

Oregon’s Home and Community Based Services (HCBS) Setting Statewide Transition Plan

Contents

HCBS Regulations History.....	3
HCBS Settings Requirements	4
Oregon’s HCBS Program Overview.....	6
Statewide Transition Plan Overview	12
Statewide Transition Plan Preparation.....	13
Oregon’s Statewide Transition Plan	14
Phase I. Initial Systemic Regulatory Assessment (June- 2014 – January 2016)...	14
Phase II. Statewide Training and Education Efforts (July- 2014 – March 2022)..	24
<i>Individual, Provider and Service Delivery System Education – Overview.....</i>	<i>24</i>
<i>Provider-specific information meetings and trainings (July 2014 – June 2021).....</i>	<i>29</i>
<i>Delivery System Education (November 2014 – March 2022)</i>	<i>29</i>
Phase III. Provider Self-Assessment and Individual Experience Assessment and On-site Visits (July 2015 – June 2018)	47
<i>Provider Self-Assessment Tool (July 2015 – February 2016)</i>	<i>47</i>
<i>Individual Experience Assessment (July 2015 – February 2016).....</i>	<i>49</i>
<i>Validation of Providers’ Self-Assessment Tool (PSAT) (November 2015 – June 2018)</i>	<i>51</i>
Phase IV. Heightened Scrutiny Process – Initial and Ongoing (October 2014 – Ongoing).....	57
Phase V. Initial Transition Period Review and Remediation Activities (May 2015 – March 2022)	81
Phase VI. Ongoing Compliance and Oversight (May 2015 – Ongoing).....	96
Appendix A: Key Action Item Timeline	101
Appendix B: Initial Global Scorecard.....	108

Appendix C: Inventory of Oregon Administrative Rules.....118
Appendix D: Settings and Program Types with Medicaid Authority.....120
Appendix E: Crosswalk/Systems Remediation Grid.....121
Appendix F: Amended STP Public Comments and State Responses.....209
Appendix G: APD Illustration of HCBS Public Reporting Process.....213

HCBS Regulations History

In January 2014, the Centers for Medicare & Medicaid Services (CMS) issued a final regulation that ensures that individuals receiving long-term services and supports through HCBS programs under the 1915(c), 1915(i), and 1915(k) Medicaid authorities have full access to benefits of community living, the opportunity to receive services in the most integrated setting appropriate to enhance the quality of HCBS, and provide protections to participants. The CMS regulation became effective on March 17, 2014 and requires states to demonstrate compliance. To show compliance, states must review and evaluate settings in which HCBS are provided (residential and nonresidential settings), submit separate transition plans for each HCBS waiver and state plan option, and submit a statewide transition plan (STP).

CMS' definition of HCBS settings has evolved over the past five years, based on experience throughout the country and extensive public feedback about the best way to differentiate between institutional and home and community-based settings. While CMS has not provided a conventional definition of home and community-based settings, CMS has provided examples of "what they are not" and has pointed states to focus on the nature and quality of individuals' experiences. The home and community-based setting provisions in this final HCBS regulation established a more outcome-oriented definition of home and community-based settings, as opposed to one based solely on a setting's location, geography, or physical characteristics.

Home and Community Based Services

Settings Requirements

All Settings

The CMS regulation requires that all HCBS settings meet the following qualifications:

- Integrates in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community - to the same degree of access as individuals not receiving Medicaid HCBS.
- Allows the individual to select from setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.
- Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
- Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
- Facilitates individual choice regarding services and supports, and who provides them.

Provider-Owned, Controlled, or Operated Residential Setting

In a provider-owned, controlled, or operated residential setting, in addition to the above qualities, the following additional conditions must be met:

- The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord tenant law of the state, county, city, or other designated entity. For settings in which landlord/tenant laws do not apply, the state must ensure that a lease, residency agreement or other form of written

agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord/tenant law.

- Each individual has privacy in his or her sleeping or living unit.
- Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.
- Individuals sharing units have a choice of roommates in that setting.
- Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
- Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.
- Individuals are able to have visitors of their choosing at any time.
- The setting is physically-accessible to the individual.
- Any modification of the above requirements must be supported by a specific assessed need and justified in the person-centered service plan.

CMS-Identified Disallowed Settings

HCBS settings do not include the following:

- Nursing facilities;
- Institutions for mental diseases;
- Intermediate care facility for individuals with intellectual disabilities;
- Hospitals; or
- Any other locations that have qualities of an institutional setting, as determined by the Secretary of the United States Department of Health & Human Services.

CMS-Identified Presumed Disallowed Settings

- Any setting located in a building that is also a publicly or privately operated facility providing inpatient institutional treatment;
- Any setting that is located in a building on the grounds of, or immediately adjacent to, a public institution; or
- Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.

These types of settings will be presumed to have the qualities of an institution unless the Secretary of the United States Department of Health & Human Services

determines through heightened scrutiny, based on information presented by the state or other parties, the setting does not have the qualities of an institution and the setting does have the qualities of home and community based settings.

Oregon's Home and Community Based Services Programs Overview

The Oregon Health Authority (OHA) is Oregon's single state Medicaid agency. The OHA's Health Systems Division (HSD) operates Oregon's 1915(i) Home and Community Based Services State Plan Option.

Through an intergovernmental agreement, the OHA has designated the Department of Human Services (DHS) as an organized healthcare delivery system (OHCD) and operating agency of Oregon's six 1915(c) Home and Community Based Services Waivers and the 1915(k) Community First Choice State Plan Option (K Plan). Within DHS there are two offices administering the 1915(c) and K Plan – the Office of Developmental Disabilities Services (ODDS) and Aging and People with Disabilities (APD).

DHS, APD operates the Aged and Physically Disabled Waiver #0185 (Nursing Facility (NF) Level of Care (LOC)).

DHS, ODDS operates the following waivers:

- ICF/IDD Comprehensive Waiver #0117 (Intermediate Care Facility for Individuals with Intellectual and Developmental Disabilities (ICF/IDD) LOC)
- ICF/IDD Support Services Waiver #0375 (ICF/IDD LOC)
- Medically Fragile Hospital Model #40193 (Hospital LOC)
- Behavioral (ICF/IDD) Model Waiver #40194 (ICF/IDD LOC)
- Medically Involved Children's Waiver #0565 (NF LOC)

The K Plan is operated by APD and ODDS, which are both programs under DHS.

1915(i) Home and Community Based State Plan Option – serves Medicaid-eligible individuals with Chronic Mental Illness who meet needs-based eligibility criteria (daily assistance of at least 1 hour per day to perform at least 2 personal care services specified in Oregon Administrative Rule). The 1915(i) is operated by the OHA, HSD. Individuals receiving services through the 1915(i) reside in their own or family homes or in provider owned, controlled, or operated settings.

The following services are provided through the 1915(i):

- Home Based Habilitation
- HCBS Behavioral Habilitation
- HCBS Psychosocial Rehabilitation

1915(k) Community First Choice State Plan Option (K Plan) – serves State Plan eligible groups as described in Section 2.2-A of the State Plan. These individuals are eligible for medical assistance under the State Plan and are in an eligibility group that includes Nursing Facility services or are below 150% of federal poverty level if they are in an eligibility group that doesn't include Nursing Facility services. Individuals require the level of care provided in a hospital, a nursing facility, an intermediate care facility for Individuals with Intellectual Disabilities (ICF/IDD), an institution providing psychiatric services for individuals under age 21, or an institution for mental diseases for individuals age 65 or over. The K Plan is operated by DHS through its APD and ODDS programs. Individuals receiving services through the K Plan reside in their own or family homes or in provider owned, controlled, or operated settings.

The following services are provided through the K Plan:

- ADL, IADL and other health-related tasks
- Chore Services
- Long-Term Care Community Nursing
- Acquisition, maintenance and enhancement of skills - ADL/IADL/HRT skills training, coaching and prompting
- Electronic Back-up Systems - Emergency Response Systems, Electronic Devices, Assistive Technology
- Relief Care
- Behavioral Support Services
- Voluntary training to select, manage, dismiss attendants

- Environmental Modifications
- Assistive Devices - DME, mechanical apparatus, electrical appliance or instrument of technology used to increase independence relating to any ADL
- Community Transportation
- Home Delivered Meals
- Transition Costs

1915(c) Aged and Physically Disabled (APD) Waiver #0185 – is operated by DHS, APD and serves Medicaid-eligible adults who are aged (over 65) and adults who have physical disabilities (over 18) and require the level of care provided in a Nursing Facility. Individuals receiving services through this waiver reside in their own or family homes or in provider owned, controlled, or operated settings.

The following service is provided through the APD Waiver:

- Waiver Case Management

1915(c) ICF/IDD Comprehensive Waiver #0117 – is operated by DHS, ODDS and serves Medicaid-eligible individuals of any age who require the level of care provided in an ICF/IDD. Individuals receiving services through this waiver reside in their own or family homes or in provider owned, controlled, or operated settings.

The following services are provided through the Comprehensive Waiver:

- Waiver Case Management
- Employment Path Services
- Supported Employment, Individual Employment Support
- Supported Employment, Small Group Employment Support
- Discovery/Career Exploration
- Specialized Medical Supplies
- Financial Management Services
- Vehicle Modifications
- Environmental Safety Modifications

- Family Training
- Direct Nursing Services

1915(c) ICF/IDD Support Services Waiver #0375 - is operated by DHS, ODDS and serves Medicaid-eligible individuals aged 18 years and older who require the level of care provided in an ICF/IDD. Individuals receiving services through this waiver reside in their own or family homes.

The following are services provided through the Support Services Waiver:

- Waiver Case Management
- Employment Path Services
- Supported Employment, Individual Employment Support
- Supported Employment, Small Group Employment Support
- Discovery/Career Exploration
- Specialized Medical Supplies
- Financial Management Services
- Vehicle Modifications
- Environmental Safety Modifications
- Special Diets
- Family Training
- Direct Nursing Services

1915(c) Medically Fragile Hospital Model #40193 – serves Medicaid-eligible children from birth to age 18 who have significant medical needs, require the level of care provided in a hospital and meet a specific score on the Medically Fragile Children's Clinical Criteria. Children enrolled in this waiver reside in their family home.

The following are services provided through the Medically Fragile Hospital Model Waiver:

- Waiver Case Management
- Family Training
- Specialized Medical Supplies
- Special Diets
- Individual Directed Goods and Services

- Environmental Safety Modifications
- Vehicle Modifications

1915(c) Behavioral (ICF/IDD) Model Waiver #40194 - serves Medicaid-eligible children from birth to age 18 who have significant behaviors, require the level of care provided in an ICF/IDD and meet a specific score on the Behavioral Conditions Criteria. Children enrolled in this waiver reside in their family home.

The following are services provided through the Behavioral ICF/IDD Model Waiver:

- Waiver Case Management
- Family Training
- Specialized Medical Supplies
- Special Diets
- Individual Directed Goods and Services
- Environmental Safety Modifications
- Vehicle Modification

1915(c) Medically Involved Children's Waiver (MICW) #0565 - serves Medicaid-eligible children from birth to age 18 who have significant medical needs, require the level of care provided in a NF, and meet a specific score on the MICW Criteria Instrument. Children enrolled in this waiver reside in their family home.

The following are services provided through the Medically Involved Children's Waiver:

- Waiver Case Management
- Family Training
- Specialized Medical Supplies
- Special Diets
- Individual Directed Goods and Services
- Environmental Safety Modifications
- Vehicle Modification

The settings in which these various services are provided are described in [Appendix D](#) of this document.

Oregon's Home and Community Based Services Setting Statewide Transition Plan

The Oregon Department of Human Services (DHS) and the Oregon Health Authority (OHA) submit this amended Statewide Transition Plan (Transition Plan) in accordance with requirements set forth in the Centers for Medicare and Medicaid Services Home and Community Based Services (HCBS) Setting and Person Centered Planning Regulation released on January 16, 2014. This Transition Plan includes programs and settings in which individuals receive Medicaid HCBS outside of their own or family home.

This amended Transition Plan includes results and analysis of data gathered from provider self-assessment survey responses, individual experience assessment results, site visits conducted by licensing and service delivery system staff, and additional public comments received, as well as changes made in response to those comments.

A summary of public comments received for the amended transition plan and DHS and OHA joint responses are attached in [Appendix F](#).

Statewide Transition Plan Overview

Oregon's HCBS Statewide Transition Plan is broken down into phases. Each phase builds on previous phases and is intended to provide additional information and guidance for the next phase. As an example, the development of the initial global scorecard described below provided DHS, OHA and its Stakeholders an overview of the regulatory status of DHS's and OHA's HCBS system at the time of CMS' release of the HCBS regulation. The next phase, through the Provider Self-Assessment and the Individual Experience Assessment, defines specific provider issues and will meet DHS's and OHA's requirements to assess specific settings. The phases in the plan are:

- [Phase I](#) – Initial Systemic Regulatory Assessment
- [Phase II](#) – Statewide Training and Education Efforts
- [Phase III](#) – Provider Self-Assessment and Individual Experience Assessment and Onsite Visits
- [Phase IV](#) – Heightened Scrutiny Process – Initial and Ongoing

- [Phase V](#) – Initial Transition Period Review and Remediation Activities
- [Phase VI](#) – Ongoing Compliance and Oversight

Statewide Transition Plan Preparation

In preparation for development of Oregon's HCBS Statewide Transition Plan, DHS and OHA worked across agencies and assembled a HCBS Transition Stakeholder Group (Stakeholders) comprised of individuals receiving services, family members, advocates, providers and service delivery system representatives to assess the continuing status of the State's HCBS settings' compliance with the new HCBS regulation. Three meetings of this group occurred prior to the first submission of the Transition Plan on October 13, 2014. DHS and OHA have continued and will continue to meet with Stakeholders throughout the transition period. This ongoing engagement has improved Oregon's Transition Plan and continues to inform the implementation process.

Oregon's Statewide Transition Plan

Phase I. Initial Systemic Regulatory Assessment (June- 2014 – January 2016)

Prior to the first submission of the Transition Plan, DHS and OHA completed an initial systemic assessment of Oregon Revised Statutes (ORS), Oregon Administrative Rules (OAR), policies and contracts across three service delivery systems to determine regulatory compliance with the new HCBS regulation; the delivery systems are OHA's Health Systems Division (HSD), formerly known as Addictions and Mental Health, DHS' Aging and People with Disabilities (APD), and DHS' Office of Developmental Disabilities Services (ODDS). In general, DHS' and OHA's initial systemic assessment led to the conclusion that ORSs, OARs, policies, and contracts aligned/complied with or were silent on the HCBS regulations. Areas that needed to be addressed are detailed below. However, key activities in the Transition Plan will further assess site specific compliance and remediate any remaining areas of concern.

The initial systemic assessment of ORSs, OARs, policies, and contracts specific to provider-owned, controlled, or operated residential HCBS settings was completed on August 4, 2014. The three service delivery systems reviewed ORSs 409, 410, 413, 427, 430, and 443, OARs (see [Appendix C](#)), policies, and contracts.

This assessment led to the creation of an initial "global scorecard". The scorecard ([Appendix B](#)) evaluated rules and regulations related to provider-owned, controlled, or operated settings licensed/certified by APD, HSD and ODDS programs' licensing staff. These setting types include residential settings listed below and identified in Oregon's approved Medicaid State Plan Options and Waivers (see [Appendix D](#)).

The initial global scorecard was separately shared with the Stakeholder Committee at a meeting on August 5, 2014, then updated, and posted on Oregon's HCBS website (HCBS website) on March 9, 2015.

An individual's own or family home is presumed to meet the qualities of a home and community-based setting per CMS guidance and is not a provider-owned, controlled, or operated residential setting. Oregon provides HCBS to individuals residing in their own or family homes through the 1915(k) Community First Choice State Plan Option and 1915(c) HCBS Waivers operated by DHS, APD and ODDS and the 1915(i) HCBS State Plan Option operated by OHA, HSD. Individuals

receiving HCBS through these authorities who do not reside in their own or family home reside in provider owned, controlled or operated residential settings. Per ORS, unrelated caregivers who provide services in the caregiver's private residence are required to be licensed or certified as Foster Homes. As such, these settings must comply with HCBS requirements for provider-owned, controlled, or operated settings.

The state has a robust in-home services program that is offered to all individuals during the person-centered service planning process. As a result, over 50% of individuals receiving HCBS choose to receive their services in their own or a family member's home. Oregon's Governor and Legislature are focusing on investing in low-income housing to make in-home options more accessible. Having in-home services as an option meets the CMS expectation of a choice of a non-disability specific residential setting.

Additionally, children enrolled in ODDS' 1915(c) HCBS Medically Fragile Children's Waiver #40193, Behavioral Model Waiver #40194, and Medically Involved Children's Waiver #0565, receive services in their own or family home and have full access to the community. These children do not reside in provider-owned, controlled or operated residential settings.

Upon release of CMS's guidance for non-residential settings, DHS and OHA completed the same initial systemic regulatory assessment for certified and unlicensed settings, such as employment and adult day programs, in which individuals receive HCBS to determine if the ORSs, OARs, policies and contracts for these settings are in compliance with the HCBS regulations. Settings where individualized services are provided in a typical community setting are presumed to comport with the HCBS requirements. DHS, APD Central Office staff conducted onsite visits to each Adult Day program to ensure full compliance with HCBS requirements. ODDS, specifically, has engaged in extensive efforts with communities and agencies to develop capacity for individuals in the field of employment-related services, including the support for capacity building with Employment First efforts, [innovation grants](#), training and technical assistance contractors, and [transformation grants](#). Staff from the three service delivery systems reviewed pertinent ORSs, OARs (see [Appendix A](#)), policies, and contracts. The initial global scorecard was updated with the results of this initial systemic regulatory assessment of non-residential settings, which was completed on January 22, 2015. The OARs, policies, and contracts regulating services in non-

residential employment and day service settings aligned/complied with or were silent on the HCBS regulation.

The initial global scorecard was not intended to be the final determination of individual site compliance or identification of any necessary site specific changes, but it provided an initial snapshot of the regulatory status of Oregon's HCBS system during Phase I. Through the initial systemic assessment, DHS and OHA found that no immediate changes were necessary to its ORSs. However, since submitting the initial Statewide Transition Plan on October 13, 2014, with the initial global scorecard, Oregon determined that changes were needed to OARs to remove any areas of ambiguity, better align with the HCBS regulations, and facilitate initial and ongoing provider compliance by establishing timelines for completion of activities in accordance with the Transition Plan.

Through the initial systemic regulatory assessment of ORSs, OARs, policies and contracts, DHS and OHA determined that all of Oregon's regulations met the following components of the HCBS regulation:

- The setting is selected by the individual, or their representative, from among all available options, including non-disability specific settings, unless there are court-mandated restrictions that prohibit the individual from being served in a particular setting which would be articulated in the individual's person-centered service plan.
- The setting choice is identified and documented in the person-centered service plan and is based on the individual's needs and preferences.
- The service delivery system facilitates individual choice regarding services and supports, and who provides them.

At the same time, DHS and OHA determined that service-delivery system regulations for most residential setting types met the following components of the HCBS requirements:

- Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
 - In limited circumstances, some individuals may need appropriate supports that include restraints. Restraints must meet all requirements set forth in the 1915(k) or 1915(i), as applicable, ORS, and OARs.

- Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
- The unit or dwelling can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, substantially similar responsibilities and protections from eviction.
- Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
- The setting is physically accessible to the individual.

Based on the initial regulatory assessment, Oregon, with stakeholder and public input, drafted and finalized a set of over-arching Oregon Administrative Rules that govern HCBS setting requirements across the three delivery systems. Oregon Administrative Rule Chapter 411, Division 004 (http://arcweb.sos.state.or.us/pages/rules/oars_400/oar_411/411_004.html) became effective on January 1, 2016, as identified in the Statewide Transition Plan timeline.

Additionally, each service delivery system has amended specific program rules for full alignment/compliance with the over-arching OARs for all HCBS settings and federal HCBS settings regulations.

With the implementation of OAR Chapter 411, Division 004 and revised program-specific rules, DHS and OHA have determined that Oregon's regulations align/comply with the HCBS regulations.

Regulations governing the following settings fully comply with the federal requirements (see [Appendix D](#) for funding authority detail):

- APD Certified Adult Day Services;
- APD Assisted Living Facilities (includes endorsed Memory Care Facilities);
- APD Residential Care Facilities (includes endorsed Memory Care Facilities);
- APD Specialized Living Programs;
- APD Adult Foster Homes;
- HSD Adult Foster Homes;
- HSD Residential Treatment Homes;
- HSD Residential Treatment Facilities;
- ODDS Licensed/Certified Community Living Supports – Facility-based;

- ODDS Licensed/Certified Employment Services (Community-Based Job Coaching, Job Development, Discovery, Small Group, Employment Path Community, and Facility-Based Employment Path);
- ODDS Supported Living.
- ODDS Adult Foster Homes;
- ODDS Children's Foster Homes; and
- ODDS Group Care Homes.

Specific changes found to be necessary for 1915(c) waivers, and 1915(i) and 1915(k) State Plan Amendments will occur after the State completes the site specific assessment phase.

To demonstrate Oregon's current level of regulatory compliance with the HCBS regulation, OHA and DHS have created a crosswalk that clearly outlines:

- How each section of the regulations aligns with the HCBS regulation;
- The title, code, and sub-code for each policy identified; a general description of each policy and its relevance to the HCBS regulation; and
- Key aspects of the HCBS regulation that should be taken into consideration when reviewing the specific policy.

The crosswalk replaces the initial global scorecard as Oregon's final determination of systemic regulatory compliance. The crosswalk can be found in [Appendix E](#).

LICENSED/CERTIFIED HCBS SETTINGS SUBJECT TO REGULATORY ASSESSMENT: NUMBER OF SITES AND TOTAL STATEWIDE CAPACITY PER SETTING TYPE

APD Licensed/Certified Sites and Capacity

	Adult Foster Homes	Assisted Living Facilities (ALF)	<u>ALF with endorsed Memory Care Facility</u>	Residential Care Facilities (RCF)	<u>RCF with endorsed Memory Care Facility</u>	Adult Day Services	<u>Specialized Living</u>
# of Sites	1692	220	4	116	176	15	14
Capacity (Beds/Slots)	7502*	14847*	114*	4910*	6315*	181	188

*Includes Non-Medicaid/Private Pay capacity

HSD Licensed Sites and Capacity

	Adult Foster Homes	Residential Treatment Homes	Residential Treatment Facilities
# of Sites	138	60	47
Capacity (Beds)	665	341	675

ODDS Licensed/Certified Residential Sites and Capacity

	<u>Adult Foster Homes</u>	<u>Children's Foster Homes</u>	<u>Group Care Homes for Adults</u>	<u>Group Care Homes for Children</u>
# of Sites	988	260	858	40
Capacity (Beds)	3360	632	4118	174

ODDS Licensed/Certified Supported Living Residential Providers (POCO) and Participants

	Supported Living
<u># of Providers</u>	105
<u># of individuals served</u>	174

ODDS Licensed/Certified Non-Residential Sites and Capacity

	Non-Residential Community Living Supports	Employment Services: Community-Based Job Coaching, Job Development, Discovery	Employment Services: Small Group	Employment Services: Employment Path	Employment Services: Facility-Based Employment Path (Non-Sheltered Work)	Employment Services: Facility-Based Employment Path (Sheltered Work)
# of Sites	109 sites, as well as an undeterminable number of general community sites.	At an undeterminable number of general community employer sites. Must be provided 1:1 in the community and not at a provider site. The state presumes that any setting where	More than 90 general community employer sites.	108 sites as well as an undeterminable number of general community employer sites.	31	48

		individualized services are being provided in typical community settings comports with the rule.				
Participants	2,164 Community / 1,898 Facility and Community	2,038	885	2,275	693	1,405

Though Oregon's regulations fully align/comply with the HCBS regulation, during the site specific assessment and remediation phases, (Phases II through IV), DHS and OHA will work to assure that each provider-owned, controlled or operated residential site meets the following additional requirements:

- Each individual has privacy in their sleeping or living unit.
- Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.
- Individuals sharing units have a choice of roommates in that setting.
- Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.
- Individuals receiving services in residential setting are able to have visitors of their choosing at any time.

Certain non-residential sites may need to adapt and change to comply with the HCBS regulations.

ODDS currently has Facility-based Employment Path Service settings that do not comply with federal requirements and will require transformation. During this transition period, these providers and settings must transform into services, provided in HCBS-compliant settings, which support the primary objective of exploring, obtaining, maintaining, or advancing in an individual job in a competitive integrated employment setting in the general workforce. Facility-based Employment Path Services that occur in a fixed-site, provider-controlled setting where the individual has few or no opportunities to interact with people who do not have a disability except for paid staff are expected to complete

implementation of transformation plans by September 1, 2018. ODDS employment service providers that do not complete implementation of their transformation plans, but make substantial progress towards transformation prior to September 1, 2018, consistent with a provider HCBS transformation plan, may apply for a rule variance if it can be shown how full compliance will be reached within a reasonable period of time after September 1, 2018, and additional time is needed. All providers must achieve full compliance by July 1, 2021, and any variances granted may not extend past that date.

Oregon Administrative Rule 411-450-0060(5)(b)(B) requires that facility-based non-residential community living supports that occur in a provider-controlled setting “must, at minimum, provide ongoing opportunities and encouragement to individuals to go out into the broader community”. While Oregon’s regulations align/comply with the HCBS regulation, site specific and service provider program specific assessments are necessary and will be conducted as identified in this Transition Plan to ensure full compliance with both federal and state requirements for home and community-based non-residential service settings. Providers of facility-based non-residential community living supports are expected to be in compliance. However, some changes may be necessary to reach full compliance or assure continued compliance. Providers are also encouraged to further their HCBS-related goals. Providers of facility-based community living supports are expected to implement improvement plans in order to ensure full compliance by September 1, 2018. ODDS non-residential community living supports providers that do not complete implementation of their improvement plans prior to September 1, 2018, but that have made substantial progress towards full compliance, may apply for a rule variance if it can be shown how full compliance will be reached within a reasonable period of time after September 1, 2018, and additional time is needed. All providers must achieve full compliance by July 1, 2021, and any variances granted may not extend past that date. Specific sites or service provider programs that cannot or will not reach full compliance will be removed from the HCBS program.

Additionally, OAR 411-004-0020(1)(b)(D) requires that individuals must have an option to use employment and day services in a non-disability specific setting and that setting option must be documented in the individual’s person-centered service plan.

DHS, ODDS is actively pursuing Oregon's Employment First policy. Executive Order 15-01 (which supersedes and replaces Executive Order 13-04 (issued in April 2013)) directs state agencies to take numerous steps that will advance the State's Employment First policy. In 2014, the Oregon Legislature provided significant additional funding to carry out the measures required by the Order. Oregon Administrative Rules (Chapter 407, Division 025) have been adopted to carry out the Executive Order, a wide array of stakeholders and advocacy groups are engaged in this initiative, and efforts to fully implement the Order are well under way. As part of the Employment First initiative, providers are also given concrete instructions and technical assistance to transform and change in order to simultaneously come into compliance with the new requirements regarding Home and Community-Based Services and achieve the objectives outlined in Executive Order 15-01.

Phase II. Statewide Training and Education Efforts (July- 2014 – March 2022)

Individual, Provider and Service Delivery System Education – Overview

Throughout this section of the Plan, the term “Stakeholders” is used. As stated above in the “Statewide Transition Plan Preparation” section, membership of the HCBS Transition Stakeholder Group (Stakeholders) includes individuals receiving services, family members, advocates, providers, contractors, and service delivery system representatives.

In addition to the stakeholders specifically designated to address HCBS implementation, DHS and OHA programs have a multitude of stakeholder groups which are convened to address policy and operational components of the service delivery programs. HCBS concepts and compliance components overlap into these stakeholder efforts which allows for additional opportunities for education and engagement with the Oregon community, including individuals, advocates, and family members of persons receiving services.

DHS and OHA have developed and implemented a variety of ways to educate Stakeholders and the broader public. These methods include, but are not limited to, the use of electronic media and community meetings. DHS and OHA developed a website designed to provide information and training materials for each program area in order to educate and keep Stakeholders and the broader community informed about the HCBS regulation and the State’s progress towards achieving full compliance in its HCBS programs. Oregon’s HCBS website address <http://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCBS/Pages/index.aspx>. Training and technical assistance materials found on the HCBS website include fact sheets and Frequently Asked Questions. Additionally, each program area continually adds training materials, provider status reports, policy documents, Stakeholder information and Templates.

The HCBS website allows the broader community to have continuous input into the transition process and progress of the State and its HCBS settings. Individuals and community members may subscribe to the HCBS website which results in alerts when the site is updated or new information is posted. It also has the ability to allow for submission of confidential feedback.

As updates to the Transition Plan, systemic compliance and site specific

compliance occur the HCBS website is updated with current materials and information. Stakeholders, interested parties, and the broader public are able to provide feedback on the Transition Plan as well as the State's and providers' progress toward full compliance with the HCBS regulation.

Individuals may obtain non-electronic copies of all materials posted on the web and the Statewide Transition Plan by contacting their assigned case manager, local field office, or DHS and OHA Central Office staff. Information is also provided regarding how to obtain non-electronic copies of the Statewide Transition Plan and web materials at community meetings held by the State and training/technical assistance presentations provided by the State. Public insight and input, based on their individual experience, into the actual level of site specific compliance is vital as DHS and OHA move towards full compliance with the HCBS regulations.

In another effort to facilitate active communication and collaboration, DHS and OHA created and publicized an email address specifically for questions and feedback relating to the HCBS regulations, Transition Plan, State processes, and state and provider progress toward for full compliance. The email box is monitored on a regular basis by designated State staff to address questions, comments, and requests that are received. The email address is HCBS.Oregon@state.or.us. There is a link from the HCBS website to the HCBS email address so that people can easily ask questions and provide comments.

Each program makes dedicated efforts to engage with its program-specific stakeholder community. This includes director's messages from specific service delivery systems. These messages are electronic communications are broadcast through email to individuals, family members, advocates, providers, community partners, and service delivery system representatives. This direct communication provides updates, education, information, and links to resources. In stakeholder efforts, individuals and advocates have a vocal role in providing perspective and insight into strategies being developed to further support outreach efforts.

DHS and OHA have concentrated outreach and education efforts to service delivery system support roles which have direct engagement with service recipients and their families. Outreach and education efforts include providing foundational education and technical assistance using materials developed by

DHS, OHA and Stakeholders, serving as a platform so that case managers and providers can offer education and support to individuals receiving services in the most effective, person-centered, and meaningful manner possible. Due to the diverse nature and complexity of individual supports, DHS and OHA are working diligently in providing training and support to the service field so that case managers and providers have the resources to effectively provide the education and outreach in the most appropriate manner possible.

Combined Individual, Family, and Provider Education Provided Jointly by DHS and OHA (January 2014 – March 2022)

DHS and OHA, with input from the HCBS Transition Stakeholder Group, develop and issue robust educational and technical assistance materials including fact sheets, frequently asked questions (FAQs), and responses to questions from stakeholders and the broader public. These materials are published on Oregon's HCBS website. All materials posted on the HCBS website are updated regularly and provided at trainings. The website address is <http://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCBS/Pages/index.aspx>.

Beginning in September 2015, DHS and OHA hosted regional information forums throughout the state. Training activities and materials focused on the HCBS regulation and information regarding the Provider Self-Assessment Tool and the Individual Experience Assessment. At the advice of the Stakeholders, DHS and OHA invited providers, consumers, family members and delivery system staff members to the same training to ensure that the information is shared consistently to everyone. Trainings were held during the day and evenings to facilitate attendance. Announcements regarding the forums were made through DHS and OHA press releases, on Facebook and Twitter, via DHS, and APD and ODDS Director's Messages, and Licensing Provider Alerts. Provider advocacy organizations also notified their membership of training opportunities. Response to the trainings was favorable. Attendees consisted of individuals, family-members, advocates and providers across the three service delivery systems.

DHS and OHA regional information forum locations and attendance is described below. In order to maximize provider participation, DHS and OHA allowed the provider's attendance to apply toward annual Continued Learning Education (CLE) requirements. Providers were given credits toward CLE for attending a forum.

Adults: 20 forums (two at each of the following locations) with 746 attendees (332 providers who received CLE credit; 414 others):

- Astoria (9/30/15) – 14 attended [7 providers who received CLE credit & 7 others]
- Bend (08/31/15) – 47 attended [22 providers who received CLE credit & 25 others]
- Coos Bay (09/23/15) – 37 attended [26 providers who received CLE credit & 11 others]
- Eugene (09/28/15) – 107 attended [54 providers who received CLE credit & 53 others]
- Hillsboro (09/03/15) – 71 attended [25 providers who received CLE credit & 46 others]
- Salem/Keizer (09/02/15) – 104 attended [28 providers who received CLE credit & 76 others]
- Medford (09/22/15) – 162 attended [87 providers who received CLE credit & 75 others]
- Ontario (09/14/15) – 26 attended [6 providers who received CLE credit & 20 others]
- Pendleton (09/10/15) – 44 attended [16 providers who received CLE credit & 28 others]
- Portland (10/01/15) – 134 attended [61 providers who received CLE credit & 73 others]

Children (conducted by ODDS) 14 forums (2 times each day in 7 locations):

- Medford (10/28/15)- 7 attended
- Eugene (10/27/15)- 11 attended
- Gresham (10/19/15)- 10 attended
- Hillsboro (11/4/15) - 9 attended
- Salem (10/23/15) - 14 attended
- Bend (10/26/15) - 4 attended
- Pendleton (11/5/15) - 4 attended

In collaboration with Stakeholders, additional training for individuals, family members, guardians/representatives and providers is continuously being developed and disseminated based on the results of various compliance activities conducted by the State and the service delivery systems. Educational materials

explain the HCBS regulation and how the requirements must be addressed throughout the State's transition period and ongoing. Educational materials also explain the impact of the HCBS regulation and how programs and services are to be integrated in the community and that individuals have the right to access the broader community in which they live. The information is routinely updated and posted on the HCBS website.

Targeted training and education materials regarding individual's rights, protections, community inclusion, individual modifications to the conditions, called "Individually Based Limitations to the Rules" in Oregon, are also being created and shared. Trainings are delivered to interested groups throughout the state when education or technical assistance requests are made. Materials specific to individual's rights, freedoms and protections are shared and explained as part of an individual's person-centered service plan. DHS and OHA continue to engage Stakeholders to develop educational materials on how to safely meet the needs and rights of all individuals receiving services within the new requirements.

All Medicaid-eligible individuals residing in provider-owned, controlled, or operated residential settings (over 20,000) from each program were sent letters signed by the Program Directors. The letters provided basic background regarding the new HCBS regulations, Oregon's HCBS website link, and an invitation to complete the Individual Experience Assessment survey. The 35% of individuals who responded to the survey had the opportunity to provide input into the major areas of HCBS focus. The letters and surveys had the dual purpose of providing education as well as validating the provider self-assessment surveys. Those who chose not to complete a survey received the basic information as well as information on how to learn more about the rights afforded through the HCBS regulations. From individual survey responses, the State learned about individuals' personal experiences in areas not specifically related to the HCBS regulations that resulted in additional attention, training and/or technical assistance being given to providers.

Further outreach occurred when DHS and OHA hosted three rule advisory committees (RAC) during promulgation of and amendments to the State's overarching HCBS OARs. RAC invitations were sent to the statewide HCBS stakeholder committee, individuals/consumers, family members, providers, advocates, self-advocates, DHS and OHA service delivery systems, the Service

Employees International Union, the State's protection and advocacy agency, and the Long-Term Care Ombudsman.

During the rulemaking public comment period, the parties noted above and the general public were notified of the public comment period through news releases posted to FlashNews.net and News releases and documents sent to all service delivery systems local field offices for posting. Information was also posted in the Oregon Bulletin, on the State's HCBS website, and DHS' and OHA's service delivery systems' Facebook and Twitter accounts.

Provider-specific information meetings and trainings (July 2014 – June 2021)

DHS and OHA began meeting with providers and provider associations in July 2014 to inform them of the new regulations, Oregon's conceptual Transition Plan, and to give providers the opportunities to ask questions and provide initial process input. DHS and OHA have continued and will continue to meet with providers and their associations throughout the transition time period. DHS and OHA have also continuously recommended that providers hold resident and family meetings to discuss the HCBS regulations and their impact.

Additionally, as these are the homes of the individuals we serve, DHS and OHA have provided regulatory guidance to providers on the requirement that all provider-owned, operated, or controlled residential settings maintain a "home-like" quality.

Delivery System Education (November 2014 – March 2022)

DHS and OHA are ensuring that delivery system staff members (case managers, licensing staff, and protective service staff) are receiving additional training on Person-Centered Planning philosophy and practice, including the empowerment of the individual to fully understand the full range of options available to them, and their rights in making individual choices. The trainings stress that individuals have the right to select where they live and receive services from the full array of available options in Oregon, including services and supports in their own or family homes. The training includes curricula on supporting informed choice, identifies areas that providers must address and supports implementation of the Transition Plan. It also includes individuals' rights, protections, person-centered thinking, and community inclusion.

Trainings and materials provided to case management entities and providers are presented with the intent and expectation that persons in these roles will use the information to educate and support individuals in understanding and exercising the HCBS freedoms and protections.

Program-specific Trainings and Public Engagement

As mentioned above in Phase I. and Phase II., DHS and OHA created a statewide HCBS website for individuals, families/guardians, providers, stakeholders, local office staff, and the general public. APD, ODDS and HSD also created their own program-specific webpages embedded in the statewide HCBS website. Each program-specific webpage contains provider status reports, information regarding individually-based limitations (modifications to conditions), training information and materials, heightened scrutiny information and other relevant information. Individuals visiting these sites are encouraged to provide feedback via a feedback form on the site or by sending an email to the HCBS email box.

