

## **Fact Sheet – Choice of Setting**

**Authority:** 42 CFR 441.301(c)(4)(ii), 42 CFR 441.710(a)(1)(ii), & 42 CFR 441.530(a)(1)(ii)

There are new Federal Medicaid rules. These rules are about Home and Community-Based Services (HCBS) and settings. Under the new rules, you have a choice in where you live. You also have choices about who provides supports to you.

### **In Oregon This Means:**

You have choices about where you:

- Live.
- Work.
- Receive other community-based services.

You may make choices from among setting options. Your personal resources may impact what choices are available to you.

Setting options are based on your needs and preferences.

They must include at least:

- Non-disability specific settings.
- A private bedroom or living unit for residential settings.

The setting options that you explore will be documented in your person-centered plan.

There may be times that your assessed needs provide reasons to consider some limits to choice of setting. Limits will not be used without your (or your legal representative's) informed consent. Limits will only be used when there is a health or safety risk.

The federal rules allow for a transition period for states to fully comply with the new rules. For additional fact sheets or more information regarding the Oregon HCBS Transition Plan, please visit the below link.

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



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**Fact Sheet: Provider Owned, Controlled, or Operated Residential Setting**  
**Authority: 42 CFR 441.530(a)(1)(vi)(A), 42 CFR 441.710(a)(1)(vi)(A)-(F) & 42 CFR 441.301(c)(4)(vi)(A)**

**In a provider owned, controlled, or operated residential setting:**

There are new Federal Medicaid rules. These rules are about Home and Community-Based Services (HCBS) and settings. There are specific requirements for provider owned, controlled, or operated residential settings.

**In Oregon This Means:**

A residential setting is provider owned, controlled, or operated when:

- A condition of living in the setting is that you receive services from the provider who owns, controls, or operates the site; and
- Typically, the setting is licensed or certified by a State or County program.

These settings include, but are not limited to:

- Group Homes
- Foster Homes
- Assisted Living Facilities
- Residential Treatment Homes

These settings do not include:

- Your own home
- Family member's home where you live

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## **Fact Sheet - Shared Bedroom or Living Unit (Choice of Roommate)**

**Authority:** 42 CFR 441.530(a)(1)(vi)(B)(2), 42 CFR 441.710(a)(1)(vi)(B)(2), & 42 CFR 441.301(c)(4)(vi)(B)(2)

### **In a provider-owned, controlled, or operated residential setting:**

There are new Federal Medicaid rules. These rules are about Home and Community-Based Services (HCBS) and settings. Under the new rules, if you share your bedrooms or living unit you have a choice of roommate(s).

### **In Oregon This Means:**

When you share a room, you have a choice of who your roommate is. You do not have to accept a roommate that has been chosen for you. You also have the right to request a new roommate.

For all provider-owned, controlled, or operated residential settings:

- Providers are not required to have only private rooms.
- Providers are not required to convert shared rooms to private rooms.
- Providers will work with you and follow any rules developed when filling a shared room vacancy.
- You have the right and a method to request a new roommate.
- You will have an opportunity to meet potential roommates.

If you want a new roommate, you have options. You may stay with your current roommate until there is another person available. You may choose to move to another setting. If you share a bedroom and continually reject roommates you might be interested in exploring other living options, including a private room.

There may be times that your assessed needs provide reasons to consider some limits when sharing a room and about your choice of roommates. Limits will not be used without your (or your legal representative's) informed consent. Limits will only be used when there is a health or safety risk.

The federal rules allow for a transition period for states to fully comply with the new rules. For additional fact sheets or more information regarding the Oregon HCBS Transition Plan, please visit the link below.

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## **Fact Sheet - Doors Lockable by the Individual**

**Authority:** 42 CFR 441.530(a)(1)(vi)(B)(1), 42 CFR 441.710(a)(1)(vi)(B)(1), & 42 CFR 441.301(c)(4)(vi)(B)(1)

### **In a provider-owned, controlled, or operated residential setting:**

There are new Federal Medicaid rules. These rules are about Home and Community-Based Services (HCBS) and settings. Under the new rules, you can have privacy in your bedroom or living unit. Providers need to supply a lock for your bedroom or living unit. Only staff that need to will have keys. Your person-centered plan will help you and your team decide who has keys.

### **In Oregon This Means:**

If you live in a provider-owned, controlled, or operated residential setting, your bedroom or living unit should have a door that you can lock. However, you may choose not to have a lock. You can also choose to not use the lock on your bedroom or living unit door.

#### **Door locks must:**

- Be single action.
- Be in compliance with current codes.
- Meet all applicable state rules.
- Meet safety standards.
- Allow for easy exit from your unit.

Providers must supply your lock. The lock must be single action. This means that the door must unlock when you turn the handle or move the lever to leave.

There may be times that your assessed needs provide reasons to consider some limits to locks on doors. Limits will not be used without your (or your legal representative's) informed consent. Limits will only be used when there is a health or safety risk.

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**Fact Sheet: Visitors**

**Authority:** 42 CFR 441.530(a)(1)(vi)(D), 42 CFR 441.710(a)(1)(vi)(D), & 42 CFR 441.301(c)(4)(vi)(D)

**In a provider-owned, controlled, or operated residential setting:**

There are new Federal Medicaid rules. These rules are about Home and Community-Based Services (HCBS) and settings. These rules let you decide who you want to visit you. These rules also say that your visitors can come at any time you want.

**In Oregon This Means:**

If you live in a provider-owned, controlled, or operated residential setting. You can choose who visits you and you can choose when they visit.

