

CW-DD Procedure Call-in

December 5, 2014

11:00 AM

ASSESSMENT/ SERVICE PLANNING

1. For a child in a CW-funded foster care placement who will be receiving K-plan In-home supports, do we complete a Child Annual Plan/Family Support Plan and then a K-plan ISP or do we complete the Kids Foster Home ISP?

Use the same forms as for children receiving services through the In-Home Support for Children (DD-151). Do not complete the Kids Foster Home Individual Support Plan (ISP).

2. Is the CDDP supposed to be trying/offering K-plan supports based on CNA results prior to doing a SNAP and funding child foster care with a DD payment? Or, is this more of a conversation between CW, DD, and the foster parent/provider about what will meet the child's need?

When a child in the custody of Child Welfare (CW) has been determined eligible for DD services, it is the expectation that CW and the CDDP will work together to determine the services, supports, and least restrictive placement setting that will best meet the needs of the child. A SNAP will only be completed if and when the CW worker, CW supervisor, CDDP Services Coordinator, and CDDP supervisor have agreed that an ODDS-paid foster care placement will be pursued. (This process is outlined in the "Transferring from a Child Welfare funded foster placement to an ODDS-funded foster placement" Technical Guide).

ELIGIBILITY/ SERVICE SETTINGS

1. We are currently serving a child who is in the custody of CW. At this time, CW is looking at placing him in one of their Behavior Rehabilitation Services programs (Youth Progress) until a DD residential placement is available. CW is asking what services the CDDP can provide in the CW Mental Health Proctor Care Home. Would this placement be classified as a CW-funded Foster Care placement and be able to have K-plan services? Or would it be residential with only case management provided?

"Behavior Rehabilitation Services" programs, like Youth Progress, do not meet the definition of a "family home", since they are a higher level of intervention with needed supports wrapped around the child. Such settings would be considered "in placement," and in-home supports through K-plan services would not be

appropriate. This circumstance would be considered a CW residential placement with DD providing case management services only.

2. The Technical Guide talks about the conversations that must occur before switching to an ODDS-paid foster care placement, and that the conversations are to explore different options through CW and ODDS. Is a CW funded residential setting (White Shield, Inn Home For Boys, etc.) considered a less restrictive setting than a DD funded foster home simply because CW funding is maintained?

No, a DD funded foster home is a less restrictive setting than a CW funded residential setting. “Least restrictive” refers to the setting, not the funding source. Refer to the Glossary of Terms that was released with APD-PT-14-038. “Least restrictive placement” means placement in a setting that is closest to a home environment, in the best interest of the child, meets the child’s needs, and ensures the health, safety, and well-being of the child.

3. Can Community First Choice/K-plan services continue into adulthood?

Yes, as long as the child/young adult remains I/DD and Medicaid (Title XIX) eligible. There may be complexities regarding continuation of Medicaid eligibility as youth transition to adulthood, but that is beyond the scope of today’s call-in.

4. Our county is currently serving a child and the plan is for the child to transition into a DD-certified home, CW-paid foster care placement with K-plan in-home supports. However, there have been no discussions with the DD-certified foster care provider about accepting a CW-paid foster care placement with K-plan in-home supports in lieu of serving the child as a DD-paid foster care placement. How should the CDDP proceed with the placement?

When considering placement options for a child in the custody of CW who has been determined eligible for I/DD services, CW and the CDDP must work together to determine the least restrictive placement option that is in the best interest of the child.

It is the practice of CW that, whenever possible, the first placement consideration should be to maintain the child in a CW-paid foster care placement with K-Plan In-home supports. While the first service setting to be explored for this type of placement is a CW-certified foster home, there will be occasions when a DD-certified foster home setting will need to be explored. However, before proceeding with this placement setting, it is the responsibility of the CW Caseworker and CDDP Services Coordinator to discuss all placement information with the DD-certified foster care provider to ensure the provider: (1) understands and is willing to accept the CW

foster care base rate payment (and any enhanced supervision payment identified via the CANS assessment), and (2) understands the In-home supports and services available to the child.

In this specific case, the discussion between the CW Caseworker, CDDP Services Coordinator, and DD-certified foster care provider did not occur. Therefore, the provider did not receive pertinent information to make an informed decision about accepting a CW-paid placement rather than a DD-paid placement. Since the child's team began working toward this particular placement prior to the procedure change of first exploring the least restrictive placement setting, it is recommended that the CDDP and CW work together to make an exception to the new procedure and pursue a DD-paid foster care placement. In addition, CW and the CDDP should review the transmittals released on this topic to ensure proper procedures are followed moving forward.

5. What would be the rational/decision point in determining whether to choose a CW-funded foster care placement with K-plan in-home supports, or a DD-funded foster care placement? Could one of the decision points be because there are no providers available or willing to accept the CW payment?

When considering placement options for a child in the custody of CW who has been determined eligible for I/DD services, it is the practice of CW that maintaining the child in a CW-funded foster care placement with K-Plan In-home supports be the first consideration. However, each case will be unique depending on the needs of the child and the available resources. It is not a matter of choosing between a CW-funded foster care placement with K-Plan In-home supports and a DD-funded foster care placement. Rather, it is a matter of identifying the placement option that is least restrictive and best meets the child's needs while ensuring the health, safety and well-being of the child.

Lack of providers or unwillingness of providers to accept the CW payment should never be a leading factor in placement decisions. It is important that we focus on educating providers about the new shift in practice, and the richness of supports that may be available via In-home services through the K-plan.

SERVICE PLANNING/ DUPLICATION

1. The Technical Guide talks about ensuring that services are not duplicative between CW and ODDS. It sounds as if a foster parent can receive a CANS assessed CW payment and also be eligible for the FULL amount of the CNA assessed support hours. There have been conversations about having to reduce the CNA assessed

hours based on the CANS assessment, and I want to make sure this does not need to happen.

