

Reporting Home and Community-Based Services (HCBS) settings that may have institutional qualities or may be isolating individuals

I understand that I don't need to give my name or contact information. If I do not provide my name or contact information, APD cannot ask questions or get more details from me.

To report any concerns please complete the following:

My name: _____

Today's date: _____ My phone or email: _____

Name of provider/setting: _____

Address of provider/setting: _____

Residents affected: ☐ All ☐ Unknown; Name, if known: _____

If you have referred these concerns to others, please list them so we may follow-up with them:

Name: _____ Phone or contact information: _____

Area(s) of Concern (mark all that apply):

- ☐ Access to food ☐ Accessibility ☐ Access to visitors ☐ Choice of roommate
☐ Control of own resources ☐ Control of own schedule/access to the broader
community ☐ Decorate/Furnish ☐ Locking door for privacy ☐ Freedom
from restraints ☐ Work ☐ Other

Details of my concern(s) (Attach additional pages if needed): _____

☐ The information I have given is true to my knowledge _____
Signature

I understand that I am not required to use this worksheet to submit concerns. If I decide to submit my concerns using some other method, I will include the information requested above.

Send completed form to:

Mail: DHS HCBS, 500 Summer St NE E-10, Salem, OR 97301

Email: HCBS.Oregon@odhs.oregon.gov

Fax: Attention HCBS, 503-947-4245

When to Report HCBS-Related Concerns

This form is for reporting concerns about Home and Community-Based (HCB) settings (such as Adult Foster Homes, Residential Care Facilities and Assisted Living Facilities). If you have concerns related to abuse or safety, call 1-855-503-7233 or 1-855-503-SAFE.

State and Federal regulations require that services provided outside of institutions (such as State Hospital, Acute Care Hospital, and Nursing Facility) must meet certain standards that protect the rights of individuals who live in those settings. In addition to the resident's Bill of Rights provided at admission, there are other important rights and freedoms for individuals receiving services in HCB settings. These are outlined below.

Generally, all individuals in HCB settings have the right to:

- Privacy, dignity, respect and freedom from coercion
- Access to the broader/greater community
- Residency agreement
- Accessible setting
- Control of personal resources
- Person-Centered Planning and Person-Centered Plans
- Services in an integrated, non-disability specific setting
- Work, if desired

Additionally, individuals have the following rights, unless limited due to health and safety concerns. Beginning July 2018, the individual or their legal representative must consent to any limitations to these rights.

- Locked bedroom or living unit door for privacy

- Choice of roommate in shared room models
- Decorate and furnish bedroom or living unit
- Access to food at any time
- Visitors at any time
- Control of own schedule
- Freedom from restraints

HCB settings that may isolate individuals or have institutional qualities are of specific concern, as they may require Federal review. If you have concerns that an individual is not experiencing the rights listed above or that a setting has the effect of isolating individuals from the greater community, you are encouraged to report them.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Aging and People with Disabilities at apd.ltss@odhs.oregon.gov or 503-945-5600. We accept all relay calls.



Aging and People with Disabilities

Long-Term Services and Supports

500 Summer St. NE, E-10

Salem, OR 97301-1076

503-945-5600

odhs.info@odhs.oregon.gov

www.oregon.gov/odhs