

INSTRUCTIONS:

What is the purpose of the on-site assessments?

- New federal regulations governing ODDS and Medicaid Home and Community-Based Services define what it means to be “home and community” and include setting requirements to remain eligible for funding through the HCBS program. ODDS employment services and non-residential services are funded through the HCBS program under Oregon’s HCBS 1915(c) waiver and the Community First Choice K Plan.
- The regulations outline a transition period and process to ensure all settings in which Home and Community-Based Services are in compliance with the regulations, and to make any changes necessary to bring services and settings into compliance. Additional information regarding Oregon’s Transformation Plan to bring all HCBS settings into compliance with new federal requirements (including FAQs and fact sheets) can be found here: <http://www.oregon.gov/dhs/seniors-disabilities/HCBS/pages/index.aspx>. A timeline of key milestones can also be found in an enclosed document.
- As part of Oregon’s Statewide HCBS Transition Plan, this on-site assessment tool will be used to gather information regarding changes a provider may need to make in order to come into full compliance with the new federal regulations and to verify both the results of the provider-self-assessment as well as the individual experience surveys completed during 2015.
- Based on the results of the individual experience surveys, the provider self-assessments, on-site reviews, and any other relevant information available, a provider may be asked to develop a Provider Transition Plan to ensure service settings are Home and Community-Based.
- All settings must be in compliance by September 1, 2018, as required in federal and state regulations as well as Oregon’s proposed Statewide HCBS Transition Plan.
- Settings that are not in full compliance must develop a department approved Provider Transition Plan that outlines the steps towards full compliance by September 1, 2018.

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) as provider certification and endorsements are renewed. 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. A congregate group setting (for purposes of these on-site assessments, this means services in settings delivered to 9 or more individuals at a time); 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 Provider Transition Plans is forthcoming.

HCBS Timeline

April – December 2015	Provider Self-Assessments and Individual Experience Assessments
January 2016	New HCBS rule in effect; Temporary Emergency ODDS Program Rules in Effect
January 2016 – December 2016	On-site reviews to provider owned, operated, and controlled employment and non-residential day service settings
January 2016 – June 2016	Training to Providers and Stakeholders
June 2016	Final ODDS Program Rules in Effect
August 2016 – December 2016	Transformation Plans due to ODDS <ul style="list-style-type: none"> • Providers who receive an on-site review prior to June 30, 2016, will be required to create and submit a plan by August 31, 2016. • Those providers who receive an On-Site Assessment on July 1, 2016, or after will have 60 days from notification that a plan is required in order to complete a plan.
September 2018	Providers must be in full compliance with HCBS setting requirements
October 2018	Notices to individuals whose sites are not in full compliance

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.

3. Competitive Integrated Employment

Work that is performed on a full-time or part-time basis (including self-employment):

(a) For which an individual:

(A) Is compensated at a rate that:

- (i) Is not less than the higher of the rate specified in section 6(a)(1) of the Fair Labor Standards Act of 1938 (29 U.S.C.206(a)(1)) or the rate specified in the applicable state or local minimum wage law; and

- (ii) Is not less than the customary rate paid by the employer for the same or similar work performed by other employees who are not individuals with disabilities, and who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skills; or
- (iii) In the case of an individual who is self-employed, yields an income that is comparable to the income received by other individuals who are not individuals with disabilities, and who are self-employed in similar occupations or on similar tasks and who have similar training, experience, and skills; and

(B) Is eligible for the level of benefits provided to other employees.

(b) That is at a location where an employee interacts with other persons who are not individuals with disabilities (not including supervisory personnel or individuals who are providing services to such employee) to the same extent that individuals who are not individuals with disabilities and who are in comparable positions interact with other persons and that, as appropriate, presents opportunities for advancement that are similar to those for other employees who are not individuals with disabilities and who have similar positions; and (c) That, as appropriate, presents opportunities for advancement that are similar to those for other employees who are not individuals with disabilities and who have similar positions.

4. Individual

A person with an intellectual or developmental disability applying for, or determined eligible for, Department-funded services. Unless otherwise specified, references to individual also include the legal or designated representative of the individual, who has the ability to act for the individual and exercise the rights of the individual.

I. Non-Residential Day Service Settings (DSA) (provider controlled settings)

a. The setting is integrated in and supports full access to the greater community... 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. Does the setting facilitate going out into the broader 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:	
2. On average, how often do individuals using services in this setting go out into the broader community?	_____		<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:	
3. Are there any individuals using services in this setting who rarely or never go out into the broader 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:	

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<p>4. If yes, how many individuals rarely or never go out into the broader community?</p> <p>_____</p>		<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>For each individual, please describe the barriers to going out into the community (attach an addendum if necessary):</p>
<p>5. Do individuals participate in planning community activities away from the provider site?</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>6. For those individuals who go out the most, how frequent is this?</p> <p>_____</p>		<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>7. How often do individuals participate in planning where to go?</p> <p>_____</p>		<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>8. What is the group size?</p>	<p>Max: _____ Min: _____ Avg: _____</p>	<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>9. Does the setting provide meaningful non-work activities in integrated community settings?</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>Please review 20% of ISPs to verify, and describe verification here:</p> <p>Please describe the meaningful activities:</p>
<p>10. Do the activities in integrated community settings occur for the period of time desired by the individual?</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>Please review 20% of ISPs to verify, and describe verification here:</p>
<p>11. Does the setting afford opportunities for individuals to have knowledge of or access to information regarding activities including:</p> <p>a. Competitive work</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>b. Shopping, attending religious services, medical appointments, dining out.</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>c. Information regarding who in the setting will facilitate and support access to these activities?</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>12. Is the setting in the community located among other buildings, private businesses, retail businesses, restaurants, doctor's offices, etc. that facilitates integration with the greater community?</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>13. Does the setting provide individuals with contact information, access to and training on the use of public transportation, such as buses, taxis, etc... and are these public transportation schedules and telephone numbers available in a convenient location?</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. Does the setting assure that tasks and activities are comparable to tasks and activities for people of similar ages who do not use HCB services?</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>15. 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:

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<p>16. Is there any signage, marketing materials (website, letter head, etc) that indicates the setting was designed with the purpose or intent to 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>17. Please describe all other evidence of compliance with II(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 or activity options offered by the provider include non-disability-specific settings away from the provider site (and not the provider site)?	<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 to verify a “Yes” or “No” response.
2. Please describe all other evidence of compliance with II(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, 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 to hold private and confidential	<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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conversations?				
3. Please describe all other evidence of compliance with II(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. Does the setting support a variety of individual goals and needs?	<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 afford opportunities for individuals to choose with whom to do activities within the setting or outside the setting? (Indicate no if individuals are assigned to do activities with a certain group).	<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 II(d).	
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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:
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	<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	

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individual is supported in developing plans to support his/her needs and preferences?			<input type="checkbox"/> Statement by provider <input type="checkbox"/> Written documentation <input type="checkbox"/> Written provider policy <input type="checkbox"/> Other:	
3. Please describe all other evidence of compliance with II(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?	_____ (#)	