

# Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Providing Support to Individuals Age 18 or Older

License/Certificate Holder: \_\_\_\_\_

Date of Review: \_\_\_\_\_

Home/Site Name: \_\_\_\_\_

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

Provider E-mail: \_\_\_\_\_

## Individuals Residing in the Home:

(First Name)	(Last Name)	(Initials)	Targeted in Review?
_____	_____		<input type="checkbox"/>
_____	_____		<input type="checkbox"/>
_____	_____		<input type="checkbox"/>
_____	_____		<input type="checkbox"/>
_____	_____		<input type="checkbox"/>

This form is intended to be applied as an on-site assessment of provider compliance with the new Home and Community-Based Services regulations (OAR 411-004).

The assessment and on-site visit is a required component of Oregon's Transition Plan towards compliance with new Medicaid regulations and Oregon Administrative Rules.

This on-site assessment is a beginning step in the process as Oregon programs and services transition to full compliance with the new regulations by September 1, 2018. This assessment checklist is to determine the current level of compliance for providers and to indicate areas where providers and programs will need to take action to fully comply with new expectations.

Following the on-site review, providers will be asked to respond to the compliance findings by providing additional information and/or creating plans for correction that detail the steps that will be taken in order for the provider to be fully compliant by September 2018.

Please refer to the accompanying instructions for completing the on-site review for additional detail.

# Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Providing Support to Individuals Age 18 or Older

1. The setting is integrated in and supports the same degree of access to the greater community as people not receiving HCBS, including opportunities for individuals enrolled in or utilizing HCBS to: Seek employment and work in competitive integrated employment settings; Engage in community life; Control personal resources; and Receive services in the community. (411-004-0020(1)(a))

Evidence of provider/setting compliance: (select any of the following that may apply)

- Visual observation
  - Calendars
  - Individual ISP(s)
  - Progress Notes/Facility Log
  - Statement of staff
  - Interview w/Individual
  - Other: \_\_\_\_\_
- 
- 
- 

Evidence of provider/setting non-compliance: (select any of the following that may apply)

- Visual observation
  - Calendars
  - Individual ISP(s)
  - Progress Notes/Facility Log
  - Statement of staff
  - Interview w/Individual
  - Other: \_\_\_\_\_
- 
- 
- 

**Provider has been determined to be out of compliance with: a setting is integrated in and supports the same degree of access to the greater community as people not receiving HCBS**

Explanation of compliance determination: (Narrative must be provided for a non-compliant determination. Identify individuals by initials for whom the provider is out of compliance.)

Provider plan for correction: \_\_\_\_\_

---

---

---

---

To be completed by: \_\_\_\_\_

# Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Providing Support to Individuals Age 18 or Older

2. The setting ensures individual rights of privacy, dignity, respect, and freedom from coercion and restraint. (411-004-0020(1)(c))

2a. Individuals appear to be free from coercion and restraint. (Please note: PPI's that are part of an individual's service plan in accordance with OAR requirements are not considered restraints).

Evidence of provider/setting non-compliance: (select any of the following that may apply)

- Visual/physical observation
- Individual ISP(s)
- Progress Notes/Facility Log
- Statement of staff
- Interview w/Individual (or representative)
- Other: \_\_\_\_\_

---

---

---

**Provider has been determined to be out of compliance with: a setting ensures individual freedom from coercion and restraint**

Explanation of compliance determination: (Narrative must be provided for a non-compliant determination. Identify individuals by initials for whom the provider is out of compliance.) \_\_\_\_\_

---

---

---

Provider plan for correction: \_\_\_\_\_

---

---

---

To be completed by: \_\_\_\_\_

\*Does the non-compliant situation rise to the level of a protective services referral?  
 Yes  No

# Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Providing Support to Individuals Age 18 or Older

**2b.** The provider and staff appear to treat individuals with dignity and respect.

Evidence of provider/setting non-compliance: (select any of the following that may apply)

- Visual/physical observation     Individual ISP(s)     Progress Notes/Facility Log  
 Statement of staff     Interview w/Individual (or representative)  
 Other: \_\_\_\_\_

