

**RATE SETTING
AND THE
PURCHASE OF
SELF DIRECTED
SUPPORT SERVICES FROM
STATE LICENSED OR
CERTIFIED PROVIDER
ORGANIZATIONS**

*A Manual for Providers
of Support Services for Adults with
Developmental Disabilities in Oregon*



Seniors and People with Disabilities
Office of Home and Community Supports

Acknowledgements

This manual could not have been completed without the contributions of many individuals.

State Department of Human Services Staff: Mary Lee Fay, Don Fries, Deanna Hartwig, Nancy Herrin, Julia Huddleston, Kris Kennedy, Leatha Krehoff, Mike Maley, Jessie Martin, Joe Miller, Jack Morgan, Chris Paschal, and Sara Singer.

Design and Editorial Support from: Karen LaPointe, Bill Lynch, and Janet Straw.

Providers, Community Member and Advocates: Many thanks are due to members of the Workgroup and others who helped to make this a real working document.

Kristin Ahrens	Self Directed Resources Incorporated
Anne Coffey	St. Vincent de Paul
Tom Giles	Parent of Brokerage Customer
Helen Honey	Shangri-La
Tim Kral	Oregon Rehabilitation Association
Mary Lanxon	Washington County Health & Human Services
Joe Miller	Office of Vocational Rehabilitation Services
Corissa Neufeldt	Columbia Community Mental Health
Eric Olson	Southern Oregon Goodwill
Tim Rocak	Cornerstone Associates
Ron Rush	Marie Mills Center
Richard Stein	Integration & Independence
Molly Sullivan	Opportunity Foundation of Central Oregon
Jean Tuller	Oregon Technical Assistance Corporation
Bill Uhlman	Eastern Oregon Support Services Brokerage
Darrel Wilson	Opportunity Foundation of Central Oregon
Joe Wykowski	Community Vision
Keddie Wanlass	Opportunity Foundation of Central Oregon

Disclaimer

This manual is written to provide program guidance. It is not intended to replace the professional advice available from a provider organization's auditor and accounting staff. Manual readers are encouraged to seek such professional advice in the costing and rate setting process.

Molly Holsapple
Employment Specialist & Staley Implementation Team Member
(503) 945-9815 or molly.s.holsapple@state.or.us

INTRODUCTION

Background

Since the 1970's Oregon's model for pricing and purchasing services for people with developmental disabilities has been based upon established services such as "activity center", "workshop" "group home". For many people, safety was the primary consideration during these periods of deinstitutionalization and initial community development.

Services based on the philosophy of self-determination require a very different financing model. Support Services for Adults being implemented under the Staley Settlement are moving the state toward an individualized service design and budget model where:

- ✓ A specified range of funds are available for individuals;
- ✓ Providers can sell services and supports based on reasonable rates;
- ✓ Individuals can choose and directly contract with providers or others to meet their defined needs;
- ✓ Contract continuation depends upon individual satisfaction with desired outcomes; and
- ✓ Providers can expect a simplified payment process and timely reimbursement from brokerages once individuals have approved payment.

Purpose

The purpose of this manual is to provide a user-friendly collection of the State guidelines and policies affecting rate setting for supports and services purchased by adults with developmental disabilities. It is designed to support good working relationships between the State of Oregon, licensed or certified provider organizations, individual self-advocates or family members purchasing services through Self-Directed Support for Adults, local Brokerages or Personal Agents (PA).

A provider organization is an entity primarily in business to provide supports for individuals with developmental disabilities. It does so through the use of employees, contractors, and or volunteers supervised by provider organization staff. The State presently supports 4500 adults in daily employment/Alternatives to Employment (ATE) and or residential settings through use of over 250 provider

organizations. This Manual is written to help existing or new provider organizations operate in the world of self-directed support service for adults.

By June 30, 2005, more than 5000 adults with developmental disabilities will be receiving self-directed support services. This population will include up to 3600 adults previously on wait lists and 1400 persons living at home who are scheduled to transition from employment/ATE and or SILP slots to Self-Directed Support Services funding. Provider organizations must be prepared to identify services and establish rates in order to contract with any of these individuals. Rate setting processes and policies presented in this manual will apply to all support services to be sold. The majority of examples will be relate to employment and community inclusion services most commonly available for sale by provider organizations and desired by present and future brokerage customers.

For a limited time following the publication of this manual, rate setting training and technical assistance will be available through a contract with the Oregon Technical Assistance Corporation.

For Rate Setting Technical Assistance Contact:

Oregon Technical Assistance Corporation (OTAC)
Margaret Hall mjones-hall@otac.org (503) 364-9943 x 10
Or
Ann Coffey acoffey@svdpc.com (503) 281-1289 x 245

This manual focuses only on helping with the rate setting process. It does not address the broader issues of flexibility, efficiency and effectiveness in the market place, issues essential to the future of every organization.

This major systems change provides an opportunity for agencies to serve new customers and to serve existing customers differently. Each agency will need to decide what, if any, services it will sell to Brokerage customers. In order to make these decisions, agencies should examine their missions and their capacity to maintain present services while focusing energy on new customers and a new way of doing business.

State Publication of Rate Information

As required under administrative rule and to support informed decision-making by all individuals with developmental disabilities and their families, the Department of Human Services will publish the following rate information:

- Biennial Ranges of Approved Rates. Rate ranges have been established for each support service for individual private providers, independent contractors, and provider organizations. The rate ranges identify usual and customary costs for services. In the future, ranges will be adjusted based on regional surveys conducted at the Brokerage and state levels.
- Additional Rate Review Materials. Brokerages and Personal Agents will be provided with material to assist them in understanding and negotiating services with provider organizations. Materials will include information on cost averages and the typical nature of each service.

Other Valuable Resources

Over the past several years, the Office of DD Services (now DHS Seniors and People with Disabilities) funded projects that assisted individuals and families to achieve self-directed employment. During 1999-2001, The Careers, Community and Family Project (CCF) of the Oregon Health Sciences University helped 20 consumers and families find jobs and 3 communities increase the local business and provider capacity to successfully support individuals with significant disabilities. Equally important, the Project produced two tools that will help others learn about and do the same. The OHSU staff and contractors are now providing employment related training and technical assistance to brokerages and related stakeholders using these tools.

Self-Directed Employment: Story Book of Oregonians With Developmental Disabilities tells the stories of how seven individuals and families pulled together an array of resources and partners to achieve their employment dreams.

Self-Directed Employment Toolkit for Oregonians with Developmental Disabilities. This handbook helps the customer and family understand and lead the processes of setting the vision, completing person centered job and career planning, hiring and/or firing an individual or organization, finding additional resources, job development, and job training.

Provider organizations wishing copies of the Storybook or Toolkit should contact:

Jo-Ann Sowers, Ph.D.
OHSU Center on Self-Determination
Oregon Institute on Disability and Development
3608 SE Powell, Portland, Oregon 97202
(503) 232-9154 ext. 123

Or access on line at
<http://www.selfdirectedjobs.com>

In addition, your local Brokerage may share with you stories about the impact of this approach on the whole life of persons with developmental disabilities and their families: **Self-Directed Supports: Support Services for Adults and Family Supports for Children.**

SECTION I: **DEFINING SUPPORT SERVICES AND SERVICE UNITS**

This section covers:

- ✓ The similarities and differences between comprehensive and support services
- ✓ Services that a support services customer can purchase
- ✓ Services that a provider organization can sell
- ✓ Medicaid requirements that guide service delivery
- ✓ What a service unit is and why it is important

Moving To Individualized Services and Rates

At present, provider organizations serving individuals with developmental disabilities contract for and are paid for an established package of services for a designated number of individuals in agency slots. Self-Directed Support Services expects individuals to utilize a Brokerage and Personal Agent (PA) to help them define the services they need, identify resources available, and negotiate with providers for the purchase and delivery of essential supports. Since most provider organizations will continue providing traditional slot based comprehensive services and the new support services, an understanding of the systems is essential. Table 1 compares similarities and differences in service expectations, contracting and rate setting for organizations under comprehensive and support services.

Selection of Provider Organizations

The Oregon Administrative Rule for Support Services for Adults with Developmental Disabilities (OAR 309-041-1750 through 309-041-1920) and the State Medicaid Waiver define 16 broad support services that individuals can purchase with available support funds. Before actually providing any supports, an organization must:

1. Be a certified or licensed organization and assure that each staff person meets identified qualifications and standards;
2. Clearly define support services for sale;

3. Establish a rate for each service and support;
4. Be chosen by the individual customer; and
5. Be identified by the customer to be competent to meet desired support needs.

Table 1: Comparison of Comprehensive and Support Services

	Comprehensive Services	Support Services
Eligibility and Provider Selection	County establishes eligibility and need for 24 hour paid supports and matches to available services.	County establishes DD eligibility services and customer chooses a provider to meet established goals.
Entry or Exit From Service	Meeting lead by case manager or provider organization staff with documentation requirements. Decisions based on team consensus.	PA assists individual to identify possible service agencies, interview potential providers, select and contract with a provider. Decisions based on customer needs and satisfaction, rates and resources available.
Individual Support Plan (ISP)	ISP Team, including all current service providers, empowered to make decisions with and for an individual.	ISP developed based on person-centered plan usually prior to provider identification. ISP team selected by individual. Minimum team may be individual and PA.
Services Provided	Provider responsible to provide 25 hours per week of any or all of 15 Day Habilitation services needed by the individual.	Individual contracts for desired supports. The content, hours and outcomes are negotiated with the help of the PA.
Contract and Rate Method	County contract with provider. Blended rate.	Individual contract with the provider. Fee for Service rate.
Basis for Rate Identification	Acceptance of a rate based on State developed or negotiated model budget(s).	State establishes range of rates based on customary charges. Provider establishes rate.

	Comprehensive Services	Support Services
Payment	Prospective monthly payment	Pay after services delivered.

Qualification of Provider Organizations and Staff

The Oregon Administrative Rule for Support Services for Adults with Developmental Disabilities (OAR 309-041-1750 through 309-041-1920) establishes standards for provider organizations and for independent providers paid with support service funds. The OAR is available on-line at: <http://arcweb.sos.state.or.us/banners/rules.htm>

The Support Services For Adults Medicaid Waiver requires that the state **assure the use of qualified providers in the delivery of all identified services from the first day of operation**. A provider organization must demonstrate the ability to meet all qualifications. A current license or certificate for the provision of residential or day services will qualify existing agencies to provide some self-directed services.

- ✓ If your agency has a current license for 24-Hour Residential or Adult Foster Home Services or certification to provide Employment, Alternatives to Employment or Supported Living Services then your organization is considered initially qualified at the agency level to provide some support services. Certification for other services will require further demonstration of staff competencies.

Table 2: Support Services That Licensed or Certified Provider Organizations are Qualified To Provide

- **Supported Employment**
- **Community Inclusion** (could include sheltered employment or alternative (ATE) type supports)
- **Community Living**
- **Respite Care**
- **Transportation**

- ✓ If your agency does not have a current license for 24-Hour Residential or Adult Foster Home Services or certification to provide Employment, Alternatives to Employment or Supported Living Services, you should:

- Talk to your local brokerage(s) about requirements and;
- Contact the Seniors and People with Disabilities, Licensing Unit, (503) 947-1082 to request an Application For Support Services Certificate. The criteria for certification are identified in OAR 309-041-1910 (pages 52-61) of the rule. An organization cannot be paid without certification.

From the first day forward qualified staff must deliver all service. This is an important concept that will influence how an organization sets rates, defines services and allocates staff.

- Pre-service or initial staff training is not an allowable cost in the rate setting process.
- Staff already employed in a licensed or certified comprehensive service noted above who will also support new customers will be considered qualified because the organization assures compliance with identified staff qualifications including core competencies and or established annual levels of in-service training.
- Each newly hired staff that work exclusively with support service customers or provide support services identified below must meet the **general independent provider qualifications** identified in Section 309-041-1900 (page 50-52) of the rule. These include:
 - Be at least 18 and not a spouse of the individual supported;
 - Be eligible to work in the US, have a completed criminal history check and not be an excluded Medicaid provider;
 - Demonstrate by a variety of defined methods the background, education, skills and abilities to safely and adequately perform the tasks;
 - Demonstrate an understanding of confidentiality;
 - Hold a current valid professional license or certificate when required; and or
 - Hold a valid driver's license and insurance, if providing transportation.

A Brokerage will require documentation and demonstration of staff qualifications, education, skills, and abilities prior to the initiation of a service contact.