The program specific webpages can be found here:

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

<http://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCBS/Pages/ODDS.aspx>

<http://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCBS/Pages/HSD.aspx>

OHA, HSD

OHA, HSD has convened a program specific stakeholder group to advise and assist in the HCBS settings statewide transition process. The participating members represent a diverse array of backgrounds and roles, including individuals, community partners, advocacy and rights organizations, provider organizations, and regulatory agencies.

HSD has met with its program-specific stakeholder group on the dates listed:

- 7/27/16
- 9/21/16
- 11/29/16
- 1/25/17
- 3/21/17
- 5/24/17
- 7/18/17

HSD has scheduled future program-specific stakeholder meetings on the following dates:

- 9/20/17
- 11/14/17

HSD has also conducted several trainings for Residential Treatment Home, Residential Treatment Facility and Adult Foster Home providers to discuss the HCBS regulations and implementation process. HSD intends to provide additional training related to the HCBS regulations to HCBS providers and individuals receiving services on an ongoing basis throughout the implementation process. HSD offered grant funding (state general funds) to residential treatment homes, residential treatment facilities and adult foster homes who apply to finance improvements to meet HCBS requirements. Applicants were required to contribute at least 10% of the renovation costs. All improvements have been completed.

As part of this grant opportunity and the application process, HSD conducted a training and Q & A teleconference for interested parties with eligible properties. This training occurred on August 30, 2016.

HSD has conducted several trainings for Residential Treatment Home, Residential Treatment Facility and Adult Foster Home providers to discuss the HCBS regulations and transition and implementation process. HSD intends to provide additional HCBS training on a regular basis to HCBS providers and individuals receiving services for the duration of the transition period, until March 2022.

HSD provided HCBS training for the following entities on the dates listed:

- 5/6/2015 – Washington County
- 8/2/2015 – Salem
- 8/3/2015 – Portland
- 9/6/2015 – Pendleton
- 9/22/2015 - Medford
- 6/7/16 – Multnomah County Residential Programs
- 7/1/16 – KEPRO Webinar - Salem
- 7/28/16 – Multnomah County Non-Provider Owned RTF/RTH
- 12/1/16 – Multnomah County Residential Programs
- 12/6/16 – HSD AFH Webinar
- 12/7/17 – HSD RTH/RTF Webinar
- 2/7/17 – Luke-Dorf Programs
- 6/1/17 – Multnomah County Residential Programs

HSD provides HCBS PowerPoint presentation show trainings, located on Oregon's HCBS website, for the following topics:

- History, Current Status, and Compliance
- Provider Self-Assessment Process

HSD also will utilize county Residential Specialists to assist with trainings and public engagement. HSD works closely with Residential Specialists as they are in the communities and often go onsite to these homes and facilities to offer training and technical assistance. Residential Specialists will continually assist with the HCBS implementation processes.

DHS, APD:

APD convened focus groups for consumers to help them understand the changes resulting from the new HCBS requirements and to elicit their feedback and insights. Training and collaboration has also occurred with advocacy

organizations such the Long Term Care Ombudsman. The goal is to engage all interested parties in assisting Oregon in reaching full compliance with HCBS and in identifying areas of concern and gaps in our current services.

APD provided HCBS training for the following entities on the dates listed:

- 06/17/15 - Oregon Health Care Association Assisted Living Facilities (ALF)/Residential Care Facilities (RCF) Council
- 10/15/15 - Leading Age Conference in Portland
- 10/28/15 - Adult Foster Homes (AFH) Licensors in The Dalles
- 11/10/15 - AFH Licensors in Hillsboro
- 11/15/15 - HCBS 101 for AFH Licensors in Eugene
- 12/10/15 - Provider Survey calls
- 12/11/15 - Provider Survey calls
- 01/11/16 - Long-Term Care Ombudsman
- 02/02/16 – LeadingAge Oregon
- 04/27/16 - LSA Annual Conference in MN (panelist)
- 05/19/16 - OR Dietetics in Health Care Community
- 07/18/16 - APD Surveyors (ALF/RCF)
- 09/20/16 - Oregon Health Care Association 2016 Convention
- 09/21/16 - APD Safety, Oversight & Quality, Licensing Complaint Unit
- 09/22/16 - Independent Adult Care Home Association (Adult Foster Home) Conference in Clackamas
- 10/05/16 - Independent Adult Care Home Association (Adult Foster Home) Conference in the greater Medford area
- 01/27/17 – Clackamas County providers
- 02/06/17 – Enhanced Care Providers
- 03/09/17 – Oregon Health Care Association Spring Conference
- 05/23/17 – LeadingAge Oregon Conference
- 05/25/17 – Washington and Columbia County providers (Adult Foster Home)

APD has scheduled future HCBS trainings on the following date:

- 06/22/17 – Independent Adult Care Home Association Conference in the greater Medford area (Adult Foster Home)
- 08/02/17 – Adult Foster Home Conference in Jacksonville, OR
- 09/19/17 – Oregon Health Care Association Fall Conference

Additionally, APD has been providing ongoing HCBS training and technical assistance at regularly scheduled APD Case Manager and Managers' meetings.

The following trainings have already occurred:

- 10/06/15 - Case Manager Essentials
- 10/21/15 – 12/01/15 – HCBS for Adult Foster Home Licensors
- 11/05/15 - Case Manager Essentials
- 01/14/16 - Case Manager Essentials
- 02/23/16 - 101 Person-Centered Service Planning
- 04/07/16 - Case Manager Essentials
- 05/24/16 – Person-Centered Planning
- 07/21/16 – Case Manager Essentials
- 08/17/16 - 101 Person-Centered Service Planning
- 09/21/16 – HCBS for CBC Complaint Team
- 10/20/16 – Case Manager Essentials
- 10/31/16-12/13/16 – Regional Case Manager Training
- 12/20/16 – HCBS for CBC Surveyors and Complaint Team
- 01/26/17 – Case Manager Essentials
- 04/06/17 – Case Manager Essentials
- 06/14/17 – HCBS Webinar for Case Managers

APD has scheduled future HCBS trainings for staff on the following dates:

- 06/21/17 – HCBS Webinar for Case Managers
- 06/29/17 – HCBS Webinar for Case Managers
- 07/18/17-07/20/17 – Person-Centered Thinking and Planning
- 07/27/17 – Case Manager Essentials
- 10/05/17 – Case Manager Essentials
- 10/17/17 – 10/19/17 – Person-Centered Thinking and Planning

DHS, ODDS:

Due to the Lane v. Brown litigation and Settlement Agreement as well as the HCBS requirements, Oregon has already assessed and completed site visits for all settings determined to be Sheltered Workshops. Based on HCBS requirements and Oregon Administrative Rule (OAR), Sheltered Workshop settings must transform to achieve compliance with regulations to ensure employment services

are community-based. This has caused questions for individuals and their families, providers and state legislators. For that reason, Oregon has done targeted outreach regarding compliance with HCBS requirements for employment and non-residential day services. While many of the questions and requests focus on Sheltered Workshop settings, the forums and discussion include the requirements for all employment and non-residential day services.

These trainings and information sessions have included statewide community forums for which individuals, families, providers and legislators were invited to attend, several meetings with state Senators and Representatives, meetings with self-advocate and family-advocate groups, 1:1 meetings with individuals and families as requested, as well as on-going regional trainings regarding Oregon Administrative Rules and monitoring requirements for case managers (known in ODDS as Services Coordinators and Personal Agents).

ODDS coordinates meetings on a regular basis with a targeted provider group (the largest employment and residential providers, with the largest number of individuals served in a Sheltered Workshop setting) to discuss HCBS and Lane v. Brown compliance requirements as well as to help develop transformation plans. Oregon funds training and technical assistance for providers who wish to transform their services through WiSE and Living Opportunities (a current Oregon service provider) which include strategic assessments of provider organizations, full transformation and training plans, as well as interim and final reports regarding transformation. Oregon DHS has issued 35 of such grants.

ODDS employs five Regional Employment Specialists whose job description includes providing training and technical assistance regarding HCBS compliance to case managers as well as Provider Organizations. These Regional Employment Specialists have provided targeted training to all CDDPs/Brokerages regarding HCBS requirements, and during the assessment/on-site visits with providers are also providing technical assistance as requested, or as determined by ODDS to be needed. This includes review of the assessment, review of individualized service plans and Career Development Plans, training regarding required transformation or adaptation plans, technical assistance regarding provider score cards and verification of service delivered.

In regards to employment, DHS is currently funding a Peer to Peer program, run by the DD Council and Self-Advocacy Coalition which is designed to help provide

peer training to individuals who are interested in seeking competitive integrated employment with a focus on individuals who wish to leave a Sheltered Workshop setting and transition to HCBS compliant settings. DHS hosts monthly Employment Policy meetings which include self-advocates and family advocate groups to discuss the transformation taking place in Oregon and the best way to reach individuals and their families. Additionally, ODDS has developed a Supported Employment page which includes Fact Sheets and Pow Toons designed to help individuals and families understand the changes and their options for supported employment services and HCBS compliant settings moving forward (<https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/Pages/Supported-Employment.aspx>).

At least monthly, DHS, Employment First releases messages regarding employment related changes that include increasing HCBS compliance. These messages include training opportunities, success stories, and policy changes. These messages are designed to be written in a way that individuals and families can understand. These messages can be found on the EF website (<http://www.oregon.gov/DHS/EMPLOYMENT/EMPLOYMENT-FIRST/Pages/messages.aspx>). DHS, Employment First also operates a Facebook page, as it has been reported that social media also helps reach individuals and their families.

DHS (Employment First with ODDS) provide a community seminar called Meet at the Mountain. For 2017 the target audience for this seminar is families and individuals. In 2015 Meet at the Mountain had more than 300 people in attendance and will be open to up to 500 in 2017. Additionally, ODDS partners with other seminars and trainings which are operated by and target individuals and families such as Breaking Barriers (a local training in central Oregon), APSE and other local initiatives.

Regarding provider owned, controlled or operated residential settings, ODDS has conducted extensive trainings in local communities, including participants such as case management entities, providers, community partners, and individuals and families. Trainings are offered with each wave of HCBS implementation as well as upon request by the ODDS Community.

ODDS intends to provide continuous training and outreach efforts to its service community. These trainings will be offered based on implementation of new expectations, policy clarification, and identified trends. Trainings will also be provided to local communities upon request.

ODDS has maintained a strong commitment to public engagement and outreach with its service community. Listed below are trainings provided to the ODDS community.

Additionally, ODDS has continued to offer technical assistance and support to case management entities, providers, community partners, and individuals and families. Trainings in addition to the ones identified below are made available upon request by provider organizations, case management entities, and community advocacy groups.

ODDS is in the process of developing a "Train the Trainer" network of CDDP and Brokerage delegates to establish strong foundational knowledge and expertise at the local community level that will serve as an available resource for technical assistance, support, and education related to HCBS.

Formal trainings presented by (or co-facilitated by) ODDS:

Adults: 20 forums (*two at each of the following locations*) with 746 attendees (*332 providers who received CLE credit; 414 others*):

- Astoria (9/30/15) – 14 attended [*7 providers who received CLE credit & 7 others*]
- Bend (08/31/15) – 47 attended [*22 providers who received CLE credit & 25 others*]
- Coos Bay (09/23/15) – 37 attended [*26 providers who received CLE credit & 11 others*]
- Eugene (09/28/15) – 107 attended [*54 providers who received CLE credit & 53 others*]
- Hillsboro (09/03/15) – 71 attended [*25 providers who received CLE credit & 46 others*]
- Salem/Keizer (09/02/15) – 104 attended [*28 providers who received CLE credit & 76 others*]

- Medford (09/22/15) – 162 attended [87 providers who received CLE credit & 75 others]
- Ontario (09/14/15) – 26 attended [6 providers who received CLE credit & 20 others]
- Pendleton (09/10/15) – 44 attended [16 providers who received CLE credit & 28 others]
- Portland (10/01/15) – 134 attended [61 providers who received CLE credit & 73 others]

Children (conducted by ODDS) 14 forums (2 times each day in 7 locations):

- Medford (10/28/15)- 7 attended
- Eugene (10/27/15)- 11 attended
- Gresham (10/19/15)- 10 attended
- Hillsboro (11/4/15) - 9 attended
- Salem (10/23/15) - 14 attended
- Bend (10/26/15) - 4 attended
- Pendleton (11/5/15) - 4 attended

ODDS conducted trainings for Adult Foster Home and 24-hour residential services providers. Participation ranged from 20-65 participants in each session with the exception of Coos Bay where there were about 15 participants:

- Salem (10/13/15)
- Gold Beach (10/29/15)
- Salem (11/19/15)
- Portland (12/18/15)
- Albany (1/19/16)
- Coos Bay (1/27/15)
- Grants Pass (1/28/15)
- Eugene (2/25/15)
- Dallas (3/22/15)

Trainings were presented to provider groups in the following locations:

- Roseburg (7/6/15)- 17 attended
- Coos Bay (7/6/15)- 5 attended
- Klamath Falls (7/7/15)- 15 attended
- Medford (7/8/15)- 31 attended

- Salem (7/13/15)- 51 attended
- Portland (7/14/15)- 14 attended
- Hillsboro (7/15/15)- 25 attended
- Portland (7/16/15)- 50 attended
- McMinnville (7/17/15)- 11 attended
- Portland (7/20/15)- 26 attended
- Dallas (7/21/15)- 13 attended
- Oregon City (7/22/15)- 27 attended
- Tillamook (7/23/15)- 10 attended
- Astoria (7/24/15)- 5 attended
- St. Helens (7/24/15)- 8 attended
- Portland (7/27/15)- 12 attended
- LaGrande (7/28/15)- 24 attended
- Bend (7/29/15)- 26 attended
- Eugene (7/30/15)- 44 attended
- Albany (8/5/15)- 13 attended
- Salem (8/20/15)
- Salem (12/7/15)
- Bend (12/8/15)
- Pendleton (12/10/15)
- Hillsboro (12/14/15)
- Salem (12/15/15)
- Medford (12/17/15)

HCBS training sessions were provided at the annual ODDS case management conferences which were held 8/26/15 through 8/27/15 and 8/9/16 through 8/10/16.

ODDS has provided the following in-person local trainings to CDDPs and service providers focused on HCBS requirements and the application of Individually-Based Limitations (IBLs) in residential settings. The trainings were open to all participants, however, most participation was by case management entities and licensed providers. In most locations 2 sessions per day were offered to allow flexibility and reach the greatest capacity for participation:

- Ontario (10/4/16)
- Baker City (10/5/16)

- John Day (10/6/16)
- Lakeview (10/11/16)
- Klamath Falls (10/12/16)
- Medford (10/13/16)
- Madras (10/17/16)
- Bend (10/24/16)
- Pendleton (10/25/16)
- La Grande (10/26/16)
- Prineville (10/27/16)
- Brookings (11/2/16)
- Coos Bay (11/3/16)
- Grants Pass (11/8/16)
- Roseburg (11/9/16)
- Eugene (11/10/16)
- Hood River (11/15/16)
- Salem (11/16/16)
- Newport (11/29/16)
- Tillamook (11/30/16)
- Astoria (12/1/16)
- McMinnville (12/5/16)
- Corvallis (12/6/16)
- Albany (12/7/16)
- Portland (12/12/16)
- Oregon City (12/13/16)
- Dallas (12/20/16)
- Portland (12/22/16)
- McMinnville (2/9/17)
- Salem (2/16/17)
- St. Helen's (2/21/17)
- Hillsboro (2/23/17)
- Roseburg (2/28/17)
- Portland (3/23/17)

ODDS recently developed training specific to the use of the Individually-Based Limitations (IBL) process to be applied when the use of restraints (as safeguarding interventions or safeguarding equipment) are identified in the individual's person-

centered service plan. ODDS has delivered regionally-based trainings open to all parties involved in DD services. In most locations 2 sessions per day were offered to allow flexibility and reach the greatest capacity for participation:

- Bend (4/20/17)
- La Grande (4/25/17)
- Salem (4/28/17)
- Oregon City (5/1/17)
- Dallas (5/2/17)
- Eugene (5/9/17)
- Medford (5/10/17)
- Portland (5/12/17)
- Woodburn (5/16/17)
- Webinar (5/17/17)
- Webinar (5/18/17)
- Salem (5/22/17)
- Portland (5/25/17)

HCBS training sessions were provided at the annual ODDS case management conferences held on 6/29/17 and 6/30/17.

Additional training sessions occurred via technical assistance call-ins offered weekly in June 2017 and July 2017. Bi-weekly sessions will be offered in August 2017.

Trainings for Employment and non-residential day services:

HCBS & Settlement Training:

Date	Location	Audience
1/19/2016	Baker City	Providers
2/10/2016	Salem	Case Management
2/23/2016	Salem	Case Management
3/22/2016	McMinnville	Case Management
3/24/2016	Salem	Employment First Agencies
5/16/2016	Pendleton	Providers
5/18/2016	Linn County	Case Management
6/1/2016	Portland	Providers
6/8/2016	Hermiston	Providers
6/15/2016	Ontario	Case Management

8/24/2016	Eugene	Case Management
9/20/2016	Washington County	Providers
9/21/2016	Baker City	Providers

Date	Location	Audience
1/19/2016	Bend	Case Management
1/20/2016	Bend	Case Management
1/21/2016	UCP brokerage	Case Management
1/25/2016	LaGrande	Case Management
2/24/2016	LaGrande	Case Management
3/1/2016	Dallas	Case Management
3/2/2016	Corvallis	Case Management
3/9/2016	Eugene	Case Management
3/9/2016	Eugene	Case Management
3/14/2016	Phone	Case Management
3/21/2016	Columbia County	Case Management
3/29/2016	Inclusion	Case Management
3/30/2016	Linn County	Case Management
4/21/2016	Hood River	Case Management and Providers
5/4/2016	Linn County	Case Management
5/10/2016	LaGrande	Case Management and Providers
5/11/2016	Baker City	Case Management and Providers
5/12/2016	Ontario	Case Management and Providers
7/5/2016	Hood River The Dalles	Case Management
8/23/2016	Central Oregon	Case Management and Providers
8/24/2016	Central Oregon	Case Management and Providers
8/25/2016	Bend	Case Management
9/13/2016	Roseburg	Case Management and Providers
9/14/2016	Roseburg	Case Management and Providers
9/22/2016	Lincoln County	Case Management and Providers

10/21/2016	La Grande	Case Management and Providers
10/26/2016	Grants Pass	Case Management and Providers
10/27/2016	Medford	Case Management and Providers
10/28/2016	Coos Bay	Case Management and Providers
11/15/2016	Baker City	Employment First Agencies
11/17/2016	Ontario	Employment First Agencies
11/30/2016	Portland	Employment First Agencies
12/1/2016	Clackamas	Employment First Agencies
12/6/2016	Pendleton	Employment First Agencies
12/7/2016	La Grande	Employment First Agencies
2/3/2017	Marion/Polk	Employment First Agencies

Career Development Planning (Person Centered Planning requirements):

Date	Location	Audience
1/19/2016	Bend	Case Management
1/20/2016	Bend	Case Management
1/21/2016	UCP brokerage	Case Management
1/25/2016	LaGrande	Case Management
2/24/2016	LaGrande	Case Management
3/1/2016	Dallas	Case Management
3/2/2016	Corvallis	Case Management
3/9/2016	Eugene	Case Management
3/9/2016	Eugene	Case Management
3/14/2016	Phone	Case Management
3/21/2016	Columbia County	Case Management
3/29/2016	Inclusion	Case Management
3/30/2016	Linn County	Case Management
4/21/2016	Hood River	Case Management and Providers
5/4/2016	Linn County	Case Management
5/10/2016	LaGrande	Case Management and Providers

5/11/2016	Baker City	Case Management and Providers
5/12/2016	Ontario	Case Management and Providers
7/5/2016	Hood River The Dalles	Case Management
8/23/2016	Central Oregon	Case Management and Providers
8/24/2016	Central Oregon	Case Management and Providers
8/25/2016	Bend	Case Management
9/13/2016	Roseburg	Case Management and Providers
9/14/2016	Roseburg	Case Management and Providers
9/22/2016	Lincoln County	Case Management and Providers
10/21/2016	La Grande	Case Management and Providers
10/26/2016	Grants Pass	Case Management and Providers
10/27/2016	Medford	Case Management and Providers
10/28/2016	Coos Bay	Case Management and Providers
11/15/2016	Baker City	Employment First Agencies
11/17/2016	Ontario	Employment First Agencies
11/30/2016	Portland	Employment First Agencies
12/1/2016	Clackamas	Employment First Agencies
12/6/2016	Pendleton	Employment First Agencies
12/7/2016	La Grande	Employment First Agencies
2/3/2017	Marion/Polk	Employment First Agencies

Employment Services and HCBS Requirements:

Date	Location	Audience
1/7/2016	Pendleton	Case Management
1/14/2016	Eugene	Employment First Agencies
1/14/2016	Multnomah County	Employment First Agencies
1/27/2016	Bend	Employment First Agencies

1/28/2016	Grants Pass	Employment First Agencies
1/28/2016	Bend	Providers
2/3/2016	Clackamas County	Employment First Agencies
2/19/2016	Hood River	Employment First Agencies
3/10/2016	Columbia County	Employment First Agencies
3/15/2016	Baker City	Providers
3/15/2016	Baker	Providers
3/18/2016	Midland	Providers
3/31/2016	Harney County	Employment First Agencies
4/1/2016	Baker City	Providers
4/13/2016	Salem	Case Management
4/13/2016	Ontario	Case Management
4/13/2016	Ontario	Providers
4/14/2016	Salem	Employment First Agencies
4/28/2016	Baker City	Employment First Agencies
5/10/2016	Multnomah	Employment First Agencies
5/12/2016	Redmond	Employment First Agencies
5/17/2016	Eugene	Employment First Agencies
5/17/2016	Mentor	Case Management
5/23/2016	Pendleton	Providers
6/1/2016	Clackamas	Employment First Agencies
6/3/2016	Marion/Mid-Valley	Case Management and Providers
6/8/2016	Lane County	Case Management and Providers
6/13/2016	Coos Bay	Employment First Agencies
6/16/2016	Roseburg	Employment First Agencies
6/17/2016	Hillsboro	Employment First Agencies
6/21/2016	Klamath Falls	Employment First Agencies
6/28/2016	Eugene	Employment First Agencies
6/29/2016	Lincoln County	Employment First Agencies
6/30/2016	Salem	Employment First Agencies
7/28/2016	Ontario	Case Management and Providers
8/17/2016	Medford	Employment First Agencies
9/6/2016	Yamhill County	Case Management
9/18/2016	La Grande	Providers
9/22/2016	Multnomah County	Case Management
9/28/2016	Olympia	Employment First Agencies
9/28/2016	Olympia	Employment First Agencies
9/30/2016	Salem	Case Management and Providers

10/4/2016	Salem	Employment First Agencies
10/11/2016	Scappoose, St Helens, Vernonia, Clatskanie School Districts	Employment First Agencies
10/18/2016	Baker City	Case Management
11/2/2016	Central Oregon	Providers
1/5/2017	Webinar	Employment First Agencies
1/27/2017	Hillsboro	Employment First Agencies
2/17/2017	Portland	Employment First Agencies
2/21/2017	Springfield	Employment First Agencies

Phase III. Provider Self-Assessment and Individual Experience Assessment and On-site Visits (July 2015 – June 2018)

Provider Self-Assessment Tool (July 2015 – February 2016)

In Phase I. of the Transition Plan, DHS and OHA described how they assessed systemic compliance with the settings requirements for each type of provider-owned, controlled, or operated HCBS setting authorized and funded under 1915(c) waivers, and 1915(i) and 1915(k) State Plan Options. Phase III. of the Transition Plan details how DHS and OHA will determine initial compliance with the settings requirements for individual sites within each type of provider-owned, controlled, or operated HCBS setting (e.g. Foster Homes, ALFs, RTFs, non-residential, etc.).

In consultation with Stakeholders and partners, DHS and OHA developed a Provider Self-Assessment Tool (PSAT) for providers of provider-owned, controlled, or operated residential and a separate assessment for non-residential settings. To initially assess residential providers, DHS and OHA utilized an existing contract held by OHA to conduct the Provider Self-Assessment Tool (PSAT) surveys and the Individual Experience Assessment survey described below. Non-residential provider Self-Assessment Surveys for ODDS were conducted by the ODDS program.

For residential settings, the contracted entity contacted every provider or provider agency that provides HCBS in a provider-owned, controlled or operated residential setting. The provider of each site received a web link to the PSAT with instructions and required timelines for completion. HCBS providers were encouraged to complete the PSAT online. If the provider was unable to complete the PSAT online, paper PSATs were available upon the provider's request. Every provider or provider agency of HCBS in provider-owned, controlled, or operated residential settings was required to complete a PSAT for each individual HCBS site they operate or control. Providers were encouraged to include the individuals receiving services, their family members/representatives, advocates and others in their assessment process. DHS and OHA provided guidance to providers on how to accomplish this activity. Some of the guidance included fact sheets, instructions, and FAQs.

Providers were required to complete and return the PSAT to DHS and OHA within 60 calendar days of receipt. The contracted entity conducted follow-up calls to providers and provider agencies to ensure completion of the PSAT.

While there was not a financial penalty levied against a residential provider for failing to complete a PSAT, providers who did not respond were addressed as follows:

- ODDS providers who did not respond to the PSAT were sorted in to the category of “expected to meet expectations” with remediation, pending regulatory onsite reviews.
- HSD and APD providers who did not respond to the PSAT were sent letters stating that due to lack of response, the provider is presumed to be out of compliance with the HCBS regulations until site visits determined their actual compliance status.

By the June 2018, each provider-owned, controlled or operated residential HCBS setting will have received an onsite reviews from state or local program staff during which responses from the IEA were or will be used as a tool to help validate the PSAT results and inform the state of initial individual site compliance with the HCBS setting requirements.

In January 2016, based on reviews conducted in 2015, all ODDS employment and day service providers received an initial response regarding anticipated compliance with the HCBS rules. This preliminary determination was based on the provider self-assessments and on-site visits to sheltered workshop settings. All providers who received a sheltered workshop designation had an opportunity to dispute the determination during 2015.

During 2016 and 2017, Regional Employment Specialists, CDDP, and ODDS licensing staff conducted on-site reviews to validate the PSAT and IEA and further evaluate provider compliance with the HCBS regulations. An on-site review is conducted at every employment and non-residential day service setting where services occur at a provider owned, controlled or operated site. An off-site review is completed when services occur at general community businesses. For services that occur at general community businesses, HCBS compliance was also validated through Oregon's Employment Outcome System (EOS) and the NCI adult consumer survey.

For onsite reviews, each reviewer was engaged in the development of the on-site checklist and participated in training prior to beginning the reviews. Based on the findings of these on-site reviews, as well as the provider self-assessment and the

individual experience assessment surveys, the provider receives a status report indicating areas of compliance and non-compliance with HCSB regulation.

The on-site review includes a file review (including review of person-centered service plans), interviews with participants who attend the program, as well as verification of the initial provider self-assessment. Many provider agencies operate multiple facility-based employment or non-residential day programs. For those agencies that have multiple sites, once every location has completed an on-site review, including HCBS compliance checklist, the regional specialist submits the checklist to a policy analyst at the central office. The checklist is then reviewed and, if there are any additional or remaining questions, they are resolved prior to the completion of a provider status report. Once the assessment, checklist and status report are reviewed, they are sent to the provider for any required follow up action.

Ongoing review and monitoring of these sites is occurring using the processes described in Phase V.

Individual Experience Assessment (July 2015 – February 2016)

DHS and OHA did not assume any of the individual HCBS sites met the HCBS requirements. To assist in validating the initial PSAT results and assure ongoing compliance, DHS and OHA have and will continue to actively engage with individuals receiving Medicaid-funded HCBS as specified in this plan, their families and their advocacy organizations on an ongoing basis to gather their opinion and insight on how providers are complying with the HCBS requirements.

In consultation with Stakeholders, DHS and OHA developed and conducted the Individual Experience Assessment (IEA) for individuals receiving Medicaid-funded HCBS services in provider-owned, controlled, or operated residential settings and non-residential settings. In addition to questions about residential settings, the IEA contained questions specifically related to employment and day services. The IEA focused primarily on whether the individual feels his or her service experiences align with what is required in the settings requirements. The questions asked in the IEA were very similar to those asked in the PSAT, but worded more simply. The IEA and PSAT were conducted simultaneously and linked with unique identifiers (described in the Validation section) so the results were comparable in time. As with the PSAT, DHS and OHA utilized the existing

contract held by OHA to conduct the IEA in tandem with the PSAT. The contracted entity sent the IEA to every individual receiving Medicaid-funded HCBS in a provider-owned, controlled or operated residential setting. Individuals had the choice of completing the IEA online or via paper.

Individuals were not required to complete the IEA but with advice and feedback from Stakeholders and the state's contracted entity, DHS and OHA determined ways to maximize individual participation in the IEA process. During the response period, if an individual did not respond to the initial survey, the state's contracted entity contacted individuals via mail up to three additional times to encourage participation and offer technical assistance. A toll-free phone line was also established for individuals to call if they required assistance in completing the IEA. Information regarding the IEA was also presented at each regional forum conducted by DHS and OHA.

During the analysis phase of IEA results, DHS and OHA gained vital insight about how individuals receiving services perceived their experiences both with the service delivery system and their service provider. Additionally, the IEA asked if the individual felt that they were able to select their services from all available service options and all available providers. Responses to critical questions related to the additional requirements for provider-owned, controlled, or operated settings provided DHS and OHA with a foundational understanding of actual on-the-ground compliance specific to each site.

The IEA indicated if it was completed by the individual, the family, the individual's guardian, or others. Individuals were encouraged to complete the IEA themselves but were permitted to choose an individual to assist them with filling out the IEA. The on-site reviews conducted by Licensing/Surveyor and/or service delivery system staff served as additional validation of the survey responses and to address any discrepancies in reporting versus compliance and practices observed through the on-site assessment process.

IEA responses were also used as supplemental information to help prioritize the order of onsite visits. All settings will receive onsite reviews as part of the initial validation and ongoing compliance monitoring process as described below.

Validation of Providers' Self-Assessment Tool (PSAT) (November 2015 – June 2018)

DHS and OHA have used several ways to validate the PSAT and determine initial site compliance. The first tool was the IEA. The IEA and the PSAT were linked with a unique identifying number that allowed the contracted entity to match the IEA response with the relevant PSAT for comparison. The unique number did not contain any identifiable protected health or personal information.

DHS, OHA and the contracted entity made every effort to obtain responses from at least one individual residing at each provider site. DHS and OHA received the majority of results of the completed PSATs and IEAs on 02/05/16.

Based on analysis and evaluation of the PSAT and IEA responses, DHS and OHA provided initial feedback to providers advising of any issues that require remediation during the transition period.

HSD and APD providers who did not respond to the PSAT were sent letters stating that due to lack of response, the provider is presumed to be out of compliance with the HCBS regulations until site visits determined their actual compliance status. These sites were marked as "Pending Regulatory Onsite Visit" on the online "Provider Status Report".

ODDS residential providers who did not respond to the PSAT were sorted in to the category of "expected to meet expectations" with remediation pending regulatory onsite reviews.

The number of PSATs and IEAs responses received by each service delivery system:

OHA, HSD:

- 188 adult providers (out of a total of 253 surveys sent out, equaling a 74% response rate)
- 405 adult individuals (out of a total of 1,613 survey sent out, equaling a 25% response rate)

DHS, APD:

- 1,475 providers (out of a total of 2,242 surveys sent out, equaling a 66% response rate)

- 3,226 adult individuals (out of a total of 10,908 survey sent out, equaling a 30% response rate HSD Program:
- 188 adult providers (out of a total of 253 surveys sent out, equaling a 74% response rate)
- 405 adult individuals (out of a total of 1,613 survey sent out, equaling a 25% response rate)

DHS, ODDS:

- 3111 adult providers (out of a total of 4431 surveys sent out, equaling a 70% response rate)
- 231 youth providers (out of a total of 417 surveys sent out, equaling a 55% response rate)
- 6983 adult individuals (out of a total of 19,990 sent out, equaling a 35% response rate)
- 239 youth individuals (out of a total of 697 sent out, equaling a 34% response rate)

Due to the rate of return of IEAs, DHS and OHA took approximately 3 months to compile, analyze and compare the results of the PSATs and IEAs.

As stated above, by June 2018, each provider-owned, operated or controlled residential setting will have received an onsite review from state or local service delivery system and Licensing staff during which responses to the PSAT responses are validated and initial compliance with the HCBS settings requirements were assessed.

For OHA, HSD, Licensing and Certification Compliance Specialists (LCCS) conduct onsite reviews to assess and validate HCBS compliance status. Each LCCS uses the HSD-HCBS Provider Self-Assessment tool to encourage discussion, gather information and document the status of each provider's HCBS compliance. The assessment reviews 16 key areas of HCBS compliance with three additional questions asked about the physical location of the setting. Upon completion of the review, the results of are used to track each provider's full HCBS compliance and update HSD's Provider Status Report. This assessment will also be used as part of the initial application and ongoing renewal process for continued compliance.

DHS, APD Licensors/Surveyors conducted onsite reviews of residential provider-owned, controlled or operated sites. Multnomah County licenses its own Adult Foster Homes and conducted its own site visits using their county licensors. The DHS, APD program onsite assessments were completed using a state-mandated HCBS compliance assessment form which was based upon the overarching HCBS OARs. APD's HCBS compliance assessment form is available to CMS upon request. APD's HCBS criterion were incorporated into ASPEN (Automated Survey Processing Environment), the current Licensor/Surveyor system for reporting compliance for all APD residential providers. Most Oregon counties reported AFH compliance data using a web-based tool until 6/1/17, when they all moved to ASPEN (with the exception of Multnomah County, who is still using the web-based tool).

DHS, APD Central Office staff conducted onsite visits to each non-residential Adult Day program to ensure full compliance with HCBS requirements.

For DHS, ODDS residential settings, initial response letters to residential services providers who completed the PSAT were sent out on May 25, 2016 and included summary information of results from both the PSAT and IEA responses. For providers whose surveys identified areas of needed improvement, the initial response letters contained a list of areas that the provider will need to remediate to achieve full compliance with HCBS Rules. Based on the feedback provided in the initial response letters, providers were able to initiate remediation activities.

Providers' compliance or non-compliance with the HCBS regulations are being validated and monitored on an on-going basis through regular licensing and certification reviews that include on-site visits. PSAT and IEA survey results are used by licensing staff to inform on-site reviews. Throughout 2016-2017, local Community Developmental Disabilities Programs (CDDP), Regional Program, ODDS' Licensing, and ODDS' central office staff will conduct on-site reviews to evaluate provider and site compliance with the new regulations. Validation of ongoing HCBS settings compliance is an activity conducted by Licensing and services delivery system staff. HCBS settings compliance status for licensed/certified settings will be evaluated as part of the issuance of new or renewed site licenses/certifications. When sites are found to be out of compliance, the licensing entities provide monitoring and tracking of the provider's plan of correction until remediation activities are successfully completed.

For DHS, ODDS employment and non-residential day services, HCBS compliance has also been validated by site visits to provider settings completed by ODDS employment regional specialists. By the end of 2017, a provider self-assessment will be received for every employment or day service in a provider-owned, controlled, operated, or congregate setting. An on-site visit will occur for every provider-owned, controlled, or operated setting. Ongoing HCBS validation also occurs through the ODDS biannual Employment Outcome System (EOS) and, in the future, the NCI Adult Consumer Survey. Settings where individualized services are provided in a typical community setting are presumed to comport with the HCBS requirements. As part of ODDS' quality assurance reviews, file reviews are conducted to ensure individualized action plans are in place to show how employment and non-residential day services are used by individuals to participate in the broader community.

After IEA and PSAT responses and results from initial site visits were compiled, analyzed, and compared, DHS and OHA sorted individual sites into four CMS-defined "buckets":

- Meets Expectations;
- Expected to Meet Expectations;
- Requires Heightened Scrutiny; and
- Will Not Meet HCBS Requirements.

Sites that were identified as requiring heightened scrutiny are addressed below in Phase IV. Heightened Scrutiny Process.

The aggregated number of individual sites sorted into each of the identified "buckets" is listed below. Additionally, APD, ODDS and HSD have published HCBS provider initial status reports showing initial compliance at their program-specific HCBS websites. These reports can be found here:

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

<http://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCBS/Pages/ODDS.aspx>

<http://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCBS/Pages/HSD.aspx>

OHA, HSD:

Meets Expectations = 74

Expected to Meet Expectations = 170

Required Heightened Scrutiny = 4

Will Not Meet HCBS Requirements = 0

DHS, APD:

Meets Expectations = 454

Expected to Meet Expectations = 1,720

Required Heightened Scrutiny = 5

Will Not Meet HCBS Requirements = 0

DHS, ODDS (Residential):

Meets Expectations = 586

Expected to Meet Expectations = 1751

Required Heightened Scrutiny = 10

Will Not Meet HCBS Requirements = 0

DHS, ODDS (Non-residential):

Employment Services

Meets Expectations = 2,038 Job Coaching, Job Development, or Discovery settings and 90 small group settings

Expected to Meet Expectations = 108 Community-Based Employment Path Settings and 31 Facility-Based Employment Path settings (non-sheltered work).

