ☐ Efficiently manage operations

Section 9: The individual can have visitors at any time

67. Please choose the option that best describes the services and supports to individuals regarding having visitors.

☐ Individuals may have visitors at any time. Individuals living in the site understand there are no residential setting/provider limits to the time when visitors may be received. Individuals are encouraged and supported to have visitors. .

☐ Individuals may have visitors at any time. The residential setting/provider may have policies in place for after-hours visitors or a check-in process to address safety or privacy concerns.

☐ There are residential setting/provider limits to individuals having visitors at any time.

68. If you selected "There are residential setting/provider limits to individuals having visitors at any time" above, are the limits universally applied to everyone living in the residential setting? ☐ Yes ☐ No

69. Are the limits only applied to those who need them? ☐ Yes ☐ No

70. If you answered yes to the above, is there documentation of less restrictive alternatives tried before applying limits? ☐ Yes ☐ No

71. If limits are used, are the limitations identified in the individual's person-centered service plan? ☐ Yes ☐ No

72. If limits are used, they are primarily used to (select the best answer):

☐ Protect the individual or others ☐ Efficiently manage operations

73. Is there any other information that you as a provider of community-based services would like to provide?

Thank you for completing this Survey.

Individual Experience Survey - Where I Live and Get Services

Survey ID#: [Survey_ID]

1. **Date:** _____

2. **Name of Individual Living in the Setting:** [Name]

3. **Age of Individual Living in the Setting:**

☐ 18-24 years old
☐ 25-34 years old
☐ 35-44 years old
☐ 45-54 years old
☐ 55-64 years old
☐ 65-74 years old
☐ 75-85 years old
☐ 85 or older

4. **With which race or ethnic group do you (individual living in the setting) *most* identify?**

☐ Asian
☐ Black/African American
☐ Hispanic
☐ Native American/Alaskan Native
☐ Pacific Islander
☐ White
☐ Other

5. **Residential Setting Name**: _____

6. **Residential Setting Address**: _____

7. **Person assisting me to complete the survey**: _____

Best description of the role of the person helping to complete the survey:

☐ Legal Representative
☐ Survey Hotline/Peer Advocate
☐ Family Member/Friend
☐ Not Applicable
☐ Other; Explain: _____

8. **Reason somebody is completing the survey for me:**

☐ I require assistance; ☐ I requested assistance ☐ Not Applicable

☐ Other; Explain _____

9. **Person completing survey if not me; Name**:

_____

10. **My Survey Number**:[Survey_ID]

Section 1: Where I live supports access to the broader community

11. **Please choose the description that best describes how the location of your home or residential setting supports your access to the community (Pick the best answer):**

☐ Where I live makes it **EASY** for me to be part of the community where I am located.

☐ Where I live makes it **HARD** for me to be part of the community where I am located.

Where I live makes it easy for me to:

12. **Participate in community activities**

☐ Always ☐ Usually ☐ Sometimes ☐ Never

13. **Get around in the community as I desire**

☐ Always ☐ Usually ☐ Sometimes ☐ Never

14. **Look for a job in the community where I can make at least minimum wage, if I want to work:**

☐ Always ☐ Usually ☐ Sometimes ☐ Never

☐ I do not want to work at this time

Section 2: I am supported where I live to be part of the community

15. I have regular opportunities be part of the broader community. The following are some examples that help explain what this means: working in the community, going to the park, the library, church, shopping for food, clothing or other items, getting my hair cut at a beauty or barber shop, going out for coffee, going to the movies, fairs, rodeos, or other community events.

☐ Always ☐ Usually ☐ Sometimes ☐ Never

Section 3: Choosing where I live

16. Before I moved to where I live now, I was told about or able to visit other places to live.

☐ Yes ☐ No

17. I was offered the choice to live in a place that is not only for people who have disabilities.

☐ Yes ☐ No

18. If I live in a shared room, I was offered the choice of a private bedroom or living unit.

☐ Yes ☐ No ☐ Not applicable - I am in a private room

19. I have a choice in who my roommate is.

☐ Yes ☐ No ☐ Not applicable - I am in a private room

Section 4: Where I live supports my independence and making life choices

Employment

20. My provider/setting supports me with my daily needs in order for me to work.

☐ Always ☐ Usually ☐ Sometimes ☐ Never

☐ I do not want to work at this time

Personal Finances (Resources)

21. The provider/staff where I live support me in managing my money.

☐ Yes ☐ No, I manage my own money

☐ No, my guardian or representative manages my money

☐ I have a Social Security Representative Payee, or I am a beneficiary of a Special Needs Trust or Discretionary Trust.

22. I can easily get my money and spend my money as I wish.

☐ Always ☐ Usually ☐ Sometimes ☐ Never

Section 5: I am supported where I live to make my own scheduling decisions

23. I create my own schedule. For example, I decide when to go to bed or when I get up. I can go out alone, with friends or family as I wish. My provider/staff work around my activities. If my activities cause me to miss a scheduled mealtime, laundry time, or bath time, I can get the meal or service when convenient for me.

☐ Always ☐ Usually ☐ Sometimes ☐ Never

Section 6: Where I live ensures my rights of privacy, dignity and respect, and freedom from coercion (strong-arm) and restraint

Coercion

24. **Where I live now, my provider/staff has never threatened me with physical harm, or used restraints, or punished me, to force me to make a decision I did not want to make.**

    ☐ True – I **HAVE NOT** been forced to make decisions against my will

    ☐ False – I **HAVE** been forced to make decisions against my will

Restraint

25. **Where I live now, I have never been given a medication against my will to control my behavior.**

    ☐ True – I **HAVE NOT** been forced to take medication to control my behavior against my will.

    ☐ False - I **HAVE** been forced to take medication to control my behavior against my will.

26. **Where I live now, I have never been held or tied down by a person or object against my will.**

    ☐ True – I **HAVE NOT** been held or tied down against my will

    ☐ False - I **HAVE** been held or tied down against my will

27. **Where I live now, I have never been kept or locked in a room against my will.**

    ☐ True – I **HAVE NOT** been kept or locked in a room against my will

    ☐ False - I **HAVE** been kept or locked in a room against my will

Communication

28. I feel free to openly discuss any of my concerns with my provider/staff.

☐ Always ☐ Usually ☐ Sometimes ☐ Never

29. I have access to a phone or to other methods of communicating with others outside of where I live. I can talk to anyone I want at any time.

☐ Always ☐ Usually ☐ Sometimes ☐ Never

Access in all areas where I live

30. I have full access to the following areas where I live any time I want or need: kitchen; dining room; living/family room; bedroom; and bathroom.