Table 3: Staff Qualifications for Other Support Services

Support Service	Staff Qualifications
Chore Services	General qualifications listed previous page
Homemaker Services	
Special Diets	Licensed Dietician
Family Training	Licensed psychologist, social worker, counselor or medical professional
Occupational or Physical Therapy	Relevant, education, license or certification, and experience
Speech and Language Therapy	
Specialized Supports Behavioral Supports Social Sexual Support Nursing Support	Behavior Consultant with a BA, 3 or more years experience and at least 2 days of OIS training. Social-Sexual Consultant resume with targeted degree and required experience. Current nursing license and 1 year experience with DD.
Environmental Accessibility Adaptations	Licensed building or general contractor with related experience.
Personal Emergency Response Systems	NA
Specialized Medical Equipment and Supplies	

Medicaid Requirements for Individualized Services and Supports

Federal regulations, Oregon’s Support Services For Adults Medicaid Waiver and the implementing administrative rule provide the framework for the purchase of services. The following are basic expectations:

1. Each Support Service is Separate and Distinct.

Separate definitions and rates must be developed for each category of support services a provider organization desires to sell. Support services cannot be mixed. For example, daily customer transportation to a specific service cannot be included in the definition, pricing, or billing of another service. This example is especially important for provider organizations that presently mix transportation

and day service (DD 54) or residential (DD 50) services for persons in comprehensive services.

2. Each Customer has a Distinct Budget and Contract for Services.

Brokerages will assist each person in defining specific services and goals in an ISP and in allocating resources to match them. Following a process of provider selection, a separate budget and contract for specified services including service units and goals will be developed. This is done one person at a time.

The Support Services for Adults Administrative Rule OAR 309-041-1870(7) (a) (A through E) establishes certain conditions that allow for individualized services in situations when a provider “pools” funds to serve several customers in one setting. However, providers must contract and bill services separately. Under Section 309-041-1870 (7) (a) (A-E), a provider must also plan in a manner that allows any one customer to “pull away” at any time without jeopardizing the stability of the support committed to other support service customers. In other words, a provider organization should consider marketing strategies and rate structures that support continuation of enclaves for co-workers with disabilities or in home supports for roommates, even when one group member leaves.

3. Billing and Payment is Based on Distinct Services Delivered.

In order to be billed, individuals with disabilities must have directly received supports or work performed on their behalf to support billing. A provider cannot bill when someone does not show for or attend a scheduled activity. Providers can consider such situations when establishing a rate. (See examples in this manual).

A provider organization must present an itemized bill listing services actually provided for each customer. The itemized bill requires documentation of the dates of service, the type and units of service scheduled and delivered, the location of service, and the person(s) furnishing support. Two examples of billing forms are provided on pages 60 and 61 of the manual.

A brokerage can operate as a fiscal intermediary and make payments on behalf of the individual with his or her authorization. Evidence of authorization may include the individual signing off on services or may occur as a result of PA follow-up with the customer.

Overall Recommendation: To meet the above requirements, provider organizations should maintain a separate tracking system for pricing, contracting and billing of individualized support services. This data will allow the organization to answer questions about rate setting and content, bill for services, complete internal reviews and evaluate the accuracy of their system.

Questions to Help Define Services and Service Units

At a minimum, a provider organization will want to answer the following questions in the process of identifying services they will offer to brokerage customers

1. How do purchasable supports services match up with what is now available in our organization?

Full definitions of Support Services are provided on pages 64 to 67 of this manual. Organizations may choose to sell supports similar to those now available to persons in contracted slot-based services, or expand services consistent with supports allowed by the federal Center for Medicaid and Medicare Services (CMS) in the approved waiver document.

In Self-Directed Support Services, providers will no longer be selling a predetermined package of services. They need to become comfortable talking not about programs, but what the customer wants that will support their individual plan. Table 5, Talking about Support Services provides descriptions of services from the perspective of all major stakeholders. Column 2 gives examples of what a person with disabilities may want and the traditional titles we have used for those supports.

2. Who are the desired customers for our organization?

Organizations can choose the customer base to which they will market. An employment certified program could decide to only provide services to existing customers who will transition to self-directed support services in the 2003-2005 biennium. They could also decide to offer supports to the many new customers presently entering brokerages. These strategic decisions will depend upon an assessment of staff and organizational qualifications and priorities, matched against what customers want and need.

3. What do we think customers will buy?

Table 5, Talking about Support Services, column 3, provides descriptions for most commonly purchased Supported Employment or Community Inclusion Services. Rate ranges will be established in each of these areas. It is still the responsibility of the provider organization to describe the distinct services for sale to potential customers.

On Table 5, service titles (column 3) and billing titles for Medicaid (column 1) will not always match exactly. For example, on page 16 the suggested service title for buyers of support may be "inclusion skill training", the billable support service category used by the PA is "Community Inclusion", the provider may have another title for the service. The blank Support Service Description Form includes lines for the Support Service Funding Category and for the User Friendly Service Title to help buyers and sellers understand one another's language.

4. What is the most reasonable unit of service, for the services we are interested in selling?

The unit of service is a discreet measure for service or product delivery. It is generally the basis for communicating costs. Table 5 summarizes the possible units of service an organization could use.

A provider organization should also consider other factors that may influence the chosen units of service. What would be understandable to the customer? What do other funders such as the Office of Vocational Rehabilitation Services and the Commission For the Blind require? What will be cost effective for the organization?

Table 4: Possible Units of Service

Unit of Service	Services Typically Based on This Unit
<i>Hour (Staff intervention time)</i>	Job Exploration, Job Development, or Job Coaching, Individualized Supported Employment, Community Living, or Community Inclusion, Respite
<i>Day</i>	Respite, Group Employment or Community Inclusion
<i>Half day, weekend</i>	Specified time period of activity or outing
<i>Per Trip, per Mile</i>	Transportation
<i>Month</i>	Use of this traditional unit may be cost effective for billing purposes. Whenever a monthly service unit is established, the provider organization is responsible for

	prorating billable services based on actual attendance
<i>Package By Outcome or Performance</i>	Some national experience for use of this model for supported employment. Limited Oregon experience makes it impossible to establish rate ranges for this year.

Note: A Day is 5 or more hours of goal related activity for customer.

The provider must track services based upon the delivery of a specified number of service units or partial units. Tracking will be required at the level of 1/2 the chosen unit of service. In other words, if the unit is one hour of 1:1 staff intervention, a provider will track each partial unit and may bill for 30 minutes or 1/2 an hour for portions of service. As noted in Table 4, a day unit must be 5 or more hours of activity available to the customer. The identification of a partial day will be based on 1/2 of the day (5 hour, 6 hour, 7 hour, etc.) defined by the provider. In no case will it be less than 2.5 hours.

5. Is our organization equipped to provide services and supports on short notice?

Brokerages will, in most cases, assist the individual to develop an annual person-centered plan and identify a provider to match person centered plan goals for all or part of the 12-month period. For some individuals, situations will arise and the Brokerage may be requesting that services be provided due to an emergency. In these cases, services may need to begin immediately, (in-home supports beginning tonight at 6PM) or may be for a limited time period (community inclusion support or respite for the period of time a care giver is in the hospital).

Provider organizations should identify their interest and ability to address emergency support requests. Requests of this nature may be an effective way to use a temporarily vacant bed in a residential site or vacant slot in an employment or ATE program. It may also provide opportunities to use qualified on-call or part-time staff.

6. How will our organization actually describe the services to be sold?

The service description is the basis for communicating with the individual, family, and brokerage about what they can purchase from a particular provider organization. The categories and definitions on Table 5 may be helpful, but you are not limited to these examples. A blank Support Service Description Form is provided on page 19 to assist in this process.

Table 5: Talking About Support Services-Titles and Descriptions

Support Service Category	Help With Communication	Possible Support Service Title and Description
	<p>"Customer Says" Provider Calls It?</p>	
<p>Time Limited Employment Supports All initial phases of supported employment are time limited supports that help the individual choose, get and learn the tasks related to a paid community job that maximizes use of typical business co-workers and staff in training and support process. Vocational Rehabilitation or the Oregon Commission for the Blind are expected to partner on time limited services. Support service funds, natural supports and other resources will be available to maintain supported employment.</p>		
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Supported Employment</p>	<p><i>"Help me choose or discover a career or a job."</i></p> <p>Supported Employment, Assessment, Career Planning</p>	<p>Job Exploration A defined and time limited series of short term placements designed as an assessment to try out potential areas of employment identified as interests or strengths in the person's employment plan.</p>
	<p><i>"I want a Job. I want a paycheck."</i></p> <p>Supported Employment, Job Developer, Employment Consultant, Job Coach</p>	<p>Job Development and Placement Development, creation, or identification of paid work that meets customer and plan expectations related to tasks, use of co-worker or natural supports, location, integration, home wage level, transportation etc. This may be development in a community business setting or as self-employment.</p>
	<p><i>"Help me Learn New Job Skills."</i></p> <p><i>"Help my co-workers learn how I can be a part of their team."</i></p> <p>Supported Employment, Job Coach, Employment Consultant</p>	<p>Job Coaching, or Employment Consultation Assessment, adaptation, environmental accommodation, worker and co-worker training with the goal of supporting the individual to meet job expectations with as much independence and natural co-worker support as possible. Required necessary accommodations and supports are to be put in place and available for the life of the job. Staff assists in retraining for job upgrade and restabilization as needed. Provides or arranges for personal care as needed</p>

Support Service Category	Help With Communication	Possible Support Service Title and Description
	"Customer Says" Provider Calls It?	
Long Term Employment Supports or Employment Consultation Providing on-going supports to an employee or an employer at or away from the job site to support success in keeping a job. Enhance what is typically available at the job site as an accommodation (no cost) and directly provides supports only above that level. Assist with retraining for job upgrade or restabilization as needed. Provides or arranges for personal care, as needed		
Supported Employment	"Help me keep my paid job." Supported Employment, job coach, Employment Consultation	Individual Worksite monitoring and interventions that will help assure maintain employment using and enhancing as much natural support as possible.
	"Help me keep my paid job." Supported Employment, Sheltered Workshop	Enclave or Crew Providing on-going support and training to a group of workers with disabilities, at a level above that typically available to non-disabled workers in the business, to support integration and performance at the job site. Paid work must be scheduled for all expected support time. Individualized training and activities may be offered, on a limited basis, if paid work is not available.
Community Inclusion	"Help me keep my paid job." Sheltered Workshop, SSP, Work Activity Center, Affirmative Industry, Business	Facility Based Employment Providing on-going opportunities for paid employment in a small business or workshop setting where the majority of workers are persons with disabilities. Personalized or group learning activities (non paid) related to job exploration, job training, interpersonal skills, money management or mobility may also be provided.

Support Service Category	Help With Communication "Customer Says" Provider Calls It	Possible Support Service Title and Description
Community Inclusion Support and instruction related to engagement in the community and skills the individual wishes to acquire, retain or improve related to integration, productivity or independence away from home. The goal is to build and use as much natural support as possible provided by typical people in a chosen environment.		
Community Inclusion	<i>"Help me find places to go in the community."</i>	1:1 Inclusion Assistance -Providing on-going training and support for an individual's participation in local groups and or community activities of interest. (Communication, personal care medical and safety support).
	<i>"Help me build relationships with others without disabilities that share my interests."</i>	1:1 Inclusion Assessment or Skill Training Time limited assistance to achieve a defined outcome related to identifying essential environmental supports, building relationships and or skills related to the individual's interests and independent participation in an identified local group or activity of interest.
	<i>"Help me keep an active social life."</i>	Small group Participation and learning in activities of interest along with others/friends with and without disabilities.
	<i>"Give me a place to go every day."</i>	Facility Based or Group Socialization Providing ongoing opportunity to participate in activities that interest and engage, involve the community, and build friendships and skills related to the individual's interests and goals.
	Community Living, ATE, Recreation, Socialization, Community inclusion, Day Care	

Support Service Category	Help With Communication "Customer Says" Traditional Provider Calls It	Possible Support Service Title and Description
<p>Community Living Supports Services for the purpose of facilitating Independence and integration by helping the individual to acquire skills to live as independently as possible in housing of their choice.</p> <p>Other In Home Related Supports Assists individual to function in their home environment</p>		
Community Living	<p><i>"Help me learn independent living skills."</i></p> <p><i>"Help take care of me at home."</i></p> <p><i>"Help me with living skills while my mom is away."</i></p> <p>SILP, Supported Living. Group Home, Foster Care, Centers for Independent Living</p>	<p>1:1 Community Living Skill Training Skill Training-Assessment, training and environmental supports to achieve independence in area(s) of community living.</p> <p>1:1 Community Living Support-assistance with ADLs in the home (meal planning, shopping, bathing)</p> <p>Note: if general household assistance is provided on temporary basis while caregiver is away from home (vacation etc), the PA classifies as "Homemaker Services".</p>
Chore Services	<p><i>"Help me move to a new house."</i></p> <p><i>"Help me clean up this mess."</i></p> <p>SILP, Supported Living. Group Home, Foster Care, Centers for Independent Living</p>	<p>Chore Services Assistance with heavy household chores for example cleaning of rugs.</p>
Special Diets	<p><i>"Help me eat what I am supposed to eat."</i></p> <p>Services provided within group home, supported living or foster care</p>	<p>Special Diets The preparation and monitoring of necessary dietary supplements ordered by a physician and monitored by a dietician.</p>

Support Service Category	Help With Communication "Customer Says" Provider Calls It	Possible Support Service Title and Description
Respite	Care and supervision provided to allow the primary care giver to take a break. (Not 8 hours per day 5 days a week)	
	"Give me a place to go once in a while so mom can have a break."	Facility Based Out of Home Care must be provided in a licensed or certified facility. Recreational and other activities may be available. In-Home Respite Assistance provided in the individual's home in all defined areas of need
Transportation	<i>"Help me get to work."</i>	Transportation Travel to and from things other than medical appointments.

