

DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILD WELFARE PROGRAMS

CHAPTER 413
DIVISION 90

SUBSTITUTE CARE – PAYMENTS

Effective 12/01/16

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Definitions

413-090-0000

Definitions

(Amended 12/01/16)

Unless the context indicates otherwise, the following definitions apply to rules in OAR chapter 413, division 90:

- (1) "Absent day" means a calendar day that:
 - (a) The *BRS client* (see OAR [410-170-0020](#)) is enrolled in but not physically present in the program of the *BRS provider* (see OAR [410-170-0020](#));
 - (b) Does not meet the definition of a *billable care day* (see OAR [410-170-0020](#));
 - (c) The Department's placement plan is to return the *BRS client* to the *BRS provider*; and
 - (d) The *BRS contractor* (see OAR [410-170-0020](#)) or *BRS provider* obtains authorization from the *BRS client's caseworker* (see OAR [410-170-0020](#)) and the *contract administrator* to bill the calendar day as an "absent day".
- (2) "Abuse check" means obtaining and reviewing abuse allegations and abuse investigation reports and associated exhibits and documents for the purpose of determining whether a *subject individual* has a history as a perpetrator of potentially disqualifying abuse (a potentially disqualifying condition) as described in OAR [407-007-0290\(11\)](#).
- (3) "Adoption assistance payment" means a monthly payment made by the Department to the *pre-adoptive family* or adoptive family on behalf of an eligible *child* or *young adult*.
- (4) "Babysitting" means the provision of temporary, occasional care for a *child* or *young adult* that is:
 - (a) Ten consecutive hours or less; and
 - (b) Not overnight care.
- (5) "Background Check Unit (BCU)" means the Department of Human Services Background Check Unit.
- (6) "Base rate payment" means a payment to the *foster parent* or relative caregiver for the costs of providing the *child* or *young adult* with the following:

- (a) Food, including the special or unique nutritional needs of the *child* or *young adult*;
 - (b) Clothing, including purchase and replacement;
 - (c) Housing, including maintenance of household utilities, furnishings, and equipment;
 - (d) Daily supervision, including teaching and directing to ensure safety and well-being at a level appropriate for the chronological age of the *child* or *young adult*;
 - (e) Personal incidentals, including personal care items, entertainment, reading materials, and miscellaneous items; and
 - (f) Transportation, including gas, oil, and vehicle maintenance and repair costs for local travel associated with providing the items listed above, and transportation to and from extracurricular, child care, recreational, and cultural activities.
- (7) "CANS screening" means Child and Adolescent Needs and Strengths screening, a process of gathering information on the needs and strengths of a *child* or *young adult* for one or more of the following purposes:
- (a) To identify case planning, service planning, and supervision needs of the *child* or *young adult* in substitute care with a *certified family*;
 - (b) To determine the *level of care payment* while in substitute care with a *certified family*; and
 - (c) To determine the *level of care payment* included in an adoption assistance agreement or *guardianship assistance agreement*.
- (8) "Certified family" means an individual or individuals who hold a current Certificate of Approval from the Department to operate a home to provide care, in the home in which the individual or individuals reside, to a *child* or *young adult* in the care or custody of the Department.
- (9) "Chafee housing payment" means a payment to assist in covering the costs of room and board made to an eligible individual between 18 and 20 years of age who was discharged from the care and custody of the Department or one of the federally recognized tribes on or after reaching 18 years of age.
- (10) "Child" means a person under 18 years of age.
- (11) "Child in care" means a person who is under 21 years of age who is residing in or receiving care or services from a *child caring agency* or *proctor foster home*.

- (12) "Child-caring agency" is defined in ORS 418.205 and means a "child-caring agency" that is not owned, operated, or administered by a governmental agency or unit.
- (13) "Clothing replacement allowance" means an allowance included in the substitute care maintenance payments to a provider to cover the cost of maintaining adequate clothing for each *child* or *young adult* in the substitute care maintenance payments to the provider.
- (14) "Contract administrator" means the employee or other individual designated in writing by the Department, by name or position description, to conduct the contract administration of a contract or class of contracts.
- (15) "Contract registered nurse" means a licensed registered nurse under a contract with the Department who provides nursing assessment, consultation, teaching, delegation, or on-going nursing services to a *child* or *young adult* in the care or custody of the Department.
- (16) "Criminal records check" means obtaining and reviewing criminal records as required by these rules and includes any or all of the following:
 - (a) An Oregon criminal records check in which criminal offender information is obtained from the Oregon State Police (OSP) using the Law Enforcement Data System (LEDS). An Oregon criminal records check may also include a review of *other criminal records information* obtained from other sources.
 - (b) A national criminal records check in which records are obtained from the Federal Bureau of Investigation (FBI) through the use of fingerprint cards sent to OSP and other identifying information. A national criminal records check may also include a review of *other criminal records information*.
 - (c) A state-specific criminal records check where records are obtained from law enforcement agencies, courts, or *other criminal records information* resources located in, or regarding, a state or jurisdiction outside Oregon.
- (17) "Delegated nursing task" means a task, normally requiring the education and license of a *registered nurse* (RN) and within the RN scope of practice to perform, that an RN authorizes an unlicensed person to perform.
- (18) "Department" means the Department of Human Services, Child Welfare.
- (19) "Dependent parent" means a *child* or *young adult* in the legal custody of the Department who is the parent of a *child*.
- (20) "Enhanced shelter care payment" means a limited term payment provided to a *certified family* when a *child* or *young adult* in the care or custody of the Department moves to a certified family's home from a placement with a BRS provider and there is no current level of care determination applicable to the *child* or *young adult*.

- (21) "Enhanced supervision" means the additional support, direction, observation, and guidance necessary to promote and ensure the safety and well-being of a *child* or *young adult* when the *child* or *young adult* qualifies for a *level of care payment*.
- (22) "Foster care payments" means one or more of the following payments to a *certified family*, authorized at rates established by the Department, for the board and care of a *child* or *young adult* for whom the Department has placement and care responsibility:
- (a) The *base rate payment*;
 - (b) The *level of care payment*, if any;
 - (c) *Shelter care payment* or *enhanced shelter care payment*;
 - (d) Mileage reimbursement, paid at the current Department mileage reimbursement rate to child welfare staff, for transportation of a *child* or *young adult* remaining in the same school he or she was attending prior to placement in substitute care; and
 - (e) The board and care of the *child* of a *dependent parent*, unless the *dependent parent* receives cash benefits under a program administered by the Department of Human Services under chapter 461 of the Oregon Administrative Rules.
- (23) "Foster parent" means an individual who operates a home that has been approved by the Department to provide care for an unrelated *child* or *young adult* placed in the home by the Department.
- (24) "Guardian" means an individual who has been granted guardianship of the *child* through a judgment of the court.
- (25) "Guardianship assistance agreement" means a written agreement, binding on the parties to the agreement, between the Department and the *potential guardian* or *guardian* setting forth the assistance the Department is to provide on behalf of the *child* or *young adult*, the responsibilities of the *guardian* and the Department, and the manner in which the agreement and amount of assistance may be modified or terminated.
- (26) "Independent living housing subsidy" means a payment to assist in covering the cost of room, board, or other monthly expenses made to an eligible individual who is at least 16 years of age and is in the care and custody of the Department and living independently.
- (27) "Legally responsible relative" means the parent or stepparent of a *child* or *young adult* or a person related to the *child* or *young adult* by blood or marriage who has legal custody or legal guardianship of the *child* or *young adult*.
- (28) "Level of care payment" means the payment provided to an approved or *certified family*, a *guardian*, a *pre-adoptive family*, or an adoptive family based on the need for *enhanced*

supervision of the *child* or *young adult* as determined by applying the CANS algorithm to the results of the CANS screening.

