

**Aging and People with Disabilities**

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**Number: APD-IM-16-041**
**Issue date: 4/29/2016**
**Topic:** Long Term Care

Follow-up Letters to Home and Community-Based (HCBS) Providers

**Subject:** regarding individual HCBS Survey results

**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<br>Disabilities Services(ODDS) |
| <input type="checkbox"/>            | Self Sufficiency Programs               | <input type="checkbox"/> | ODDS Children's Intensive<br>In Home Services          |
| <input type="checkbox"/>            | County DD Program Managers              | <input type="checkbox"/> | Stabilization and Crisis Unit (SACU)                   |
| <input type="checkbox"/>            | ODDS Children's<br>Residential Services | <input type="checkbox"/> | Other ( <i>please specify</i> ):                       |
| <input type="checkbox"/>            | Child Welfare Programs                  |                          |  |

**Message:** Letters will be sent to all Adult Foster Home, Assisted Living Facility, and Residential Care Facilities as a follow-up to their participation (or non-participation) in the HCBS Survey Process.

All HCBS providers were asked to participate in a survey as part of the [HCBS Transition Plan](#). This survey was to gain a baseline understanding of the HCBS provider community and to educate and assist providers come into compliance with the HCBS during the transition period.

Approximately 70% of providers participated in the survey and will receive specific feedback on how they are doing related to the new HCBS expectations. See attached template Letter #1.

Providers that did not respond to the survey will receive attached Letter # 2. A group of providers did not receive the survey and will receive attached Letter # 3 and packet.

These letters are anticipated to be sent in April/May 2016. If providers contact the local office please refer providers to the HCBS email box. Central Office will address their questions from that inbox: [HCBS.Oregon@dhsosha.state.or.us](mailto:HCBS.Oregon@dhsosha.state.or.us)



# Oregon

Kate Brown, Governor

## Department of Human Services

*Aging and People with Disabilities*

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

Salem, OR 97301

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

Fax 503-947-4245

[Date]

«AddressBlock»



Dear Provider,

Thank you for taking the time to complete Oregon’s Home and Community-Based Services (HCBS) Survey.

Because you and other providers completed the survey, we have a better understanding of where we are as a state and what the State and providers will need to do to come into full compliance with the Federal and state regulations regarding HCBS. Overall, we think Oregon’s providers of HCBS to the individuals within the Aging and People with Disabilities population are doing well.

This letter is designed to provide you with important feedback based on your answers to the survey. It is intended to help you reach full compliance with HCBS requirements by the deadline. As a reminder, all providers of HCBS must be in full compliance by September 1, 2018. The Compliance Key explains each of the four possible results that indicate your compliance in the HCBS categories surveyed.

Here is your current compliance status for each of the critical HCBS requirements.

<b>HCBS Category</b>	<b>Survey Response</b>
Q13 Individuals are integrated into the community	«Integrated»
Q17 Individuals control their own resources	«Personal_Resources»
Q23 Individuals control their own schedule	«Schedule»
Q29 Individuals are free from coercion	«Freedom_from_Coercion»
Q30 Individuals are free from restraints	«Freedom_from_Restraints»
Q31 Individuals have free and private communications	«Communication»
Q37 Individuals have full access to the settings	«Homelike»
Q43 Individuals have privacy	«Privacy»

<i>HCBS Category</i>	<i>Survey Response</i>
Q49 Individuals have a choice of roommate	«Roommate»
Q61 Individuals have access to food	«Access_to_Food»
Q67 Individuals can have visitors	«Visitors»
Q55 Individuals can decorate their unit	«Decorating»

**Compliance Key**

↑↑	Based on your survey, it appears that you are meeting the HCBS requirements. Congratulations! Please keep up the good work you are doing in these areas.
↑	Based on your survey, it appears that you meet the minimum HCBS requirements, but there is possible room for improvement in these areas.
↓	Based on your survey, it appears you do not meet the HCBS requirements in these areas. Please develop an HCBS action plan to come into compliance by the deadline. You will need to share this plan with your Licensor/Surveyor.
↓↓	You did not answer these questions on the survey, so we are unable to determine your compliance in these areas. Please develop an HCBS action plan to come into compliance by the deadline. You will need to share this plan with your Licensor/Surveyor.