Support Service Description Form

Support Service Funding Category: _____

User Friendly Service Title: _____

Description of Service: Service content, length, staffing ratio, frequency of contact review with customer etc.

Outcome of Service: What is the goal of this service? How will buyer and others know when it has been achieved?

Cost of Service: Cost per unit of Service and general overall cost, if appropriate.

SECTION II:

RATE SETTING POLICIES, PROCEDURES AND EXAMPLES

This section covers:

- ✓ Medicaid requirements that guide rate setting
- ✓ Other state and federal regulations that guide rate setting
- ✓ Process used to identify costs and set rates
- ✓ Some allowable and non-allowable costs
- ✓ Examples of how organizations have established rates

OMB and Medicaid Requirements for Rate Setting

All provider organizations receiving funding to support persons with developmental disabilities (either paid by County contract or by the individual through a Brokerage) must adhere to relevant State and Federal regulations. It is also the responsibility of a provider organization to use Generally Accepted Accounting Principles (GAAP). Relevant Federal Office of Management and Budget (OMB) Circulars regarding costing, accounting and auditing of funds are listed here followed by Medicaid and other cost related legal references. Your professional accounting and audit staffs are a resource for clarifying applicable rules and regulations.

- ✓ **OMB Circular A-122 Cost Principles For Non Profit Organizations available at <http://www.whitehouse.gov/omb/circulars/a122/a122html>**
This circular applies to any non profit receiving government funding and includes a comprehensive list of allowable and unallowable costs.
- ✓ **OMB Circular A-110 Uniform Administrative Requirements for Grants and Other Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations** (Dated 11/19/93, further amended 09/30/99). <http://www.whitehouse.gov/omb/circulars/a110/a110.html>
- ✓ The Code of Federal Regulations (42 CFR 447.203, and 447.325)
- ✓ Oregon Administrative Rule 410-120-0000 through 410-120-1980, Department of Human Services, Medical Assistance Programs. Relevant Sections of this rule include Section 410-120-1280 (1) (4) (13) (14), and 410-120-1340 (3) and (5)).

- ✓ ORS Chapter 427 (3) (c) defines the expectations for development of monitoring and evaluation systems to assure competent management, program quality, and cost effectiveness in services for persons with developmental disabilities.

Five (5) statements can best summarize Medicaid requirements.

1. Established Rates Must Recognize Customary Charges.

Initial state rate ranges for each purchasable self-directed support service have been established based upon a review of present customary rates charged to persons with developmental disabilities or other DHS customers. Typical rate setting processes and examples are also provided in this manual. In the future, rate ranges will be adjusted based upon surveys conducted at the Brokerage and the State level.

2. Established Rates Must Be Cost Effective.

Federal regulations state that Medicaid may not pay more than prevailing charges in the local area for comparable services. ORS 427.007 (3) also requires that the Department develop monitoring systems to assure cost effectiveness. It will be the responsibility of the Brokerage to assure compliance with the expectation that resources are used in the most cost-effective manner. To meet this expectation Brokerages may:

- ✓ Initially review a provider organization to assure that they are within State approved ranges;
- ✓ Approve rates that exceed customary charges or ranges on a plan-by-plan basis only when justified and based upon identified criteria, and;
- ✓ Gather and use information on rates, costs, service content, organization characteristics, and outcomes in the local area to assist customers in the selection of cost-effective services.

Under ORS 427 (3) (c) and other related regulations, DHS and or CMS may conduct a fiscal or program audit. The review of rates will be done to ensure that provider organizations are treated fairly and that rates charged to customers' plans do not vary by customer without a justified difference in level of support.

3. Provider Organizations Must Maintain Rate Setting Documentation.

Since various agencies could conduct an audit or program review, provider organizations should maintain a written cost allocation plan and record to explain, support, and justify rate-setting decisions. Documentation related to a program or fiscal audit could be expected to include:

- ✓ Support Service Rate Cost Allocation Plan;
- ✓ Individual Contracts or Agreements;
- ✓ Reports accounting for service delivery, outcomes and billing, and;
- ✓ Review of audits and other reports that verify rates and supports.

The second reason for maintaining documentation is to provide more specific rate setting information to potential customers. Individual customers have the right, and can be expected to ask questions related to direct line staff wages, the percentage of agency indirect charges, or other portions of charges in relation to expected outcomes.

4. Medicaid is payment in full.

A provider organization cannot bill individual customers or other agencies for any part of the support services (hours, days, etc.) that are agreed upon, provided, and paid for with self-directed support service funds. Any practice of family or other surcharges is not allowed.

Some level of private payment may still exist. Individual customers or others may agree to pay for additional days, hours or services above that funded by Medicaid. These agreements will be reflected in the ISP and contract.

5. Medicaid Requires Use of Other Available Resources.

The traditional way that this has been stated; “Medicaid is the last dollar” has often resulted in communication barriers and agency finger pointing rather than effective service delivery for persons with developmental disabilities. Oregon’s DHS agencies are committed to a partnership in services to the state’s citizens with disabilities given each unit’s legal mandate and mission.

Medicaid will not pay for a service that an individual is eligible for from another source. This requirement has important implications for both brokerages and provider organizations. Table 6 identifies the resource review expectations for each party. Table 7 lists potential employment or community inclusion resources considered and potentially accessed for a customer.

**Table 6:
Resource Review Requirements**

All Brokerages Must	Effective Provider Organizations Should
<ul style="list-style-type: none"> ✓ <u>Complete a full resource analysis</u> to identify potential generic, specialized, formal and informal resources available to each customer. ✓ <u>Document the effort to access any resource prior to planning and allocating support service funds</u> 	<ul style="list-style-type: none"> ✓ <u>Be prepared to use multiple resources</u> in order to help a customer achieve a goal. ✓ <u>Be knowledgeable about access and use of additional resources.</u>

**Table 7:
Possible Resources Available to Support Service Customers**

For Employment (if applicable)	For Community Inclusion (if applicable)
<ul style="list-style-type: none"> ✓ Vocational Rehabilitation of Commission for the Blind ✓ School district resources ✓ Social Security Work Incentives ✓ One Stop/Work investment Act funds ✓ US ARC OJT funds ✓ Employer ✓ Individual or family networks or resources 	<ul style="list-style-type: none"> ✓ School district resources ✓ Personal networks (family friends) ✓ Mentors, volunteers ✓ Local organizations

Process for Establishing Support Service Costs and Billing Rates

There are 5 major steps that must be completed in the development of any billing rate for Self-Directed Support Services for Adults. Appendix 2 provides definitions for the terms used throughout this section of the manual. This manual assumes that provider organizations have the expertise, accounting systems and historical budget data adequate to complete all steps in the process. The descriptions, forms and examples provided demonstrate several approaches to rate setting. Each provider organization is encouraged to work closely with its accounting and auditing staff, applying a process to their unique organization. They are also encouraged to take advantage of training and technical assistance that may be available through the Oregon Technical Assistance Corporation and or the Oregon Rehabilitation Association.

Step 1: Identifying Costs

OMB Circulars and Table 8 Expense Classifications on page 27 provide guidance for the allocation of direct, indirect, allowable or non-applicable expenditures based on federal and state requirements. Organizations should work with professional staff in this process of cost identification. It is not the intent of this manual to identify all allowable and non-allowable costs.

Common non-allowable costs include but are not limited to:

- ✓ Business and production expenses that should be paid by a local business and included in the bid price for sub-contract work including worker wages, taxes and benefits, standard labor and production costs, raw materials and supplies, shipping and receiving;
- ✓ Employer incentives;
- ✓ Basic customer expenses;
- ✓ Staff pre-service training or other expenses necessary for the organization to demonstrate initial capacity and qualifications;
- ✓ Costs that are only "a guess" and are not justified based on budget line item and experience. For example a standard item for "margin of X%" is not allowed. Actual line items that can be included as in-direct expenses;
- ✓ Other costs not allowed as outlined in the relevant OMB Circular.

The established rate for each service available from an organization may be based on an analysis of actual expenditures for services that are now being provided or by projections related to new services or new costs incurred as a result of the delivery of support services. Organizations projecting rates must update rates as soon as reliable information is available, but no later than 6 months after the initial projection.

Step 2: Figuring the Cost of One Unit of Service.

This will generally require the calculation of the total annual units of service to be provided for the particular type of service. As is evident in the examples provided by ABC and XYZ agencies, the units of service may actually be sold to either comprehensive or support service customers.

Step 3: Establishing The Billing Rate.

The billing rate is the amount charged to each individual for a unit of service. Assuming that the organization is identifying a billing rate that will be in effect for one year may simplify the process of contract negotiation with customers budgeting based on an annual benefit level.

Provider organizations may have more than one billing rate for a particular support service. All billing rates, whether initially established and used by many customers or negotiated to fit one individual, must be based upon fiscal data related to services to be sold. In the example noted below, the organization has established 2 possible rates for community inclusion for sale to typical customers. Individualized rates may also be developed on an as needed or exception basis.

Example ACME Community Options		
<i>Service</i>	<i>Billing Rate</i>	<i># Customers</i>
1. <u>Community Supporter</u> providing 1:1 staff to support an individual's full participation in community activities that interest them.	\$15.50 per hour	5
2. <u>Community Coach</u> - Service for up to 10 hours to find a community site of interest to the individual including orientation of individual's who would agree to voluntarily mentor on-going participation.	\$22 per hour	2

Step 4: Establishing Accounting and Billing Systems.

A provider organization will manage multiple service contracts or agreements for self-directed support services. Individual contracts will vary in start and stop dates, contract length, and expectations for payment. The provider organization must assure a reliable system for accounting of costs associated with all support services and customers. This includes accurate reporting of services delivered and accurate billing and charging of each individual for the supports they receive.

Step 5: Controlling and Verifying Rates and Supports.

An organization is expected to have an accounting system able to accomplish all the defined tasks to produce financial statements that allow for effective management and decision making on the part of the agency. Regular review of revenue and expenditure statements should be made to verify that the rates charged and collected are adequate to cover related costs. Consideration of an adjustment to a rate is an appropriate part of an organization's budget process.

Table 8: Expense Classification

Expense Account Title	Direct	Indirect	Non-applicable Not Allowable
Customer wages, stipends, or benefits			X
Customer benefits or personnel expenses (sick leave, vacation)			X
Customer financial assistance (basic living, medical, social or recreational activity)			X
Standard business or work production costs			X
Staff salary	X ₁	X ₁	X ₁
Staff benefits	X ₁	X ₁	X ₁
Staff payroll taxes	X ₁	X ₁	X ₁
Staff administrative and non-chargeable time	X ¹	X ¹	
Staff Pre-service Training			X
Staff In-service Training	X ¹	X ¹	X ¹
Staff travel	X		
Postage, dues & office supplies		X	
Administrative training		X	
Administrative travel		X	
Office rent & occupancy		X	
Professional fees		X	
Depreciation expense		X	
Insurance expense		X	
Attendance Fees	X ¹	X ₁	
Director salary, benefits, taxes		X	
Office expense		X	
Telephone and Communication		X	
<small>¹classification as direct, indirect or NA based on organization allocation plan, FTE ,and service design</small>			

Provider Rate Calculations

This portion of the manual provides a step-by-step process, blank forms and actual examples to assist you. In the examples, the organization administrator has shared his or her thinking and logic in the establishment of their rates.