☐ Always ☐ Usually ☐ Sometimes ☐ Never

Section 7: Staff where I live respect my personal privacy

31. I may lock my bedroom or living unit door for privacy.

☐ Always ☐ Usually ☐ Sometimes ☐ Never

32. I have privacy when I use the bathroom. People do not walk in on me without my permission.

☐ Always ☐ Usually ☐ Sometimes ☐ Never

33. I may take a shower or bath privately. People do not walk in on me without my permission.

☐ Always ☐ Usually ☐ Sometimes ☐ Never

Section 8: Where I live allows me to decorate and furnish my bedroom or living unit

34. I may decorate my bedroom or living unit the way I choose.

☐ Always ☐ Usually ☐ Sometimes ☐ Never

35. I may furnish my bedroom or living unit with my own furniture.

☐ Always ☐ Usually ☐ Sometimes ☐ Never

Section 9: Where I live allows me to have access to food at any time

36. In addition to the meals and snacks provided to me by my provider, I can purchase food and have access to my food at any time.

☐ Always ☐ Usually ☐ Sometimes ☐ Never

Section 10: Where I live allows me to have visitors at any time

37. I may have visitors at any time.

☐ Always ☐ Usually ☐ Sometimes ☐ Never

Section 11: Services outside of where I live

38. I work or use employment services outside of where I live.

☐ Yes ☐ No

39. If yes:

39a. I work or use employment services in a typical community setting where my co-workers come from a variety of different backgrounds and do not necessarily have disabilities (not including paid support staff): ☐ Yes ☐ No

40. I work or use employment services in a setting where most of my coworkers are people who also have some type of disability:

☐ Yes ☐ No

41. If yes:

41a. I had an option to work or use services in a place where I could meet and form relationships with people from a variety of different backgrounds, and not only with other people who have disabilities: ☐ Yes ☐ No

42. I am paid for my work:

☐ Yes ☐ No

43. If yes:

43a. I am paid minimum wage or better: ☐ Yes ☐ No

44. I would like to work more hours:

☐ Yes ☐ No

45. I would like to be able to have a job where I could make more money.

☐ Yes ☐ No

You have completed the survey questions for where you live.

We would now like to ask some questions about services you might get outside of where you live. Not everyone has these services and that is ok. Please answer the best that you can.

46. DAY SERVICES ONLY: I use other services in a provider setting (such as Outpatient Mental Health Services, Adult Day Care, Day Services, or Community Inclusion/Alternative to Employment) outside of the place where I live: ☐ Yes ☐ No

47. If yes:

47a. When I use these services, I feel I am part of my community:

☐ Always ☐ Usually ☐ Sometimes ☐ Never

48. I participate in activities with people I chose to spend time with:

☐ Always ☐ Usually ☐ Sometimes ☐ Never

49. When I use these services, I have opportunities to interact with people from the community, who come from a variety of different backgrounds, and not only people who have disabilities (this does not include paid support staff):

☐ Always ☐ Usually ☐ Sometimes ☐ Never

Is there any other information that you would like to share about where you live or receive services?

Thank you for completing this Survey.

Acumentra HEALTH

Individual Experience Survey - Where I Live and Get Services

Date

Name
Address
City, State, Zip

Dear Name

Please complete this survey if you live in one of the following settings:

- Assisted Living Facility
- Residential Care Facility
- Group Home
- Residential Treatment Home
- Residential Treatment Facility
- Foster Home
- Supported Living
- Stabilization and Crisis Unit

You are being asked to complete this survey because we would like to learn more about where you live and receive services and supports. The supports you receive in these settings are considered Home and Community-Based Services (HCBS). HCBS provides needed supports for individuals to live in the community and have experiences, including employment, just like other members of your community.

In January 2014 the Federal Centers for Medicare and Medicaid Services (CMS) issued new regulations regarding settings in which HCBS are provided. These regulations provide new protections for individuals using HCBS. We are looking at service settings to see if the new requirements are being met. Your answers will not be shared with your provider or their staff. We will use information from the survey results we receive to help your provider/staff understand changes they may need to make under these regulations.

Your input is vital to us.
Completing the survey should only take about 10 minutes. You may:

- Complete your survey online; go to [insert website].

- Enter your password: [insert password]
- Complete your survey on paper and return in the enclosed envelope.

If you would like help to complete your survey, you may choose who helps you. Options for assistance include:

- Call toll free 1-866-432-8403, Option 3, to have someone complete the survey with you.
- Work with your legal representative, a peer advocate, friend or family member.
- Contact a local advocacy program (staff where you live may help you find one).
- Ask staff where you live for help.

We really hope you will take the time to complete this survey. Your experiences in your current setting are important us. Thank you for taking the time to participate.

. If you would like to read more information about these new regulations, you may view them online at this website:
http://www.oregon.gov/dhs/seniors-disabilities/HCBS/Pages/Index.aspx

Sincerely,

Mike McCormick, APD Director;
Lilia Teninty, ODDS Director;
Donna Keddy, Office of Licensing and Regulatory Oversight; and
Justin Hopkins, AMH Quality Management Administrator.

This document can be provided upon request in alternate formats for individuals with disabilities or in a language other than English for individuals with limited English skills. To request this form in another format or language, contact Acumentra at 1-866-432-8403, Option 3.

Acumentra HEALTH

Individual Experience Survey - Where I Live and Get Services

Date

Name
Address
City, State, Zip

Dear Name

Please complete this survey if you live in one of the following settings:

- Assisted Living Facility
- Residential Care Facility
- Group Home
- Residential Treatment Home
- Residential Treatment Facility
- Foster Home
- Supported Living
- Stabilization and Crisis Unit

You are being asked to complete this survey because we would like to learn more about where you live and receive services and supports. The supports you receive in these settings are considered Home and Community-Based Services (HCBS). HCBS provides needed supports for individuals to live in the community and have experiences, including employment, just like other members of your community.

In January 2014 the Federal Centers for Medicare and Medicaid Services (CMS) issued new regulations regarding settings in which HCBS are provided. These regulations provide new protections for individuals using HCBS. We are looking at service settings to see if the new requirements are being met. Your answers will not be shared with your provider or their staff. We will use the information from the survey results we receive to help your provider/staff understand changes they may need to make under these regulations.

Your input is vital to us. Completing the survey should only take about 10 minutes. Please return your completed survey in the enclosed envelope.

If you would like help to complete your survey, you may choose who helps you. Options for assistance include:

- Call toll free 1-866-432-8403, Option 3, to have someone complete the survey with you.
- Work with your legal representative, a peer advocate, friend or family member.
- Contact a local advocacy program (staff where you live may help you find one).
- Ask staff where you live for help.

We really hope you will take the time to complete this survey. Your experiences in your current setting are important us. Thank you for taking the time to participate.

If you would like to read more information about these new regulations, you may view them online at this website:
http://www.oregon.gov/dhs/seniors-disabilities/HCBS/Pages/Index.aspx

Sincerely,

Mike McCormick, APD Director;
Lilia Teninty, ODDS Director;
Donna Keddy, Office of Licensing and Regulatory Oversight; and
Justin Hopkins, AMH Quality Management Administrator.