- (29) "Level of personal care payment" means the payment to a *qualified provider* for performing the *personal care services* for an eligible *child* or *young adult* based on the child's or young adult's need for *personal care services* as determined by applying the *personal care services* algorithm to the results of the *personal care services* rating scale.
- (30) "Other criminal records information" means information obtained and used in the *criminal records check* process that is not criminal offender information from OSP. "Other criminal records information" includes, but is not limited to, police investigations and records, information from local or regional criminal records information systems, justice records, court records, information from the Oregon Judicial Information Network, sexual offender registration records, warrants, Oregon Department of Corrections records, Oregon Department of Transportation Driver and Motor Vehicle Services Division information, information provided on the background check requests, disclosures by a *subject individual*, and any other information from any jurisdiction obtained by or provided to the Department for the purpose of conducting a fitness determination.
- (31) "Personal Care Nurse Coordinator" means a *registered nurse* (RN) who is a licensed *registered nurse* employed by the Department to provide oversight of contract registered nurses and *personal care services* authorized through the Department.
- (32) "Personal care services" means the provision of or assistance with those functional activities described in OAR [413-090-0120](#) consisting of mobility, transfers, repositioning, basic personal hygiene, toileting, bowel and bladder care, nutrition, medication management, and delegated nursing tasks that a *child* or *young adult* requires for his or her continued well-being.
- (33) "Personal care services assessment" means an evaluation by a *registered nurse* of a *child* or young adult's ability to perform the functional activities required to meet the *child* or young adult's daily needs.
- (34) "Personal care services plan" means a written plan to provide *personal care services* for the *child* or *young adult* documenting:
- (a) The determination that the individual is a *qualified provider*;
 - (b) The frequency or intensity of each personal care service to be provided; and
 - (c) The date *personal care services* begin.
- (35) "Potential guardian" means an individual who:

- (a) Has been approved by the Department or participating tribe to be the *guardian* of a *child* or *young adult*; and
 - (b) Is in the process of legalizing the relationship to the *child* through the judgment of the court.
- (36) "Pre-adoptive family" means an individual or individuals who:
- (a) Has been selected to be a child's adoptive family; and
 - (b) Is in the process of legalizing the relationship to the *child* through the judgment of the court.
- (37) "Proctor foster home" means a foster home certified by a *child-caring agency* that is not subject to ORS 418.625 to 418.645.
- (38) "Qualified provider" means an individual who:
- (a) Is authorized by the Department through the *contract registered nurse* or *Personal Care Nurse Coordinator*;
 - (b) Demonstrates by background, skills, and abilities the capability to safely and adequately provide the authorized *personal care services*;
 - (c) Maintains a drug-free household;
 - (d) Has been approved through the background check process described in OAR 413-120-0400 to 413-120-0475 or under OAR 407-007-0200 to 407-007-0370; and
 - (e) Is not the parent, step-parent, or *legally responsible relative* of the *child* or *young adult* eligible for *personal care services*.
- (39) "Registered nurse" means an individual licensed and registered to practice nursing.
- (40) "Relative caregiver" means an individual who operates a home that has been approved by the Department to provide care for a related *child* or *young adult* placed in the home by the Department.
- (38) "SAIP" means Secure Adolescent Inpatient Program.
- (39) "SCIP" means Secure Children's Inpatient Program.
- (40) "Shelter care payment" means a payment provided to a *certified family* during the first 20 days of substitute care for a *child* or *young adult* in the care or custody of the Department.
- (41) "Subject individual" means an individual described in OAR 407-007-0030(30)(a).

- (a) For the purposes of these rules, a "subject individual" also includes:
- (A) An individual who provides *respite care* (see OAR 410-170-0020) for an *approved provider parent* (see OAR 410-170-0020);
 - (B) An individual who volunteers with or is employed by an approved provider parent to assist with the care of a *BRS client*, other than an individual who provides *babysitting* unless paragraph (D) of this subsection applies;
 - (C) An individual 18 years of age or older who is living in the home of an *approved provider parent*;
 - (D) An individual under 18 years of age who is living in the home of an *approved provider parent* if there is reason to believe the individual may pose a risk to a *BRS client*;
 - (E) An individual who provides *babysitting* or an individual who frequents the home of an *approved provider parent* if there is reason to believe the individual may pose a risk to a *BRS client*; and
 - (F) An individual who has access to a *BRS client* in the home of an *approved provider parent* if the *contract administrator* has requested a *criminal records check* on the individual.
- (b) The following individuals are not subject individuals:
- (A) A *child* or *young adult* in the care or custody of the Department who lives in the home of the *approved provider parent*; and
 - (B) A *BRS client*.
- (42) "Transitional visit" means an overnight visit by the *BRS client* to another placement for the purpose of facilitating the *BRS client's* transition.
- (43) "Young adult" means a person aged 18 through 20 years.

Stat. Auth.: ORS 418.005
Stats. Implemented: ORS 418.005

Foster Care Payments for a Child or Young Adult Living with a Certified Family or Living Independently

413-090-0005

Purpose

(Amended 08/04/15)

The purpose of OAR 413-090-0005 to 413-090-0050 is to describe the responsibilities of the Department for payment of the following costs on behalf of a *child* or *young adult*.

- (1) A foster care maintenance payment to a *certified family*;
- (2) An *independent living housing subsidy* to an eligible *child* or *young adult* who is in the legal custody of the Department, living independently; and
- (3) A *Chafee housing payment* to an eligible individual.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005

413-090-0010

Authorized Payments

(Amended 08/04/15)

- (1) Family Foster Care.
 - (a) Shelter care payment. The Department reimburses a *certified family* a *shelter care payment* on behalf of a *child* or *young adult* during the first twenty days of substitute care in a *certified family* home after the Department has obtained physical or legal custody of the *child* or *young adult*. The daily *shelter care payment* is:
 - (A) \$24.60 for a *child* five years or younger;
 - (B) \$28.00 for a *child* 6 through 12 years of age; and
 - (C) \$31.60 for a *child* or *young adult* 13 through 20 years of age.
 - (b) Base rate payment. The Department reimburses a *certified family* a *base rate payment* on behalf of a *child* or *young adult* in the Department's physical or legal custody when a *child* or *young adult* is placed in the certified family's home.

- (A) Payment is made on a monthly basis, or prorated for a portion of a month, when the *base rate payment* is for less than all days in the month, and made after the month in which the care has been provided.
 - (B) The *base rate payment* starts the twenty-first day of a child's placement in substitute care and includes the day the *child* or *young adult* enters the home, but excludes the day the *child* or *young adult* leaves the home.
 - (C) The *base rate payment* amount.
 - (i) Prior to January 1, 2012, the *base rate payment* is \$639 per month for a *child* five years or younger. Starting January 1, 2012, the *base rate payment* is \$575 per month for a *child* five years or younger.
 - (ii) Prior to January 1, 2012, the *base rate payment* is \$728 per month for a *child* 6 through 12 years of age. Starting January 1, 2012, the *base rate payment* is \$655 per month for a *child* 6 through 12 years of age.
 - (iii) Prior to January 1, 2012, the *base rate payment* is \$823 per month for a *child* or *young adult* 13 through 20 years of age. Starting January 1, 2012, the *base rate payment* is \$741 for a *child* or *young adult* 13 through 20 years of age.
 - (D) The Department does not reimburse the *base rate payment* to a *certified family* when reimbursement for *shelter care payment* or *enhanced shelter care payment* applies.
- (c) Enhanced shelter care payment. The Department reimburses a *certified family* an *enhanced shelter care payment* rate on behalf of a *child* or *young adult* during the first 20 days of substitute care with a *certified family* after a *child* or *young adult* has been in placement with a Behavior Rehabilitation Service provider and there is no current *level of care payment* determination applicable to the *child* or *young adult*. The daily *enhanced shelter care payment* is:
- (A) \$29.40 for a *child* five years or younger;
 - (B) \$33.50 for a *child* 6 through 12 years of age; and
 - (C) \$37.90 for a *child* or *young adult* 13 through 20 years of age.
- (d) Mileage reimbursement. The Department reimburses a *certified family* for mileage, paid at the current Department mileage reimbursement rate paid to child welfare staff, when the *certified family* must provide transportation for a *child* or *young adult* in order to remain in the same school the *child* or *young adult* was attending prior to placement in substitute care.

- (2) Level of care payment.
- (a) The Department reimburses a *level of care payment* to a *certified family* on behalf of a *child* or *young adult* when the *CANS screening* results indicate the *child* or *young adult* has *enhanced supervision* needs.
 - (b) The initial *level of care payment* to a *certified family* begins:
 - (A) No earlier than the twenty first day of substitute care; or
 - (B) Ninety days prior to the date an initial *CANS screening* was approved for a *child* or *young adult* in substitute care over 111 days.
 - (c) A *level of care payment* to a *certified family* may commence the first day following the end of *enhanced shelter care payment*.
 - (d) The Foster Care Program Manager may approve commencing the *level of care payment* beyond the timeframes in subsections (b) and (c) of this section when a delay in scheduling, completing, scoring or approving the *CANS screening* results in a potential loss or interruption of a *level of care payment*.
 - (e) When the *CANS screening* results indicate the *child* or *young adult* eligible for adoption assistance or guardianship assistance needs *enhanced supervision*, the Department includes the *level of care payment* in--
 - (A) An adoption assistance agreement with a *pre-adoptive family* or an adoptive family pursuant to OAR 413-130-0000 to 413-130-0130; or
 - (B) A *guardianship assistance agreement* with a *potential guardian* or *guardian* pursuant to OAR 413-070-0900 to 413-070-0979.
 - (f) A *CANS screener* rates each element of a *child* or *young adult's* behavior and functioning through the *CANS screening* on a scale of zero to three and the ratings determine whether a *child* or *young adult* meets the criteria for one of three levels of care. These ratings are determined using the following exhibits, which by this reference are incorporated into this rule:
 - (A) DHS 9601 - Child and Adolescent Needs and Strengths Comprehensive Screening Tool Ages Birth through Five, adopted January 5, 2009 and revised in June 2011.
 - (B) DHS 9602 - Child and Adolescent Needs and Strengths Comprehensive Screening Tool Ages Six through Twenty, adopted January 5, 2009 and revised in June 2011.

