

Brokerage Expenditure Guidelines

Funding Authorities:

- **Community First Choice (K Plan)**
- **Support Services Waiver**

Notes:

- *Services marked with an asterisk are services that, when delivered by an Independent Provider, are PSW tasks.
- The ISP must authorize each service using the name in the shaded box at the top of the service description in this guideline. Subtitles or more specific service descriptions may be used in addition to the name of the service to provide clarity or detail for the individual or providers.
- Every need identified by the Adult In Home Support Needs Assessment tool must note on the ISP which funding authority is being used to meet the need, or that natural support is meeting it, or that the individual is choosing to have the need go unmet.

• **Community First Choice (K plan)**

The Following services are available under the authority of the Community First Choice State Plan Amendment:

- ❖ Assistive Devices
- ❖ Assistive Technology
- ❖ Attendant Care
- ❖ Behavior Support
- ❖ Chore Services
- ❖ Community Nursing Services
- ❖ Community Transportation
- ❖ Emergency Response Systems
- ❖ Environmental Modifications
- ❖ Home Delivered Meals
- ❖ Relief Care
- ❖ Skill Training
- ❖ Transition Services

Notes:

- Attendant Care Hours determined by the Adult In Home Support Needs Assessment tool may be divided between ADL/IADL care, skills training, and hourly Relief Care as determined through a person centered planning process.
- PSW and Independent Contractor rates comply with the '13 – '15 Collective Bargaining Agreement.
- Supplemental support documentation Forms must be completed as indicated in the guidelines. If allowed, the most cost effective solution may be authorized for funding.

Assistive Devices

(CPMS code 737)

| Source | POC Code | POC Name | |
|--|----------|-------------------------------|---|
| K Plan | OR380 | Specialized Medical Equipment | Instructions for inclusion on an ISP: |
| Description: | | | |
| <p>Specialized Medical Equipment*</p> <ul style="list-style-type: none"> Assistive Devices means any category of durable medical equipment, mechanical apparatus, electrical appliance, or instrument of technology used to assist and enhance an individual's independence in performing any activity of daily living. <p><u>Examples:</u></p> <ul style="list-style-type: none"> Adaptive equipment for eating (i.e. utensils, trays, cups, bowls that are specially designed to assist an individual to feed him/herself). Manual Wheelchair for mobility when power chair won't fit in house. Specially designed clothes to meet the unique needs of the individual with the disability (e.g. clothes designed to prevent access by the individual to the stoma, etc.). | | | <p>The Supplemental support documentation for Assistive Devices must be completed and included with the individual's record.</p> <p><u>Assistive Devices:</u></p> <ul style="list-style-type: none"> Limit of \$5000 per year without ODDS approval. Any single device or assistance costing more than \$500 in a plan year must be approved by ODDS. If the OHP or a private insurance will pay for an item but the maximum allowable rate will not cover the <i>specific type or brand</i> of item desired, Department funds cannot be used to make up the difference in cost. Individuals should consult with their health plan staff, such as the Exceptional Needs Care Coordinator, if they have difficulty locating an item for the maximum allowable rate. |

Assistive Devices

(CPMS code 737)

- Purchases, rentals, repairs covered by OHP for durable medical equipment after OHP limit has been reached.

*Please note that this category of service is limited to devices as described. At this time it does not include supplies. ISPs that have supplies authorized, consistent with those described in the previous waivers, prior to February 7, 2014 may continue to authorize those supplies, however it must be specified on the ISP that the funding source is state General Fund and costs may not be billed to the K or waiver. New authorizations for supplies will not be allowed until further notice.

Assistive Technology

(CPMS code 737)

| Source | POC Code | POC Name | Instructions for inclusion on an ISP: |
|---|----------|------------------------|--|
| K Plan | OR321 | AT Purchase - Hardware | |
| K Plan | OR322 | AT purchase - Software | |
| K Plan | OR323 | AT Installation | |
| K Plan | OR325 | AT Maintenance | |
| Description: | | | <p>The Supplemental support documentation for Assistive Technology must be completed and included with the individual's record.</p> <ul style="list-style-type: none"> • Limit of \$5000 per year without ODDS approval. • Any device or assistance costing more than \$500 in a plan year must be approved by ODDS. When multiple purchases are required to fulfill an identified support need, such as hardware and software purchased separately, the costs should be considered together. • Any purchase made from this category must be directly related to a support need of the individual. It must increase independence or lessen the need for other paid support. ISP goals in support of the use of this service must describe how these conditions will be met. |
| <ul style="list-style-type: none"> • Electronic devices to secure assistance in an emergency in the community and other reminders such as medication minders and alert systems for ADL or IADL supports, or mobile electronic devices; • Assistive technology to provide additional security and replace the need for direct interventions to allow self direction of care and maximize independence such as motion/sound sensors, two-way communication systems, automatic faucets and soap dispensers, incontinent and fall sensors, or other electronic backup systems. • Data plans, software, warranties, accessories, etc. | | | |

Assistive Technology

(CPMS code 737)

- Damage, loss and theft will happen from time to time. Support Funds may repair or replace an item one time per year, however the supplemental support documentation must consider the likelihood of the same thing happening again and any impacts that may have on cost effectiveness. Repair or replacement more than one time in a year requires prior authorization from ODDS.

Attendant Care*

(CPMS code 726)

| Source | POC Code | POC Name | |
|--|----------|------------------------|---|
| K Plan | OR526 | Attendant Care Support | Instructions for inclusion on an ISP: |
| K Plan | OR100 | In Home Care, ADL | |
| K Plan | OR101 | In Home Care, IADL | |
| Description: | | | |
| <p>Attendant Care, Hourly*</p> <p>Attendant services and supports assist an individual in accomplishing activities of daily living, instrumental activities of daily living and health related tasks through hands-on assistance, supervision, or cueing.</p> <p>ADL tasks:</p> <ul style="list-style-type: none"> (A) Basic personal hygiene (B) Toileting, bowel, and bladder care (C) Mobility, transfers, and repositioning (D) Nutrition (E) Medication and medical equipment | | | <p>Attendant care may occur in the home or community.</p> <p>Attendant care may be authorized in such a way to incorporate both ADL and IADL together (OR526) or they may be separately authorized (OR100, OR101) as determined appropriate through the person-centered planning process.</p> <p>Units of service may not exceed the number of attendant hours determined to be necessary by the Adult In Home Assessment tool.</p> <p><u>Service is not available for:</u></p> <ul style="list-style-type: none"> • Costs for transportation, food, shelter, and entertainment that would normally be incurred by anyone on vacation, regardless of disability, and are not strictly required by the individual's need for personal assistance in all home and community settings. • Expenses that would normally be paid by adults without disabilities in pursuit of strictly recreational or personal interests, e.g. video rental, tickets for movies and concerts, internet fees, admissions to sporting events, health club dues, horseback riding fees, conference fees. • Services delivered within the home to individuals who pay |

Attendant Care*

(CPMS code 726)

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| <p>(F) Delegated nursing tasks.</p> <p>IADL tasks include but are not limited to:</p> <p>(A) Light Housekeeping</p> <p>(B) Grocery and other shopping necessary for the completion of other ADL and IADL tasks.</p> <p>(H) Assistance with necessary medical appointments</p> <p>(I) Observation of an individual's status and reporting</p> <p>(J) First aid and handling emergencies</p> <p>(K) Cognitive assistance or emotional support</p> <p>See Appendix for further information.</p> | <p>privately for services in licensed or certified facilities.</p> <ul style="list-style-type: none"> • Other than attendant care, classroom support for general education classes or classes that are specifically for individuals with developmental disabilities • Rule out more cost effective services that may meet the need (such as assistive technology or an emergency response system) and are desired by the individual. |
|---|--|

| Attendant Care Rates | | SERVICE CATEGORY 1 | |
|-------------------------|--|---|---|
| RATES FOR ADL SERVICES: | PSW HOURLY - \$13/hr ** CIIS PSW - \$15.20/hr | INDEPENDENT CONTRACTOR \$17.50/HOUR** CIIS - \$17.48/hr | PROVIDER AGENCY Rates will be maintained at the April 2013 published rates until further notice. |

| Attendant Care Rates | | SERVICE CATEGORY 1 | |
|--|-------------------------|--|---|
| RATES FOR IADL SERVICES: | PSW HOURLY - \$13/hr ** | INDEPENDENT CONTRACTOR \$17.50/HOUR** | PROVIDER AGENCY Rates will be maintained at the April 2013 published rates until further notice. |
| <p>** Per the 13 – 15 Collective Bargaining Agreement current PSWs and Independent Contractors in the bargaining unit may not be paid less than their current highest rate per service category. Provider must show proof of their current highest rate and that this rate was established prior to October 3, 2013. Service categories are as follows:</p> <p>PSW hourly, Job Coaching and PSW CIIS. Rates should not cross service categories except when applicable. For example, it is assumed a PSW rate for personal care would not be the same as the rate for a job coach.</p> | | | |

