Oregon's Home and Community-Based Services (HCBS) and Settings Surveys

Individual Experience Survey

Provider Self-Assessment Survey

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What are HCBS Surveys?

The surveys are questionnaires intended to gather information about individuals' experiences receiving services in home and community-based settings.

The results will help Oregon determine:

- How we are doing in supporting individuals to be independent and integrated in the community; and
- What changes need to be made at the provider and system levels.

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Which programs will be conducting surveys?

All Oregon programs using HCBS will participate in the survey effort. These programs include:

- Health Systems Division (formerly Addictions and Mental Health)
- Aging and People with Disabilities (APD)
- Office of Developmental Disabilities Services (ODDS)* (only program surveying children)

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Who will be asked to complete a survey?

- Individuals who receive Community-Based Services in residential service settings (provider-owned, controlled, or operated settings).
- Providers of HCBS who own, control, or operate a residential setting where they also deliver services.

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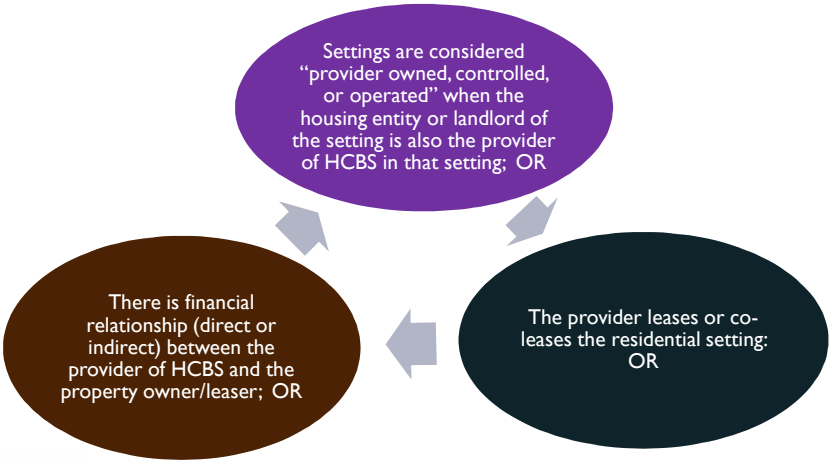
What are provider owned, controlled, or operated residential HCBS settings?



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Will Employment and Day Services Providers be asked to complete an HCBS Survey?

- Providers of Employment and Day Supports through the Office of Developmental Disabilities Services (ODDS), have already completed provider self-assessment surveys in Spring 2015 for the services they provide.
- These previously completed surveys will not serve as a substitute for the residential service provider surveys.
- Providers who only provide employment or day services will not be asked to complete a residential services assessment.

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Are In-Home Services included in the survey?

When an individual resides in their own private home or the home of a family member, the setting is presumed to have the HCBS qualities of being integrated in the community and supporting the same degree of access to the greater community as people not receiving HCBS.

By default, In-Home or family home settings are not considered provider owned, controlled, or operated residential settings and will not be surveyed at this time.

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What about children's residential services?

Surveys will also be distributed to providers of HCBS to children in DD residential settings (foster homes and group homes) and the legal guardians of those children.

The children's survey is different from the adult survey, but the survey length and order of content is very similar to the adult surveys.

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What about children's residential services?

The legal guardian for children under the age of 18 receiving HCBS in a residential service setting will be asked to complete a survey on behalf of the child receiving services.

Individuals age 14-17 are encouraged to complete the survey themselves or with assistance.

Providers are required to complete one survey per site they operate that provides HCBS to children in residential settings.

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Why are "provider owned, controlled, or operated" settings being surveyed?

These settings are being surveyed as part of Oregon's Transition Plan to comply with new Federal Centers for Medicare and Medicaid Services (CMS) Medicaid regulations regarding Home and Community-Based Services (HCBS)

CMS issued very specific regulations related to residential services settings

Oregon needs to evaluate how our system is doing and what changes need to be made to comply with the new regulations

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Oregon's Global Transition Plan

http://www.oregon.gov/dhs/seniors-disabilities/HCBS/Pages/Index.aspx

Medicaid (CMS) is allowing states up to 5 years from March 2014 to comply with the new regulations.

- Current providers are not expected to be in full compliance with the new regulations right now, but providers do need to be aware of the changes that have to be made.
- The surveys are a starting point to inform everyone about Oregon's transition to compliance.