In putting this manual together the common workgroup questions were – is there a simple way to do this? Is there a simple formula? Is there common language that will help providers, brokerage staff and customers talk about rates? Unfortunately the process is not simple and it is unique to each organization. We have tried to make the language and process clear through the use of forms and examples.

EXAMPLE #1 Setting Rates For 1:1 Services

HOW: Hourly Rate Calculation Process (page 30-31)
 Hourly Rate Calculation Worksheet (page 32)

EXAMPLE: ABC Corporation (pages 33-34)

APPROACH COULD BE USED FOR:

1. Individual Supported Employment or Inclusion Rate; or,
2. Small Group Employment (crew or enclave) or Community Inclusion Group Rate (prorate the 1:1 rate by the size of the group).

METHOD: Building the rate based on the hourly wages of direct line staff.

EXAMPLE #2 Setting Rates For Group Services

HOW:

1. Simple Formula Conversion of Existing Slot Rates (page 35);
2. Daily Rate Calculation Process (page 36-38); and
3. Daily Rate Calculation Worksheets (page 39-40).

EXAMPLE: XYZ corporation (page 41-44)

APPROACH COULD BE USED FOR:

1. Facility Employment Rate (sheltered workshop, work activity ATE);
2. Small Group Employment Rate (crew or enclave); or,
3. Group Inclusion or Respite Rate.

METHOD: Identifying the rate based on a cost center analysis of agency services.

Setting Rates For Transportation

1. Individual Staff Person Transports Customers as Part of Job

When a person functioning as a job coach or other staff transports a customer(s) as part of their scheduled activities, this can be done at the approved rate for supported employment or inclusion services. As with the group example (ABC Corporation) hourly rates should be prorated based on the size of a group or number of persons being transported, so that individual's are billed appropriately.

2. Provider Maintains Transportation Service

When an organization maintains vehicles and routes to travel, a separate transportation rate should be established. The organization should establish a rate based upon a per day, per mile, or per trip cost. The process is the same as in the daily rate example:

- a) Determine total costs appropriate to the Cost Center;
- b) Identify the Unit of Service ;
- c) Calculate Total Annual Units of Service; and,
- d) Calculate the Rate per Unit.

Hourly Rate Calculation Process

The following is one method for determining the costs and billing rate for one hour of 1:1 staff time followed by an example of use of the process applied by ABC Corporation. The steps identified in the process match those on the blank Staff Hour Rate Calculation Worksheet is included on page 32.

I. Determine Total and Hourly Direct Service Staff Costs

Step 1. Determine the staff hourly pay rate and total wages for direct service staff.

Identify staff typically involved in direct face-to-face delivery of the defined Support Service. The organization may choose to average hourly pay (e.g., \$12 per hour for job developer and \$9 per hour for job coach = \$10.50 per hour) or establish separate rates for service (e.g. job development \$12 and Job coach \$9 per hour).

Identify the total wages for identified direct line staff.

Annual salary (1.0 FTE) of a position should be based upon employed 2080 hours yearly, or a monthly salary for 173 paid hours. Any FTE or hours involved in non-allowable business activity should not be included here. This should not include the cost for any administrative positions.

Step 2. Determine the ratio for Other Personnel Expenses (OPE)

Calculate the cost of benefits for direct line staff identified in Step 1 above. Again, do not include costs related to administrative or in-direct staff. Divide total wages (Step 1) by total benefits to determine OPE ratio. Multiply the OPE ratio x the hourly wage for all staff identified in Step 1. This amount will be added to the hourly wage.

Step 3. Determine the ratio for essential non-billable staff time or “prep time”. (If applicable)

Non-billable staff time is work that is done without the person being present that supports their specific contracted outcome (travel, report writing and other work). Identification of ratios should be made on the basis of time studies or other data. The amount will be added to the hourly wage. In the attached example, 30 minutes of prep time was required for every 2 hours of direct service, so the ratio is 25%. Ratios may be different based upon service type, location and other variables. An organization’s more limited role in the self-directed support services ISP process is generally expected to decrease

meeting and reporting time when compared to present comprehensive services.

Multiply the non-billable ratio times the hourly wage for all staff identified in Step 1. This amount will be added to the hourly wage.

Total hourly Staff Costs = 1 + 2 + 3

II. Determine Total and Hourly Direct Service Program Costs.
(if applicable)

Step 4. Determine the ratio for staff transportation. (On Worksheet) **OR**

Step 4. Determine the ratio for other direct program cost.

For Organization ABC, direct line staff is often in the field visiting present or potential worksites and staff transportation represents the major direct program cost. This is staff travel to do the job without the customer present. The organization should identify the staff travel budget/total annual salaries in Step 1 to identify the travel ratio. Multiply the non-billable ratio x the hourly wage for all staff identified in Step 1. This amount will be added to the hourly wage.

An organization may be able to identify other direct program costs exclusive to customers of the defined service. If this cannot be done easily, than it may be more appropriate to include these costs in overhead or indirect and allocate on a per customer basis for the agency's total service capacity (all comprehensive and support customers) as part of step 5.

III. Determine total and Hourly Administrative, Overhead or Indirect Costs.

Step 5. Determine cost and a ratio of indirect costs

This process will vary based on the nature of the agency and the method of cost allocation. Total organization allowable indirect budget may be divided by the total number of service hours that will be delivered to all customers.

Service hours must be used as the divisor even if some cost centers bill daily because in this cost center the hour is the unit of service. (See ABC Calculation of Service)

**IV. Combine Costs to identify the Proposed Rate Items 1 + 2 + 3+ 4 +5
= Hourly Rate**

Blank Staff Hour Rate Calculation Worksheet

Direct Contact Staff Costs

1. Salary cost

Standard monthly salary *	\$	____.____
DIVIDED BY	Paid hours per month	173
EQUALS	Hourly salary cost	\$ ____.
TIMES	Total time per contact hour **	\$ ____.
EQUALS	Hourly salary cost	\$ ____.

2. Benefit cost

Total budgeted payroll tax & benefits	\$	____.____
DIVIDED BY	Total budgeted salaries	\$ ____.
EQUALS	Benefit ratio	____.
TIMES	Hourly salary cost EQUALS hourly benefits cost	\$ ____.

3. Transportation cost

Total budgeted auto & parking expense	\$	____.____
DIVIDED BY	Total budgeted salaries	\$ ____.
EQUALS	Transportation cost ratio	____.
TIMES	Hourly salary cost EQUALS Hourly transportation cost	\$ ____.

OVERHEAD COSTS

4. Overhead cost

Total annual overhead budget	\$	____.____
DIVIDED BY	Total direct contact staff hours per year	____.
EQUALS	Hourly overhead cost	\$ ____.

1,2,3,4	TOTAL HOURLY COST	\$ ____.
----------------	--------------------------	-----------------

* This might be the highest salary paid, an average salary, or a weighted average for direct line staff in this cost center only

** This is the ratio of total time divided by contact time (where total time is contact time *plus* preparation, travel & administrative time) as based on a time study or experience.

RATE WORKSHEET ABC CORPORATION

1. Think: 5 people do this work; Wages: \$15, \$15, \$12.50, \$12 & \$11. Averages \$13.10/hr. No increases next year.

2. Pull the benefit numbers from the 1/1-6/30/02 income statement. Analyze costs and make adjustments for what will happen-cost increases for some items and savings as a result of staff or package changes. Note FUTA not allowable costs for non profits

2. Look at total wages, but take out all administrator \$ (wages and benefits) those go in overhead...

Divide total benefits by total wages to get the OPE ratio

4. Back to the Income Statement – see what you spent on transportation.

6a. Back to the income statement – Take out non-allowables; subtract all direct costs (items 1-4); all other Medicaid approved expenses are OVERHEAD or in-direct

6b. Calculate 6 Month Service contact hours:

ATE: 125 days x 5 hrs/day x 16 customers = 10,000 hours.
Supported Employment 4.3 FTE x 1038 hours each x .75 (face to face time) = 3350 hours.
Total capacity = 13,350 hours

HOURLY COST RATE CALCULATION WORKSHEET

Based on 6 Months Cost and Capacity

Direct Contact Staff Costs

1. Hourly wage cost: \$13.10

2. Benefit Cost 1/1-6/30/2002 7/1/02-6/30/2003

Take all payroll tax and benefit accounts projected adjustments?
from 1/1-6/30 and total them up:

FICA	\$12,543	
FUTA	950	
SUTA	4,101	
Med/Dentl Ins.	27,883	Expect savings and +15% 1/03
Life Ins.	264	
Accrued Vac.	7,696	
Wrkr Comp Xp.	4,500	Increase \$50/mo.
Retirem't Exp.	600	

Total Benefits \$58,537 (adjusted) \$ 51,719

Wages: \$162,597

\$51,719 divided by \$162,597 = .318

For every dollar in wages we're paying \$.32 in benefits

Multiply the OPE ratio times the hourly wage to get the

hourly benefits cost: \$13.10 times .318 equals:

\$ 4.17

Wage & benefit hourly total:

\$17.27

3. Prep time cost/ratio: 2-hr class or job support takes 30 min. to prepare:

0.25 Multiply prep-time ratio (.25) times hourly wage/benefit cost (\$17.27): \$ 4.32

Total Hourly wage/benefit costs: (1+2+3)

\$21.59

4. Staff Transportation Costs:

Total vehicle, mileage, insurance, parking expenses, etc.

For 1/1-6/30/02 = \$11,741.00. Divide that by total wages to get

The transportation cost ratio. 11,741 divided by 162,597 equals: .072

Multiply the ratio by the hourly wage to get hourly transportation costs.

.072 times \$13.10 = \$.94/hr

\$.94

5. Total Direct Costs (1+2+3+4)

\$22.53

6. INDIRECT or OVERHEAD COSTS

6a. Present In-direct 6 months all services (\$111,586)

Divide this by the total hours of direct service contacts for the period.

\$ 8.36

\$111,586 / 13,350 equals: hourly overhead per direct contact hour:

\$31.18

OTHER INDIRECT COSTS TO CONSIDER

6b. Program Fees covers activity admission charges, costs of monthly

Evening Workers Dinner group for persons in SE

Based on ATE (\$20/mo. X 16 x 6 mo. / 10,000 hours =

.19

6c. 5% absence factor – if we're unable to bill 1 hour of 20

Due to "no-show" (\$31.18 x .05 = \$1.56)

\$1.56

\$32.93

7. NEW SUPPORT SERVICE COSTS

7a New Costs = \$675/mo. x 6 mo. = \$4,050.00

7b. Anticip. new service hours** 6mo x 164 service hours/mo = 984

Anticip. new costs per hour \$4,050 divided by 984 = 4.11

Phase in at 50% now; add 50% in 6 mos if these materialize

\$ 2.05

SUBTO TTOTAL HOURLY COSTS:

\$ 34.98 or \$35.00

**RATE WORKSHEET
ABC CORPORATION**

Continued

These figures describe how one agency arrived at its 1:1 service rate. Every provider will need to figure out how that breaks into a 1:3, 1:4 or whatever service ratio its program(s) offer.

We use a 1:3.5 in our ATE, so \$10 per hour is the basic charge.

I will consider doing a separate cost analysis or making an adjustment if specific direct program costs are > than \$.94 per hour or \$4.70 a day already included in the rate (item 4)

SOME QUESTIONS TO PONDER

With no ISP's, will that cost savings provide some flexibility?

Have I included all essential items?

Is this rate in the State range?

Is this rate competitive in our geographic

Each new service may need a calculation based on average wage and different overhead costs.

OTHER INDIRECT COSTS TO CONSIDER

6b. Under the rules, we can't bill for no-shows, so we better *Historic data* absence factor: 5%.

6c. MORE COMMUNITY ACTIVATES MEANS OTHER DIRECT COSTS – TREATS, BUS FARE, ETC. WE NEED TO COVER THEM.

7a..Anticipated Costs

(1) We'll be administering 14 new contracts the first year, all-expiring at different times: (Admin tracking cost monitoring and renegotiating).

Estimate 1/10 time Admin, plus supplies \$425/month.

(2) **Extra record keeping, data entry, printing and mailing costs. Estimate \$100.00 per month.**

(3) Setting up new programs will bring development and supplies costs? *Estimate \$150/month*

1+2+3 = \$625 a month

7b. New client estimate: 14

(6 individual @ 3 hrs. week + 8 in-group @16 hrs week each. Total time = 164 hrs. Month)

Should I make initial contracts for 30-60 days to make sure these budgets are right? My longer contracts will lock in these ways for paying expenses.