Requires Heightened Scrutiny = 0

Will Not Meet HCBS Requirements: 48 Sheltered Workshop Settings

Non-Residential Community Living Supports

Meets Expectations = Undeterminable number of community based settings in full compliance

Expected to Meet Expectations = 110 provider sites

Requires Heightened Scrutiny = 0

Will Not Meet HCBS Requirements = 0

Through ongoing education, technical assistance efforts, public input, and onsite visits, DHS and OHA were able to corroborate information provided by providers and individuals receiving HCBS. DHS and OHA have and will continue to publicize and provide ongoing opportunities for the public to submit feedback on providers' initial and ongoing compliance and/or progress. As a key component, DHS and OHA asked advocacy organizations, such as the Oregon Long Term Care Ombudsman, to inform DHS and OHA if the Ombudsmen and/or other advocates express concerns about providers' attestations regarding compliance.

DHS and OHA are leveraging existing organizational partners such as the Governor's Advocacy Office, adult protective service staff, licensing staff and case managers to assist in validation of assessment results and ongoing provider compliance as described in Phase V. below. Staff from these entities will report concerns or areas of inconsistency. The reports from these staff members will allow the centralized HCBS team to compare complaints, issues and allegations against providers.

Phase IV. Heightened Scrutiny Process – Initial and Ongoing (October 2014 – Ongoing)

State's Review and Process for Heightened Scrutiny Submission to CMS (October 2014 – Ongoing)

Throughout Phases III and IV of the Transition Plan, DHS and OHA will assess each site to determine if it meets the HCBS settings requirements or requires CMS's Heightened Scrutiny. Activities for sites determined to require heightened scrutiny included:

Initial Heightened Scrutiny Process:

- Conduct an initial, off-site review of licensing and service delivery system records to determine if the site is in the building of, on the grounds of, or adjacent to an institution. (October 2014)
- Work with stakeholders to create specific criteria and site characteristics for identifying which sites will require Heightened Scrutiny (October 2014 - June 2015).
- Use the Provider Self-Assessment Tool (PSAT), Individual Experience Assessment (IEA) responses, and additional activities to determine and propose if a site meets the definition of an HCBS site. (September 2015 – April 2016)
- Notify identified affected providers of State's determination that provider's site(s) may have to go through the Heightened Scrutiny process in order to comply. (May 2016 – Ongoing)
- Require identified providers of sites that appear to require heightened scrutiny to submit evidence to the State rebutting that presumption. (May 2016 –Ongoing)
- Conduct on-site review of sites ***initially*** determined to require heightened scrutiny. (May 2016 – Ongoing)
- Determine, based on evidence provided and results of onsite review, if sufficient evidence was provided to seek heightened scrutiny from CMS or if the site does not meet HCBS requirements. (May 2016 - Ongoing)
- Compiling a report of the sites that ***initially*** require heightened scrutiny (as of June 1, 2017). (May 2016 – May 2017)
- Commencing public notice and comment period including posting information on each service site that has been determined to require CMS' Heightened Scrutiny. Information posted both on Oregon's HCBS website

and will be made available in non-electronic format to those requesting. (June 2017 - July 2017)

- Revise Transition Plan to address public input, if necessary. (July 2017)
- Submit amended Transition Plan to CMS, including evidence and justification of individual sites that appear presumptively non-HCBS for CMS' Heightened Scrutiny. (August 2017)
- Provide opportunity for sites to request an Administrative Review of DHS's and OHA's determination that a site **does not** meet HCBS requirements and **will not** go through CMS's heightened scrutiny process. (August 2017 – September 2017)
- Expected receipt of CMS response to DHS and OHA's site-specific amended Transition Plan. (September 2017)

Ongoing Heightened Scrutiny Process:

- Determine and implement ongoing remediation strategies and next steps. (July 2016 – Ongoing)
- Implement ongoing, rolling process for identification and submission of evidence to CMS of sites determined to require heightened scrutiny. (August 2017 – Ongoing)
- Identify providers during the course of conducting regular monitoring reviews that may require heightened scrutiny. (August 2017 - Ongoing)
- Require identified providers of sites that appear to require heightened scrutiny to submit evidence to the State rebutting that presumption. (August 2017 –Ongoing)
- Determine, based on evidence provided, if sufficient evidence was provided to seek heightened scrutiny from CMS or if the site does not meet HCBS requirements. (August 2017 - Ongoing)
- Commence public notice and comment period including posting information on each service site that has been determined to require CMS' Heightened Scrutiny. Information posted both on Oregon's HCBS website and will be made available in non-electronic format to those requesting. (August 2017 – Ongoing)
- When required, submit evidence and justification of individual sites that appear presumptively non-HCBS to CMS for Heightened Scrutiny. (August 2017 - Ongoing)
- Expected receipt of CMS response to Heightened Scrutiny evidence packages. (September 2017 - Ongoing)

- Provide opportunity for sites to request an Administrative Review of DHS's and OHA's determination, upon notice of determination, that a site **does not** meet HCBS requirements and **will not** go through CMS's heightened scrutiny process. (August 2017 – Ongoing)

With this amended STP, the State is submitting evidence to CMS for heightened scrutiny for the following sites:

1. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building located on the grounds of, or immediately adjacent to, a public institution, which the state believes overcomes the institutional presumption and meets the requirements of a home and community based setting.
2. Any setting regardless of location that has the effect of isolating individuals receiving Medicaid home and community-based services (HCBS) from the broader community.

To initially identify sites that fell into category 2, the State identified “red flag” responses to specific questions asked in the Provider Self-Assessment Tool and Individual Experience Assessment (Phase III.) that indicated a site may potentially have institutional qualities due to the effect of isolating an individual receiving HCBS from the broader community. The questions asked by the State on the PSAT and IEA that may indicate isolation were derived from CMS regulatory language, guidance and suggested exploratory questions. Copies of the PSAT and IEA tool are available to CMS upon request.

In the APD and HSD programs, a provider who had “red flag” indicators based on PSAT and IEA responses was not automatically sorted into the bucket of providers identified as requiring CMS' heightened scrutiny. There are several steps that are taken before a referral will be made to CMS. These steps include prioritizing onsite visits by the licensing and service delivery system staff and providing the site an opportunity to rebut the presumption of institutional qualities due to the appearance of isolating individuals from the broader community or provide a comprehensive plan for compliance with the regulations with milestones to show measurable progress towards compliance.

Prior to submission to CMS of this amended Transition Plan and list of identified sites requiring heightened scrutiny, DHS and OHA conducted a 30 calendar day

public notice and comment period. The public notice included information about how individuals could request a printed copy of this amended Transition Plan and provide input on those sites identified as requiring CMS' heightened scrutiny.

DHS and OHA anticipate that, based on regular licensing/certification and other on-site visits, the identification of sites requiring heightened scrutiny and submission of evidence to CMS will be a rolling, ongoing process. The evidence found during the site visits will be submitted to CMS.

Throughout the transition period, prior to submission of evidence packages to CMS for sites identified as requiring heightened scrutiny, DHS and OHA will commence 30 calendar day public notice and comment periods.

Service Delivery Systems' Heightened Scrutiny Evidence Summary **OHA, Health Systems Division (HSD):**

OHA, HSD initially identified zero (0) Adult Foster Homes (AFH), seven (2) Residential Treatment Facilities (RTF) and five (5) Residential Treatment Homes (RTH) for additional review for potential heightened scrutiny. These sites were selected for review based on the physical proximity to a public institution, being co-located and operationally related, or facilities that are authorized to use interventions/restriction used in institutional setting (e.g., restraints).

HSD requested additional information from these sites regarding the services provided and the characteristics possessed that meet the HCBS settings requirements. An internal review process focused on the following four areas:

- Physical site location
- Individual access to the community
- Access to visitors at any time
- Provider support of individual independence

The below criteria were used to determine in which category the site should be "bucketed". Any "yes" answers resulted in the need for an onsite visit by HSD regulatory staff and potential heightened scrutiny referral to CMS

- The setting is located on the grounds of or adjacent to a public institution.
- The setting location potentially has the effect of isolating.

- The setting is approved to use interventions/restriction used in institutional setting or deemed unacceptable in Medicaid institutional setting (e.g., restraints).

This information and evidence was reviewed and validated by the licensing team with direct knowledge of the operations of these sites. Based on this internal review process settings were sorted into the following three categories:

- Meets HCBS
- Expected to Meet HCBS
- Onsite review needed

The following is the breakdown from this phase of the Heightened Scrutiny review process:

Setting Type	Meets HCBS	Expected to meet HCBS	Onsite Review Needed	Total
Residential Treatment Facility	0	1	1	2
Residential Treatment Home	0	1	3	4
Total	0	2	4	

Link to HSD Provider Initial Status document:

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

Following further review of the settings identified in Table 1, the following residential sites were identified as meeting at least one of the CMS criteria for Heightened Scrutiny referral.

1. any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment,
2. any setting that is located in a building on the grounds of, or immediately adjacent to, a public institution, or

3. any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS

Setting name and location	Setting Type	Reason: 1,2, or 3 from above
Horizon House	RTF	2
Via Verde	RTH	2
Salmon Run	RTH	2, 3
New Roads	RTH	2, 3

HSD Home and Community-Based Setting Referrals for Heightened Scrutiny:

The following two tables are based on HCBS site-specific reviews of Salmon Run and New Roads on Tuesday, October 26, 2016 and HCBS site-specific reviews of Horizon House and Via Verde on Wednesday, October 27, 2016. Onsite reviews included a review of documentation, a review of the geographical area and interviews with staff and residents. Residents were out in the community and unavailable to interview at Via Verde.

Provider Name	Facility Name	Integrated Environment	Individual's Access to Broader Community	Visitors	Supporting Self-Direction & Independence
Marion County Health Department	Horizon House	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation
Shangri-La Corp.	Via Verde	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation
Columbia Care Services, Inc.	Salmon Run	Meets Expectation	Meets Expectation	Meets Expectation	Meets Expectation
Columbia Care Services, Inc.	New Roads	Meets Expectation	Expected to Meet Expectation	Meets Expectation	Meets Expectation

Issues of Concern and HCBS Qualities (Initial Evidence) Demonstrating Compliance

Horizon House	<p>Issues of Concern relating to compliance with HCBS setting regulations:</p> <ol style="list-style-type: none"> 1. Located on the grounds of the Oregon State Hospital in Salem, Oregon. 2. Adjacent to homes housing the State Hospital population. 3. Adjacent to the Oregon State Penitentiary (correctional institution). <p>HCBS Qualities Demonstrating Integrated Environment, Access to Broader Community, Visitors, and Supporting Self-Direction and Independence:</p> <p>Greenway Drive NE ends at 24th St. NE where a residential neighborhood begins. Services being provided to residents are in a home environment where residents have free access to the community. Each resident also has unrestricted use of their own mobile phone. The home is within a 10 minute walk to a city bus</p>
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	<p>stop. The facility will offer transportation services and the residents may use taxi cabs, insurance transport services, or have friends/family transport them. The provider facilitates outings to various city, county, and state events, including events via Salem's All Activities listings. The provider offers outings, which often include recreational/senior centers, banking, shopping, and religious activities, etc. Residents may choose to work and/or volunteer, which often include the local human society, the local food share program, and Old Style Barber Shop. The provider allows individuals to leave the home at will and at any time. The provider does not restrict visitors of any resident's choosing at any time. The provider encourages all residents to leave the facility to engage in various community offerings and offers bus training to allow for greater confidence in community engagement.</p>
Via Verde	<p>Issues of Concern relating to compliance with HCBS setting regulations:</p> <ol style="list-style-type: none"> 1. Located on the grounds of the Oregon State Hospital in Salem, Oregon. 2. Adjacent to homes housing the State Hospital population. 3. Adjacent to the Oregon State Penitentiary. 4. Is a PSRB program, in which residents may have a Conditional Release stating certain restrictions, such as curfew, locations, and persons to interact. <p>HCBS Qualities Demonstrating Integrated Environment, Access to Broader Community, Visitors, and Supporting Self-Direction and Independence:</p> <p>24th Street is adjacent to a residential neighborhood. Services being provided to residents are in a home environment where residents have free access to the community. Each resident also has unrestricted use of their own mobile phone. The home is within a 10 minute walk to a city bus stop. The facility will offer transportation services and the residents may use taxi cabs, insurance transport services, or have friends/family transport them. The provider facilitates outings to various city, county, and state events, including events via Salem's All Activities listings. The provider offers outings, which often include</p>

	<p>recreational/senior centers, banking, shopping, hair dressing appointments, etc. Residents may choose to work and/or volunteer, which often include the local human society, lawn care services, and the local food share program. Currently, there is one resident attending Chemeketa Community College. The provider allows individuals to leave the home at will and at any time. The provider does not restrict visitors of any resident's choosing at any time. The provider encourages all residents to leave the facility to engage in various community events and resources and offers bus training to allow for greater confidence in community engagement.</p>
<p>Salmon Run</p>	<p>Issues of Concern relating to compliance with HCBS setting regulations:</p> <ol style="list-style-type: none"> 1. Adjacent an Oregon State Hospital cottage, a class 1 SRTF. 2. Adjacent to the Eastern Oregon Correctional Institution. 3. Adjacent to a co-located and operationally related facility. 4. Shares a common wall with another separate and distinct RTH operated by another social service agency. 5. Is a PSRB program, in which residents may have a Conditional Release stating certain restrictions, such as curfew, locations, and persons to interact. <p>HCBS Qualities Demonstrating Integrated Environment, Access to Broader Community, Visitors, and Supporting Self-Direction and Independence:</p> <p>The home is within a 20 minute walk to the center of Pendleton, within a 5 minute walk to Blue Mountain Community College, Pendleton's 5 mile River Walk trail, and local parks, including a skate and water park. The home is within 800 yards of a city bus stop. Each resident may purchase taxi tickets for a nominal price. The facility will offer transportation services. Residents may use Dial-a-Ride for \$1.00 and any insurance provided transport services. The facility facilitates outings to various city, county, and state events, including events in neighboring cities and into Washington. The provider offers a minimum of four outings a day, which often include a recreational center, blowing, shopping, etc. Residents may choose to work and/or volunteer, which currently include local grocery outlets, social</p>

	<p>service organizations, and religious affiliations. Currently, there is one resident attending Blue Mountain Community College. The provider allows individuals to leave the home at will and at any time and encourages all residents to leave the facility to engage in various community events and resources. The provider does not restrict visitors of any resident's choosing at any time. Each resident also has unrestricted use of their own mobile phone.</p>
<p>New Roads</p>	<p>Issues of Concern relating to compliance with HCBS setting regulations:</p> <ol style="list-style-type: none"> 1. Not located in a residential area. 2. Adjacent an Oregon State Hospital cottage, a class 1 SRTF. 3. Adjacent to the Eastern Oregon Correctional Institution. 4. Adjacent to a co-located and operationally related facility. <p>HCBS Qualities Demonstrating Integrated Environment, Access to Broader Community, Visitors, and Supporting Self-Direction and Independence:</p> <p>The home is within a 20 minute walk to the center of Pendleton, within a 5 minute walk to Blue Mountain Community College (BMCC), Pendleton's 5 mile River Walk trail, and local parks, including a skate and water park. The home is within 800 yards of a city bus stop. Each resident may purchase taxi tickets for a nominal price. The provider will offer transportation services. Residents may use Dial-a-Ride for \$1.00 and any insurance provided transport services. The facility facilitates outings to various city, county, and state events, including events in neighboring cities and into Washington. Currently there are four residents attending BMCC. The provider allows individuals to leave the facility at will and at any time and encourages all residents to leave the facility to engage in various community events and resources. The provider does not restrict visitors of any resident's choosing at any time. Each resident also has unrestricted use of their own mobile phone.</p>

HSD Ongoing Efforts:

By September 1, 2017, HSD will develop an HCBS Heightened Scrutiny Identification Worksheet (HSIW) for residents, stakeholders, and the general public to “red flag” a setting that the state has not identified, but may require heightened scrutiny. By September 15, 2017, this worksheet will be sent to each provider and uploaded to the HSD sub-page of Oregon’s HCBS website for use by the public. A mechanism for residents to receive this worksheet will be discussed internally and a process approved and implemented. Additionally, this worksheet will be disseminated and discussed with HSD’s HCBS Stakeholder Group, each county’s residential specialists and sent to Community Mental Health Providers to post for general public consumption.

On an ongoing basis, when HSD receives an HCBS HSIW, the assigned licensor will investigate the information to confirm whether or not the setting requires CMS’ heightened scrutiny. The investigation information will then be reviewed by HSD leadership to make the final determination. If HSD leadership determines that heightened scrutiny is not required, that corrective actions will suffice, HCBS compliance activities by that setting will continue using the process described in this STP. If the determination is that CMS’ heightened scrutiny is required, an evidence package will be developed and submitted to CMS and the HSD Provider Status Report on the website will be updated to reflect the change in status. A response letter will be sent to the submitter of the HSIW letting them know that their worksheet has been received, that HSD is looking into their concern, and that the HSD Provider Status Report, located on Oregon’s HCBS website, will reflect any change in the provider’s status on a quarterly basis.

DHS, Aging and People with Disabilities (APD) Program:

The APD program conducted reviews of 2,179 providers of HCBS, using a variety of means: responses to the PSAT, information gathered from regulatory onsite visits, and/or evidence submitted by individual providers. APD analyzed the results from these activities and preliminarily sorted the settings into the following categories: setting meets HCBS, is expected to meet HCBS with corrective action, or needs to go through the Heightened Scrutiny review process. Refer to the [APD Provider Initial Status Report](#) and [APD Provider Initial Status Report Cover](#) on Oregon’s HCBS APD website.

Of the 2,179 providers reviewed, APD identified 293 residential settings that needed to go through the Heightened Scrutiny review process: 184 Residential Care Facilities (RCF), 15 Assisted Living Facilities (ALF), and 94 Adult Foster Homes (AFH). A sub-group of RCF and ALF included 169 secured/locked Memory Care Communities that specialize in the care of individuals with Alzheimer's/Dementia.

These 293 settings were selected for review based on the setting's proximity to an institution or by a provider selecting a facility description on the PSAT ("red flag response") that gave the appearance that the setting may be isolating in nature.

From these settings, APD requested additional information and evidence regarding the physical site, the services provided in the setting and the setting's programmatic operations. APD program staff conducted an off-site, internal review of the materials and focused on the following four areas that were deemed indicators of potential isolation:

- Setting's physical location - the setting location potentially has the effect of isolating;
- Individual access to the community - services are all brought onsite and individuals are not allowed or encouraged to use alternative services in the community;
- Individual access to visitors at any time - visitors are not allowed or are only allowed at specified times; and
- Provider support of individual independence - individuals are prohibited from leaving the setting or not encouraged to leave the setting.

A "yes" answer to any of the areas listed above identified the setting as needing more intensive review. Information and evidence received from the setting was reviewed and validated by the Licensing/Survey team that has direct knowledge of the operations of these specific settings.

Based on the above-described Heightened Scrutiny review process, all settings were sorted into the following three categories:

- Meets HCBS
- Expected to Meet HCBS with corrective actions/education
- Onsite Review Needed

The following is the breakdown from this phase of the Heightened Scrutiny review process:

Setting Type	Meets HCBS	Expected to meet HCBS	Onsite Review Needed
Residential Care Facility (non-memory care)	10	8	0
Assisted Living Facility (non-memory care)	4	6	2
Residential Care Facility – Memory Care	44	119	3
Assisted Living Facility – Memory Care	0	3	0
Adult Foster Home	36	58	0
Total	94	194	5

APD's initial review of submitted documentation identified the following settings as meeting at least one of CMS's criteria for Heightened Scrutiny:

1. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment,
2. Any setting that is located in a building on the grounds of, or immediately adjacent to, a public institution, or
3. Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.

Setting Name	County	Setting Type	Reason 1, 2, or 3 from above
Brookdale Roseburg	Douglas	RCF with Memory Care	3
<i>Summary of Potentially Isolating Elements:</i> Secured/locked and surrounded by a brick wall sound barrier			
Gardens at Laurelhurst Village, The [Avamere]	Multnomah	ALF	3
<i>Summary of Potentially Isolating Elements:</i> Campus of three city blocks, proximity to hospital and Nursing Facility			
Middlefield Oaks Memory Care	Lane	RCF with Memory Care	3
<i>Summary of Potentially Isolating Elements:</i>			

Secured/locked and 350 feet from community hospital, within a commercial zoning area			
Pioneer Place	Malheur	ALF	3
<i>Summary of Potentially Isolating Elements:</i> Proximity to Nursing Facility			
Spruce Point Memory Care	Lane	RCF with Memory Care	3
<i>Summary of Potentially Isolating Elements:</i> Zoning is mixed use, professional office, institutional; proximity to hospital			

On-site visits were conducted at each of the five identified settings to verify whether each setting had the effect of isolating individuals from the broader community. During the on-site visits, eight criteria were used to determine whether each site meets or is expected to meet HCBS requirements. While the state believes the above-identified settings will meet HCBS criteria and overcome the presumption of isolating, APD is referring them to CMS as they appear to meet the criteria developed by CMS for Heightened Scrutiny review.

Memory Care Review Discussion and Rationale

Due to the secure/locked nature of Oregon's Memory Care Communities, special attention was given to these settings. Oregon considered whether its specialty care settings designed for Alzheimer's/Dementia could overcome the presumption of exhibiting institutional or isolating qualities. The secure/locked setting potentially negatively affects one's ability to control one's own schedule, access the community, and could be viewed as a restraint in the strictest interpretation.

Ultimately, the state concluded that these settings could overcome the presumption based on the following rationale.

Oregon's system of Long-Term Supports and Services (LTSS), including HCBS options, has long valued independence and choice.

The state has a robust in-home services program that is offered to all individuals during the person-centered service planning process. As a result, over 50% of individuals receiving Medicaid-funded LTSS choose to receive their services in their own or a family member's home. Having in-home services as an option

meets the CMS expectation of a choice of a non-disability specific residential setting.

If a provider-owned, controlled or operated residential setting is chosen, individuals have a choice of a non-secure/unlocked setting, a secured/locked setting, or an institutional nursing facility setting.

Given these choices, some individuals choose the specialty care provided in a secure/locked setting that best meets the individual's specific need.

HCBS regulations require that individual's receiving Medicaid-funded HCBS have the same degree of access of individuals not receiving Medicaid-funded HCBS. For Oregon Memory Care Facilities, individuals receiving Medicaid represent about 40% of the census while individuals paying privately occupy about 60% of the census. These figures indicate that MCC are a service setting used by non-Medicaid individuals at a higher rate than Medicaid recipients, thus meeting the requirement of the same degree of access.

Finally, the state believes that many secure/locked MCC can meet the HCBS regulations by assuring two important criteria that Oregon intends to regulate, monitor, and enforce:

- That individuals have regular opportunities and support to access the greater community; and
- Through a person-centered planning process that places individually-based limitations to the rules (modifications to the conditions) meeting the requirements set forth in Federal regulations. The rights of individuals residing in secure/locked settings who do not require the same level of security as others will be protected and accommodated, i.e. individual will be provided a mechanism to bypass the secure/locked nature of the setting.

In applying this rationale, Oregon is only submitting for Heightened Scrutiny those secure/locked MCC settings that have additional factors such as location, proximity to institutions, or other criteria that may have the effect of institutionalizing or isolating.

APD Ongoing Efforts:

APD greatly values input from consumers, stakeholders and the public regarding the identification of providers who have institutional qualities, such as isolating individuals from the broader community. There are multiple methods for communicating concerns, including phone, email, website, etc. As such, a visual illustration showing how APD invites comments by the public is attached in [Appendix G](#) of this STP.

DHS, Office of Developmental Disabilities Services (ODDS) Program:

ODDS relied heavily on guidance provided by the Centers for Medicare and Medicaid Services (CMS) which articulated settings that have the effect of isolating individuals must go through a Heightened Scrutiny process.

Additionally, ODDS engaged with stakeholders, providers, and partners to identify preliminary criteria. This initial effort focused on physical and operational characteristics of residential service settings which could potentially have the effect or appearance of having the effect of isolating individuals or result in the perception of the setting being “institution-like”. All homes licensed through ODDS are residential homes primarily located in residentially zoned neighborhoods with housing size and occupancy consistent with neighboring homes.

The state has the expectation that all service delivery occurs in integrated settings. Further, it is the expectation of ODDS that all sites where services are delivered and plans for services will reflect compliance with HCBS requirements. Any non-compliant settings, operations, or service delivery must remediate and come into compliance with HCBS settings requirements.

ODDS has been working with stakeholders to further develop indicators and a process for settings, including non-licensed settings, such as intentional communities, which may serve as a tool to identify if community sites where HCBS are delivered must go through the Heightened Scrutiny process. ODDS does not license or support campus-like facilities for serving individuals with intellectual or developmental disabilities.

The characteristics serving as indicators for Heightened Scrutiny focus on service model delivery such as grouping of individuals with disabilities, limited access to activities and social opportunities that include community members without disabilities, and campus-like operations.

ODDS has received consistent feedback throughout the transition and engagement process that Oregon's community of individuals, families, providers, case management entities, and advocacy organizations perceive the presence of a delayed egress system (employing magnetic locks or secure fencing) as having the potential to be institution-like or having the effect of isolating individuals. Based on the feedback received, the first Heightened Scrutiny criteria identified by the ODDS engagement looked at the presence of magnetic locking or secure fencing serving as a delayed egress system. This criteria was further vetted by looking at situations where the delayed egress is applied. Residential service setting homes that utilize a delayed egress system, but serve a combination of individuals who require the delayed egress due to an identified support need in the same home as individuals who do not have an identified support need necessitating a delayed egress system, were considered for the Heightened Scrutiny process.

Those programs that fall under the designation of requiring Heightened Scrutiny are required to submit an evidence package presenting how the site and its operations support integrated community living experiences. An on-site review is conducted by licensing to validate compliance with the Federal HCBS requirements. Any Individually-Based Limitations (Federally known as "modifications to conditions", that are necessary for individuals residing in the setting are also submitted to ODDS for review. Providers are encouraged to submit any additional evidence or information that presents a case that services are the least restrictive and support community integration. Evidence package submissions along with the results of the on-site reviews and Individually-Based Limitations documentation are reviewed by ODDS. ODDS then makes a determination if the evidence submitted sufficiently supports the position that service delivery overcomes any institution-like features of the home. ODDS will then submit the evidence package to CMS for its Heightened Scrutiny.

If a setting is found to not be able to present a case for overcoming the institution-like qualities, then the setting will be directed to make further remediation efforts or ODDS will make a determination that the setting may no longer provide HCBS services. A provider may appeal ODDS' determination. If a

provider is able to provide sufficient evidence demonstrating that the setting supports the least restrictive and most integrated services, ODDS may reconsider its finding and choose to pursue CMS' Heightened Scrutiny.

Sites that are not able to demonstrate a sufficient case for overcoming the institution-like features of the setting as determined by ODDS will not be presented to CMS for Heightened Scrutiny.

Identification of Sites:

ODDS engaged with providers and partners to evaluate all residential service setting homes which employ a delayed egress system. The homes were sorted into three categories:

- Homes where all individual residents have an established safety need for delayed egress;
- Homes that currently operate a delayed egress system but that will apply remediation measures to discontinue the delayed egress or remove the impact of the delayed egress system;
- Homes that employ a delayed egress system and serve a mixed population of individuals who have an established need for delayed egress in the same home as individuals who do not require such measures.

This evaluative process resulted in the identification of numerous sites that are going through or have gone through a remediation process to remove the delayed egress system or to make substantial changes to the setting to eliminate any barriers presented by a delayed egress system.

Through the identification process, ten residential service setting homes were determined to meet the criteria and require the Heightened Scrutiny review process. These home sites actively employ a delayed egress system while serving a mixed population of individuals who need secure measures and individuals who do not require such secure measures to be safely served in a community setting.

ODDS has determined that identified sheltered workshop settings do not meet HCBS requirements. These settings will not be submitted for heightened scrutiny review and must transform.

Settings:

All ten settings identified for the Heightened Scrutiny process are 24-Hour Residential homes.

Eight of the ten identified homes serve individuals age 18 or older, and two homes exclusively serve children under the age of 18.

All ten homes are located in residentially zoned community neighborhoods with no distinctive signage or other established physical identifiers which would indicate that the home serves individuals with disabilities. The occupancy of the homes is comparative to that of the surrounding neighborhood homes, with the number of individual residents in each home ranging between three and five individuals.

None of the identified homes are located on a campus or adjacently located to public or private institutions, including nursing homes.

Homes identified:

Agency	Location	Number of Individuals Served	Delayed Egress System
Albertina Kerr	Gresham, OR	3	magnetic door locks
Albertina Kerr	Tigard, OR	4	magnetic door locks
Albertina Kerr	Portland, OR	3	magnetic door locks
Albertina Kerr	Milwaukie, OR	3	magnetic door locks/ secure fencing
Albertina Kerr	Milwaukie, OR	3	secure fencing
Alternative Services-Oregon, Inc.	Portland, OR	5	secure fencing
Alternative Services-Oregon, Inc.	Lebanon, OR	5	magnetic door locks

Alternative Services-Oregon, Inc.	Portland, OR	3	magnetic door locks
Renew Consulting	Willamina, OR	5	magnetic door locks
South Coast Horizons	North Bend, OR	5	magnetic door locks

Evidence Package Process

Provider Evidence Package Submission:

The sites identified above were asked to submit an evidence package to the state of Oregon. The package request contained a framework template of questions the setting providers were asked to answer to demonstrate that the home is a Home and Community-Based setting which supports individual integration in the greater community.

The questions developed were specifically-targeted based on guidance provided by CMS. Each question section contained prompts to ask for detail and descriptions of characteristics, operations, and service delivery to individuals in the home.

The questions contained in the evidence package request asked providers to describe:

- The physical location of the home;
- How the setting supports individuals in accessing community activities and locations, including the frequency and nature of community activities accessed by individuals residing in the home;
- The nature and frequency of visitation by others to the home;
- The typical source and utilization of transportation by the residents of the home;
- Qualifications and training for agency staff related to the requirements of HCBS and philosophies of community-based living;
- How the self-direction and independence of individuals is encouraged and supported in the home;
- How the home was selected by the individual;

- Any additional information relevant to demonstrating the setting is Home and Community-based, supporting integration and full access to the greater community.

Providers were also invited to submit any additional supporting documentation desired.

On-Site Review:

The State of Oregon Office of Licensing and Regulatory Oversight conducted in-person on-site visits to each of the homes being reviewed. A templated questionnaire, called the HCBS On-Site Compliance Assessment for Residential Service Settings was utilized to determine each individual home's compliance with the new HCBS setting requirements. There are two versions of the HCBS On-Site Compliance Assessment for Residential Service Settings - one for homes serving adults and one for homes serving children.

A copy of the HCBS compliance assessment may be found at the following links: <http://www.dhs.state.or.us/spd/tools/dd/Adult%20Template%20On-Site%20HCBS%20Compliance%20Assessment%20for%20Residential%20Settings%20Final-electronic%20version.doc> ; and <http://www.dhs.state.or.us/spd/tools/dd/Kids%20Template%20On-Site%20HCBS%20Compliance%20Assessment%20for%20Residential%20Settings-electronic%20version.docx>

Each HCBS compliance assessment is accompanied by an instruction manual to guide reviewers in application of the new HCBS setting rules in their evaluation of site compliance.

Surveys and Feedback:

Individual Experience Surveys were provided to each individual residing in Oregon provider-owned, controlled, or operated settings. The surveys afforded every service recipient to provide feedback based on their experiences of community living. The survey questions focused on elements of the new Federal HCBS rules. The survey included selecting from available answer options as well as comment sections for the individual to provide additional feedback. Every individual residing in the sites identified for Heightened Scrutiny was provided with a survey.

Providers of the home sites designated for Heightened Scrutiny were also provided a Provider Self-Assessment Survey where they were given the opportunity to evaluate their performance in consideration of the new HCBS rules.

The results of the Individual Experience Surveys and the Provider Self-Assessment Surveys are posted on-line at: <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCBS/Pages/ODDS.aspx>

Application of Individually-Based Limitations:

ODDS utilized the Heightened Scrutiny Process to apply a pilot roll out of the Individually-Based Limitations to the Rules. Individually-Based Limitations to the Rules (or IBL's) are Oregon's application of the Federal Modifications to the Conditions which allow for the implementation of structures and strategies to address health and safety in regards to individuals' enjoyment of freedoms and protections afforded to them in the HCBS rules specific to provider-owned or controlled settings. Individually-Based Limitations may be applied to the following HCBS freedoms and protections:

- Doors lockable by the individual with only the individual and appropriate staff having access to keys
- Choice in roommate
- Freedom and support to decorate and furnish individual units/bedrooms
- Freedom and support to control schedule and activities
- Freedom and support to have access to food at any time
- Visitors of the individuals choice at any time

Each setting was required to examine the individualized supports for each person served in the home and to apply the formal Individually-Based Limitations process for any structures or strategies in place that could be considered a condition or limitation to an individual's freedom in the above listed areas. The process includes utilization of the person-centered planning process (referred to as the Individual Support Plan, or ISP, process in Oregon's Developmental Disabilities system).

The formal process includes utilization of a state-developed document that highlights each of the requirements necessary when a limitation is considered or

implemented. For every limitation for each individual, the formal IBL process, including planning, documentation and consent by the individual, was applied.

State Determination:

Following the submission and review of provider evidence packages, completion of on-site compliance assessments, and implementation of the formal Individually-Based Limitations process, representatives from ODDS convened a panel to determine if settings were able to overcome the presumption of being institution-like based on the use of a delayed egress system for a mixed population of individuals in a secure setting.

It is the position of ODDS that the ten home sites identified for the Heightened Scrutiny process have adequately presented that the homes are community-based settings that support community integration.

The physical location of the homes, as well as the operations and individualized support individuals receive in the homes, provide opportunities for community access and participation.

Public Comment:

Prior to the submission to CMS, the ten designated home sites will be identified and this submission report as well as the redacted evidence packages will be posted for public comment. The public comment period will be in conjunction with Oregon's Transition Plan amendments and resubmission public comment process.

Ongoing Efforts:

ODDS will continue to engage stakeholders to further develop additional criteria that trigger the Heightened Scrutiny process. ODDS will also receive and respond to reports from stakeholders of homes or operations that are perceived to be institution-like or have the effect of isolating individuals.

In accordance with Oregon's transition plan, ODDS and its designee will be conducting on-site compliance reviews to assess compliance with the Federal HCBS requirements in all provider-owned, controlled or operated residential service settings. The results of the reviews are posted to Oregon's HCBS website for public access.

Through the on-site assessment process and with feedback from stakeholders, ODDS will be continuously engaged in the determination of sites requiring the Heightened Scrutiny process. The Heightened Scrutiny process will be applied whenever a setting or operations is identified as being institution-like or having the effect of isolating individuals. The process may be applied to newly identified situations as well as to settings previously engaged in the process based on changes in setting composition, operations, or other established criteria.

Those sites that are unable or unwilling to overcome the presumption of being institutional will be addressed using the process defined in Phase V. Initial Remediation Activities.

As part of the rolling, ongoing process for heightened scrutiny, the State has considered that during the HCBS compliance and validation site visits conducted by Licensing and service delivery system staff during the transition period certain sites may be identified as having the qualities of an institution due to the effect of isolating individuals receiving HCBS from the broader community. Those sites will be addressed using the same process described above and also below in Phase V. throughout the transition period.

Phase V. Initial Transition Period Review and Remediation Activities (May 2015 – March 2022)

As described in Phase III., after the Provider Self-Assessment Tool (PSAT) responses for all providers and Individual Experience Assessment responses were analyzed, DHS and OHA Central Office supplied each provider who responded an initial response detailing findings and the areas that they must change to come into compliance with the regulations. This information is more discretely described below in the program-specific compliance process sections. Initial responses were sent by the programs in May 2016. The initial response included information providers were required to address to achieve full compliance.

In the APD and HSD programs, providers that did not respond were also sent a letter stating that due to lack of response, the provider is presumed to be out of compliance with the HCBS regulations and remediation activities are required. Those responses were sent by the program areas in May 2016. Follow-up with those providers is occurring through the same on-site review process described in the section below.

Initial compliance and remediation processes used by OHA, HSD:

During the HCBS transition period, HSD Licensing/Verification setting reviews may be scheduled with or without notice to ensure continued compliance with HCBS requirements included in Oregon Administrative Rules (OARs) and with Oregon Revised Statutes (ORS), which prescribe standards by which HSD licenses community based AFHs, RTFs, and RTHs. HSD's review process includes a complete review of initial or renewal application materials and a determination of whether the provider meets regulatory requirements through onsite inspections and plans of correction. Each licensor uses a set of tools, based on OARs, to determine compliance, including an inspection of the setting. Examples of tools are regulatory checklists including one specifically created for HCBS requirements, onsite reports generated in Aspen, and plans of correction. Should providers not demonstrate compliance with OARs, the provider must complete and submit to HSD a plan of correction for each finding of noncompliance with OAR. HSD will specify required documentation and set the time lines, not to exceed 30 days, for the submission and completion of plans of correction in accordance with the severity of the finding(s). HSD also tracks each area of non-compliance via "tags" on the License within the Aspen system and will review and evaluate each plan of correction. If the plan of correction does not adequately remedy the finding(s) of

noncompliance, the Division may require a revised plan of correction, and/or take action to apply civil penalties or deny, revoke or suspend the license. AFH licenses are valid for one year and RTF and RTH licenses are valid for two years from the date issued unless sooner revoked or suspended. A license is not transferable or applicable to any location or persons other than indicated on the application and/or license.