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Date Survey ID#: [Survey ID]

Name
Address
City, State, Zip

Dear Name

In January 2014 the Federal Centers for Medicare and Medicaid Services (CMS) issued new rules regarding settings in which Home and Community-Based Services (HCBS) are provided. These rules provide new protections for individuals using HCBS. We are looking at service settings to see if the new requirements are being met. Therefore, we are asking that you complete a brief survey if you live in one of the following settings:

- Assisted Living Facility
- Residential Care Facility
- Group Home
- Residential Treatment Home
- Residential Treatment Facility
- Foster Home
- Supported Living
- Stabilization and Crisis Unit

You are being asked to complete this survey because we would like to learn more about where you live and receive services and supports. The supports you receive in these settings are considered Home and Community-Based Services (HCBS). HCBS provides needed supports for individuals to live in the community and have experiences, including employment, just like other members of your community.

Your answers will not be shared with your provider or their staff. We will use information from the survey results we receive to help your provider/staff understand changes they may need to make under these regulations. Your input is vital to us. Completing the survey should only take about 10 minutes. Please see the back of this letter for instructions for completing the survey.

If you have access to the Internet, you may complete your survey online:

- Go to [insert website]
- Enter your password: [insert password]

Please complete your survey online, you will receive a paper survey in about two weeks. These will be sent out automatically; it is not necessary to call to request one.

If you would like help to complete your survey, you may choose who helps you. Options for assistance include:

- Call toll free 1-866-432-8403, Option 3, to have someone complete the survey with you.
- Work with your legal representative, a peer advocate, friend or family member.
- Contact a local advocacy program (staff where you live may help you find one).
- Ask staff where you live for help.

We really hope you will take the time to complete this survey. Your experiences in your current setting are important to us. Thank you for taking the time to participate.

If you would like to read more information about these new regulations, you may view them online at this website:
http://www.oregon.gov/dhs/seniors-disabilities/HCBS/Pages/Index.aspx

Sincerely,

Mike McCormick, APD Director;
Lilia Teninty, ODDS Director;
Donna Keddy, Office of Licensing and Regulatory Oversight; and
Justin Hopkins, AMH Quality Management Administrator.

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Date Survey ID#: [Survey ID]

Name
Address
City, State, Zip

Dear Name

In January 2014, the Federal Centers for Medicare and Medicaid Services (CMS) issued regulations regarding Home and Community-Based Services (HCBS) and settings. As a provider of HCBS, you will be affected by these regulatory changes. The Department of Human Services (DHS) and Oregon Health Authority (OHA) have requested from CMS that Oregon be given until March 2019 to come into compliance with these regulations and have been working with stakeholders, including consumers, advocates, and provider organizations, in developing and implementing Oregon's Home and Community Based Services Setting Global Transition Plan (Transition Plan).

For more information regarding Oregon's Home and Community-Based Services, Settings and Transition Plan, please visit the link below.
www.oregon.gov/dhs/seniors-disabilities/HCBS/Pages/Index.aspx

In order to obtain a picture of Oregon's HCBS network, DHS and OHA are requiring all providers to complete the Provider Self-Assessment Survey (survey) for each HCBS site they own, operate, or control. Please see the back of this letter for instructions on completing the survey.

If you are a Supported Living Provider for Individuals with I/DD, please only complete this survey for those sites where you:

a. Own the residential setting;
b. Lease the residential setting, co-sign, or co-lease, with the individual for the residence; or
c. If you have a direct or indirect financial relationship with the property owner.

It is critical that your answers reflect how your HCBS site actually operates today. Your responses to this survey will not disqualify you from providing Medicaid HCBS during the transition period.

In addition to the provider survey, individuals who receive HCBS in sites owned, operated, or controlled by the provider will be given the opportunity to complete surveys regarding their experiences in those settings. The information obtained from both surveys will assist DHS and OHA with determining what changes need to occur at the individual, provider and systemic levels. The survey results will be utilized to assist all providers of HCBS to achieve full compliance with the regulations within the CMS-approved timeframe.

Please complete your survey online:

- Go to [insert website]
- Enter your password: [insert password]

If you would like help to complete the survey, options for assistance include:

- Call toll free 1-866-432-8403, Option 3, to have someone complete the survey with you.
- Attend an HCBS forum in your area that will provide more information about the HCBS and the surveys. (Please see the HCBS website for additional information about dates and locations: http://www.oregon.gov/dhs/seniors-disabilities/HCBS/Pages/Index.aspx

If you have already filled out the survey online, thank you. You do not need to do it again. If you have not yet completed the survey, you may either complete the attached survey and return it in the postage-paid return envelope; or, complete the survey online. Thank you for your time in completing this survey.

Sincerely,

Mike McCormick, APD Director;
Lilia Teninty, ODDS Director;
Donna Keddy, Office of Licensing and Regulatory Oversight; and
Justin Hopkins, AMH Quality Management Administrator.

Acumentra HEALTH

Date Survey ID#: [Survey_ID]

Parent or Guardian of
[Name]
[Address]
[City, State, Zip]

Dear Parent or Guardian,

You are being asked by the Office of Developmental Disability Services (ODDS) to complete a survey on behalf of a child living in a group home or foster home because we would like to learn more about experiences living in these settings. The supports provided in these settings are considered Home and Community-Based Services (HCBS). HCBS provides needed supports for individuals to live integrated in the community and have experiences, including work experiences that will lead to integrated employment in the community, just like other members of the community.

Please complete this survey if you are the legal representative for a child living in one of the following home settings:

- Group Home
- Foster Home

"Legal representative for a child" means the child's parent who has legal custody of the child or the child's legal guardian.

For children in Child Welfare Foster Homes, the child's Child Welfare caseworker should be the one to coordinate completion of the survey with the individual receiving services and others knowledgeable about the plan.

Children ages 14 and older are encouraged to complete the survey themselves or with assistance.

In January 2014 the Federal Centers for Medicare and Medicaid Services (CMS) issued new regulations regarding settings in which HCBS are provided. These

regulations provide new protections for children and adults using HCBS. Oregon is looking at service settings to see if the new regulations are being met. Your answers will not be shared with the provider or their staff in the group home or foster home setting. **However,** ODDS will use the information from the survey results we receive to help the provider/staff understand changes they may need to make under these regulations. Your input is vital to us.

Completing the survey should only take about 10 minutes. You may:

- Complete your survey online; go to [insert website].
- Enter your password: [insert password]; or,

Complete your survey on paper and return it in the enclosed postage-paid envelope.

If you would like help to complete the survey, options for assistance may include:

- Call toll free 1-866-432-8403, Option 3, to have someone complete the survey with you.
- Work with your legal representative, a peer advocate, friend or family member.
- Contact a local advocacy program (the child's residential provider or services coordinator my help you find one).
- Ask the residential provider for help.

We really hope you will take the time to complete this survey. While taking this survey is voluntary, hearing about children's current experiences is important to us. Thank you for your time in completing this survey.

If you would like to read more information about these new regulations, you may view them online at this website:
http://www.oregon.gov/dhs/seniors-disabilities/HCBS/Pages/Index.aspx

Sincerely,

Lilia Teninty, ODDS Director; and
Donna Keddy, Office of Licensing and Regulatory Oversight.

