

Individually-Based Freedoms and Protections

Provider Owned, Controlled or Operated
Residential Settings

The freedoms and protections below can only be limited if there is a risk to you or someone else.

Written Agreement

There is a lease or written agreement in place for where you live. This agreement has protections against being evicted or having to move out as well as responsibilities for you as a resident.



Schedule/Activities

You have the freedom and support to control your schedule and activities.



Locks

You can lock your room or apartment door.



Access to Food

You have the freedom and support to have access to food at any time.



Decorations

You can furnish and decorate your room or apartment within your rental or lease agreement.



Visitors

You can choose who visits you and when they visit.



Roommates

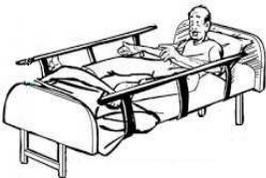
When you share a room, you have a choice of who your roommate is.

Freedom from Restraints



You have a right to be free from restraints.

Physical restraints can be something or somebody that restricts your body and is usually against your will.



Restraints can be **chemical**, like a pill or medication that restricts you and is usually against your will.



Even if a person wants or requests a restraint, a restraint should only be used after all other methods of keeping the person safe have been tried.

Restraints may be used only when there is a threat to the health or safety of you or others, and only when you or your legal representative agree to the use of restraints.

For more information on Home and Community-Based Services (HCBS), please visit <http://www.oregon.gov/dhs/seniors-disabilities/HCBS/Pages/index.aspx>.

You can get this document in other languages, large print, braille or a format you prefer. Contact the APD Forms Coordinator at 503-945-6484 or email dhs.forms@state.or.us. We accept all relay calls or you can dial 711.

No Need for Individually-Based Limitation (IBL)

When:

- The individual has no cognitive issues
- There is no health risk to the individual or to others
- There is no safety risk to the individual or to others
- The individual understands the concerns/risks
- The individual is not trying to exercise the freedom/right*

*Examples:

1. Jack has a lock on his bedroom door for privacy, but he never uses it.

No limitation is necessary (to remove the lock). Jack makes the choice to not use the lock.

2. Betty lives in a secure, dementia facility. She has always loved visiting the park across the street. Betty's health has recently deteriorated to the point where she does not attempt to walk anywhere without prompting and staff assistance.

No limitation is necessary (for controlling her own schedule/ activities). Betty has never wandered or tried to leave the facility. Staff regularly take Betty to the park.

Coming soon - HCBS Frequently Asked Questions (FAQs)

Individual Consent to HCBS Limitation(s)



Date printed: _____ Individual's birthdate: _____

Individual's name: _____

Provider's name: _____ Private pay? Yes

Provider's address: _____

Individually-Based Limitations to the Rules for individuals receiving Home and Community-Based Services (HCBS) in a provider-owned, controlled or operated residential setting:

This form is to be completed when there is an Individually-Based Limitation(s) to the HCBS rule requirements proposed in a provider-owned, controlled or operated residential setting.

Select the appropriate limitation(s) from the list below by providing the requested start and end dates for the limitation(s). These dates cannot exceed one (1) year.

Rights that may be limited	Requested start date	Requested end date
Access to food at any time		
Choice of roommate in shared units		
Control own schedule and activities		
Freedom from restraint		
Furnish and decorate bedroom or living unit		
Privacy — Lockable doors		
Visitors at any time		

1. Describe the Individually-Based Limitation to the Rule. (*Who proposed this limitation? What is it? When is it implemented? How often? By whom? How is the limitation proportional to the risk?, etc.*)

2. Describe the reason/need for the Individually-Based Limitation, including assessment activities conducted to determine the need. (*What health or safety risk is being addressed? Assessment tool, outreach, consultation, etc.*)

3. Describe what positive supports and strategies were tried prior to the decision to implement the Individually-Based Limitation. (*Include documentation of positive interventions used prior to the limitation; documentation of less intrusive methods tried, but which did not work, etc.*)