For all settings (other than those requiring Heightened Scrutiny) that do not fully comply with HCBS settings requirements at the conclusion of the transition period, HSD will notify each individual affected. By June 30, 2021, HSD will have conducted at least two onsite reviews of all HCBS residential settings. By August 1, 2021, HSD will determine which settings are unable or unwilling to achieve compliance with HCBS setting requirements. Each setting will be sent non-compliance/closure letters by September 1, 2021. Each individual residing in non-compliant settings will receive a letter by September 15, 2021 stating that their HCBS setting has not come into compliance with HCBS setting requirements and will be closed by March 17, 2022. Each individual residing in a non-compliant setting will be asked to discuss with their care team alternative placement options, update their person-centered service plan, and move into their chosen service setting no later than February 28, 2022. Case managers and county Residential Specialists will be notified and deployed to assist the individuals in exploring alternate living options and engaging the individual in choosing their next setting, which will be documented in their person-centered service plan.

In the event that CMS determines that any one of the four settings submitted for Heightened Scrutiny do not meet the requirements, the following will be the process to communicate with the setting and its beneficiaries:

There are twenty-three individuals identified in the four settings requiring Heightened Scrutiny that would need to relocate (Horizon House-8, Via Veride-5, Salmon Run-5, and New Roads-5). A notification letter will be sent to each of the settings determined to not meet HCBS requirements informing them that they are not an approved HCBS setting. The letter will outline any hearing rights and inform the provider that the residents in the setting will need to be relocated to a compliant setting. Letters will also be sent to individuals residing in settings that are not approved HCBS settings. Choice in service settings will be continuously addressed through the person-centered planning process. HSD anticipates engagement from the county Residential Specialists in supporting individuals to identify new living options similar to processes that are currently utilized when a

provider decides to no longer conduct business at a site or licensing has determined that the setting does not meet standards and may no longer serve individuals.

HCBS provided by HSD through the 1915(i) authority do not occur in non-residential settings.

Individual and Privately-Owned Homes:

Case managers employed by HSD's independent and qualified agent, Kepro, are required to develop a person-centered service plan during a face-to-face meeting for any individual enrolled in and receiving 1915(i) HCBS State Plan services, including those individuals residing in their own private home. Additionally, case managers monitor person-centered service plans once every three months using non-face-to-face contacts with individuals receiving services. These monitoring activities consist of case managers assessing and monitoring for risks for individuals residing in their own, private home and are required to take steps to mitigate any risks, including violations of individuals' rights or freedoms. HCBS expectations are being communicated and incorporated into ongoing training and case management duties. Case managers visit the individuals in their own homes at least annually.

Initial compliance and remediation processes used by DHS, APD:

APD Residential Settings:

APD regulatory staff conducted onsite reviews for all APD HCBS provider-owned, controlled or operated settings. Following the onsite reviews, APD requested further documentation from settings that appeared to have isolating qualities. A team of compliance and policy experts from DHS and OHA was utilized to review all provider compliance documentation. Settings determined as not in full compliance with HCBS regulations were required to create a plan for how they will achieve compliance, similar to a plan of correction used for OAR violations. This format allows providers and Licensors/Surveyors to use a familiar process to correct deficiencies in a non-threatening, supportive environment, while providing technical assistance. Licensors/Surveyors are monitoring these plans and providers are expected to achieve full compliance by the July 1, 2019. For settings that are not in compliance as of that date, APD will begin closing actions, including appropriate notices to facilities and residents, and restricting admissions

to prevent individuals from moving into non-compliant settings. After appropriate notice, Medicaid contracts will be ended, Medicaid payments will stop, and individuals will be moved to compliant settings no later than February 28, 2022.

Based on initial reviews, APD expects all facilities will meet the HCBS settings requirements by the July 1, 2021 deadline. However, if any facilities must close due to non-compliance with the HCBS settings requirements, there is an adequate vacancy rate to accommodate any unanticipated closures.

Five facilities have been identified that require CMS' Heightened Scrutiny but these facilities are also expect to meet expectations by that deadline. Should a facility not be able to meet HCBS compliance as expected, APD will use the same processes and procedures that are used for any other regulatory or non-regulatory deficiency, such as voluntary closure. If by July 1, 2021, a facility has not met HCBS requirements, APD will begin notifying residents within 30 days of that notice or determination. During the period from July through December 2021, case managers will work with individuals to identify other setting options.

The Office of Safety, Oversight, and Quality will be responsible for closure of facilities that are non-compliant with HCBS requirements. They will work closely with APD HCBS policy experts and the Medicaid Contracts Unit to coordinate closure activities in an orderly manner. Communication will begin in July 2021, to affected individuals and will be ongoing through the September, October, November, and December 2021. The final 30-day notice of facility closure will occur for remaining individuals in January 2022.

APD Non-residential Settings:

APD has validated non-residential settings (Adult Day Services) HCBS settings compliance via onsite reviews. APD has a dedicated Central Office Policy Analyst who oversees contracts, certifications and facility standards of non-residential settings. This Policy Analyst, as part of the licensing/certification process, will continue to monitor each setting and address on an annual basis, any issues found, as appropriate.

Individual and Privately-Owned Homes:

APD case managers are required to monitor person-centered service plans directly (talking to or seeing the individual) once every three months and indirectly (talking to or seeing caregivers or monitoring plan activities) monthly

when no direct monitoring occurs. At these contacts, case managers assess and monitor for risks for individuals residing in their own, private home. It is incorporated into the direct and indirect monitoring responsibilities and case managers are required to take steps to mitigate any risks, including violations of individuals' rights or freedoms. HCBS expectations are being communicated and incorporated into ongoing training and case management duties. Case managers visit the consumer in their own homes at least annually.

Initial compliance and remediation processes used by DHS, ODDS:

ODDS Residential Settings:

The initial response letters to residential services providers who completed the PSAT were sent out on May 25, 2016 and included summary information of results from both the PSAT and IEA responses. For providers whose surveys identified areas of needed improvement, the initial response letters contained a list of areas that the provider will need to remediate to achieve full compliance with HCBS Rules. Based on the feedback provided in the initial response letters, providers are able to initiate remediation activities.

Providers' compliance or non-compliance with the HCBS regulations are being validated and monitored on an on-going basis through regular licensing and certification reviews that include on-site visits. PSAT and IEA survey results are used by licensing staff to inform on-site reviews. Throughout 2016-2017, local Community Developmental Disabilities Programs (CDDP), Regional Program, ODDS' Licensing, and ODDS' central office staff will conduct on-site reviews to evaluate provider and site compliance with the new regulations. Validation of ongoing HCBS settings compliance is an activity conducted by Licensing and services delivery system staff. HCBS settings compliance status for licensed/certified settings will be evaluated as part of the issuance of new or renewed site licenses/certifications. When sites are found to be out of compliance, the licensing entities provide monitoring and tracking of the provider's plan of correction until remediation activities are successfully completed.

To ensure a consistent approach to compliance, ODDS developed an HCBS check list for use by licensors, certifiers, case management staff, and ODDS staff to conduct on-site reviews. On-site reviews include inspection of the site, observations, documentation review (including, but not limited to review of select

Individual Support Plans, progress notes, activity tracking and financial records which will show the individuals are accessing preferred community activities, provider agency policies and procedures), interviews with provider agency and site staff, as well as interviews with individuals served at the location who are present at the time of the on-site review.

Each on-site compliance checklist (for children and adults) has an accompanying manual to provide detailed guidance including examples to assist the field.

The following documents are posted on Oregon HCBS web site and are available to the public:

- [ODDS Presentation: HCBS Onsite Compliance Assessment for Residential Settings](#)
- [ODDS Adults: Adult HCBS On-Site Compliance Assessment for Residential Settings](#)
- [ODDS Adults: Instructions for the Adult HCBS On-Site Assessment](#)
- [ODDS Children: Child HCBS On-Site Compliance Assessment for Residential Settings](#)
- [ODDS Children: Instructions for the Child HCBS On-Site Assessment](#)
- [ODDS Providers: How to Complete the Plan of Correction Provider Guide](#)

Based on the findings of these on-site reviews, in instances where a site is found to be out of compliance with HCSB Rules, the provider will develop a Provider Plan for Correction for coming into compliance with the new expectations. CDDP, Regional, ODDS Licensing staff, and ODDS central office staff will be working in partnership with community-based providers to provide technical assistance in development of these Provider Plan of Corrections. All current community-based providers must begin making measurable progress towards compliance in 2016 through 2020.

All current community-based residential providers licensed before January 1, 2016 must be in full compliance by July 1, 2020; while no new provider may receive a license to operate a HCBS setting until they are in full compliance. Non-compliant providers will be notified in July 2020 of their failure to comply with the State's intent to move individuals to compliant settings by December 31, 2020. Individuals are transitioned to compliant settings.

ODDS is optimistic that all provider-owned, controlled or operated sites will achieve full compliance with the HCBS settings requirements. However, if at the conclusion of the transition period there are sites that ultimately do not fully

comply with HCBS requirements, individuals impacted by a provider's inability to achieve compliance will be notified by ODDS in July 2020. Individuals will be sent a Notice of Planned Action informing them of their provider's non-compliance and resulting inability to be a Medicaid HCBS provider and the need for the individual to be assisted in moving to a compliant HCBS service setting.

Immediately after notifications are sent to individuals, case managers will begin engaging individuals in identifying alternate living options and available providers. Through the person-centered service planning process and choice advising, the case management entity must assure that case management and other I/DD service options, provider options and setting options, including non-disability specific settings and an option for a private or shared unit in a residential program are described to each individual and/or the individual's representative. This robust process includes identification of the needs of the individual, risks, plans for managing risks, and preferences of the individual in how their needs are met. Providers agreeing to be a service provider must deliver services in accordance with those supports identified in the individual's person-centered service plan. Provider responsibility is addressed in the Medicaid Provider Enrollment Agreement as well as through licensing standards in Oregon Administrative Rules.

Providers are given referral information that helps inform their choice of whether to accept an individual for services. A screening process is also available to allow for the provider and individual to meet to determine if the individual's needs may be appropriately met in the proposed setting and the setting is mutually desirable.

At this time, ODDS is unable to provide an estimate of the number of beneficiaries who may need assistance to identify alternate settings where they may receive services in an HCBS compliant setting. Based on the demonstration of engagement from its provider communities in training efforts, as well as the progress towards compliance demonstrated through on-site reviews, ODDS anticipates the number of individuals impacted by providers unable to achieve compliance will be minimal.

ODDS provided in-person trainings statewide to state licensors and Community Developmental Disabilities Program (CDDP) staff who are responsible for completing the on-site compliance assessments. Additional technical assistance staff meetings and trainings have also taken place in response to program requests for technical assistance. Technical assistance and training continues to

be available and is offered upon request. Training and technical assistance was also available as featured sessions at ODDS' annual case management conference that occurred in August 2016. ODDS posted a training presentation on the web for reference:

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

ODDS Employment and Day Service Settings:

The state presumes that any setting where individualized services are being provided in typical community settings comports with the rule. For all ODDS employment and day service providers, an initial response regarding anticipated compliance with the HCBS rules was sent in January 2016 based on reviews conducted in 2015. This preliminary determination was based on the provider self-assessments and on-site visits to sheltered workshop settings. All providers who received a sheltered workshop designation had an opportunity to dispute the determination during 2015.

During 2016, Regional Employment Specialists, Community Developmental Disabilities Programs (CDDP), and the ODDS Licensing staff conducted on-site reviews to validate the PSAT and IES and further evaluate provider compliance with the new rules. An on-site review has occurred in every setting where services occur at a provider site. Each reviewer was engaged in the development of the on-site checklist and participated in training prior to beginning the reviews. Based on the findings of these on-site reviews, as well as the provider self-assessment and the individual experience surveys, the provider received a status report indicating areas of compliance and non-compliance with HCSB rules.

The on-site review includes a file review (including review of Individual Support Plans), interviews with participants who attend the program, as well as verification of the initial provider assessment. Many provider agencies operate multiple facility-based employment or non-residential day programs. For those agencies that have multiple sites, once every location has completed an on-site review, including HCBS compliance checklist, the regional specialist submits the checklist to a policy analyst at the central office. The checklist is then reviewed and, if there are any additional or remaining questions, they are resolved prior to the completion of a provider status report. Once the assessment, checklist and

status report are reviewed, they are sent to the provider for any required follow up action.

Providers with employment and day service settings that need some remediation to come into full compliance, or need to provide additional assurances of full compliance, will develop a Provider Plan for Improvement. Providers with sheltered workshop settings were informed in the January 2016 letter that they would need to develop an HCBS transformation plan to outline steps to come into compliance with HCBS regulations.

ODDS staff and regional employment specialists continue to work in partnership with community-based providers to provide technical assistance in development and implementation of these plans. Related ongoing technical assistance for facility-based employment and day service providers is also available through Oregon's Employment First Transformation Project.

Employment and day service providers who received an On-Site Compliance Assessment by June 30, 2016 were required to create and submit a plan by September 30, 2016. Those providers who received an On-Site Assessment on July 1, 2016 or after are allowed 90 days to complete a plan.

ODDS employment service providers that do not complete implementation of their transformation plans, but make substantial progress towards transformation prior to September 1, 2018, consistent with a provider HCBS transformation plan, may apply for a rule variance if it can be shown how full compliance will be reached within a reasonable period of time. All providers must achieve full compliance by July 1, 2021, and any variances granted may not extend past that date.

Providers of facility-based non-residential community living supports are expected to be in compliance. However, some changes may be necessary to reach full compliance or assure continued compliance. Providers are also encouraged to further their HCBS-related goals. Providers of facility-based community living supports are expected to implement improvement plans in order to ensure full compliance by September 1, 2018. ODDS non-residential community living supports providers that do not complete implementation of their improvement plans prior to September 1, 2018, but that have made substantial progress towards full compliance, may apply for a rule variance if it can be shown how full compliance will be reached within a reasonable period of time after September 1,

2018, and additional time is needed. All providers must achieve full compliance by July 1, 2021, and any variances granted may not extend past that date. Specific sites or service provider programs that cannot or will not reach full compliance will be removed from the HCBS program.

Ongoing provider compliance or non-compliance with HCBS regulations will be determined through the regular licensure and certification process that includes onsite review at provider sites, and paper reviews when services occur at general community businesses. HCBS compliance will continue to be validated through provider self-assessments, Oregon's Employment Outcome System (EOS), and the NCI adult consumer survey.

ODDS provided in-person trainings to regional employment specialists responsible for completing onsite reviews for employment and day service settings. Questions regarding onsite reviews are staffed on a weekly basis and as necessary. Technical assistance and training continues to be available to our partners and is offered upon request.

Additionally, the onsite review tool and related instructions are posted on the ODDS website and made available to the public. The onsite review tool for employment and day service settings, as well as related instructions, can be found via the following links:

- ODDS Employment Services: Tool and instructions for onsite reviews

<http://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Documents/odds-employment-services-tool-onsite-reviews.pdf>

- ODDS Non-Residential Day Services: Tool and instructions for onsite reviews

<http://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Documents/odds-non-res-day-tool.pdf>

Individual and Privately-Owned Homes:

While Oregon presumes that individual and privately owned homes meet the requirements to be considered home and community based, ODDS has taken a multi-faceted approach to monitoring HCBS compliance in these settings. Oregon's DD system has an established culture which promotes integration, independence, and self-direction for individuals. The individual rights language in Oregon Administrative Rules addresses these concepts. Oregon's DD system has a

strongly established person-centered planning process which supports individuals to direct their planning and services.

In addition to the adoption of the over-arching HCBS OARs, specific language has been added to ODDS' Case Management Services OARs which require that the case manager must apply HCBS concepts to service planning (OAR 411-415-0070(1)-(3)) and to monitor for compliance with the home and community-based services and settings rules (OAR 411-415-0090(2)(b)). Case managers are required by OARs to conduct a monitoring visit to the home of every individual receiving home and community based services at least annually, and at least quarterly when the home is a licensed setting. Among consideration of factors related to health and safety, case managers are specifically required to evaluate whether all service settings, including an individual's own private home, are in compliance with OAR 411-004-0020(1). Case managers have the authority to deny the authorization of services in settings where individuals or their representatives do not permit case managers to monitor the setting or service delivery.

Additionally, ODDS Quality Assurance (QA) team conducts biennial reviews of all case management entities. As part of the reviews, the QA team ensures that Case Management entities perform required levels of monitoring and, going forward, will review adherence to HCBS rules and requirements related to choice and person-centered planning process. QA reviews include interviews with select individuals, with HCBS-related questions being incorporated into the questionnaire.

Extensive efforts have been made to conduct community forums and provide information to individuals, family members, case managers and service providers to educate ODDS' partners about the HCBS regulations. Ongoing education and outreach will occur with much of the education focused on case management entities and providers to create a foundation so that these entities can best support individuals in receiving and understanding information in accordance with each individual's unique needs and communication style. Training on discrete topics for case managers were a part of the annual Case Management conference in August 2016. Such topics will also be addressed at future annual Case Management conferences. ODDS continues to actively explore and develop communication tools and educational resources for individuals and their families, including visual guides, brochures, and other media options.

The DD system emphasizes the use of the person-centered service planning process which ensures that HCBS standards are met. ODDS, in collaboration with

stakeholders, has reviewed and revised the person-centered service plan, called the Individual Support Plan (ISP) by the DD system in Oregon, to fully address integration as part of the individual's person-centered service plan. The ISP also serves to address other HCBS requirements around choice and documentation for individually-based limitations. The ISP documents the individual's acknowledgment of these rights and of any limitation that might be necessary. Full implementation of the revised person-centered service plan/ISP is scheduled for July 2017.

The person-centered service planning process is comprehensive and based on information gathered about what is important "to" and "for" the individual before plan development. The ISP is uniform across the state, ensuring when an individual transitions from any setting based on a change of need or choice, the expectations for meeting HCBS requirements exists and must be addressed in the planning process. When an individual chooses to live in a new setting, receive different services, or request a new provider, the HCBS expectations are embedded into the person-centered planning process.

The current documents utilized in Oregon's DD person-centered service plans (referred to as the ISP- Individual Support Plan) can be found at: <http://oregonisp.org/>.

Updated forms were posted May 1, 2017, with the Manual being posted June 30, 2017.

DHS and OHA Monitoring during Transition:

Throughout the transition period, DHS and OHA will ensure that sites are making ongoing and measurable progress towards compliance through licensing and service delivery system staff visits. HSD, APD and ODDS are utilizing ASPEN as the centralized system for compliance reporting for site.

- DHS and OHA have developed program-specific status reports of providers' initial compliance and ongoing progress towards implementing the new requirements during the transition period. The status reports are posted on the State's HCBS website and will be updated on a regular basis to reflect providers' status changes and progress toward full compliance. The status reports highlight the HCBS requirements and provide a snapshot measurement system so that the public can easily understand the State's

evaluation of the providers' progress towards full compliance as of a specific date. Based on the site-specific information posted online, the public will be able to provide feedback on site HCBS compliance status to DHS and OHA. Providers must submit their compliance plans within 90 days for ODDS providers and 30 days for HSD providers, from written notification of requirement of a compliance plan. APD is not requiring providers to submit compliance plans but is providing technical assistance when deficiencies are found during on-site reviews. APD providers will receive technical assistance through June 2019 and are expected to make measurable progress to reach full compliance by June 30, 2021. For providers needing assistance to come into compliance, DHS and OHA shall:

- Provide direct technical assistance at the request of the provider.
- Provide training upon request to providers.
- Provide information on the HCBS website to guide providers in making the necessary changes.

Licensing/certification visits are conducted on an ongoing, regulated basis. The licensing/certification frequency for provider-owned, controlled or operated settings is as follows:

- APD Certified Adult Day Services - Biennially;
- APD Assisted Living Facilities (includes endorsed Memory Care Facilities) - Biennially;
- APD Residential Care Facilities (includes endorsed Memory Care Facilities) - Biennially;
- APD Specialized Living Programs - Annually;
- APD Adult Foster Homes - Annually;
- HSD Adult Foster Homes - Annually;
- HSD Residential Treatment Homes - Biennially;
- HSD Residential Treatment Facilities - Biennially;
- ODDS Licensed/Certified Community Living Supports – Facility-based – Every 5 years;
- ODDS Licensed/Certified Employment Services (Community-Based Job Coaching, Job Development, Discovery, Small Group, Employment Path Community, and Facility-Based Employment Path) – Biennially;
- ODDS Supported Living – Biennially;
- ODDS Adult Foster Homes - Annually;
- ODDS Children's Foster Homes – Annually; and

- ODDS Group Care Homes – Biennially

All providers, across all the service delivery systems, must be in full compliance with the regulations no later than July 1, 2021. If by July 1, 2021, the provider is not in full compliance, DHS and OHA will formally notify providers in July 2021 of the provider's failure to comply and the state's intent to move individuals to compliant settings by February 28, 2022.

DHS and OHA will notify individuals in writing, using the timelines identified above, that their current provider is not in compliance with the HCBS regulations. The notification will explain the individual's rights. It will also define options, process and timeline, including the final transition deadline, to help the individual make an informed choice of another site that is compliant with the regulations. Individuals will be able to select from all services and available compliant settings for which they are eligible. Upon notification to the individual, using person-centered planning processes, service delivery system staff will assist and support individuals and their representatives in identifying alternate settings, services and options and will ensure that all critical services and supports are in place prior to the individual transitioning to the chosen alternate site. Individuals may contact their service delivery system staff at any time during the transition period to discuss options, alternate settings, and other services and supports.

Providers who are not able to achieve full compliance by the deadline identified by the applicable service program will be required to assist DHS and OHA in transitioning individuals to other sites that are in compliance. At this time, DHS and OHA cannot estimate the number of individual service recipients who will be required to transition to other programs.

For non-residential settings, ODDS will send communication to providers of non-residential HCBS explaining the requirement that the experiences of individuals receiving HCBS in non-residential settings must be consistent with those individuals not receiving HCBS. If the service occurs at a provider site, the provider must have an individualized plan in place that shows how the person is using the service to integrate into the broader community. Non-residential service settings should facilitate going out into the broader community.

All employment service settings must facilitate interaction with the general public, support opportunities to gain work experience alongside people who do not use HCBS services and do not have disabilities to the same or similar extent

that a person who does not have disabilities interacts with other persons in the same or a similar type of setting. Also, the individualized plan must show how the person will use the service to obtain competitive integrated employment.

From interaction and communications with providers, DHS and OHA anticipate the majority of providers will be in compliance prior to the final deadline. Current site-specific assessment information is available at the program-specific HCBS websites identified above.

The timeline described above allows the service delivery system staff ample time to provide notification to the individuals of the requirement to re-locate to a compliant setting, give individuals the information, opportunity and supports necessary to make an informed choice about alternate settings and supports, and transition individuals by CMS's final compliance deadline. Individuals must be transitioned to compliant sites, with all critical services and supports in place, by February 28, 2022. Medicaid provider numbers and enrollment agreements for providers who are not willing or able to come into compliance with the regulations will be terminated no later than February 28, 2022.

Phase VI. Ongoing Compliance and Oversight (May 2015 – Ongoing)

On an ongoing basis, Oregon will assess providers' progress towards and continuous compliance with the HCBS regulations through reports, interviews and on-site inspections that include information from and dialogue with providers and individuals receiving services.

Licensing and service delivery system staff are critical in identifying the need for and requiring providers' compliance plans, assuring measurable progress towards compliance as identified in the compliance plan, and ensuring providers' ongoing compliance with the HCBS regulations. DHS and OHA will continue to ensure that these staff members are adequately trained on the regulations and their role and duties in assuring initial and ongoing compliance.

Once initial compliance is achieved, strategies to ensure ongoing compliance will include:

- APD and ODDS programs conducting National Core Indicator surveys on an annual basis; and
- HSD utilizing the HSD-HCBS Provider Self-Assessment as integrated into the initial application for licensure process and ongoing licensure renewal process (AFH = annually, RTF/RTH = biennially).
- Building questions related to HCBS settings compliance into annual person-centered service planning processes;
- Case managers monitoring HCBS compliance during required case management contacts and monitoring visits (County Residential Specialists conduct monitoring activities for OHA, HSD).
- Ongoing licensing inspections, including HCBS-regulations specific checklists, conducted by licensing staff; and
- Oregon's existing quality assurance/quality improvement system will include ongoing HCBS setting compliance monitoring to ensure that settings continue to comply with the HCBS Setting Rule.

OHA, HSD Ongoing Compliance Process and Monitoring:

The HSD Licensing and Certification Unit holds weekly unit meetings where licensors can be offered technical assistance regarding HCBS compliance. HSD also conducts a bi-monthly HCBS stakeholder meetings. HSD has uploaded documents such as FAQ's, stakeholder meeting notes, templates, training, and presentations to Oregon's HCBS website for additional ongoing education, training and technical assistance. HSD will continually upload additional documents as they are

developed and needed. Onsite trainings have been provided to licensors and county staff (residential specialist) about HCBS settings compliance and monitoring. Online training was also provided with audio Power Point presentations that have been uploaded to Oregon's HCBS website. HCBS settings assessment tools have been provided to licensors and county staff to determine ongoing HCBS compliance.

Residential Treatment Facilities and Residential Treatment Homes are licensed every two years and Adult Foster Homes are licensed annually. Each license renewal includes the submission of an application with supporting documentation, reviewed by the licensing and certification compliance specialist to ensure continued compliance with programming and policies and procedures, and an onsite review conducted by the licensing and certification compliance specialist. Following the onsite review, a report is issued to the provider stating areas of deficiencies with rule requirements. Providers have 30 days to respond with a corrective action plan before the licensed is reviewed. Each setting often communicates with HSD during their licensing period with questions, concerns and issues and HSD often communicates with settings during their licensing period due to investigation of concerns or complaints.

DHS, APD Ongoing Compliance Process and Monitoring:

APD convenes compliance meetings with its internal policy experts and compliance experts on a weekly basis. This group includes staff and management from APD Policy, DHS Provider Enrollment Unit, SOQ Licensor and Surveyor policy staff and managers, and information technology. These meetings are ongoing and there is no anticipated end date to these meetings. Regular training and technical assistance forums are being provided to service delivery system staff to address questions and inform staff about available tools as they become available (i.e., system enhancements in Oregon ACCESS and ASPEN, website FAQ documents, Consumer Bill of Rights documents, and checklists). Training has been provided to all State and County regulatory oversight staff (Licensors and Surveyors). HCBS settings compliance assessment and validation materials follow the form and function of familiar compliance tools to ensure ease of understanding and use.

Following initial onsite reviews, Residential Care Facilities and Assisted Living Facilities are formally reviewed for license renewal every two years. Adult Foster Homes are formally reviewed for license renewal annually. All Medicaid-

contracted settings are routinely visited by case managers. Many facilities have Long-Term Care Ombudsman volunteers assigned, or one could be assigned, if a setting is determined to need additional oversight.

DHS, ODDS Ongoing Compliance Process and Monitoring:

ODDS has made a significant effort to provide in-person engagement with local communities as part of the training effort which has allowed for a robust opportunity for feedback and input from stakeholders. Stakeholders are encouraged to initiate communication at any time and have multiple means to interact with the ODDS policy team through direct contact with Subject Matter Experts (SMEs), Regional staff, and via the HCBS webpage and email links. ODDS is committed to providing continuous training and support to the service field. Extensive in-person training has taken place, with additional rounds anticipated. ODDS has developed various documents and presentations which are posted to the ODDS-information page of the HCBS website. ODDS has conducted webinars and call-ins. Training requests for communities and providers are accommodated when they are presented. Additional efforts include future waves of field training, webinars, resources materials and the developmental of a "Train the Trainer" technical assistance and support structure for local communities. Technical assistance is provided upon request at any time- this may be as the result of an on-site review identifying compliance issues or providers requesting assistance in interpretation or implementation of requirements. Ongoing provider compliance or non-compliance with HCBS regulations will be determined through the regular licensure and certification process that includes onsite review.

Case managers must have a reciprocal interaction with individuals or their representative no less than once every three months. Individuals with three or more significant health and safety risks must have a monthly case management contact. At least one case management contact per year must be face to face. For individuals living in residential program settings, monitoring of services may be combined with site visits.

Once a year, services specific to health, safety and behavior must be monitored, addressing questions established by ODDS. Checklists are used by case managers to document their findings during monitoring visits. Tools to guide case management staff in service monitoring are located on-line on the DD Staff Tools

page under the "Service Monitoring Guidelines" category at:
<http://www.dhs.state.or.us/spd/tools/dd/cm/>.

Case managers are responsible for ensuring the appropriate follow-up to monitoring. If a case manager determines that developmental disabilities services are not being delivered in compliance with HCBS requirements or as agreed in the person-centered service plan, or if service needs have changed, a case manager must initiate at least one of the following actions: update the person-centered service plan; work with provider to identify service delivery shortcomings for remediation; provide or refer technical assistance to an agency provider or common law employer for a personal support worker; seek corrective action, if needed, by referring provider to ODDS Licensing for review or for administrative support; or meet with the executive director or board of directors of the provider.

Ongoing Stakeholder Engagement:

Throughout the transition period, DHS and OHA will continue to work closely with the Stakeholders to ensure that DHS and OHA have a robust view on the progress towards successful implementation of the activities identified in the Transition Plan and systemic and site-specific changes necessary to assure lasting compliance.

On an every-other-month basis, the statewide stakeholder committee (described in the “Statewide Transition Plan Preparation” section above) is convened and an in-person meeting is held. Each service delivery system convenes a sub-group of program-specific stakeholders in the months when the statewide stakeholder committee is not meeting. The statewide committee and program-specific committees are comprised of individuals, individual-advocate groups, providers, provider-advocate groups, contractors, service delivery system personnel and state staff.

Additionally, the state created a website Comment box (for people with no email account) and an HCBS-specific email box for anyone to submit questions, concerns or comments. DHS and OHA created the HCBS website for overarching statewide topics and sub-sites for each program area that contain specific information pertaining to individuals and providers for that program/service delivery system. The state also regularly sends out HCBS-relevant information via Director/Administrator Messages, provider alerts, transmittals and newsletters. Providers who are members of advocacy groups received information from those groups. The Licensing staff sent letters to providers who are not members of advocacy groups, explaining the new rules and changes, and directing them to Oregon's HCBS website. SOQ Licensor/Surveyor policy staff direct phone numbers were also provided.

DHS and OHA will continue to engage Stakeholders and utilize other avenues to evaluate progress, identify areas of concern, and propose solutions. This transition process will be transparent to Stakeholders and the broader public.

Appendix A: Key Action Item Timeline

This timeline is intended to provide an overview of the timing involved in reaching full compliance. Some activities may start earlier and have a more rapid implementation process.

Key Action Items	Approx. Start Date (first day of month)	Approx. End Date (last day of month)
<i>Pre Plan Activities</i>		
Meetings with provider associations	Jul- 14	Sep- 14
Convene a HCBS Transition Stakeholder Group	Aug- 14	Sep- 19
HCBS Transition Stakeholder Kick-off meeting	Aug- 14	Aug- 14
<i>Oregon Transition Plan Development and Submission</i>		
Write draft Transition Plan	Aug- 14	Aug- 14
Stakeholder review of draft Transition Plan	Aug- 14	Aug- 14
Public Comment Period: <i>September 5, 2014</i>	Sep- 14	Oct- 14
End of Public Comment Period: (October 5, 2014)	Oct- 14	Oct- 14
Transition Plan Submitted to CMS	Oct- 14	Oct- 14
Expected response from CMS	Jan- 15	Jan- 15
Response to CMS's Request for Additional Information	Jan- 15	Apr- 15
Response Received from CMS		Aug - 15
State's Response to CMS's request for additional information		Oct - 15
Response Received from CMS		Jan - 16
State's Response to CMS's request for additional information		Apr - 16
CMS provides initial approval of state's STP		Oct - 16
<i>Phase I- Initial Regulatory Assessment</i>		
Complete an initial assessment of Oregon's residential and non-residential settings' regulatory compliance with the CFRs	Jun- 14	Jan - 15
Share scorecard with stakeholders	Aug- 14	Aug- 14 & Mar- 15
Post scorecard on Oregon HCBS Website	Aug- 14	Sep- 14 & Mar- 15

Key Action Items	Approx. Start Date (first day of month)	Approx. End Date (last day of month)
<i>OAR, 1915(c) waivers, and 1915(i) and 1915(k) State Plan Amendment (SPA) Changes</i>		
Assess OARs, waivers, and SPAs for needed changes	Oct – 14	Apr – 15
Work with stakeholders to identify and address necessary OAR, waivers, and SPA changes	Apr – 15	Oct – 15
Conduct formal rule making process	Jun – 15	Jan – 16
Finalization of over-arching HCBS OAR	Jan – 16	Jan – 16
Finalization of program-specific OARs	Jan – 16	Sep – 16
Amendment of over-arching HCBS OAR as described in Appendix E	Jan – 17	Jan – 17
Public Notice and Submission of any necessary waiver amendments and SPAs.	Mar – 17	Mar – 22
<i>Phase II- Statewide Training and Education Efforts</i>		
Meet with providers and associations	Jul- 14	Ongoing
Develop educational materials for individuals, providers, and Case Managers including FAQs and Fact Sheets	Jul- 14	Ongoing
Develop and disseminate additional training regarding rights, protections, community inclusion and modifications to conditions.	Jul- 14	Ongoing
Share materials with stakeholders	Oct - 14	Ongoing
Post materials on website	Oct- 15	Ongoing
Delivery System Education Efforts	Nov – 14	Mar - 22
Host regional training and information meetings for individuals, providers, and case managers.	Sep – 15	Oct - 15
<i>Phase III- Provider Self-Assessment and Individual Experience Assessment and On-site Visits</i>		
<i>Provider Self-Assessment</i>		
Develop Provider Self-Assessment Tool (PSAT) (residential and non-residential providers)	Oct- 14	Jul- 15
Share PSAT with Transition Stakeholder Group	Oct - 14	Jul - 15
Develop online survey tool	Jul- 15	Aug- 15

Key Action Items	Approx. Start Date (first day of month)	Approx. End Date (last day of month)
Send provider self-assessment to residential and non-residential providers	Sep- 15	Sep- 15
Provider self-assessments completed and returned to State	Sep- 15	Feb - 16
Individual Experience Assessment		
Develop a survey for individuals receiving services	Oct- 14	Jul- 15
Share survey with Transition Stakeholder Group	Oct – 14	Jul - 15
Develop online survey tool	Jul- 15	Aug - 15
Send Individual Experience Assessments to individuals receiving HCBS	Sep- 15	Dec- 15
State and partners to conduct individual assessments, as necessary (<i>in-person, phone</i>)	Sep - 15	Dec- 15
Provide technical assistance to individuals	Sep - 15	Dec - 15
Individual Experience Assessments completed and returned to State	Sep - 15	Feb - 16
Provider Self-Assessment and Individual Experience Assessment Results, Responses and Validation		
State receives responses from PSATs and IEAs	Feb- 16	Feb- 16
State evaluates Individual Experience Assessments and Provider Self-Assessments (comparison and validation of results from both using unique identifier that connects site with individual)	Feb- 16	Apr - 16
State solicits input from advocacy organizations and existing organizational partners to assist in validation of results	Mar - 16	May - 16
State to sort settings into compliance categories	Mar - 16	Apr - 16
State provides initial feedback and recommendations on areas of improvement to residential and non-residential providers	May - 16	May - 16
State commences initial onsite visits to provider-owned, controlled or operated settings to validate PSAT, IEA results	Jan – 16	Jun – 18
State posts program-specific provider status reports to HCBS website	Aug – 16	Mar – 22
Ongoing education and technical assistance efforts, and public input	Sep - 15	Ongoing
Submission of Amended Statewide Transition Plan		

Key Action Items	Approx. Start Date (first day of month)	Approx. End Date (last day of month)
State evaluates Individual Experience Assessments and Provider Self-Assessments (comparison and validation of results from both using unique identifier that connects site with individual)	Feb – 16	Apr – 16
State commences onsite visits to provider-owned, controlled or operated settings (initial and ongoing compliance)	Jan – 16	Ongoing
State identifies necessary Transition Plan changes	Oct – 16	Jul – 17
State identifies settings that initially require heightened scrutiny	Aug – 16	Jun – 17
State amends Statewide Transition Plan	Apr – 17	Jun – 17
30- day Public Comment Period	Jun – 17	Jul – 17
Revisions to Statewide Transition Plan based on public input	Jul – 17	Jul – 17
Amended Statewide Transition Plan Submitted to CMS	Aug – 17	Aug – 17
Expected response from CMS	Sep – 17	Sep – 17
<i>Phase IV. Heightened Scrutiny Process - Initial</i>		
State uses the provider assessment, IEA responses, and additional criteria to determine and propose if a site meets the definition of an HCBS site	Feb - 16	Jun - 16
State notifies sites that require CMS' Heightened Scrutiny	May – 16	Oct – 16
Providers requiring Heightened Scrutiny submit evidence to the State rebutting presumption of non-HCBS	May – 16	Oct – 16
State conducts on-site reviews of settings identified to require heightened scrutiny per CMS's regulations	May - 16	May - 17
State determines, based on evidence provided and results of onsite review, if sufficient evidence was provided to seek heightened scrutiny from CMS or if the site does not meet HCBS requirements	May – 16	May – 17
State compiles aggregated report of sites requiring heightened scrutiny	May – 16	Jun – 17
State commences public notice and comment period for amended Transition Plan and sites determined to require CMS' heightened scrutiny	Jun -17	–Jul - 17
State addresses public input/comment	Jul – 17	Jul – 17

