
**Health Systems Division, Oregon Health Authority
Home and Community-Based Services (HCBS)
Heightened Scrutiny Identification Worksheet**

Purpose: The purpose of this worksheet is for residents, stakeholders and the general public to identify providers that may require heightened scrutiny for HCBS compliance.

Definition: Heightened Scrutiny is a federally required process for the Oregon Health Authority and the Centers for Medicare & Medicaid Services (CMS) to determine if a provider of HCBS has the effect of isolating individuals from the broader community. For further information regarding the criteria we used to identify Providers as needing heightened scrutiny, please see addendum A.

Instructions: To provide feedback about a provider, please complete the following worksheet:

I understand that I do not need to give my name or contact information. If I do not provide my name or contact information, HSD cannot ask questions or get more details from me.

Today's Date: _____

My name: _____ My phone or email: _____

Name of Provider/Setting: _____

Address of Provider/Setting: _____

I have or have not contacted someone else about these concerns. If I have contacted someone, that person/group is: _____

Details of my concern(s), please use additional sheets of paper if needed:

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I understand that I am not required to use this worksheet to submit concerns. However, the State needs the information that is requested above. If I decide to submit my concerns using some other method, I will include the information requested above.

Completed worksheets may be submitted to the State by any of these methods:

- Email: HCBS.Oregon@state.or.us
- Fax: Attention HCBS, 503-378-8467
- Mail: HSD HCBS/Licensing and Certification, 500 Summer St NE E-86, Salem, OR 97301