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Date Survey ID#: [Survey_ID]

Parent/Guardian of
Name
Address
City, State, Zip

Dear Parent or Guardian,

You are being asked by the Office of Developmental Disability Services (ODDS) to complete a survey on behalf of a child living in a group home or foster home because we would like to learn more about experiences living in these settings. The supports provided in these settings are considered Home and Community-Based Services (HCBS). HCBS provide needed supports for individuals to live integrated in the community and have experiences, including work experiences that will lead to integrated employment in the community, just like other members of your community.

Please complete this survey if you are the legal representative for a child living in one of the following home settings:

- Group Home
- Foster Home

"Legal representative for a child" means the child's parent who has legal custody of the child or the child's legal guardian.

For children in Child Welfare Foster Homes, the child's Child Welfare caseworker should be the one to coordinate completion of the survey with the individual receiving services and others knowledgeable about the plan.

Children ages 14 and older are encouraged to complete the survey themselves or with assistance.

In January 2014 the Federal Centers for Medicare and Medicaid Services (CMS) issued new regulations regarding settings in which HCBS are provided. These regulations provide new protections for children and adults using HCBS. Oregon

is looking at service settings to see if the new regulations are being met. Your answers will not be shared with the provider or their staff in the group home or foster home setting. **However,** ODDS will use the information from the survey results we receive to help the provider/staff understand changes they may need to make under these regulations. Your input is vital to us.

Completing the survey should only take about 10 minutes. To complete the survey online:

- Go to [insert website];
- Enter your password [insert password].

If you do not have access to the Internet or prefer not to do your survey online, you will receive a paper survey in about two weeks. These will be sent out automatically; it is not necessary to call to request one.

If you would like help to complete the survey, options for assistance include:

- Call toll free 1-866-432-8403, Option 3, to have someone complete the survey with you.
- Work with your legal representative, a peer advocate, friend or family member.
- Contact a local advocacy program (the child's residential provider or services coordinator my help you find one).
- Ask the residential provider for help.

We really hope you will take the time to complete this survey. While taking this survey is voluntary, hearing about children's current experiences is important to us. Thank you for your time in completing this survey.

If you would like to read more information about these new regulations, you may view them online at this website:
http://www.oregon.gov/dhs/seniors-disabilities/HCBS/Pages/Index.aspx

Sincerely,

Lilia Teninty, ODDS Director; and
Donna Keddy, Office of Licensing and Regulatory Oversight.

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Survey ID# [Survey_ID]

1. **Date**_____
2. **Name of Child Living in the Setting**_____
3. **Age of Child Living in the Setting**_____
4. **Residential Setting Name**_____
5. **Residential Setting Address**_____

_____

Please choose one of the following to describe how the survey is being completed:

6. **I am the child or youth living in the setting and I am completing the survey with assistance from someone.**
7. **Best description of the role of the person helping me :**

   ☐ Legal Representative ☐ Not Applicable

   ☐ Survey Hotline/Peer Advocate ☐ Family Member/Friend

   ☐ Other; Explain_____

8. **Reason somebody is helping me:**

   ☐ I require assistance ☐ I requested assistance

   ☐ Other; Explain_____

9. **Name of person helping me**_____
10. ☐ **I am the child or youth living in the setting and I am completing the survey on my own without assistance from someone.**
11. ☐ **I am the legal representative for the child living in the setting and I am completing the survey on the child's behalf.**
12. **Type of legal representative:** ☐ Parent with legal custody ☐ Legal guardian
13. **Name of person completing the survey for me**_____

Please complete the survey questions from the perspective of the child who is receiving services in a residential (group home or foster home) setting.

Section 1: Where I live supports access to the broader community

14. Please choose the description that best describes how the location of the home where the child receives services supports access to the community:

Pick the best answer:

☐ Where I live makes it **EASY** for me to be part of the community where I am located.

☐ Where I live makes it **HARD** for me to be part of the community where I am located.

Where I live makes it easy for me to:

15. Participate in community activities

☐ Always ☐ Usually ☐ Sometimes ☐ Never

16. Go places in the community

☐ Always ☐ Usually ☐ Sometimes ☐ Never

17. Obtain work-related experience (such as summer or after school work, volunteer work, etc.) or get a job in the community:

☐ Always ☐ Usually ☐ Sometimes ☐ Never

☐ I am working on other things right now and do not wish to work or obtain work experience at this time.

☐ N/A- I am too young to work or gain work-related experience right now.

Section 2: I am supported where I live to be part of the community

18. I have regular opportunities be part of the broader community. The following are some examples that help explain what this means: getting work experience in the community; participating in extracurricular activities; going to the park, the library, or church; shopping for food, clothing or other items; going to the gym or an exercise class; going out for ice cream; going to the movies, fairs, rodeos, or other community events.

☐ Always ☐ Usually ☐ Sometimes ☐ Never

Section 3: Choosing where I live

19. Before I moved to where I live now, I (or my parent or guardian) was told about or able to visit other places to live.

☐ Yes ☐ No

☐ I don't know (I am a youth completing the survey and I don't know if my guardian was told about other options)

20. Before moving to where I live now, I (or my parent or guardian) was offered different choices of where I could live. One of the choices was a service setting where not all people experience disabilities; this choice may have included the option for me to receive services in my family home.

☐ Yes ☐ No

☐ I don't know (I am a youth completing the survey and I don't know if my guardian was told about other options)

21. If I have a shared bedroom, I (or my parent or guardian) was offered a choice of a home for me that offered a private bedroom.

☐ Yes ☐ No ☐ Not applicable - I am in a private room

☐ I don't know (I am a youth completing the survey and I don't know if my guardian was offered the choice of a home with a private bedroom)

22. My guardian has a say in who I share my bedroom with.

☐ Yes ☐ No ☐ Not applicable - I am in a private room

☐ I don't know (I am a youth completing the survey and I don't know if my guardian has a say in who is share my bedroom with)

23. I got to visit the home where I live now and meet members of the household before I moved in.

☐ Yes ☐ No

Section 4: Where I live supports my independence and making life choices

Work or Work Experience

24. My provider/setting supports me with my daily needs in order for me to work or obtain work-related experience.

☐ Always ☐ Usually ☐ Sometimes ☐ Never

☐ I am working on other things right now and do not wish to work or obtain work-related experience at this time.

☐ N/A- I am too young to work or gain work-related experience right now.

Personal Finances (Resources)

25. I have a say in how I spend my personal funds.

☐ Always ☐ Usually ☐ Sometimes ☐ Never

26. I get support to manage my money so I can buy the things I want.

☐ Always ☐ Usually ☐ Sometimes ☐ Never

Section 5: I am supported where I live to participate in creating my own schedule

27. I have an active role in planning my own schedule. I am supported in choosing preferred activities and my provider helps me to plan my day so that I can do things I like while also planning for necessary things like school, physical activity, and sleep.

☐ Always ☐ Usually ☐ Sometimes ☐ Never

Section 6: Where I live ensures my rights of privacy, dignity and respect, and freedom from coercion (strong-arm) and restraint

Coercion

28. Where I live now, my provider/staff has never used physical force or physical punishment, or threats to make me do something I don't want to do.