Behavior Supports

(CPMS code 738)

| Source | POC Code | POC Name | |
|---|----------|---|---|
| K Plan | OR570 | Behavior Consultation, Assessment and Training for DD | Instructions for inclusion on an ISP: |
| Description: | | | <p>If the adult in home assessment tool indicates the need for a functional behavior assessment and potentially a formal behavior support plan the following guidance applies:</p> <p>A. Functional Assessment (F/A) ONLY: Allow up to a maximum of 15 hours of Behavior Consultation services initially to complete F/A, which would include the following services:</p> <ol style="list-style-type: none"> a. File review b. Direct Observations c. Review Historical Behavior Data Collection d. F/A Interview(s) with ISP team members e. Compile F/A Document f. Facilitate team meeting to review written F/A; Team's review of FA would determine if Formal BSP needs to be written OR if additional informal behavior support strategies need to be developed by consultant. If either is required, additional behavioral consultation hours/services would be added per item "B" below. <p>B. Allow up to 12 hours of Behavior Consultation services to develop, prepare written presentation of, and train ISP team to a formal BSP or informal behavior support strategies which do not contain Protective Physical Interventions. (PPI)</p> |
| <p>Positive Behavior Support Services include coaching and support of positive behaviors, behavior modification and intervention supports to allow individuals to develop, maintain and/or enhance skills to accomplish ADL's, IADLs and health related tasks. The need for these services is determined through the Adult In Home Support Needs Assessment Tool and the individual's goals as identified in the person centered planning process. Positive Behavioral Support Services may also include consultation to the care provider on how to mitigate behavior that may place the individual's health and safety at risk and prevent institutionalization. Services may be implemented in the home and/or community, based on an individual's assessed needs. All activities must be for the direct benefit of the Medicaid beneficiary. These specific supports are designed to support individuals with cognitive impairments</p> <p>Behavior Consultants will work with the individual and, if applicable, the caregiver, to assess the environmental, social, and interpersonal factors influencing the person's behaviors. The consultants will develop, in collaboration with the individual and if applicable, caregivers, a specific positive behavioral support plan to address the needs of the person to acquire, maintain and enhance skills necessary for the individual to accomplish activities of daily</p> | | | |

Behavior Supports

(CPMS code 738)

living, instrumental activities of daily living and health related tasks.

C. For Behavior Support Plans which require PPIs: Allow up to 3 additional hours of Behavioral Consultation services to complete the following:

- a. Initial OIS – Individual Focus (IF) training of staff to PPIs. (Important Note: This also means that all providers participating in the OIS IF training have completed their 2 Day “General” OIS training and hold a current OIS-G certificate.)
- b. 30 Days later – Reviewing staff’s progress/continued demonstration of physical techniques for applicable PPIs.

Individuals requiring ongoing behavior support shall be approved by the Brokerage Director or their designee, and not exceed the rates established, the individuals assessed needs for support, or what is necessary to complete the assessment. Individuals requiring more than 3 hours of ongoing support per month must be approved by ODDS.

Hours for the development of the FA/ BSP which exceed the above guidelines must be approved by ODDS,

Payment for the completion of the FA/ BSP shall not be made until the completion of the assessment and/or plan, with detailed invoice received from the consultant. A consultant will not provide additional hours beyond the approved amount without prior authorization.

| Behavior Support Rates | | Service Category 2 |
|--|------------------|---|
| RATES FOR BEHAVIOR CONSULTATION SERVICES: | URBAN: | RURAL (this rate includes travel allowance and should be used when the consultant must travel beyond 70 miles one way and they are the most cost effective provider available.): |
| Ongoing behavior services (If needed more than 6 mos beyond the BSP development authorization must be granted by ODDS) | \$80/HOUR | \$80 - \$100/HOUR |
| FA/BSP plan development and assessment (max pmt) | \$2400 | \$3200 |
| Exceptions to published rates must be approved by ODDS. | | |

Chore Services

(CPMS code 725)

| Source | POC Code | POC Name | |
|--|----------|----------------|---|
| K Plan | OR501 | Chore Services | Instructions for inclusion on an ISP: |
| Description: | | | <p>This service may be authorized once, each time the following criteria is met:</p> <ul style="list-style-type: none"> • no one else is responsible to perform or pay for the services • The conditions prior to the service are unsanitary or hazardous • It is not ongoing home maintenance and housekeeping services or lawn and yard maintenance. • Not a routine expense associated with moving residence, e.g. moving furniture and belongings, cleaning apartment to obtain cleaning deposit. • Not remodeling or new construction in and around the home. • Not pet washing and grooming. • Not washing vehicles. • Not normal household cleaning supplies. • The issue that led to the hazardous or unsanitary situation is addressed (if not preventable, documentation must support why not) <p>The Supplemental support documentation for Chore Services must be completed and included with the individual's record.</p> |
| <p><u>Chore Services:</u> Chore services are used to restore a hazardous or unsanitary situation to a clean, sanitary, and safe environment in an individual's home. Chore services include heavy household chores such as washing floors, windows, and walls, tacking down loose rugs and tiles, and moving heavy items of furniture for safe access and egress. Chore services may include yard hazard abatement to ensure the outside of the home is safe for the individual to traverse and enter and exit the home.</p> <p>Chore services are one-time or occasional assistance with tasks involving heavy physical labor aimed at achieving basic cleanliness and safety that may then be maintained over a reasonable period of time by routine housekeeping and maintenance.</p> | | | |
| Supplemental Information | | | |
| <p>Examples when another person might be responsible:</p> <ul style="list-style-type: none"> • Landlord when clean up is from a previous tenant • When the individual lives in the family home. | | | |

Chore Services Rates

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| Approved Rates for Chore Services: | Domestic Employees (Non PSW) : \$12/HOUR | Independent Contractor \$16/hour | Provider Agency: \$20/hour |
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Community Nursing Services

(CPMS code 738)

| Source | POC Code | POC Name | |
|--|----------|---|---|
| K Plan | OR 585 | Nursing Consultation, including assessment and nursing support plan development | Instructions for inclusion on an ISP: |
| | OR586 | Nursing delegation, oversight and training | |
| Description: | | | |
| <p><u>Nursing Consultation:</u></p> <p>"Nursing Assessment" means one of the following assessments selected by the RN based on the individuals needs and situation:</p> <p>Nursing Assessment: the systematic collection of data about an individual for the purpose of judging that person's health/illness status and actual or potential health care needs. Nursing Assessment involves collecting information about the whole person including the physical, psychological, social, cultural and spiritual aspects of the person. Nursing Assessment includes taking a nursing history and an appraisal of the person's health/illness through interview, physical examination and information from family/significant others and pertinent information from the person's past health/medical record. The data collected during the Nursing Assessment process provides the basis for a diagnosis (es), plan for intervention and evaluation. (OAR 851.047.0010(12))</p> <p>At a minimum the Nursing Assessment should review:</p> <ul style="list-style-type: none"> • The person's health support needs • Any environmental concerns that present challenges to the | | | <p>Registered Nurses in the Long Term Care (LTC) Community Nursing Program (also known as Community RN, CRN , program) delegate specific nursing tasks to specific caregivers with the purpose of ensuring that nursing tasks are performed correctly and safely by unlicensed caregivers. Any nursing task not performed by a nurse must be delegated by a nurse if performed by non-family members without a nursing license. Each delegation is performed by a specific nurse and is focused on a specific task, delivered by a specific caregiver to a specific person.</p> <p>Some reasons to make a referral to a LTC Community Nurse include:</p> <ul style="list-style-type: none"> • The individual and their caregivers need delegation and teaching regarding the individual's subcutaneous insulin injections • The individual has a tracheotomy which needs care and suctioning • The individual requires nutritional supplements, medications and hydration through a gastrostomy tube |