4. Describe how this Individually-Based Limitation is the most appropriate option and benefits the individual. (*Why/how does implementing the limitation make sense for the individual's personal situation?*)

5. Describe how the effectiveness of the Individually-Based Limitation will be measured. (*Including ongoing assessment and/or data collection and frequency of measurement.*)

6. Describe the plan for monitoring the safety, effectiveness, and continued need for the limitation. (*Who is responsible to monitor? How frequently? How is the ongoing need for continued use of the limitation to be determined? Etc.*)

Decision summary and signature section

Select appropriate limitation(s) below by including start and end dates, as applicable. Indicate whether the individual consents, or does not consent, to the limitation(s). Please request the individual, or legal representative/guardian (*if applicable*), initial each limitation to ensure the individual's wishes are accurately reflected.

I understand I am not required to consent to any proposed limitation(s).

Rights that may be limited	Start date	End date	Consent?	Individual's initials
Access to food at any time			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Choice of roommate in shared units			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Control own schedule and activities			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Freedom from restraint			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Furnish and decorate bedroom or living unit			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Privacy — Lockable doors			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Visitors at any time			<input type="checkbox"/> Yes <input type="checkbox"/> No	

If the individual does not agree or consent to a limitation, it will not be put in place.

A copy of this document will be provided to the individual.

Individual statement

I have read the above information, or it has been provided to me in a format I can understand. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. Where Individually-Based Limitations were discussed, I was given additional options. It was made clear to me that I do not have to agree or consent to any limitations. I agree to the sharing of this information with my care team, when applicable.

Individual, or legal representative/guardian (*if applicable*), please review that your wishes to consent or not to consent are accurately captured in the box you have initialed, above. Then print your name, sign and date below.

Print name

Signature

Date signed

Person's name: _____

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APD 0556 (7/19)

Feedback from the individual:

**Statement by the person centered
service plan coordinator or witness**

I have accurately read the information to the above named individual, and to the best of my ability made sure that the individual understands the documented Individually-Based Limitation(s).

I confirm that the individual was given an opportunity to ask questions about the Individually-Based Limitation(s), and all the questions have been answered accurately and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and when consent has been given, it is done freely and voluntarily.

APD/AAA case manager or private-pay witness, please sign and date below:

Print name

Phone number

Signature

Date signed

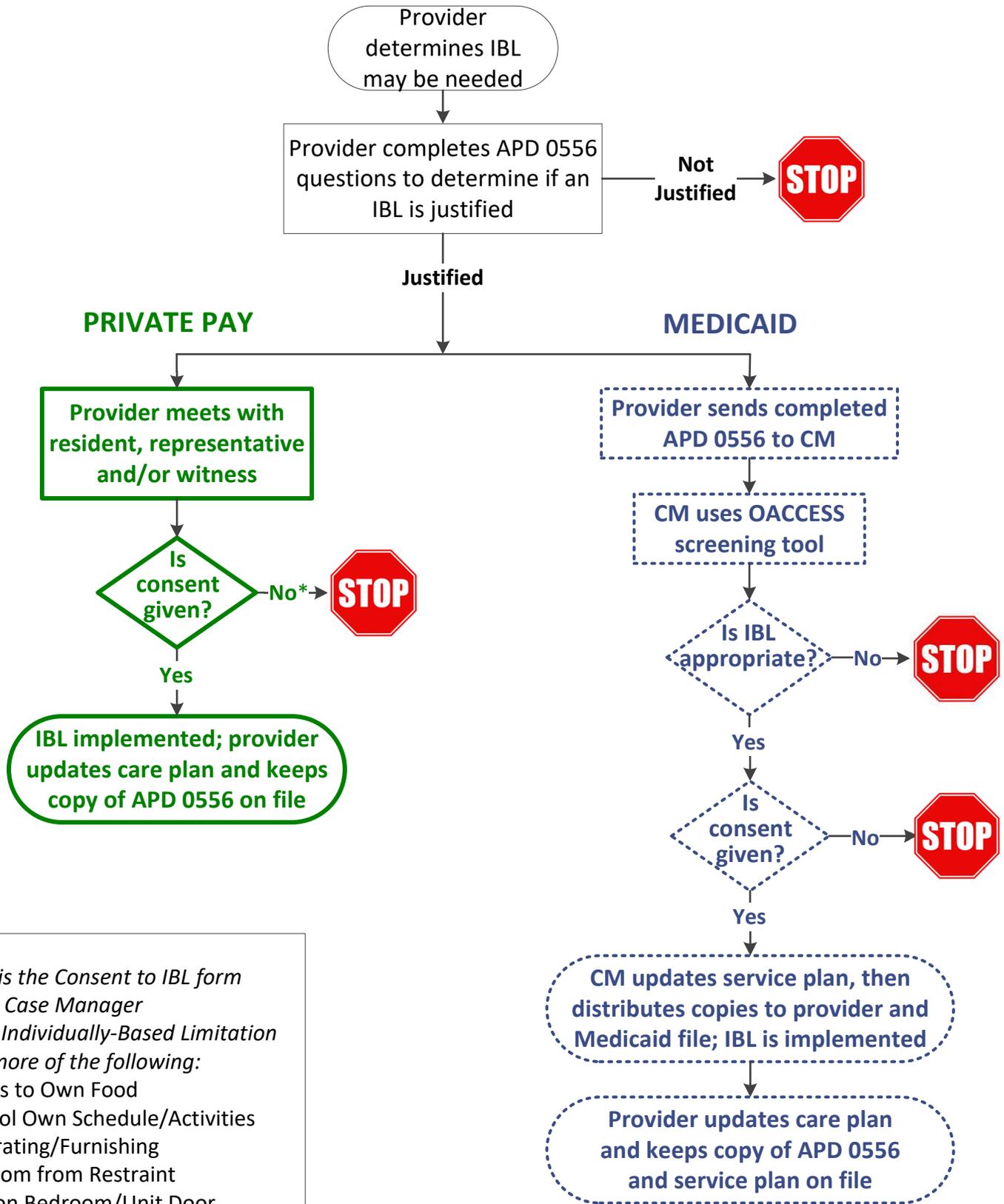
Check the appropriate box for your role:

APD/AAA case manager Private-pay witness

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APD HCBS IBL Process Chart 1

Individual (Legal Representative/Other Designee) is able to consent



KEY

APD 0556 is the Consent to IBL form

CM means Case Manager

IBL means Individually-Based Limitation to one or more of the following:

- Access to Own Food
- Control Own Schedule/Activities
- Decorating/Furnishing
- Freedom from Restraint
- Lock on Bedroom/Unit Door
- Roommate Choice
- Visitors