A CW-funded foster care provider may receive the CANS assessed CW Level of Care payment (which is specifically for enhanced supervision) for a child receiving K-Plan In-home supports. There is no duplication of supports provided through the CANS and the CNA. The CANS is specific to identifying whether the child needs a higher level of supervision; the CNA is specific to identifying the level of the child's functional needs for ADLs and IADLs.

2. A child cannot receive ODDS funded *attendant care* through K-plan services at the same time as CW funded *personal care services*. If a child has high medical needs and is receiving CW funded personal care services, can the child's assessed CNA hours be used for relief care instead of attendant care, or do you mean that none of the assessed hours are available if the child is receiving CW funded personal care services?

A child may receive either ODDS Attendant Care or CW Personal Care; not a combination of the two. If the child is receiving Personal Care services through CW, additional CNA hours cannot be used for relief care, as those hours are considered attendant care through K-plan.

3. Can a child receive a CANS assessed CW rate and also receive CW funded personal care that has been assessed by a CW nurse at the same time, or are these mutually exclusive in the CW funding world?

Yes. *CANS assessment tool* is used to assess the behavior or supervision issues, which may result in an enhanced supervision payment that corresponds to the level of supervision for the child. *Personal care assessment tool* is used to assess the medical conditions and functional abilities, which may result in an enhanced personal care payment that corresponds to the level of personal care support needs for the child. Both can be used simultaneously.

4. When a youth who is in DD foster care turned 18, they were not eligible for Brokerage services because they could not receive two "waivered" services at the time (Comprehensive and Support Services under Title XIX). My question is, how is this different if a child is in a Child Welfare foster home and under the Title IV-E Waiver; how can they be also be on a Title XIX Waiver to receive K-plan services?

Individuals may not be on two different HCBS (Home and Community Based Services) waivers simultaneously – e.g., Support Services and Comprehensive In-Home Support Waivers. However, K Plan services are not Waiver services; they are

funded through a State Plan amendment. Therefore, there is no duplication of funding for CW foster care supports and K-plan (State Plan) services.

5. For an individual who's receiving Guardianship Assistance (GA) or Adoption Assistance (AA) and K-plan services, do we hold harmless the AA/GA funding?

Prior to authorizing funding for in-home supports and services, the case manager must always review paid/unpaid resources available to the child. For GA/AA funding, there may be duplications with K-plan services depending on what type of benefits are funded. For example, the type of AA benefits can be *Agreement only* (no cash subsidy or medical insurance), or *Medical only* (medical coverage), or *Payment only* (monthly cash subsidy plus CW level of care payment). SCs are to work with the AA/GA Coordinator to assure that services through K-plan are not duplicative of what Adoption Assistance (AA) subsidy is paying for.

OTHER

1. If a child is in CW-funded foster care and receiving a medical card through CW, I believe they can access K-plan services through DD but NOT waiver services. How will a child with a CW medical case gain access to waiver services through DD?

It is accurate that a child in CW-funded foster care receiving a medical card through CW is eligible for K-plan services, but not waiver services. While the services available via the waiver are limited, there are some children for whom these supports will be essential. CW and DD will be addressing avenues for making such children eligible for waiver services, where needed.

2. There will be concern from many DD certified foster parents about these changes. Our foster parents already struggle with finding and maintaining respite providers and/or staff. The foster parents are the individuals who are responsible and want to be responsible for the child's day to day care. It's going to be a big mind shift to expect them to hire paid individuals with K-plan funding and utilize those individuals for the night time care, ADL support, and behavior supports that they are currently responsible for. They want to be the ones providing all the care to a child newly placed in their home

We recognize that this is a major shift in practice and understand that it will bring about concerns, especially among our foster providers. However, the policy directive of Child Welfare to focus on permanency planning (e.g., returning a child to his/her biological family, or obtaining guardianship/adoption) within these parameters has resulted in DD collaborating with CW and pursuing this direction.

ODDS and CW will work with the field to identify further communication and training needs for foster care providers.

3. When it's a CW-funded foster care placement with K-plan in-home supports in a DD-certified home, what is the CDDP's responsibility for monitoring the home?

The CDDP continues to be responsible for monitoring the home per standards set forth in OAR Chapter 411, Division 320. The CW caseworker is responsible for monitoring the child's Case Plan, as well as the child's health, safety and well-being. At a minimum, the DD certifier is required to monitor the home at the initial certification and upon renewal (certifications are typically renewed every two years). However, the DD certifier may have more frequent contact with any given home when there is an opportunity or need for follow up, such as: (1) providing technical assistance, (2) addressing complaints, (3) and responding to concerns.

Collaboration and communication between the DD certifier, CDDP services coordinator, and CW caseworker are critical to ensuring the home continues to meet health and safety needs of the child. If during monitoring, the CW caseworker or CDDP services coordinator has concerns with the home, he/she is responsible for notifying the DD certifier for follow-up.

4. When it's a CW-funded FC placement with K-plan in-home supports, and there's a plan for the child to transition back into the bio family home, can the plan be written to include attendant care be provided in the bio family home on the weekend?

Yes. The CDDP services coordinator can certainly facilitate the coordination of attendant care between the foster care provider and the bio family to ensure a smooth transition for the child and the bio family, and to provide necessary supports to the child. The total number of attendant care hours and the level of supports cannot exceed the CNA assessed hours and as the supports identified in the child's ISP.

5. In the situation #4, who becomes the employer of record?

The foster care provider would be the *Employer* and assumes the responsibilities of an *Employer* per standards set forth in OAR 411-308-0135.