Community Nursing Services

(CPMS code 738)

person's health and safety

- The person's key health beliefs and health behaviors including behaviors that create potential and current risk
- Any teaching or delegation needs that should be addressed

A "comprehensive assessment" or "focused assessment" as defined by OAR 541-045-0030

"Comprehensive Assessment" means the extensive collection and analysis of data for assessment involves, but is not limited to, the synthesis of the biological, psychological, social, sexual, economic, cultural and spiritual aspects of the client's condition or needs, within the environment of practice for the purpose of establishing nursing diagnostic statements, and developing, implementing and evaluating a plan of care;

"Focused Assessment" means an appraisal of a client's status and situation at hand, through observation and collection of objective and subjective data. Focused assessment involves identification of normal and abnormal findings, anticipation and recognition of changes or potential changes in client's health status, and may contribute to a comprehensive assessment performed by the Registered Nurse;

"Nursing Service Plan" means the plan that is developed by the Registered Nurse based on an individual's initial nursing assessment, reassessment, or updates made to a nursing assessment as a result of monitoring visits. It is specific to the individual and identifies the

- A case manager/caregiver or person has concerns/issues regarding an individual's medication(s)
- An individual has had an unexpected increase in the use of emergency care, physician visits or hospitalizations
- The case manager believes an evaluation of the person's placement is necessary to ensure that the caregivers have the skills to meet the person's needs
- There have been changes in the person's behavior or cognition
- The person has nutrition or weight issues
- The person has issues with aspiration, dehydration, constipation, seizures or pica
- The person has pain issues
- There is a history of recent, frequent falls
- There is a potential for skin breakdown or recently resolved skin breakdown
- The person or care givers needs help in following medical advice

The focus of the LTC Community Nurse is on teaching and

Community Nursing Services

(CPMS code 738)

individual's diagnoses and health needs, the caregiver's teaching needs, and any care coordination, teaching, or delegation activities. The Nursing Service Plan is separate from the case manager's service plan, the foster home provider's service plan, and any service plans developed by other health professionals and must meet the standards in OAR 851.045 (OAR 411.048.0160(25)).

Nursing Delegation:

Nursing delegation means that a registered nurse authorizes an unlicensed person to perform tasks of nursing care in selected situations and indicates that authorization in writing. The delegation process includes nursing assessment of a person in a specific situation, evaluation of the ability of the unlicensed persons, teaching the task, ensuring supervision of the unlicensed persons and re-evaluation of the task at regular intervals. The unlicensed person, caregiver or certified nursing assistant performs tasks of nursing care under the Registered Nurses delegated authority. (OAR 851.047.0010(7)).

supporting the person and their caregivers to ensure that the person's health needs are met. All services are focused on the person and their choices, promoting self-management of the person's health condition whenever possible. The LTC Community Nurse provides oversight of nursing tasks needed by an individual for their stable, chronic and ongoing health needs and activities of daily living.

The LTC Community Nurse does not duplicate or replace the nursing services provided through home health, hospice, hospital or other clinical settings. They do not provide direct hands on nursing tasks. They provide delegation in settings where a Registered Nurse is not regularly scheduled and not available to provide direct supervision.

When a LTC community nurse (CRN) is not available for the individual requiring Community Nursing services the attached rates apply.

| Community Nursing Services Rates | | Service Category 3 | |
|---|---------------------------|-----------------------------|-------------------------|
| RATES FOR COMMUNITY NURSING SERVICES: | LICENSED RN SELF EMPLOYED | LICENSED HOME HEALTH AGENCY | LICENSED IN HOME AGENCY |
| Ongoing Nurse Delegation, Teaching, Reassessment, Care Coordination, and Monitoring | \$60/HR | \$60/HR | \$60/HR |
| Nurse Initial Assessment, Service Plan Development | \$360 | \$360 | \$360 |

Community Transportation*

(CPMS code 731)

| Source | POC Code | POC Name | |
|---|----------|---|---|
| K Plan | OR003 | Service Related Community Transportation, Commercial | Instructions for inclusion on an ISP: |
| | OR004 | Service Related Community Transportation, Mileage | |
| | OR553 | Service Related Community Transportation, DD Provider | |
| Description: | | | |
| <p>Services that allow individuals to gain access to waiver services, community services, activities and resources that are not medical in nature.</p> <p><u>Community Transportation, Commercial:</u></p> <ul style="list-style-type: none"> • Bus passes • Taxi rides <p><u>Community Transportation, Mileage:</u></p> <ul style="list-style-type: none"> • Per mile reimbursement <p><u>Community Transportation, DD Provider:</u></p> <ul style="list-style-type: none"> • Agency transportation | | | <p><u>Non-allowable Transportation Service Expenses:</u></p> <ul style="list-style-type: none"> ▪ Purchase of individual or family vehicles. ▪ Routine vehicle maintenance, repair, insurance, fuel. ▪ Ambulance services. ▪ Costs for transporting someone other than the individual with disabilities. ▪ Payment for costs associated with transporting an individual to a medical appointment. <p>Trips must be related to recipient service plan needs and goals, are not for the benefit of others in the household, and are provided in the most cost effective manner that will meet needs specified on the plan.</p> <p>Community Transportation services are not used to:</p> <ol style="list-style-type: none"> 1) Replace voluntary natural supports, volunteer transportation, and other transportation services available to the individual; 2) Compensate the service provider for travel to or from the service provider's home. <p>Mileage reimbursement may only be applied when the individual is in the vehicle with the provider.</p> |

Agency Transportation is only allowable when the cost of transportation is not concurrent with other paid services (i.e. reimbursement is not available during work hours while an individual is at an enclave, or while on a community outing as part of a Facility Based day program). IF NECESSARY, a per-mile, per day, or per trip rate with certified DD organizations providing group or route based transportation to and from a work or facility site may be negotiated.

Community Transportation Rates

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|---|---|---|---|
| <p>RATES FOR Community transportation:</p> | <p>OR553: \$.485 or Agency Rate as established with agency and ODDS.</p> | <p>OR003: Cost of bus pass, voucher, etc., including any processing fees applied by the vendor.</p> | <p>OR004: \$.485/mile for mileage only</p> |
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Emergency Response Systems

(CPMS code 733)

| Source | POC Code | POC Name | Instructions for inclusion on an ISP: |
|---|----------|-------------------------------------|---|
| K Plan | OR528 | Personal Emergency Response Systems | |
| Description: | | | |
| <p>Electronic devices required by certain individuals to secure help in an emergency for safety in the home and the community.</p> <p>Services are limited to people who:</p> <ul style="list-style-type: none"> • live alone or, • are alone for significant parts of the day and would otherwise require extensive routine supervision or would otherwise require an attendant when out in the community. | | | <p>The Supplemental support documentation for Emergency Response Systems must be completed and included with the individual's record.</p> <p>Mobile electronic devices and other assistive technology will be reviewed on a case-by-case basis to determine cost-effectiveness and the ability to replace human interventions as identified in the person-centered service plan. Reviews will be conducted by the services coordinator or personal agent.</p> <p>Expenditures over \$500 per year must receive prior approval from ODDS.</p> <p>Not for general home or office telephone services or service plans.</p> <p>Not for cell phone services for staff who use the services for general communication or for other individuals and costs are not clearly separated.</p> <p>Must be necessary to secure help in an emergency situation or to provide support which would have otherwise required the presence of an attendant</p> |

