

# Family Support (SE150) – FAQs

## SERVICE AUTHORIZATIONS

1. **For K-plan, a denial by DMAP is required before purchase of *specialized equipment and supplies*. I have never heard the same for Family Support (SE150) funds. Is a denial required before using family support funds for purchases?**

CDDPs must follow the same guidelines for *Assistive Technology* outlined in the *In-Home Expenditure Guidelines* – e.g., use the Supplemental Support documentation and the *Assistive Technology Discussion* tool (<http://oregonisp.org/at/>) for justification of purchases. Family Support (SE150) rules still apply for any authorized purchase according to the Family Support rules, that is: purchase must be directly tied to the identified support needs and desired outcomes of the child under OAR 411-305-0080; it is an allowable support under OAR 411-305-0120; and the conditions outlined in OAR 411-305-0110 are met. SCs must also keep in mind the current annual limit of SE150 funds per child as outlined under OAR 411-305-0090 and transmittal [APD-AR-11-027](#).

2. **Can iPads be purchased using Family Support funding? Families are requesting them when there is no alternative resource, there is a professional recommendation from a speech pathologist or other professional, and when it is being used for communication and ADL supports, not entertainment.**

See response under question number 1.

3. **Can you clarify if *Specialized Diet* is still available under Family Support? The *In-Home Expenditure Guidelines* shows that it is only available through the Support Services Waiver for adults?**

Yes, it is still an allowable service. As any other service, authorization must follow the Family Support rules.

4. **Are we able to use Family Support funding for Kids in K-plan services for Summer Camps? No, Family Support funding (SE150) is not available for children who are enrolling in K-plan services.**

5. **We have a question about *registration fees* and *camp payments* through Family Support. Registration fees are due now for most camps, so for families that need assistance, we were proposing to pay registration fees up to \$150 max through *community inclusion*, with the remainder of the camp fee for no more than five days of camp paid using family support *respite* funds this summer. However, we are now in POC, and there is not a POC entry for Family Support *community inclusion*. Family Support rule under *respite* does allow for registration fees – “Respite provide at a developmental**

**disability-related or therapeutic recreational camp is limited to the camp registration fee and costs". Absent the POC option for *community inclusion*, would it be permissible to bill POC under *relief care* for any needed camp registration fees?**

Per Family Support (SE150) rules, *camp*s payment would be under *Respite* – not *Community Inclusion*.

*Respite* services include short term care and supervision provided to a child on a periodic or intermittent basis because of the temporary absence of, or need for relief care of, the primary caregiver. OAR 411-305-0120 (10)

All respite services must be provided by providers who meet the standards under OAR 411-305-0140 to be paid through SE150 funds. A camp would be considered a provider organization or general business provider, and as such must meet any required licensing or certification per specific regulatory entity. For example, an organizational camp would have to meet the regulations per OAR 333-030 to ensure health and welfare of persons using these camps. If the CDDP has determined that a specific camp would meet the identified needs and outcomes for a child, and that a "provider" has met the required standards, it is not necessary to use a camp that only provides services to children with I/DD.

The POC for SE150 daily *Respite care* is **OR507**.

*Community Inclusion* supports encourage a child to participate in organized group recreation and leisure activities that assist the child to acquire, retain, or improve skills that enhance independence and integration. The participation or registration cost of an organized activity includes registration and participation fees up to \$150 per plan year. OAR 411-305-0120 (4)

The POC for *Community Inclusion* is: **OR527**.

- 6. What is an example of an allowable “therapeutic recreational camp” under the Family Support (SE150) rule? Could it include, for example, a camp for children with diabetes or a camp for children with dyslexia? These camps accept children who have I/DD, but the primary therapeutic and recreational focus is diabetes or dyslexia.**

Organizational camps are defined as per ORS 446.310 and licensed as per OARs 333-030. If the CDDP has determined that a specific camp would meet the identified needs and outcomes for a child, that a "provider" has met the required standards, and that payment is not available to the child through other public/private resources – it is not necessary to use a camp that has a primary therapeutic and recreational

focus on a medical or disability specialty. For example, if attending the diabetes camp meets the goal in assisting the child/youth gain some skills or knowledge about diabetes (related to the child's developmental disability and support needs), then it is appropriate. It is not necessary to use a camp that only provides services to children with I/DD.

