

Transmittal

Aging and People with Disabilities

Angela Munkers	<u>Number</u> : APD-IM-16-080
Authorized signature	Issue date : 9/1/2016
Topic: Provider Information	UPDATED
	Services (HCBS) Provider Self-Assessment ner Individual Experience Survey Comments
Applies to (check all that apply):	
All DHS employees Area Agencies on Aging Aging and People with Disabilities Self Sufficiency Programs County DD Program Managers ODDS Children's Residential Services Child Welfare Programs	 □ County Mental Health Directors □ Health Services □ Office of Developmental □ Disabilities Services(ODDS) □ ODDS Children's Intensive In Home Services □ Stabilization and Crisis Unit (SACU) □ Other (please specify): Medicaid and Non-Medicaid (Private Pay) Community based licensed or certified providers including: Adult Foster Homes, Assisted Living Facilities, Residential Care Facilities, and Memory Care Communities

Message: In 2015, APD surveyed Adult Foster Home, Assisted Living, and Residential Care Providers about their initial status regarding new Home and Community-Based Services (HCBS) expectations. Medicaid residents had the opportunity to submit an Individual Experience Survey.

We are posting the results of the provider surveys at the individual provider level on the HCBS Website: https://www.oregon.gov/DHS/SENIORS-
DISABILITIES/HCBS/Pages/APD.aspx

We are also posting Individual Experience Survey Consumer comments on the HCBS Website. We are not publicly posting Individual Experience Survey results, as individuals may be able to be identified based on their answers.

We will post new reports as Licensors/Surveyors complete onsite reviews and providers move toward full compliance with HCBS. We expect to post these quarterly.

It is important to note that providers licensed prior to January 2016 do not need to be in full compliance until September 2018. However for individuals/consumers interested in HCBS qualities, this posting provides information that may be important when considering, or already living in, a licensed residential setting.

Anyone may comment on the posted HCBS status of any setting. They may do this by emailing the information to the HCBS mailbox: HCBS.Oregon@dhsoha.state.or.us

Attached is the letter that is being sent to providers to inform them about the APD HCBS Provider Initial Status Report and explain what is being posted. If local offices are contacted or receive questions, please refer individuals to the HCBS mailbox.

If you have any questions about this information, contact:

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Contact(s):	Chris Angel		
Phone:	503-945-7034	Fax:	
Email:	chris.s.angel@state.or.us		



Department of Human Services

Aging and People with Disabilities 500 Summer St NE, 1st Floor E-10 HCBS Salem, OR 97301

Email: HCBS.Oregon@dhsoha.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, but we do need to make some changes to meet federal regulations.

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.

The online APD HCBS Provider Status Report shows your current status for each of the critical HCBS requirements. It may be viewed by going to the following web page:

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

The below table shows the Survey questions used within the Provider Initial Status Report.

Questions from Provider Survey used for Report	Column Heading on Report
Individuals are integrated into the community (Q13)	Integrated
Individuals control their own resources (Q17)	Resources
Individuals control their own schedule (Q23)	Control of Schedule
Individuals are free from coercion (Q29);	Privacy, Dignity, Respect &
Individuals are free from restraints (Q30);	Freedom from Coercion/
Individuals have free and private communications	Restraint

Questions from Provider Survey used for Report	Column Heading on Report
(Q31); and	
Individuals have full access to the setting (Q37)	
Individuals have privacy (Q43)	Privacy, including door locks
Individuals have a choice of roommate (Q49)	Choice of Roommate
Individuals can decorate their unit (Q55)	Furnishing and Decorating
Individuals have access to food (Q61)	Access to Food
Individuals can have visitors (Q67)	Visitors
Residency Agreement	Not derived from a question on
	the survey; work with your
	Licensor/Surveyor

Current Status Compliance Key

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Meets	Based on your survey, it appears that you are meeting the HCBS
Requirements	requirements. Congratulations! Please keep up the good work you are
	doing in these areas.
Expected to	Based on your survey, it appears you:
Meet	(a) Do not currently meet the HCBS requirements in these areas; or
Requirements	(b) 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.
Initial	Based on your survey, it appears you have the effect of isolating
Heightened	individuals. Due to the Code of Federal Regulations, an initial
Scrutiny	Heightened Scrutiny Review is required.
Review	
Required	

If any of the HCBS Survey Response categories are coded as "**Did not answer**" or "**Does not meet expectations**" on the Provider Status chart online, 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 Licensor/Surveyor visits in 2016 and are already working on an HCBS Plan of Improvement with the local 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 will need to develop your HCBS improvement plan at your next review.

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 polices 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 progress toward 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

Medicaid Long-Term Care & Safety, Oversight and Quality
Aging and People with Disabilities
Department of Human Services