- (C) Child and Adolescent Needs and Strengths Algorithm, adopted February 9, 2009.
- (D) The Department maintains these documents on the Department's website. Printed copies of all three exhibits may be obtained by contacting the Department of Human Services, Office of Child Welfare Programs, ATTN: Level of Care Manager, 500 Summer Street NE, E93, Salem, OR 97301.
- (g) The *level of care payment* is:
 - (A) \$212 per month for Level 1 (moderate needs).
 - (B) \$414 per month for Level 2 (intermediate needs).
 - (C) \$850 per month for Level 3 (advanced needs).
- (3) The Department reimburses a *certified family* an applicable *base rate payment* for a *child* of a *dependent parent* when both are living with the *certified family* unless the *dependent parent* receives a TANF grant under programs administered by the Department of Human Services under chapter 461 of the Oregon Administrative Rules or has other means of financial support.
- (4) The Department reimburses a *Chafee housing payment* or an *independent living housing subsidy* to an eligible individual up to a maximum of \$600 per month of eligibility pursuant to OAR 413-030-0400 to 413-030-0460.
- (5) Payments prohibited. The Department may not authorize payment for the care of a *child* or *young adult* to more than one *certified family* per day.
- (6) A payment by the Department under this rule is inalienable by any assignment or transfer and exempt from execution, levy, attachment, and garnishment under the laws of the state of Oregon.

Stat. Auth.: ORS 418.005, 418.340

Stats. Implemented: ORS 418.005, 418.330, 418.335, 418.340, 418.470, 418.625

413-090-0021

Periodic Review of Eligibility for Level of Care Payments

(Amended 08/04/15)

- (1) When the Department conducts a *CANS screening* for a *child* or *young adult* in substitute care under subsection (1)(b) of OAR 413-020-0230 and the results indicate the *child* or young adult's level of care has changed, the Department adjusts the *child* or young adult's *level of care payment* as follows:

- (a) When a *level of care payment* increases, change in payment begins the first day of the month in which the increased *level of care payment* was approved.
 - (b) When a *level of care payment* decreases, change in payment begins the first day of the month following the month in which the decreased *level of care payment* was approved unless continuing benefits have been requested through a request for a contested case hearing.
- (2) When the Department determines, denies, adjusts, or terminates a *level of care payment* to a *child* or *young adult* living with a *certified family*, the Department follows OAR 413-010-0500 to 413-010-0535.
- (3) A *CANS screening* may be conducted for a *child* or *young adult* living with a *potential guardian*, a *guardian*, a *pre-adoptive family*, or an adoptive family when a referral is received pursuant to OAR 413-020-0230(3).

Stat. Auth.: ORS 418.005, 418.340

Stats. Implemented: ORS 418.005, 418.330, 418.335, 418.340

413-090-0030

Payment for Temporary Absences from Family Foster Care

(Amended 11/04/11)

- (1) The Department may continue the *base rate payment* and any *level of care payment* to the *certified family* during a *child* or *young adult*'s temporary absence from the home for 14 days or less, when:
- (a) The plan is for the *child* or *young adult* to return to the care of the same *certified family*; and
 - (b) No other *certified family* is receiving a *base rate payment* or *level of care payment* for the *child* or *young adult* during the period of the absence.
- (2) Hospitalization. The Department may continue the *base rate payment* and *level of care payment* to the *certified family* when the *child* or *young adult* requires hospitalization for medical treatment and the *certified family* continues to exercise caregiving responsibilities in anticipation of the return of the *child* or *young adult*. Hospitalization for medical treatment is not considered a substitute care placement with a duplicate payment.

Stat. Auth.: ORS 418.005, 418.340

Stats Implemented: ORS 418.005, 418.330, 418.335, 418.340

413-090-0040

Payments During Adoptive Supervision

(Amended 08/04/15)

When a *child* is free for adoption and placed in an approved or certified family's home designated by the Department's Adoption Program Manager as the child's *pre-adoptive family*, the Department pays *base rate payment* and any *level of care payment* to the *pre-adoptive family* until the *adoption assistance payment* commences. See OAR 413-130-0000 to 413-130-0130 for the adoption assistance eligibility requirements of the Adoption Assistance Program.

Stat. Auth.: ORS 418.005, 418.340

Stats. Implemented: ORS 418.005, 418.330, 418.335, 418.340

413-090-0050

Out-of-State Payment to a Certified Family Moving to Another State

(Amended 11/04/11)

- (1) A *certified family* who receives Department approval to move out-of-state with a *child* or *young adult* who the Department has placed in the home may continue to receive base rate and *level of care* for that *child* or *young adult* for up to 180 days or until licensed or certified in the receiving state, whichever is earlier.
- (2) The Foster Care Program Manager or Foster Care Program Assistant Manager may extend the 180 day limit for continuing to receive current *base rate payment* and *level of care payment* when the licensure or certification process in the receiving state has not been completed due to circumstances beyond the control of the Department.
- (3) Once the home is licensed or certified in the receiving state, the Department authorizes payment at Oregon's established *base rate payment* and *level of care payment* rates.

Stat. Auth.: ORS 418.005, 418.340

Stats. Implemented: ORS 418.005, 418.330, 418.335, 418.340

Behavior Rehabilitation Services Program

413-090-0055

Effective Date and Administration of the BRS Program

(Amended 12/01/16)

- (1) *BRS contractors* (see OAR 410-170-0020) and *BRS providers* (see OAR 410-170-0020) that provide *services* (see OAR 410-170-0020) to a *child* (see OAR 410-170-0020) or *young adult* (see OAR 410-170-0020) in the care or custody of the Department of Human Services or one of the federally recognized tribes in Oregon must comply with the requirements in the *BRS program* general rules (OAR 410-170-0000 through 410-170-0120) and these rules (OAR 413-090-0055 through 413-090-0090).
- (2) All references to federal and state laws and regulations referenced in these rules are those in place on December 1, 2016, and the Agency-specific BRS program rules that are effective on December 1, 2016.

Stat. Auth.: ORS 183.355, 409.050, 418.005, 411.060, 411.070, 411.116

Stats. Implemented: ORS 418.005, 418.015, 418.027, 411.070, 411.116, 411.141, 418.285, 418.312, 418.315, 418.490, 418.495

413-090-0060

Purpose

(Adopted 01/01/14)

The purpose of the *Behavior Rehabilitation Services (BRS) Program* (see OAR 410-170-0020) is to remediate the BRS client's debilitating psychosocial, emotional, and behavioral disorders by providing such *services* (see OAR 410-170-0020) as behavioral intervention, counseling, and skills-training. These rules supplement the *BRS program* general rules with additional requirements for *BRS programs* provided through contract with the Department (see OAR 410-170-0020).

Stat. Auth.: ORS 409.050, 411.060, 411.170, 411.116, 418.005

Stats. Implemented: ORS 418.005, 418.015, 418.027, 411.070, 411.116, 411.141, 418.285, 418.312, 418.315, 418.490, 418.495

413-090-0065

Definitions

(Amended 12/01/16)

Definitions for OAR 413-090-0055 to 413-090-0090 are in OAR 413-090-0000 and OAR 410-170-0020.

Stat. Auth.: ORS 181.534, 181.537, 409.050, 411.060, 411.070, 411.116, 418.005

Stats. Implemented: ORS 181.534, 181.537, 409.010, 409.025, 409.027, 411.060, 411.070, 411.116, 411.141, 418.005, 418.015, 418.016, 418.027, 418.285, 418.312, 418.315, 418.490, 418.495

413-090-0070

BRS Provider Requirements

(Amended 12/01/16)

In addition to the requirements in OAR 410-170-0030, the *BRS contractor* (see OAR 410-170-0020) and the *BRS provider* (see OAR 410-170-0020) providing *services* (see OAR 410-170-0020) and *placement-related activities* (see OAR 410-170-0020) to a *BRS client* (see OAR 410-170-0020) in the care or custody of the Department or one of the federally-recognized tribes in Oregon must comply with all of the following requirements:

- (1) Ensure completion of a background check, including a *criminal records check* and an *abuse check*, on each *subject individual* in compliance with OAR 407-007-0210 to 407-007-0380.
- (2) Ensure the following documents are contained in the individual, confidential file of each *BRS client*:
 - (a) A face sheet with frequently referenced information;
 - (b) The BRS client's medical insurance information;
 - (c) The BRS client's school enrollment, attendance, progress, and discipline information during the BRS client's stay in the program;
 - (d) Signed consent for the *BRS client* to participate in the BRS program;
 - (e) Documentation regarding the individuals authorized to consent to medical or mental health services for the *BRS client*;
 - (f) Documentation regarding home or other family visits;
 - (g) Documentation of recreational, social, and cultural activities;

- (h) Documentation of legal custody or voluntary placement status;
 - (i) Referral information;
 - (j) All *services* documentation including, but not limited to the ISP, AER, MSP, MSP updates, Discharge Summary, and Aftercare Summary as required by BRS service planning in OAR 410-170-0070;
 - (k) Any restrictions on or special permissions for the BRS client's participation in activities or outings and the duration of any restrictions or special permissions; and
 - (l) All other case related information specific to the *BRS client*.
- (3) The *BRS contractor* and the *BRS provider* must maintain in their program records:
- (a) Staff schedules for BRS programs utilizing a *residential care model* (see OAR 410-170-0020);
 - (b) Certification status for *proctor foster home* for BRS programs utilizing a *therapeutic foster care model* (see OAR 410-170-0020); and
 - (c) Authorization for each *absent day* billed for a *BRS client*.
- (4) The *BRS contractor* and *BRS provider* including a *proctor foster home* must permit immediate access to a *child in care* and to any area of the premises upon which the *child in care* receives care or services to all individuals and for all purposes described in ORS 418.305.