If any of the HCBS Survey Response categories are coded as “↓” (it appears you do not meet the HCBS requirements) or “↓↓” (you did not answer these questions on the survey, so we are unable to determine your compliance) in the above chart, you will want to reassess your HCBS compliance in that category and develop a Plan of Improvement to come into compliance no later than September 1, 2018. You will need to make measurable progress each year.

You do not need to wait for a Licensor or Surveyor visit to begin making progress towards HCBS compliance. Some providers may have had Licensing/Surveyor visits in 2016 and are already working on an HCBS Plan of Improvement with your licensing authority. If that is your situation, please continue to work on the areas identified in your licensing or survey visit. If you have not had a licensing review in 2016, you may develop your Plan of Improvement and submit no later than September 1, 2016 to [HCBS.Oregon@dhsosha.state.or.us](mailto:HCBS.Oregon@dhsosha.state.or.us).

**There are additional resources available at:**

<http://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCBS/Pages/Resources-Oregon.aspx>

Here are some general concepts that may help you with developing your plan:

- Remove barriers – Can you identify any policies or practices that may have been okay in the past that need changed or removed (like visiting hours)?
- Support individuals – What reasonable support can you offer in the areas identified as not meeting HCBS above?
- Timeframe – What is a reasonable timeframe to make the identified changes?

When your Licensor/Surveyor comes out for your regular licensing review, they will be looking at your HCBS compliance, in addition to the areas they reviewed in the past. If you still have areas to work on they will assist you with developing a plan. Licensing staff will be on-site prior to September 1, 2018, to ensure full compliance with HCBS.

Sincerely,

*Oregon HCBS Transition Team*

Aging and People with Disabilities & Office of Licensing and Regulatory

Oversight

Department of Human Services



# Oregon

Kate Brown, Governor

# Letter # 2

**Department of Human Services**

*Aging and People with Disabilities*

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

Salem, OR 97301

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

Fax 503-947-4245

[Date]

«AddressBlock»



Regarding: Home and Community-Based Services (HCBS) Survey

Dear Community-Based Care Provider,

We have no record that you completed the HCBS survey as requested. Other providers completed the survey, so we have a better understanding of where we are as a state and what we will need to do to come into full compliance with the Federal and state regulations regarding HCBS. Overall, we think Oregon's providers of HCBS to the individuals within the Aging and People with Disabilities population are doing well.

However, because we do not have your survey, we need you to review the following information and follow the directions in this letter. Failure to take appropriate action **will** result in regulatory actions.

Because we do not have survey responses from you we cannot provide you with personal or tailored feedback. Therefore, you must begin making plans to come into compliance on all of the HCBS areas listed below.

As a reminder, all providers of HCBS must be in full compliance by September 1, 2018 and must be making measurable progress towards compliance prior to that date. This expectation applies to all providers licensed prior to January 1, 2016, regardless of Medicaid participation.

Here are the HCBS areas requiring your attention and planning in order for you to achieve compliance with HCBS expectations.

<i><b>HCBS Category</b></i>	<i><b>Survey Response</b></i>
Q13 Individuals are integrated into the community	<b>no response</b>
Q17 Individuals control their own resources	<b>no response</b>
Q23 Individuals control their own schedule	<b>no response</b>
Q29 Individuals are free from coercion	<b>no response</b>
Q30 Individuals are free from restraints	<b>no response</b>

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An Equal Opportunity Employer

Q31 Individuals have free and private communications	<b>no response</b>
Q37 Individuals have full access to the settings	<b>no response</b>
Q43 Individuals have privacy	<b>no response</b>
Q49 Individuals have a choice of roommate	<b>no response</b>
Q61 Individuals have access to food	<b>no response</b>
Q67 Individuals can have visitors	<b>no response</b>
Q55 Individuals can decorate their unit	<b>no response</b>

You must please begin developing a Plan of Improvement now. The Plan of Improvement must identify either:

- How you are in compliance with OAR 411-004<sup>1</sup> and the areas identified above; or
- What specific action steps you will take to be in compliance with OAR 411-004 and the areas identified above by September 1, 2018.