## eXPRS BILLINGS

**7. Can you advise how we will be able to bill through eXPRS to get a family paid where SE150 was approved for reimbursement for prior-authorization of services to families in accordance with OAR 411-305-0110(6)(a) -- allowing us to do so --- the [eXPRS] FAQ's document now says not to do this but the OAR still says this is ok. I understand this is necessary for MEDICAID funding, but how is it also the expectation for General Fund? Until further notice, CDDPs can treat the family as a *generic provider* to reimburse them for prior authorized services through POC. This applies only to children enrolled in the general fund Family Support (SE150).**

**8. I'm trying to find an online source that would breakdown the POC Procedure Codes. Namely I was looking at what used to be 760 Specialized Medical Equip & Supplies. It's now broken down into A9999, OR380, OR562 etc. I was hoping there was another breakdown for these other codes. I'm not sure whether a tomato seat would be A9999 or OR380.**

This request would be properly categorized as an Assistive Device, OR380. CDDPs must follow the same guidelines for *Assistive Devices* outlined in the *In-Home Expenditure Guidelines*. All the POC codes for Family Support (SE150) are loaded in the POC.

**9. How do we enter Family Supports in eXPRS? Asking for monthly amount vs. annual amounts?**

The eXPRS released on 2/26/15 included a fix to turn off the annual benefit amount proration by month for Family Support POCs. This proration feature was impacting Family Support Plans that had date ranges of less than 12 months, restricting the amount of the benefit available in that shorter plan. (For example, a 3- month SE150 POC plan had a max limit applied of \$300, instead of making the entire \$1215 benefit amount available). Family Support Plans can now be authorized for services that utilize up to the full benefit amount limit allowed for Family Support (SE150), even if the POC has an overall date range of less than 12 months.

However, when authorizing *attendant care* services in a SE150 plan, CDDPs will need to enter a monthly hours limit on the POC (even though a CNA is not required); so

those *attendant care* service lines have something to reconcile up to. CDDPs can estimate how much *attendant care* services are expected to be used/authorized for the child in a month, and enter those monthly hours in the POC.

### **ISP/CHILD ANNUAL/FAMILY SUPPORT PLAN**

- 1. The “1 ISP” will include DD150, right? So no more DD150 Annual Plans in lieu of the new ISP format?**

Currently, the new ISP is only required to be used when an individual is accessing supports and services through Medicaid funding. So if a child is accessing services through SE151, the new ISP would replace the *Child Annual/Family Support Plan* (form SDS 4549). For those accessing services through SE 150 (General Fund) only, the new ISP is not required. However, the same elements/type of information (e.g., hopes and dreams, communication, living arrangements, etc.) used in the new ISP can also be captured on the *Child Annual/Family Support Plan* -- in order for the SC to know how to best support the child and the family, and justify any authorized services through SE 150.

- 2. Is there an option to use the new ISP instead of the Child/Annual Plan? For some of our children going from Family Support to K plan, it would be easiest to start with the Oregon ISP form while they are still in Family Support.**

ODDS is in support of using the new ISP in place of the *Child Annual/Family Support Plan* (form SDS 4549). A variance is not needed. However, if the new ISP is used in place of the *Child Annual/Family Support Plan* (form SDS 4549), the accompanying documents (i.e., person-centered information, risk identification tool) must also be used. Additionally, the support needs assessment and service planning in the *Child Annual/Family Support Plan* (form SDS 4549) must be clearly documented in the new ISP – as the Annual Plan is the only plan of care required for a child to receive family support services per OAR 411-305-0020 (3); a CNA is not required.

### **OTHER**

- 1. Can you please confirm that the taxes and the FI fees are not taken from the \$1200 per year for family support? The State picks up the additional costs, right?**

FI fees or payroll tax is not applied against the limit. While *Fiscal Intermediary fees, I&R expenditures and payroll taxes* are not included in the \$1,200 individual limit, they are included in the amount of expenditures allowed against the CDDP's contract allocation ([APD-AR-11-027](#)).