---

---

---

**Provider has been determined to be out of compliance with: treating individuals with dignity and respect**

Explanation of compliance determination: (Narrative must be provided for a non-compliant determination. Identify individuals by initials for whom the provider is out of compliance.) \_\_\_\_\_

---

---

---

Provider plan for correction: \_\_\_\_\_

---

---

---

---

To be completed by: \_\_\_\_\_

\*Does the non-compliant situation rise to the level of a protective services referral?  
 Yes     No

# Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Providing Support to Individuals Age 18 or Older

**2c.** Individuals are supported in having reasonable privacy within the setting.

Evidence of provider/setting non-compliance: (select any of the following that may apply)

- Visual/physical observation     Individual ISP(s)     Progress Notes/Facility Log  
 Statement of staff     Interview w/Individual (or representative)  
 Other: \_\_\_\_\_

---

---

---

**Provider has been determined to be out of compliance with: individuals are supported in having reasonable privacy within the setting**

Explanation of compliance determination: (Narrative must be provided for a non-compliant determination. Identify individuals by initials for whom the provider is out of compliance.) \_\_\_\_\_

---

---

---

Provider plan for correction: \_\_\_\_\_

---

---

---

---

To be completed by: \_\_\_\_\_

\*Does the non-compliant situation rise to the level of a protective services referral?  
 Yes     No

# Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Providing Support to Individuals Age 18 or Older

3. The setting optimizes, but does not regiment, individual initiative, autonomy, self-direction, and independence in making life choices including, but not limited to, daily activities, physical environment, and with whom to interact. (411-004-0020(1)(d))

Evidence of provider/setting compliance: (select any of the following that may apply)

- Visual observation
- Calendars
- Individual ISP(s)
- Progress Notes/Facility Log
- Statement of staff
- Interview w/Individual
- Other: \_\_\_\_\_

Evidence of provider/setting non-compliance: (select any of the following that may apply)

- Visual observation
- Calendars
- Individual ISP(s)
- Progress Notes/Facility Log
- Statement of staff
- Interview w/Individual
- Other: \_\_\_\_\_

**Provider has been determined to be out of compliance with: a setting optimizes, but does not regiment, individual initiative, autonomy, self-direction, and independence in making life choices**

Explanation of compliance determination: (Narrative must be provided for a non-compliant determination. Identify individuals by initials for whom the provider is out of compliance.) \_\_\_\_\_

Provider plan for correction: \_\_\_\_\_

To be completed by: \_\_\_\_\_

# Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Providing Support to Individuals Age 18 or Older

4. The setting facilitates individual choice regarding services and supports, and who provides the services and supports. (411-004-0020(1)(e))

Evidence of provider/setting compliance: (select any of the following that may apply)

- Visual observation
  - Calendars
  - Individual ISP(s)
  - Progress Notes/Facility Log
  - Statement of staff
  - Interview w/Individual
  - Other: \_\_\_\_\_
- 
- 
- 

Evidence of provider/setting non-compliance: (select any of the following that may apply)

- Visual observation
  - Calendars
  - Individual ISP(s)
  - Progress Notes/Facility Log
  - Statement of staff
  - Interview w/Individual
  - Other: \_\_\_\_\_
- 
- 
- 

**Provider has been determined to be out of compliance with: a setting facilitates individual choice regarding services and supports, and who provides the services and supports**

Explanation of compliance determination: (Narrative must be provided for a non-compliant determination. Identify individuals by initials for whom the provider is out of compliance.) \_\_\_\_\_

---

---

---

Provider plan for correction: \_\_\_\_\_

---

---

---

To be completed by: \_\_\_\_\_

# Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Providing Support to Individuals Age 18 or Older

5. The setting is physically accessible to an individual. (411-004-0020(2)(b))

The setting is physically accessible to all individuals who reside in the home.