Environmental Modifications

(CPMS code 728)

| Source | POC Code | POC Name | Instructions for inclusion on an ISP: |
|--|----------|--------------------|--|
| K Plan | S5165 | Home Modifications | |
| Description: | | | |
| <p>Physical adaptations which are necessary to ensure the health, welfare, and safety of the individual in the home, or which enable the individual to function with greater independence in the home.</p> <p>Home Modifications</p> <ul style="list-style-type: none"> • Environmental modification consultation to determine the appropriate type of adaptation; • Installation of shatter-proof windows; • Hardening of walls or doors; specialized, hardened, waterproof or padded flooring; • An alarm system for doors or windows; • Protective covering for smoke detectors, light fixtures, and appliances; • Sound and visual monitoring systems; • Fencing; • Installation of ramps and grab-bars; • Installation of electric door openers; • Adaptation of kitchen cabinets/sinks; • Widening of doorways, handrails, modification of bathroom facilities; • Individual room air conditioners for individuals whose temperature sensitivity issues create behaviors or medical conditions that put themselves or others at risk; | | | <p>The Supplemental support documentation for Environmental Modifications must be completed and included with the individual's record.</p> <p>Environmental modifications are limited to \$5,000 per modification. Personal Agents may request approval for additional expenditures through the DHS policy office prior to expenditure. Modifications over \$5000 require a lien.</p> <p>Three estimates for all work must be obtained and the least costly accepted.</p> <p>Environmental modifications must be tied to supporting ADLs, IADLs and health-related tasks as identified in the service plan.</p> <p>Modifications over \$500 must be completed by a state licensed contractor.</p> <p>Any modification requiring a permit must be inspected and be certified as in compliance with local codes by local inspectors and filed in provider file prior to payment.</p> <p>Environmental modifications must be made within the existing square footage of the residence, except for external ramps, and cannot add to the square footage of the building.</p> |

Environmental Modifications

(CPMS code 728)

- Installation of non-skid surfaces, overhead track systems to assist with lifting or transferring;
- Specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual.

Payment to the contractor is to be withheld until the work meets specifications. Support funds may not be used as a deposit.

Expenditures must relate to a need identified in the individual's person-centered service plan that increases the individual's independence or substitutes for human assistance, to the extent that expenditures would otherwise be made for the human assistance.

Repair or maintenance of environmental modifications may be included in this service. The service does not include repairs that are general home repairs that any home owner is likely to incur.

Home Delivered Meals (HDM)

| Source | POC Code | POC Name | Instructions for inclusion on an ISP: |
|--|----------|----------|---|
| K Plan | N/A | N/A | |
| Description: | | | <p>If an individual is eligible for Home Delivered Meals, the Department must approve at this time.</p> |
| <p>HDMs are provided for participants who live in their own homes, are home-bound, are unable to do meal preparation, and do not have another person available for meal preparation. Provision of the home delivered meal reduces the need for reliance on paid staff during some meal times by providing meals in a cost-effective manner. Each HDM contributes an estimated one-third of the recommended daily nutritional regimen, with appropriate adjustments for weight and age.</p> | | | |

Relief Care*

(CPMS code 735)

| Source | POC Code | POC Name | |
|---|----------|---------------------|---|
| K Plan | OR507 | Relief Care, Daily | Instructions for inclusion on an ISP: |
| | OR508 | Relief Care, Hourly | |
| Description: | | | |
| <p>Hourly Relief Care</p> <p>24 Hour Relief Care</p> <p>Relief Care is short-term care and supervision provided because of the absence, or need for relief, of persons normally providing the care to individuals unable to care for their selves.</p> <p>Relief Care may be provided in:</p> <ul style="list-style-type: none"> • the individual’s home, • a relief care provider’s home, • a foster home, a group home, • a licensed day care center, • a community care facility that is not a private residence. | | | <p>24 Hour relief care may not be utilized for more than 7consecutive days without prior approval from ODDS.</p> <p>Relief care at a licensed Adult Foster Care Home may not happen for any length of time without prior approval of the home’s local CDDP.</p> <p>The temporary absence of a care provider, paid or unpaid, who provides any amount of support determined necessary by the Adult In Home Assessment tool, is sufficient cause to authorize 24 hour Relief Care for the duration of the absence up to 7 consecutive days, up to 14 days per year. More than 14 days per year of relief care for an individual who requires less than 24 hour support may not be authorized without prior approval from ODDS.</p> <p>For each day that 24 hour relief care is used, the number of available Monthly Attendant Care Hours (as determined by the ANA) must be reduced by the Daily Average Attendant Care Hours.</p> |

| Relief Care Rates | | Category 1 | |
|-------------------------------|--|---|---|
| RATES FOR Relief Care: | HOURLY: EMPLOYEE: PSW HOURLY - \$13/hr ** | HOURLY: INDEPENDENT CONTRACTOR PSW: \$17.50/HOUR** | HOURLY: PROVIDER AGENCY Rates will be maintained at the April 2013 published rates until further notice. |
| | DAILY: \$175/DAY UP TO 7 DAYS | DAILY: \$175/DAY | DAILY: Rates will be maintained at the April 2013 published rates until further notice. |

Skill Training*

(CPMS code 726)

| Source | POC Code (modifier) | POC Name | |
|--|---------------------|---|---|
| K Plan | OR529 (W7) | Independent Skills Assessment, training, instruction, DD, home or community | Instructions for inclusion on an ISP: |
| K Plan | OR324 | Assistive Technology Training | |
| Description: | | | |
| <p>ADL/IADL Skill Training</p> <p>Services include functional skills trainings, coaching, and prompting the individual to accomplish the ADL, IADL and health-related skills. Services will be specifically tied to the functional needs assessment and person-centered service plan and are a means to increase independence, preserve functioning, and reduce dependency of the service recipient.</p> <p>The service does not apply to:</p> <ul style="list-style-type: none"> • Driver’s education classes or 1:1 skill training around driver training. • GED classes. • Parenting classes. <p>Assistive Technology Training</p> <p>Services include functional skills training provided in order that the individual becomes able to utilize technology to accomplish ADL, IADL and health-related tasks.</p> | | | <p>A worker may provide training and maintenance activities under the following conditions:</p> <ul style="list-style-type: none"> • The need for skill training or maintenance activities has been determined through the assessment process and has been authorized as part of the individual service plan; • The activities are for the sole benefit of the individual and are only provided to the individual receiving CFC services; • The activities are designed to preserve or enhance independence or slow/reduce the loss of independence when the person has a progressive medical condition; • The activities are provided consistent with the stated preferences and outcomes in the individual support plan; • The activities are provided concurrent with the performance of ADL, IADL, and health related tasks as described in the earlier section; • Training and skill maintenance activities that involve the management of behavior during the training of skills, must use positive reinforcement techniques; and |

Skill Training*

(CPMS code 726)

- ISP must include a measurable outcome goal to be met through the skill training. If desired skill is anticipated to require more than 6 months to acquire, the ISP must include measurable benchmarks to be met during the course of the skill training.
-

Supplemental Information

Classes may be utilized for skills training but may not add to the number of attendant care hours identified by the Adult In Home Support Needs Assessment tool and must contribute towards the actual completion of the identified support need.

Training must be designed to increase the individual's skills in completing a specific ADL/IADL activity and not be a general educational or recreational activity. *(Example: individualized skill training or group (class) skill training to build skill in "meal preparation" might include safe food storage and handling, operation of appliances and kitchen utensils, using a recipe, etc. but a cooking class focused on a particular style of cooking (i.e. Oaxacan Cooking or Stir Frying) that requires the individual already possess basic skills would not meet this requirement.)*

| Skill Training Rates | | | | Service Category 3 | | | |
|-----------------------------------|-------------------------|------------------------|--|--------------------|--|--|--|
| RATES FOR SKILLS TRAINING: | EMPLOYEE | INDEPENDENT CONTRACTOR | PROVIDER AGENCY | | | | |
| | PSW HOURLY - \$13/hr ** | PSW: \$17.50/HOUR** | Rates will be maintained at the April 2013 published rates until further notice. | | | | |