Stat. Auth.: ORS 181.534, 181.537, 409.050, 411.060, 411.070, 411.116, 418.005
Stat. Implemented: ORS 181.534, 181.537, 409.010, 409.025, 409.027, 411.060, 411.070, 411.116, 411.141, 418.005, 418.015, 418.016, 418.027, 418.285, 418.312, 418.315, 418.490, 418.495

413-090-0075

Prior Authorization for the BRS program; Appeal Rights

(Amended 12/01/16)

- (1) BRS Program Eligibility.
 - (a) The Department may provide prior authorization for the *BRS program* to a *child in care* who:
 - (A) Meets the requirements in OAR 410-170-0040(2)(a)(A) through (C); and

- (B) Is in the care or custody of the Department or one of the federally recognized tribes in Oregon.
- (b) Notwithstanding subsection (1)(a) of this rule, the Department may provide prior authorization for the *BRS program* to a *child in care* who:
 - (A) Meets the requirements in OAR 410-170-0040(2)(a)(B) through (E);
 - (B) Is eligible for state-funded medical assistance under Title XIX and General Assistance Medical Eligibility, OAR 413-100-0400 through 413-100-0610; and
 - (C) Is in the care or custody of the Department or one of the federally recognized tribes in Oregon.
- (2) Appeal Rights.
 - (a) When a *child in care* is in the care or custody of the Department or a federally recognized tribe in Oregon and is denied prior authorization for the *BRS program* under subsection (1)(a) of this rule, the *child in care* is entitled to notice and contested case hearing rights under OAR 410-120-1860 to 410-120-1865. The contested case hearing will be provided by the Authority (see OAR 410-120-1860(1)) and conducted by the Office of Administrative Hearings (see ORS 183.635).
 - (b) When a *child in care* is in the care or custody of the Department and enrolled in the Oregon Health Plan is denied prior authorization for the *BRS program* under subsection (1)(b) of this rule, the *child in care* is entitled to notice and contested case hearing rights under OAR 413-010-0500 to 413-010-0535. The contested case hearing will be provided by the Department and conducted by the Office of Administrative Hearings (see ORS 183.635).

Stat. Auth.: ORS 409.050, 411.060, 411.070, 411.116, 418.005

Stat. Implemented: ORS 409.010, 411.060, 411.070, 411.095, 411.116, 411.141, 418.005, 418.015, 418.027, 418.285, 418.312, 418.315, 418.490, 418.495

413-090-0080

BRS Placement Related Activities for a Department BRS Contractor and BRS Provider

(Amended 12/01/16)

- (1) A *BRS contractor* (see OAR 410-170-0020) and *BRS provider* (see OAR 410-170-0020) must coordinate all *placement-related activities* (see OAR 410-170-0020) for the *BRS client* (see OAR 410-170-0020) with the BRS client's Department or tribal *caseworker*

(see OAR 410-170-0020) to ensure these activities support the child welfare case plan and the child specific case plan.

- (2) A *BRS contractor* and *BRS provider* must provide facilities, personnel, materials, equipment, supplies and services, and transportation related to *placement-related activities*.
 - (a) Clothing: The Department will place the *BRS client* with a *BRS contractor* and *BRS provider* with sufficient clothing at the time of placement. It is the responsibility of the *BRS contractor* and *BRS provider* to maintain the *BRS client's* clothing at an adequate and appropriate level. A *caseworker* may request approval from a child welfare supervisor or program manager for payment for additional clothing when necessary.
 - (b) Transportation: A *BRS contractor* and *BRS provider* are responsible to arrange or provide transportation for the *BRS client* for the following: school, to the extent not provided by the school district; medical, dental, and therapeutic appointments; recreational and community activities; employment; and shopping for incidental items. Notwithstanding this responsibility, the cost of transportation for the *BRS client* for the purposes of home visits or visits to foster homes or relatives will be equally shared by the Department, the *BRS contractor* and *BRS provider* and, in as much as they are able as determined by the Department, the *BRS client's* parents. The *BRS contractor*, *BRS provider*, and the *caseworker* must jointly plan the transportation method and payment procedures as much in advance as possible.
- (3) Non BRS-Related Medical and Mental Health Care.
 - (a) If there is no record that the *BRS client* has received a physical examination within the six months immediately prior to the *BRS client's* placement with the *BRS contractor* and *BRS provider*, the *BRS contractor* and *BRS provider* must schedule a medical exam with the *BRS client's caseworker*, consistent with health insurance allowances, within 30 days of the *BRS client's* placement. The *BRS contractor* and *BRS provider* must keep documentation of the medical exam in the *BRS client's* file, and must send a copy to the *BRS client's caseworker*.
 - (b) The *BRS contractor* and *BRS provider* must coordinate with each *BRS client's caseworker* to ensure the *BRS client's* mental health, physical health (including alcohol and drug treatment services), dental, and vision needs are met. This does not include paying the cost of services or medications which are covered by the Oregon Health Plan (OHP) or by the *BRS client's* third party private insurance coverage. The *BRS contractor* and *BRS provider* must work with the *BRS client's* Department or Tribal *caseworker* to secure payment for services or medications not covered by OHP or the *BRS client's* third party private insurance coverage.

- (c) The *BRS contractor* and *BRS provider* must administer and monitor medications consistent with all applicable Department rules in OAR 413-070-0400 through 413-070-0490, and the *BRS provider's* medication management policy must comply with Department rules.
- (d) The *BRS contractor* and *BRS provider* must facilitate the BRS client's access to other medical and mental health providers whenever identified needs cannot be met within the scope of services offered by the *BRS provider*.
- (4) Educational and vocational activities: A *BRS contractor* and *BRS provider* must have a system in place for a *BRS client* to attend school in order to meet the educational needs of a *BRS client* in its program either on-site or at an off-site location that complies with OAR 413-100-0900 through 413-100-0940.
- (5) Language and culture: The *BRS contractor* and *BRS provider* must allow a *BRS client* to speak his or her primary language and must honor his or her culture.
- (6) Other *placement-related activities* (see OAR 410-170-0020):
 - (a) Recreational, social, and cultural activities:
 - (A) A *BRS contractor* and *BRS provider* must provide recreation time for the *BRS client* on a daily basis. A *BRS contractor* and *BRS provider* must offer activities that are varied in type to allow the *BRS client* to obtain new experiences.
 - (B) A *BRS contractor* and *BRS provider* must provide each *BRS client* a minimum of one opportunity per week to participate in recreational activities in the community, unless the *BRS client* is clearly unable to participate in offsite activities due to safety issues.
 - (C) The *BRS contractor* and *BRS provider* must provide access to or make available social and cultural activities for the *BRS client*. These activities are to promote the BRS client's normal development and help broaden the BRS client's understanding and appreciation of the community, arts, environment, and other cultural groups.
 - (D) The *BRS contractor* and *BRS provider* must not permit a *BRS client* to participate in recreational activities that present a higher level of risk to a *BRS client* without the approval of the Department. This applies to activities that require a moderate to high level of technical expertise to perform safely, present environmental hazards, or where special certification or training is recommended or required such as: whitewater rafting, rock climbing, ropes courses, activities on or in any body of water where a certified lifeguard is not present and on duty, camping,

backpacking, mountain climbing, using motorized yard equipment, and horseback riding.

- (b) Academic Assistance: If needed, the *BRS contractor* and *BRS provider* must provide adequate opportunities for the *BRS client* to complete homework assignments with assistance from staff, or a *proctor foster home*, if applicable.
- (7) The *BRS contractor* and *BRS provider* must comply with OAR 413-010-0170 through 413-010-0185.

Stat. Auth.: ORS 409.050, 411.060, 411.070, 411.116, 418.005

Stats. Implemented: ORS 409.010, 411.060, 411.070, 411.116, 411.141, 418.005, 418.015, 418.027, 418.285, 418.312, 418.315, 418.490, 418.495

413-090-0085

Billing and Payment for Services and Placement-Related Activities

(Effective 09/01/16)

- (1) *Billable care day* (see OAR 410-170-0020):
 - (a) The *BRS contractor* (see OAR 410-170-0020) is compensated for a *billable care day services* (see OAR 410-170-0020) and *placement-related activities* (see OAR 410-170-0020) rates on a fee-for-service basis in accordance with OAR 410-170-0110.
 - (b) The *BRS contractor* may include an overnight *transitional visit* by the *BRS client* (see OAR 410-170-0020) to another placement in its *billable care days*. The *BRS contractor* must:
 - (A) Receive prior approval for the *transitional visit* from the Department;
 - (B) Ensure that the *transitional visit* is in support of the MSP (see OAR 410-170-0020) goals related to transition;
 - (C) Pay the hosting placement at the established *absent day* rate for the sending *BRS provider* (see OAR 410-170-0020); and
 - (D) Ensure the hosting placement will not seek any reimbursement from the Department for the care of the visiting *BRS client*.
- (2) Absent Days:
 - (a) The *BRS contractor* is compensated for an *absent day* at the *absent day* rate in order to hold a *BRS program* placement for a *BRS client* with the prior approval of the *BRS client's caseworker* (see OAR 410-170-0020).