☐ True – I **HAVE NOT** been forced to make decisions against my will

☐ False – I **HAVE** been forced to make decisions against my will

Restraint

29. Where I live now, I have never been forced to take a medication as a consequence of my behavior.

☐ True – I **HAVE NOT** been forced to take medication as a consequence of my behavior against my will.

☐ False - I **HAVE** been forced to take medication as a consequence of my behavior against my will.

30. Where I live now, I have never been tied down to control my behavior against my will.

☐ True – I **HAVE NOT** been tied down to control my behavior against my will.

☐ False - I **HAVE** been tied down to control my behavior against my will.

31. Where I live now, I have never been held down by a person or object to control my behavior against my will.

☐ True – I **HAVE NOT** been held down to control my behavior against my will.

☐ False - I **HAVE** been held down to control my behavior against my will.

32. Where I live now, I have never been kept away from others in a confined space or locked in a room as punishment against my will.

☐ True – I **HAVE NOT** been kept or locked in a room as punishment against my will

☐ False - I **HAVE** been kept or locked in a room as punishment against my will

Communication

33. I feel free to openly discuss any of my concerns with my provider/staff.

☐ Always ☐ Usually ☐ Sometimes ☐ Never

34. I have access to a phone or to other methods of communicating with others outside of where I live. My provider allows me to talk to my guardian (or my attorney or CASA, if I have one) at any time.

☐ Always ☐ Usually ☐ Sometimes ☐ Never

Access in all areas of the home where I live

35. I can be in the following areas of my home: kitchen; dining room; living/family room; bedroom; and bathroom.

☐ Always ☐ Usually ☐ Sometimes ☐ Never

Section 7: Staff where I live respect my personal privacy

36. I have privacy in my bedroom and opportunity for private time if I desire it. Staff and other household members knock before entering my room.

☐ Always ☐ Usually ☐ Sometimes ☐ Never

37. I have privacy when I use the bathroom. I may have assistance when using the bathroom, but people do not walk in on me without my permission.

☐ Always ☐ Usually ☐ Sometimes ☐ Never

38. I have privacy when I take a shower or bath. I may have assistance when showering or bathing, but people do not walk in on me without my permission.

☐ Always ☐ Usually ☐ Sometimes ☐ Never

Section 8: Where I live allows me to decorate and furnish my bedroom or living unit

39. I have a say in how I decorate my bedroom.

☐ Always ☐ Usually ☐ Sometimes ☐ Never

40. I may furnish my bedroom with my own furniture.

☐ Always ☐ Usually ☐ Sometimes ☐ Never

Section 9: Where I live allows me to have access to food at any time

41. My provider serves some of my favorite foods and I am offered healthy alternatives if I don't like something that is being served.

☐ Always ☐ Usually ☐ Sometimes ☐ Never

42. In addition to the meals and snacks provided to me by my provider, I have access to snacks and have the option of purchasing my favorite foods.

☐ Always ☐ Usually ☐ Sometimes ☐ Never

Section 10: Where I live allows me to have visitors at any time

43. My provider, guardian, and ISP team work together to support me in having visits with friends.

☐ Always ☐ Usually ☐ Sometimes ☐ Never

44. My provider is supportive of visits with my family (except where limited by a court order) and I feel like my family is welcome in the home where I live.

☐ Always ☐ Usually ☐ Sometimes ☐ Never

You have completed the survey questions for where you live.

We would now like to ask some questions about services you might get outside of where you live. Not everyone has these services and that is ok. Please answer the questions that are applicable to you

Section 11: Services outside of where I live

45. I work or use employment services outside of where I live.

☐ Yes ☐ No

☐ N/A- I am too young to work or gain work-related experience right now.

46. If yes: I work or use employment services in a typical community setting where my coworkers come from a variety of different backgrounds and do not necessarily have disabilities (not including paid support staff): ☐ Yes ☐ No

47. I work or use employment services in a setting where most of my coworkers are people who also have some type of disability: ☐ Yes ☐ No

48. If yes: I had an option to work or use services in a place where I could meet and form relationships with people from a variety of different backgrounds, and not only with other people who have disabilities: ☐ Yes ☐ No

49. I am paid for my work: ☐ Yes ☐ No

50. If yes: I am paid minimum wage or better: ☐ Yes ☐ No

51. I would like to work more hours now or in the future: ☐ Yes ☐ No

52. I would like to be able to have a job where I could make more money now or in the future:

☐ Yes ☐ No

53. Is there any other information that you would like to share about where you live or receive services?

Thank you for completing this survey.

DATE Survey ID# [Survey_ID]

[NAME]
[ADDRESS]
[CITY, STATE, ZIP]

Re: **Home and Community-Based Services Setting Provider Self-Assessment Survey for Children's Residential Settings (Foster Care and Group Homes)**

Dear [NAME]
Please complete this survey if you receive Medicaid-funded/DD Service payment for providing services to children in your group home or foster home.

This assessment is required as part of Oregon's transition plan to comply with new Federal Home and Community-Based Services (HCBS) regulations. Every residential service (foster home or group home) provider must complete an assessment for each site they operate. This survey is specifically for providers who receive service payments from the Office of Developmental Disabilities Services (ODDS) for serving children in foster home or group home service settings in Oregon. If you also provide services to adults in your licensed or certified setting, you will need to complete an adult assessment addressing those individuals as well.

Why am I being asked to complete this survey?
In Oregon, residential services (foster care and group homes) for children with Intellectual and Developmental Disabilities are primarily funded through Medicaid Home and Community-Based state plans and waivers. In January 2014, the Federal Centers for Medicare and Medicaid Services (CMS) issued regulations regarding Home and Community-Based Services (HCBS) and settings. The intent of the new regulations is to ensure that individuals who receive HCBS are able to fully enjoy all the benefits of living in the community on the same basis as people who do not have a disability or use Medicaid HCBS.

As a provider of residential services to children receiving Medicaid HCBS funding, you will be affected by these regulatory changes. As a part of Oregon's transition plan to comply with the new regulations, DHS and OHA are surveying all licensed or certified residential settings, as well as all settings in which non-residential services are provided, to determine the changes necessary to achieve full compliance with the new Federal regulations. This survey is for providers of children's residential services (foster home and group homes). Providers of non-residential services will complete a separate assessment.

In order to get a picture of Oregon's HCBS network, DHS and OHA are requiring all providers to complete the Provider Self-Assessment Survey (survey) for each HCBS site they operate. It is critical that your answers reflect how your HCBS site actually

operates today. Your responses to this survey will not disqualify you from providing Medicaid HCBS during the transition period

In addition to the provider survey, individuals who receive HCBS in licensed or certified residential settings will be given the opportunity to complete surveys regarding their experiences in those settings. For children, the parent or guardian of the child may be the person completing the survey on the child's behalf.