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Oregon's Global Transition Plan

http://www.oregon.gov/dhs/seniors-disabilities/HCBS/Pages/Index.aspx

Oregon will be incorporating the new CMS regulations into Oregon Administrative Rules that will be in effect January 1, 2016.

All new providers and sites being licensed, certified, or endorsed on/ after January 1, 2016 must be in full compliance with the new HCBS rules.

Existing providers who open a new site on/after January 1, 2016 must be in compliance with the new rules for that new site.

Providers and sites that are licensed, certified, or endorsed prior to January 1, 2016 will be allowed time to come into compliance. All programs must be in full compliance with the new rules by September 2018.

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When are the HCBS surveys being conducted?

Surveys went out in waves to individuals and providers beginning September 2015

The survey period will be open from September through the end of October 2015.

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How will the surveys be conducted?

Oregon created the surveys for individuals and providers.

Oregon is using a contractor to distribute, provide support, and compile the data from the survey.

This contractor is Acumentra.

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How will the surveys be conducted?

For Individuals:

- Letters will be sent out to the individual's mailing address.
- Individuals will have the option to complete the survey online.
- Individuals or their representative may choose to complete a paper copy of the survey.
- Individuals requiring translation in languages other than English will complete a paper copy of the survey.

For Providers:

- Letters will be sent out the providers with a link to complete the surveys online.
- Providers are expected to complete their surveys online.

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Will there be assistance available to those completing the survey?

Yes, assistance is available to individuals and providers through the survey contractor, Acumentra.

Anyone needing assistance may call them at:

1-866-432-8403

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What about children's residential services?

There will be Regional HCBS Forums for children's residential HCBS providers and individuals offered in October and November 2015.

There will be two sessions each day where guardians, individuals, and providers can get more information and training about the new HCBS regulations as well as the HCBS surveys.

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Regional Forums

(These sessions are intended for guardians of children receiving services who are age 17 or younger and providers serving children who are 17 or younger in residential service settings)

- Gresham – 10/19/15
- Salem – 10/23/15
- Bend – 10/26/15
- Eugene - 10/27/15
- Medford – 10/28/15
- Hillsboro – 11/4/15
- Pendleton- 11/5/15

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HCBS Regional Forums Daily Schedule

Training Plan for Launch of Survey & HCBS Overview:
10/19/15 – 11/5/15 Trainings are for guardians of children age 17 or younger, and service providers for children age 17 or younger in residential service settings (24-hour and Foster Care)*

*Please note- The forums for Gresham will be 12:30-3:00 pm & 3:30-6:00 pm and the forum in Medford will be 5:30-8:00 pm only.

Time	Topic
1:30 pm-4:00 pm	What is HCBS? Overview of Home and Community-Based Services (PowerPoint, resources, Q & A) Individual Experience & Provider Self-Assessment Survey Presentation
	Break between sessions
5:30pm-8:00 pm	What is HCBS? Overview of Home and Community-Based Services (PowerPoint, resources, Q & A) Individual Experience & Provider Self-Assessment Survey Presentation

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HCBS Regional Forums

For more information about other regional forums, including site locations, please visit the following HCBS webpage:

http://www.oregon.gov/dhs/seniors-disabilities/HCBS/Pages/Resources-Oregon.aspx

Forums schedules are found under both the "Provider Training Materials" and "Consumer/Family Resources" tabs.

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Are individuals required to complete the Individual Experience Survey?

- No, participation by individuals is voluntary but individuals are strongly encouraged to complete the surveys.
- Participating gives individuals an important voice in the HCBS transition process.
- Choosing to not complete a survey will not affect individuals' service eligibility or services.
- Understanding how individuals feels about their service experience is very important to Oregon.
- Individual's answers will help Oregon know how well we are doing in supporting people to be independent and part of the community.

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Individual Experience Survey

(What to Expect)

Individuals will receive a letter requesting them to complete a survey. The letter will include a link to access and complete the survey online.

If an individual is unable to access the online survey or prefers to complete a paper copy of the survey, a paper copy will be automatically sent to them in the mail approximately 2 weeks after they received the initial letter requesting them to complete the survey.

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Individual Experience Survey
(What to Expect)

This survey consists of:

- An introduction or cover letter;
- A demographics section which asks basic information, including the name and role of any person providing the individual help to complete the survey;
- Questions about the qualities of HCBS services received;
- A comments section where individuals (or their representative) may provide any additional information or feedback.