Evidence of provider/setting compliance: (select any of the following that may apply)

- Visual observation
  - Individual ISP(s)
  - Progress Notes/Facility Log
  - Statement of staff
  - Interview w/Individual (or representative)
  - Other: \_\_\_\_\_
- 
- 
- 

Evidence of provider/setting non-compliance: (select any of the following that may apply)

- Visual observation
  - Individual ISP(s)
  - Progress Notes/Facility Log
  - Statement of staff
  - Interview w/Individual (or representative)
  - Other: \_\_\_\_\_
- 
- 
- 

**Provider has been determined to be out of compliance with: the setting is physically accessible to each individual**

Explanation of compliance determination: (Narrative must be provided for a non-compliant determination. Identify individuals by initials for whom the provider is out of compliance.) \_\_\_\_\_

---

---

---

Provider plan for correction: \_\_\_\_\_

---

---

---

To be completed by: \_\_\_\_\_

# Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Providing Support to Individuals Age 18 or Older

6. The unit is a specific physical place that may be owned, rented, or occupied by an individual under a legally enforceable Residency Agreement. (411-004-0020(2)(c))

6a. There is a Residency Agreement in place for each individual resident in the home.  
 Yes     No

6b. The Residency Agreement addresses protections from eviction (timelines and conditions for involuntary exit consistent with setting OARs).  
 Yes     No     N/A (no residency agreement)

6c. The conditions in the Residency Agreement are consistent with customary landlord/tenant agreements. (Not more restrictive than common community rental agreements)  
 Yes     No     N/A (no residency agreement)

**Provider has been determined to be out of compliance with: a unit is a specific physical place that may be owned, rented, or occupied by an individual under a legally enforceable Residency Agreement**

Explanation of compliance determination: (Narrative must be provided for a non-compliant determination. Identify individuals by initials for whom the provider is out of compliance.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider plan for correction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To be completed by: \_\_\_\_\_

# Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Providing Support to Individuals Age 18 or Older

7. Each individual has privacy in his or her own unit. (411-004-0020(2)(d))

Evidence of provider/setting compliance: (select any of the following that may apply)

- Visual observation
  - Individual ISP(s)
  - Progress Notes/Facility Log
  - Statement of staff
  - Interview w/Individual (or representative)
  - Other: \_\_\_\_\_
- 
- 
- 
- 

Evidence of provider/setting non-compliance: (select any of the following that may apply)

- Visual observation
  - Individual ISP(s)
  - Progress Notes/Facility Log
  - Statement of staff
  - Interview w/Individual (or representative)
  - Other: \_\_\_\_\_
- 
- 
- 
- 

**Provider has been determined to be out of compliance with: each individual has privacy in his or her own unit.**

Explanation of compliance determination: (Narrative must be provided for a non-compliant determination. Identify individuals by initials for whom the provider is out of compliance.) \_\_\_\_\_

---

---

---

---

Provider plan for correction: \_\_\_\_\_

---

---

---

---

To be completed by: \_\_\_\_\_

# Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Providing Support to Individuals Age 18 or Older

**8.** Units must have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit. (411-00400020(2)(e))

**8a.** There is a lock on each individual bedroom door.

Yes     No

**8b.** If no, there is documentation in place for each individual that does not have locking bedroom door specifying that a lock should not be available to the individual based on assessed need of the individual.

Yes     No     N/A (no lock)

**8c.** Access to bedroom door keys is limited to only necessary staff and the individual.

Yes     No     N/A (no lock)

**Provider has been determined to be out of compliance with: units have entrance doors lockable by the individual, with the individual and only appropriate staff having a key to access the unit**

Explanation of compliance determination: (Narrative must be provided for a non-compliant determination. Identify individuals by initials for whom the provider is out of compliance.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider plan for correction:

Individually-based limitation is anticipated for individuals who do not have a lock on their bedroom door.  
 Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To be completed by: \_\_\_\_\_

**Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Providing Support to Individuals Age 18 or Older**

9. Individuals sharing units must have a choice of roommates. (411-004-0020(2)(f)).

9a. If there are shared bedrooms in the home, there is evidence that the individuals sharing bedrooms have consented to sharing a room with their roommate.