If you have already filled out the survey online, thank you. You do not need to do it again. If you have not yet completed the survey, you may either complete the attached survey and return it in the postage-paid return envelope; or, complete the survey online. To complete the survey online:

- Go to [insert website]
- Enter your password: [insert password]

Where can I get additional information?
More information or additional assistance to complete your survey can be found here:

- Call toll free 1-866-432-8403, Option 3, to have someone complete the survey with you.
- Attend an HCBS forum in your area and complete the survey in person, then return it in the postage-paid return envelope; or complete the survey online.
- Contact a local advocacy program for assistance.

Thank you for your time in completing this survey.

For more information regarding Oregon's Home and Community-Based Services, Settings and Transition Plan please visit the link below.
http://www.oregon.gov/dhs/seniors-disabilities/HCBS/Pages/Index.aspx

Sincerely,

Lilia Teninty, ODDS Director; and
Donna Keddy, Office of Licensing and Regulatory Oversight.

DATE Survey ID# [Survey_ID]

[NAME]
[ADDRESS]
[CITY, STATE, ZIP]

Re: **Home and Community-Based Services Setting Provider Self-Assessment Survey for Children's Residential Settings (Foster Care and Group Homes)**

Dear [NAME]

Please complete this survey if you receive Medicaid-funded/DD Service payment for providing services to children in your group home or foster home.

This assessment is required as part of Oregon's transition plan to comply with new Federal Home and Community-Based Services (HCBS) regulations. Every residential service (foster home or group home) provider must complete an assessment for each site they operate. This survey is specifically for providers who receive service payments from the Office of Developmental Disabilities Services (ODDS) for serving children in foster home or group home service settings in Oregon. If you also provide services to adults in your licensed or certified setting, you will need to complete an adult assessment addressing those individuals as well.

Why am I being asked to complete this survey?
In Oregon, residential services (foster care and group homes) for children with Intellectual and Developmental Disabilities are primarily funded through Medicaid Home and Community-Based state plans and waivers. In January 2014, the Federal Centers for Medicare and Medicaid Services (CMS) issued regulations regarding Home and Community-Based Services (HCBS) and settings. The intent of the new regulations is to ensure that individuals who receive HCBS are able to fully enjoy all the benefits of living in the community on the same basis as people who do not have a disability or use Medicaid HCBS.

As a provider of residential services to children receiving Medicaid HCBS funding, you will be affected by these regulatory changes. As a part of Oregon's transition plan to comply with the new regulations, DHS and OHA are surveying all licensed or certified residential settings, as well as all settings in which non-residential services are provided, to determine the changes necessary to achieve full compliance with the new Federal regulations. This survey is for providers of children's residential services (foster home and group homes). Providers of non-residential services will complete a separate assessment.

In order to get a picture of Oregon's HCBS network, DHS and OHA are requiring all providers to complete the Provider Self-Assessment Survey (survey) for each HCBS

site they operate. It is critical that your answers reflect how your HCBS site actually operates today. Your responses to this survey will not disqualify you from providing Medicaid HCBS during the transition period

In addition to the provider survey, individuals who receive HCBS in licensed or certified residential settings will be given the opportunity to complete surveys regarding their experiences in those settings. For children, the parent or guardian of the child may be the person completing the survey on the child's behalf.

To complete the survey online:

- Go to [insert website];
- Enter your password [insert password].

If you do not have access to the Internet or prefer not to do your survey online, you will receive a paper survey in about two weeks. **These will be sent out automatically; it is not necessary to call to request one.**

Where can I get additional information?
More information or additional assistance to complete your survey can be found here:

- Call toll free 1-866-432-8403, Option 3, to have someone complete the survey with you.
- Attend an HCBS forum in your area and complete the survey in person, then return it in the postage-paid return envelope; or complete the survey online.
- Contact a local advocacy program for assistance.

Thank you for your time in completing this survey.

For more information regarding Oregon's Home and Community-Based Services Setting Transition Plan please visit the link below.
http://www.oregon.gov/dhs/seniors-disabilities/HCBS/Pages/Transition-Plan.aspx

Sincerely,

Lilia Teninty, ODDS Director; and
Donna Keddy, Office of Licensing and Regulatory Oversight.

Survey ID#: [insert Survey_ID]

Home and Community-Based Services Setting Provider Self-Assessment Survey for Children's Residential Settings (Foster Care and Group Homes)

1. **Date**_____
2. **Provider Name**_____
3. **Person completing Survey and Title/Position**_____

   _____
4. **Medicaid Provider Number**_____
5. **Type of License or Certification**_____
6. **Licensing or Certification Agency (check one):**

   ☐ DD ☐ Child Welfare ☐ Other: _____
7. **Primary Population(s) Served**_____
8. **Physical Address of Service Site**_____

   _____
9. **Number of individuals in the home receiving Medicaid HCBS**_____
10. **Total number of persons residing in the household**_____
11. **Mailing Address (if different from above)**_____

    _____
12. **Phone**_____
13. **Email**_____
14. **Total number of sites you will be completing surveys on**_____

Section 1: The residential setting is integrated and supports full access to the greater community and does not isolate individuals

15. **Part A:** Please choose the option that best describes the group home or foster home.

☐ Individuals are supported in having full access to the community. The home does not specialize in, nor does the provider target, a specific disability or diagnosis type. There may be a mix of people with and without disabilities living in the home. The home may have a mix of residents receiving Medicaid funded services and others who do not. Individuals are supported in obtaining services outside of the home in the broader community in addition to the care they receive in the home. The home encourages opportunities to work or seek work related experience (on the same basis as people who are the same age and do not have a disability). Other off-site services may include school services, community activities, gym, medical care, behavioral and therapeutic services, and/or social recreational activities.

☐ Individuals receive some services in the home and other services in the broader community. Onsite and off-site services may include school services, community activities gym, work or work related experience (on the same basis as people who are the same age and do not have a disability), medical care, behavioral and therapeutic services, and/or social recreational activities.

☐ The home is designed for people with disabilities and often for people with a certain type of disability. The individuals in the home are primarily or exclusively people with disabilities and on-site staff provides many of the services. Individuals have regular opportunities to engage in the broader community. However, the home setting does not encourage opportunities to work or obtain work related experience (on the same basis as people who are the same age and do not have a disability).

☐ The home is designed for individuals with disabilities to receive multiple types of services on-site or in the home, including housing, school services, medical, behavioral and therapeutic services, and/or social and recreational activities and people in the home have limited, if any, interaction with the broader community. The home setting does not encourage opportunities to work or obtain related experience (on the same basis as people who are the same age and do not have a disability).

Part B: Indicate if any of the following apply:

16. The residential setting is a locked facility. ☐ Yes ☐ No

17. The residential setting is one of the following: ☐ Yes ☐ No

- Farmstead or disability specific farm community located in rural residential setting on a large parcel of land with little ability to access the broader community outside of the farm.
- Gated/secured "community" for people with disabilities where services are provided on-site and individuals rarely leave the gated community.
- Residential school where individuals receive both education and residential services in one setting and do not go into the broader community for education.
- Multiple residential settings co-located and operationally related (operated by the same provider) where services are provided on campus with individuals rarely accessing the broader community.