Key Action Items	Approx. Start Date (first day of month)	Approx. End Date (last day of month)
State submits amended Transition Plan and evidence to CMS for each setting that is presumed to be non-HCB but State is requesting CMS' heightened scrutiny	Aug – 17	Aug – 17
Provide opportunity for sites determined by State not to be HCBS to request an administrative review by DHS and OHA	Aug – 17	Sep – 17
Expected response from CMS	Sep – 17	Sep – 17
<i>Phase IV. Heightened Scrutiny Process - Ongoing (rolling process)</i>		
State notifies sites that, as a result of onsite visits, that have been identified as requiring CMS' Heightened Scrutiny	Aug – 17	Ongoing
Providers requiring Heightened Scrutiny submit evidence to the State rebutting presumption of non-HCBS	Oct – 16	Ongoing
State determines, based on evidence provided and results of onsite review, if sufficient evidence was provided to seek heightened scrutiny from CMS or if the site does not meet HCBS requirements	Aug – 17	Ongoing
State commences public notice and comment period for sites determined to require CMS' heightened scrutiny	Aug – 17	Ongoing
State addresses public input/comment	Aug – 17	Ongoing
State submits evidence to CMS for each setting that is presumed to be non-HCB but State is requesting CMS' heightened scrutiny	Aug – 17	Ongoing
Expected response from CMS	Sep – 17	Ongoing
Provide opportunity for sites determined by State not to be HCBS to request an administrative review by DHS and OHA	Aug – 17	Ongoing
<i>Phase V- Initial Transition Period Review and Remediation Activities</i>		
Develop policies and procedures for service delivery system and Licensing staff to monitor progress on provider compliance.	May – 15	Jun – 19
Finalization of over-arching HCBS OAR	Jan – 16	Jan – 16
Finalization of program-specific OARs	Jan – 16	Sep – 16
Service Delivery Systems and regulatory agencies conduct onsite reviews	Jan – 16	Jun – 19
Providers submit FINAL Compliance/Corrective Action Plan addressing State's findings	Jan – 16	Aug – 18

Key Action Items	Approx. Start Date (first day of month)	Approx. End Date (last day of month)
Develop a comprehensive status report of provider's compliance activities and outcomes	Sep – 16	Nov – 16
Post initial status report on website	Aug – 16	Aug – 16
Gather public input on initial providers' status report	Aug – 16	Oct – 16
State reviewed and addressed, as appropriate, public input on providers' status report.	Aug – 17	Ongoing
State will regularly update providers' status report with progress toward compliance	Oct – 16	Ongoing
Gather ongoing public input on providers' progress toward compliance.	Oct – 16	Jul – 21
Notify Medicaid providers of non-compliance with intent to move individuals and terminate contract and license	Jul – 20	Dec – 21
Notify individuals of their need to transition to alternative settings	Jul – 20	Dec – 21
Assist individuals in finding, selecting and transitioning to alternative settings	Jul – 20	Dec – 21
Terminate Medicaid contracts with non-compliant providers	Jul – 21	Mar – 22
<i>Modifications to Conditions – Individually Based Limitations to the Rules</i>		
Develop policies and procedures on implementation of individually based limitations to the rule (IBLR) contained in individual service plan.	Jan – 15	Jul – 16
Create expectations and a method for collecting data on an ongoing basis to measure the effectiveness of the individually based IBLR.	Jan – 15	Jul – 16
Develop timeframes for review of the data and effectiveness of the IBLR to ensure it continues to be appropriate.	Jan – 15	Jul – 16
Train service delivery system staff on IBL process.	Jan – 16	Jun – 18

Key Action Items	Approx. Start Date (first day of month)	Approx. End Date (last day of month)
Implement IBLR process at annual service planning.	Jul – 17	Ongoing
<i>Phase VI- Ongoing Compliance and Oversight</i>		
Develop and implement ongoing monitoring and quality assurance processes within existing structure	May – 15	Mar – 22
Service Delivery Systems and Licensing conduct onsite reviews to assure ongoing compliance	Jun – 18	Ongoing
Commence National Core Indicator Surveys	2017	Ongoing

Appendix B: Initial Global Scorecard

OAR & Policy Review	APD AFH	APD RCF / ALF (includes endorsed Memory Care Facilities)	APD Contracted / Specialized Living Program	APD Certified Adult Day Services
1. Is the setting integrated into the greater community?	Yes	Yes	Yes	Yes
2. Does the setting facilitate the individual's full access to the greater community, in the same manner as individuals without disabilities, including:	Yes	Yes	Yes	Yes
a. Opportunities to seek employment and work in competitive integrated settings,	Yes	Yes	Yes	Yes
b. Engage in community life,	Yes	Yes	Yes	Yes
c. Control personal resources, and	Yes	Yes	Yes	Yes
d. Receive services in the community?	Yes	Yes	Yes	Yes
3. Are the individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint protected?	Yes	Yes	Yes	Yes
4. Are the individual's initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented?	Yes	Yes	Yes	Yes

OAR & Policy Review	APD AFH	APD RCF / ALF (includes endorsed Memory Care Facilities)	APD Contracted / Specialized Living Program	APD Certified Adult Day Services
5. Is the unit or room a specific physical place that can be owned, rented or occupied under a legally enforceable agreement that provides the individual, at a minimum, the same responsibilities and protections from eviction that tenants have under the State's landlord tenant laws?	Yes	Yes	Yes	N/A
6. Do individuals have privacy in their sleeping or living unit?	Yes**	Yes	Yes	N/A
7. Do units have lockable entrance doors, with appropriate staff having keys to doors?	Yes	Yes	Yes	N/A
8. If individuals share rooms, do they do so only at their choice?	Yes	Yes	Yes	N/A
9. Do individuals have the freedom to furnish and decorate their sleeping or living units?	Yes	Yes	Yes	N/A
10. Do individuals have the freedom and support to control their own schedules and activities?	Yes	Yes	Yes	N/A
11. Do individuals have access to food at any time?	Yes	Yes	Yes	N/A
12. Are individuals able to have visitors of their choosing at any time?	Yes***	Yes	Yes	N/A
13. Is the setting is physically accessible to the individual?	Yes	Yes	Yes	Yes

OAR & Policy Review	APD AFH	APD RCF / ALF (includes endorsed Memory Care Facilities)	APD Contracted / Specialized Living Program	APD Certified Adult Day Services
14. Is the setting located in a building:				
a. That is also a facility that provides inpatient institutional treatment?	No	No	No	No
b. On the grounds of or immediately adjacent to a public or private institution?	Possibly adjacent	In some situations	No	No
c. On the grounds of or immediately adjacent to any setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community?	Possibly adjacent	In some situations	No	No
System Questions				
15. Is the setting selected by the individual from among all available alternatives and is identified in the person-centered service plan?	Yes	Yes	Yes	Yes
16. Is the individual choice regarding services and supports, and who provides them, facilitated?	Yes	Yes	Yes	Yes

OAR & Policy Review	HSD AFH	HSD RTH / RTF	ODDS AFH	ODDS Group Homes
1. Is the setting integrated into the greater community?	Yes	Yes	Yes	Yes
2. Does the setting facilitate the individual's full access to the greater community, in the same manner as individuals without disabilities, including:	Yes	Yes	Yes	Yes
a. Opportunities to seek employment and work in competitive integrated settings,	Yes	Yes	Yes	Yes
b. Engage in community life,	Yes	Yes	Yes	Yes
c. Control personal resources, and	Yes	Yes	Yes	Yes
d. Receive services in the community?	Yes	Yes	Yes	Yes
3. Are the individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint protected?	Yes	Yes	Yes	Yes
4. Are the individual's initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented?	Yes	No	Yes	Yes

OAR & Policy Review	HSD AFH	HSD RTH / RTF	ODDS AFH	ODDS Group Homes
5. Is the unit or room a specific physical place that can be owned, rented or occupied under a legally enforceable agreement that provides the individual, at a minimum, the same responsibilities and protections from eviction that tenants have under the State's landlord tenant laws?	Yes	Yes	Yes	Yes
6. Do individuals have privacy in their sleeping or living unit?	Yes	Yes	Yes	Yes
7. Do units have lockable entrance doors, with appropriate staff having keys to doors?	Yes	No	Yes	Yes
8. If individuals share rooms, do they do so only at their choice?	Yes	Yes	Yes	Yes
9. Do individuals have the freedom to furnish and decorate their sleeping or living units?	Yes	Yes	Yes	Yes
10. Do individuals have the freedom and support to control their own schedules and activities?	Yes	Yes	Yes	Yes
11. Do individuals have access to food at any time?	Yes	Yes	Yes	Yes
12. Are individuals able to have visitors of their choosing at any time?	Yes	Yes	Yes	Yes
13. Is the setting is physically accessible to the individual?	Yes	No	Yes	Yes

OAR & Policy Review	HSD AFH	HSD RTH / RTF	ODDS AFH	ODDS Group Homes
14. Is the setting located in a building:				
a. That is also a facility that provides inpatient institutional treatment?	No	No	No	No
b. On the grounds of or immediately adjacent to a public or private institution?	No	No	No	No
c. On the grounds of or immediately adjacent to any setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community?	No	No	No	No
System Questions				
15. Is the setting selected by the individual from among all available alternatives and is identified in the person-centered service plan?	Yes	Yes	Yes	Yes
16. Is the individual choice regarding services and supports, and who provides them, facilitated?	Yes	Yes	Yes	Yes

OAR & Policy Review	ODDS Supported Living (POCO)	ODDS Children's Foster Homes	Certified DD Day Support Activities	ODDS Certified Employment (Community-Based Job Coaching, Job Development, Discovery, Small Group, Employment Path Community, and Facility-Based Employment Path)
1. Is the setting integrated into the greater community?	Yes	Yes	Yes	Yes
2. Does the setting facilitate the individual's full access to the greater community, in the same manner as individuals without disabilities, including:	Yes	Yes	Yes	Yes
a. Opportunities to seek employment and work in competitive integrated settings,	Yes	Yes	Yes	Yes
b. Engage in community life,	Yes	Yes	Yes	Yes
c. Control personal resources, and	Yes	Yes	Yes	Yes
d. Receive services in the community?	Yes	Yes	Yes	Yes
3. Are the individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint protected?	Yes	Yes	Yes	Yes

4. Are the individual's initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented?	Yes	Yes	Yes	Yes
5. Is the unit or room a specific physical place that can be owned, rented or occupied under a legally enforceable agreement that provides the individual, at a minimum, the same responsibilities and protections from eviction that tenants have under the State's landlord tenant laws?	Yes*	Yes*	N/A	N/A
6. Do individuals have privacy in their sleeping or living unit?	Yes	Yes*	N/A	N/A
7. Do units have lockable entrance doors, with appropriate staff having keys to doors?	Yes	No	N/A	N/A
8. If individuals share rooms, do they do so only at their choice?	Yes	Yes	N/A	N/A
9. Do individuals have the freedom to furnish and decorate their sleeping or living units?	Yes	Yes	N/A	N/A
10. Do individuals have the freedom and support to control their own schedules and activities?	Yes	No	N/A	N/A
11. Do individuals have access to food at any time?	Yes	Yes	N/A	N/A
12. Are individuals able to have visitors of their choosing at any time?	Yes	Yes***	N/A	N/A

13. Is the setting is physically accessible to the individual?	Yes	Yes	Yes	Yes
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OAR & Policy Review	ODDS Supported Living (POCO)	ODDS Children's Foster Homes	Certified DD Day Support Activities	ODDS Certified Employment (Community-Based Job Coaching, Job Development, Discovery, Small Group, Employment Path Community, and Facility-Based Employment Path)
14. Is the setting located in a building:				
a. That is also a facility that provides inpatient institutional treatment?	No	No	No	No
b. On the grounds of or immediately adjacent to a public or private institution?	No	No	No	No
c. On the grounds of or immediately adjacent to any setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community?	No	No	No*	No*
System Questions				
15. Is the setting selected by the individual from among all available alternatives and is identified in the person-centered service plan?	Yes	Yes	Yes	Yes
16. Is the individual choice regarding services and supports, and who provides them, facilitated?	Yes	Yes	Yes	Yes

<p><i>* Oregon Administrative Rule changes have been made as part of Oregon's Transition plan. For residential settings, OARS have protections re: notice of exit which serve as eviction, but there is no legal residency agreement required. Further assessment is needed to determine whether Oregon is in compliance in its implementation and practice of these laws and regulations.</i></p>
<p><i>**1 or 2 individuals may share a bedroom.</i></p>
<p><i>***Unless visiting hours are limited as disclosed in the house policies.</i></p>
<p><i>POCO- Provider-owned, controlled or operated.</i></p>

Appendix C: Inventory of Oregon Administrative Rules Reviewed as part of HCBS Transition Plan

OAR	Title
<i>Oregon Health Authority, Health Systems Division</i>	
309-035	Residential Treatment Facilities and Residential Treatment Homes for Adults with Mental Health Disorders
309-040	Adult Foster Homes
<i>Department of Human Services, Aging and People with Disabilities</i>	
411-015	Long-Term Care Service Priorities for Individuals Served
411-028	Case Management Services
411-050	Adult Foster Homes
411-054	Residential Care and Assisted Living Facilities
411-057	Memory Care Communities
411-065	Specialized Living Services Contracts
411-066	Residential and Certification Standards for Adult Day Services Programs
411-067	Continuing Care Retirement Community
<i>Department of Human Services, Office of Developmental Disabilities Services</i>	
407-025	Integrated Employment Services to Individuals with I/DD
411-318	Individual Rights, Complaints, Notification of Planned Action, and Contested Case Hearings for Developmental Disabilities Services
411-320	Community Developmental Disability Programs
411-323	Agency Certification and Endorsement to Provider Services to Individuals with I/DD in Community-Based Settings
411-325	24-Hour Residential Settings for Children and Adults with I/DD
411-328	Supported Living Settings for Individuals with I/DD
411-340	Support Services for Adults with I/DD
411-345	Employment and Alternatives to Employment Services for Individuals with I/DD
411-346	Foster Homes for Children with I/DD
411-360	Adult Foster Homes for Individuals with I/DD

411-415	Case Management Services
411-450	Community Living Services

Appendix D: Setting and Program Types with Medicaid Authority reviewed for compliance with HCBS Regulations

Setting Type	Funding Authority	Rule Meets HCBS Criteria See Crosswalk for detail
Assisted Living Facility (ALF)	1915(k)	Yes
Adult Foster Care (AFC)	1915(i) 1915(k)	Yes
Adult Day Center	1915(k)	Yes
Specialized Living	1915(k)	
Residential Care Facilities (RCF)	1915(k)	Yes
Residential Treatment Facility/Home for Mentally or Emotionally Disturbed Persons	1915(i) 1915(k)	Yes
Supported Living Providers	1915(k)	Yes
Adult Group Home (GCH)	1915(k)	Yes
Group Care Homes for Children (GCH)	1915(k)	Yes
Developmental Disabilities Adult Foster Care	1915(k)	Yes
Children's Developmental Disability Foster Care	1915(k)	Yes
*Individual's own or family home (In-home Services)	1915(k) 1915(i)	Yes
Integrated Community Employment Settings (Job Coaching, Job Development, Discovery, Supported Small Group and Employment Path)	1915(c)	Yes
ODDS Community Living Supports Facility Settings	1915(k)	Yes
Employment Path Facility-Based Settings	1915(c)	Yes

* An individual's own or family home is presumed to meet the qualities of a home and community-based setting per CMS guidance and is not a provider-owned, controlled, or operated residential setting.

Appendix E: Crosswalk/Systems Remediation Grid

Oregon Crosswalk/System Remediation Grid As of September 30, 2016

In order to achieve full compliance with CMS HCBS rule, significant changes were made to state regulations in an attempt to mirror and adequately capture the intent of the federal HCBS requirements. In order to ensure full compliance with CMS HCBS Rule across all program areas in a consistent manner, the overarching HCBS Rule was created to govern all settings in which services are provided under 1915(c), 1915(k), or 1915(i) Medicaid authorities. The global HCBS rule, OAR 411-004, includes the federal HCBS language and applies to all corresponding program, service and setting-specific rules.

While working with CMS towards CMS' initial approval of the state's systemic-assessment Transition Plan, the need to amend the overarching HCBS rule was identified to permit freedom from restraint to be a right upon which an individually-based limitation to the rule may be applied. Oregon Revised Statute, Oregon Administrative Rules, the 1915(i) (adult foster homes only), and the 1915(k) allow the use of restraints in HCBS settings as follows:

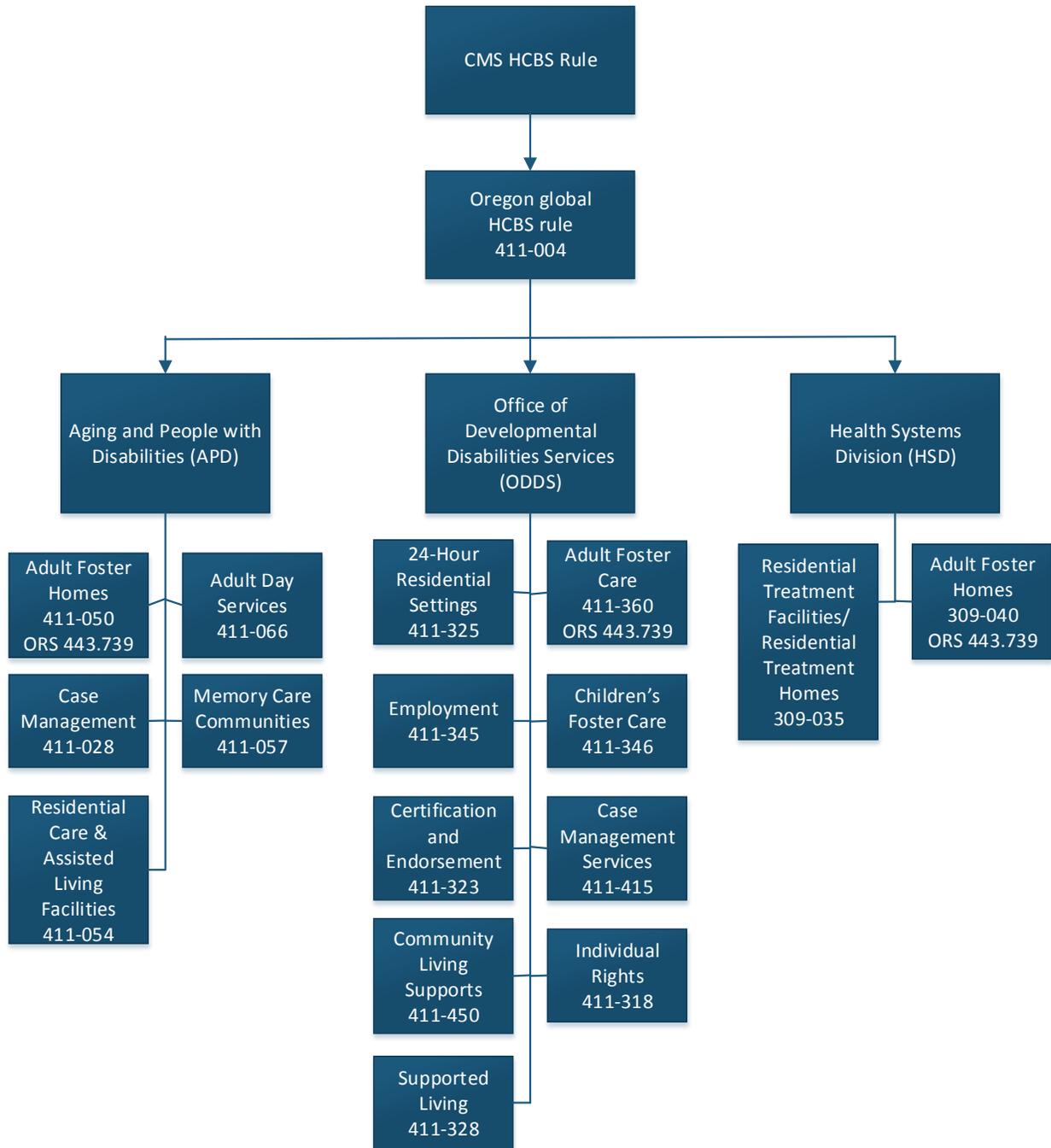
- In the case of an emergency to protect the individual or other individuals,
- Mechanical devices, material, equipment (referred to as safeguarding equipment) or manual methods to provide support to an individual for the purpose of achieving and maintaining functional body position, proper balance, and protecting the individual from injury or symptoms of existing medical conditions.

Use of any type of restraint must be prescribed by a physician or other qualified practitioner and is part of a defined plan to address the safety of the individual or others. The process for individually-based limitations to the rule, in accordance with the Federal regulations, will be followed for any individual for whom restraints are prescribed. Involuntary seclusion and wrongful restraints are defined as abuse in OARs. Through its established rule-making process, the state will amend the overarching HCBS OAR with an effective date of 01/01/2017.

To strengthen compliance further, additional clarifying language was added to each specific program, service and setting rules to highlight or clarify new

requirements or practices expected as a result of the new HCBS regulations. The updated rules are reflected in the citations in the initial global scorecard. As a result of this work, and the rule amendment referenced above, all Oregon Rules will fall within the category of fully compliant with CMS HCBS Rule.

The function of the Oregon global HCBS rule is reflected in the following illustration:



OHA/HSD

Area of Compliance and Regulation	Initial Status	Remediation Actions <i>[Include Links to OARs and Policies]</i>	Current Status <i>[Align/Comply, Silent, Conflicts]</i>	Timeline
<p>1. <i>Is the setting integrated into the greater community?</i> 42 CFR 441.301(c)(4)(i) 42 CFR 441.530(a)(1)(i) 42 CFR 441.710(a)(1)(i)</p>	<p>HSD AFH: Yes</p> <p>HSD RTF/RTH: Yes</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that settings are integrated into the greater community - OAR 411-004-0000(2) - OAR 411-004-0020(1)(a) - OAR 411-004-0030(2)(c)(B) - Updated HSD-specific program rules to reflect requirement that settings are integrated into the greater community. Rules reviewed/updated include: HSD AFH: <ul style="list-style-type: none"> - OAR 309-040-0300(1)(a-b) - OAR 309-040-0307(1)(a)(A-D) - OAR 309-040-0390(8)(a)(B) HSD RTF/RTH: <ul style="list-style-type: none"> - OAR 309-035-0100(1)(a-b) - OAR 309-035-0110(1)(a)(A-D) - OAR 309-035-0160(2)(b)(B) 	<p>Overarching HCBS OARs: Align/Comply</p> <p>HSD OARs: Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>HSD-specific Rules reviewed/updated and effective 09/06/16</p>

<p>2. Does the setting facilitate the individual's full access to the greater community, in the same manner as individuals without disabilities, including: 42 CFR 441.301(c)(2)(i) & (c)(4)(i) 42 CFR 441.530(a)(1)(ii) 42 CFR 441.710(a)(1)(ii)</p>	<p>HSD AFH: Yes</p> <p>HSD RTF/RTH: Yes</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that settings facilitate the individual's full access to the greater community, in the same manner as individuals without disabilities - OAR 411-004-0000(2) - OAR 411-004-0020(1)(a), (1)(e), (3) - OAR 411-004-0030(2)(c)(B), (2)(c)(D) - Updated HSD-specific program rules to reflect requirement that settings facilitate the individual's full access to the greater community, in the same manner as individuals without disabilities. Rules reviewed/updated include: HSD AFH: <ul style="list-style-type: none"> - OAR 309-040-0300(1)(a-b) - OAR 309-040-0307(1)(a)(B, D), (1)(e) - OAR 309-040-0390(7)(m), (8)(a)(B, D) HSD RTF/RTH: <ul style="list-style-type: none"> - OAR 309-035-0100(1)(b) - OAR 309-035-0110(1)(a)(A-D), (1)(e) 	<p>Overarching HCBS OARs: Align/Comply</p> <p>HSD OARs: Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>HSD-specific Rules reviewed/updated and effective 09/06/16</p>
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		<ul style="list-style-type: none"> - OAR 309-035-0160(1)(m), (2)(b)(B, D) - 		
<p><i>a. Opportunities to seek employment and work in competitive integrated settings?</i></p> <p><i>42 CFR 441.301(c)(2)(i) & (c)(4)(i)</i></p> <p><i>42 CFR 441.530(a)(1)(i)</i></p> <p><i>42 CFR 441.710(a)(1)(i)</i></p>	<p>HSD AFH: Yes</p> <p>HSD RTF/RTH: Yes</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that the setting facilitates opportunities for individuals to seek employment and work in competitive integrated settings - OAR 411-004-0000(2)(a) - OAR 411-004-0010(2) - OAR 411-004-0020(1)(a)(A) - OAR 411-004-0030(2)(c)(C) - Updated HSD-specific program rules to reflect the requirement that the setting facilitates opportunities for individuals to seek employment and work in competitive integrated settings. Rules reviewed/updated include: - - HSD AFH: - OAR 309-040-0307(1)(a)(A) 	<p>Overarching HCBS OARs: Align/Comply</p> <p>HSD OARs: Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>HSD-specific Rules reviewed/updated and effective 09/06/16</p>

		<ul style="list-style-type: none"> - OAR 309-040-0390(7)(m), (8)(a)(C) - OAR 309-040-0410(2)(d) <p>HSD RTF/RTH:</p> <ul style="list-style-type: none"> - - OAR 309-035-0110(1)(a)(A) - OAR 309-035-0190(1)(m), (2)(b)(C) - OAR 309-035-0175(4)(e) 		
<p><i>b. Engage in community life?</i> 42 CFR 441.301(c)(2)(i) & (c)(4)(i) 42 CFR 441.530(a)(1)(i) 42 CFR 441.710(a)(1)(i)</p>	<p>HSD AFH: Yes</p> <p>HSD RTF/RTH: Yes</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that the setting facilitates individuals engagement in community life OAR 411-004-0000(2)(b) OAR 411-004-0020(1)(a)(B) OAR 411-004-0030(2)(c)(D) - Updated HSD-specific program rules to reflect the requirement that the setting facilitates individuals' engagement in community life. Rules reviewed/updated include: HSD AFH: <ul style="list-style-type: none"> - OAR 309-040-0300(1)(b) - OAR 309-040-0307(1)(a)(B) - OAR 309-040-0390(8)(a)(D) HSD RTF/RTH: <ul style="list-style-type: none"> - OAR 309-035-0100(1)(b) - OAR 309-035-0110(1)(a)(B) 	<p>Overarching HCBS OARs: Align/Comply</p> <p>HSD OARs: Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>HSD-specific Rules reviewed/updated and effective 09/06/16</p>

		<ul style="list-style-type: none"> - - OAR 309-035-0190(1)(m), (2)(b)(B, D) 		
<p>c. Control personal resources? 42 CFR 441.301(c)(2)(i) & (c)(4)(i) 42 CFR 441.530(a)(1)(i) 42 CFR 441.710(a)(1)(i)</p>	<p>HSD AFH: Yes</p> <p>HSD RTF/RTH: Yes</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that the setting facilitates individuals control personal resources - OAR 411-004-0000(2)(c), (3)(e) - OAR 411-004-0010(14) - OAR 411-004-0020(1)(a)(C) - OAR 411-004-0030(2)(c)(A), (2)(c)(D) - Updated HSD-specific program rules to reflect the requirement that the setting facilitates individuals control personal resources. Rules reviewed/updated include: <ul style="list-style-type: none"> - HSD AFH: <ul style="list-style-type: none"> - OAR 309-040-0305(61) - OAR 309-040-0307(1)(a)(C) - OAR 309-040-0390(8)(a)(A, D) - HSD RTF/RTH: <ul style="list-style-type: none"> - OAR 309-035-0105(44) - OAR 309-035-0110(1)(a)(C) - OAR 309-035-0190(2)(b)(D) 	<p>Overarching HCBS OARs: Align/Comply</p> <p>HSD OARs: Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>HSD-specific Rules reviewed/updated and effective 09/06/16</p>

<p>d. Receive services in the community? 42 CFR 441.301(c)(2)(i) & (c)(4)(i) 42 CFR 441.530(a)(1)(i) 42 CFR 441.710(a)(1)(i)</p>	<p>HSD AFH: Yes</p> <p>HSD RTF/RTH: Yes</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that settings facilitate individuals receiving services in the community - OAR 411-004-0000(2), (2)(d) - OAR 411-004-0010(6), (17) - OAR 411-004-0020(1)(a)(D) - OAR 411-004-0030(2)(c)(D) - Updated HSD-specific program rules to reflect the requirement that the setting facilitates individuals receiving services in the community. Rules reviewed/updated include: <ul style="list-style-type: none"> - HSD AFH: <ul style="list-style-type: none"> - OAR 309-040-0300(1)(b) - OAR 309-040-0307(1)(a)(D) - OAR 309-040-0390(8)(a)(D) - HSD RTF/RTH: <ul style="list-style-type: none"> - OAR 309-035-0100(1)(b) - OAR 309-035-0110(1)(a)(D) - OAR 309-035-0190(1)(m), (2)(b)(B, D) 	<p>Overarching HCBS OARs: Align/Comply</p> <p>HSD OARs: Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>HSD-specific Rules reviewed/updated and effective 09/06/16</p>
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<p>3. <i>Are the individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint protected?</i> 42 CFR 441.301(c)(4)(iii) 42 CFR 441.530(a)(1)(iii) 42 CFR 441.710(a)(1)(iii)</p>	<p>HSD AFH: Yes</p> <p>HSD RTF/RTH: Yes</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that the individual's essential personal rights of privacy, dignity and respect, and freedom from coercion protected. - OAR 411-004-0020(1)(c), (2) - *Per CMS' request, amend overarching Home and Community-Based Services and Settings rule to allow application of individually-based limitations to the rule to an individual's right of freedom from restraint, in accordance with approved 1915(i) (only in AFH), and existing ORS and OARs. - Updated HSD-specific program rules to reflect the requirement that the individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected. Rules reviewed/updated include: HSD AFH: - OAR 309-040-0307(1)(c), (2)(d) - - OAR 309-040-0410(1)(e), (2)(i) 	<p>Overarching HCBS OARs: Align/Comply</p> <p>HSD OARs: Align/ Comply</p> <p>AFH ORS (441.739) Align/Comply</p>	<p>HCBS rules became effective 01/01/16 *Amendment to 411-004-0020, and 411-004-0040 with an effective date of 01/01/2017</p> <p>HSD-specific Rules reviewed/updated and effective 09/06/16</p>
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		<ul style="list-style-type: none"> - OAR 309-040-0390(12) - ORS 443.738(9) states chemical and physical restraints may only be used to treat a resident's medical symptoms or to maximize a resident's physical functioning. They may not be used for the home's convenience or for discipline. - ORS 443.739(1), (4), (7), and (8) reflect the requirement that the individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint (except as ordered by a physician or other qualified practitioner) are protected. <p>HSD RTF/RTH:</p> <ul style="list-style-type: none"> - OAR 309-035-0100(1) - - OAR 309-035-0110(1)(c), (4)(d) - - OAR 309-035-0165(2)(o)(H) - - OAR 309-035-0167(1) - OAR 309-035-0175(4)(f) 		
<p>4. <i>Are the individual's initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical</i></p>	<p>HSD AFH: No</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that the individual's 	<p>Overarching HCBS OARs: Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p>

<p><i>environment, and with whom to interact are optimized and not regimented?</i> 42 CFR 441.301(c)(4)(iv) 42 CFR 441.530(a)(1)(iv) 42 CFR 441.701(a)(1)(iv)</p>	<p>HSD RTF/RTH: No</p>	<p>initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact, are optimized and not regimented</p> <p>OAR 411-004-0000(1), (3)(e)</p> <ul style="list-style-type: none"> - OAR 411-004-0010(14) - OAR 411-004-0020(1)(d), (1)(e), (2)(f), (2)(i) - OAR 411-004-0030(1)(c), (1)(h) <p>- Updated HSD-specific program rules to reflect the requirement that the individual's initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact, are optimized and not regimented. Rules reviewed/updated include:</p> <ul style="list-style-type: none"> - HSD AFH: <ul style="list-style-type: none"> - OAR 309-040-0300(1) - OAR 309-040-0307(1)(d-e), (2)(f, i) - OAR 309-040-0390(10)(c) - OAR 309-040-0410(1)(e)(D, O) <p>HSD RTF/RTH:</p> <ul style="list-style-type: none"> - OAR 309-035-0100(1) 	<p>HSD OARs: Align/Comply</p>	<p>HSD-specific Rules reviewed/updated and effective 09/06/16</p>
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RESIDENTIAL SETTINGS				
<p>5. <i>Is the unit or room a specific physical place that can be owned, rented or occupied under a legally enforceable agreement that provides the individual, at a minimum, the same responsibilities and protections from eviction that tenants have under the State's landlord tenant laws?</i></p> <p>42 CFR 441.301(c)(4)(vi)(A) 42 CFR 441.530(a)(1)(vi)(A) 42 CFR 441.710(a)(1)(vi)(A)</p>	<p>HSD AFH: Yes</p> <p>HSD RTF/RTH: No</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that the unit or room is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement that provides the individual, at a minimum, the same responsibilities and protections from eviction that tenants have under the State's landlord tenant laws - OAR 411-004-0010(18), (21) - OAR 411-004-0020(1)(b), (2)(c) - Updated HSD-specific program rules to reflect the requirement that the unit or room is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement that provides the individual, at a minimum, the same responsibilities and protections from eviction that tenants have 	<p>Overarching HCBS OARs: Align/Comply</p> <p>HSD OARs: Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>HSD-specific Rules reviewed/updated and effective 09/06/16</p>

		<p>under the State's landlord tenant laws. Rules reviewed/updated include:</p> <ul style="list-style-type: none"> - - HSD AFH: - OAR 309-040-0307(2)(b-c) - - OAR 309-040-0394(2)(o)(A) - OAR 309-040-0410(2)(a) - HSD RTF/RTH: - - OAR 309-0035-0110(1)(b), (4)(b-c) - OAR 309-035-0165(2)(o)(A) 		
<p>6. Do individuals have privacy in their sleeping or living unit? 42 CFR 441.301(c)(4)(vi)(B) 42 CFR 441.530(a)(1)(vi)(B) 42 CFR 441.710(a)(1)(vi)(B)</p>	<p>HSD AFH: Yes</p> <p>HSD RTF/RTH: Yes</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that individuals have privacy in their sleeping or living unit - OAR 411-004-0010(21) - OAR 411-004-0020(1)(c), (2)(d) - Updated HSD-specific program rules to reflect the requirement that individuals have privacy in their sleeping or living unit. Rules reviewed/updated include: HSD AFH: <ul style="list-style-type: none"> - OAR 309-040-0307(2)(d) - - OAR 309-040-0365(6)(a) - OAR 309-040-0380(1)(d) 	<p>Overarching HCBS OARs: Align/Comply</p> <p>HSD OARs: Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>HSD-specific Rules reviewed/updated and effective 09/06/16</p>

		<ul style="list-style-type: none"> - OAR 309-040-0394(2)(o)(H) - OAR 309-040-0410(2)(i) <p>HSD RTF/RTH:</p> <ul style="list-style-type: none"> - OAR 309-035-0110(1)(c), (4)(d) - OAR 309-035-0140(7)(c)(e), (8) - OAR 309-035-0165(2)(o)(H) - OAR 309-035-0175(4)(c), (5)(h) - OAR 309-035-0320(7)(d), (8)(a) - OAR 309-035-0380(2)(h), (3)(c) 		
<p>7. Do units have lockable entrance doors, with appropriate staff having keys to doors?</p> <p>42 CFR 441.301(c)(4)(vi)(B)(1)</p> <p>42 CFR 441.530(a)(1)(vi)(B)(1)</p> <p>42 CFR 441.710(a)(1)(vi)(B)(1)</p>	<p>HSD AFH: No</p> <p>HSD RTF/RTH: No</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings, including the requirement that units have lockable entrance doors, with appropriate staff having keys to doors - OAR 411-004-0020(2)(e) - Updated HSD-specific program rules to reflect the requirement that units have lockable entrance doors, with appropriate staff having keys to doors. Rules reviewed/updated include: - <p>HSD AFH:</p> <ul style="list-style-type: none"> - OAR 309-040-0307(2)(e) - OAR 309-040-0365(6)(a) - OAR 309-040-0410(2)(e) <p>HSD RTF/RTH:</p> <ul style="list-style-type: none"> - OAR 309-035-0110(4)(e) - OAR 309-035-0165(2)(o)(D) - OAR 309-035-0175(5)(d) 	<p>Overarching HCBS OARs: Align/Comply</p> <p>HSD OARs: Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>HSD-specific Rules reviewed/updated and effective 09/06/16</p>

