

INSTRUCTIONS:

What is the purpose of the on-site assessments?

- To verify compliance with requirements related to ODDS and Medicaid funded Home and Community Based Services (HCBS).

When will on-site assessments occur?

- Initial on-site reviews, completed as part of the Statewide HCBS Transition Plan, will be completed by ODDS employment specialists between 2015 and 2016. Specialists are conducting reviews to ensure providers have an opportunity to receive ongoing technical assistance and support during the transition period, and also to ensure the initial review and feedback is given to providers during 2016 instead of during the licensing process. This will ensure providers have as much time as possible to make necessary changes to come into compliance by September 1, 2018.
- Ongoing site reviews will be completed by the Office of Licensing and Regulatory Oversight (OLRO) during regular and ongoing licensing processes. Ongoing provider self-assessments will be completed as part of provider enrollment.

Which employment and day service providers will have an on-site assessment?

Those who deliver employment services or day services in:

1. A provider owned, operated, or controlled setting;
2. When there is information indicating HCBS requirements are not met; or
3. A disability specific setting (ie any setting designed specifically with the purpose or intent of hiring or providing services for people who have disabilities; this includes any CRP or setting that utilizes a 14(c)special wage certificate).

Sheltered Workshop Settings:

- Sheltered Workshop settings were visited during 2015.
- Providers of services in Sheltered Workshop settings must develop a Department-approved Provider Transition Plan. Providers must develop a preliminary Provider Transition Plan to ODDS for review and approval by August 31, 2016, that outlines the steps the provider will take to bring Sheltered Work settings into compliance. Additional information regarding Provider Transition Plans is forthcoming.
- Oregon's Sheltered Workshop settings, as defined under Oregon Administrative Rules 407-025 and 411-345, do not meet the requirements of the Home and Community-Based Services program and will not be submitted to CMS for heightened scrutiny review. Initial on-site assessments will not automatically be completed for Sheltered Workshop settings as part of Oregon's Statewide HCBS Transition Plan.

Evidence that may be considered during an on-site review:

- Review 20% of ISPs/ CDPs, where applicable, as well as provider action plans, or progress notes.
- Statements from 20% of individuals who use services and/or their representatives (statements may be taken after or as follow-up to the on-site visit). Please include notes from the statements in the area provided, or as an attachment to the on-site assessment tool.
- Statements from the provider, including managers or direct support staff.
- Where applicable, review community calendars or other ways the opportunities for community interaction are shared.
- Where applicable, a provider's written policies or employee manual, etc.
- Any other relevant documentation.

Documentation that will be requested in advance or during on-site review (where applicable):

- Written policies that support findings and demonstrate compliance / non-compliance with new HCBS requirements.
- A copy of current sub-minimum wage certificates (if applicable).

Transformation Plans:

- Upon completion of the on-site review, results will be submitted to the provider.
- If a provider receives notification that a Provider Transition Plan is required:
 - Provider sites visited before July 1, 2016, must submit a preliminary Provider Transition Plan to ODDS for review and approval by August 31, 2016.
 - Provider sites visited on July 1, 2016, or later must submit a preliminary Provider Transition Plan within 60 days of ODDS notification.
- ODDS will either respond with an approval of the Transition Plan, or request for additional information.
- Settings that are not in full compliance must make measurable progress towards compliance, consistent with the department approved plan, and be in full compliance by September 1, 2018.

Additional information regarding Oregon's Statewide HCBS Transition Plan (including fact sheets and FAQs) can be found here: <http://www.oregon.gov/dhs/seniors-disabilities/HCBS/pages/index.aspx>

DEFINITIONS:

1. Setting

If multiple settings within one address or location would assess differently (ie trigger a different response to the on-site checklist), then it is a separate setting and a separate on-site review (or checklist) must be completed. For example, one portion of a building might assess differently than another. Two assessments would then need to be completed. If individuals uses multiple settings within one address, it would then be relevant to include information regarding how much time, on average, individuals spend within each setting. You may include this information under “additional comments” or “all other evidence of compliance.”