Section 2: Optimizes autonomy and independence in making life choices

Work or Work Experience

18. Please choose the option that best describes the residential service setting provider's role related to services and supports for work or work-related experiences:

☐ The home/provider encourages opportunities for individuals to obtain work or work-related experience. Individuals who would like to work are either working or obtaining some type of work related experience. Individuals who live in this home have supports from the provider to plan for or otherwise meet daily needs required to maintain work or a work experience. Individuals who live in this home, including those who are not working, are regularly encouraged throughout the year to discuss work or career goals.

☐ The home/provider encourages opportunities for individuals to obtain work or work related experience on the same basis as people who are the same age and do not have a disability. Individuals who may be focused on school right now will be encouraged to pursue work and work related experiences in the future. Individual have opportunities to talk about work or career goals.

☐ The home /provider supports individuals in getting ready for school and/or work each day, but does not necessarily encourage individuals to seek work or work-related experience on the same basis as people who are the same age and do not have disabilities. Work or career goals are rarely talked about.

☐ Individuals are not encouraged or emotionally supported by the provider to work or obtain work experience. Work or career goals are rarely or never talked about, and likely will not be discussed in the future.

☐ All individuals in the home are focused on school right now or are not yet of school age. Individuals in the home are encouraged to discuss future plans and career goals that include work in an integrated setting.

Personal Finances (Resources)

19. Please choose the option that best describes the services and supports for personal resources:

☐Individuals may or may not have a Social Security designated Representative Payee. Individual may or may not be beneficiaries of a Special Needs Trust or Discretionary Trust. The existence of one of these is not considered a limitation by the residential setting/provider.

☐The home /provider places no limitations to an individual's, or their designated representatives', ability to access personal financial resources (personal spending monies, personal property, real estate, assets, savings, etc.). Personal resources may be safeguarded but individuals have easy access to, experience no barriers, and are supported in obtaining and using personal resources as desired.

☐There may be some limitations based on the safeguarding of personal resources. The provider assists individuals in budgeting and managing funds, however, the individual self-directs and is engaged in the process as much as possible. The individual's financial plan is addressed in the ISP and the provider supports the individual in meeting identified goals.

☐ Limitations beyond age appropriate structure and guidance are placed on an individual's, or their designated representatives', access to personal resources.

20. If you selected "Limitations beyond age appropriate structure and guidance are placed on an individual's, or their designated representatives', access to personal resources" above, are the limits universally applied to everyone living in the home?

☐Yes ☐No

21. Are the limits only applied to those who need them? ☐Yes ☐No

22. If you answered yes to the above, is there documentation of less restrictive alternatives tried before applying limits? ☐Yes ☐No

23. If limits are used, are the limitations identified in the individual's person-centered service plan? ☐Yes ☐No

24. If limits are used, they are primarily used to (select the best answer):

☐Protect the individual or others ☐Efficiently manage operations

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Section 3: The individual controls his/her own schedule

25. Please choose the option that best describes the services and supports for controlling one's own schedule:

☐Individuals are supported to control their own schedules in an age appropriate manner as much as possible. The provider engages with the individual to promote self-direction and honor individual preferences related to routine and activities. Routine activities such as bathing and mealtimes are flexible and work around the individual's personal schedule. Requests for engaging in the broader community such as participating in extracurricular school activities, working or participating in work-related experiences, going shopping, to the library, or to the park are routinely supported and accommodated. When individuals work, their schedules are supported. Children in the home are encouraged to participate in extra-curricular activities such as school or community sporting programs or clubs.

☐Individuals are an active part of directing or creating their personal schedules. The preferences of the individual are honored whenever possible. The provider helps the individual identify preferred activities and activity times, while also supporting the individual in addressing necessary components of their daily routine such as school attendance, exercise, and adequate rest. Routine activities in the household and general scheduling is flexible and is adjusted based on who lives in the home and what is important to members of the household.

☐ Most activities are scheduled by the provider, including daily living activities such as mealtimes, bathing, and social and recreation opportunities. The provider seeks little input from the individual in scheduling activities. The household operates by a routine schedule that has little flexibility and little variation, even when the household composition changes.

☐ There are home/provider limits to the amount of control individuals have over their own schedules.

26. If you selected "There are home/provider limits to the amount of control individuals have over their own schedule" above, are the limits universally applied to everyone living in the home? ☐Yes ☐No

27. Are the limits only applied to those who need them? ☐Yes ☐No

28. If you answered yes to the above, is there documentation of less restrictive alternatives tried before applying limits? ☐Yes ☐No

29. If limits are used, are the limitations identified in the individual's person-centered service plan? ☐Yes ☐No

30. If limits are used, they are primarily used to (select the best answer):

☐Protect the individual or others ☐Efficiently manage operations

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Section 4: Setting ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint

Freedom from Coercion

31. Are individuals free from coercion as defined below? ☐Yes ☐No

- Threats of serious harm to or physical restraint against any person;
- Any scheme, plan, or pattern intended to cause a person to believe that failure to perform an act would result in serious harm to or physical restraint against any person; or
- The abuse or threatened abuse of the legal process.

32. Do the provider/staff utilize any of the following restraints on individuals receiving services in this home to address and control behavior? ☐Yes ☐No

- Chemical restraints, such as the forced administration of a medication as a controlling or punitive response to a behavioral episode.
- Mechanical restraints, such as devices that limit an individual's ability to freely move their body, not part of the person's formal behavior support plan
- Physical restraints, such as using a physical maneuver to limit an individual's ability to freely move, where the maneuver is weight-bearing and/or not part of the person's formal behavior support plan
- Seclusion, such as restricting an individual to a specific physical space as a punitive response to a behavior

Communication

33. Please choose the option that best describes the services and supports for communication:

☐ Individuals are encouraged and supported to communicate within the home and with others outside of the home. Individuals are afforded privacy in communication as safe and appropriate to their chronological age. Individuals may have access to the phone or other methods of communication with assistance or oversight from the provider. Individuals have privacy in communication with their parents or legal guardian, except where restricted by a court order. Where applicable, individuals have privacy in communication with their Child Welfare caseworker, attorney, and/or CASA.

☐ Individuals are encouraged and supported to communication with others in the home and in the community. Access to the phone or other modes of communication may be made with the provider's permission, or in accordance with the individual's ISP. There may be legal orders that direct the types of communication and level of supervision or access an individual may have.

☐The ability to communicate privately within the home and with others outside of the home is limited.

34. If you selected "The ability to communicate privately within the home and with others outside of the home is limited" above, are the limits universally applied to everyone living in the home? ☐Yes ☐No

35. Are the limits only applied to those who need them? ☐Yes ☐No

36. If you answered yes to the above, is there documentation of less restrictive alternatives tried before applying limits? ☐Yes ☐No

37. If limits are used, are the limitations identified in the individual's person-centered service plan? ☐Yes ☐No

38. If limits are used, they are primarily used to (select the best answer):

☐Protect the individual or others ☐Efficiently manage operations

Homelike Accommodations

39. Please choose the option that best describes the services and supports for homelike accommodations:

☐ Individuals have access to typical homelike accommodations such as a kitchen, dining area, family/living room, laundry, and bathroom appropriate to the chronological age of the individual.