<p>8. If individuals share rooms, do they do so only at their choice? 42 CFR 441.301(c)(4)(vi)(B)(2) 42 CFR 441.530(a)(1)(vi)(B)(2) 42 CFR 441.710(a)(1)(vi)(B)(2)</p>	<p>HSD AFH: No</p> <p>HSD RTF/RTH: No</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that if individuals share rooms, they do so only at their choice - OAR 411-004-0020(2)(f) - Updated HSD -specific program rules to reflect the requirement that if individuals share rooms, they do so only at their choice. Rules reviewed/updated include: HSD AFH: <ul style="list-style-type: none"> - OAR 309-040-0307(2)(f) - OAR 309-040-0394(2)(o)(D) - OAR 309-040-0410(2)(f) HSD RTF/RTH: <ul style="list-style-type: none"> - OAR 309-035-0110(4)(f) - OAR 309-035-0165(2)(o)(E) - OAR 309-035-0175(5)(e) 	<p>Overarching HCBS OARs: Align/Comply</p> <p>HSD OARs: Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>HSD-specific Rules reviewed/updated and effective 09/06/16</p>
<p>9. Do individuals have the freedom to furnish and decorate their sleeping or living units? 42 CFR 441.301(c)(4)(vi)(B)(3) 42 CFR 441.530(a)(1)(vi)(B)(3) 42 CFR 441.710(a)(1)(vi)(B)(3)</p>	<p>HSD AFH: Yes</p> <p>HSD RTF/RTH: Yes</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that individuals have the freedom to furnish and decorate their sleeping or living units. - OAR 411-004-0020(2)(g) - Updated HSD-specific program rules to reflect the requirement 	<p>Overarching HCBS OARs: Align/Comply</p> <p>HSD OARs: Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>HSD-specific Rules reviewed/updated and effective 09/06/16</p>

		<p>that individuals have the freedom to furnish and decorate their sleeping or living units. Rules reviewed/updated include:</p> <p>HSD AFH:</p> <ul style="list-style-type: none"> - OAR 309-040-0307(2)(g) - OAR 309-040-0394(2)(o)(F) - OAR 309-040-0410(2)(g) <p>HSD RTF/RTH:</p> <ul style="list-style-type: none"> - OAR 309-035-0110(4)(g) - OAR 309-035-0165(2)(o)(F) - OAR 309-035-0175(5)(f) 		
<p>10. Do individuals have the freedom and support to control their own schedules and activities? 42 CFR 441.301(c)(4)(vi)(C) 42 CFR 441.530(a)(1)(vi)(C) 42 CFR 441.710(a)(1)(vi)(C)</p>	<p>HSD AFH: Yes</p> <p>HSD RTF/RTH: No</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that individuals have the freedom and support to control their own schedules and activities - OAR 411-004-0000(3)(e) - OAR 411-004-0010(14) - OAR 411-004-0020(1)(d), (2)(i) - Updated HSD-specific program rules to reflect the requirement that individuals have the freedom and support to control their own schedules and activities. Rules reviewed/updated include: - HSD AFH - OAR 309-040-0307(2)(i) - OAR 309-040-0394(2)(o)(G) 	<p>Overarching HCBS OARs: Align/Comply</p> <p>HSD OARs: Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>HSD-specific Rules reviewed/updated and effective 09/06/16</p>

		<ul style="list-style-type: none"> - OAR 309-040-0410(1)(e)(O), (2)(c)(h) <p>HSD RTF/RTH:</p> <ul style="list-style-type: none"> - OAR 309-035-0107(1)(d)(e), (4)(i) - OAR 309-035-0165(2)(o)(G) - OAR 309-035-0175(5)(c) 		
<p>11. Do individuals have access to food at any time?</p> <p>42 CFR 441.301(c)(4)(vi)(C)</p> <p>42 CFR 441.530(a)(1)(vi)(C)</p> <p>42 CFR 441.710(a)(1)(vi)(C)</p>	<p>HSD AFH: Yes</p> <p>HSD RTF/RTH: Yes</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that individuals have access to food at any time - OAR 411-004-0020(2)(i) - Updated HSD-specific program rules to reflect the requirement that individuals have access to food at any time. Rules reviewed/updated include: <p>HSD AFH:</p> <ul style="list-style-type: none"> - OAR 309-040-0307(2)(j) - OAR 309-040-0385(8) - OAR 309-040-0392(2)(o)(B) - OAR 309-040-0410(1)(e)(O) <p>HSD RTF/RTH:</p> <ul style="list-style-type: none"> - OAR 309-035-0110(4)(j) - OAR 309-035-0165(2)(o)(B) - OAR 309-035-0175(5)(g) - 	<p>Overarching HCBS OARs: Align/Comply</p> <p>HSD OARs: Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>HSD-specific Rules reviewed/updated and effective 09/06/16</p>

<p>12. Are individuals able to have visitors of their choosing at any time? 42 CFR 441.301(c)(4)(vi)(D) 42 CFR 441.530(a)(1)(vi)(D) 42 CFR 441.710(a)(1)(vi)(D)</p>	<p>HSD AFH: Yes</p> <p>HSD RTF/RTH: No</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that individuals are able to have visitors of their choosing at any time - OAR 411-004-0020(2)(h) - Updated HSD-specific program rules to reflect the requirement that individuals are able to have visitors of their choosing at any time. Rules reviewed/updated include: HSD AFH: <ul style="list-style-type: none"> - OAR 309-040-0307(2)(h) - OAR 309-040-0394(2)(o)(C) - OAR 309-040-0410(2)(b) HSD RTF/RTH: <ul style="list-style-type: none"> - OAR 309-035-0110(4)(h) - OAR 309-035-0165(2)(o)(C) - OAR 309-035-0175(5)(b) 	<p>Overarching HCBS OARs: Align/Comply</p> <p>HSD OARs: Align/ Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>HSD-specific Rules reviewed/updated and effective 09/06/16</p>
<p>13. Is the setting physically accessible to the individual? 42 CFR 441.301(c)(4)(vi)(E) 42 CFR 441.530(a)(1)(vi)(E) 42 CFR 441.710(a)(1)(vi)(E)</p>	<p>HSD AFH: Yes</p> <p>HSD RTF/RTH: No</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that the setting is accessible to the individual - OAR 411-004-0020(2)(b) - Updated HSD-specific program rules to reflect the requirement that the setting is accessible to 	<p>Overarching HCBS OARs: Align/Comply</p> <p>HSD OARs: Align/ Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>HSD-specific Rules reviewed/updated and effective 09/06/16</p>

		<p>the individual. Rules reviewed/updated include:</p> <p>HSD AFH:</p> <ul style="list-style-type: none"> - OAR 309-040-0307(2)(a) - OAR 309-040-0365(1)(d), (3) <p>HSD RTF/RTH:</p> <ul style="list-style-type: none"> - OAR 309-035-0110(4)(a) - OAR 309-035-0140(2)(a-c), (3) - OAR 309-035-0175(4)(b) 		
14. Is the residential setting located in a building:				
<p>a. That is also a facility that provides inpatient institutional treatment?</p> <p>42 CFR 441.301(c)(5)(v)</p> <p>42 CFR 441.530(a)(2)(v)</p> <p>42 CFR 441.701(a)(2)(v)</p>	<p>HSD AFH: No</p> <p>HSD RTF/RTH: No</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that the residential setting is not located in a building that is also a facility that provides inpatient institutional treatment - OAR 411-004-0020(7)(e)(A)(i) - Updated HSD-specific program rules to reflect the requirement that the residential setting is not located in a building that is also a facility that provides inpatient institutional treatment. Rules reviewed/updated include: <p>HSD AFH:</p> <ul style="list-style-type: none"> - OAR 309-040-0300(1)(a-b) <p>HSD RTF/RTH:</p> <ul style="list-style-type: none"> - OAR 309-035-0100(1)(a-b) 	<p>Overarching HCBS OARs: Align/Comply</p> <p>HSD OARs: Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>HSD-specific Rules reviewed/updated and effective 09/06/16</p>

<p><i>b. On the grounds of or immediately adjacent to a public institution?</i> 42 CFR 441.301(c)(5)(v) 42 CFR 441.530(a)(2)(v) 42 CFR 441.710(a)(2)(v)</p>	<p>HSD AFH: No</p> <p>HSD RTF/RTH: Yes</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that the residential setting is located in a building that is not on the grounds of or immediately adjacent to a public institution - OAR 411-004-0020(7)(e)(A)(ii) - Updated HSD-specific program rules to reflect the requirement that the residential setting is located in a building that is not on the grounds of or immediately adjacent to a public institution. Rules reviewed/updated include: HSD AFH: - OAR 309-040-0300(1)(a-b) HSD RTF/RTH: - OAR 309-035-0100(1)(a-b) 	<p>Overarching HCBS OARs: Align/Comply</p> <p>HSD OARs: Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>HSD-specific Rules reviewed/updated and effective 09/06/16</p>
<p><i>c. On the grounds of or immediately adjacent to disability-specific housing?</i> 42 CFR 441.301(c)(5)(v) 42 CFR 441.530(a)(2)(v) 42 CFR 441.710(a)(2)(v)</p>	<p>HSD AFH: No</p> <p>HSD RTF/RTH: No</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that the residential setting is located in a building that is not on the grounds of or immediately adjacent to disability-specific housing - OAR 411-004-0020(7)(e), (7)(e)(A)(iii) 	<p>Overarching HCBS OARs: Align/Comply</p> <p>HSD OARs: Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>HSD-specific Rules reviewed/updated and effective 09/06/16</p>

		<ul style="list-style-type: none"> - Updated HSD-specific program rules to reflect the requirement that the residential setting is located in a building that is not on the grounds of or immediately adjacent to disability-specific housing. Rules reviewed/updated include: HSD AFH: - OAR 309-040-0300(1)(a-b) HSD RTF/RTH: - OAR 309-035-0100(1)(a-b) 		
RESIDENTIAL SETTINGS - System Questions				
<p>15. <i>Is the setting selected by the individual from among all available alternatives and is identified in the person-centered service plan?</i> 42 CFR 441.301(c)(4)(ii) 42 CFR 441.530(a)(1)(ii) 42 CFR 441.710(a)(1)(ii)</p>	<p>HSD AFH: Yes</p> <p>HSD RTF/RTH: Yes</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that the residential setting is selected by the individual from among all available alternatives and is identified in the person-centered service plan - OAR 411-004-0020(1)(b), (1)(b)(D) - Updated HSD-specific program rules to reflect the requirement that the residential setting is selected by the individual from among all available alternatives and is identified in the person- 	<p>Overarching HCBS OARs: Align/Comply</p> <p>HSD OARs: Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>HSD-specific Rules reviewed/updated and effective 09/06/16</p>

		<p>centered service plan. Rules reviewed/updated include:</p> <ul style="list-style-type: none"> - HSD AFH: - OAR 309-040-0307(1)(b)(A-C) - OAR 309-040-0390(8)(a)(A-B) - OAR 309-040-0395(1) - HSD RTF/RTH: - OAR 309-035-0110(1)(b)(A-C), (2)(a-c) - OAR 309-035-0190(2)(b)(A-B) 		
<p>16. <i>Is the individual choice regarding services and supports, and who provides them, facilitated?</i> 42 CFR 441.301(c)(4)(v) 42 CFR 441.530(a)(1)(v) 42 CFR 441.710(a)(1)(v)</p>	<p>HSD AFH: Yes</p> <p>HSD RTF/RTH: Yes</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings, including the requirement that the individual's choice regarding services and supports, and who provides them, is facilitated - OAR 411-004-0020(1)(d), (1)(e) - OAR 411-004-0030(1)(h) - Updated HSD-specific program rules to reflect the requirement that the individual's choice regarding services and supports, and who provides them, is facilitated. Rules reviewed/updated include: HSD AFH: <ul style="list-style-type: none"> - OAR 309-040-0307(1)(d-e) - OAR 309-040-0390(7)(h) HSD RTF/RTH: <ul style="list-style-type: none"> - OAR 309-035-0110(1)(e) 	<p>Overarching HCBS OARs: Align/Comply</p> <p>HSD OARs: Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>HSD-specific Rules reviewed/updated and effective 09/06/16</p>

		- OAR 309-035-0190(1)(h)		
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*The updated HSD-specific Rules available on Oregon's Secretary of States website 11/01/2016. The remediation grid will be updated with hyperlinks to the rules at that time.

DHS/APD

Area of Compliance and Regulation	Initial Status (As of 7/2014 for Residential and 9/2015 for Non-Residential)	Remediation Actions <i>[Include Links to OARs and Policies]</i>	OAR Compliance with CFR <i>[Align/Comply, Silent, Conflicts]</i>	Timeline
<p>1. <i>Is the setting integrated into the greater community?</i> 42 CFR 441.301(c)(4)(i) 42 CFR 441.530(a)(1)(i) 42 CFR 441.710(a)(1)(i)</p>	<p>APD AFH: Yes APD RCF/ALF: Yes APD ADS: Yes APD SLP: Yes</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that settings are integrated into the greater community - OAR 411-004-0000(2) - OAR 411-004-0020(1)(a) - OAR 411-004-0030(2)(c)(B) - Updated APD-specific program rules to reflect requirement that settings are integrated into the greater community. Rules reviewed/updated include: <ul style="list-style-type: none"> - APD AFH OAR 411-050-0602(4), (41) OAR 411-050-0645(1)(b)(D) OAR 411-050-0655(9)(a)(l) - APD RCF/ALF OAR 411-054-0000(1), (2) OAR 411-054-0012(4)(c)-(e) - APD Case Management OAR 411-028-0000(1) OAR 411-028-0020(2)(b) - APD Specialized Living OAR 411-065-0000 	<p>Overarching HCBS OARs: Align/Comply</p> <p>APD OARs: Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>APD-specific Rules reviewed/updated and effective 01/01/16</p>

<p>2. Does the setting facilitate the individual's full access to the greater community, in the same manner as individuals without disabilities, including: 42 CFR 441.301(c)(2)(i) & (c)(4)(i) 42 CFR 441.530(a)(1)(ii) 42 CFR 441.710(a)(1)(ii)</p>	<p>APD AFH: Yes APD RCF/ALF: Yes APD ADS: Yes APD SLP: Yes</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that settings facilitate the individual's full access to the greater community, in the same manner as individuals without disabilities - OAR 411-004-0000(2) - OAR 411-004-0020(1)(a), (1)(e), (3) - OAR 411-004-0030(2)(c)(B), (2)(c)(D) - Updated APD-specific program rules to reflect requirement that settings facilitate the individual's full access to the greater community, in the same manner as individuals without disabilities. Rules reviewed/updated include: <ul style="list-style-type: none"> - APD AFH OAR 411-050-0600 OAR 411-050-0602(41), (42) OAR 411-050-0645(1)(b)(D), (1)(f) OAR 411-050-0655(9)(a)(l) - APD RCF/ALF OAR 411-054-0000(1), (2) OAR 411-054-0012(4)(c)-(e) delete - APD Specialized Living OAR 411-065-0046(1) 	<p>Overarching HCBS OARs Align/Comply APD OARs Align/Comply</p>	<p>HCBS rules became effective 01/01/16 APD-specific Rules reviewed/updated and effective 01/01/16</p>
<p>a. Opportunities to seek employment and work in competitive integrated settings?</p>	<p>APD AFH: Yes APD RCF/ ALF: Yes</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that the setting facilitates 	<p>Overarching HCBS OARs Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p>

<p>42 CFR 441.301(c)(2)(i) & (c)(4)(i) 42 CFR 441.530(a)(1)(i) 42 CFR 441.710(a)(1)(i)</p>	<p>APD ADS: Programs for Older Adults or Memory Care – Generally N/A; Programs for People with Disabilities – Yes</p> <p>APD SLP: Yes</p>	<p>opportunities for individuals to seek employment and work in competitive integrated settings</p> <ul style="list-style-type: none"> - OAR 411-004-0000(2)(a) - OAR 411-004-0010(2) - OAR 411-004-0020(1)(a)(A) - OAR 411-004-0030(2)(c)(C) <p>- Updated APD-specific program rules to reflect the requirement that the setting facilitates opportunities for individuals to seek employment and work in competitive integrated settings. Rules reviewed/updated include:</p> <ul style="list-style-type: none"> - APD AFH OAR 411-050-0600 OAR 411-050-0602(41) OAR 411-050-0645(1)(b)(D) - APD RCF/ALF OAR 411-054-0000(2) 	<p>APD OARs Align/Comply</p>	<p>APD-specific Rules reviewed/updated and effective 01/01/16</p>
<p><i>b. Engage in community life?</i> 42 CFR 441.301(c)(2)(i) & (c)(4)(i) 42 CFR 441.530(a)(1)(i) 42 CFR 441.710(a)(1)(i)</p>	<p>APD AFH: Yes</p> <p>APD RCF/ ALF: Yes</p> <p>APD ADS: Yes</p> <p>APD SLP: Yes</p>	<p>- Implement new Home and Community-Based Services and Settings rules, including the requirement that the setting facilitates individuals engagement in community life</p> <p>OAR 411-004-0000(2)(b) OAR 411-004-0020(1)(a)(B) OAR 411-004-0030(2)(c)(D)</p> <p>- Updated APD-specific program rules to reflect the requirement that the</p>	<p>Overarching HCBS OARs Align/Comply</p> <p>APD OARs Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>APD-specific Rules reviewed/updated and effective 01/01/16</p>

		<p>setting facilitates individuals' engagement in community life. Rules reviewed/updated include:</p> <ul style="list-style-type: none"> - APD AFH OAR 411-050-0600 OAR 411-050-0602(41) OAR 411-050-0645(1)(b)(D) OAR 411-050-0655(9)(a)(C),(H),(I) - APD RCF/ALF OAR 411-054-0000(2) OAR 411-054-0027(1)(m)-(n) - APD K-State Plan OAR 411-035-0010(23) - APD Specialized Living OAR 411-065-0046 		
<p>c. Control personal resources? 42 CFR 441.301(c)(2)(i) & (c)(4)(i) 42 CFR 441.530(a)(1)(i) 42 CFR 441.710(a)(1)(i)</p>	<p>APD AFH: Yes APD RCF/ALF: Yes APD ADS: Yes APD SLP: Yes</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that the setting facilitates individuals control personal resources - OAR 411-004-0000(2)(c), (3)(e) - OAR 411-004-0010(14) - OAR 411-004-0020(1)(a)(C) - OAR 411-004-0030(2)(c)(A), (2)(c)(D) - Updated APD-specific program rules to reflect the requirement that the setting facilitates individuals control personal resources. Rules reviewed/updated include: <ul style="list-style-type: none"> - APD AFH OAR 411-050-0600 OAR 411-050-0602(41) 	<p>Overarching HCBS OARs Align/Comply</p> <p>APD OARs Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>APD-specific Rules reviewed/updated and effective 01/01/16</p>

		<p>OAR 411-050-0645(1)(b)(D) OAR 411-050-0655(9)(a)(M) - APD RCF/ALF OAR 411-054-0000(2) OAR 411-054-0027(1)(i) OAR 411-054-0085(8)(a) - APD Specialized Living OAR 411-065-0046</p>		
<p><i>d. Receive services in the community?</i> 42 CFR 441.301(c)(2)(i) & (c)(4)(i) 42 CFR 441.530(a)(1)(i) 42 CFR 441.710(a)(1)(i)</p>	<p>APD AFH: Yes APD RCF/ALF: blank APD ADS: Yes APD SLP: Yes</p>	<p>- Implement new Home and Community-Based Services and Settings rules, including the requirement that settings facilitate individuals receiving services in the community</p> <ul style="list-style-type: none"> - OAR 411-004-0000(2), (2)(d) - OAR 411-004-0010(6), (17) - OAR 411-004-0020(1)(a)(D) - OAR 411-004-0030(2)(c)(D) <p>- Updated APD-specific program rules to reflect the requirement that the setting facilitates individuals receiving services in the community. Rules reviewed/updated include:</p> <ul style="list-style-type: none"> - APD AFH OAR 411-050-0602(41) OAR 411-050-0645(1)(b)(D) - APD RCF/ALF OAR 411-054-0000(2) OAR 411-054-0027(1)(m)-(n) OAR 411-054-0045(2)(b) - APD Case Management OAR 411-028-0010(4) 	<p>Overarching HCBS OARs Align/Comply APD OARs Align/Comply</p>	<p>HCBS rules became effective 01/01/16 APD-specific Rules reviewed/updated and effective 01/01/16</p>

		<p>OAR 411-028-0020(1)(c), (2)(b) - APD In-Home Services OAR 411-030-0002(1), (36) OAR 411-030-0033(2)(a) OAR 411-030-0100(1) - APD Homecare Workers in CEP OAR 411-031-0040(5), (7) - APD Memory Care Communities OAR 411-057-0140(5)(a), (k) - APD Specialized Living OAR 411-065-0046</p>		
<p>3. <i>Are the individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint protected?</i> 42 CFR 441.301(c)(4)(iii) 42 CFR 441.530(a)(1)(iii) 42 CFR 441.710(a)(1)(iii)</p>	<p>APD AFH: Yes APD RCF/ALF: Yes APD ADS: Yes APD SLP: Yes</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that the individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected - OAR 411-004-0020(1)(c), (2) - Per CMS' request, amend overarching Home and Community-Based Services and Settings rule to allow application of individually-based limitations to the rule to an individual's right of freedom from restraint, in accordance with approved 1915(k), and existing ORS and OARs. - Updated APD-specific program rules to reflect the requirement that the individual's essential personal rights 	<p>Overarching HCBS OARs Align/Comply APD OARs Align/Comply AFH ORS (441.739) Align/Comply</p>	<p>HCBS rules became effective 01/01/16 *Amendment to 411-004-0020, and 411-004-0040 with an effective date of 01/01/2017 APD-specific Rules reviewed/updated and effective 01/01/16</p>

		<p>of privacy, dignity and respect, and freedom from coercion and restraint are protected. Rules reviewed/updated include:</p> <ul style="list-style-type: none">- APD AFH OAR 411-050-0602(41),(42) OAR 411-050-0645(1)(b)(D), (1)(e), (7)(b)(A),(B), (7)(d) OAR 411-050-0655(8)(a), (8)(d), (8)(j)(B), (9)(a)(A),(F),(G),(H),(J),(L), (9)(b)(D),(H) OAR 411-050-0665(14)(a), (14)(c)(B) <p><u>ORS 443.738(9) states chemical and physical restraints may only be used to treat a resident's medical symptoms or to maximize a resident's physical functioning. They may not be used for the home's convenience or for discipline.</u></p> <p><u>ORS 443.739(1), (4), (7), and (8) reflect the requirement that the individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected.</u></p> <ul style="list-style-type: none">- APD RCF/ALF OAR 411-054-0000(2) OAR 411-054-0025(7), (10) OAR 411-054-0027(1)(a), (1)(g), (1)(k) OAR 411-054-0060(1)- APD Case Management OAR 411-028-0000(1)- APD In-Home Services OAR 411-030-0002(1) OAR 411-030-0100(1)		
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		<ul style="list-style-type: none"> - APD K-State Plan OAR 411-035-0000(1) OAR 411-035-0010(23) - APD Memory Care Communities OAR 411-057-0100 OAR 411-057-0140(5)(a)-(e) OAR 411-057-0160(1) OAR 411-057-0170(1) - APD Specialized Living OAR 411-065-0046 		
<p>4. <i>Are the individual's initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented?</i></p> <p>42 CFR 441.301(c)(4)(iv) 42 CFR 441.530(a)(1)(iv) 42 CFR 441.701(a)(1)(iv)</p>	<p>APD AFH: Yes</p> <p>APD RCF/ALF: Yes</p> <p>APD ADS: Yes</p> <p>APD SLP: Yes</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that the individual's initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact, are optimized and not regimented OAR 411-004-0000(1), (3)(e) - OAR 411-004-0010(14) - OAR 411-004-0020(1)(d), (1)(e), (2)(f), (2)(i) - OAR 411-004-0030(1)(c), (1)(h) - Updated APD-specific program rules to reflect the requirement that the individual's initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and 	<p>Overarching HCBS OARs Align/Comply</p> <p>APD OARs Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>APD-specific Rules reviewed/updated and effective 01/01/16</p>

		<p>with whom to interact, are optimized and not regimented. Rules reviewed/updated include:</p> <ul style="list-style-type: none"> - APD AFH OAR 411-050-0600 OAR 411-050-0602(41),(42) OAR 411-050-0645(1)(b)(D) OAR 411-050-0655(4)(a)(K),(N), (8)(a), (9)(a)(C),(H),(I),(K), (9)(b)(A-H) - APD RCF/ALF OAR 411-054-0000(1), (2) OAR 411-054-0025(10) OAR 411-054-0027(1) OAR 411-054-0036(6)(a) - APD Case Management OAR 411-028-0000(1) OAR 411-028-0010(4) OAR 411-028-0020(1)(c), (2)(b) - APD In-Home Services OAR 411-030-0002(1) OAR 411-030-0100(1) - APD K-State Plan OAR 411-035-0010(23) OAR 411-035-0015(4) - APD Memory Care Communities OAR 411-057-0160(1), (2)(a), (2)(d) - APD Specialized Living OAR 411-065-0046 - APD Service Priorities OAR 411-015-0008(1)(a)(C), (2)(b)(B) 		
RESIDENTIAL SETTINGS				
5. Is the unit or room a specific physical place that can be owned, rented or	APD AFH: No	- Implement new Home and Community-Based Services and Settings rules, including the	Overarching HCBS OARs Align/Comply	HCBS rules became effective 01/01/16

<p><i>occupied under a legally enforceable agreement that provides the individual, at a minimum, the same responsibilities and protections from eviction that tenants have under the State's landlord tenant laws?</i></p> <p>42 CFR 441.301(c)(4)(vi)(A) 42 CFR 441.530(a)(1)(vi)(A) 42 CFR 441.710(a)(1)(vi)(A)</p>	<p>APD RCF/ALF: Yes</p>	<p>requirement that the unit or room is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement that provides the individual, at a minimum, the same responsibilities and protections from eviction that tenants have under the State's landlord tenant laws</p> <ul style="list-style-type: none"> - OAR 411-004-0010(18), (21) - OAR 411-004-0020(1)(b), (2)(c) - Updated APD-specific program rules to reflect the requirement that the unit or room is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement that provides the individual, at a minimum, the same responsibilities and protections from eviction that tenants have under the State's landlord tenant laws. Rules reviewed/updated include: <ul style="list-style-type: none"> - APD AFH OAR 411-050-0602(41) OAR 411-050-0615(2) OAR 411-050-0645(1)(b)(D) OAR 411-050-0655(9)(b)(A) - APD RCF/ALF OAR 411-054-0000(2) OAR 411-054-0025(10) OAR 411-054-0027(2)(a) - APD In-Home Services 	<p>APD OARs Align/Comply</p>	<p>APD-specific Rules reviewed/updated and effective 01/01/16</p>
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		<p>OAR 411-030-0002(1) OAR 411-030-0033 - APD Memory Care Communities OAR 411-057-0110(24)</p>		
<p>6. Do individuals have privacy in their sleeping or living unit? 42 CFR 441.301(c)(4)(vi)(B) 42 CFR 441.530(a)(1)(vi)(B) 42 CFR 441.710(a)(1)(vi)(B)</p>	<p>APD AFH: Yes* APD RCF/ALF: Yes</p>	<p>- Implement new Home and Community-Based Services and Settings rules, including the requirement that individuals have privacy in their sleeping or living unit</p> <p>- OAR 411-004-0010(21) - OAR 411-004-0020(1)(c), (2)(d)</p> <p>- Updated APD-specific program rules to reflect the requirement that individuals have privacy in their sleeping or living unit. Rules reviewed/updated include:</p> <p>- APD AFH OAR 411-050-0602(41) OAR 411-050-0615(2)(d)(G) OAR 411-050-0645(1)(b)(D) OAR 411-050-0650(4)(d), (4)(e), (5)(d)(A)-(B) OAR 411-050-0655(4)(b)(G), (9)(a)(G) - APD RCF/ALF OAR 411-054-0000(2) OAR 411-054-0025(7) OAR 411-054-0027(1)(a), (1)(g), (1)(j) - APD Specialized Living OAR 411-065-0046(2)(e)</p>	<p>Overarching HCBS OARs Align/Comply</p> <p>APD OARs Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>APD-specific Rules reviewed/updated and effective 01/01/16</p>

<p>7. Do units have lockable entrance doors, with appropriate staff having keys to doors? 42 CFR 441.301(c)(4)(vi)(B)(1) 42 CFR 441.530(a)(1)(vi)(B)(1) 42 CFR 441.710(a)(1)(vi)(B)(1)</p>	<p>APD AFH: No APD RCF: Not always APD ALF: Yes</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings, including the requirement that units have lockable entrance doors, with appropriate staff having keys to doors - OAR 411-004-0020(2)(e) - Updated APD-specific program rules to reflect the requirement that units have lockable entrance doors, with appropriate staff having keys to doors. Rules reviewed/updated include: <ul style="list-style-type: none"> - APD AFH OAR 411-050-0602(41) OAR 411-050-0615(2)(d)(C) OAR 411-050-0645(1)(b)(D) OAR 411-050-0650(4)(e), (5)(c), (5)(d)(A-C) - APD RCF/ALF OAR 411-054-0000(2) OAR 411-054-0020(5)(a) OAR 411-054-0027(1)(g), (1)(j) OAR 411-054-0300(4)(e) 	<p>Overarching HCBS OARs Align/Comply APD OARs Align/Comply</p>	<p>HCBS rules became effective 01/01/16 APD-specific Rules reviewed/updated and effective 01/01/16</p>
<p>8. If individuals share rooms, do they do so only at their choice? 42 CFR 441.301(c)(4)(vi)(B)(2) 42 CFR 441.530(a)(1)(vi)(B)(2) 42 CFR 441.710(a)(1)(vi)(B)(2)</p>	<p>APD AFH: Yes APD RCF/ALF: Yes</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that if individuals share rooms, they do so only at their choice - OAR 411-004-0020(2)(f) - Updated APD-specific program rules to reflect the requirement that if 	<p>Overarching HCBS OARs Align/Comply APD OARs Align/Comply</p>	<p>HCBS rules became effective 01/01/16 APD-specific Rules reviewed/updated and effective 01/01/16</p>

		<p>individuals share rooms, they do so only at their choice. Rules reviewed/updated include:</p> <ul style="list-style-type: none"> - APD AFH OAR 411-050-0602(41) OAR 411-050-0615(2)(d)(D) OAR 411-050-0645(1)(b)(D) OAR 411-050-0655 (4)(b)(D), (9)(b)(E) - APD RCF/ALF OAR 411-054-0000(2) OAR 411-054-0027(1)(g), (1)(j), (2)(d) - APD Service Priorities OAR 411-015-0008(1)(a)(C), (2)(b)(B) 		
<p>9. Do individuals have the freedom to furnish and decorate their sleeping or living units? 42 CFR 441.301(c)(4)(vi)(B)(3) 42 CFR 441.530(a)(1)(vi)(B)(3) 42 CFR 441.710(a)(1)(vi)(B)(3)</p>	<p>APD AFH: Yes APD RCF/ALF: Yes</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that individuals have the freedom to furnish and decorate their sleeping or living units - OAR 411-004-0020(2)(g) - Updated APD-specific program rules to reflect the requirement that individuals have the freedom to furnish and decorate their sleeping or living units. Rules reviewed/updated include: <ul style="list-style-type: none"> - APD AFH OAR 411-050-0602(41) OAR 411-050-0615(2)(d)(E) OAR 411-050-0645(1)(b)(D) OAR 411-050-0655(4)(b)(E), (9)(b)(F) 	<p>Overarching HCBS OARs Align/Comply APD OARs Align/Comply</p>	<p>HCBS rules became effective 01/01/16 APD-specific Rules reviewed/updated and effective 01/01/16</p>

		<ul style="list-style-type: none"> - APD RCF/ALF OAR 411-054-0000(2) OAR 411-054-0027(1)(g), (1)(j), (2)(e) - APD Memory Care Communities OAR 411-057-0170(8)(b) 		
<p>10. Do individuals have the freedom and support to control their own schedules and activities? 42 CFR 441.301(c)(4)(vi)(C) 42 CFR 441.530(a)(1)(vi)(C) 42 CFR 441.710(a)(1)(vi)(C)</p>	<p>APD AFH: Yes APD RCF/ALF: Yes</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that individuals have the freedom and support to control their own schedules and activities - OAR 411-004-0000(3)(e) - OAR 411-004-0010(14) - OAR 411-004-0020(1)(d), (2)(i) - Updated APD-specific program rules to reflect the requirement that individuals have the freedom and support to control their own schedules and activities. Rules reviewed/updated include: <ul style="list-style-type: none"> - APD AFH OAR 411-050-0602(41) OAR 411-050-0615(2)(d)(F) OAR 411-050-0645(1)(b)(D) OAR 411-050-0655(4)(b)(f), (9)(b)(G) - APD RCF/ALF OAR 411-054-0000(2) OAR 411-054-0027(1)(a), (1)(g), (1)(j), (1)(k), (1)(m), (1)(n), (2)(f) - APD In-Home Services OAR 411-030-0040(8)(a) 	<p>Overarching HCBS OARs Align/Comply APD OARs Align/Comply</p>	<p>HCBS rules became effective 01/01/16 APD-specific Rules reviewed/updated and effective 01/01/16</p>

		<ul style="list-style-type: none"> - APD Memory Care Communities OAR 411-057-0160(2)(d) - APD Specialized Living OAR 411-065-0046(2) 		
<p>11. Do individuals have access to food at any time? 42 CFR 441.301(c)(4)(vi)(C) 42 CFR 441.530(a)(1)(vi)(C) 42 CFR 441.710(a)(1)(vi)(C)</p>	<p>APD AFH: Yes APD RCF: Not always APD ALF: Yes</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that individuals have access to food at any time - OAR 411-004-0020(2)(j) - Updated APD-specific program rules to reflect the requirement that individuals have access to food at any time. Rules reviewed/updated include: <ul style="list-style-type: none"> - APD AFH OAR 411-050-0602(41), (42) OAR 411-050-0615(2)(d)(A) OAR 411-050-0645(1)(b)(D), (4)(c)(C) OAR 411-050-0655(4)(b)(A), (8)(a), (9)(b)(B) - APD RCF/ALF OAR 411-054-0000(2) OAR 411-054-0027(1)(g), (1)(j), (2)(b) 	<p>Overarching HCBS OARs Align/Comply</p> <p>APD OARs Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>APD-specific Rules reviewed/updated and effective 01/01/16</p>
<p>12. Are individuals able to have visitors of their choosing at any time? 42 CFR 441.301(c)(4)(vi)(D) 42 CFR 441.530(a)(1)(vi)(D) 42 CFR 441.710(a)(1)(vi)(D)</p>	<p>APD AFH: Yes** APD RCF/ALF: Not defined in OAR</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that individuals are able to have visitors of their choosing at any time - OAR 411-004-0020(2)(h) 	<p>Overarching HCBS OARs Align/Comply</p> <p>APD OARs Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>APD-specific Rules reviewed/updated and effective 01/01/16</p>

		<ul style="list-style-type: none"> - Updated APD-specific program rules to reflect the requirement that individuals are able to have visitors of their choosing at any time. Rules reviewed/updated include: <ul style="list-style-type: none"> - APD AFH OAR 411-050-0602(41) OAR 411-050-0615(2)(d)(B) OAR 411-050-0645(1)(b)(D) OAR 411-050-0655(4)(b)(B), (8)(a), (9)(b)(C) - APD RCF/ALF OAR 411-054-0000(2) OAR 411-054-0027(1)(g), (2)(c) - APD Specialized Living OAR 411-065-0046(2) 		
<p>13. Is the setting physically accessible to the individual? 42 CFR 441.301(c)(4)(vi)(E) 42 CFR 441.530(a)(1)(vi)(E) 42 CFR 441.710(a)(1)(vi)(E)</p>	<p>APD AFH: Yes APD RCF/ALF: Yes</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that the setting is accessible to the individual <ul style="list-style-type: none"> - OAR 411-004-0020(2)(b) - Updated APD-specific program rules to reflect the requirement that the setting is accessible to the individual. Rules reviewed/updated include: <ul style="list-style-type: none"> - APD AFH OAR 411-050-0602(41) OAR 411-050-0645(1)(b)(D) OAR 411-050-0650(1)(a), (1)(e), (5)(f), (5)(s) - APD RCF/ALF OAR 411-054-0000(2) 	<p>Overarching HCBS OARs Align/Comply APD OARs Align/Comply</p>	<p>HCBS rules became effective 01/01/16 APD-specific Rules reviewed/updated and effective 01/01/16</p>

		OAR 411-054-0200(5)(d)-(h) OAR 411-054-0300(5)		
14. Is the residential setting located in a building:				
<p>a. That is also a facility that provides inpatient institutional treatment?</p> <p>42 CFR 441.301(c)(5)(v) 42 CFR 441.530(a)(2)(v) 42 CFR 441.701(a)(2)(v)</p>	<p>APD AFH: No</p> <p>APD RCF/ ALF: No</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that the residential setting is not located in a building that is also a facility that provides inpatient institutional treatment - OAR 411-004-0020(7)(e)(A)(i) - Updated APD-specific program rules to reflect the requirement that the residential setting is not located in a building that is also a facility that provides inpatient institutional treatment. Rules reviewed/updated include: <ul style="list-style-type: none"> - APD AFH <p>OAR 411-050-0602(41), (42) OAR 411-050-0645(1)(b)(D) OAR 411-050-0655(8)(a)</p> <ul style="list-style-type: none"> - APD RCF/ALF <p>OAR 411-054-0000(2)</p>	<p>Overarching HCBS OARs Align/Comply</p> <p>APD OARs Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>APD-specific Rules reviewed/updated and effective 01/01/16</p>
<p>b. On the grounds of or immediately adjacent to a public institution?</p>	<p>APD AFH: Possibly adjacent</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the 	<p>Overarching HCBS OARs Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p>

