

**Aging and People with Disabilities**

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**Number: APD-IM-16-082**

**Issue date: 9/14/2016**

**Updated**

**Topic:** Provider Information

**Subject:** Home and Community-Based Services (HCBS) Provider Letter regarding Heightened Scrutiny Status

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees                             | <input type="checkbox"/> County Mental Health Directors                             |
| <input checked="" type="checkbox"/> Area Agencies on Aging             | <input type="checkbox"/> Health Services  |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services(ODDS)        |
| <input type="checkbox"/> Self Sufficiency Programs                     | <input type="checkbox"/> ODDS Children’s Intensive In Home Services                 |
| <input type="checkbox"/> County DD Program Managers                    | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)                       |
| <input type="checkbox"/> ODDS Children’s Residential Services          | <input checked="" type="checkbox"/> Other (please specify): Licensors and Surveyors |
| <input type="checkbox"/> Child Welfare Programs                        |   |

**Message:** Based on information submitted by individual providers on the HCBS Provider Survey, or by Licensor/Surveyor visits, some providers have an initial status of “Heightened Scrutiny” on the HCBS Provider Status Report found at: <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCBS/Pages/APD.aspx>

Heightened Scrutiny is a federally required process for DHS and the Center for Medicare and Medicaid Services (CMS) to determine if a provider has the effect of isolating individuals from the broader community. These providers will need to answer additional questions and submit information to DHS **by October 7, 2016**.

Attached is the letter being sent to 285 providers and the HCBS Heightened Scrutiny Evidence Worksheet. These providers will need to answer additional questions and submit information to DHS **by October 7, 2016**. If local offices are contacted or receive questions, please refer individuals to the HCBS mailbox: [HCBS.Oregon@dhsosha.state.or.us](mailto:HCBS.Oregon@dhsosha.state.or.us).

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	Chris Angel		
<b>Phone:</b>	503-945-7034	<b>Fax:</b>	
<b>Email:</b>	<a href="mailto:Chris.s.angel@state.or.us">Chris.s.angel@state.or.us</a>		



# Oregon

Kate Brown, Governor

Department of Human Services

*Aging and People with Disabilities*

500 Summer St NE, 1<sup>st</sup> Floor E-10 HCBS

Salem, OR 97301

Email: [HCBS.Oregon@dhsosha.state.or.us](mailto:HCBS.Oregon@dhsosha.state.or.us)

Fax 503-947-4245

[Date]

«AddressBlock»



Dear Community-Based Care Provider,

Based on information from your HCBS Provider Survey or Licensor/Surveyor visits, we need additional information from you to determine if you meet the federal criteria for Heightened Scrutiny. Heightened Scrutiny is a federally required process for the Department of Human Services (DHS) and the Center for Medicare and Medicaid Services (CMS) to determine if a provider has the effect of isolating individuals from the broader community.

You are being asked to answer additional questions and submit additional information based on one or more of the following factors that indicated you may have the effect of isolating individuals:

- The answers on the HCBS Self-Assessment Survey;
- Your setting is in close proximity to a nursing facility or certain campus models; or
- You have a locked or secure setting.

For more information about Oregon's process for implementing Heightened Scrutiny, see the "Oregon APD HCBS Heightened Scrutiny Process" document on APD's section of the Oregon-Specific HCBS Resources web page at:

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

**Required Action:** Please complete the attached HCBS Heightened Scrutiny Evidence Worksheet by **October 7, 2016**. **You must return the requested information by the October 7, 2016 deadline or your Medicaid payment may be withheld and DHS may take additional action.**

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DHS will review all materials submitted in response to this request. After this review, an onsite visit may be needed to determine if there are any isolating factors or qualities to be addressed. You will be notified in advance if this is the case.

If DHS determines that you need to complete the entire Heightened Scrutiny process, DHS will solicit comments from the public on the state's determination. Then DHS will forward information to CMS for a final decision. DHS anticipates that many HCBS providers will continue to work with the local licensing/surveying process to come into compliance with HCBS regulations by September 2018 and will not need to go through the full Heightened Scrutiny process.