Evidence of provider/setting compliance: (select any of the following that may apply)

- Individual ISP(s)
- Written documentation of choice/consent of the individual
- Statement by caregiver
- Interview with the individual (or their representative)
- Written provider policy
- Other: \_\_\_\_\_

Evidence of provider/setting non-compliance: (select any of the following that may apply)

- Visual observation
- Individual ISP(s)
- Progress Notes/Facility Log
- Statement of staff
- Interview w/Individual (or representative)
- Other: \_\_\_\_\_

# Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Providing Support to Individuals Age 18 or Older

**9b.** If no, there is documentation in place for each individual who has not consented to his/her current roommate based on assessed need of the individual.

Yes     No     N/A (consent/no shared rooms)

**Provider has been determined to be out of compliance with: individuals sharing bedrooms have consented to sharing a room with their roommate**

Explanation of compliance determination: (Narrative must be provided for a non-compliant determination. Identify individuals by initials for whom the provider is out of compliance.) \_\_\_\_\_

---

---

---

---

Provider plan for correction:

Individually-based limitation is anticipated for individuals who do not consent to their current bedroom roommate.

Other: \_\_\_\_\_

---

---

---

---

To be completed by: \_\_\_\_\_

# Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Providing Support to Individuals Age 18 or Older

**10.** Individuals must have the freedom to decorate and furnish his or her own unit as agreed to within the Residency Agreement. (411-004-0020(g))

**10a.** Individuals are permitted and supported to furnish and decorate their bedroom in accordance with their personal preference/style (and as agreed to within the residency agreement).

Evidence of provider/setting compliance: (select any of the following that may apply)

- Visual observation
- Interview with the individual (or their representative)
- Individual ISP(s)
- Written documentation of choice/consent of the individual
- Statement by caregiver
- Written provider policy
- Other: \_\_\_\_\_

---

---

---

---

Evidence of provider/setting non-compliance: (select any of the following that may apply)

- Visual observation
- Interview with the individual (or their representative)
- Individual ISP(s)
- Written documentation of choice/consent of the individual
- Statement by caregiver
- Written provider policy
- Other: \_\_\_\_\_

---

---

---

---

# Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Providing Support to Individuals Age 18 or Older

**10b.** If no, there is documentation in place for each individual who has not been permitted and supported by the provider to furnish and/or decorate his/her bedroom based on assessed need of the individual.

Yes     No     N/A (no decorating limits)

**Provider has been determined to be out of compliance with: individuals have the freedom and support to furnish and decorate his/her unit**

Explanation of compliance determination: (Narrative must be provided for a non-compliant determination. Identify individuals by initials for whom the provider is out of compliance.) \_\_\_\_\_

---

---

---

---

Provider plan for correction:

Individually-based limitation is anticipated for individuals who have been limited by the provider in decorating or furnishing their bedroom.

Other: \_\_\_\_\_

---

---

---

---

To be completed by: \_\_\_\_\_

# Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Providing Support to Individuals Age 18 or Older

11. Each individual may have visitors of his or her choosing at any time. (411-004-0020(2)(h))

11a. Individuals are permitted and supported to have visitors of their choosing at any time.

Evidence of provider/setting compliance: (select any of the following that may apply)

<input type="checkbox"/> Visual observation	<input type="checkbox"/> Calendars	<input type="checkbox"/> Individual ISP(s)
<input type="checkbox"/> Progress Notes/Facility Log	<input type="checkbox"/> Statement of staff	<input type="checkbox"/> Interview w/Individual
<input type="checkbox"/> Other: _____		
_____		
_____		
_____		

Evidence of provider/setting non-compliance: (select any of the following that may apply)

<input type="checkbox"/> Visual observation	<input type="checkbox"/> Calendars	<input type="checkbox"/> Individual ISP(s)
<input type="checkbox"/> Progress Notes/Facility Log	<input type="checkbox"/> Statement of staff	<input type="checkbox"/> Interview w/Individual
<input type="checkbox"/> Other: _____		
_____		
_____		
_____		

# Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Providing Support to Individuals Age 18 or Older

**11b.** If no, there is documentation in place for each individual who has been limited by the provider/program in having visitors of his or her choosing at any time based on assessed need of the individual.

Yes     No     N/A (no visitor limits)

**Provider has been determined to be out of compliance with: individuals may have visitors of his/her choosing at any time**

Explanation of compliance determination: (Narrative must be provided for a non-compliant determination. Identify individuals by initials for whom the provider is out of compliance.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider plan for correction:

Individually-based limitation is anticipated for individuals who have been limited by the provider in having visitors of their choosing at any time.