- (b) Notwithstanding OAR 410-170-0110(4), the *BRS contractor* may request prior approval from the BRS client's *caseworker* to be reimbursed for more than 8 but no more than 14 calendar days of home visits in a month for a *BRS client*. However, any additional days of home visits approved under this rule will be paid at the *absent day* rate.
- (3) The *BRS contractor* may only be reimbursed for the *BRS type of care* (see OAR 410-170-0020) authorized in the contract with the Department.
- (4) Invoice Form:
 - (a) The *BRS contractor* must submit to the Department a monthly invoice in a format acceptable to the Department, on or after the first day of the month following the month in which *services* and *placement-related activities* were provided to the *BRS client*. The monthly invoice must specify the number of *billable care days* and *absent days* for each *BRS client* in that month.
 - (b) The *BRS contractor* must provide upon request, in a format approved by the Department, written documentation of each BRS client's location for each day claimed as a *billable care day* and an *absent day*.
- (5) *Billable care day* and *absent day* rates for BRS services provided on or after May 1, 2016, are in the "BRS Rates Table", dated May 1, 2016, which is adopted as Exhibit 1 and incorporated by reference into this rule. A printed copy may be obtained from the Department.

Stat. Auth.: ORS 409.050, 411.060, 411.070, 411.116, 418.005

Stats. Implemented: ORS 409.010, 411.060, 411.070, 411.116, 411.141, 418.005, 418.015, 418.027, 418.285, 418.312, 418.315, 418.490, 418.495

413-090-0087

When a Child or Young Adult Placed with a BRS Program is Missing

(Amended 09/29/16)

- (1) When a *child in care* placed with a *BRS program* (see OAR 410-170-0020) is missing, the *BRS contractor* (see OAR 410-170-0020) must ensure its BRS providers immediately report information about the missing *child in care* to the following:
 - (a) Law enforcement;
 - (b) The National Center for Missing and Exploited Children; and
 - (c) The Department.

- (2) Documentation of the report required in section (1) of this rule is required as outlined in OAR 410-170-0030(12)(b)(B).

Stat. Auth.: ORS 409.050, 411.060, 411.070, 411.116, 418.005

Stats. Implemented: ORS 409.010, 411.060, 411.070, 411.116, 411.141, 418.005, 418.015, 418.490, 418.495

413-090-0090

Compliance Reviews and Remedies

(Amended 12/01/16)

- (1) The *BRS contractor* must comply with all federal and state laws and regulations required to be licensed as an approved foster care agency under OAR 413-215-0001 to 413-215-0131 and 413-215-0301 to 413-215-0396 or residential care agency under OAR 413-215-0001 to 413-215-0131 and 413-215-0501 to 413-215-0586.
- (2) The *BRS contractor* (see OAR 410-170-0020) must cooperate, and ensure its BRS providers cooperate, with program compliance reviews or audits conducted by any federal, state or local governmental agency or entity related to the *BRS program*, including but not limited to the Department's provider rules OAR 407-120-0170, OAR 407-120-0180, OAR 407-120-0310, and OAR 407-120-1505.
- (3) The Department or its designee will conduct compliance reviews periodically, including but not limited to review of documentation and onsite inspections.
- (4) Upon receiving any notices or reports related to compliance with a BRS contract, the BRS program office will investigate the report to determine whether there is any material breach of the terms of the contract and take appropriate contract action.
- (5) The Department may pursue any combination of contract remedies, including but not limited to recovery of overpayments and other remedies authorized under the contract, at law or in equity against a *BRS Contractor*, a *BRS Provider* (see OAR 410-170-0020), or both, for non-compliance with applicable laws, regulations or contract provisions,. In addition to or in lieu of any of the above, the Department may proceed under the applicable provisions of OAR 410-170-0120.

Stat. Auth.: 409.050, 411.060, 411.070, 411.116, 418.005, Or Laws 2016, ch 106

Stat. Implemented: 409.010, 411.060, 411.070, 411.116, 418.005, 418.027, 418.495, Or Laws 2016, ch 106

Personal Care Services

413-090-0100

Purpose

(Amended 12/29/09)

The purpose of these rules, OAR 413-090-0100 to 413-090-0210, is to describe the requirements for eligibility and receipt of *personal care services* when a *child* or *young adult* is placed with a *foster parent* or *relative caregiver* by the Department.

Stat. Auth.: ORS 409.050, 418.005

Stats. Implemented: ORS 409.010, 418.005, 418.015

413-090-0110

Definitions

(Amended 08/04/15)

Definitions for OAR 413-090-0100 to 413-090-0210 are in OAR 413-090-0000.

Stat. Auth.: ORS 409.050, 418.005

Stats. Implemented: ORS 409.010, 418.005, 418.015

413-090-0120

Scope of Services

(Amended 01/01/15)

- (1) *Personal care services* are provided directly to the eligible *child* or *young adult* and do not include respite or other services, nor are they implemented for the purpose of benefiting others in the household or the household in general.
- (2) *Personal care services* include:
 - (a) Mobility, transfers, repositioning -- assisting a *child* or *young adult* with ambulation or transfers with or without an assistive device, turning the individual or adjusting padding for physical comfort or pressure relief, or encouraging or assisting with range-of-motion exercises;
 - (b) Basic personal hygiene -- providing or assisting a *child* or *young adult* with needs such as bathing (tub, bed bath, shower), washing hair, grooming, shaving, nail care, foot care, dressing, skin care, mouth care, and oral hygiene;

- (c) Toileting, bowel and bladder care -- assisting a *child* or *young adult* to and from bathroom, on and off a toilet, commode, bedpan, urinal or other assistive device used for toileting, changing incontinence supplies, following a toileting schedule, cleansing the individual or adjusting clothing related to toileting, emptying catheter drainage bag or assistive device, ostomy care, or bowel care;
- (d) Nutrition -- preparing meals and special diets, assisting with adequate fluid intake or adequate nutrition, assisting with food intake (feeding), monitoring to prevent choking or aspiration, assisting with special utensils, cutting food, and placing food, dishes, and utensils within reach for eating;
- (e) Medication management -- assisting with ordering, organizing, and administering prescribed medications (including pills, drops, ointments, creams, injections, inhalers, and suppositories), monitoring for choking while taking medications; and
- (f) *A delegated nursing task.*

Stat. Auth.: ORS 409.050, 418.005

Stats. Implemented: ORS 409.010, 418.005, 418.015

413-090-0130

Personal Care Services Eligibility

(Amended 12/29/09)

To receive *personal care services* while living with a *certified family*, a *child* or *young adult* in the care or custody of the Department must:

- (1) Be eligible to receive medical services funded through either Title XIX of the Social Security Act or the state general fund;
- (2) Have no available resources from the natural support system of friends, neighbors, or other community resources to provide *personal care services*; and
- (3) Have a documented diagnosed physical or mental impairment and require *personal care services* as determined by a *personal care services assessment*.

Stat. Auth.: ORS 409.050, 418.005

Stats. Implemented: ORS 409.010, 418.005, 418.015

413-090-0133

Conducting a Personal Care Services Assessment

(Amended 08/04/15)

- (1) When a *child* or *young adult* with a diagnosed physical or mental impairment appears to require *personal care services* and the caseworker becomes aware of the apparent need for *personal care services*, the caseworker must refer the *child* or *young adult* to the *contract registered nurse* or the *Personal Care Nurse Coordinator* for an assessment.
- (2) When a *child* or *young adult* with an approved *personal care services assessment* or an existing *personal care services plan* moves to a new *foster parent* or *relative caregiver*, the caseworker must refer the *child* or *young adult* to the *contract registered nurse* or the *Personal Care Nurse Coordinator* for an assessment.
- (3) Upon receipt of a referral, the *contract registered nurse* or the *Personal Care Nurse Coordinator* must conduct a *personal care services assessment*.
- (4) To conduct the *personal care services assessment*, the *contract registered nurse* or the *Personal Care Nurse Coordinator* must:
 - (a) Review available medical records of the *child* or *young adult*;
 - (b) Meet with the *child* or *young adult* and the *foster parent* or *relative caregiver*;
 - (c) Gather information about the *child* or *young adult's* condition and functioning;
 - (d) Assess the *child* or *young adult's* ability to perform functional activities necessary to meet his or her daily needs at a level appropriate for the *child* or *young adult's* chronological age;
 - (e) Document the findings of the *personal care services assessment* using the Department's Personal Care Services Assessment form that is applicable to the age of the *child* or *young adult*; and
 - (f) Submit the completed *personal care services assessment* to the *Personal Care Nurse Coordinator*.
- (5) The *Personal Care Nurse Coordinator* must:
 - (a) Review the findings of the *personal care services assessment*;
 - (b) Apply the rating scale in Exhibit 1 to the *personal care services assessment*;
 - (c) Determine whether the *child* or *young adult* meets the threshold for a *level of personal care payment*;

- (d) Determine the *level of personal care payment*; and
 - (e) When the *personal care services assessment* scores a *child* or young adult's *level of personal care* needs at Level 4 based on the rating scale in Exhibit 1, determine the additional payment and the intensive *personal care services* required to meet the *child* or young adult's identified needs, which may involve consulting with the *foster parent, relative caregiver*, or others involved in the *child* or young adult's care.
- (6) The responsibilities set forth in section (5) of this rule may be conducted by another medical professional employed by or under contract with the Department when the *Personal Care Nurse Coordinator* is unavailable.