Transition Services

(CPMS Code 495)

| Source | POC Code | POC Name | Instructions for inclusion on an ISP: |
|--|----------|----------|--|
| K Plan | N/A | N/A | |
| Description: | | | |
| <p>This service covers transition costs such as rent and utility deposits, first month's rent and utilities, bedding, basic kitchen supplies, and other necessities required for an individual to make the transition from a nursing facility, institution for mental diseases, or intermediate care facility for the intellectually disabled, to a community-based home setting where the individual resides.</p> | | | <p>These expenditures are limited to individuals transitioning from a nursing facility, IMD, or an ICF/ID to a home or community-based setting where the individual resides.</p> <p>Transition services will be limited to necessary services for individuals transitioning from an institution into a community-based or in-home program. Services will be based on an assessed need, determined during the person-centered service planning process and will support the desires and goals of the individual receiving services and supports. Final approval for expenditures will be approved by ODDS prior to expenditure.</p> <p>Approval will be based on individual's need and ODDS's determination of appropriateness and cost-effectiveness. Financial assistance will be limited to:</p> <ul style="list-style-type: none"> • moving and move-in costs including; movers, cleaning and security deposits, payment for background/credit check (related to housing), initial deposits for heating, lighting and phone; • and payment of previous utility bills that may prevent the individual from receiving utility services and • basic household furnishing (i.e. bed) and other items necessary to re-establish a home. <p>Individuals will be able to access the benefit no more than twice annually though basic household furnishing and other items will be limited to one time per year.</p> |

Support Services Waiver

BASIC EXPENDITURE REQUIREMENTS

Every waiver service authorized MUST MEET ALL NINE OF THE CRITERIA BELOW

1. DIRECTLY related to a specific goal on an individual's ISP AND
2. REQUIRED to maintain or increase Independence and/or Community participation and/or Productivity AND
3. REQUIRED *solely* because of the direct effects of a developmental disability AND
4. DOES NOT replace existing voluntary support system and resources AND
5. DOES NOT replace other government benefits (OVRS, Dept of Ed., SSI, Oregon health Plan, Section 8) AND
6. DOES NOT provide for basic needs of food, shelter, clothing AND
7. COST- EFFECTIVE use of public resources AND
8. NEVER a direct payment to a beneficiary AND
9. NEVER for activities that are purely diversion oriented.

- ❖ Supported Employment
- ❖ Community Living and Inclusion Supports
- ❖ Family Training
- ❖ Special Diets
- ❖ Specialized Supports
- ❖ Occupational Therapy

- ❖ Physical Therapy
- ❖ Speech, Hearing and Language Services
- ❖ Waiver Case Management

Supported Employment

(CPMS Code 740)

| Source | POC Code (modifier) | POC Name | Instructions for inclusion on an ISP: |
|--|------------------------|---|--|
| Support Services Waiver | OR401 (W5) | Supported Employment Job Coaching– Initial Support | |
| | OR401 (W6) | Supported Employment Job Coaching – Ongoing support* | |
| | OR542 (W3) | Non-facility based day services – Crew/enclave | |
| | OR540 | Job Development | |
| | OR 539 | Job Exploration | |
| Description: | | | <p>With the exception of job development and job exploration, the services in the Supported employment category occur after the person has gotten a job at a community business. These supports are usually referred to as “job coaching.”</p> <p>**Supported employment can also include activities to assist a person to get a job – often referred to as “job development.” There must be documentation in the person’s file that demonstrates that waiver funding has not been used to pay for a service that is available to the person under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).</p> |
| <p><u>Limited Duration Supports:</u></p> <p>**Job Development: Development, creation, or identification of paid work in a community business or self employment. The service is related to work tasks, use of co-worker or natural supports, location, integration, hours, wage level, transportation etc. This service may be done in the name of the customer (not require customer attendance at all times). Examples of job development activities include:</p> <ul style="list-style-type: none"> - Contacting employers - Assisting the job seeker to complete employment applications - Negotiating job tasks with an employer | | | |

Supported Employment

(CPMS Code 740)

Job Exploration: A defined and time limited series of short-term job placements designed as an assessment or “try out” of potential areas of employment identified as interests or strengths in an individual’s person-centered employment plan.

Initial Job Coaching Support: Although there is no specific time frame, initial support refers to the time when the person begins their new job. Like any new employee, the person learns their new job, develops communication with their supervisor and co-workers. Examples of best practices in job coaching include, but are not limited to:

- Helping the new employee to learn the job
- Assisting the employee to develop work appropriate relationships with their supervisor and co-workers.
- Collaborating with the employee and the employer to develop natural supports that enhance the employee’s independence, productivity and inclusion.

One sign of successful job coaching is that the person has become more independent, allowing the job coach to fade as much as possible.

Ongoing Supports:

Ongoing Job Coaching Support: Worksite monitoring and interventions that will help assure continuing employment using and enhancing as much natural support as possible. Focuses consultation on individual and or co-workers. Assists in retraining for job upgrade or restabalization as needed.

Non-Facility-Based Services/Crew Enclave: Providing on-going supervision and training to a group of workers with disabilities to support integration and performance at the job site. Support must be above what is

Describe the ongoing job coaching supports the person needs to succeed on the job. An ironic mantra of many experienced job coaches is “the less I am needed the more I have succeeded.” Explain what job coaching supports are needed and the frequency that they are needed.

The supports provided and the individual’s progress towards increased independence should be regularly monitored in the employment setting and ISPs adjusted as needed to decrease supports accordingly.

Supported Employment

(CPMS Code 740)

typically available to non-disabled workers.

| Supported Employment Rates | | | Category 4 |
|--|--|------------------------|--|
| | Individual Employed by Service Recipient/Family* | Independent Contractor | Provider Organizations |
| Job Development - only authorized if documentation of denial from OVRs or IDEA. | \$14.50/hr | \$17.50 | Rates will be maintained at the April 2013 published rates until the Rebar Employment First Rates are issued in 7/1/14 |
| Job Exploration – | \$13/hr | \$17.50 | |
| Initial Job Coaching – one year if needed. | \$13/hr | \$17.50 | |
| On-going Job Coaching Support** | \$13/hr | \$17.50/hr | |
| Non-facility Based Services/Crew Enclave | n/a | n/a | |

** Per the 13 – 15 Collective Bargaining Agreement current PSWs and Independent Contractors in the bargaining unit may not be paid less than their current highest rate per service category. Provider must show proof of their current highest rate and that this rate was established prior to October 3, 2013. Service categories are as follows:

PSW hourly, Job Coaching and PSW CIIS. Rates should not cross service categories except when applicable. For example, it is assumed a PSW rate for personal care would not be the same as the rate for a job coach.

Community Living and Inclusion Supports

(CPMS code 726)

| Source | POC Code (modifier) | POC Name | |
|--|---------------------|---|---|
| Support Services Waiver | OR541 (W1) | Day Services – Pre-Vocational Services | Instructions for inclusion on an ISP: |
| | OR541 (W2) | Facility Based Day Services - ATE | |
| | OR0542 (W4) | Non-Facility Based day services – Community Inclusion | |
| | OR529 (W8) | Independent Skills Assessment, training, instruction, DD, home or community | |
| Description: | | | |
| <p>Prevocational Services: May be delivered in a facility-based or community-based setting. Waiver funding is not available for the provision of vocational services delivered in facility-based or sheltered work setting, where people are supervised for the primary purpose of producing goods or performing services.</p> <p>Regardless of setting, prevocational services are delivered for the purpose of furthering goals such as attendance, task completion, problem solving, interpersonal relations and safety and must show outcomes.</p> <p><u>Describe how such services will help the person to pursue and obtain community employment. Examples of outcomes in prevocational services include:</u></p> <ul style="list-style-type: none"> • <u>Ability to communicate effectively with supervisors, co-workers and customers; Generally accepted community workplace conduct and dress</u> • <u>Ability to follow directions; ability to attend to tasks</u> • <u>Workplace problem solving skills and strategies; General workplace safety</u> | | | <p>No duplication of Medicaid State Plan, IDEA or Office of Vocational Rehabilitation Services may occur.</p> <p>Facility-Based Pre-Vocational: Waiver funding is not available for the provision of vocational services delivered in facility based or sheltered work settings, where individuals are supervised for the primary purpose of producing goods or performing services.</p> <p>The distinction between vocational and pre-vocational services is that pre-vocational services, regardless of setting, are delivered for the purpose of furthering habilitation goals <i>such as attendance, task completion, problem solving, interpersonal relations and safety</i>, as outlined in the individual’s person-centered</p> |

Community Living and Inclusion Supports

(CPMS code 726)

Facility Based ATE: Providing opportunities for activities and socialization with other people with disabilities. Personalized or group learning activities that match the customer goals and interests are provided. Minimum 5 hour day and 1:8 staff to customer ratio.