Simple Formula Conversions of DD 54 Slot Funds To Rates

DD 54 providers have existing contracted rates for the provision of work activity, facility-based employment, and or supported employment. Existing Medicaid rates are based on the provision of 25 hours per week of support or service. While a provider organization is in the process of establishing distinct rates, existing rates may be used if they are converted to hourly or daily units of support.

EXAMPLES

1. Monthly contracted slot rate for workshop divided by days per month = a daily billing rate for on-going employment support with x amount of individualized time per day.
2. Monthly contracted slot rate for supported employment divided by average number of staff hours of support provided to individual and employer to maintain employment at 25 hours per week = rate per hour for individual job coaching or supported employment.
3. Monthly contracted slot rate for supported employment divided by 105 hours per month (25 hours per week x 4.2 weeks per month) = hourly rate for support of an individual at an enclave site.
4. Agency overall blended slot rate (all slots) divided by 21 days per month = a daily billing rate for an individual in assessment who may move within a variety of work opportunities to determine talents and interests.

Daily Rate Calculation Process

The following is one method for determining the costs and billing rate for one day of support in a group and site based employment setting. Daily Rate Calculation Worksheets are included beginning on page 37.

XYZ Corporation expects to continue to support present clients who will move to support services and may support new customers in its work activity center site. XYZ Corporation has provided components of the agency's: a) XYZ Cost Allocation Plan, b) the Support Service Description, and c) the budget for the ASSEMBLY (WAC) cost center.

I. Determine the Daily Rate For Services For Most Individuals

Step 1: Determine the Total Cost of the Cost Center or Program.

This involves the initial allocation of non-allowable business and other expenses and the identification of direct and indirect costs based upon the guidelines in this manual, the relevant OMB circular and the organization service design. See XYZ Assembly Budget, pages 43 and 44.

Step 2: Identify the Basic Package of Services.

The Support Service description is a tool designed to create an honest picture of services in order to facilitate effective communication with customers and provide a foundation for rate setting. Any organization should be able to identify program characteristics, including but not limited to: a) the number of hours per day, b) the staffing ratio, and c) the content of a day of service. It may help the organization to ask probing questions about its employment, community inclusion or respite service like those below:

- ✓ What is "typical" program content for this service?
- ✓ How much paid work or other planned and structured activity is available?
- ✓ How much of the paid work or other activity will be available for each customer will be provided for each customer?
- ✓ How much choice, control and or variety will be available?
- ✓ For employment programs, will the organization have enough work regularly available to add new customers without lessening the work available for all?
- ✓ How much down time is there? What supports will be available during that time? Should this be considered a separate service?

Step 3: Identify the Unit(s) of Service

The county contractual unit of service has been a month. For self-directed customers, especially those who want to continue in the same site, the basic unit of service maybe converted to a day (5 or more hours) of paid work or other clearly defined activity with support. This may be considered the organization's basic unit of service.

An organization may also wish to identify an hourly rate that may be used to meet individual needs above the basic unit (see steps 6 and 7). In this case, any hourly rates should be based on a clear identification of direct care staff costs only, since the daily rate already includes indirect costs.

Step 4: Calculate Daily and Annual Units of Service or Capacity.

For purposes of rate setting this is done based on habilitation training and support only. Daily Units of Service = Site FTE for Services x Customers per day or staff ratio. Annual Units of Service = Units per day x days per month x 12 months per year.

Step 5: Calculate the Rate per Unit.

Total direct and indirect costs/Total Annual Units of Service = Rate per Unit.

II. Adjust Based on Individualized Assessment (if necessary)

Step 6: Complete Individual Assessment

One example of an assessment form is provided in Section III, page 60. This, or a similar assessment, may be helpful in preparing for negotiation with persons who will transition to self-directed support services. For new customers, organizations may wish to sign short-term (30-90 day) contracts at the established rate to allow for assessment.

Step 7: Use Information To Discuss Needs and Negotiate/Renegotiate With the Customer and the Personal Agent.

Using information from Step 6, individualized agreements can be negotiated. This Information may result in one of three situations, which are described below, based on established rates for XYZ Corporation.

- ✓ **Basic Unit Fits Individual Support Needs.** No change needed in established staff ratio and daily rate. XYZ = \$29.68 per day.

- ✓ **Individual Needs Fewer Supports.** Adjust daily rate to reflect revised staffing ratio. If 1:12 was an adequate ratio at XYZ, $\$29.68 \times .66 = \19.59 per day.
- ✓ **Individual Needs Greater Supports** Determine additional hours and negotiate individual agreement based upon those needs. XYZ additional hourly rate is \$11.45 per hour. If an individual needed 1 hour of additional support per day, the daily rate would be $\$28.32 + \10.86 or \$39.18.

Daily Rate Calculations Worksheet

Step 1: Complete Cost Center Analysis _____
 Allocate direct, Indirect, and Non-allowable Expenses
 (Blank Form Available page 40)

Step 2: Identify the Basic Package of Services _____
 Define Service Content, Length, Staffing Ratio, and Frequency of Contract
 (Use Form in Manual Page 19)

Step 3: Identify the Unit(s) of Service _____
 For Organizations Selling Services Like Those Now Available
 For 25 or More Hours per Week, Use of a Per Day
 (5 or more hours) or Half-day Unit is Recommended
 (See Manual page 12-13).

Step 4: Calculate Daily and Annual Units of Service

DAILY CAPACITY	Total Direct FTE		
TIMES	Staff to Customer Ratio	X	
	(1:8 = 8) (1:16 = 16)		
EQUALS	Total # of Customers per Day	=	
TIMES	Days per Month (21.6=22)	X 22	
TIMES	Months per Year	X 12	
EQUALS	ANNUAL CAPACITY		

Step 5: Calculate the Rate per Unit

TOTAL ALL ALLOWABLE EXPENSES		
(Direct + Indirect)		
DIVIDED BY	Annual Capacity	
EQUALS	Rate per Day	

If Additional Individual Support is Needed, Individual Assessment must be Completed.

Step 6:

A. Identify Total Extra Hours of Support Needed per day		
B. Identify Staff Ratio Needed For Extra Support		
C. Complete Hourly Rate Calculation (Steps 1-2, page 31 or 33)		
<u>Salary and Benefit Costs Only</u>		
D. Prorate Based on Staff Ratio if Greater than 1:1		
E. Total Extra Support Cost (6A times 6C or 6D)		

Step7: Total Cost
 Rate per Day \$ _____ + 6E _____ =

Cost Center Analysis Worksheet

<i>Personnel Costs</i>	Direct		Indirect		Not Allowed		<i>TOTAL</i>
	\$	FTE	\$	FTE	\$	FTE	
<i>TOTAL FTE</i>							
STAFF SUB TOTAL							
STAFF OPE (__ %)							
SUB POOL TEMP							
SUB/TEMP OPE							
ADMIN STAFF							
<i>Total Personnel</i>							
<i>SERVICES & SUPPLIES</i>							
Occupancy							
Telephone Expense							
Cellular Phone / Pager Expense							
Janitor Supplies							
Safety Supplies							
Printing							
Office Supplies							
Dues & Subscriptions							
Mileage/Travel/Parking							
Employee Relations							
Miscellaneous Expense							
Sales / Promotion / Special Events							
Depreciation (Bldg. / Computers)							
Other							
<i>TOTAL Expenses</i>							
<i>TOTAL Direct + Indirect</i>							

XYZ Corporation
Cost Allocation Plan Assembly Work Activity Center Site

1. Determine the Total Cost of the Cost Center or Program.

- **Time Studies** were conducted with staff to accurately allocate direct, indirect and non-allowable costs. Available upon request.
- **Not Allowable Expenses** associated with the operation of a business and charged to contracts with local companies See Assembly Budget \$89,013.
- **Direct expenses** are only those associated with the individual client. Time was allocated when providing direct customer support and time associates with directly serving the person (travel with a customer, documenting about a specific customer, planning with the customer, and counseling). See Budget \$88,037.
- **Indirect expenses** are those related to providing client services in more than one program. See Budget \$111,339
- Time was allocated to indirect when it related to meetings involving other than the customer, program management, or services for more than one customer or program site.
- Additional secretarial costs of record keeping, data entry, mailings were accounted for in secretarial time. Time study determined allocation levels to in-direct or no-allowable business.
- Sub Pool-based on average PTO taken per employee per year a requirement for coverage. Hours of coverage x expense per hour for substitute staff.
- 5% vacancy rate based on 6-month review for site customers.
- Includes increased vocational manager time and administrative operational changes projected to work with brokerage.

2. Identify the Basic Package of Services.

Information inserted on portion of Support Service Description Form page 19.

Description of Service:

(Service content, length, staffing ratio, frequency of contact review with customer etc.)

- ✓ Each individual receives 5 hours a day of service with an opportunity for paid work
- ✓ Supervision 1:8 staff ratio
- ✓ 40 minutes per day of 1:1 training
- ✓ Specific schedule and activities negotiated within individual contract.

Typical plan may include:

- Defined type and hours of paid work expected per week;
- Defined schedule for desired community activities;
- Prioritized activities or plan when work is not available (individual may choose not to attend when this occurs)
- Identified training goals related to integration, independence, or productivity (if any); and or,
- Plan and schedule for customer and staff involvement in job development in an identified occupation (if appropriate)

3. Identify the Unit(s) of Service

Basic Unit of service is a day (5 hours). Additional units of service are based upon 1:1 support on an hourly basis.

4. Calculate Daily and Annual Units of Service or Capacity.

Daily Capacity	3.51 FTE	Available direct service FTE
	<u>x 8</u>	Staff client ratio
	28	Clients per day

Annual Capacity: 28 clients/day x 22 days per month x 12 months = 7392 days

5. Calculate the Rate per Unit.

Total All Allowable Costs (direct and indirect) \$209,344 / Capacity 7392 = **\$28.32/day**

6. Calculate Additional Hourly Rates.

Individual 1:1 rates for persons requiring more than 40 minutes per day of 1:1 are determined based on hourly salary of \$8.35 and 30% OPE, for an hourly total of **\$10.86**.

XYZ ASSEMBLY WAC PROGRAM BUDGET

		DIRECT	INDIRECT	NOT ALLOWE D	TOTAL
ADVERTISING		0	200	0	200
CONSULTANTS		1,000	0	0	1,000
DEPRECIATION		0	11,000	3,000	14,000
MILEAGE REIMB.		0	500	100	600
FOOD		0	0	0	0
FREIGHT		0	0	50	50
TRAVEL & INSERV		100	1,200	0	1,300
MAINTENANCE		0	3,000	500	3,500
MISCELLANEOUS		0	300	0	300
POSTAGE		0	0	1,000	1,000
SAFETY/MEDICAL		0	1,250	225	1,475
SUPPLIES		0	5,174	760	5,934
TELEPHONE		0	1,800	600	2,400
UTILITIES		0	7,000	2,355	9,355
PUCH-SUPPLIES		0	0	500	500
VEHICLE EXP		0	0	600	600
DELI/VENDING		0	0	6,500	6,500
ADMIN OP		0	19,000	0	19,000
SUB TOTAL EXPENSES		1,100	50,424	16,190	67,714
STAFF EXPENSE					
SECRETARY					
Staff	0.00	0	8,626	4,734	13,360
Staff	0.00	0	2,158	2,158	4,316
SUPERVISORY					
Voc Staff	0.73	12,147		4,493	16,640
Voc Staff	0.69	11,482		5,149	16,631
Voc Staff	0.90	14,976		1,664	16,640
Voc Staff	0.79	13,146		3,494	16,640
Supervisor	0.25	4,956	4,956	9,911	19,823
Supervisor	0.15	3,243	1,000	0	4,243
Program Manager		2,866	11,462	5,970	20,298

XYZ ASSEMBLY PROGRAM BUDGET PAGE 2

		DIRECT	INDIRECT	NOT ALLOWED	TOTAL
Voc Management		0	8,656	0	8,656
Total FTE	3.51				
STAFF SUB TOTAL		62,816	36,858	37,573	137,247
STAFF OPE (30%)		18,845	11,057	11,272	41,174
SUB POOL TEMP		4,471	0	0	4,471
SUB/TEMP OPE		805			805
ADMIN STAFF		0	13,000	0	13,000
STAFF TOTAL		86,937	60,915	48,845	196,697
CLIENT WAGES		0	0	20,320	20,320
CLIENT OPE		0	0	3,658	3,658
TOTAL EXPENSES		88,037	111,339	89,013	288,389
		0	0	0	
TOTAL DIRECT & INDIRECT EXPENSES					199,376
	5% Vacancy Rate		9968		
			\$209,344		

SECTION III: WORKING WITH THE CUSTOMER AND BROKERAGE

This section covers:

- ✓ The role of the Brokerage and the Personal Agent
- ✓ Finding new customers
- ✓ Planning for individuals now in organization who will go to the brokerage
- ✓ Contract length and content
- ✓ Contract Initiation
- ✓ Contract monitoring
- ✓ Bill processing

Each self-directed support service brokerage must provide or arrange for a defined set of services related to (1) community resource identification, (2) individual planning and budgeting, (3) customer education and provider selection, (4) contracting and quality assurance, and (5) fiscal accountability. This section discusses each of these roles and makes suggestions related to building an effective provider brokerage partnership that will benefit individuals with disabilities.