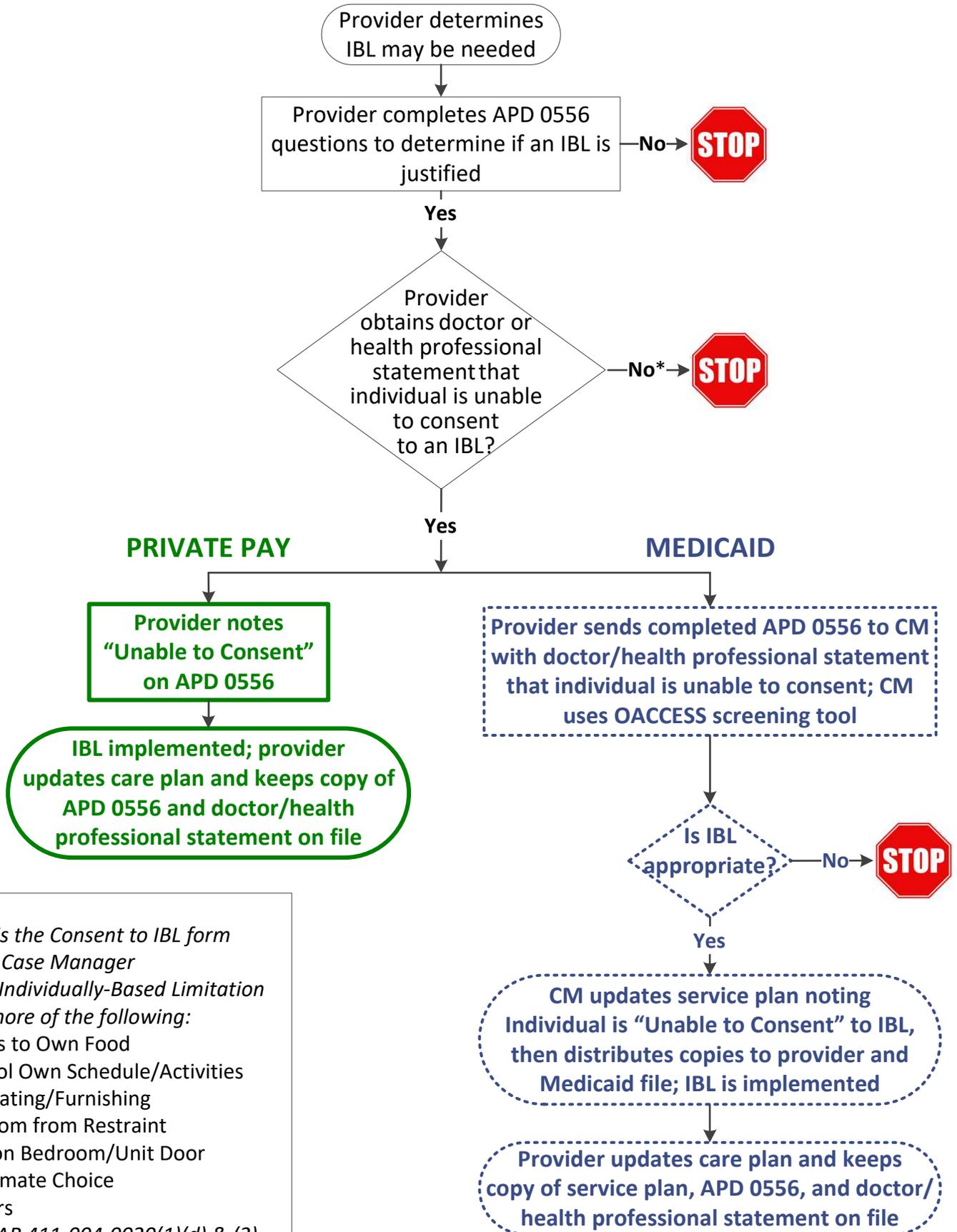
*See OAR 411-004-0020(1)(d) & (2)

Rep means Representative

*If individual is unable to consent to IBL, use Chart 2

APD HCBS IBL Process Chart 2

Individual is not able to consent and has no one who can assist



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- Roommate Choice
- Visitors

*See OAR 411-004-0020(1)(d) & (2)

Rep means Representative

What if I have questions?

For Adult Foster Home questions, please contact: APD.AFHteam@state.or.us

For any other HCBS questions, please contact: HCBS.Oregon@state.or.us

For questions specific to a Medicaid consumer, please contact the consumer's Case Manager.

Online Resources:

HCBS Aging and People with Disabilities website:

<https://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCBS/Pages/APD.aspx>

SOQ AFH website:

<https://www.oregon.gov/DHS/PROVIDERS-PARTNERS/LICENSING/APD-AFH/Pages/Alerts.aspx>

Forms:

APD 0556 Form (aka se0556), Individual Consent to HCBS Limitation(s)

https://aix-xweb1p.state.or.us/es_xweb/FORMS/

APD 0556V Form, IBL Visual Fact Sheet

<https://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCBS/APD/APD%200556V.pdf>