Community Inclusion: On going supports to participate in integrated socialization and recreational activities in the community that are not ADL/IADL care.

Community Inclusion Skills Training: Focused services designed to assist participants in acquiring, retaining and improving the self-help, socialization and non-ADL/IADL skills necessary to reside successfully in home and community-based settings through strategies such as modeling, experiential learning, and exposure to opportunities to practice.

This service includes assisting participants in acquiring, retaining and improving skills around socialization, recreation and leisure, communication, integrated participation in the community and ability to direct supports.

- Support with socialization includes assisting participants in acquiring, retaining and improving self-awareness and self control, social responsiveness, social amenities, and interpersonal skills.
- Support with community participation, recreation or leisure includes assisting participants in acquiring, retaining and improving skills to use available community services, facilities, or businesses.
- Support with communication includes assisting participants in acquiring, retaining and improving expressive and receptive skills in verbal and non-verbal language and the functional application of acquired reading and writing skills.

Skill training in socialization including for one or more of the following areas:

- **Social responsiveness/Social amenities**

services and supports plan.

Prevocational services should be designed to create a path to integrated community based employment. Participation in prevocational services is not a required pre-requisite for individual or small group supported employment services provided under the waiver. Many individuals, particularly those transitioning from school to adult activities, are likely to choose to go directly into supported employment.

All prevocational service options should be reviewed and considered as a component of an individual's person-centered services and supports plan no less than annually, more frequently as necessary or as requested by the individual. These services and supports should be designed to support successful employment outcomes consistent with the individual's goals.

Community Inclusion:

These supports may be authorized when an individual's need for support is *exclusively* due to the individual's difficulty with engaging in, understanding, or coping with social or interpersonal aspects of community inclusion. The support must be for the purpose of increased socialization with members of the community (not a "paid friend"). The support may include things such as cues to maintain personal space, to

Community Living and Inclusion Supports

(CPMS code 726)

- **Relationships/Interpersonal skills**

make eye contact, turn taking in conversation, etc.

When support needs are due to inability to independently navigate the community, conduct economic transactions, impaired mobility, or related causes, paid supports in the community must be authorized as K plan Attendant Care services, even though socialization needs may be simultaneously present.

Non-allowable Community Living and Inclusion Supports Service Expenses:

- Costs for transportation, food, shelter, and entertainment that would normally be incurred by anyone on vacation, regardless of disability, and are not strictly required by the individual's need for personal assistance in all home and community settings.
- Portion of camp fees not directly associated with specialized supports for the individual, e.g. room, board, administration.
- Expenses that would normally be paid by adults without disabilities in pursuit of strictly recreational or personal interests, e.g. video rental, tickets for movies and concerts, internet fees, "1-900" phone calls, admissions to sporting events, health club dues, horseback riding fees, conference fees.

Community Living and Inclusion Supports

(CPMS code 726)

- Drivers education classes or 1:1 skill training around driver training.
- GED classes.
- Parenting classes.
- Services delivered within the home to individuals who pay privately for services in licensed or certified facilities.
- Other than attendant care, classroom support for general education classes or classes that are specifically for individuals with developmental disabilities.

| CLIS Rates | | Category 4 | |
|---|--|-------------------------|---|
| | Individual Employed by Service Recipient/Family* | Independent Contractor* | Provider Organization |
| Pre-Vocational Services Time limited | n/a | n/a | Rates will be maintained at the April 2013 published rates until the Rebar Employment First Rates are issued in 7/1/14. Rate ranges should be |
| Facility Based ATE | n/a | n/a | |

| | | | |
|--|---------|------------|--|
| Community Inclusion** | \$13/hr | \$17.50/hr | evaluated at the level of the individuals need. |
| Community Inclusion Skill Training** Time limited | \$13/hr | \$17.50/hr | |
| <p>** Per the 13 – 15 Collective Bargaining Agreement current PSWs and Independent Contractors in the bargaining unit may not be paid less than their current highest rate per service category. Provider must show proof of their current highest rate and that this rate was established prior to October 3, 2013. Service categories are as follows:</p> <p>PSW hourly, Job Coaching and PSW CIIS. Rates should not cross service categories except when applicable. For example, it is assumed a PSW rate for personal care would not be the same as the rate for a job coach.</p> | | | |

Family Training

(CPMS code 729)

| Source | POC Code | POC Name | |
|---|----------|-----------------|---|
| Support Services Waiver | OR360 | Family Training | Instructions for inclusion on an ISP: |
| Description: | | | |
| <p>Training and counseling services for the family of an individual to increase capabilities of the family to care for, support and maintain the individual in the home.</p> <p>Services are provided by licensed psychologists, professionals licensed to practice medicine, social workers, counselors, or in organized conferences and workshops that are limited to topics related to the individual's disability, identified support needs, or specialized medical or habilitation support needs.</p> <p>Instruction about treatment regimens and use of equipment specified in the Individual Support Plan</p> <p>Information, education and training about the individual's disability, medical, and behavioral conditions.</p> <p>Counseling for the family to relieve the stress associated with caring for an individual with disabilities.</p> | | | <p><u>Non-allowable Family Training Service Expenses:</u></p> <ul style="list-style-type: none"> ▪ Pay for family training to carry out educational activities in lieu of school for school-age individuals. ▪ Fees, travel, lodging, and other expenses for conferences when the training is on topics not directly required to carry out the support plan of the individual with disabilities or when training essential for an individual's care may be effectively provided through less expensive means such as use of state and local experts, books, videotapes, etc. ▪ Fees, travel, lodging, and other expenses for family members who are not active care providers. ▪ Training for paid caregivers. ▪ Teaching family members sign language. ▪ Mental Health Counseling, treatment or therapy. ▪ Parenting classes |
| Family Training Rates | | | |
| Independent Contractor: \$240 per event or up to \$88.95 per hour | | | Provider Organization: \$240 per event or up to \$65.23 per hour |

Special Diets

(CPMS code 736)

| Source | POC Code | POC Name | Instructions for inclusion on an ISP: |
|--|----------|---------------------------------------|--|
| Support Services Waiver | OR512 | Food required for specialized diet | |
| | S9470 | Nutrition Counseling | |
| Description: | | | <p><u>Non-allowable Special Diet Service Expenses:</u></p> <ul style="list-style-type: none"> ▪ Items such as diet drinks and bodybuilding formulas, purchased for weight loss or gain that could be achieved using generic foods and dietary guidelines. ▪ Experimental nutritional supplements or regimens, such as combinations of vitamins and minerals purported to cure or alleviate symptoms of Autism, Downs' Syndrome, or other developmental disabilities and which have not achieved general professional acceptance as essential to management of these conditions. ▪ Food or equipment that can be purchased through the Oregon Health Plan or private insurance. ▪ A full nutritional regimen, i.e. the nutritional equivalent of three meals a day with snacks. (Example: Will not purchase all food for an individual who has a physician's order for gluten-free products while the household food budget is used to provide generic diets to the rest of the household. Will only purchase the supplement ordered by a physician and monitored by the dietitian.) ▪ Food for anyone other than the individual. ▪ Paying "cost comparison" difference between a typical diet and a special diet. |
| <p>Specially prepared food and or particular types of food needed to sustain the individual in the family home.</p> <p>Special diets must be ordered by a physician and monitored by a dietitian periodically. (Does not include Gluten Free)</p> <p>Special diets are supplements and are not intended to meet an individual's complete daily nutritional requirements. They do not provide or replace the nutritional equivalent of meals and snacks normally required regardless of disability.</p> | | | |