From an organization's perspective, there are two groups of self-directed support service customers:

- ✓ New Customers-individuals off the wait list previously unknown or unserved by the organization; and
- ✓ Transitioning Customers – Individuals presently in an Employment/ATE (DD 54) and /or SILP (DD 47) slots will move to Self-Directed Support Service between July 1, 2003 and June 30, 2005. These individuals will have the opportunity at a designated time to choose to stay with current providers, choose other providers of employment or inclusion supports, or use funds in another manner.

This section of the manual provides recommendations related to all customers or to a particular type of customer. For persons with DD 54 slots already in a brokerage, policy guidance is available in Information Bulletin 02-06 SSFA 02, June 17, 2002 (See Appendix 4). General recommendations for transitioning customers are provided in this manual.

More specific policy and an implementation schedule for all other transitioning customers are expected to be available in January 2003.

Community Resource Identification

The Brokerage will assist with the development and expansion of community resources required to meet the support needs of individuals they serve. (OAR 309-041-1860(1) (c))

The local brokerage(s) is the focal point for working with an organization in support service planning and marketing. Brokerages need to know about your provider organization as a community resource. Brokerages can also share information about unmet customer needs, which may influence the support services that an organization chooses to sell.

Once an organization has completed the rate setting process, a meeting with the local brokerage staff is recommended. A common understanding of developed service descriptions, rates, and targeted customer base should assist all parties in subsequent service agreement negotiation with customers. Within this setting, brokerage staff can initially review established rates to assure that they are within the approved state ranges and ask questions that increase their understanding of the basis for the rate(s) and the unique qualities of this organization.

Following the rate review and discussion, a provider organization may wish to develop materials about the services for sale. Sharing copies of material with brokerage staff can be an effective way to assure information reaches future customers.

Individual Planning and Budgeting

The Brokerage will assist individuals to determine needs, plan supports in response to needs and develop individualized budgets based on available resources. The Brokerage will assist individuals to find or arrange for resources to provide planned supports. (OAR 309-041-1860(1) (a) and (b))

The Support Services for Adults administrative rule will guide the ISP process for all customers from the first day they are at the brokerage. When a transitioning customer moves to the brokerage, it will be the job of the PA to fit present slot services into a broader person centered prioritized whole life plan and to do this within resources and benefits available. This will be done in partnership with others and within a designated time period. (Information Bulletin 02-06 SSFA 6/17/02)

All adults with developmental disabilities receiving services have an Individual Support Plan or ISP. The ISP content, process, and roles are different in Self-Directed Support Services than under existing employment or residential service administrative rules. Every organization is encouraged to carefully review OAR 309-041-1860 (2) through (4), pages 34 and 35, which define the person centered planning process, written plan content, and health and safety issues to be addressed in a self-directed support service ISP.

Within Comprehensive Services, the provider organization is a designated team member and may, in some cases, assume leadership in the ISP development. The team focuses primarily upon effective use of designated contracted funds to achieve the individual's goals within a specified service area.

Within Self-Directed Support Services, ISP team membership is truly determined by the customer and planning occurs prior to provider selection. This means that a provider organization will most often not be a participant in the full ISP development. An organization will instead be asked, at least initially, to support and report progress on one or more established goals.

Also within Support Services, the ISP process includes a broad resource analysis. Resource analysis is the identification of all resources that a person is eligible for, and may be accessed to help in achieving defined and prioritized goal (s). This complete review of resources is the initial step in the development of an individual budget to support plan implementation. The individual budget will match specific goals to available resources. The customer and PA will approach potential providers to identify the level, type and amount of service that can be provided using all available resources.

This is a significant level of both change and opportunity for provider organizations. Given an organization's daily relationship with this customer pool, there is much that can be done now to help assure the success of the

future transition for each individual. Table 9 summarizes simple action steps in preparation for self-directed supports.

Customer Education and Provider Selection

The Brokerage will provide information, education, and technical assistance for individuals to use to make informed decisions about needs and to direct support providers. (OAR 309-041-1860(1) (d))

Each brokerage is involved in group and individual customer education designed to help each person and their family become informed buyers of essential supports. Potential customers will be involved in interviewing local individuals and organizations prior to negotiating and developing an agreement. Support services customers will select a provider based upon a number of criteria they have identified as important. These criteria may include, but will not be limited to, provider experience, customer comfort, customer control, and cost. Providers should be prepared to clearly explain all organization components in response to customer inquiries. Appendix 4 includes a set of Employment Provider Interview Questions presently being used in customer education at each brokerage. Potential buyers of other services may ask similar questions.

Table 9: Provider Action Steps with Transitioning Customers

Action Step	Question and Recommendation
<p>Identification of Transitioning Customers (Groups and numbers)</p>	<p>Have we identified the individuals are who, as a result of their living situation, will go to the brokerage? If necessary, contact county or state for listing.</p> <p>Thinking about each of these individuals, can you identify them based upon decisions that they and the agency will make in the future?</p> <ul style="list-style-type: none"> ✓ Primary service (employment- inclusion) ✓ Level of support needed for success ✓ Level of satisfaction with present service
<p>Customer Preference Checking</p>	<p>Individuals who are satisfied and productive with the help of their present provider are expected to want to continue services as part of their whole life ISP.</p> <p>How satisfied is each transitioning customer? What do you know about a person’s whole life interests and priorities? Are there some simple questions that could be asked now that would help know?</p> <p>What has the organization learned and how will it be used to shape support for customers in the future?</p>
<p>Customer Resource Checking</p>	<p>As an organization involved in employment or community inclusion, what does the provider know or need to learn about the resources listed on Table 7 page 23.</p> <p>For customers who want more or different employment opportunities can we assess potential untapped resources for each of them?</p> <ul style="list-style-type: none"> ✓ Who in this group is on SSDI and could work enough to make \$800 a month? (Good candidates for PASS) ✓ Do we know and understand how to access VR? Do we have a working relationship with the local office? <p>Are any individuals visually impaired and eligible for the Commission for Blind?</p>

Action Step	Question and Recommendation
Revise ISPs	For some upcoming ISPs could we try: <ul style="list-style-type: none"> ✓ Changing services to better match life goals and services that are the highest priority for the person; ✓ Matching hours of staff support to what a person may be able to budget or afford in the future; and, ✓ Building and using a wider array of natural and other resources to augment the defined staff support.

Contracting and Quality Assurance

The Brokerage will assist individuals to effectively put plans into practice including help to monitor and improve the quality of supports as well as reassess and revise plan goals. (OAR 309-041-1860(1) (g))

Once provider selection has occurred, the brokerage will act with the individual customer to initiate a contract for services. The Brokerage can provide the contract format. Contract content and format is legally a decision made by any organization's board. There is no state format. This section of the manual reviews 1) the standard components of every contract and 2) the portions of the contract that will be negotiated.

Two examples of contract formats are also provided. These represent examples actually in use at this time. It should be noted that neither agreement format contains all items recommended in this manual.

Example A Self Determination Resources Inc. Contract With Agencies
Includes standard and negotiated contract items (Pages 55 - 57)

Example B: Provider-Brokerage Individual Agreement and Rate Assessment
Forms developed by Full Access Brokerage (FAB) and the Opportunity Foundation (OFCO) includes only negotiated Contract items (pages 58 and 59).

1. Standard Contract Language

There are standard components or contract conditions that do not change based on the customer, but are the same for all customers. These are the portions of the contract that keep all parties within the law. The standard conditions evident in the SDRI Example A include:

- ✓ Notice of Injury, Illness or Accident. This condition is to support the brokerage requirement for review and response to Incident Reports similar to the County response within comprehensive services. Provider organizations will send copies of Incident Reports to the brokerage.
- ✓ Protective Service Responsibilities. The contract should clearly identify the responsibilities for immediate action and communication in situations classified as protective service. Provider organization staff will continue to be mandatory abuse reporters.
- ✓ Appointment Cancellation. This condition restates the Medicaid expectation that payment is for services delivered and the organization cannot charge and will not be paid for no shows.
- ✓ Confirmation of Provider Qualifications. This condition assures compliance with basic requirements reviewed in Section I, pages 7-9 of the manual.
- ✓ Contract Termination. Support Services are built on a positive and effective relationship and communication between the buyer and the seller. No standards for termination exist statewide at this time. Fair and equitable termination timelines and rationale should be identified in any contract, discussed, and agreed to by all parties in the negotiation process. This must be done with the full recognition that a provider organization will not be paid when supports are not provided.
- ✓ Other Contract Language. Additional contract conditions (see pages 57 and 58) clarify the extent of the agreement, process for modification, contract enforcement, non-assign ability etc.

2. Contract Negotiation

A basic support service description and the standard rate for service has already been established by the provider organization and reviewed by the brokerages as discussed earlier. The individual customer, PA, and organization staff person will spell out how the provider and customer will work together. Regardless of the agreement format, it is essential to detail the following:

- ✓ Customer Confirmation of Provider Choice and Qualifications
(See Example A, page 56)
- ✓ Services. The specific supports to be provided and the manner in which they will be provided. This may include any changes to the basic support service description agreed upon in order to meet individual choice and control. This may also include identified benchmarks or target dates for outcomes related to the service.
- ✓ Health and Safety Procedures and Protocols. This should be specifically identified in those agreements, when appropriate, based upon customer need and the hour and type of service or support provided. The protocols should include notification and communication expectations.
- ✓ Schedule and Location for Services. How often the services will be delivered and where they will be delivered must be identified.
- ✓ Process and Frequency for Updates. Effective communication between the provider, the customer, and brokerage PA is essential. A regular schedule for phone or face-to-face contract, the identification of any expected written reports, and or identification of other means of measuring customer satisfaction (weekly, bi-weekly or monthly) is highly recommended.
- ✓ The Period of the Agreement. All agreements will have beginning and ending dates. Initial agreements with new customers may be for a shorter period, allowing time to get to know one another and assess the needs of the individual and the effectiveness of the working relationship. Agreements with transitioning or known customers may be for longer periods, as they are based on experience and informed decision-making.

- ✓ Amount of the Agreement. The agreement must identify the number of units of service to be paid for by the customer, the rate to be paid for each unit, the total units expected for the contract period, and the pattern of planned utilization. This matches required information in the ISP. Any exception to the agency support service rate should be documented and justified in this agreement.
- ✓ Conditions for Payment. Individual customers and families may choose whether or not they wish to sign all invoices prior to payment or whether they empower the PA to act on their behalf. The process for payment is summarized below.
- ✓ Customer Responsibilities. While a listing of customer responsibilities is not evident in either contract example, it is recommended in support of improved communication, increased education of all parties, and greater customer control.

Contract Monitoring and Quality Assurance

The Personal Agent shall conduct and document reviews of plans and resources with the individual and the individual's legal representative as follows:

- 1. At least quarterly, review and reconcile receipts and the records of purchased supports as authorized by the ISP;*
- 2. At least annually and as major activities are completed:
Evaluate progress toward achieving the purposes of the plan, assessing and revising goals, as needed;*
 - (a) Record fund costs;*
 - (b) Note the effectiveness of purchases based on PA observation and customer satisfaction;*
 - (c) Determine whether changing needs and the availability of other resources has altered the need for continues use of Support Service funds to purchase supports.*

(OAR 309-041-1860 (7 a-b))

Based upon the above expectations, each PA will be actively and regularly involved with customers and contracted organizations to monitor and improve the services and supports. Providers should be prepared to establish regular

communication with both the customer and the PA and to deal proactively with inevitable problems that will arise

Fiscal Accounting

The Brokerage will conduct or arrange for fiscal intermediary activities in the receipt and accounting of Support Service funds on behalf of an individual in addition to making payment with the authorization of the individual. (OAR 309-041-1860(1) (e))

The written agreement provides the basis for both quality assurance and fiscal accountability. The buyer (customer), the seller (provider), and the fiscal intermediary (PA) should all be able to see and understand the relationship between the ISP goal, the written agreement or plan, and a monthly bill or invoice.

