

## Oregon 1915(k) State Plan and 1915(c) Waiver Services

1915(k) State Plan & 1915(c) Waivers (requires MAGI /OSIP medical) OARs Chapter 411, Division 450 and 435	1915(c) Waivers (requires MAGI/OSIP medical) OARs Chapter 411, Division 450
<p><b>Assistive Devices</b> Devices necessary to meet daily Activities of Daily Living/ Instrumental Activities of Daily Living (ADLs/IADLs) or health related support needs in the home and community.</p>	<p><b>Environmental Safety Modifications</b> Physical adaptations made to the <i>exterior</i> of the individual/family home to ensure health, welfare, safety of the individual or to enable the individual to function with greater independence around the home or lead to a substitution for, or decrease in, direct human assistance.</p>
<p><b>Assistive Technology</b> Technology necessary to provide support, and replace the need for direct interventions or to increase independence.</p>	<p><b>Family Training</b> Training available to the family to increase the capacity of the family to care for, support, and maintain the individual in the home.</p>
<p><b>Attendant Care</b> Assistance with Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), and health-related tasks.</p>	<p><b>Specialized Medical Supplies</b> Medical and ancillary supplies that are not available through other resources such as the Oregon Health Plan.</p>
<p><b>Behavior Support</b> Formal consultation, assessment and training to support the primary caregiver and enable the individual to develop, maintain, and enhance skills necessary to accomplish ADLs/IADLs, and health-related tasks.</p>	<p><b>Vehicle Modifications</b> Modifications to the vehicle primarily used by an individual to meet his/her unique needs, to keep the individual safe in the vehicle, and the upkeep and maintenance of a modification made to the vehicle.</p>
<p><b>Chore Services</b> Services provided only in situations where no one else is responsible to perform or pay for, in order to restore a hazardous or unsanitary situation in the individual's home to a sanitary and safe environment.</p>	<p><b>Case Management</b> Case management for an individual enrolled in waiver services.</p>
<p><b>Community Nursing Services</b> Formal nursing assessment, care coordination, monitoring, development of nursing service plan, delegation and teaching of identified health related supports.</p>	

<b>1915(k) State Plan &amp; 1915(c) Waivers</b> (requires MAGI/OSIPM/CW medical) OARs Chapter 411, Division 450 and 435	<b>1915(c) Waivers</b> (requires MAGI/OSIPM) OARs Chapter 411, Division 450
<b>Community transportation</b> Non-medical transportation that are beyond the individual/typical parental responsibilities to allow an individual gaining access to community services and activities.	
<b>Environmental Modifications</b> Physical adaptations to the <i>interior</i> of the individual/family home, necessary to ensure health, welfare, safety, and to enable functions with greater independence for the individual in the home.	
<b>Relief Care</b> Intermittent services that are provided on a periodic basis for the relief of, or due to the absence of, the primary caregiver.	
<b>Skill Training</b> Activities intended to maximize the independence of an individual through training, coaching, and prompting the individual to accomplish ADLs/IADLs, and health-related tasks.	
<b>Transition Costs</b> Expenses required for an individual to transition an individual from residing in a nursing facility or an ICF/ID (Intermediate Care Facility for individuals with Intellectual Disabilities) to a community-based home.	

**Note:** The matrix above only provides a brief description of Medicaid-funded supports and services available through the Home and Community-Based Services (HCBS) Medicaid authorities – Community First Choice Option 1915(k) and HCBS Waivers 1915(c). Authorization for any service must be in accordance to the ODDS programs rules and expenditure guidelines.