You must submit your Plan of Improvement to [HCBS.Oregon@dhsosha.state.or.us](mailto:HCBS.Oregon@dhsosha.state.or.us) no later than 60 days from the receipt of this letter. Some providers may have had Licensing/Surveyor visits in 2016 and are already working on an HCBS plan with their licensing authority. If that is your situation, please continue to work on the areas identified in your licensing or survey visit.

Here are some general concepts that may help you with developing your plan:

- Remove barriers – Can you identify any policies or practices that may have been okay in the past that need to be changed or removed (like visiting hours)?
- Support individuals – What reasonable supports can you offer in the areas identified as not meeting HCBS above?
- Timeframe – What is a reasonable timeframe to make the identified changes?

Sincerely,

*Oregon HCBS Transition Team*

Aging and People with Disabilities & Office of Licensing and Regulatory Oversight  
Department of Human Services

<sup>1</sup> [http://www.dhs.state.or.us/policy/spd/rules/411\\_004.pdf](http://www.dhs.state.or.us/policy/spd/rules/411_004.pdf)



Oregon

Kate Brown, Governor

Department of Human Services

*Aging and People with Disabilities*

500 Summer st. NE

Salem, Oregon



April 21, 2016

Dear Community-Based Provider,

In 2015, we requested Community-Based Care Providers participate in a survey related to new Federal rules on Home and Community-Based Services (HCBS).

In reviewing our records it appears that you were not provided with the needed information to participate in this survey. We apologize that you were missed.

Enclosed is a copy of the Survey. It is important that every provider of residential community-based services in Oregon complete a survey.

Please complete the attached survey and return it (post marked) no later than May 13, 2016.

We have included background material that was sent to the original provider group that was invited to participate so you will have the same information as others.

Should you have any questions, please email them to:

HCBS.Oregon@dhsosha.state.or.us

Date

Survey ID#: [Survey ID]

Name

Address

City, State, Zip

Dear Name

In January 2014, the Federal Centers for Medicare and Medicaid Services (CMS) issued regulations regarding Home and Community-Based Services (HCBS) and settings. As a provider of HCBS, you will be affected by these regulatory changes. The Department of Human Services (DHS) and Oregon Health Authority (OHA) have requested from CMS that Oregon be given until March 2019 to come into compliance with these regulations and have been working with stakeholders, including consumers, advocates, and provider organizations, in developing and implementing Oregon's Home and Community Based Services Setting Global Transition Plan (Transition Plan).

For more information regarding Oregon's Home and Community-Based Services, Settings and Transition Plan, please visit the link below.

[www.oregon.gov/dhs/seniors-disabilities/HCBS/Pages/Index.aspx](http://www.oregon.gov/dhs/seniors-disabilities/HCBS/Pages/Index.aspx)

In order to obtain a picture of Oregon's HCBS network, DHS and OHA are requiring all providers to complete the Provider Self-Assessment Survey (survey) for each HCBS site they own, operate, or control. Please see the back of this letter for instructions on completing the survey.

If you are a Supported Living Provider for Individuals with I/DD, please only complete this survey for those sites where you:

- a. Own the residential setting;
- b. Lease the residential setting, co-sign, or co-lease, with the individual for the residence; or
- c. If you have a direct or indirect financial relationship with the property owner.



It is critical that your answers reflect how your HCBS site actually operates today. Your responses to this survey will not disqualify you from providing Medicaid HCBS during the transition period.

In addition to the provider survey, individuals who receive HCBS in sites owned, operated, or controlled by the provider will be given the opportunity to complete surveys regarding their experiences in those settings. The information obtained from both surveys will assist DHS and OHA with determining what changes need to occur at the individual, provider and systemic levels. The survey results will be utilized to assist all providers of HCBS to achieve full compliance with the regulations within the CMS-approved timeframe.

Please complete your survey online:

- Go to [insert website]
- Enter your password: [insert password]

If you would like help to complete the survey, options for assistance include:

- Call toll free 1-866-432-8403, Option 3, to have someone complete the survey with you.
- Attend an HCBS forum in your area that will provide more information about the HCBS and the surveys. (Please see the HCBS website for additional information about dates and locations:

<http://www.oregon.gov/dhs/seniors-disabilities/HCBS/Pages/Index.aspx>

If you are unable to complete the survey online, you will receive a paper survey in about two weeks. These will be sent out automatically; it is not necessary to call to request one.