- ✓ A provider organization must present an itemized bill. Two examples of billing forms are included on pages 61 and 62. The form should identify services actually provided for the customer. It should also document the dates of service, the type and units of service delivered, the location of service, and the person(s) furnishing support.

Bills will generally be sent to the brokerage PA for review and processing although they may be sent directly to the customer, if requested. It is the responsibility of the PA to assure that services were delivered. This may be accomplished through communication with the customer or the provider may consider having an informed customer review and approve all prepared bills. In reviewing an invoice, a buyer, seller, or agent may wish to:

- ✓ Make sure that the things billed for are part of the agreement and plan;
- ✓ Check the activates against established goals and target dates;
- ✓ Make sure that customer is satisfied with service and timeliness (did provider show up when agreed upon? Were meetings attended? etc.)
- ✓ Make sure that the customer is also an active participant in the plan (has he or she followed through on agreed upon responsibilities?)

Processing of bills generally occurs within 30 days.

Health and Safety Procedures and Protocols:

List any specific individual health, safety and emergency procedures that may be required, including action to be taken if an individual is unable to provide for his or her own safety and is missing while in the community under the care of

.List and Protocols that have been made available to the agency:

Location and Time of Service Delivery:

The services described in this contract shall be performed at such locations and at such times as determined by the Agency ("Contractor") in conjunction with the request and needs of Customer.

Typical days/hours of service:

Billing: (Agency)

SDRI payment is considered full payment and under no circumstance shall the agency demand or receive additional payment for these services from the individual, family, or any other source unless the payment is a financial responsibility (spend-down) of an individual under the Medically Needy program. As a provider, our agency shall bill all Third Party resources before using Support Service funds unless agreed upon in the written support plan.

Appointment Cancellations: (Customer)

Initials I understand that in order to cancel an appointment with the Agency, I must give _____ notice. If I cancel without _____ notice or am a no show for the appointment, I understand that SDRI cannot make payment for my no-shows or cancellations under the minimum notice.

Confirmation of Provider Qualifications: (Customer)

Initials I believe that _____ has shown me that their agency has the:

1. Ability and sufficient education to follow oral and written instructions and keep any records required;
2. Responsibility, maturity, and reputable character exercising sound judgment;
3. Ability to communicate with the individual;
4. Training of a nature and type sufficient to ensure that the provider has knowledge of emergency procedures specific to the individual being cared for.

Confirmation of Provider Qualifications: (Agency)

Under this contract, the agency will insure that all staff providing services to the customer meet all of the Independent Provider Qualifications as outlined in OAR 309-041-1900.

Parties' Acts and Omissions:

Each party to this contract is responsible for all claims regarding and damages to persons and property resulting from any willful, reckless, or negligent act or omission on the part of the party, its employees, or agents. Further, no party assumes any responsibility to any other party for the consequences of any act or omission of any person or entity not a party to this contract.

Conditions of Contract:

This contract constitutes the entire agreement of the parties. All agreements, representations, or understandings, expressed or implied, concerning the subject matter of this contract are contained in this contract. This is an integrated agreement.

Modification:

This contract may only be modified by a written agreement signed by all parties.

Severability:

If any provision of this contract is found invalid, unlawful, or unenforceable in any way, it shall be enforced to the maximum extent possible, and all other provisions of this contract shall remain in full force and effect.

Choice of Law:

This contract, and the rights and obligations of the parties, shall be interpreted and enforced in accordance with the laws of the state of Oregon, without regard to any conflicts of laws or rules thereof.

Termination:

This contract may be terminated by Customer at any time upon twenty-hour (24) hours written notice to Contractor. This agreement may be terminated by Contractor two weeks after Contractor has provided Customer with written notice of termination.

Attorney Fee:

If any action is brought to enforce or interpret this contract, or any part thereof, the prevailing party shall be entitled to recover from the other party its reasonable attorney fees and costs incurred therein, including all attorney fees and costs on appeal.

Nonassignability:

This contract is not assignable.

This contract is effective for these dates: _____

We agree to the above contract:	_____	_____
	SDRI Customer	Date
	_____	_____
	Agency	Date
	_____	_____
	Responsible Family or Guardian	Date

BY SIGNING THIS DOCUMENT THE AGENCY AGREES TO ASSUME ALL RISKS AND RESPONSIBILITIES THAT ARE APPLICABLE.

Self-Determination Resources, Inc.
1730 SW Skyline Blvd, Suite 127
Portland OR 97221-2548

PROVIDER WRITTEN SERVICE AGREEMENT

EXAMPLE B
OFCO Model

INDIVIDUAL: _____

EFFECTIVE DATE: _____

The _____ Brokerage has developed and Individual Support Plan (ISP) which addresses productivity, integration and independence. This plan was developed with the person identified in this agreement, their ISP team, and signed off by the county case manager. The _____ has agreed to provide the services that have been requested in the following agreement:

OBJECTIVE OF SERVICES PURCHASED:

Number	Objective	Outcome	Productivity/Integration or Independence

LOCATION OF SERVICES TO BE PROVIDED: _____

SCHEDULE OF SERVICES TO BE PROVIDED:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

SERVICES _____
THE EXPECTED OUTCOME (S):

STAFF WILL PROVIDE TO SUPPORT THE INDIVIDUAL IN MEETING

OTHER SIGNIFIGANT SUPPORT TO BE PROVIDED TO THE INDIVIDUAL WHILE RECEIVING SERVICES (Medical Protocols and Supports, Evacuation Assistance, Mobility and Communication Supports, Procedure for missing while under care, etc.):

RATE FOR SERVICES:

\$ _____
\$ _____
\$ _____

Daily Rate for Service
Daily Rate for Transportation
Total Daily Expense

\$ _____ **Max. Service Monthly**
\$ _____ **Max. Tarns. Monthly**
\$ _____ **Max. Monthly Total**

Individual/Guardian **Date** **Service Provider Representative** **Date**

Personal Agent **Date**

Individual Assessment Worksheet

Individual Requesting Services: _____

Date: _____

Evaluator: _____

EXTRA SUPPORT NEEDED AREA OF SUPPORT DESCRIPTION OF SUPPORT NEEDED:

	1. Personal Care	_____

	2. Behavior Support	_____

	3. Medical Support	_____

	4. Employment Support	_____

	5. Informal Counseling	_____

	6. Community Based Activities	_____

_____ Monthly Rate, Based on:

_____ Transportation Expense, Based on:

_____ **Total Monthly Expense**

IN EACH AREA ANSWER THE FOLLOWING QUESTIONS:

- 1) How much support is needed above what is "typical" in the program?
- 2) Are there ways to provide support at little or no cost? (Environmental adaptation, buddy system or natural support)
- 3) How much 1:1 will be needed?
- 4) Is this ongoing or time limited cost?

INVOICE

Name of Customer: *Mary Jones*
Contractor/Employee: Acme Supported Employment Service
John Smith
Address: 500 Summer St. SE Salem, OR 97310
Phone: 503 364-9943 **Billing Period:** September 22-29,2002

Contract Goal: A job working with animals that starts late in the day and is within 20 minutes bus ride from home.

Date	Services	Time
Sept.23	Went with Mary on 2 nd visit to Doggie Heaven	1.5 hours
Sept. 23	Went to Cat's Meow	30 minutes
Sept. 24	Went to it's a Dog's Life	1 hour
Sept. 25	Went to Paws and Claws	30 minutes
Sept. 25	Call VR Office talk with counselor	15 minutes
Sept. 26	Went to Mr. Groomer	1 hour
Sept. 28	Met with Mary and her mom	1.5 hours

Total Hours: 6 hours 15 minutes **Rate:** \$40 per hour **Total Due:** \$250.00

Employment Specialist _____ Date _____ SS# _____

Customer _____ Date _____ Family Member _____ Date _____

PA or Other Signature _____ Date _____

Accounting of Services

Customer Name: _____ SS# _____

Time Period: _____ Bill # _____ Total Hours _____

Prepared By: _____

Following is a description of the time spent and method use for performing services for this client.

Support Services Provided

Dates					
Total Cost					
Rate Cost					

Outcomes (*Progress Report*)

Total Units
Times Rate Per
Equals Cost

SECTION IV: Appendices

- Appendix 1 Medicaid and Rule Definitions for Self-Directed Support Services**
- Appendix 2 Glossary of Rate Setting Terms**
- Appendix 3 Employment Provider Interview Questions**
- Appendix 4 Information Bulletin 02-06 SSFA 02, June 17, 2002**

Appendix 1

Medicaid and Rule Definitions for Self-Directed Support Services

“Chore Services” mean services needed to maintain a clean, sanitary and safe environment in an individual’s home. This service includes heavy household chores such as washing floors, windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture for safe access and egress. These services are provided when no one in the household is capable of either performing or paying for, the services and when no other relative, caregiver, landlord, community/volunteer agency, or third-party payer is capable of or responsible for their provision.

“Community Inclusion Supports” means services that may include instruction in skills an individual wishes to acquire, retain or improve that enhance independence, productivity, integration, and/or maintain the individual’s physical and mental skills. These supports are provided:

- a) For an individual to participate in activities to facilitate independence and promote community inclusion and contribution; and
- b) At any time in community settings of the individual’s choice.

“Community Living Supports” means services provided for the purpose of facilitating independence and promoting community integration by supporting the individual to gain or maintain skills to live as independently as possible in the type of community-based housing the individual chooses, consistent with the outcome for community living defined in the individual’s ISP. The type, frequency, and duration of direct support and other community living support is defined in the plan of care based on the individual’s selected housing arrangement and assessed needs. Supports are available to individuals who live alone, with roommates or with family. The services include support designed to develop or maintain skills required for self-care, directing supports, and caring for the immediate environment such as:

- a) Personal skills, including eating, bathing, dressing, personal hygiene, and mobility.
- b) Socialization, including development or maintenance or self-awareness and self-control, social responsiveness, social amenities,, and interpersonal skills;
- c) Community participation, recreation or leisure, including the development or maintenance of skills to use generic community services, facilities, or businesses;
- d) Communication, including development or maintenance of expressive and receptive skills in verbal and non-verbal language and the functional application of acquired reading and writing skills; and

- e) Personal environmental skills including planning and preparing meals, budgeting, laundry, and housecleaning.

“Environmental Accessibility Adaptations” means 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. Examples of these services include, but are not limited to: 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 cabinet/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; 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; modifications to a vehicle to meet the unique needs of the individual (lift, interior alterations such as seats, head and leg rests and belts, special safety harnesses, or other unique modifications to keep the individual safe in the vehicle). This does not include:

- a) Adaptations or improvements to the home which are of general utility and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, and
- b) Adaptations that add to the total square footage of the home.

“Family Training” means training and counseling services for the family of an individual to increase capabilities to care for, support and maintain the individual in the home. This service includes: instruction about treatment regimens and use of equipment specified in the Individual Support Plan; information, education and training about the individual’s disability, medical, and behavioral conditions; and counseling for the family to relieve the stress associated with caring for an individual with disabilities. This service is 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 habilitative support needs. The training is not provided to paid caregivers.

“Homemaker Services” means support consisting of general household activities such as meal preparation and routine household care provided by a trained homemaker. The services are provided when the person regularly responsible for these activities as well as caring for an individual in the home is temporarily absent,

temporarily unable to manage the home as well as care for self or the individual in the home, or needs to devote additional time to caring for the individual.

“Occupational Therapy” means the services of a professional licensed under ORS 675.240 that are defined under the approved State Medicaid Plan, except that the amount, duration and scope specified in the State Medicaid Plan do not apply.

“Personal Emergency Response Systems” mean electronic devices required by certain individuals to secure help in an emergency for safety in the community.

“Physical Therapy” means services provided by a professional licensed under ORS 688.020 that are defined under the approved State Medicaid Plan, except that the amount, duration and scope specified in the State Medicaid Plan do not apply.

“Respite Care” means short-term care and supervision provided because of the absence, or need for relief of, persons normally providing care to individuals unable to care for themselves. Respite may be provided in the individual’s or respite provider’s home, a foster home, a group home, a licensed day care center, or a community care facility that is not a private residence. Respite includes two types of care, neither of which can be characterized as 8-hours-a-day, 5-days-a-week services or are provided to allow caregivers to attend school or work:

- a) Temporary Respite Care, which is provided on less than a 24-hour basis, and
- b) 24-Hour Overnight Care, which is provided in segments of 24-hour units that may be sequential.