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Individual Experience Survey
(What to Expect)

Topic areas in the survey include:

- Access to community
- Choice of setting
- Personal finances
- Schedules
- Privacy
- Decorating
- Food
- Visitors
- Outside services

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Individual Experience Survey
(What to Expect)

The questions in the survey ask the individual to provide an answer that best describes their current experience receiving HCBS.

The answer options for most questions are a scale, giving the individual selecting one of the following answers:

Always, Usually, Sometimes, or Never.

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Individual Experience Survey
(What to Expect)

The Individual Experience Survey questions are arranged in a manner that is similar to the Provider Self-Assessment Survey.

At the end of the survey, there is a text box where individuals, or their representative, may take the opportunity to provide any comments or information.

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Children's Individual Experience Survey

Demographics Page

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_____

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Children's Individual Experience Survey

Demographics Page (continued)

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.

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Children's Individual Experience Survey

Survey Questions- Section 1

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.

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Children's Individual Experience Survey

Survey Questions- Section 2 & 3

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)

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Children's Individual Experience Survey

Survey Questions- Section 3 (con't)

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

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Children's Individual Experience Survey

Survey Questions- Section 4

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

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Children's Individual Experience Survey

Survey Questions- Section 5 & 6

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.

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Children's Individual Experience Survey

Survey Questions- Section 6 (con't)

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

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Children's Individual Experience Survey

Survey Questions- Section 6 (con't)

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

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Children's Individual Experience Survey

Survey Questions- Section 7 & 8

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

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Children's Individual Experience Survey

Survey Questions- Section 9 & 10

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

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Children's Individual Experience Survey

Survey Questions- Section 11

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

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Children's Individual Experience Survey

Survey Questions- Section 11 (con't)

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.

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Individual Experience Survey

The results of the Individual Experience Survey will be compared with the results of the Provider Self-Assessment.

Providers will not be given specific individual responses, but the information in the surveys will be used to inform providers of how they are complying with HCBS expectations and what changes they may need to make.

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Provider Self-Assessment Survey

Providers of HCBS in residential settings are required to complete the Provider Self-Assessment survey.

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

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How many surveys must a provider complete?

Providers are required to complete one survey per residential service setting site they operate.

This may result in a provider answering a survey based on the service experience of multiple individuals.

The provider survey is structured in a format that asks the provider to select an option that best describes the overall operation of the setting, considering the multiple individuals who live there.

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Provider Self-Assessment Survey

For each topic, providers are asked to select the option that describes the closest match to the setting they operate.

At the end of the survey, providers are given the opportunity to provide narrative information or comments they would like to include about the information gathered in the survey.

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Children's Provider Self-Assessment Survey

Demographics Page

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_____

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Children's Provider Self-Assessment Survey

Survey Questions- Section 1, Part A

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).

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Children's Provider Self-Assessment Survey

Survey Questions- Section 1, Part B

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.

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Children's Provider Self-Assessment Survey

Survey Questions- Section 2

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.

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Children's Provider Self-Assessment Survey

Survey Questions- Section 2 (con't)

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.

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Children's Provider Self-Assessment Survey

Survey Questions- Section 2 (con't)

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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Children's Provider Self-Assessment Survey

Survey Questions- Section 3

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.

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Children's Provider Self-Assessment Survey

Survey Questions- Section 3 (con't)

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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Children's Provider Self-Assessment Survey

Survey Questions- Section 4

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

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Children's Provider Self-Assessment Survey

Survey Questions- Section 4 (con't)

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

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Children's Provider Self-Assessment Survey

Survey Questions- Section 4 (con't)

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

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Children's Provider Self-Assessment Survey

Survey Questions- Section 5

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

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Children's Provider Self-Assessment Survey

Survey Questions- Section 6

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

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Children's Provider Self-Assessment Survey

Survey Questions- Section 7

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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Children's Provider Self-Assessment Survey

Survey Questions- Section 8

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

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Children's Provider Self-Assessment Survey

Survey Questions- Section 9

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

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

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What happens after the survey period is over?

Beginning in early 2016, providers will receive responses from the state giving feedback and requesting additional information based on the survey information collected.

Additional action may include on-site visits from the State to validate survey results.

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For more information:

Please see Oregon's HCBS website!

http://www.oregon.gov/dhs/seniors-disabilities/HCBS/Pages/index.aspx

Or Send Questions to us at Oregon's HCBS mailbox:

HCBS.Oregon@state.or.us

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