- Providers must support your right to have visitors any time you choose.
- Providers must allow you to have people visit with you in your living unit or in common areas.
- When you share your household with others, the preferences of others must also be respected.
- There may be limits on the amount of time a visitor can stay based on a rental agreement or other agreement.

Providers can put procedures in place to support your health and safety. The procedures must be reasonable. The procedures must not prevent you from having visitors. Here are two examples: **1.** Providers may have your visitor check-in when they come to visit you. **2.** Providers may help you plan for after-hours visits.

There may be times that your assessed needs provide reasons to consider some limits to having visitors. Limits will not be used without your (or your legal representative's) informed consent. Limits will only be used when there is a health or safety risk.

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## Fact Sheet - Access to Food

Authority: 42 CFR 441.301(c)(4)(vi)(C), 42 CFR 441.710(a)(1)(vi)(C), & 42 CFR 441.530(a)(1)(vi)(C)

### In a provider-owned, controlled, or operated residential setting:

There are new Federal Medicaid rules. These rules are about Home and Community-Based Services (HCBS) and settings. Under the new rules, you have the freedom and support to have access to food at any time.

### In Oregon This Means:

If you live in a provider-owned, controlled, or operated residential setting you may have access to food at any time. You are not limited to specific meal times. Access to food includes when and where you would like to eat and choices of foods you want to eat.

Providers are expected to support you with your access to foods. Your assessed support needs, preferences, and goals will guide the support you receive.

### Examples of support to you may include:

- Assisting with budgeting and shopping so you may have personal foods.
- Assisting you to safely store personal foods, such as snack items.
- Providing alternative food choices when the main meal option is not preferred, or when you do not eat at a standard meal time (such as reheatable meals, or meals to go like bag lunches).
- Assisting you with healthy eating choices without controlling or discounting your preferences.

In most settings, you pay room and board. This includes payment for three nutritious meals and two snacks per day. Providers must make efforts to provide meals that are in line with community standards for home-based meals and consider the culture and preferences of the individuals living in the setting.

Providers do not have to provide food items that are very costly or difficult to prepare.

Providers do not have to provide a limitless supply of snack foods or other items around the clock. The new rules do not mean you have access to full dining services or meal preparation at all times.

However, providers do have to help you identify which items you want available in shared kitchens or designated storage spaces so you may access food at any time.

There may be times that your assessed needs provide reasons to consider limits regarding your access to food. Limits will not be used without your (or your legal representative's) informed consent. Limits will only be used when there is a health or safety risk.

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## Fact Sheet - Decorating and furnishing

Authority: 42 CFR 441.530(a)(1)(vi)(B)(3), 42 CFR 441.710(a)(1)(vi)(B)(3), & 42 CFR 441.301(c)(4)(vi)(B)(3)

### **In a provider-owned, controlled, or operated residential setting:**

There are new Federal Medicaid rules. These rules are about Home and Community-Based Services (HCBS) and settings. Under the new rules, you have the freedom to furnish and decorate your bedroom or living unit. However, you must still follow your residency or other agreement.

### **In Oregon This Means:**

#### **If you live in a provider-owned, controlled, or operated residential setting:**

You may decide how you decorate your bedroom or living unit. You can also decide how to furnish your room or unit. You may decide to bring your own furniture. Or, if you prefer you may choose to use what the provider supplies. For example, you might want to bring your own bed and dresser. Or, you may choose to use the provider supplied bed and dresser.

Oregon supports your right to decorate your unit how you would like. In a provider-owned, controlled, or operated setting, you will be sharing your home with others. So, please remember when decorating to:

- Be respectful.
- Be considerate.
- Follow your residency agreement.

There may be times that your assessed needs provide reasons to consider some limits to decorating and furnishing. Limits will not be used without your (or your legal representative's) informed consent. Limits will only be used when there is a health or safety risk.

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## **Fact Sheet: Individually-Based Limitations to the Rules**

**Authority: 42 CFR 441.301(c)(2)(xiii), 42 CFR 441.710(a)(1)(vi)(F) & 42 CFR 441.530(a)(1)(vi)(F)**

### **In a provider-owned, controlled or operated residential Setting:**

There are new Federal Medicaid rules. These rules are about Home and Community-Based Services (HCBS) and settings. Some of the new rules explain when individual limitations can be applied in residential settings. There may be times when the rule requirements can be limited due to health and safety risks. For most individuals, there will be no limitations put in place.

### **In Oregon This Means:**

When you receive services in a provider owned, controlled, or operated residential setting, individual limitations may be used based on specific assessed needs. Any limitations must be written in your person-centered service plan. These limitations will not be used without your (or your legal representative's) informed consent. Limitations may only be considered in the following areas:

- Protection to live under a legal landlord/tenant agreement, or its equivalent.
- Privacy in your bedroom or living unit.
- A lockable door in your bedroom or living unit.
- Choice of who your roommate will be, if you share a bedroom.
- Furnish and decorate your bedroom or living unit as you choose.
- Freedom and support to control your schedule and activities.
- Freedom and support to have access to food at any time.
- Visitors of your choosing at any time.

For any limitations, the documentation in your person-centered service plan, must include:

- The reason the limitation is needed.
- Different supports you received before the limitation was put in place.
- The types of things that were tried before and did not work.

- A clear description of how the limitation makes sense based on your assessed needs.
- A way to measure if the limitation is working.
- When the limitation will be reviewed or removed.
- Your (or your legal representative's) informed consent.
- An assurance that the limitation will not be harmful to you.

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