<p>42 CFR 441.301(c)(5)(v) 42 CFR 441.530(a)(2)(v) 42 CFR 441.710(a)(2)(v)</p>	<p>APD RCF/ALF: In some situations</p>	<p>requirement that the residential setting is located in a building that is not on the grounds of or immediately adjacent to a public institution</p> <ul style="list-style-type: none"> - OAR 411-004-0020(7)(e)(A)(ii) - Updated APD-specific program rules to reflect the requirement that the residential setting is located in a building that is not on the grounds of or immediately adjacent to a public institution. Rules reviewed/updated include: <ul style="list-style-type: none"> - APD AFH <p>OAR 411-050-0602(41), (42) OAR 411-050-0645(1)(b)(D) OAR 411-050-0655(8)(a)</p> <ul style="list-style-type: none"> - APD RCF/ALF <p>OAR 411-054-0000(2)</p>	<p>APD OARs Align/Comply</p>	<p>APD-specific Rules reviewed/updated and effective 01/01/16</p>
<p><i>c. On the grounds of or immediately adjacent to disability-specific housing?</i> 42 CFR 441.301(c)(5)(v) 42 CFR 441.530(a)(2)(v) 42 CFR 441.710(a)(2)(v)</p>	<p>APD AFH: Possibly adjacent APD RCF/ALF: In some situations</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that the residential setting is located in a building that is not on the grounds of or immediately adjacent to disability-specific housing - OAR 411-004-0020(7)(e), (7)(e)(A)(iii) - Updated APD-specific program rules to reflect the requirement that the residential setting is located in a building that is not on the grounds of or immediately adjacent to disability- 	<p>Overarching HCBS OARs Align/Comply APD OARs Align/Comply</p>	<p>HCBS rules became effective 01/01/16 APD-specific Rules reviewed/updated and effective 01/01/16</p>

		<p>specific housing. Rules reviewed/updated include:</p> <ul style="list-style-type: none"> - APD AFH <p>OAR 411-050-0602(41), (42) OAR 411-050-0645(1)(b)(D) OAR 411-050-0655(8)(a)</p> <ul style="list-style-type: none"> - APD RCF/ALF <p>OAR 411-054-0000(2)</p>		
RESIDENTIAL SETTINGS - System Questions				
<p>15. <i>Is the setting selected by the individual from among all available alternatives and is identified in the person-centered service plan?</i> 42 CFR 441.301(c)(4)(ii) 42 CFR 441.530(a)(1)(ii) 42 CFR 441.710(a)(1)(ii)</p>	<p>APD AFH: Yes</p> <p>APD RCF/ALF: Yes</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that the residential setting is selected by the individual from among all available alternatives and is identified in the person-centered service plan - OAR 411-004-0020(1)(b), (1)(b)(D) - Updated APD-specific program rules to reflect the requirement that the residential setting is selected by the individual from among all available alternatives and is identified in the person-centered service plan. Rules reviewed/updated include: <ul style="list-style-type: none"> - APD AFH OAR 411-050-0602(41) OAR 411-050-0615(2) OAR 411-050-0645(1)(b)(D) <ul style="list-style-type: none"> - APD RCF/ALF OAR 411-054-0000(2) 	<p>Overarching HCBS OARs Align/Comply</p> <p>APD OARs Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>APD-specific Rules reviewed/updated and effective 01/01/16</p>

		<ul style="list-style-type: none"> - APD Case Management OAR 411-028-0020(1)(c), (2)(b) - APD Homecare Workers in CEP OAR 411-031-0040(2), (5), (7) - APD K-State Plan OAR 411-035-0015(5) - APD Specialized Living OAR 411-065-0035(1) 		
<p>16. <i>Is the individual choice regarding services and supports, and who provides them, facilitated?</i> 42 CFR 441.301(c)(4)(v) 42 CFR 441.530(a)(1)(v) 42 CFR 441.710(a)(1)(v)</p>	<p>APD AFH: Yes APD RCF/ALF: Yes</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings, including the requirement that the individual's choice regarding services and supports, and who provides them, is facilitated - OAR 411-004-0020(1)(d), (1)(e) - OAR 411-004-0030(1)(h) - Updated APD-specific program rules to reflect the requirement that the individual's choice regarding services and supports, and who provides them, is facilitated. Rules reviewed/updated include: <ul style="list-style-type: none"> - APD AFH OAR 411-050-0602(41) OAR 411-050-0645(1)(b)(D) - APD RCF/ALF OAR 411-054-0000(2) OAR 411-054-0005(10), (16), (63), (67) OAR 411-054-0025(7) OAR 411-054-0027(1)(a)-(b) - APD Case Management OAR 411-028-0010(4) 	<p>Overarching HCBS OARs Align/Comply</p> <p>APD OARs Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>APD-specific Rules reviewed/updated and effective 01/01/16</p>

		<p>OAR 411-028-0020(1)(c), (2)(b) - APD In-Home Services OAR 411-030-0020(10), (11) OAR 411-030-0050(2)(a)-(b) - APD Homecare Workers in CEP OAR 411-031-0040(8) - APD K-State Plan OAR 411-035-0015(4), (5) - APD Memory Care Communities OAR 411-057-0160(2)(a)-(b) - APD Specialized Living OAR 411-065-0035(2), OAR 411-065-0046(2)(a), (b), (i) - APD Service Priorities OAR 411-015-0008(1)(a)(C), (2)(b)(B)</p>		
NON-RESIDENTIAL SETTINGS				
<i>17. Is the setting:</i>				
<p><i>a. Located in a building that provides inpatient institutional treatment?</i> 42 CFR 441.301(c)(5)(v) 42 CFR 441.530(a)(2)(v) 42 CFR 441.710(a)(2)(v)</p>	<p>APD ADS: No APD SLP: No</p>	<p>- Implement new Home and Community-Based Services and Settings rules, including the requirement that the non-residential setting is not located in a building that provides inpatient institutional treatment - OAR 411-004-0000 - OAR 411-004-0020(7), (7)(e)(A)(i), (7)(e)(B) - Updated APD AFH OARs for Definitions to reflect the requirement that the non-residential setting is not located in a building that provides</p>	<p>Overarching HCBS OARs Align/Comply APD OARs Align/Comply</p>	<p>HCBS rules became effective 01/01/16 APD-specific Rules reviewed/updated and effective 01/01/16</p>

		<p>inpatient institutional treatment. Rules reviewed/updated include:</p> <ul style="list-style-type: none"> - APD AFH <p>OAR 411-050-0602(41)</p> <ul style="list-style-type: none"> - APD RCF/ALF <p>OAR 411-054-0000(2)</p> <ul style="list-style-type: none"> - APD Adult Day Services <p>OAR 411-066-0020(6)(e)</p>		
<p><i>b. Located in a building on the grounds of or immediately adjacent to a public or private institution?</i></p> <p>42 CFR 441.301(c)(5)(v) 42 CFR 441.530(a)(2)(v) 42 CFR 441.710(a)(2)(v)</p>	<p>APD ADS: No</p> <p>APD SLP: No</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that the non-residential setting is not located in a building on the grounds of or immediately adjacent to a public or private institution <ul style="list-style-type: none"> - OAR 411-004-0000 - OAR 411-004-0020(7), (7)(e)(A)(ii), (7)(e)(B) <ul style="list-style-type: none"> - Updated APD-specific program rules to reflect the requirement that the non-residential setting is not located in a building on the grounds of or immediately adjacent to a public or private institution. Rules reviewed/updated include: <ul style="list-style-type: none"> - APD AFH <p>OAR 411-050-0602(41)</p> <ul style="list-style-type: none"> - APD RCF/ALF <p>OAR 411-054-0000(2)</p>	<p>Overarching HCBS OARs Align/Comply</p> <p>APD OARs Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>APD-specific Rules reviewed/updated and effective 01/01/16</p>

<p>18. Does the setting have the effect of isolating individuals receiving Medicaid HCBS from the broader community? 42 CFR 441.301(c)(5)(v) 42 CFR 441.530(a)(2)(v) 42 CFR 441.710(a)(2)(v)</p>	<p>APD ADS: No APD SLP: No</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that the non-residential setting does not have the effect of isolating individuals receiving Medicaid HCBS from the broader community - OAR 411-004-0000 - OAR 411-004-0020(1), (7), (7)(e)(A)(iii), (7)(e)(B) - Updated APD-specific program rules to reflect the requirement that the non-residential setting does not have the effect of isolating individuals receiving Medicaid HCBS from the broader community. Rules reviewed/updated include: <ul style="list-style-type: none"> - APD AFH OAR 411-050-0602(41) - APD RCF/ALF OAR 411-054-0000(2) - APD Adult Day Services OAR 411-066-0005(2) OAR 411-066-0020(3) 	<p>Overarching HCBS OARs Align/Comply</p> <p>APD OARs Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>APD-specific Rules reviewed/updated and effective 01/01/16</p>
<p>19. Is the setting physically accessible to the individuals using it? 42 CFR 441.301(c)(4)(vi)(E) 42 CFR 441.530(a)(vi)(E) 42 CFR 441.710(a)(vi)(E)</p>	<p>APD ADS: Yes APD SLP: Yes</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that the non-residential setting is physically accessible to the individuals using it - OAR 411-004-0000 	<p>Overarching HCBS OARs Align/Comply</p> <p>APD OARs Align/ Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>APD-specific Rules reviewed/updated</p>

		<ul style="list-style-type: none">- OAR 411-004-0020(2)(b)- Update APD-specific program rules to reflect the requirement that the non-residential setting is physically accessible to the individuals using it. Rules reviewed/updated include:<ul style="list-style-type: none">- APD AFH <p>OAR 411-050-0602(41)</p> <ul style="list-style-type: none">- APD RCF/ALF <p>OAR 411-054-0000(2)</p> <ul style="list-style-type: none">- APD Adult Day Services <p>OAR 411-066-0020(4)</p>		and effective 01/01/16
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NON-RESIDENTIAL SETTINGS – System Questions				
<p>20. <i>Is the non-residential service setting selected by the individual from among setting options that include non-disability specific settings and are the setting options identified and documented in the person-centered service plan?</i></p> <p>42 CFR 441.301(c)(4)(ii) 42 CFR 441.530(a)(1)(ii) 42 CFR 441.710(a)(1)(ii)</p>	<p>APD ADS: Yes</p> <p>APD SLP: Yes</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that the non-residential setting is selected by the individual from among setting options that include non-disability specific settings and are the setting options identified and documented in the person-centered service plan - OAR 411-004-0000 - OAR 411-004-0020(1), (1)(b) - Updated APD-specific program rules to reflect the requirement that the non-residential setting is selected by the individual from among setting options that include non-disability specific settings and are the setting options identified and documented in the person-centered service plan. Rules reviewed/updated include: <ul style="list-style-type: none"> - APD Case Management <p>OAR 411-028-0010(4) OAR 411-028-0020(1)(c), (2)(b)</p>	<p>Overarching HCBS OARs Align/Comply</p> <p>APD OARs Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>APD-specific Rules reviewed/updated and effective 01/01/16</p>
<p>21. <i>Does the setting facilitate individual choice regarding services and supports, and who provides them?</i></p> <p>42 CFR 441.301(c)(4)(v) 42 CFR 441.530(a)(1)(v) 42 CFR 441.710(a)(1)(v)</p>	<p>APD ADS: Yes</p> <p>APD SLP: Yes</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules, including the requirement that the non-residential setting facilitates individual choice regarding services and supports, and who provides them - OAR 411-004-0010(17) - OAR 411-004-0020(1)(e), (2) 	<p>Overarching HCBS OARs Align/Comply</p> <p>APD OARs Align/Comply</p>	<p>HCBS rules became effective 01/01/16</p> <p>APD-specific Rules reviewed/updated and effective 01/01/16</p>

		<ul style="list-style-type: none"> - OAR 411-004-0030(2)(c)(H), (2)(c)(P) - Updated APD-specific program rules to reflect the requirement that the non-residential setting facilitates individual choice regarding services and supports, and who provides them. Rules reviewed/updated include: <ul style="list-style-type: none"> - APD Case Management <p>OAR 411-028-0000(1) OAR 411-028-0010(4) OAR 411-028-0020(1)(c), (2)(b)</p> <ul style="list-style-type: none"> - APD Service Priorities <p>OAR 411-015-0008(1)(a)(C), (2)(b)(B)</p>		
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*1 or 2 individuals may share a bedroom

*Unless visiting hours are limited as disclosed in house policies

ACRONYM KEY

APD ADS = Certified Adult Day Services
APD AFH = Adult Foster/Group Home
APD ALF = Assisted Living Facility
APD CCRC = Continuing Care Retirement Community
APD CEP = Consumer-Employed Provider Program
APD RCF = Residential Care Facility
APD SLP = Contracted/Specialized Living Program

DHS/ODDS

Area of Compliance and Regulation	Initial Status	Remediation Actions <i>[Include Links to OARs and Policies]</i>	Current Status- OAR Compliance w/CFR <i>[Align/Comply, Silent, or Conflicts]</i>	Timeline
<p>1. <i>Is the setting integrated into the greater community?</i> 42 CFR 441.301(c)(4)(i) 42 CFR 441.530(a)(1)(i) 42 CFR 441.710(a)(1)(i)</p>	<p>DD AFH: Yes</p> <p>DD Group Homes: Yes</p> <p>DD Certified Employment Services: Yes*</p> <p>DD Certified Day Services: Yes*</p>	<ul style="list-style-type: none"> • Implement new Home and Community-Based Services and Settings rules, including the requirement that settings are integrated- <ul style="list-style-type: none"> - OAR 411-004-0000(2) - OAR 411-004-0020(1)(a) - OAR 411-004-0030(2)(c)(B) • Update DD specific program, service and setting rules to reflect requirement of community-integrated settings. Rules updated to reflect integration requirement include: <ul style="list-style-type: none"> - Case Management Services OAR 411-415-0070(1)(a);(f) OAR 411-415-0090(2)(b)(H) - Agency Certification and Endorsement to Provide Developmental Disabilities Services in Community-Based Settings OAR 411-323-0030(1)(b);(3);(4)(a)(C) OAR 411-323-0035 (1)(c);(3)(a);(4)(a)(B) - Community Living Supports 	<p>Align/Comply</p>	<p>HCBS rule created 1/1/16</p> <p>DD Specific rules updated 1/1/16 & 6/28/16</p>

		<p>OAR 411-450-0050(8)(p) OAR 411-450-0060(5)(b)(B)</p> <ul style="list-style-type: none"> - Employment Services for Individuals with Intellectual or Developmental Disabilities <p>OAR 411-345-0010(3):(4)(d) OAR 411-345-0020(2) OAR 411-345-0025;(3):(5):(8)(e)(f);(10)(a)(A)(i)(iii):(10)(a)(B):(10)(b)(c):(10)(c)(D)(F); (10)(G) OAR 411-345-0140(2)(b) OAR 411-345-0160(5)(c)</p> <ul style="list-style-type: none"> • Oregon Revised Statutes (ORS) provides additional requirements to reinforce HCBS standards for individuals receiving services: <ul style="list-style-type: none"> - ORS 427.007(1)(a) - ORS 427.007(4) 		
<p>2. Does the setting facilitate the individual's full access to the greater community, in the same manner as individuals without disabilities, including: 42 CFR 441.301(c)(2)(i) & (c)(4)(i) 42 CFR 441.530(a)(1)(ii) 42 CFR 441.710(a)(1)(ii)</p>	<p>DD AFH: Yes DD Group Homes: Yes DD Certified Employment Services: Yes* DD Certified Day Services: Yes*</p>	<ul style="list-style-type: none"> • Implement new Home and Community-Based Services and Settings rules, including the requirement that settings facilitate access to the greater community- <ul style="list-style-type: none"> - OAR 411-004-0000(2) - OAR 411-004-0020(1)(a); (1)(e); (3) - OAR 411-004-0030(2)(c)(B), (2)(c)(D) • Update DD specific program, service and setting rules to reflect requirement that settings facilitate access to the 	<p>Align/Comply</p>	<p>HCBS rule created 1/1/16 DD Specific rules updated 1/1/16 & 6/28/16</p>

greater community. Rules updated include:

- Case Management Services

[OAR 411-415-0070\(1\)\(a\):\(f\)](#)

[OAR 411-415-0090\(2\)\(b\)\(H\)](#)

- Agency Certification and Endorsement to Provide Developmental Disabilities Services in Community-Based Settings

[OAR 411-323-0030\(1\)\(b\):\(3\):\(4\)\(a\)\(C\)](#)

[OAR 411-323-0035 \(1\)\(c\):\(3\)\(a\):\(4\)\(a\)\(B\)](#)

- Community Living Supports

[OAR 411-450-0050\(8\)\(p\)](#)

[OAR 411-450-0060\(5\)\(b\)\(B\)](#)

- Individual Rights, Complaints, Notification of Planned Action, and Contested Case Hearings for Developmental Disabilities Services

[OAR 411-318-0010\(1\)\(i\):\(o\)](#)

[OAR 411-318-0010\(3\)](#)

- Employment Services for Individuals with Intellectual or Developmental Disabilities

[OAR 411-345-0010\(3\):\(4\)\(d\)](#)

[OAR 411-345-0020\(2\)](#)

[OAR 411-345-0025:\(3\):\(5\):\(8\)\(e\)\(f\):](#)

[\(10\)\(a\)\(A\)\(i\)\(iii\):\(10\)\(a\)\(B\):\(10\)\(b\)\(c\):](#)

[\(10\)\(c\)\(D\)\(F\): \(10\)\(G\)](#)

[OAR 411-345-0140\(2\)\(b\)](#)

[OAR 411-345-0160\(5\)\(c\)](#)

- Oregon Revised Statutes (ORS) provides additional requirements to reinforce HCBS standards for individuals receiving services:

		<ul style="list-style-type: none"> - Community Living Supports OAR 411-450-0050(8)(p) OAR 411-450-0060(5)(b)(B) - Employment Services for Individuals with Intellectual or Developmental Disabilities OAR 411-345-0010(3);(4)(d) OAR 411-345-0020(2) OAR 411-345-0025(1)-(5);(8)(e)(f) OAR 411-345-0025(10)(a)(A)(i)(iii);(a)(B);(b)(c);(c)(D)(F);(d);(G) OAR 411-345-0140(2)(b) OAR 411-345-0160(5)(c) • Oregon Revised Statutes (ORS) provides additional requirements to reinforce HCBS standards for individuals receiving services: <ul style="list-style-type: none"> - ORS 427.007(1)(a) - ORS 427.007(4) 		
<p><i>b. Engage in community life?</i> 42 CFR 441.301(c)(2)(i) & (c)(4)(i) 42 CFR 441.530(a)(1)(i) 42 CFR 441.710(a)(1)(i)</p>	<p>DD AFH: Yes</p> <p>DD Group Homes: Yes</p> <p>DD Certified Employment Services: Yes</p> <p>DD Certified Day Services: Yes</p>	<ul style="list-style-type: none"> • Implement new Home and Community-Based Services and Settings rules, including the requirement that settings support individuals to engage in community life- <ul style="list-style-type: none"> - OAR 411-004-0000(2)(b) - OAR 411-004-0020(1)(a)(B) - OAR 411-004-0030(2)(c)(D) • Update DD specific program, service and setting rules to reflect requirement that settings support individuals to 	<p>Align/Comply</p>	<p>HCBS rule created 1/1/16</p> <p>DD Specific rules updated</p>

		<p>engage in community life. Rules updated include:</p> <ul style="list-style-type: none">- Case Management Services OAR 411-415-0070(1)(a):(f) OAR 411-415-0090(2)(b)(H)- Agency Certification and Endorsement to Provide Developmental Disabilities Services in Community-Based Settings OAR 411-323-0030(1)(b):(3):(4)(a)(C) OAR 411-323-0035 (1)(c):(3)(a):(4)(a)(B)- Community Living Supports OAR 411-450-0050(8)(p) OAR 411-450-0060(5)(b)(B)- Individual Rights, Complaints, Notification of Planned Action, and Contested Case Hearings for Developmental Disabilities Services OAR 411-318-0010(1)(i):(o) OAR 411-318-0010(3)- Employment Services for Individuals with Intellectual or Developmental Disabilities OAR 411-345-0010(3):(4)(d) OAR 411-345-0020(2) OAR 411-345-0025(3):(5):(8)(e)(f) OAR 411-345-0025(10)(a)(A)(i)(iii):(a)(B):(b)(c):(c)(D)(F):(G) OAR 411-345-0140(2)(b) OAR 411-345-0160(5)(c) <ul style="list-style-type: none">• Oregon Revised Statutes (ORS) provides additional requirements to reinforce HCBS standards for individuals receiving services:		<p>1/1/16 & 6/28/16</p>
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		<ul style="list-style-type: none"> - ORS 427.007(1)(a) - ORS 427.007(4) 		
<p>c. Control personal resources? 42 CFR 441.301(c)(2)(i) & (c)(4)(i) 42 CFR 441.530(a)(1)(i) 42 CFR 441.710(a)(1)(i)</p>	<p>DD AFH: Yes</p> <p>DD Group Homes: Yes</p> <p>DD Certified Employment Services: Yes</p> <p>DD Certified Day Services: Yes</p>	<ul style="list-style-type: none"> • Implement new Home and Community-Based Services and Settings rules, including the requirement that settings support individuals to control personal resources- <ul style="list-style-type: none"> - OAR 411-004-0000(2)(c); (3)(e) - OAR 411-004-0010(14) - OAR 411-004-0020(1)(a)(C) - OAR 411-004-0030(2)(c)(A), (2)(c)(D) • Update DD specific program, service and setting rules to reflect requirement that settings support individuals to control personal resources. Rules updated include: <ul style="list-style-type: none"> - Case Management Services OAR 411-415-0070(1)(a);(f) OAR 411-415-0090(2)(b)(H) - Agency Certification and Endorsement to Provide Developmental Disabilities Services in Community-Based Settings OAR 411-323-0030(1)(b);(3);(4)(a)(C) OAR 411-323-0035 (1)(c);(3)(a);(4)(a)(B) - Community Living Supports OAR 411-450-0050(8)(p) OAR 411-450-0060(5)(b)(B) - Individual Rights, Complaints, Notification of Planned Action, and 	Align/Comply	<p>HCBS rule created 1/1/16</p> <p>DD Specific rules updated 1/1/16 & 6/28/16</p>

		<p>Contested Case Hearings for Developmental Disabilities Services</p> <p>OAR 411-318-0010(1)(k);(m) OAR 411-318-0010(3)</p> <ul style="list-style-type: none"> - Employment Services for Individuals with Intellectual or Developmental Disabilities <p>OAR 411-345-0010(3);(4)(d) OAR 411-345-0025(3) OAR 411-345-0140(2)(b) OAR 411-345-0160(5)(c)</p> <ul style="list-style-type: none"> • Oregon Revised Statutes (ORS) provides additional requirements to reinforce HCBS standards for individuals receiving services: <ul style="list-style-type: none"> - ORS 427.007(1)(a) - ORS 427.007(4) 		
<p><i>d. Receive services in the community?</i> 42 CFR 441.301(c)(2)(i) & (c)(4)(i) 42 CFR 441.530(a)(1)(i) 42 CFR 441.710(a)(1)(i)</p>	<p>DD AFH: Yes</p> <p>DD Group Homes: Yes</p> <p>DD Certified Employment Services: Yes</p> <p>DD Certified Day Services: Yes</p>	<ul style="list-style-type: none"> • Implement new Home and Community-Based Services and Settings rules, including the requirement that settings support individuals to receive services in the community- <ul style="list-style-type: none"> - OAR 411-004-0000(2);(2)(d) - OAR 411-004-0010(6), (17) - OAR 411-004-0020(1)(a)(D) - OAR 411-004-0030(2)(c)(D) • Update DD specific program, service and setting rules to reflect requirement that settings support individuals to 	<p>Align/Comply</p>	<p>HCBS rule created 1/1/16</p> <p>DD Specific rules updated</p>

		<p>receive services in the community. Rules updated include:</p> <ul style="list-style-type: none">- Case Management Services OAR 411-415-0070(1)(a):(f) OAR 411-415-0090(2)(b)(H)- Agency Certification and Endorsement to Provide Developmental Disabilities Services in Community-Based Settings OAR 411-323-0030(1)(b):(3):(4)(a)(C) OAR 411-323-0035 (1)(c):(3)(a):(4)(a)(B)- Community Living Supports OAR 411-450-0050(8)(p) OAR 411-450-0060(5)(b)(B)- Individual Rights, Complaints, Notification of Planned Action, and Contested Case Hearings for Developmental Disabilities Services OAR 411-318-0010(1)(i):(o) OAR 411-318-0010(3)- Employment Services for Individuals with Intellectual or Developmental Disabilities OAR 411-345-0010(3):(4)(d) OAR 411-345-0020(2) OAR 411-345-0025(3):(5):(8)(e)(f) OAR 411-345-0025(10)(a)(A)(i)(iii):(a)(B):(b)(c):(c)(D)(F):(G) OAR 411-345-0140(2)(b) OAR 411-345-0160(5)(c) <ul style="list-style-type: none">• Oregon Revised Statutes (ORS) provides additional requirements to reinforce HCBS standards for individuals receiving services:		1/1/16 & 6/28/16
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		<ul style="list-style-type: none"> - ORS 427.007(1)(a) - ORS 427.007(4) 		
<p>3. <i>Are the individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint protected?</i> 42 CFR 441.301(c)(4)(iii) 42 CFR 441.530(a)(1)(iii) 42 CFR 441.710(a)(1)(iii)</p>	<p>DD AFH: Yes DD Group Homes: Yes DD Certified Employment Services: Yes DD Certified Day Services: Yes</p>	<ul style="list-style-type: none"> - Implement new Home and Community-Based Services and Settings rules protecting individual rights- - OAR 411-004-0020(1)(c); (2) - *Per CMS' request, amend overarching Home and Community-Based Services and Settings rule to allow application of individually-based limitations to the rule to an individual's right of freedom from restraint, in accordance with approved 1915(k), and existing ORS and OARs. - Update DD specific program, service and setting rules to further clarify and better reflect the protection of the individual's essential personal rights. Rules updated include: <ul style="list-style-type: none"> - Case Management Services OAR 411-415-0030(3) OAR 411-415-0070(1)(a);(f) OAR 411-415-0090(2)(b)(H) - Agency Certification and Endorsement to Provide Developmental Disabilities Services in Community-Based Settings OAR 411-323-0030(1)(b);(3);(4)(a)(C) OAR 411-323-0035 (1)(c);(3)(a);(4)(a)(B) - Community Living Supports 	<p>Align/Comply</p>	<p>HCBS rule created 1/1/16 *Amendment to 411-004-0020, and 411-004-0040 with an effective date of 01/01/2017</p> <p>DD Specific rules updated 1/1/16 & 6/28/16</p>

		<p>OAR 411-450-0050(8)(p) OAR 411-450-0060(5)(b)(B)</p> <ul style="list-style-type: none">- Individual Rights, Complaints, Notification of Planned Action, and Contested Case Hearings for Developmental Disabilities Services <p>OAR 411-318-0010(1)(a)-(g) OAR 411-318-0010(3)</p> <ul style="list-style-type: none">- Employment Services for Individuals with Intellectual or Developmental Disabilities <p>OAR 411-345-0010(3):(4)(d) OAR 411-345-0025(3) OAR 411-345-0140(2)(b) OAR 411-345-0160(5)(c)</p> <ul style="list-style-type: none">- Oregon Revised Statutes (ORS) provides additional requirements to reinforce HCBS standards for individuals receiving services:<ul style="list-style-type: none">- ORS 427.007(1)(a)- ORS 427.007(4)- ORS 443.738(9)- ORS 443.739(1), (4), (7), and (8)		
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		<ul style="list-style-type: none"> - Employment Services for Individuals with Intellectual or Developmental Disabilities OAR 411-345-0010(3):(4)(d) OAR 411-345-0025(3):(8)(e)(f) OAR 411-345-0140(2)(b) OAR 411-345-0160(5)(c) • Oregon Revised Statutes (ORS) provides additional requirements to reinforce HCBS standards for individuals receiving services: <ul style="list-style-type: none"> - ORS 427.007(1)(a) - ORS 427.007(4) 		
RESIDENTIAL SETTINGS				
<p>5. Is the unit or room a specific physical place that can be owned, rented or occupied under a legally enforceable agreement that provides the individual, at a minimum, the same responsibilities and protections from eviction that tenants have under the State's landlord tenant laws? 42 CFR 441.301(c)(4)(vi)(A) 42 CFR 441.530(a)(1)(vi)(A) 42 CFR 441.710(a)(1)(vi)(A)</p>	<p>DD AFH and DD Group Homes: OARS have protections re: notice of exit which serve as eviction, but there is no legal residency agreement required</p>	<ul style="list-style-type: none"> • Implement new Home and Community-Based Services and Settings rules specifically requiring written residency agreements for provider-owned, controlled, or operated residential service settings- <ul style="list-style-type: none"> - OAR 411-004-0010(18), (21) - OAR 411-004-0020(1)(b), (2)(c) • Most provider-owned or controlled settings in the DD system are exempt per statute from landlord tenant laws. DD settings rules reflect notice of exit requirements that are comparable to landlord tenant law eviction processes and protections. 	<p>Align/Comply</p>	<p>HCBS rule created 1/1/16</p> <p>DD Specific rules updated 1/1/16 & 6/28/16</p>

- Update DD specific setting rules to reflect the requirement of a legally enforceable agreement that provides protections from eviction, process, and appeals. (Existing rules reflected conditions for exit notice, process, timelines, and appeal rights). Updated rules include:
 - Individual Rights, Complaints, Notification of Planned Action, and Contested Case Hearings for Developmental Disabilities Services
[OAR 411-318-0010\(4\)](#)
 - Agency Certification and Endorsement to Provide Developmental Disabilities Services in Community-Based Settings
[OAR 411-323-0030\(1\)\(b\):\(3\):\(4\)\(a\)\(C\)](#)
[OAR 411-323-0035 \(1\)\(c\):\(3\)\(a\):\(4\)\(a\)\(B\)](#)
 - 24-Hour Residential Programs and Settings for Children and Adults with Intellectual or Developmental Disabilities
[OAR 411-325-0040\(3\)\(c\)](#)
[OAR 411-325-0030\(1\)](#)
 - Adult Foster Homes for Individuals with Intellectual or Developmental Disabilities
[OAR 411-360-0050\(4\)\(r\)](#)
[OAR 411-360-0055\(3\)](#)
[OAR 411-360-0170\(7\)](#)
 - Supported Living Programs for Adults with Intellectual or Developmental Disabilities

		<p>OAR 411-328-0625(3)</p> <ul style="list-style-type: none"> Additional clarifying language will be added to program, service and setting administrative rules to more closely align with components of Oregon landlord tenant law, expanding timelines of notice requirements and allowing for the individual to remediate the conditions upon which a notice of exit is issued. 		<p>Updates to occur 6/2017</p>
<p>6. Do individuals have privacy in their sleeping or living unit? 42 CFR 441.301(c)(4)(vi)(B) 42 CFR 441.530(a)(1)(vi)(B) 42 CFR 441.710(a)(1)(vi)(B)</p>	<p>DD AFH: Yes DD Group Homes: Yes</p>	<ul style="list-style-type: none"> Implement new Home and Community-Based Services and Settings rules addressing privacy in personal quarters of the individual for provider-owned, controlled, or operated residential service settings- <ul style="list-style-type: none"> - OAR 411-004-0010(21) - OAR 411-004-0020(1)(c), (2)(d) Privacy is considered an essential right of all individuals regardless of setting. Privacy is addressed in DD specific rules. The following rules explicitly state the right to privacy of individuals or reference the home and community-based services and setting and/or individual rights rules: <ul style="list-style-type: none"> - Agency Certification and Endorsement to Provide Developmental Disabilities Services in Community-Based Settings <p>OAR 411-323-0030(1)(b);(3);(4)(a)(C)</p>	<p>Align/Comply</p>	<p>HCBS rule created 1/1/16</p> <p>DD Specific rules updated 1/1/16; 2/23/16; & 6/28/16</p>

		<p>OAR 411-323-0035(1)(c);(3)(a);(4)(a)(B)</p> <ul style="list-style-type: none"> - Individual Rights, Complaints, Notification of Planned Action, and Contested Case Hearings for Developmental Disabilities Services <p>OAR 411-318-0010(1)(g) OAR 411-318-0010(3)</p> <ul style="list-style-type: none"> - 24-Hour Residential Programs and Settings for Children and Adults with Intellectual or Developmental Disabilities <p>OAR 411-325-0300(2)</p> <ul style="list-style-type: none"> - Adult Foster Homes for Individuals with Intellectual or Developmental Disabilities <p>OAR 411-360-0170(11)(a)(I);(J) OAR 411-360-0170(11)(f);(g)</p> <ul style="list-style-type: none"> - Supported Living Programs for Adults with Intellectual or Developmental Disabilities <p>OAR 411-328-0720(1)</p> <ul style="list-style-type: none"> - Foster Homes for Children with Intellectual or Developmental Disabilities <p>OAR 411-346-0190(2)</p>		
<p>7. Do units have lockable entrance doors, with appropriate staff having keys to doors? 42 CFR 441.301(c)(4)(vi)(B)(1) 42 CFR 441.530(a)(1)(vi)(B)(1) 42 CFR 441.710(a)(1)(vi)(B)(1)</p>	<p>DD AFH: No DD Group Homes: No</p>	<ul style="list-style-type: none"> • Implement new Home and Community-Based Services and Settings rules requiring lockable doors on units in provider-owned, controlled, or operated residential service settings- - OAR 411-004-0020(2)(e) 	<p>Align/Comply</p>	<p>HCBS rule created 1/1/16</p>

		<ul style="list-style-type: none"> • DD Program, service and setting rules required updates to specifically address the expectation of locks available to individuals. Rules were updated to align with the global HCBS rule as well as setting rules which express the expectation of locks (with clarification that such locks must be single-action release for safety). The following rule updates reflect the new requirement: • Individual Rights, Complaints, Notification of Planned Action, and Contested Case Hearings for Developmental Disabilities Services OAR 411-318-0010(4) • Agency Certification and Endorsement to Provide Developmental Disabilities Services in Community-Based Settings OAR 411-323-0030(1)(b):(3):(4)(a)(C) OAR 411-323-0035 (1)(c):(3)(a):(4)(a)(B) • 24-Hour Residential Programs and Settings for Children and Adults with Intellectual or Developmental Disabilities OAR 411-325-0150(6)(d) OAR 411-325-0430(7)(a)(C) • Adult Foster Homes for Individuals with Intellectual or Developmental Disabilities OAR 411-360-0130(4)(d) 		<p>DD Specific rules updated 1/1/16; 2/23/16; & 6/28/16</p>
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		<ul style="list-style-type: none"> Supported Living Programs for Adults with Intellectual or Developmental Disabilities OAR 411-328-0625(4)(a)(C) DD Children's Foster Homes had substantive changes to the administrative rules to reflect the new HCBS requirements. The previous prohibition on locks on bedroom doors was removed and language addressing locking bedroom doors as an option for children was added. This is reflected in: Foster Homes for Children with Intellectual or Developmental Disabilities OAR 411-346-0200(3)(d)(C) 		
<p>8. If individuals share rooms, do they do so only at their choice? 42 CFR 441.301(c)(4)(vi)(B)(2) 42 CFR 441.530(a)(1)(vi)(B)(2) 42 CFR 441.710(a)(1)(vi)(B)(2)</p>	<p>DD AFH: Yes DD Group Homes: Yes</p>	<ul style="list-style-type: none"> Implement new Home and Community-Based Services and Settings rules addressing choice in bedroom roommate for individuals sharing bedrooms in provider-owned, controlled, or operated residential service settings- - OAR 411-004-0020(2)(f) DD Program, service and setting rules required updated language to reflect that individuals have a choice in roommate for shared bedroom situations. The rule updates are 	<p>Align/Comply</p>	<p>HCBS rule created 1/1/16 DD Specific rules updated 1/1/16; & 6/28/16</p>

		<p>reflected specifically in the following setting rules:</p> <ul style="list-style-type: none">• Individual Rights, Complaints, Notification of Planned Action, and Contested Case Hearings for Developmental Disabilities Services OAR 411-318-0010(4)• Agency Certification and Endorsement to Provide Developmental Disabilities Services in Community-Based Settings OAR 411-323-0030(1)(b);(3);(4)(a)(C) OAR 411-323-0035 (1)(c);(3)(a);(4)(a)(B)• 24-Hour Residential Programs and Settings for Children and Adults with Intellectual or Developmental Disabilities OAR 411-325-0150(6)(c) OAR 411-325-0430(7)(a)(D)• Adult Foster Homes for Individuals with Intellectual or Developmental Disabilities OAR 411-360-0130(4)(b)• Supported Living Programs for Adults with Intellectual or Developmental Disabilities OAR 411-328-0625(4)(a)(D)		
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<p>9. Do individuals have the freedom to furnish and decorate their sleeping or living units? 42 CFR 441.301(c)(4)(vi)(B)(3) 42 CFR 441.530(a)(1)(vi)(B)(3) 42 CFR 441.710(a)(1)(vi)(B)(3)</p>	<p>DD AFH: Yes DD Group Homes: Yes</p>	<ul style="list-style-type: none"> • Implement new Home and Community-Based Services and Settings rules specifying that individuals have the freedom and support to furnish and decorate units in provider-owned, controlled, or operated residential service settings- <ul style="list-style-type: none"> - OAR 411-004-0020(2)(g) • DD Program, service and setting rules required updated language to reflect that individuals have a choice in roommate for shared bedroom situations. The rule updates are reflected specifically in the following setting rules: <ul style="list-style-type: none"> - Individual Rights, Complaints, Notification of Planned Action, and Contested Case Hearings for Developmental Disabilities Services OAR 411-318-0010(4) - Agency Certification and Endorsement to Provide Developmental Disabilities Services in Community-Based Settings OAR 411-323-0030(1)(b);(3);(4)(a)(C) OAR 411-323-0035 (1)(c);(3)(a);(4)(a)(B) - 24-Hour Residential Programs and Settings for Children and Adults with Intellectual or Developmental Disabilities OAR 411-325-0220(2) OAR 411-325-0430(7)(a)(E) 	<p>Align/Comply</p>	<p>HCBS rule created 1/1/16</p> <p>DD Specific rules updated 1/1/16; & 6/28/16</p>
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		<ul style="list-style-type: none"> - Adult Foster Homes for Individuals with Intellectual or Developmental Disabilities OAR 411-360-0055(3)(a)(B) OAR 411-360-0130(4)(c) - Supported Living Programs for Adults with Intellectual or Developmental Disabilities OAR 411-328-0625(4)(a)(E) - Foster Homes for Children with Intellectual or Developmental Disabilities OAR 411-346-0200(3)(d)(H) 		
<p>10. Do individuals have the freedom and support to control their own schedules and activities? 42 CFR 441.301(c)(4)(vi)(C) 42 CFR 441.530(a)(1)(vi)(C) 42 CFR 441.710(a)(1)(vi)(C)</p>	<p>DD AFH: Yes DD Group Homes: Yes</p>	<ul style="list-style-type: none"> • Implement new Home and Community-Based Services and Settings rules specifying that individuals have the freedom and support to control their own schedules and activities in provider-owned, controlled, or operated residential service settings- <ul style="list-style-type: none"> - OAR 411-004-0000(3)(e) - OAR 411-004-0010(14) - OAR 411-004-0020(1)(d), (2)(i) • Supporting self-direction and autonomy have been established concepts in Oregon's DD service system. Substantive rule changes were not necessary to address individual's freedom and support to control schedules and activities. The following rules reflect expectations that support 	<p>Align/Comply integration requirements</p>	<p>HCBS rule created 1/1/16 DD Specific rules updated 1/1/16; & 6/28/16</p>

the individual's freedom and support to control their own schedule and activities:

- Individual Rights, Complaints, Notification of Planned Action, and Contested Case Hearings for Developmental Disabilities Services

[OAR 411-318-0010\(1\)\(o\)-\(r\);\(w\)](#)

[OAR 411-318-0010\(4\)](#)

- Agency Certification and Endorsement to Provide Developmental Disabilities Services in Community-Based Settings

[OAR 411-323-0030\(1\)\(b\);\(3\);\(4\)\(a\)\(C\)](#)

[OAR 411-323-0035 \(1\)\(c\);\(3\)\(a\);\(4\)\(a\)\(B\)](#)

- 24-Hour Residential Programs and Settings for Children and Adults with Intellectual or Developmental Disabilities

[OAR 411-325-0300\(2\)](#)

[OAR 411-325-0430\(7\)\(a\)\(F\)](#)

- Adult Foster Homes for Individuals with Intellectual or Developmental Disabilities

[OAR 411-360-130\(5\)\(c\)](#)

[OAR 411-360-0170\(5\)\(F\)](#)

[OAR 411-360-0170\(11\)\(f\)\(g\)](#)

- Supported Living Programs for Adults with Intellectual or Developmental Disabilities

[OAR 411-328-0625\(4\)\(a\)\(F\)](#)

- Foster Homes for Children with Intellectual or Developmental Disabilities

		<p>OAR 411-346-0190(1)(a)-(e)</p>		
<p>11. Do individuals have access to food at any time? 42 CFR 441.301(c)(4)(vi)(C) 42 CFR 441.530(a)(1)(vi)(C) 42 CFR 441.710(a)(1)(vi)(C)</p>	<p>DD AFH and DD Group Homes: Not defined in OAR</p>	<ul style="list-style-type: none"> • Implement new Home and Community-Based Services and Settings rules specifying that individuals have the freedom and support to have access to food at any time in provider-owned, controlled, or operated residential service settings- <ul style="list-style-type: none"> - OAR 411-004-0020(2)(j) • DD Specific program, setting, and service rules were updated to include more specific language addressing individual's freedom to have access to food at any time. Rule updates include: <ul style="list-style-type: none"> - Individual Rights, Complaints, Notification of Planned Action, and Contested Case Hearings for Developmental Disabilities Services OAR 411-318-0010(1)(m) OAR 411-318-0010(4) <ul style="list-style-type: none"> - Agency Certification and Endorsement to Provide Developmental Disabilities Services in Community-Based Settings OAR 411-323-0030(1)(b):(3):(4)(a)(C) 	<p>Align/Comply</p>	<p>HCBS rule created 1/1/16</p> <p>DD Specific rules updated 1/1/16; 2/23/16; & 6/28/16</p>

		<p>OAR 411-323-0035 (1)(c);(3)(a);(4)(a)(B)</p> <ul style="list-style-type: none"> - 24-Hour Residential Programs and Settings for Children and Adults with Intellectual or Developmental Disabilities <p>OAR 411-325-0130(1) OAR 411-325-0300(2) OAR 411-325-0430(7)(a)(A)</p> <ul style="list-style-type: none"> - Adult Foster Homes for Individuals with Intellectual or Developmental Disabilities <p>OAR 411-360-0130(5)(a):(c) OAR 411-360-0170(5)(A)</p> <ul style="list-style-type: none"> - Supported Living Programs for Adults with Intellectual or Developmental Disabilities <p>OAR 411-328-0625(4)(a)(F) OAR 411-328-0640(4)</p> <ul style="list-style-type: none"> - Foster Homes for Children with Intellectual or Developmental Disabilities <p>OAR 411-346-0190(6)(a)(B):(b)</p>		
<p>12. Are individuals able to have visitors of their choosing at any time? 42 CFR 441.301(c)(4)(vi)(D) 42 CFR 441.530(a)(1)(vi)(D) 42 CFR 441.710(a)(1)(vi)(D)</p>	<p>DD AFH and DD Group Homes: Not defined in OAR</p>	<ul style="list-style-type: none"> • Implement new Home and Community-Based Services and Settings rules specifying that individuals are able to have visitors of their choosing at any time in provider-owned, controlled, or operated residential service settings- <ul style="list-style-type: none"> - OAR 411-004-0020(2)(h) • Changes were necessary to some DD specific program, service and settings 	<p>Align/Comply</p>	<p>HCBS rule created 1/1/16</p> <p>DD Specific rules updated</p>

		<p>rules to address conflict or lack of specificity in addressing an individual's ability to have visitors of their choosing at any time. Rules that restricted to or allowed for the practice of specific visiting hours were repealed. The following rules were adopted to set the expectation that individuals are able to have visitors of their choosing at any time:</p> <ul style="list-style-type: none"> - Individual Rights, Complaints, Notification of Planned Action, and Contested Case Hearings for Developmental Disabilities Services OAR 411-318-0010(1)(g);(h) OAR 411-318-0010(4) - Agency Certification and Endorsement to Provide Developmental Disabilities Services in Community-Based Settings OAR 411-323-0030(1)(b);(3);(4)(a)(C) OAR 411-323-0035 (1)(c);(3)(a);(4)(a)(B) - 24-Hour Residential Programs and Settings for Children and Adults with Intellectual or Developmental Disabilities OAR 411-325-0300(2) OAR 411-325-0430(7)(a)(B) - Adult Foster Homes for Individuals with Intellectual or Developmental Disabilities OAR 411-360-0170(5)(B) OAR 411-360-0170(11)(a)(J);(f) 		<p>1/1/16; 2/23/16; & 6/28/16</p>
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		<ul style="list-style-type: none"> - Supported Living Programs for Adults with Intellectual or Developmental Disabilities OAR 411-328-0625(4)(a)(B) - Foster Homes for Children with Intellectual or Developmental Disabilities OAR 411-346-0190(1)(g);(h) 		
<p>13. Is the setting physically accessible to the individual? 42 CFR 441.301(c)(4)(vi)(E) 42 CFR 441.530(a)(1)(vi)(E) 42 CFR 441.710(a)(1)(vi)(E)</p>	<p>DD AFH: Yes***</p> <p>DD Group Homes: Yes***</p>	<ul style="list-style-type: none"> • Implement new Home and Community-Based Services and Settings rules requiring provider-owned, controlled, or operated residential service settings be physically accessible to the individual- <ul style="list-style-type: none"> - OAR 411-004-0020(2)(b) • There were no specific non-compliance issues with DD specific program, service or settings rules, however, the DD system did take the opportunity to make changes to some administrative rules to better reflect the HCBS requirements that the setting be physically accessible to the individual. Rule changes are highlighted in the following: <ul style="list-style-type: none"> - Individual Rights, Complaints, Notification of Planned Action, and Contested Case Hearings for Developmental Disabilities Services OAR 411-318-0010(4) 	<p>Align/Comply</p>	<p>HCBS rule created 1/1/16</p> <p>DD Specific rules updated 1/1/16; 2/23/16; & 6/28/16</p>

		<ul style="list-style-type: none"> - Agency Certification and Endorsement to Provide Developmental Disabilities Services in Community-Based Settings OAR 411-323-0030(1)(b):(3):(4)(a)(C) OAR 411-323-0035 (1)(c):(3)(a):(4)(a)(B) - 24-Hour Residential Programs and Settings for Children and Adults with Intellectual or Developmental Disabilities OAR 411-325-0140(2):(11) - Adult Foster Homes for Individuals with Intellectual or Developmental Disabilities OAR 411-360-0130(1)(c):(d):(i):(j):(k) - Supported Living Programs for Adults with Intellectual or Developmental Disabilities OAR 411-328-0650(1) - Foster Homes for Children with Intellectual or Developmental Disabilities OAR 411-346-0200(1)(a):(3)(b):(c):(g)(vi) 		
<p>14. Is the residential setting located in a building:</p>				
<p>a. That is also a facility that provides inpatient institutional treatment? 42 CFR 441.301(c)(5)(v) 42 CFR 441.530(a)(2)(v) 42 CFR 441.701(a)(2)(v)</p>	<p>DD AFH: No DD Group Homes: No</p>	<ul style="list-style-type: none"> • Implement new Home and Community-Based Services and Settings rules addressing settings that are located in a building that provides inpatient institutional treatment: <ul style="list-style-type: none"> - OAR 411-004-0020(7)(e)(A)(i) 	<p>Align/Comply</p>	<p>HCBS rule created 1/1/16</p>

		<ul style="list-style-type: none"> • Oregon's global HCBS rules which mirror the federal regulations articulate this concept. DD specific licensing for settings rules reference the Oregon HCBS rules: <ul style="list-style-type: none"> - Agency Certification and Endorsement to Provide Developmental Disabilities Services in Community-Based Settings OAR 411-323-0030(1)(b);(3);(4)(a)(C) OAR 411-323-0035 (1)(c);(3)(a);(4)(a)(B) - Community Living Supports OAR 411-450-0050(8)(p) 		DD Specific rules updated 1/1/16; & 6/28/16
<p>b. On the grounds of or immediately adjacent to a public institution? 42 CFR 441.301(c)(5)(v) 42 CFR 441.530(a)(2)(v) 42 CFR 441.710(a)(2)(v)</p>	<p>DD AFH: No DD Group Homes: No</p>	<ul style="list-style-type: none"> • Implement new Home and Community-Based Services and Settings rules addressing settings that are on the grounds of or adjacent to a public institution: <ul style="list-style-type: none"> - OAR 411-004-0020(7)(e)(A)(ii) • Oregon's global HCBS rules which mirror the federal regulations articulate this concept. DD specific licensing for settings rules reference the Oregon HCBS rules: <ul style="list-style-type: none"> - Agency Certification and Endorsement to Provide Developmental Disabilities Services in Community-Based Settings OAR 411-323-0030(1)(b);(3);(4)(a)(C) OAR 411-323-0035 (1)(c);(3)(a);(4)(a)(B) - Community Living Supports OAR 411-450-0050(8)(p) 	Align/Comply	<p>HCBS rule created 1/1/16</p> <p>DD Specific rules updated 1/1/16; & 6/28/16</p>

<p><i>c. On the grounds of or immediately adjacent to disability-specific housing?</i> 42 CFR 441.301(c)(5)(v) 42 CFR 441.530(a)(2)(v) 42 CFR 441.710(a)(2)(v)</p>	<p>DD AFH: No DD Group Homes: No</p>	<ul style="list-style-type: none"> • Implement new Home and Community-Based Services and Settings rules addressing settings that are on the grounds of or adjacent to disability-specific housing: <ul style="list-style-type: none"> - OAR 411-004-0020(7)(e), (7)(e)(A)(iii) • Oregon's global HCBS rules which mirror the federal regulations articulate this concept. DD specific licensing for settings rules reference the Oregon HCBS rules: <ul style="list-style-type: none"> - Agency Certification and Endorsement to Provide Developmental Disabilities Services in Community-Based Settings OAR 411-323-0030(1)(b):(3):(4)(a)(C) OAR 411-323-0035 (1)(c):(3)(a):(4)(a)(B) <ul style="list-style-type: none"> - Community Living Supports OAR 411-450-0050(8)(p) 	<p>Align/Comply</p>	<p>HCBS rule created 1/1/16</p> <p>DD Specific rules updated 1/1/16; & 6/28/16</p>
<p>RESIDENTIAL SETTINGS - System Questions</p>				

<p>15. Is the setting selected by the individual from among all available alternatives and is identified in the person-centered service plan? 42 CFR 441.301(c)(4)(ii) 42 CFR 441.530(a)(1)(ii) 42 CFR 441.710(a)(1)(ii)</p>	<p>DD AFH: Yes DD Group Homes: Yes</p>	<ul style="list-style-type: none"> • Implement new Home and Community-Based Services and Settings rules addressing the setting is selected by the individual and is documented in the person-centered service plan: <ul style="list-style-type: none"> - OAR 411-004-0020(1)(b), (1)(b)(D) • Choice has been a fundamental value and guiding principle in Oregon's DD system. The following administrative rules have been updated to better articulate expectations regarding individual choice of setting: <ul style="list-style-type: none"> - Individual Rights, Complaints, Notification of Planned Action, and Contested Case Hearings for Developmental Disabilities Services OAR 411-318-0010(1)(o) OAR 411-318-0010(3) <ul style="list-style-type: none"> - Case Management Services OAR 411-415-0050(9) OAR 411-415-0070(5)(f) OAR 411-415-0080(1):(2):(3) OAR 411-415-0110(1)(b) <ul style="list-style-type: none"> - Agency Certification and Endorsement to Provide Developmental Disabilities Services in Community-Based Settings OAR 411-323-0030(1)(b):(3):(4)(a)(C) OAR 411-323-0035 (1)(c):(3)(a):(4)(a)(B) 	<p>Align/Comply</p>	<p>HCBS rule created 1/1/16</p> <p>DD Specific rules updated 1/1/16; & 6/28/16</p>
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<p>16. Is the individual choice regarding services and supports, and who provides them, facilitated? 42 CFR 441.301(c)(4)(v) 42 CFR 441.530(a)(1)(v) 42 CFR 441.710(a)(1)(v)</p>	<p>DD AFH: Yes DD Group Homes: Yes</p>	<ul style="list-style-type: none"> • Implement new Home and Community-Based Services and Settings rules addressing individual choice regarding services and supports: <ul style="list-style-type: none"> - OAR 411-004-0020(1)(d), (1)(e) - OAR 411-004-0030(1)(h) • Choice has been a fundamental value and guiding principle in Oregon's DD system. The following administrative rules have been updated to better articulate expectations for facilitation of individual choice regarding services and supports and who provides them : <ul style="list-style-type: none"> - Individual Rights, Complaints, Notification of Planned Action, and Contested Case Hearings for Developmental Disabilities Services OAR 411-318-0010(1)(o);(p);(q) OAR 411-318-0010(3) <ul style="list-style-type: none"> - Case Management Services OAR 411-415-0050(9) OAR 411-415-0070(5)(f) OAR 411-415-0080(1);(2);(3) OAR 411-415-0110(1)(b) <ul style="list-style-type: none"> - Agency Certification and Endorsement to Provide Developmental Disabilities Services in Community-Based Settings OAR 411-323-0030(1)(b);(3);(4)(a)(C) OAR 411-323-0035 (1)(c);(3)(a);(4)(a)(B) 	<p>Align/Comply</p>	<p>HCBS rule created 1/1/16</p> <p>DD Specific rules updated 1/1/16; & 6/28/16</p>
<p>NON-RESIDENTIAL SETTINGS</p>				
<p>17. Is the setting:</p>				

<p>a. Located in a building that provides inpatient institutional treatment? 42 CFR 441.301(c)(5)(v) 42 CFR 441.530(a)(2)(v) 42 CFR 441.710(a)(2)(v)</p>	<p>DD Certified Employment Services: No DD Certified Day Services: No</p>	<ul style="list-style-type: none"> Implement new Home and Community-Based Services and Settings rules addressing settings that are located in a building that provides inpatient institutional treatment: <ul style="list-style-type: none"> - OAR 411-004-0020(7)(e)(A)(i) Oregon's global HCBS rules which mirror the federal regulations articulate this concept. DD specific licensing for settings rules reference the Oregon HCBS rules: <ul style="list-style-type: none"> - Agency Certification and Endorsement to Provide Developmental Disabilities Services in Community-Based Settings OAR 411-323-0030(1)(b):(3):(4)(a)(C) OAR 411-323-0035 (1)(c):(3)(a):(4)(a)(B) <ul style="list-style-type: none"> - Community Living Supports OAR 411-450-0050(8)(p) - Employment Services for Individuals with Intellectual or Developmental Disabilities OAR 411-345-0010(4)(d) 	<p>Align/Comply</p>	<p>HCBS rule created 1/1/16 DD Specific rules updated 1/1/16; & 6/28/16</p>
<p>b. Located in a building on the grounds of or immediately adjacent to a public or private institution? 42 CFR 441.301(c)(5)(v) 42 CFR 441.530(a)(2)(v) 42 CFR 441.710(a)(2)(v)</p>	<p>DD Certified Employment Services: No DD Certified Day Services: No</p>	<ul style="list-style-type: none"> Implement new Home and Community-Based Services and Settings rules addressing settings that are on the grounds of or adjacent to a public institution: <ul style="list-style-type: none"> - OAR 411-004-0020(7)(e)(A)(ii) 	<p>Align/Comply</p>	<p>HCBS rule created 1/1/16</p>

		<ul style="list-style-type: none"> • Oregon's global HCBS rules which mirror the federal regulations articulate this concept. DD specific licensing for settings rules reference the Oregon HCBS rules: - Agency Certification and Endorsement to Provide Developmental Disabilities Services in Community-Based Settings OAR 411-323-0030(1)(b);(3);(4)(a)(C) OAR 411-323-0035 (1)(c);(3)(a);(4)(a)(B) - Community Living Supports OAR 411-450-0050(8)(p) - Employment Services for Individuals with Intellectual or Developmental Disabilities OAR 411-345-0010(4)(d) 		DD Specific rules updated 1/1/16; & 6/28/16
<p>18. Does the setting have the effect of isolating individuals receiving Medicaid HCBS from the broader community? 42 CFR 441.301(c)(5)(v) 42 CFR 441.530(a)(2)(v) 42 CFR 441.710(a)(2)(v)</p>	<p>DD Certified Employment Services: No* DD Certified Day Services: No*</p>	<ul style="list-style-type: none"> • Implement new Home and Community-Based Services and Settings rules addressing settings that have the effect of isolating individual receiving Medicaid HCBS from the broader community: - OAR 411-004-0000 - OAR 411-004-0020(1), (7), (7)(e)(A)(iii), (7)(e)(B) • Oregon's global HCBS rules which mirror the federal regulations articulate this concept. DD specific licensing for settings rules reference the Oregon HCBS rules: 	Align/Comply	<p>HCBS rule created 1/1/16</p> <p>DD Specific rules updated 1/1/16; & 6/28/16</p>

		<ul style="list-style-type: none"> - Agency Certification and Endorsement to Provide Developmental Disabilities Services in Community-Based Settings OAR 411-323-0030(1)(b):(3):(4)(a)(C) OAR 411-323-0035 (1)(c):(3)(a):(4)(a)(B) - Community Living Supports OAR 411-450-0050(8)(p) OAR 411-450-0060(5)(b)(B) - Employment Services for Individuals with Intellectual or Developmental Disabilities OAR 411-345-0010(4)(d) OAR 411-345-0025(10)(G)(H) 		
<p>19. Is the setting physically accessible to the individuals using it? 42 CFR 441.301(c)(4)(vi)(E)42 CFR 441.530(a)(vi)(E)42 CFR 441.710(a)(vi)(E)</p>	<p>DD Certified Employment Services: Yes</p> <p>DD Certified Day Services: Yes</p>	<ul style="list-style-type: none"> • Implement new Home and Community-Based Services and Settings rules requiring provider-owned, controlled, or operated service settings be physically accessible to the individual- <ul style="list-style-type: none"> - OAR 411-004-0000 - OAR 411-004-0020(2)(b) • Oregon's global HCBS rules which mirror the federal regulations articulate this concept. DD specific licensing for settings rules reference the Oregon HCBS rules: <ul style="list-style-type: none"> - Agency Certification and Endorsement to Provide Developmental Disabilities Services in Community-Based Settings OAR 411-323-0030(1)(b):(3):(4)(a)(C) OAR 411-323-0035 (1)(c):(3)(a):(4)(a)(B) 	<p>Align/Comply</p>	<p>HCBS rule created 1/1/16</p> <p>DD Specific rules updated 1/1/16; & 6/28/16</p>

NON-RESIDENTIAL SETTINGS - System Questions				
<p>20. Is the non-residential service setting selected by the individual from among setting options that include non-disability specific settings and are the setting options identified and documented in the person-centered service plan? 42 CFR 441.301(c)(4)(ii) 42 CFR 441.530(a)(1)(ii) 42 CFR 441.710(a)(1)(ii)</p>	<p>DD Certified Employment Services: Yes DD Certified Day Services: Yes</p>	<ul style="list-style-type: none"> • Implement new Home and Community-Based Services and Settings rules addressing the setting is selected by the individual and is documented in the person-centered service plan: <ul style="list-style-type: none"> - OAR 411-004-0000 - OAR 411-004-0020(1), (1)(b) • Choice has been a fundamental value and guiding principle in Oregon's DD system. The following administrative rules have been updated to better articulate expectations regarding individual choice of setting: <ul style="list-style-type: none"> - Individual Rights, Complaints, Notification of Planned Action, and Contested Case Hearings for Developmental Disabilities Services <p>OAR 411-318-0010(1)(o) OAR 411-318-0010(3)</p> <ul style="list-style-type: none"> - Case Management Services <p>OAR 411-415-0030(3) OAR 411-415-0050(9) OAR 411-415-0070(1)(a);(2)(i)(F);(5)(f) OAR 411-415-0080(1);(3) OAR 411-415-0110(1)(b)</p>	<p>Align/Comply</p>	<p>HCBS rule created 1/1/16 DD Specific rules updated 1/1/16; & 6/28/16</p>

		<ul style="list-style-type: none"> - Agency Certification and Endorsement to Provide Developmental Disabilities Services in Community-Based Settings OAR 411-323-0030(1)(b);(3);(4)(a)(C) OAR 411-323-0035 (1)(c);(3)(a);(4)(a)(B) 		
<p>21. Does the setting facilitate individual choice regarding services and supports, and who provides them? 42 CFR 441.301(c)(4)(v) 42 CFR 441.530(a)(1)(v) 42 CFR 441.710(a)(1)(v)</p>	<p>DD Certified Employment Services: Yes DD Certified Day Services: Yes</p>	<ul style="list-style-type: none"> • Implement new Home and Community-Based Services and Settings rules addressing individual choice regarding services and supports: <ul style="list-style-type: none"> - OAR 411-004-0010(17) - OAR 411-004-0020(1)(d)(D), (1)(e), (2) - OAR 411-004-0030(2)(c)(H), (2)(c)(P) • Choice has been a fundamental value and guiding principle in Oregon's DD system. The following administrative rules have been updated to better articulate expectations for facilitation of individual choice regarding services and supports and who provides them : <ul style="list-style-type: none"> - Individual Rights, Complaints, Notification of Planned Action, and Contested Case Hearings for Developmental Disabilities Services OAR 411-318-0010(1)(o);(p);(q) OAR 411-318-0010(3) - Case Management Services 	<p>Align/Comply</p>	<p>HCBS rule created 1/1/16 DD Specific rules updated 1/1/16; & 6/28/16</p>

		<p>OAR 411-415-0030(3) OAR 411-415-0050(9) OAR 411-415-0070(2)(i)(D)(F):(F):(5)(f) OAR 411-415-0080(1):(3) OAR 411-415-0110(1)(b)</p> <ul style="list-style-type: none"> - Agency Certification and Endorsement to Provide Developmental Disabilities Services in Community-Based Settings <p>OAR 411-323-0030(1)(b):(3):(4)(a)(C) OAR 411-323-0035 (1)(c):(3)(a):(4)(a)(B)</p> <ul style="list-style-type: none"> - Community Living Supports <p>OAR 411-450-0050(8)(p) OAR 411-450-0060(5)(b)(B)</p> <ul style="list-style-type: none"> - Employment Services for Individuals with Intellectual or Developmental Disabilities <p>OAR 411-345-0010(3):(4)(d) OAR 411-345-0025(3):(8)(e)(f) OAR 411-345-0140(2)(b) OAR 411-345-0160(5)(c)</p> <ul style="list-style-type: none"> • Oregon Revised Statutes (ORS) provides additional requirements to reinforce HCBS standards for individuals receiving services: <ul style="list-style-type: none"> - ORS 427.007(1)(a) - ORS 427.007(4) 		
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* A facial review of Oregon Revised Statutes, Oregon Administrative Rules, as well as policy and contracts, indicates Oregon is in substantial compliance and alignment with new HCBS federal regulations. Some changes may be necessary to reach full compliance. These changes will be addressed as part of Oregon's Transition plan.

Additionally, further assessment is needed to determine whether Oregon is in compliance in its implementation and practice of these laws and regulations.

*** Could be more explicit in rule

Appendix F: Amended STP Public Comments and State Responses

STP Comments related to HSD, APD, and ODDS:

The state indicates that it will post and allow public comments on each service site that has been determined to require CMS' heightened scrutiny. The state has indeed posted heightened scrutiny evidence packages for each program area (ODDS, APD, and HSD). Crucially, the STP does not appear to include any mechanism for residents, stakeholders, or the general public to comment on or "red flag" a setting that the state has not identified as requiring heightened scrutiny. The state appears to be over-reliant on provider self-reporting and site visits. The state asserts that "ODDS will also receive and respond to reports from stakeholders of homes or operations that are perceived to be institution-like or have the effect of isolating individuals." (p. 77). The state does not appear to have a clear mechanism for stakeholders to make such reports. Furthermore, this ongoing invitation to comment, such as it is, only appears for the ODDS program area, not APD or HSD.

HSD's Response: By September 1, 2017, HSD will develop an HCBS Heightened Scrutiny Identification Worksheet (HSIW) for residents, stakeholders, and the general public to "red flag" a setting that the state has not identified, but may require heightened scrutiny. By September 15, 2017, this worksheet will be sent to each provider and uploaded to the HSD sub-page of Oregon's HCBS website for use by the public. A mechanism for residents to receive this worksheet will be discussed internally and a process approved and implemented. Additionally, this worksheet will be disseminated and discussed with HSD's HCBS Stakeholder Group, each county's residential specialists and sent to Community Mental Health Providers to post for general public consumption.

On an ongoing basis, when HSD receives an HCBS HSIW, the assigned licensor will investigate the information to confirm whether or not the setting requires CMS' heightened scrutiny. The investigation information will then be reviewed by HSD leadership to make the final determination. If HSD leadership determines that heightened scrutiny is not required, that corrective actions will suffice, HCBS compliance activities by that setting will continue using the process described in this STP. If the determination is that CMS' heightened scrutiny is required, an evidence package will be developed and submitted to CMS and the HSD Provider Status Report on the website will be updated to reflect the change in status. A response letter will be sent

to the submitter of the HSIW letting them know that their worksheet has been received, that HSD is looking into their concern, and that the HSD Provider Status Report, located on Oregon's HCBS website, will reflect any change in the provider's status on a quarterly basis.

This information has been added to the STP.

APD's Response: APD greatly values input from consumers, stakeholders and the public regarding the identification of providers who have institutional qualities, such as isolating individuals from the broader community. There are multiple methods for communicating concerns, including phone, email, website, etc. As such, a visual illustration showing how APD invites comments by the public is attached in Appendix G of this STP.

This information has been added to the STP.

ODDS' Response: ODDS has maintained communication with stakeholders and the community through forums and the maintenance of the HCBS email box to receive reports of concerning situations, including those that may be considered isolating and requiring heightened scrutiny. Stakeholders and other community members are able to report to ODDS at any time about settings that are of concern.

ODDS-related STP Comments Only:

Facility-based Employment Path Service Settings

In a July 6 Director's Message, the ODDS director indicated: "All employment services providers must achieve full compliance by July 1, 2020." Other public statements and a draft HCBS extension timeline also indicated a July 1, 2020 final deadline for full compliance. The ODDS Employment and Day Service Settings section indicates that full compliance must be achieved by July 1, 2020. (p. 86). However, the ODDS Licensed/Certified Non-Residential Sites and Capacity section indicates: "All [Facility-

based Employment Path Service] providers must achieve full compliance by July 1, 2021, and any variances granted may not extend past that date.” (p. 21). The state should correct this discrepancy and ensure clear guidance on compliance dates. The rule or policy for granting a variance to a Facility-based Employment Path Service provider is not included in the STP. DRO would appreciate the opportunity to review any proposed criteria for granting a variance.

ODDS' Response: Thank you for your feedback regarding the timelines for employment and day service settings. The proposed date for full compliance for employment and day service settings is July 1, 2021. The STP has been changed to reflect the correct date and ODDS will assure any related correspondence reflects the correct compliance date.

Regarding stakeholder involvement with developing criteria for approving a variance and thereby permitting additional time for an employment or day service provider to transform, ODDS has and will continue to work with stakeholders on the development of this and any related criteria.

Heightened Scrutiny

ODDS' existing heightened scrutiny criteria – the presence of magnetic locking or secure fencing serving as a delayed egress system – do not address all facilities that should fall into the heightened scrutiny category. DRO is concerned that there are settings in the state that tend to isolate individuals with disabilities that have not fallen into the state's narrowly designed criteria for heightened scrutiny. There are some settings, such as some of the SACU homes, which do have magnetic locks and secured fencing. DRO is concerned that these facilities do not appear in the heightened scrutiny list. Also, there are settings co-located and operationally related that do not appear on the heightened scrutiny list. These include clusters of group homes that may also be near other disability-specific settings.

ODDS' Response: ODDS will continue to work with stakeholders in refining the criteria and process used to determine settings that do not meet the Heightened Scrutiny expectations. This includes residential as well as private homes.

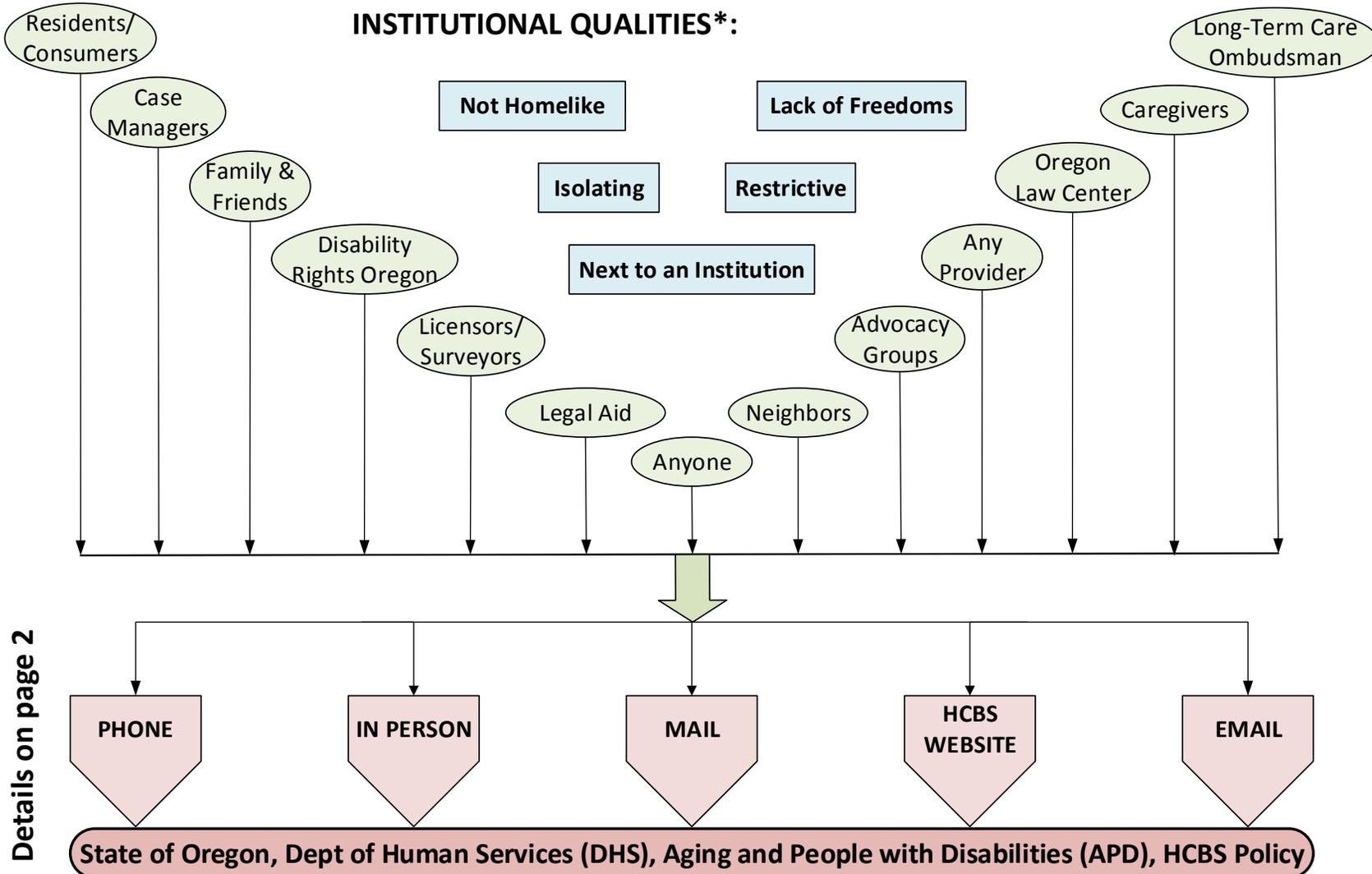
The commentary calls out SACU homes (24-hour residential homes that are operated by ODDS). These homes are licensed under the 24-hour residential program setting rules and are held to the same standards as all other 24-hour residential

homes. This means that it is the expectation that SACU homes are compliant with HCBS, therefore making heightened scrutiny specifically correlated to SACU an unnecessary consideration.

As part of the transition process, ODDS has been and continues to engage with stakeholders to identify characteristics that may impact an individual's opportunity to experience community integration. This continued exploration includes plans to identify features of planned communities or settings where housing and services may be clustered together. It is the intention of ODDS to identify criteria which can be used to evaluation if settings require heightened scrutiny based on the operations or layout of a particular setting.

Appendix G: APD Illustration of HCBS Public Reporting Process

Anyone can report any Home and Community-Based Service (HCBS) related concern at any time, as illustrated here.



Use one of these methods to contact the State of Oregon, DHS, APD HCBS Policy group:

PHONE	Chris Angel at 503-945-7034 or Bob Weir at 971-600-7876; or call a local Licensur or Surveyor						
IN PERSON	Any local Aging and People with Disabilities (APD) or Area Agency on Aging (AAA) office, or any Licensur/Surveyor						
MAIL	DHS APD HCBS, 500 Summer St NE E10, Salem, OR 97301						
HCBS WEBSITE	Comment on the "HCBS Feedback Form" on this website: http://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCBS/Pages/Resources-Oregon.aspx						
EMAIL	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><u>General Concerns:</u></td> <td style="width: 33%;"><u>Adult Foster Home-Related:</u></td> <td style="width: 33%;"><u>Community-Based Care-Related:</u></td> </tr> <tr> <td>HCBS.Oregon@state.or.us</td> <td>APD.AFHTeam@state.or.us</td> <td>CBC.Team@state.or.us</td> </tr> </table>	<u>General Concerns:</u>	<u>Adult Foster Home-Related:</u>	<u>Community-Based Care-Related:</u>	HCBS.Oregon@state.or.us	APD.AFHTeam@state.or.us	CBC.Team@state.or.us
<u>General Concerns:</u>	<u>Adult Foster Home-Related:</u>	<u>Community-Based Care-Related:</u>					
HCBS.Oregon@state.or.us	APD.AFHTeam@state.or.us	CBC.Team@state.or.us					

<u>DEFINITIONS</u>
<p><u>Isolating:</u> There is limited access to people or places in the broader community.</p> <p><u>Lack of Freedom:</u> Individual's preferences are not honored or considered. The setting may be overly controlling with rigid and inflexible rules.</p> <p><u>Next to an Institution:</u> Home/setting is attached or next to an institution, like a state hospital.</p> <p><u>Not Homelike:</u> Access to the kitchen, dining room, living/family room, bedroom, or bathroom, is limited or unavailable. Individuals cannot easily talk with those outside the setting, or have visitors or food when they want. Ability to have privacy or private time when wanted may not be possible.</p> <p><u>Restrictive:</u> Residents cannot determine or control their own schedules. Rules or artificial barriers may limit choices.</p>