Thank you for your time in completing this survey.

Sincerely,

Mike McCormick, APD Director;

Lilia Teninty, ODDS Director;

Donna Keddy, Office of Licensing and Regulatory Oversight; and

Justin Hopkins, AMH Quality Management Administrator.



AGING AND PEOPLE WITH DISABILITIES  
OFFICE OF DEVELOPMENTAL DISABILITY SERVICES  
ADDICTIONS AND MENTAL HEALTH  
OFFICE OF LICENSING AND REGULATORY OVERSIGHT



Survey ID# [Survey\_ID]

1. Date \_\_\_\_\_
  
2. Provider Name \_\_\_\_\_
  
3. Person completing Survey and Title/Position \_\_\_\_\_  
\_\_\_\_\_
  
4. Medicaid Provider Number \_\_\_\_\_
  
5. Type of License or certification \_\_\_\_\_
  
6. Licensing or Certification Agency \_\_\_\_\_
  
7. Primary Population(s) Served \_\_\_\_\_
  
8. Physical Address of Service Site \_\_\_\_\_
  
9. Mailing Address (if different) \_\_\_\_\_  
\_\_\_\_\_
  
10. Phone \_\_\_\_\_
  
11. Email \_\_\_\_\_
  
12. Total number of sites you will be completing surveys on \_\_\_\_\_

**Section 1: The residential setting is integrated and supports full access to the greater community and does not isolate individuals**

**SECTION A:**

**13. Please choose the best option from the choices below.**

Individuals have full access to the community. The residential setting does not specialize in, or target, a specific disability or diagnosis type and may have a mix of people with and without disabilities. The residential setting may have a mix of private pay and Medicaid. The setting may include room and board, bathing and other personal assistance while Individuals are supported to obtain many other services outside of the residential setting in the broader community. Off-site services may include competitive integrated employment, day services, beautician services, community activities, gym, medical care, behavioral and therapeutic services, and/or social recreational activities.

Individuals receive some services in-house and others in the broader community. The residential setting may include room and board, bathing and other personal assistance services. The additional services on-site are intended to be convenient for individual access, yet, they may have the unintended consequence of isolation from the broader community. On-site and off-site services may include competitive integrated employment, day services, beautician services, community activities gym, medical care, behavioral and therapeutic services, and/or social recreational activities.

The residential setting is designed for people with disabilities and often for people with a certain type of disability. The individuals in the residential setting are primarily or exclusively people with disabilities and on-site staff provides many of the services. The residential setting services include community access and individuals have regular opportunities to engage in the broader community.

The residential setting is designed to provide people with disabilities multiple types of services on-site, including housing, day services, medical, behavioral and therapeutic services, and/or social and recreational activities and people in the residential setting have limited, if any, interaction with the broader community.

**SECTION B: Please indicate whether the below statement is true for this setting.**

14. The residential setting is a locked facility.  Yes  No

15. The residential setting is one of the following:  Yes  No

- Farmstead or disability specific farm community located in rural residential setting on a large parcel of land with little ability to access the broader community outside of the farm.
- Gated/secured “community” for people with disabilities where services are provided on-site and individuals rarely leave the gated community.
- Residential school where individuals receive both education and residential services in one setting and do not go into the broader community for education.
- Multiple residential settings co-located and operationally related (operated by the same provider) where services are provided on campus with individuals rarely accessing the broader community.

## Section 2: Optimizes autonomy and independence in making life choices

### Employment

16. Please choose the option that best describes the services and supports for employment:

For individuals who want to work, the residential setting/provider encourages the individual's opportunities to seek employment and work in integrated settings and for competitive wages (minimum wage or better). Working individuals who live in this residential setting have supports from the provider in planning and meeting their daily needs in order to access and maintain employment. Individuals who live in this residential setting have frequent opportunities throughout the year to discuss career goals, including career advancement, career changes, increased wages, or increased hours. Individuals who want to work are working or using employment services in an integrated employment setting where there are opportunities to interact with people who do not have disabilities (not including paid staff).

