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| **HCBS Provider Self-Assessment**  **General Information**   * Providers of residential Home and Community-Based Services (HCBS): Adult Foster Home (AFH), Residential Treatment Facility (RTF), and Residential Treatment Home (RTH) programs, are expected to meet new Federal and Oregon expectations for HCBS by September 2018. * In an effort to ensure that all of Health System’s Division (HSD) providers meet these expectations, HSD will be reviewing each HCBS requirement during each provider’s next onsite licensing review. * The following survey will assist HSD’s licensors in knowing which areas of HCBS to focus on while conducting your agency’s licensing review. Please answer each requirement with your agencies most current compliance status in order for your licensor to better offer technical assistance toward meeting compliance with HCBS requirements. * Further information regarding each requirement can be found in the “Information Guides” under “Provider Training Materials” on the HCBS website: [http://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCBS/Pages/Resources-Oregon.aspx](https://www.oregon.gov/dhs/SENIORS-DISABILITIES/HCBS/Pages/Resources-Oregon.aspx). * Submit this survey with your renewal application or directly to your licensor.   **Please provide the following information:** | | | | |
| Date: | | | | |
| Provider Name: | | | | |
| Person Completing Survey w/ Title: | | | | |
| Phone Number of Person Completing Survey: | | | | |
| Email of Person Completing Survey: | | | | |
| Type of Facility (circle one): AFH RTF RTH | | | | |
| Facility Address: | | | | |
| Facility Phone Number: | | | | |
| **HCBS Provider Self-Assessment Survey** | | | | |
| * Please mark weather you have met, partially met or have not met the following HCBS requirements. * If you have partially met or not met any requirement, please off some comments regarding the compliance status. * “Setting” and “Agency” refers to your Residential Treatment Facility, Residential Treatment Home, or Adult Foster Home. | | | | |
|  | | | | |
| **Requirement** | **Met** | **Partial** | **Not Met** | **Comments** |
| 1. Is the setting integrated into the greater community? |  |  |  |  |
| 2. Does your agency facilitate the individual’s full access to the greater community, in the same manner as individuals without disabilities? This includes: opportunities to seek employment and work in competitive integrated settings, engage in community life, and controlling personal resources (bank account, money, calendar, etc.) |  |  |  |  |
| 3. Are the individual’s personal rights of privacy, dignity and respect, and freedom from coercion and restraint protected? |  |  |  |  |
| 4. Does your agency encourage and not control the individual’s independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact? |  |  |  |  |
| 5. Are the units/rooms physical places that can be owned, rented or occupied under a legally enforceable agreement? |  |  |  |  |
| 6. Does your agency have individuals sign a residency agreement that provides, at a minimum, the same responsibilities and protections from eviction that tenants have under the State's landlord tenant laws? |  |  |  |  |
| 7. Do individuals have privacy in their sleeping or living unit? |  |  |  |  |
| 8. Do units/rooms have lockable entrance doors, with appropriate staff having keys to doors? |  |  |  |  |
| 9. If individuals share rooms, do they do so only at their choice? |  |  |  |  |
| 10. Do individuals have the freedom to furnish and decorate their sleeping or living units? |  |  |  |  |
| 11. Do individuals have the freedom and support to control their own schedules and activities? |  |  |  |  |
| 12. Do individuals have access to food at any time? |  |  |  |  |
| 13. Are individuals able to have visitors of their choosing at any time? |  |  |  |  |
| 14. Is the setting physically accessible to the individual? |  |  |  |  |
| 15. Is the setting selected by the individual from among all available alternatives and is identified in the person-centered service plan? |  |  |  |  |
| 16. Is the individual choice regarding services and supports, and who provides them, facilitated? |  |  |  |  |
| Is the setting located in a building: | | | | |
| * That is also a facility that provides inpatient institutional treatment? |  |  |  |  |
| * On the grounds of or immediately adjacent to a public institution? |  |  |  |  |
| * On the grounds of or immediately adjacent to disability-specific housing? |  |  |  |  |