Stat. Auth.: ORS 409.050, 418.005

Stats. Implemented: ORS 409.010, 418.005, 418.015

413-090-0135

Provider Eligibility

(Amended 01/01/15)

- (1) *Personal care services* may be provided only by a *qualified provider*.
- (2) The *contract registered nurse* or the *Personal Care Nurse Coordinator* may authorize a *qualified provider* to provide *personal care services* to a *child* or young adult in the care or custody of the Department if the *contract registered nurse* or *Personal Care Nurse Coordinator* determines that the provider meets the definition of a *qualified provider* in OAR 413-090-0000.
- (3) The *qualified provider* must sign the *personal care services plan* with the Department and agree to provide the *personal care services* to the *child* or young adult described in the *personal care services plan*.
- (4) The *qualified provider* may be authorized to provide *personal care services* when the *personal care services assessment* has been completed and the *contract registered nurse* or *Personal Care Nurse Coordinator* has verified that the provider is a *qualified provider*.

Stat. Auth. ORS 409.050, 418.005

Stats. Implemented: ORS 409.010, 418.005, 418.015

413-090-0136

Developing the Personal Care Services Plan

(Amended 01/01/15)

- (1) After conducting the *personal care services assessment* when it has been determined that a *child* or *young adult* is eligible for *personal care services*, the *contract registered nurse* or *Personal Care Nurse Coordinator* must develop a *personal care services plan* using the Department's Personal Care Services Plan form.
- (2) The *personal care services plan* must:
 - (a) Specify the frequency or intensity of each personal care service;
 - (b) Identify the *qualified provider* to provide the personal care service;
 - (c) If the plan includes a *delegated nursing task*, the *personal care services plan* must include:
 - (A) The written authorization of the *registered nurse* permitting the *qualified provider* to perform the *delegated nursing task*;
 - (B) The written instructions on how to perform the *delegated nursing task*;
 - (C) How frequently the *child* or *young adult* is to be reassessed with respect to the *delegated nursing task*;
 - (D) How the *qualified provider* is to be supervised; and
 - (E) How frequently the *qualified provider* is to be reevaluated.
 - (d) Identify the date that the *personal care services* are to begin and the date that the *personal care services plan* ends; and
 - (e) Be signed by the *contract registered nurse* or *Personal Care Nurse Coordinator* and each *qualified provider* providing services under the *personal care services plan*.
- (3) If the *contract registered nurse* or *Personal Care Nurse Coordinator* determines that the *child* or *young adult* requires a *delegated nursing task*, the *contract registered nurse* or *Personal Care Nurse Coordinator* must follow the requirements in Oregon State Board of Nursing rules, OAR 851-047-0000 to 851-047-0040.
 - (a) An authorization permitting a *qualified provider* to perform a nursing task does not permit the *qualified provider* to perform the task for a different *child* or *young adult*, and the authorization may not be transferred.

- (b) The skill of the *qualified provider* and the condition of the *child* or *young adult* must be reevaluated as appropriate.
- (c) The *registered nurse* may rescind the delegation, as provided in OAR 851-047-0030(7), and revise the *personal care services plan* accordingly.

Stat. Auth.: ORS 409.050, 418.005

Stats. Implemented: ORS 409.010, 418.005, 418.015

413-090-0140

Periodic Review of Personal Care Services Eligibility

(Amended 01/01/15)

- (1) A *child* or young adult's eligibility for *personal care services* must be reviewed annually from the initial date of the *personal care services plan*, unless an earlier date for reassessment has been approved in the *personal care services plan*.
- (2) The *child* or young adult's caseworker may refer the *child* or *young adult* for a *personal care services* reassessment earlier than the date approved in the *personal care services plan* if the *child* or young adult's need for *personal care services* has changed. The *Personal Care Nurse Coordinator* must approve the referral.
- (3) The Department must send a notice to the *foster parent* or *relative caregiver*, on behalf of the *child* or *young adult*, at least 14 days prior to conducting a *personal care services* reassessment. The notice must include:
 - (a) A description and explanation of the *personal care services assessment* process;
 - (b) An explanation of the process for appealing the results of the *personal care services assessment*; and
 - (c) A description of the *foster parent* or relative caregiver's right, on behalf of the eligible *child* or *young adult*, to set the date, time, and place of the *personal care services assessment* at a location that is convenient for him or her and to invite other persons to participate in the *personal care services assessment*.
- (4) The *contract registered nurse* or *Personal Care Nurse Coordinator* must follow the process set forth in OAR 413-090-0133 when conducting a *personal care services* reassessment.

Stat. Auth.: ORS 409.050, 418.005

Stats. Implemented: ORS 409.010, 418.005, 418.015

413-090-0150

Payment Determination

(Amended 08/04/15)

- (1) Payment for the *personal care services* identified in the *personal care services plan* is based on the eligible *child* or young adult's *personal care services* at a *level of personal care payment* that corresponds to the needs identified in the *personal care services assessment* and is determined by the Department. The levels of personal care are set forth in Exhibit 1.
 - (a) If the eligible *child* or *young adult* qualifies as Level 1 (moderate care), the payment is a maximum of \$207 per month based on the days within the month the *child* or *young adult* is eligible for and receives *personal care services*.
 - (b) If the eligible *child* or *young adult* qualifies as Level 2 (intermediate care), the payment is a maximum of \$413 per month based on the days within the month the *child* or *young adult* is eligible for and receives *personal care services*.
 - (c) If the eligible *child* or *young adult* qualifies as Level 3 (advanced care), the payment is a maximum of \$620 per month based on the days within the month the *child* or *young adult* is eligible for and receives *personal care services*.
 - (d) If the eligible *child* or *young adult* qualifies as Level 4 (intensive care), the payment is an amount authorized by the Department, based on the days within the month the *child* or *young adult* is eligible for and receives *personal care services* and on the intensity and frequency of the *personal care services* in conjunction with all other medical services provided for the *child* or *young adult*.
- (2) Payment for *personal care services* is calculated based on the number of days *personal care services* were provided to the eligible *child* or *young adult*.
- (3) Except as provided in section (4) of this rule, payment for *personal care services* is authorized by the Department when the *personal care services assessment* is completed and the *contract registered nurse* or *Personal Care Nurse Coordinator* has verified that the provider is a *qualified provider*.
- (4) If the referral for a *personal care services assessment* was delayed, the *Personal Care Nurse Coordinator* may authorize payment before the assessment is completed when *personal care services* were provided by a *qualified provider* and there is documentation of the child's or young adult's personal care needs.

Stat. Auth.: ORS 409.050, 418.005

Stats. Implemented: ORS 409.010, 418.005, 418.015

413-090-0210

Termination of Personal Care Services and Payments

(Amended 01/01/15)

- (1) *Personal care services* provided to a *child* or *young adult* are terminated when the *child* or *young adult* no longer meets the eligibility requirements under OAR 413-090-0130 or the *child* or *young adult* moves.
- (2) *Personal care services* payments are made to the *qualified provider* as described in OAR 413-190-0150 until a *personal care services plan* is terminated or the date the *child* or *young adult* is no longer in the care of the *foster parent* or *relative caregiver*, whichever is earlier.

Stat. Auth. ORS 409.050, 418.005

Stats. Implemented: ORS 409.010, 418.005, 418.015

Payments for Special and/or Extraordinary Needs

413-090-0300

Purpose

(Amended 08/04/15)

The purpose of OAR 413-090-0300 to 413-090-0380 is to describe how payments for special and/or extraordinary needs may be used to benefit a *child* or *young adult* in the custody of the Department in foster care, family and professional shelter care, residential group care, or non-reimbursed placement such as SAIP and SCIP.