For individuals who want to work, the residential setting/provider encourages opportunities to seek employment and work in integrated employment for competitive wages (minimum wage or better). Individuals might have opportunities to talk about employment goals once a year or so. Those who want to work are working; however, it may not be in an integrated employment setting where individuals interact with people who do not have disabilities (not including paid staff). Individuals who are working in less integrated or segregated settings continue to be supported in career goals relating to obtaining integrated employment at a competitive wage.

The residential setting/provider supports individuals in getting ready for work each day, but does not necessarily encourage individuals in seeking employment and working in integrated competitive settings.

Individuals who reside in this residential setting and want to work are not encouraged or emotionally supported by the provider to do so.

### Personal Finances (Resources)

17. Please choose the option that best describes the services and supports for personal resources:

Individuals may or may not have a Social Security designated Representative Payee. Individual may or may not be beneficiaries of a Special Needs Trust or Discretionary Trust. The existence of one of these is not a considered a limitation by the residential setting/provider.

The residential setting/provider places no limitations to an individual's, or their designated representatives, ability to access personal financial resources (personal spending monies, personal property, real estate, assets, savings, etc.). Personal resources may be safeguarded but individuals have easy access to, experience no barriers, and are supported in obtaining and using personal resources as desired.

There may be some limitations based on the safeguarding of personal resources. Individuals, or their designated representatives, can typically access funds in the same day, or within 24 hours for larger sums. Individuals are supported in obtaining and using their personal resources as desired.

Limitations are placed on an individual's, or their designated representatives, access to their personal resources.

18. If you selected "Limitations are placed on an individual's, or their designated representatives, access to their personal resources" above, are the limits universally applied to everyone living in the residential setting?

Yes       No

19. Are the limits only applied to those who need them?

Yes       No

20. If you answered yes to the above, is there documentation of less restrictive alternatives tried before applying limits?

Yes       No

21. If limits are used, are the limitations identified in the individual's person-centered service plan?  Yes  No
22. If limits are used, they are primarily used to (select the best answer):
- Protect the individual or others  Efficiently manage operations

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### Section 3: The individual controls his/her own schedule

23. Please choose the option that best describes the services and supports for controlling one's own schedule:
- Individuals are supported to control their own schedules. Services such as bathing and mealtimes are flexible and work around the individual's personal schedule. Requests for engaging in the broader community such as going shopping or to the movies are routinely supported and accommodated. When individuals work, their schedules are supported.
- Individuals generally control their own schedules. Services such as mealtimes and bathing are scheduled. If individuals miss a scheduled service activity, such as a bath, meal or laundry, because of their personal schedule, it is not automatically rescheduled or replaced unless the individuals request or otherwise indicate they want the missed service activity.
- Most activities are scheduled by the provider, including services such as mealtimes and bathing and social and recreation opportunities. If individuals miss a scheduled activity, such as a bath, meal or laundry, because of their personal schedule, it is not replaced, or if replaced, with a lesser quality alternative.
- There are residential setting/provider limits to the amount of control individuals have over their own schedules.

24. If you selected "There are residential setting/provider limits to the amount of control individuals have over their own schedule" above, are the limits universally applied to everyone living in the residential setting?

Yes  No

25. Are the limits only applied to those who need them?

Yes  No

26. If you answered yes to the above, is there documentation of less restrictive alternatives tried before applying limits?

Yes  No

27. If limits are used, are the limitations identified in the individual's person-centered service plan?

Yes  No

28. If limits are used, they are primarily used to (select the best answer):

Protect the individual or others  Efficiently manage operation

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**Section 4: Setting ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint**

**Freedom from Coercion**

29. Are individuals free from coercion as defined below?  Yes  No

- i. Threats of serious harm to or physical restraint against any person;
- ii. Any scheme, plan, or pattern intended to cause a person to believe that failure to perform an act would result in serious harm to or physical restraint against any person; or
- iii. The abuse or threatened abuse of the legal process.



30. Do the provider/staff utilize any of the following restraints on individuals receiving services in this residential setting to address or control behavior?