☐ Individuals have full access to most typical homelike accommodations, however, providers may modify access to address safety incidental to the provision of daily living activities.

☐ There are home/provider limits beyond age appropriate structure and guidance to full access to typical homelike accommodations.

40. If you selected "There are home/provider limits beyond age appropriate structure and guidance to full access to typical homelike accommodations" above, are the limits universally applied to everyone living in the home? ☐Yes ☐No

41. Are the limits only applied to those who need them? ☐Yes ☐No

42. If you answered yes to the above, is there documentation of less restrictive alternatives tried before applying limits? ☐Yes ☐No

43. If limits are used, are the limitations identified in the individual's person-centered service plan? ☐Yes ☐No

44. If limits are used, they are primarily used to (select the best answer):

☐Protect the individual or others ☐Efficiently manage operations

Section 5: Personal Privacy

45. Please choose the option that best describes the services and supports for personal privacy:

☐ Individuals have the opportunity to have privacy or private time in their bedroom, including the ability to close the door, should they desire it. Individuals have privacy when using the bathroom. Individuals are able to close the bathroom door and are shielded or protected from others walking in on them when using the toilet or bathing. Staff/caregivers are present in the bathroom or during private time only when necessary to provide required assistance or to address safety. Staff and other members of the household knock and wait to receive permission before entering a closed room.

☐ There are home/provider limits beyond age appropriate structure and guidance on an individual's ability to have personal privacy.

46. If you selected "There are home/provider limits on an individual's ability to have personal privacy" above, are the limits universally applied to everyone living in the home? ☐Yes ☐No

47. Are the limits only applied to those who need them? ☐Yes ☐No

48. If you answered yes to the above, is there documentation of less restrictive alternatives tried before applying limits? ☐Yes ☐No

49. If limits are used, are the limitations identified in the individual's person-centered service plan? ☐Yes ☐No

50. If limits are used, they are primarily used to (select the best answer):

☐ Protect the individual or others ☐ Efficiently manage operations

Section 6: Choice of Roommates

51. Please choose the option that best describes the services and supports individuals and/or their guardians have in the choice of roommates in a shared bedroom situation:

☐ This home only offers private rooms.

☐ There are shared bedrooms in the home. The individual's legal guardian has consented to and supports the individual having a shared bedroom. There are methods in place for guardians to request a change in roommate or shared room situation should this be desired. Individuals and their guardians have the opportunity to meet new potential shared bedroom roommates and have input in the selection of their shared bedroom roommate.

☐ There are shared bedrooms in the home. There are provider limits regarding the individual's and their guardian's involvement in the selection of shared bedroom roommates or their ability to have input in the choice of shared bedroom roommates.

52. If you selected "There are shared bedrooms in the home. There are provider limits regarding the individual's and their guardian's involvement in the selection of shared bedroom roommates or their ability to have input in the choice of shared bedroom roommates" above, are the limits universally applied to everyone living in the home?

☐Yes ☐No

53. Are the limits only applied to those who need them? ☐Yes ☐No

54. If you answered yes to the above, is there documentation of less restrictive alternatives tried before applying limits? ☐Yes ☐No

55. If limits are used, are the limitations identified in the individual's person-centered service plan? ☐Yes ☐No

56. If limits are used, they are primarily used to (select the best answer):

☐ Protect the individual or others ☐ Efficiently manage operations

Section 7: Freedom to Furnish and Decorate

57. Please choose the option that best describes the services and supports to individuals regarding furnishing and decorating:

☐ Individuals may bring their own furnishings and are supported and encouraged to personalize their space. Individuals are encouraged to have age appropriate décor that reflects their personal style. The provider may provide guidance to the individual to address safety and family-friendly considerations.

☐ The home provider limits an individual's ability to furnish and decorate.

58. If you selected "The home provider limits an individual's ability to furnish and decorate" above, are the limits universally applied to everyone living in the home?

☐Yes ☐No

59. Are the limits only applied to those who need them? ☐Yes ☐No

60. If you answered yes to the above, is there documentation of less restrictive alternatives tried before applying limits? ☐Yes ☐No

61. If limits are used, are the limitations identified in the individual's person-centered service plan? ☐Yes ☐No

62. If limits are used, they are primarily used to (select the best answer):

☐ Protect the individual or others ☐ Efficiently manage operations

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Section 8: The individual can have access to food at any time

63. Please choose the option that best describes the services and supports to individuals regarding access to food.

☐ Individuals are provided three nutritious meals and two snacks a day. Individuals are encouraged to participate in menu planning, and cultural and personal preferences of the individual are honored. The individual may participate in grocery shopping, selection of meal options, and routinely have an opportunity to have favorite foods. Mealtimes offer some choice in food options and individuals are not required or expected to eat foods they do not like. If an individual misses a meal, alternatives such as a to-go sack meal or heatable meals, are available upon return.

☐ Individuals are provided three nutritious meals and two snacks a day. The provider seeks little input from the individual related to menu planning. Individual preferences or favorite foods are rarely served and alternative options for meals are not offered.

☐There are limits beyond age appropriate structure and guidance in place regarding access to food at any time.

64. If you selected "There are limits beyond age appropriate structure and guidance in place regarding access to food at any time" above, are the limits universally applied to everyone living in the residential setting? ☐Yes ☐No

65. Are the limits only applied to those who need them? ☐Yes ☐No

66. If you answered yes to the above, is there documentation of less restrictive alternatives tried before applying limits? ☐Yes ☐No

67. If limits are used, are the limitations identified in the individual's person-centered service plan? ☐Yes ☐No

68. If limits are used, they are primarily used to (select the best answer):

☐Protect the individual or others ☐Efficiently manage operations

Section 9: The individual can have visitors at any time

69. Please choose the option that best describes the services and supports to individuals regarding having visitors.

☐ Individuals are encouraged to have visitors in the home. Legal guardians and family members have access to the individual at any time (except where limited by a court order). The provider works with the individual in identifying opportunities to have visitors and planning for social opportunities.

☐ Individuals are not necessarily encouraged to have visitors in the home. When an individual desires to have visitors, they are encouraged to meet with friends or family outside of the home, rather than hosting guests at the residence.

☐ There are residential setting/provider limits beyond age appropriate structure and guidance to individuals having visitors at any time.

70. If you selected "There are residential setting/provider limits beyond age appropriate structure and guidance to individuals having visitors at any time" above, are the limits universally applied to everyone living in the residential setting?

☐ Yes ☐ No

71. Are the limits only applied to those who need them? ☐ Yes ☐ No

72. If you answered yes to the above, is there documentation of less restrictive alternatives tried before applying limits? ☐ Yes ☐ No

73. If limits are used, are the limitations identified in the individual's person-centered service plan? ☐ Yes ☐ No

74. If limits are used, they are primarily used to (select the best answer):

☐ Protect the individual or others ☐ Efficiently manage operations

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Is there any other information that you as a provider of community-based services would like to provide?

Thank you for completing the Provider Self-Assessment Survey