Stat. Authority: ORS 418.005

Stats. Implemented: ORS 418.005

413-090-0310

Definitions

(Amended 08/04/15)

Definitions for OAR 413-090-0300 to 413-090-0380 are in OAR 413-090-0000.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005

413-090-0320

Policy

(Amended 01/07/03)

- (1) Payments for Special and/or Extraordinary Needs shall be limited to the amounts stated in the I-E.5.2 Information letter. Requests shall state a specific amount.
- (2) Exceptions to these rules may be made with the SDA Manager's or designee's approval in individual situations. Exceptions must be made prior to purchase and authorized in writing in the case file.

Stat. Authority: ORS 418.005

Stats. Implemented: ORS 418.005

413-090-0330

Clothing

(Amended 01/07/03)

- (1) The agency will make certain that clothing needs of children going into or placed in substitute care, such as a residential facility and paid/unpaid foster or relative care are met. Both staff and contracted providers shall use reasonable judgment in making clothing purchases. It is expected that a *child* in the custody of the Department will be dressed similar to other children living in the community, but purchases are dependent upon funds available to the Department.
- (2) Unless the SDA Manager or designee makes an individual exception, clothing purchases may be authorized after:
 - (a) Clothing available and belonging to the *child* is obtained from the parent(s), *guardian*, relative caregiver or provider at the time of placement or change of placement. If release of clothing is refused and it is in the best interest of the *child*, a court order for the release of such clothing is to be requested from the juvenile court;
 - (b) Clothing resources such as foster parent organizations or agency volunteer programs, etc., are to be used prior to any Department purchase of clothing;
 - (c) Shelter Care: The Department will make payment for emergency clothing after searching the available resources and determining that sufficient clothing is not available.
 - (d) Ongoing Substitute Care:
 - (A) The payment to substitute care providers includes a *clothing replacement allowance*. It is the provider's responsibility to maintain the child's clothing with the *clothing replacement allowance*. The agency will not purchase replacement clothing except in extraordinary situations;
 - (B) When a *child* moves from one caregiver to another caregiver, all of the child's clothing, including clothing purchase for the *child* while in substitute care, shall go with the *child*. The *child* is not eligible for another emergency or standard clothing voucher;
 - (C) New clothing for a *child* in an adoptive placement will not be purchased except to make certain that the *child* is properly clothed for presentation to the adoptive parents at the time of placement;
 - (D) Children who are in shelter care or ongoing care generally will not receive a supplemental clothing voucher when they leave care temporarily and

later return to out-of-home care. Exceptions for a supplemental clothing voucher may be made with the SDA Manager's or designee's approval.

- (e) Maximum Clothing Allowances: The maximum rates the Department pays are outlined in the Information Letter, I-E.5.2.

Clothing	When	Required Approval	Issuance Frequency
Emergency Voucher	Initial Placement	Supervisor	One-time: No exceptions
Standard Voucher	Ongoing Placement	Supervisor	One time: No exceptions
Supplemental Voucher	Placed with parent(s) later reenters substitute care	SDA Manager or designee	Exceptions only

Stat. Auth.: ORS 418.005
 Stats. Implemented: ORS 418.005

413-090-0340
Transportation
(Amended 08/04/15)

- (1) The agency may pay for non-medical transportation not to exceed current Department mileage rates paid to Department staff. Reasonable travel to the child's home for visitation is a Title IV-E allowable expense. All other transportation expenses are billed to General Fund:
- (a) Visitation: When family visitation is part of the service plan, the *foster parent* may be reimbursed for providing transportation to and from visits. When the *child* or *young adult* is in a residential care and treatment facility and the written treatment plan includes visitation with parents or relatives, the cost of the visits are expected to be shared by the Department, service provider, and child's family. Negotiations with the provider and the child's family to determine Department cost are made in advance of the visits.
 - (b) School: When the *child* or *young adult* is in family foster care and the school district does not provide transportation, the foster parents may be reimbursed for providing transportation or for city bus passes when appropriate.
 - (c) In-state transportation by airline for children is approved only if the cost of the air fare does not exceed all the actual costs of transportation by car.

Stat. Auth.: ORS 418.005
 Stats. Implemented: ORS 418.005

413-090-0355

Payments Eligible for Title IV-E

(Amended 01/07/03)

- (1) Title IV-E allowable clothing expenses are based upon a consideration of what is necessary or required. For example, Title IV-E can be claimed if a *child* is required to have certain supplies for a specific school class project. Title IV-E should not be utilized for supplies needed for an after school enrichment program.
- (2) Title IV-E allowable costs include, but are not limited to, locker and towel fees, art supplies, pencils, paper, necessary school clothing.

Stat. Auth.: ORS 418.005
 Stats. Implemented: ORS 418.005

413-090-0365

Education Costs Not Eligible for Title IV-E

(Amended 01/07/03)

- (1) Basic school costs are to be paid by local school districts.
- (2) The Department's maximum payments for educational cost are outlined in I-E.5.2 Information Letter.
- (3) The educational costs on the list below are not Title IV-E eligible. The Department may authorize the following allowable school costs if sufficient funds are available:

ITEM	WHEN	REQUIRED APPROVAL
Rental of musical instruments	School year	Supervisor/Designee
High School graduation costs	When needed	Supervisor/Designee
Vocational school fees and equipment (not otherwise available through or paid by public schools or vocational rehabilitation programs)	School year	Supervisor/Designee
GED testing	Each testing	Supervisor/Designee

Stat. Auth.: ORS 418.005
Stats. Implemented: ORS 418.005

413-090-0370
Payment Method
(Amended 01/07/03)

- (1) A CF 598 (Authorization and Vendor Invoice) must be completed in accordance with instruction and presented to the vendor.
- (2) The CF 598 will authorize a maximum amount; however, the vendor may only bill the Department for the actual amount of purchase.
- (3) A business will be reimbursed after submitting a CF 598 which certifies goods and/or services were rendered by the business in accordance with the CF 598.
- (4) A person or party who has purchased goods or services will be reimbursed upon submitting the completed CF 598 along with original receipt(s) for each item purchased.

Stat. Authority: ORS 418.005
Stats. Implemented: ORS 418.005

413-090-0380
Children in Non-reimbursed Placement at SAIP, SCIP, and Other Non-reimbursed Providers
(Amended 02/01/06)

- (1) The Department has established a procedure to provide personal allowances for children who are in custody of the Department and are placed in a non-reimbursed placement at SAIP, SCIP, and other non-reimbursed providers.
- (2) Procedure:
 - (a) Determine if the children have benefits or resource coming in to their trust account. The Department staff can use the IFDF screen to see if the child has a balance in his/her trust account. If there is money in the trust account, the worker can initiate a CF 198 (Trust Action) monthly to receive payment for the *child*. Maximum monthly amount is not to exceed \$30.00
 - (b) If the *child* does not have any benefits or resources coming in, then the allowance payment may be made from "Payments for Special and/or Extraordinary Needs" using the individual the Department location cost center and an object code of 980.092, Personal Allowance. (This is an EAS object code). Department staff

would initiate payment by completing a CF 294 (Administrative Expense Voucher) monthly, including the child's case number and person letter. Maximum monthly amount would be \$30.00.

Stat. Authority: ORS 418.005

Stats. Implemented: ORS 418.005

Funeral and Burial Expenses

413-090-0400

Funeral and Burial Expenses

(Amended 02/01/16)

- (1) The Department may pay reasonable and appropriate expenses for services listed in section (4) of this rule only when:
 - (a) The deceased *child* or *young adult* was in the legal custody of the Department at the time of death; and
 - (b) There are no other resources from parents, guardians, or relatives to pay the expenses.
- (2) The maximum amount the Department may pay for expenses listed in section (4) of this rule is \$4,500. Any amount over \$4,000 must be approved by the district manager or designee.
- (3) Payment for expenses listed in section (4) of this rule will be by reimbursement to the provider or vendor. The provider or vendor must submit to the Department an itemized statement of expenses, on the letterhead of the provider or vendor, of goods provided or services performed.
- (4) Subject to the limitations of this rule, the Department may pay expenses for the cost of goods and services associated with any of the following:
 - (a) Preparation of the body.
 - (b) In-state transfer of remains.
 - (c) Cemetery burial.
 - (d) Entombment.
 - (e) Cremation.
 - (f) Disposition of the remains, including space.
 - (g) A casket, alternative container, burial container, or urn.
 - (h) A memorial or marker.
 - (i) A ceremony (funeral, memorial, or alternate service) and use of facilities and staff.

(j) Basic services of funeral director and staff.

Stat. Authority: ORS 409.050, 418.005

Stats. Implemented: ORS 97.170, 409.010, 409.050, 411.141, 418.005, 418.015

Exhibit 1 – Personal Care Services – Levels of Personal Care

OAR 413-090-0133 and 413-090-0150

The points for personal care services are based on rating the frequency or intensity or both of the personal care service.¹

Level One: Moderate Care

A child or young adult is eligible for a Level One personal care services plan when the total points on the personal care services results summary are:

1. Between 10 and 19 points; or
2. One or more points in delegated nursing tasks.

Level Two: Intermediate Care

A child or young adult is eligible for a Level Two personal care services plan when the total points on the personal care services results summary are between 20 and 34 points.