- Yes  
 No

- Chemical restraints
- Mechanical restraints, such as devices that limit an individual's ability to freely move their body, **not part of the person's formal behavior support plan**
- Physical restraints, such as using a physical maneuver to limit an individual's ability to freely move, where the maneuver is weight-bearing and/or **not part of the person's formal behavior support plan**
- Seclusion, such as restricting an individual to a specific physical space as a means of controlling behavior or in response to a behavior

### Communication

31. Please choose the option that best describes the services and supports for communication:

There are no residential setting/provider limitations to the individual's ability to communicate within the residential setting or with those outside of the setting. If the individual needs a phone or other accommodations or other communication tool, they are provided one and a private space from which to hold conversations. Individuals can access the phone independently at any time and will be supported, if needed. Inside the residential setting, individuals are encouraged and supported to raise and discuss issues or concerns without fear of retaliation.

There are shared modes of communication made available by the residential setting/provider. There may be reasonable waiting periods if others are using the "house" phone or individuals may need the provider's support to access to the phone. They do not need permission to access the phone. Inside the residential setting, individuals may raise and discuss issues or concerns without fear of retaliation.

The ability to communicate privately within and to those on the outside of the residential setting is limited.

32. If you selected "The ability to communicate privately within and to those on the outside of the residential setting is limited" above, are the limits universally applied to everyone living in the residential setting?

Yes  No

33. Are the limits only applied to those who need them?

No

Yes

34. If you answered yes to the above, is there documentation of less restrictive alternatives tried before applying limits?

Yes  No

35. If limits are used, are the limitations identified in the individual's person-centered service plan?

No

Yes

36. If limits are used, they are primarily used to (select the best answer):

Protect the individual or others

Efficiently manage operations

### Homelike Accommodations

37. Please choose the option that best describes the services and supports for homelike accommodations:

Individuals have full access to typical homelike accommodations such as a kitchen, dining area, family/living room, laundry, and bathroom.

Individuals have full access to most typical homelike accommodations but may share bathrooms and not have access to the full (commercial) kitchen, in

a larger facility. Individuals are offered substitute equipment and a means to cook.

There are residential setting/provider limits to full access to typical homelike accommodations.

38. If you selected "There are residential setting/provider limits to full access to typical homelike accommodations" above, are the limits universally applied to everyone living in the residential setting?  Yes  No

39. Are the limits only applied to those who need them?  Yes  No

40. If you answered yes to the above, is there documentation of less restrictive alternatives tried before applying limits?  Yes  No

41. If limits are used, are the limitations identified in the individual's person-centered service plan?  Yes  No

42. If limits are used, they are primarily used to (select the best answer):

Protect the individual or others  Efficiently manage operations

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### Section 5: Personal Privacy

43. Please choose the option that best describes the services and supports for personal privacy:

All individuals may lock their bedroom and living unit doors. Door locks are single-action which means when the individual turns the handle or lever the door unlocks. All individuals have bathroom facilities that allow for complete privacy through the ability to lock the door or stall. Bathing areas are private and individuals are shielded or protected from others walking in on them. Only appropriate staff have keys.

All individuals may lock their bedroom or living unit doors for privacy. Door locks are single-action which means when the individual turns the handle or lever the door unlocks. Bathrooms may be used by others and individuals may need additional support to obtain privacy, such as assistance to get from a wheelchair into the bathroom, in order to be able to shut the door for privacy. Only appropriate staff have keys.

Doors are not lockable but privacy is assured through knocking before entering an individual's bedroom, living unit, or bathroom.

There are residential setting/provider limits on an individual's ability to have personal privacy.

44. If you selected "There are residential setting/provider limits on an individual's ability to have personal privacy" above, are the limits universally applied to everyone living in the residential setting?  Yes  No

45. Are the limits only applied to those who need them?  Yes  No

46. If you answered yes to the above, is there documentation of less restrictive alternatives tried before applying limits?  Yes  No

47. If limits are used, are the limitations identified in the individual's person-centered service plan?  Yes  No

48. If limits are used, they are primarily used to (select the best answer):

- Protect the individual or others       Efficiently manage operations

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### Section 6: Choice of Roommates/Sharing Space

49. Please choose the option that best describes the services and supports individuals have in their choice of roommates and sharing space:

- This facility only offers private rooms.
- There are shared bedrooms or living units. There are methods in place for individuals to seek a new roommate should they desire. Individuals have the opportunity to meet new potential roommates and have input in the selection of their roommate.
- There are shared bedroom or living units in the facility. There are residential setting/provider limits regarding the individual's involvement in the selection of roommates or their ability to have input in the choice of roommates.