“Special Diet” means specially prepared food and/or particular types of food needed to sustain the individual in the family home. Special diets can include: high caloric supplements; gluten-free supplements; diabetic, ketogenic or other metabolic supplements. Special diets are ordered by a physician and periodically monitored by a dietician. Special diets are supplements and are not intended to meet an individual’s complete daily nutritional requirements. Special diets do not provide or replace the nutritional equivalent of meals and snacks normally required regardless of disability.

“Specialized Medical Equipment and Supplies” mean devices, aids, controls, supplies, or appliances which enable individuals to increase their abilities to perform activities of daily living or to perceive, control, or communicate with the environment in which they live. This service includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State Plan. It does not include items not of direct medical or remedial benefit to the

individual. All items meet applicable standards of manufacture, design, and instillation.

“Specialized Supports” mean treatment, training, consultation, or other unique services necessary to achieve outcomes in the plan of care that are not available through State Medicaid Plan services or other Support Services listed in 309-041-1870(6)(a-o). Typical supports include the services of a behavior consultant, a licensed nurse, or a social/sexual consultant to:

- a) Assess the needs of the individual and family, including environmental factors;
- b) Develop a plan of support;
- c) Train caregivers to implement the support plan;
- d) Monitor implementation of the plan; and
- e) Revision of the plan as needed.

“Supported Employment Services” means provision of job training and supervision available to assist an individual who needs intensive ongoing support to choose, get and keep a job in a community business setting. Supported employment is a service planned in partnership with public vocational assistance agencies and school districts through Social Security Work Incentives when available.

“Transportation” means services that allow individuals to gain access to community services, activities and resources that are not medical in nature.

Appendix 2

Glossary of Rate Setting Terms

Cost Center: An area of activity within an organization for which there is reason to segregate and monitor costs. Generally the term is synonymous with “program”. Examples of cost centers in a typical rehabilitation agency are program or manager units e.g. workshop, transportation, specific crews, enclaves, or group homes. Each billable Support Service should have its own distinct cost center.

Direct Costs: Costs assigned to a specific product or service. Direct costs are 100% attributable to the defined support service. This may include direct and managerial staff salaries and OPE, staff travel related to the support service, and related “other” costs. For example, vehicle maintenance and gasoline are other direct costs related to transportation.

Fee for Service Funding: Basing payment on the cost of defined units of service provided.

Fixed Costs: Costs of a product or service that remains constant regardless of the volume of activity. Examples of fixed costs may include annual insurance and established rates of OPE.

Indirect Costs: General shared costs not identified with one specific service or product. Indirect costs are assigned to various cost centers through allocation techniques. Indirect costs applicable to support service customers based upon utilization. Typical indirect costs may include rent and occupancy for a site based service, supplies and services such as telephone, and administrative supports. A variety of methods for the allocation of indirect costs may be considered. (Review the appropriate OMB circular).

Milestone Payments: Payments made upon the achievement of identified payment points or outcomes that provide incentive for movement toward a final goal.

Payment Point: In an Outcome or Results Based Funding System, the specific benchmark or criteria that qualifies a provider for reimbursement. Each service outcome may be reimbursed at one or more benchmarks.

Results or Performance Based Funding: Basing payment partially or totally upon the achievement of specific outcome performance measures.

Unit Cost: The cost incurred to produce a single measure of service or a particular product or outcome.

Unit of Service: The discreet measure for service delivery.

Variable Costs: Costs that changes depending upon the level of activity, service, or product. Examples of variable cost include staff hours and transportation.

Appendix 3

Self-Directed Employment: A Toolkit for Persons with Developmental Disabilities

Employment Provider Interview Questions

General Questions

1. If I decide to hire you or your agency, are you the person who will actually be working with me directly (e.g., to find a job, to work with my coworkers to teach me the job)? If you are not the person who will work directly with me directly:
 - a) Who will it be?
 - b) Will I have a choice of who the staff person is?
2. How many people with disabilities like I experience have you helped to find a regular, individual job?
 - a) Please tell me how you went about finding them a job, helping them to learn their jobs, and helping them to keep their jobs?
 - b) Tell me about the challenges these people experience?
 - c) Tell me about the jobs that you got for them – the kind of work they are doing, how many hours they work, how much they earn, and how long did they keep their jobs?
 - d) Would you arrange for me to talk with a couple of these people and their families?
3. If you are interviewing an agency: Could you guarantee that the same staff person can work with me through the whole process of getting, learning and keeping my job?
 - a) How long have the employment specialists worked for your agency? Do you expect them to stay with your agency for at least the next year?

b) How many other people are you or your staff currently working with?

Questions Specific to Your Job Goals and Path

4. I am interested in the following kind of job:

a) What would you do to help me find this kind of job?

b) Where would you look for this kind of job for me?

5. What would you say to a potential employer?

a) How would you describe your role to a potential employer?

b) How would you describe me to a potential employer?

6. How would you involve me in the job seeking process?

7. How would you help me learn my job?

8. Would you keep me update on how the job search process was going?

9. How would you work with my employer and coworkers to help me learn my job?

10. How would you work with my employer to help me keep my job?

Other Services

11. Do you help people to learn to use the public bus?

12. Do you transport people whose jobs are not on a public bus line? How do you do this?

13. How flexible would you be in changing the services that I wanted or needed?

Funding and Roles

14. What would you charge to provide:
 - c) Job Search?
 - d) Consulting with my employer and coworkers while I learn my job?
 - e) Ongoing consultation with my employer and coworkers to help me keep my job?
 - f) Transportation?
 - g) Personal Care Assistance?
15. How many hours a week could you guarantee me for:
 - a) Job Search?
 - b) Consulting with my employer and coworkers while I learn my job?
 - c) Ongoing consultation with my employer and coworkers to help me keep my job?
 - d) Transportation?
 - d) Personal Care Assistance?
16. Would you agree to a monthly invoice system in which I approve all my payments based upon services we agreed to?
17. Would you be supportive of me using some of my funds to reimburse and employer to train and support me?
18. Are you able and willing to operate on a "fee for service" basis?
19. Are you certified to provide services by:
 - a) Seniors & People with Disabilities
 - b) Office of Vocational Rehabilitation Services? One Stop Programs?

Appendix 4



BULLETIN

Seniors and People with Disabilities

Contact: Molly Holsapple (503) 945-9815 or Mike Maley (503) 947-4228
Number: 02-06-SSFA-02 **Date: 06/17/02**

INDIVIDUAL SERVICE DELIVERY FOR PERSONS WITH DD54 SLOTS AND IN SUPPORT SERVICES

I. Background

Most of the 1400 DD 54 Employment/ATE and or DD 47 SILP customers living at home eligible for support services will transition in Phase II during the 2003-2005 biennium. However, some individuals with DD 54 funding will be part of support services at the brokerage during this biennium. This is true if:

- He/she was receiving SDS funded in-home supports at the time that support services were initiated;
- He/she moves to support services at some time during the biennium as a part of planning in response to a crisis (Priority 1 – Order of Enrollment is a support plan for person at home previously evaluated by the County at emanate risk of losing a residence); or

The information in this Bulletin is designed to provide immediate guidance to personal agents; providers and county staff related to roles, responsibilities, and expectations in the provision of DD 54 and support services to each person who will be enrolled in support services this biennium.

The goal during the move to support services is to not disrupt an individual's services present at the time of transition. Individuals moving to support services are not dropped from DD 54 slot funding under a county contract. DD 54 resources will continue along with home based support services funding for a period while the Personal Agent and the present employment/ATE provider work in partnership to complete essential activities.

II. Roles and Responsibilities

The brokerage personal agent (PA) will assume primary responsibility for working with a provider organization. The PA has the responsibility for the development of an ISP based on self-determination including assisting the individual to put plans into practice, and helping to monitor and improve the quality of supports as well as assess and revise plan goals. A full description of PA job functions is identified in OAR 309-041-1860 (1) (a – h).

County personnel have primary responsibility transition to support services including identification of enrollment date and initial communication and notification of customers, their families and impacted providers. County personnel maintain responsibility for the overall management of the DD 54 provider contracts and may attend staffings to fulfill this function. Counties are also accountable for Title XIX administration activities in support of Brokerage services including plan review, assistance with referral to comprehensive service etc.

The DD 54 provider continues to meet program expectations communicated with the Employment/ATE administrative rule and the signed Employment ISP. At the same time, the provider will work with the individual and the PA to complete all transition activities and develop one ISP meeting the requirements of the Support Services Administrative Rule.

III. Administrative Rules

OAR 309-047-0000 through 309-047-0140 Employment and Alternatives to Employment prescribes the standards, responsibilities and procedures for the provision of DD 54 day services. Provider organizations certified under this rule meet the initial expectations as a qualified support services provider for brokerage customers.

OAR 309-041-1750 through 309-041-1920 Support Services for Adults prescribe the standards, responsibilities, and procedures for support service brokerages, the purchase of services, and for providers paid for support services. The Support Services rule guides the process and content for the development of one ISP. Providers of employment/ATE services must be prepared to meet ISP standards under the Support Services administrative rule from the first day that someone moves to a brokerage. This may represent changes in the makeup and authority of the ISP team, as well as, potential changes in ISP form and content. It will not represent changes in the intent and commitment of all stakeholders to person centered services.

Copies of these administrative rules are available on line at:

<http://arcweb.sos.state.or.us/banners/rules.htm>

IV. Length of Transition Period

The transition period is the time when an individual is receiving both support services and County contracted DD 54 slot services. In some situations, this results in a person receiving services beyond the Base Benefit level identified in the rule. Support Services for Adults OAR 309-041-1870 (4) (b) presently allows for an exception to the Basic Benefit level for no more than 365 calendar days for persons transferring from SDS, Employment/ATE and or SILP services. The transition period will end when one ISP and Resource Plan have been developed, and the Agreement for desired services is in place. The actual length of an individual's transition is expected to vary based upon the preparedness of the stakeholders and the complexity of specific situations. It may be necessary to allow rule variances to extend timelines for the Basic Benefit level to be exceeded.

V. Major Activities During Transition Period

There are four (4) major activities and outcomes the must be accomplished during the transition period. A brokerage may utilize technical assistance available through Oregon Health Sciences University (OHSU) to complete these essential transition-planning activities.

1. Initial ISP Review

For most individuals served this biennium, the plan approved upon Brokerage enrollment was a continuation of the original SDS and DD 54 Employment/ATE plans. The approval process for two separate ISPs does not, at this time, represent one plan meeting support service rule standards. The first job of the PA, in conjunction with others, is to develop one ISP that sets the vision for an individual's wants and needs and meets the standards for Title XIX plan approval.

Most persons in DD 54 services are satisfied with present day supports and are expected to want to keep it as a part of their "whole life" ISP. In the first months of getting to know one another, the individual, PA and provider will share important information about levels of satisfaction, what works and what does not work, schedules (daily, weekly and monthly), and staff support strategies. This information will be used to (1) fit present "voc" services into allowable support services funding categories, (2) more fully describe or identify the type, frequency, and duration of services being provided, and (3) establish goals and priorities in the person centered plan.

2. Resource Analysis and a Resource Plan

Within each community there exists an array of resources that, if tapped, may be available along with support service funds, to help an individual achieve their goals. The PA and team must identify all personal, community and public resources available and identify how they will be applied to the supports needed for success. For an employed individual or someone wanting to work untapped resources may include vocational rehabilitation funding, Social Security work incentives, One Stop-Work Investment Act

resources, ARC On the Job Training, worker contribution, and/or business supports. For an individual desiring community inclusion, untapped resources may include educational scholarships or connections with mentors, volunteers, clergy, family members, or other community members with similar interests. Access to the Supplement to Basic Supports may also be possible if individuals meet criteria based on extraordinary need. The transition period allows time to take action to access identified resources.

3. Building of an Individualized Budget and Service Contract

All provider organizations must clearly identify the services they will sell and rates for these supports. Information on rate setting guidelines and regional training and technical assistance on rate setting for organizations provided through Oregon Technical Assistance Corporation (OTAC) will soon be available.

One focus for the individual and PA during this stage of transition planning will be on identifying the essential components of a provider agreement. This will include a clear definition of support services wanted based on prioritized goals, clear communication about how services will be provided, and the selection of a provider based on established criteria. Provider selection criteria may vary. Possible selection criteria may include such items as cost, match of customer goals to how services are to be provided, and the customer role in areas related to staff hiring and supervision.

4. Development of New Annual ISP Within Benefit Limits and Fund Transfer

In the final stage of transition, the PA, customer, family and others will identify one plan and select providers and services that meet immediate priorities given all available resources. This whole life plan may in fact represent more, than, less than or the same funding or services historically available through slot funding. Regional Coordinators will work with counties to make necessary contract changes by the end of the identified transition period.