Level Three: Advanced Care

A child or young adult is eligible for a Level Three personal care services plan when the total points on the personal care services results summary are between 35 and 49 points.

Level Four: Intensive Care

A child or young adult is eligible for a Level Four personal care services plan when the total points on the personal care services results summary are 50 or more.

Personal Care Services Assessment -- Activities Point Scale (24 months and older)

Personal care services rated by level of intensity:

A. MOBILITY, TRANSFER, REPOSITIONING	
1. Mobility - ambulation	
0	Able to ambulate independently or without a wheelchair or other assistive devices or not applicable due to age
1	Requires human supervision or minimal assistance all the time or occasionally needs more assistance (such as on stairs or uneven surface or has occasional days of needed assistance)
2	Dependent on physical assistance from another person to wheel only for longer distances out of the home

¹ A personal care services assessment results summary that totals less than 10 points does not meet criteria for personal care services unless the summary includes a delegated nursing task.

3	Dependent on physical assistance from another person to wheel or move in and out of the home
5	Unable to ambulate or self-propel wheelchair and needs complete assistance for mobility
2. Bed mobility	
0	Able to perform activity independently (may include use of aids or assistive devices) or not applicable due to age
1	Human assistance is required to be repositioned only occasionally
3	Human assistance is required to be repositioned every 4 hours or more often while in bed
6	Requires special positioning devices
3. Transferring	
0	Able to transfer independently with or without use of an assistive device or not applicable due to age
0	Able to transfer with supervision or reminding. Includes giving the person a transfer board or locking the wheels on a wheelchair.
2	Requires only one person to provide physical assistance with the transfer
6	Requires two or more people to safely transfer or needs a lift and a person to transfer
4. Adaptive devices	
0	Able to perform activity independently or not applicable due to age
1	Able to perform activity with supervision or reminding
1	Able to manage adaptive devices with some human assistance
3	Complete physical assistance is necessary each time
5. Prescribed Therapies Performed by Foster Parent/Caregiver	
0	Not applicable
1	Range of motion only and not taking 30 minutes per day
2	Therapies lasting about 30 - 60 minutes per day
5	Therapies lasting significantly longer than 60 minutes per day

B. PERSONAL HYGIENE, DRESSING, AND BATHING	
1. Dressing and undressing	
0	Able to dress upper body independently by getting clothes out of closet or drawers, putting them on, and removing them, or not applicable due to age
1	Able to dress upper body with supervision or reminding
2	Dependent upon some physical assistance to dress
8	Dependent upon complete physical assistance to dress
10	Requires 2 people to provide complete physical assistance to dress
2. Bathing	
0	Able to bathe self independently or not applicable due to age
1	Able to bathe self with supervision or reminding
1	Dependent upon some physical assistance to bathe
6	Dependent upon complete physical assistance to bathe
8	Requires 2 people to physically assist or the use of a lift
3. Grooming	
0	Able to groom self independently or not applicable due to age
1	Able to groom self with supervision or reminding
2	Dependent upon some physical assistance to groom self

4	Dependent upon complete physical assistance to groom self
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C. TOILETING	
1. Toilet use	
0	Able to use toilet independently or does not use toilet or not applicable due to age
1	Able to use toilet with supervision and reminding
2	Dependent upon some physical assistance to use toilet
5	Dependent upon complete physical assistance to use toilet
2. Continence (bladder)	
0	Never incontinent or not applicable due to age
2	Incontinent only at night and less than 3 nights per week
3	Incontinent only at night but more often than 3 nights per week
5	Incontinent day and night
3. Continence (bowel)	
0	Never incontinent or not applicable due to age
1	Incontinent once per week or less
2	Incontinent more than once per week but not daily
3	Incontinent daily but averages only 1 per day
6	Averages more than 1 incontinent BM per day

D. NUTRITION: EATING/FEEDING, MEAL PREPARATION	
1. Eating / feeding	
0	Able to feed self independently or not applicable due to age
1	Able to feed self independently with meal set-up and supervision or cueing
3	Needs physical assistance to eat
6	Needs specialized feeding techniques in order to safely eat or receives nutrition via a G. Tube or TPN
2. Preparing light meals	
0	Able to independently plan, prepare, and clean up after meals for self or is physically, cognitively, and mentally able to prepare meals on a regular basis but has not routinely performed meal preparation in the past, or not applicable due to age
1	Able to prepare simple meals with supervision and cueing
1	Able to assist with preparation of meals but only very limited tasks
2	Unable to prepare simple meals
5	Needs specially prepared food or set-up G-tube, TPN, etc.

Personal Care Services Assessment -- Activities Point Scale (Infant to 24 months)

Personal care services rated by level of intensity:

A. MOBILITY, TRANSFER, REPOSITIONING	
1. Position and Monitoring	
0	Not applicable
3	Child requires special positioning, monitoring, or attention during the day due to medical condition (example: during feedings, GERD, Trach, attached devices, drug-affected baby)
5	Child requires frequent positioning, monitoring, or attention during nighttime hours
2. Adaptive Devices/DME	
0	Not applicable
3	One or two devices (braces/splints, apnea monitor)
5	Three or more devices (braces/splints, apnea monitor)
3. Prescribed Therapies Performed by Foster Parent/Caregiver	
0	Not applicable
1	Range of motion only and not taking 30 minutes per day
2	Therapies lasting about 30 - 60 minutes per day
5	Therapies lasting significantly longer than 60 minutes per day

B. PERSONAL HYGIENE, DRESSING, AND BATHING	
4. Dressing, Bathing, and Diapering	
0	Not applicable
3	Frequent clothing changes (greater than 4 per day)
3	Frequent bathing (greater than 2 per day)
5	Special precautions during bathing for stomas, tubing, wounds

C. TOILETING	
0	Not applicable
3	Frequent diaper changes (greater than 14 diapers per day)

D. NUTRITION: EATING/FEEDING	
5. Eating/Feeding	
0	Not applicable
2	Feedings lasting longer than 30 minutes
3	Feedings occur more often than every 3 hours (only babies over 3 months of age)
4	Specialized feeding techniques, precautions, or specialized equipment implemented
6	Feedings through G-Tube, NG tube, TPN

Personal care services rated by level of intensity or frequency or both (*All ages*)

E. MEDICATION MANAGEMENT	
Points	Medication Management
0	No medication or self-administers
1	Administer prescription medications 1 time daily
2	Administer prescription medications 2-3 times daily
4	Administer prescription medications 4 or more times daily (does not include short-term medications such as antibiotics)
2	Administer rectal medications (other than Tylenol, anti-nausea, or glycerin)
3	Administer 1-4 subcutaneous injections daily
5	Administer more than 4 subcutaneous injections daily
5	Administer medications for withdrawal from opiates
6	Intravenous infusion (IV) or injections intramuscular (IM) medications
1	Nebulizer treatments less than 4 times a week
5	Nebulizer treatments 4 or more times a week

F. DELEGATED NURSING TASKS	
Points	Delegated Nursing Tasks
3	Gastric tube feeding and care (G-tube)
3	Gastric tube feeding pump
6	Nasogastric tube feeding and care (N/G Tube)
6	Jejunostomy feeding and care (J-tube)
5	Ostomy care (colostomy/ileostomy)
4	Dressing changes (sterile technique)
2	Oxygen administration
3	Oxygen administration with daily unplanned changes
2	Pulse oximeter
2	Apnea monitor
6	Tracheotomy care
1	Oral or pharyngeal suctioning (not bulb suctioning for newborn)
6	Tracheal suctioning
6	Ventilator care
3	Continuous Positive Airway Pressure (CPAP)
5	Injections (subcutaneous)
6	Blood glucose testing
5	Injections intramuscular (IM)
6	Intravenous infusion (IV)
5	Catheter insertion and care

Exhibit 1 – BRS Rate Table

OAR 413-090-0085

BRS Type of Care	Placement Model	Service Rate per Billable Care Day	Placement Related Activities Rate per Billable Care Day	Total Daily Rate per Billable Care Day	Absent Day Rate
Shelter Assessment and Evaluation; Intensive Community Care; Independent Living Service; Community Step-Down; and Independent Living Program	Residential Care Model	\$102.71	\$50.23	\$152.94	\$76.47
	Therapeutic Foster Care Model	\$102.71	\$50.23	\$152.94	\$76.47
Therapeutic Foster Care; BRS Proctor; and Multidimensional Treatment Foster Care	Therapeutic Foster Care Model	\$108.38	\$52.71	\$161.09	\$80.54
BRS Proctor Day Treatment	Therapeutic Foster Care Model	\$112.73	\$52.98	\$165.71	\$82.85
Enhanced Therapeutic Foster Care	Therapeutic Foster Care Model	\$125.70	\$52.24	\$177.94	\$88.97
BRS Basic Residential; Rehabilitation Services	Residential Care Model	\$125.89	\$53.30	\$179.18	\$89.59
Intensive Rehabilitation Services; BRS Residential; BRS Enhanced; and Short-Term Stabilization Program	Residential Care Model	\$152.85	\$55.41	\$208.26	\$104.13

Effective May 1, 2016