50. If you selected "There are shared bedroom or living units in the facility. There are residential setting/provider limits regarding the individual's involvement in the selection of roommates or their ability to have input in the choice of roommates" above, are the limits universally applied to everyone living in the residential setting?  Yes  No

51. Are the limits only applied to those who need them?  Yes  No

52. If you answered yes to the above, is there documentation of less restrictive alternatives tried before applying limits?  Yes  No

53. If limits are used, are the limitations identified in the individual's person-centered service plan?  Yes  No

54. If limits are used, they are primarily used to (select the best answer):

- Protect the individual or others       Efficiently manage operations

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### Section 7: Freedom to Furnish and Decorate

55. Please choose the option that best describes the services and supports to individuals regarding furnishing and decorating:

Individuals may bring their own furnishings and are supported and encouraged to personalize their space. Individuals may paint or secure pictures to walls or use accessories, as needed. There may be landlord/tenant type agreements regarding approval of painting, nails or holes in walls, but individual experience is that obtaining necessary permissions is reasonable and does not inhibit their personal style or ability to decorate.

Individuals may bring their own furnishings. Decorating is not encouraged or discouraged. There may be landlord/tenant type agreements regarding approval of nails or holes in walls. Substantial changes, such as painting, may not be allowed.

There are residential setting/provider limits on an individual's ability to furnish and decorate.

56. If you selected "There are residential setting/provider limits on an individual's ability to furnish and decorate" above, are the limits universally applied to everyone living in the residential setting?       Yes       No

57. Are the limits only applied to those who need them?       Yes       No

58. If you answered yes to the above, is there documentation of less restrictive alternatives tried before applying limits?       Yes       No

59. If limits are used, are the limitations identified in the individual's person-centered service plan?       Yes       No

60. If limits are used, they are primarily used to (select the best answer):

- Protect the individual or others       Efficiently manage operations
- 

**Section 8: The individual can have access to food at any time**

61. Please choose the option that best describes the services and supports to individuals regarding access to food.

Individuals are provided three nutritious meals and two snacks a day. Individuals may assist with menu planning and personal preferences are considered. If an individual misses a meal, alternatives such as a to-go sack meal or heatable meals, are available. Individuals have access to personal food storage, including refrigeration, freezer, and dry storage, that they can access at any time.

Individuals are provided three nutritious meals and two snacks a day. Individuals may assist with menu planning and personal preferences are considered. If an individual misses a meal it is typically not replaced unless requested. Storing personal food items is not encouraged, but is allowed if requested.

There are limits in place regarding access to food at any time.

62. If you selected "There are limits in place regarding access to food at any time" above, are the limits universally applied to everyone living in the residential setting?  Yes  No

63. Are the limits only applied to those who need them?  Yes  No

64. If you answered yes to the above, is there documentation of less restrictive alternatives tried before applying limits?  Yes  No

65. If limits are used, are the limitations identified in the individual's person-centered service plan?  Yes  No

66. If limits are used, they are primarily used to (select the best answer):

- Protect the individual or others       Efficiently manage operations

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**Section 9: The individual can have visitors at any time**

67. Please choose the option that best describes the services and supports to individuals regarding having visitors.

Individuals may have visitors at any time. Individuals living in the site understand there are no residential setting/provider limits to the time when visitors may be received. Individuals are encouraged and supported to have visitors. .

Individuals may have visitors at any time. The residential setting/provider may have policies in place for after-hours visitors or a check-in process to address safety or privacy concerns.

There are residential setting/provider limits to individuals having visitors at any time.

68. If you selected "There are residential setting/provider limits to individuals having visitors at any time" above, are the limits universally applied to everyone living in the residential setting?       Yes       No

69. Are the limits only applied to those who need them?       Yes       No

70. If you answered yes to the above, is there documentation of less restrictive alternatives tried before applying limits?       Yes       No

71. If limits are used, are the limitations identified in the individual's person-centered service plan?       Yes       No

72. If limits are used, they are primarily used to (select the best answer):

- Protect the individual or others       Efficiently manage operations





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**73. Is there any other information that you as a provider of community-based services would like to provide?**

**Thank you for completing this Survey.**