2. Provider owned, controlled, or operated setting

A provider of Home and Community-Based Services (HCBS) is responsible for delivering HCBS to individuals in the setting and the provider:

- a. Owns the setting;
- b. Leases or co-leases the setting; or
- c. If the provider has a direct or indirect financial relationship with the property owner, the setting is presumed to be provider controlled or operated.

I. Employment Service Settings

a. **The setting is integrated in and supports full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, to the same degree of access as individuals not receiving Medicaid HCBS. See OAR 411-004-0020(1).**

Specific Question	Yes	No	Evidenced by (select any of the following that apply):	Additional Comments / Describe Evidence of Compliance / Non-Compliance (and attach a copy if applicable):
1. Do individuals gain experience working with the general public when using HCBS in this setting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement by individuals (or a representative) <input type="checkbox"/> Individual ISP/CDPs <input type="checkbox"/> Written documentation <input type="checkbox"/> Statement by provider <input type="checkbox"/> Other: <input type="checkbox"/> Written provider policy	
2. Are there individuals who work in or use this setting who do not use ODDS and Medicaid-funded HCBS (not including paid support staff)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement by individuals (or a representative) <input type="checkbox"/> Individual ISP/CDPs <input type="checkbox"/> Written documentation <input type="checkbox"/> Statement by provider <input type="checkbox"/> Other: <input type="checkbox"/> Written provider policy	

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<p>3. How many people who work or use services in this setting use ODDS / Medicaid-funded HCBS?</p>	<p>_____ (#)</p>	<p><input type="checkbox"/> Visual observation <input type="checkbox"/> Statement by individuals (or a representative) <input type="checkbox"/> Individual ISP/CDPs <input type="checkbox"/> Written documentation <input type="checkbox"/> Statement by provider <input type="checkbox"/> Other: <input type="checkbox"/> Written provider policy</p>	
<p>4. How many total people work in or use services in this setting? (Not including paid support staff).</p>	<p>_____ (#)</p>	<p><input type="checkbox"/> Visual observation <input type="checkbox"/> Statement by individuals (or a representative) <input type="checkbox"/> Individual ISP/CDPs <input type="checkbox"/> Written documentation <input type="checkbox"/> Statement by provider <input type="checkbox"/> Other: <input type="checkbox"/> Written provider policy</p>	
<p>5. Approximately what percentage of individuals who work in or use this setting have a disability (known or perceived) or are using ODDS / Medicaid-funded HCBS? (Not including paid support staff).</p>	<p>_____ (%)</p>	<p><input type="checkbox"/> Visual observation <input type="checkbox"/> Statement by individuals (or a representative) <input type="checkbox"/> Individual ISP/CDPs <input type="checkbox"/> Written documentation <input type="checkbox"/> Statement by provider <input type="checkbox"/> Other: <input type="checkbox"/> Written provider policy</p>	

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6. Do individuals who use HCBS work in an area that is separate from those who do not use HCBS services or have a disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Visual observation <input type="checkbox"/> Individual ISP/CDPs <input type="checkbox"/> Statement by provider <input type="checkbox"/> Written provider policy	<input type="checkbox"/> Statement by individuals (or a representative) <input type="checkbox"/> Written documentation <input type="checkbox"/> Other:
7. Does the provider hold a current and valid special subminimum wage certificate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Visual observation <input type="checkbox"/> Individual ISP/CDPs <input type="checkbox"/> Statement by provider <input type="checkbox"/> Written provider policy	<input type="checkbox"/> Statement by individuals (or a representative) <input type="checkbox"/> Written documentation <input type="checkbox"/> Other:
8. How many individuals within the setting currently earn less than minimum wage?	_____ (#)		<input type="checkbox"/> Visual observation <input type="checkbox"/> Individual ISP/CDPs <input type="checkbox"/> Statement by provider <input type="checkbox"/> Written provider policy	<input type="checkbox"/> Statement by individuals (or a representative) <input type="checkbox"/> Written documentation <input type="checkbox"/> Other:
9. Does the provider hold any current contracts that require a certain ratio work hours be completed by individuals who have disabilities (eg. state QRF contracts or federal AbilityOne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Visual observation <input type="checkbox"/> Individual ISP/CDPs <input type="checkbox"/> Statement by provider <input type="checkbox"/> Written provider policy	<input type="checkbox"/> Statement by individuals (or a representative) <input type="checkbox"/> Written documentation <input type="checkbox"/> Other:

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contracts)?				
10. Is the setting located among other buildings, private businesses, retail businesses, restaurants, doctor's offices, etc. that facilitates integration with the greater community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Visual observation <input type="checkbox"/> Individual ISP/CDPs <input type="checkbox"/> Statement by provider <input type="checkbox"/> Written provider policy	<input type="checkbox"/> Statement by individuals (or a representative) <input type="checkbox"/> Written documentation <input type="checkbox"/> Other:
11. Does the setting encourage people from the greater community (aside from paid staff) to be present, and is there evidence that visitors have been present at regular frequencies? (If yes, please be sure to provide information and evidence of the frequency).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Visual observation <input type="checkbox"/> Individual ISP/CDPs <input type="checkbox"/> Statement by provider <input type="checkbox"/> Written provider policy	<input type="checkbox"/> Statement by individuals (or a representative) <input type="checkbox"/> Written documentation <input type="checkbox"/> Other:

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<p>12. Does the setting provide individuals with the opportunity to participate in negotiating his/her work schedule, break/lunch times and leave and medical benefits with his/her employer to the same extent as individuals not receiving Medicaid funded HCBS?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Visual observation <input type="checkbox"/> Individual ISP/CDPs <input type="checkbox"/> Statement by provider <input type="checkbox"/> Written provider policy	<input type="checkbox"/> Statement by individuals (or a representative) <input type="checkbox"/> Written documentation <input type="checkbox"/> Other:
<p>13. Is the setting physically accessible?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Visual observation <input type="checkbox"/> Individual ISP/CDPs <input type="checkbox"/> Statement by provider <input type="checkbox"/> Written provider policy	<input type="checkbox"/> Statement by individuals (or a representative) <input type="checkbox"/> Written documentation <input type="checkbox"/> Other:
<p>14. Is the service employment related?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Visual observation <input type="checkbox"/> Individual ISP/CDPs <input type="checkbox"/> Statement by provider <input type="checkbox"/> Written provider policy	<input type="checkbox"/> Statement by individuals (or a representative) <input type="checkbox"/> Written documentation <input type="checkbox"/> Other:

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<p>15. Is there any signage, marketing materials (website, letter head, etc) that indicates the setting was designed with the purpose or intent to hire or provide services for people who have disabilities?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Visual observation <input type="checkbox"/> Individual ISP/CDPs <input type="checkbox"/> Statement by provider <input type="checkbox"/> Written provider policy	<input type="checkbox"/> Statement by individuals (or a representative) <input type="checkbox"/> Written documentation <input type="checkbox"/> Other:
<p>16. Please describe all other evidence of compliance with I(a).</p>				

b. The setting is selected by the individual from among setting options including non-disability specific settings. The setting options are identified and documented in the person-centered service plan [the ISP/CDP] and are based on the individual's needs, and preferences. See OAR 411-004-0020(1)(b)(D).

Specific Question	Yes	No	Evidenced by (select any of the following that apply):	Additional Comments / Describe Evidence of Compliance / Non-Compliance (and attach a copy if applicable):
1. Do the setting options offered by the provider include non-disability-specific settings, such as competitive employment in an integrated public setting or a work experience at a community business (and not the provider site)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement by individuals <input type="checkbox"/> Individual ISP/CDPs (or a representative) <input type="checkbox"/> Statement by provider <input type="checkbox"/> Written documentation <input type="checkbox"/> Written provider policy <input type="checkbox"/> Other:	Please review 20% of ISP/CDP files and progress notes to verify a "Yes" or "No" response.
2. Please describe all other evidence of compliance with I(b).				

c. The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint. See OAR 411-004-0020(1)(c).