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To be completed by: \_\_\_\_\_

# Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Providing Support to Individuals Age 18 or Older

**12a.** Each individual has the freedom and support to control his or her own schedule and activities. (411-004-0020(2)(i))

Evidence of provider/setting compliance: (select any of the following that may apply)

- Visual observation
  - Calendars
  - Individual ISP(s)
  - Progress Notes/Facility Log
  - Statement of staff
  - Interview w/Individual
  - Other: \_\_\_\_\_
- 
- 
- 
- 

Evidence of provider/setting non-compliance: (select any of the following that may apply)

- Visual observation
  - Calendars
  - Individual ISP(s)
  - Progress Notes/Facility Log
  - Statement of staff
  - Interview w/Individual
  - Other: \_\_\_\_\_
- 
- 
- 
-

# Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Providing Support to Individuals Age 18 or Older

**12b.** If no, there is documentation in place for each individual who has been limited by the provider/program in controlling his or her own schedule and activities based on assessed need of the individual.

Yes     No     N/A (no schedule limits)

**Provider has been determined to be out of compliance with: each individual has the freedom and support to control his or her own schedule and activities**

Explanation of compliance determination: (Narrative must be provided for a non-compliant determination. Identify individuals by initials for whom the provider is out of compliance.) \_\_\_\_\_

---

---

---

---

Provider plan for correction:

Individually-based limitation is anticipated for individuals who have been limited by the provider in controlling their personal schedule and activities.

Other: \_\_\_\_\_

---

---

---

---

To be completed by: \_\_\_\_\_

# Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Providing Support to Individuals Age 18 or Older

**13.** Each individual has the freedom and support to have access to food at any time.  
(411-004-0020(2)(j))

**13a.** Individuals are permitted and supported to access their personal foods at any time.

Evidence of provider/setting compliance: (select any of the following that may apply)

<input type="checkbox"/> Visual observation	<input type="checkbox"/> Menus	<input type="checkbox"/> Progress Notes/Facility Log
<input type="checkbox"/> Individual ISP(s)	<input type="checkbox"/> Statement of staff	<input type="checkbox"/> Interview w/Individual
<input type="checkbox"/> Other: _____		
_____		
_____		
_____		

Evidence of provider/setting non-compliance: (select any of the following that may apply)

<input type="checkbox"/> Visual observation	<input type="checkbox"/> Menus	<input type="checkbox"/> Progress Notes/Facility Log
<input type="checkbox"/> Individual ISP(s)	<input type="checkbox"/> Statement of staff	<input type="checkbox"/> Interview w/Individual
<input type="checkbox"/> Other: _____		
_____		
_____		
_____		

# Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Providing Support to Individuals Age 18 or Older

**13b.** If no, there is documentation in place for each individual who has been limited by the provider/program in accessing his/her personal food at any time based on assessed need of the individual.

Yes     No     N/A (no food access limits)

**Provider has been determined to be out of compliance with: each individual has the freedom and support to have access to food at any time**

Explanation of compliance determination: (Narrative must be provided for a non-compliant determination. Identify individuals by initials for whom the provider is out of compliance.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider plan for correction:

Individually-based limitation is anticipated for individuals who have been limited by the provider in having access to food at any time.

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To be completed by: \_\_\_\_\_

# Home and Community-Based Services (HCBS) On-Site Compliance Assessment for Residential Service Settings Providing Support to Individuals Age 18 or Older

Additional Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Signatures and Designation:

Review completed by: (Print name) \_\_\_\_\_

Signature of Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

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

Plan approved by: \_\_\_\_\_ Date: \_\_\_\_\_

To be followed up by: \_\_\_\_\_ Date: \_\_\_\_\_

Plan completed verified by: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*Submit a copy of the completed (except for the provider plan for correction section) review to ODDS via secure email at: [ODDSHCBS.ResidentialReview@state.or.us](mailto:ODDSHCBS.ResidentialReview@state.or.us)\*\*\*\*