Specialized Supports

(CPMS code 738)

| Source | POC Code | POC Name | |
|---|----------|---|---|
| Support Services Waiver | OR575 | Social-Sexual Consultation, assessment and behavior support | Instructions for inclusion on an ISP: |
| Description: | | | |
| <p>Social-Sexual Consultation</p> <p>Specialized supports for the purpose of providing treatment, training, consultation or other unique services necessary to achieve outcomes in the plan of care that are not available through State Plan services or other waiver services.</p> | | | <p>Social sexual consultation consists of:</p> <ul style="list-style-type: none"> • Assessment of the individual and the environmental factors that effect the behavior; • Development of a support plan with the individual, family and providers; • Implementation, training, monitoring and revision of the plan as needed to meet the identified outcomes of the plan. This aspect of the service may be on-going to the extent that it is necessary for the effective use of the support plan. This service is not therapy and as such is not intended, for example, to be daily or weekly sessions where the provider works directly with the individual to provide treatment or training. <p>This service is primarily directed at delivering to care providers a strategy to provide effective support of the identified behavior.</p> |

Specialized Support Rates

| RATES FOR SPECIALIZED CONSULTATION SERVICES: | URBAN: | RURAL (this rate includes travel allowance and should be used when the consultant must travel beyond 70 miles one way and they are the most cost effective provider available.): |
|--|-------------------------|---|
| Ongoing specialized services (If needed more than 6 mos beyond the plan development authorization must be granted by ODDS) | \$60 - \$80/HOUR | \$85 - \$105/HOUR |
| plan development and assessment (max pmt) | \$2400 | \$3200 |

Occupational Therapy (OT)

(CPMS code 732)

| Source | POC Code | POC Name | Instructions for inclusion on an ISP: |
|---|----------|----------------------|---|
| Support Services Waiver | S9129 | Occupational Therapy | |
| Description: | | | |
| <p>Services of a professional licensed under ORS 675.240, which are defined under the approved State Medicaid Plan, except that the amount and duration specified in the State Medicaid Plan, may be exceeded.</p> <p>OHP and private/other insurance should always be used as the first funding source.</p> <p>See DMAP (Division of Medical Assistance Programs) provider guide site or call the OHP provider to determine whether an item is covered</p> | | | <p>Occupational therapy is provided according to a plan of treatment. Division of Medical Assistance Programs (DMAP) Physical and Occupational Therapy Guide describes services provided, prior authorization requirements, and limitations of services and payments.</p> <p>Services for occupational therapy must be recommended by a physician or other practitioner of the healing arts within the scope of practice under state law and provided to a recipient by or under the supervision of a qualified occupational therapist.</p> <p>Medicaid covered services and treatments are provided in accordance with Oregon’s Medicaid program’s Prioritized List of Health Services to recipients receiving services pursuant to an approved plan of care.</p> <p>Covers services once OHP limits have been reached and there must be written proof that OHP limits have been reached.</p> <p>Individuals under 21 years of age are not eligible for this waiver service. Services for them should be pursued through the EPDST program available through the Oregon Health Plan.</p> |

Physical Therapy

(CPMS code 734)

| Source | POC Code | POC Name | Instructions for inclusion on an ISP: |
|---|----------|------------------|---|
| Support Services Waiver | S9131 | Physical Therapy | Instructions for inclusion on an ISP: |
| Description: | | | |
| <p>Services that are provided when the limits of Physical Therapy under the approved State plan are exhausted. The scope and nature of these services do not otherwise differ from Physical Therapy services furnished under the State plan. The provider qualifications specified in the State plan apply.</p> | | | <p>Physical therapy is provided according to a plan of treatment. DMAP Physical and Occupational Therapy Guide describes services provided, prior authorization requirements, and limitations of services and payments.</p> <p>Services for physical therapy must be recommended by a physician or other practitioner of the healing arts within the scope of practice under state law and provided to a recipient by or under the supervision of a qualified physical therapist.</p> <p>Medicaid covered services and treatments are provided in accordance with Oregon’s Medicaid program’s Prioritized List of Health Services to recipients receiving services pursuant to an approved plan of care.</p> <p>Covers services once OHP limits have been reached and there must be written proof that OHP limits have been reached.</p> <p>Individuals under 21 years of age are not eligible for this waiver service. Services for them should be pursued through the EPDST program available through the Oregon Health Plan.</p> |

Speech, Hearing and Language Services

(CPMS code 739)

| Source | POC Code | POC Name | Instructions for inclusion on an ISP: |
|---|----------|----------------|---|
| Support Services Waiver | S9128 | Speech Therapy | |
| Description: | | | |
| <p>Development of an individual's speech, language and hearing skills.</p> <p>Services that are provided when the limits of Speech, Hearing and Language Services under the approved State plan are exhausted. The scope and nature of these services do not otherwise differ from Speech, Hearing and Language Services furnished under the State plan. The provider qualifications specified in the State plan apply.</p> | | | <p>Speech pathology or audiology services are provided according to a plan of treatment. <u>DMAP Speech Language Pathology, Audiology and Hearing Aid Services Guide</u> describes services provided, prior authorization requirements, and limitations of services and payments.</p> <p>Services for physical therapy, occupational therapy, speech therapy, and hearing services, must be recommended by a physician or other practitioner of the healing arts within the scope of practice under state law and provided to a recipient by or under the supervision of a qualified speech pathologist, audiologist.</p> <p>Medicaid covered services and treatments are provided in accordance with Oregon's Medicaid program's Prioritized List of Health Services to recipients receiving services pursuant to an approved plan of care.</p> <p>Covers services once OHP limits have been reached and there must be written proof that OHP limits have been reached.</p> <p>Individuals under 21 years of age are not eligible for this waiver service. Services for them should be pursued through the EPDST program available through the Oregon Health Plan.</p> |

Waiver Case Management

(CPMS code N/A)

| Source | POC Code | POC Name | Instructions for inclusion on an ISP: |
|---|----------|----------|---|
| Support Services Waiver | N/A | N/A | |
| Description: | | | |
| <p>Waiver Case Management includes the following assistance:</p> <ul style="list-style-type: none"> • Assessment and periodic reassessment of individual needs. These annual assessment (more frequent with significant change in condition) activities include: <ul style="list-style-type: none"> • Taking client history; • Evaluation of the extent and nature of recipient's needs (medical, social, educational, and other services) and completing related documentation; • Gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the individual. • Development (and periodic revision) of a specific care plan that: <ul style="list-style-type: none"> • is based on the information collected through the assessment; • specifies the goals and actions to address the medical, social, educational, and other services needed by the individual; • includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and | | | <p>Waiver Case Management services must be authorized as a service on an ISP. It may be a general type of service inclusive of the activities listed under the service description or may also include specific activities related to an individual's ISP as identified through the person centered planning process.</p> <p>Note: An individual who is not enrolled to the waiver (accessing K plan services only, or no other services) still receives case management service as described to the left, but not through the waiver</p> |

| | |
|--|--|
| <ul style="list-style-type: none">• identifies a course of action to respond to the assessed needs of the eligible individual.• Referral and related activities to help an eligible individual obtain needed services including activities that help link and individual with:<ul style="list-style-type: none">• Medical, social, educational providers; or• Other programs and services capable of providing needed services to address identified needs and achieve goals specified in the care plan such as making referrals to providers for needed services, and scheduling appointments for the individual.• Monitoring and follow-up activities. Activities, and contact, necessary to ensure the care plan is implemented and adequately addressing the individual's needs. The activities, and contact, may be with the individual, his or her family members, providers, other entities or individuals and may be conducted as frequently as necessary; including at least one annual monitoring to assure following conditions are met:<ul style="list-style-type: none">• Services are being furnished in accordance with the individual's care plan;• Services in the care plan are adequate; and• If there are changes in the needs or status of the individual, necessary adjustments are made to the care plan and to service arrangements with providers. | |
|--|--|

APPENDIX A: Supplemental ADL/IADL Information

ADL services include but are not limited to:

(A) Basic personal hygiene -- providing or assisting an individual with such needs as bathing (tub, bed, bath, shower), hair care, grooming, shaving, nail care, foot care, dressing, skin care, and oral hygiene;

(B) Toileting, bowel, and bladder care -- assisting an individual to and from bathroom, on and off toilet, commode, bedpan, urinal, or other assistive device used for toileting, changing incontinence supplies, following a toileting schedule, managing menses, cleansing an individual or adjusting clothing related to toileting, emptying catheter drainage bag or assistive device, ostomy care, or bowel care;

(C) Mobility, transfers, and repositioning -- assisting an individual with ambulation or transfers with or without assistive devices, turning the individual or adjusting padding for physical comfort or pressure relief, or encouraging or assisting with range-of-motion exercises;

(D) Nutrition -- preparing meals and special diets, assisting an individual with adequate fluid intake or adequate nutrition, assisting with food intake (feeding), monitoring to prevent choking or aspiration, assisting with adaptive utensils, cutting food, and placing food, dishes, and utensils within reach for eating;

(E) Medication and medical equipment -- including but not limited to assisting with ordering, organizing, and administering medications (including pills, drops, ointments, creams, injections, inhalers, and suppositories), monitoring an individual for choking while taking medications, assisting with the administration of medications, maintaining equipment, and monitoring for adequate medication supply;

(F) Delegated nursing tasks.