Specific Question	Yes	No	Evidenced by (select any of the following that apply):	Additional Comments / Describe Evidence of Compliance / Non-Compliance (and attach a copy if applicable):
1. Is all information about individuals kept private? (eg. Do paid staff/providers follow confidentiality policies/practices and ensure that there are no posted schedules of individuals for PT, OT, medications, restricted diet, etc., in a general open area?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement by individuals (or a representative) <input type="checkbox"/> Individual ISP/CDPs <input type="checkbox"/> Written documentation <input type="checkbox"/> Statement by provider <input type="checkbox"/> Other: <input type="checkbox"/> Written provider policy	
2. Do setting requirements assure that staff do not talk to other staff about an individual in the presence of other persons or in the presence of the individual as if s/he were not present? Is there space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement by individuals (or a representative) <input type="checkbox"/> Individual ISP/CDPs <input type="checkbox"/> Written documentation <input type="checkbox"/> Statement by provider <input type="checkbox"/> Other: <input type="checkbox"/> Written provider policy	

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to hold private and confidential conversations?				
3. Please describe all other evidence of compliance with I(c).				

d. The setting 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. See OAR 411-004-0020(1)(d).

Specific Question	Yes	No	Evidenced by (select any of the following that apply):	Additional Comments / Describe Evidence of Compliance / Non-Compliance (and attach a copy if applicable):
1. Is the employment service provided tailored to the individual's employment goals and intended outcomes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement by individuals (or a representative) <input type="checkbox"/> Individual ISP/CDPs <input type="checkbox"/> Written documentation <input type="checkbox"/> Statement by provider <input type="checkbox"/> Other: <input type="checkbox"/> Written provider policy	Please review 20% of ISP/CDP files and progress notes to verify a "Yes" or "No" response.
2. Is the provider implementing the ISP, including action steps that are related to the individual's employment goals and intended outcomes for the service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement by individuals (or a representative) <input type="checkbox"/> Individual ISP/CDPs <input type="checkbox"/> Written documentation <input type="checkbox"/> Statement by provider <input type="checkbox"/> Other: <input type="checkbox"/> Written provider policy	Please review 20% of ISP/CDP files and progress notes to verify a "Yes" or "No" response.
3. Does the setting support opportunities for individuals to explore an interest in pursuing competitive integrated employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement by individuals (or a representative) <input type="checkbox"/> Individual ISP/CDPs <input type="checkbox"/> Written documentation <input type="checkbox"/> Statement by provider <input type="checkbox"/> Other: <input type="checkbox"/> Written provider policy	

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<p>4. Are individuals gaining skills and experience that can be used to obtain or advance in competitive integrated employment in the general workforce?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Visual observation <input type="checkbox"/> Individual ISP/CDPs <input type="checkbox"/> Statement by provider <input type="checkbox"/> Written provider policy	<input type="checkbox"/> Statement by individuals (or a representative) <input type="checkbox"/> Written documentation <input type="checkbox"/> Other:
<p>5. Please describe all other evidence of compliance with I(d).</p>				

e. The setting facilitates individual choice regarding services and supports, and who provides them. See OAR 411-004-0020(1)(e).

Specific Question	Yes	No	Evidenced by (select any of the following that apply):	Additional Comments / Describe Evidence of Compliance / Non-Compliance (and attach a copy if applicable):
1. Does the setting afford individuals the opportunity to regularly and periodically update or change their preferences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement by individuals (or a representative) <input type="checkbox"/> Individual ISP/CDPs <input type="checkbox"/> Written documentation <input type="checkbox"/> Statement by provider <input type="checkbox"/> Other: <input type="checkbox"/> Written provider policy	
2. Does the setting policy ensure the individual is supported in developing plans to support his/her needs and preferences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement by individuals (or a representative) <input type="checkbox"/> Individual ISP/CDPs <input type="checkbox"/> Written documentation <input type="checkbox"/> Statement by provider <input type="checkbox"/> Other: <input type="checkbox"/> Written provider policy	
3. Please describe all other evidence of compliance with I(e).				

f. Other General Questions:

Specific Question	Yes	No
1. Does the provider intend to come into compliance with new federal and state regulations by September 1, 2018?	<input type="checkbox"/>	<input type="checkbox"/>
2. How many total individuals does the provider support in this setting?	_____ (#)	