Sincerely,

*Oregon HCBS Transition Team*  
Medicaid Long-Term Care & Safety, Oversight and Quality  
Aging and People with Disabilities  
Department of Human Services

## HCBS Heightened Scrutiny Evidence Worksheet

Licensed Agency: \_\_\_\_\_ Date of Submission: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Name/Site Location: \_\_\_\_\_

Capacity of Site: \_\_\_\_\_ Number of individuals residing in the site: \_\_\_\_\_

Type of secure measures utilized by the site, if any: (Check any that apply)

Magnetic Locks/Locked Units       Secure fencing

Other (Describe): \_\_\_\_\_

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You are being asked to provide a package of evidence demonstrating how the site meets Home and Community-Based setting requirements. Please provide the information requested below. You may include or attach any relevant information that supports the demonstration that the site is Home and Community-Based. This information may include narrative descriptions, citation of program policies or protocols, and supporting documents. Please do not include personally identifying or protected information of consumers. Any supporting documents attached should have personal identifiers and protected information redacted before submission.

Describe the physical location of the site: *(Include a description of the physical characteristics of where the site is located including zoning, proximity to neighbors and community services, etc.)*

Describe how the setting supports consumers in accessing community activities and locations, including the frequency and nature of community activities accessed by consumers residing in the site: *(Include a description of how often consumers are engaging in activities or using services outside the site. Where are consumers going and for what purpose? (e.g., employment, recreation, medical care, grocery shopping (IADLs), etc.) Are the activities consumer, small group, or include all consumers residing in this setting? Are consumers involved in or encouraged to choose the activities, including where, when, and with whom an activity occurs? Are consumers encouraged to work or seek day service activities outside of the site? Do consumers have customized personal schedules that reflect their preferences and opportunities for community access?)*

Describe the nature and frequency of visitation by others to site: *(Describe the typical patterns for visitors to the site. This includes community members such as family, friends, or other non-staff persons visiting the site. How does the site encourage or welcome visitors?)*

Describe the typical source and utilization of transportation by the residents of the site: *(Include a description of accessible public transportation specific to the site's location such as bus lines, dial-a-ride services, light rail, etc. Describe how consumers in the site typically get to and from community locations. What is the typical length and nature of commute for consumers residing in the site to get to work or day services, and is this consistent with the experience of members of the local community?)*

Describe qualifications and training for agency staff related to the requirements of HCBS and philosophies of community-based living: *(Describe agency policies related to staff qualifications and training relevant to HCBS- this may include Person-Centered Thinking and practices. Provide information related to agency resources or efforts to support person-centered practices and HCBS concepts.)*

Describe how the self-direction and independence of consumers is encouraged and supported in the site: *(Include a description of strategies utilized to encourage consumers to self-direct their routines and activities and how independence is supported. Describe how program resources are structured or utilized to allow for flexibility based on consumer needs and preferences. Do staffing and the delivery of ADL supports function in a manner that allows consumers optimal flexibility in their daily lives and support opportunities outside of the site?)*

Describe how the site was selected by the consumer: *(Include a description of how the consumer exercised choice in selecting the site, such as if the consumer or their representative had the opportunity to visit the site prior to entry. Were any*

*other sites visited or offered for touring as well? Describe how consumers in the site or their representatives are informed about other service setting options. What is the protocol or standard practice for the site when consumers or their representative express dissatisfaction with the environment or a desire to move?)*

Provide any additional information that is relevant to demonstrating the site is Home and Community-based, supporting integration and full access to the greater community:

List any supporting documents in addition to this form being submitted as part of the evidence package:

I attest that the answers above are true and provided to the best of my ability. I further attest that it is my plan to be in full compliance with the HCBS rules before September 2018.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Printed Name: \_\_\_\_\_

**Return** completed Worksheet to:  
DHS APD  
500 Summer St NE  
Attn: HCBS, 1<sup>st</sup> floor E-10  
Salem, OR 97301