IADL services include but are not limited to:

(A) Light Housekeeping -- tasks necessary to maintain an individual in a healthy and safe environment, including cleaning surfaces and floors, making the individual's bed, cleaning dishes, taking out the garbage, dusting, and laundry.

(B) Grocery and other shopping necessary for the completion of other ADL and IADL tasks.

(H) Assistance with necessary medical appointments including help scheduling appointments, arranging medical transportation services, accompaniment to appointments, follow up from appointments, assistance with mobility, and transfers or cognition in getting to and from appointments;

(I) Observation of an individual's status and reporting of significant changes to physicians, health care professionals, or other appropriate persons;

(J) First aid and handling emergencies, including addressing medical incidents related to conditions such as seizures, aspiration, constipation, or dehydration or responding to an individual's call for help during an emergent situation or for unscheduled needs requiring immediate response ; and

(K) Cognitive assistance or emotional support provided to an individual due to intellectual or developmental disability. This support includes helping the individual cope with change and assisting the individual with decision-making, reassurance, orientation, memory, or other cognitive functions.

Attendant care assistance means an individual requires help with ADLs. Assistance may be provided through the use of electronic devices or other assistive devices.

(A) "Cueing" means giving verbal, audio, or visual clues during an activity to help an individual complete the activity without hands-on assistance.

(B) "Hands-on" means a provider physically performs all or parts of an activity because an individual is unable to do so.

(C) "Monitoring" means a provider observes an individual to determine if assistance is needed.

(D) "Reassurance" means to offer an individual encouragement and support.

(E) "Redirection" means to divert an individual to another more appropriate activity.

(F) "Set-up" means the preparation, cleaning, and maintenance of personal effects, supplies, assistive devices, or equipment so that an individual may perform an activity.

(G) "Stand-by" means a provider is at the side of an individual ready to step in and take over the task should the individual be unable to complete the task independently.

Indirect Supports:

Cues/reminders to complete ADL/IADL and health related tasks does not necessarily have to occur face to face when the following conditions are met:

| | |
|--|--|
| 1. The individual lives alone or with someone incapable of providing natural supports and there is no one else in the person's life that is a natural support. | Compensation for these supports is never paid to a family member, spouse or friend living in the home of the individual. However, service providers such as "Paid Roommates" may be compensated. |
| 2. There are documented health and safety issues that the individual cannot manage independently. | Need for this service and absence of natural support is documented and is part of the Individual Support Plan. If the individual lives in a family home, there needs to be a documented pattern of multiple unsuccessful attempts to utilize family or other natural supports. |
| 3. Does not replace supports customarily provided by the Personal Agent. | See OAR 411-340-0120(1) for services provided by Personal Agents. The Personal Agent must review ability to meet some or all of the specific in-direct supports prior to using Support Service funds. |
| 4. When possible, the method of providing these supports is within the presence of the individual. | As often as possible, these services should be provided directly in order to foster self-direction and training. This requirement should be included on the Individual Support Plan and service agreement language. |
| 5. Units of service for these supports must be specified in the Individual Support Plan and service agreement. | Indirect Services must be billed in ¼ hour increments (this supersedes the ½ increment allowed by the provider rate setting handbook . |

APPENDIX B: SUPPORT SERVICE FUNDS IN FOSTER CARE SETTINGS

A Foster Care setting exists when an individual with a developmental disability lives in the home of a non-relative and that non-relative provides residential care to the person with disabilities. "Residential care" means the provision of room and board and services that assist the resident in activities of daily living, such as assistance with bathing, dressing, grooming, eating, medication management, money management or recreation. Payment for Residential care is not necessary for a Foster Care setting to exist. A situation where a landlord does not live with the individual, but does provide care to an individual with a developmental disability living in their building, is not necessarily a Foster Care setting. If uncertainty exists as to whether an arrangement meets the definition of Foster Care, contact your Brokerage liaison at ODDS.

Relief care is allowed to take place in a DD or APD licensed Foster Care setting as part of an authorized support services ISP. The proposed relief stay must be reported to and approved by the CDDP before it occurs. A stay in a DD licensed Foster Care Home by a non-resident cannot exceed 14 consecutive days per OAR 411-360-0190(7). The Foster Care provider may request a variance to this rule, which may or may not be granted. When any service is delivered by a Foster Care provider, the provider cannot be responsible for a resident of the home while at the same time delivering a service to a brokerage customer.

The information in this appendix applies whether the setting is licensed yet or not. There are two scenarios in which a brokerage customer can live in a licensed foster care setting and be enrolled in support services, each has limitations on allowable expenses. The customer is either 1) privately paying for Foster Care, including Room and Board and residential care or 2) the customer is living in a Foster Care Home but is paying for Room and Board only. In neither case can a non-relative who lives in their own home with a brokerage customer (i.e. the foster provider) be paid using support funds.

| | Additional Documentation: | Support Services Funds: |
|---|---|--|
| <p>Customer is privately paying for Foster Care, including Room and Board and residential care. <i>(Review <u>SPD-PT-05-025</u> for details about this arrangement)</i></p> | <p>Copy of Foster Care ISP (required)</p> | <ul style="list-style-type: none"> • Cannot be used for services in the home. • Cannot be used for Services that are provided by the Foster Care provider according to the Foster Care ISP (see relevant Foster Care OARs on the following page). • Foster Care provider, resident manager and substitute staff are not eligible to be paid with Support Funds for individuals living in the Foster Care setting. |
| <p>Customer is living in a Foster Care Home but is paying for Room and Board only</p> | <p>Rental Agreement or documented assurance that no residential care is being provided.</p> | <ul style="list-style-type: none"> • May be used for any disability related expenses, in home or out of home. • Foster Care provider, resident manager and substitute staff are not eligible to be paid with Support Funds. |
| <p>Customer is living in the home of a relative and the relative is a licensed foster care provider</p> | | <ul style="list-style-type: none"> • Cannot be used to pay the relative for supports while having responsibility for the Foster Care residents. |

Foster Care OARs

411-360-0100 Contracts

(1) Providers who care for public assistance individuals must enter into a contract with the Department and follow Department rules and contract requirements governing reimbursement for services and refunds.

(2) *Providers who care for private paying individuals must enter into a signed contract with the individual or person paying for care. This contract will include, but is not limited to, an ISP; a schedule of rates; conditions under which the rates can be changed; and the AFH-DD's policy on refund at the time of hospitalization, death, discharge, or voluntary move.*

411-360-0170(4) Individual Support Plan.

A health and safety transition plan must be developed at the time of admission for the first sixty (60) days of service and a complete ISP must be developed by the end of 60 days. It must be updated annually or whenever the individual's support needs change.

(a) A completed ISP must be documented on the Department mandated Foster Care ISP Form that includes the following:

- (A) What is most important to the person and what works and doesn't work;*
- (B) A review of the individual's support needs (as identified on the mandated ISP form);*
- (C) The type and frequency of supports to be provided; and*
- (D) The person responsible for carrying out the plan.*

(b) The ISP must include at least six hours of activities each week that are of interest to the individual, not including television or movies made available by the provider. Activities available in the community and made available or offered by the provider or the CDDP may include but are not limited to:

- (A) Habilitation services;*
- (B) Rehabilitation services;*
- (C) Educational services;*
- (D) Vocational services;*
- (E) Recreational and leisure activities; and*
- (F) Other services required to meet a individual's needs as defined in the ISP.*