

**CHAPTER 411
DIVISION 30**

IN-HOME SERVICES

411-030-0001

(Renumbered to OAR 411-030-0040 6/1/1993)

411-030-0002 Purpose

(Adopted 6/1/1993)

These Administrative Rules are established to ensure that in-home services will maximize independence, empowerment, dignity, and human potential through provision of flexible, efficient, and suitable services to each eligible client. Such services fill the role of complementing and supplementing the client's own personal abilities to continue to live in his/her own home.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410.070

411-030-0020 Definitions

(Temporary Effective 12/11/2003 – 6/7/2004)

As used in these rules:

- (1) "Activities of Daily Living" (ADL) means those personal, functional activities required by an individual for continued well-being, which are essential for health and safety. Activities may include eating, dressing/grooming, bathing/personal hygiene, mobility, bowel and bladder management, and cognition.
- (2) "Adult Protective Services" means a service to be provided in response to the need for protection from harm or neglect to an aged, disabled, or blind person 18 years of age or older regardless of income, as described in 411-020-0000 through 411-020-0050.

(3) "Architectural Resources" means any service leading to the modification of the structure of a dwelling to meet a specific service need of the client.

(4) "Area Agency on Aging" (AAA) means the Department of Human Services (DHS) designated agency charged with the responsibility to provide a comprehensive and coordinated system of services to the elderly and possibly the disabled in a planning and service area. For purposes of these rules, the term Area Agency on Aging (AAA) is inclusive of both Type A and Type B Area Agencies on Aging as defined in ORS 410.040 through 410.300.

(5) "Burden of proof" means that the existence or nonexistence of a fact must be established by a preponderance of the evidence.

(6) "Business days" means Monday through Friday and excludes Saturdays, Sundays and state-sanctioned holidays.

(7) "Case Management" means the service provided by a Department or Area Agency on Aging employee, which ensures the effective provision of services to the client.

(8) "Case Manager" means a person who ensures client entry, assessment, service planning, service implementation, and evaluation of the effectiveness of the services.

(9) "Client" means the individual eligible for in-home services.

(10) "Client-Employed Provider Program" (CEP) refers to the program wherein the provider is directly employed by the client and provides either hourly or live-in services. In some aspects of the employer/employee relationship, the Department of Human Services acts as an agent for the client-employer. These functions are clearly described in OAR 411-030-0060.

(11) "Cognition" means functions of the brain, which assist in orientation to person, place and time, decision-making, learning, and memory.

(12) "Companionship Services" means those services which are designated by the Department of Labor as meeting the personal needs of a client and which are exempt from federal and state minimum wage laws.

(13) "Contracted In-Home Care" means a service provided through a contractor, which consists of minimal or substantial assistance with activities of daily living and self-management tasks.

(14) "Contracted In-Home Care Agency" means an incorporated entity or equivalent, licensed in accordance with OAR 333-536-0000 through 333-536-0095 that provides hourly contracted in-home care to clients of the Department or Area Agency on Aging.

(15) "Contracted In-Home Care Specialist" means an employee of a Contracted In-Home Care Agency who has recognized capability to provide the in-home care service tasks authorized for the clients they serve.

(16) "Cost Effective" means that a specific service meets the client's service needs while costing less over the long- or short-term than other service options considered.

(17) "Department" means the Department of Human Services, Seniors and People with Disabilities.

(18) "Evidence" means testimony, writings, material objects, or other things presented to the senses that are offered to prove the existence or nonexistence of a fact.

(19) "Exception" means a granting of the unusual use of or payment for a service that is expressly or implicitly prohibited within the In-Home Services rules, OAR chapter 411, division 030.

(20) "Fiscal Improprieties" means the Homecare Worker committed financial misconduct involving the client's money, property or benefits. Improprieties include, but are not limited to, financial exploitation, borrowing money from the client, taking the client's property or money, having the client purchase items for the Homecare Worker, forging the client's signature, falsifying payment records, claiming payment for hours not worked, or similar acts intentionally committed for financial gain.

(21) "Full Assistance" means the client is unable to do any part of an activity of daily living or task; i.e., it must be done entirely by someone else.

(22) "General Household Work" means, according to federal law, housecleaning, chore services, and other tasks provided by an employee that benefits non-client members of the household.

(23) "Health and Safety Emergencies" means the occurrence of a sudden change in a medical condition or an event of an accidental nature that requires evacuation from the premises, administration of prescription medication or first aid, or immediate treatment by medical personnel.

(24) "Homecare Worker" means a provider, as described in OAR 411-030-0020 and 411-030-0060, who is directly employed by the client and provides either hourly or live-in services to eligible clients. Homecare Workers also include providers in the Spousal Pay Program.

(25) "Hourly Services" means the in-home services, including activities of daily living and self-management tasks, which are provided at regularly scheduled times.

(26) "Imminent Danger" means there is reasonable cause to believe a person's life or physical well-being is in danger if no intervention is initiated immediately.

(27) "Independent" means the client can perform the task without help.

(28) "In-Home Services" means those services that assist a client to stay in his/her own home.

(29) "Lack of skills, knowledge and ability to adequately or safely perform the required work" means the Homecare Worker does not possess the skills to perform services needed by Department clients. The Homecare Worker may not be physically, mentally, or emotionally capable of providing services to seniors and persons with disabilities. Their lack of skills may put clients at risk, because they fail to perform, or learn to perform, their duties adequately to meet the needs of the client.

(30) "Live-In Services" means those Client-Employed Provider Program services provided when a client requires ADL, self-management tasks, and twenty-four hour availability. Time spent by any live-in employee doing self-management and twenty-four hour availability are exempt from federal and state minimum wage and overtime requirements under the Companionship

Services definition outlined in this rule. To ensure continuity of care for the client, live-in service plans should include at least one HCW providing 24-hour care for a minimum of five (5) days in a workweek.

(31) "Minimal Assistance" means the client is able to perform a majority of a task, but requires some assistance.

(32) "Office of Administrative Hearings" means the panel established within the Employment Department under section 9, chapter 849, Oregon Laws, 1999, that conducts contested case proceedings and other such duties on behalf of designated state agencies.

(33) "Oregon Project Independence" (OPI) means the program of in-home services defined in OAR chapter 411, division 032.

(34) "Preponderance of the evidence" means that one party's evidence is more convincing than the other party's.

(35) "Provider" means the individual who actually renders the service.

(36) "Provider enrollment" means a Homecare Worker's authorization to work as a provider employed by the client, for the purpose of receiving payment for authorized services provided to Department clients. Provider enrollment includes the issuance of a provider number.

(37) "Provider number" means an identifying number, issued to each Homecare Worker who is enrolled as a provider through the Department.

(38) "Provider Payments Unit" means the Seniors and People With Disabilities unit responsible for processing provider number requests.

(39) "Recognized Capability" means observed ability to competently perform an authorized task.

(40) "Registered Nurse Plan of Care" means a document completed by an RN identifying the tasks which must be provided to meet the client's assessed needs.

(41) "Respite" means securing a paid temporary replacement worker to perform the authorized duties normally performed by the primary provider,

in order to allow the primary provider interim relief from providing care to the client.

(42) "Self-Management" means those activities, other than activities of daily living, required by an individual to continue independent living; i.e., medication and oxygen management, transportation, meal preparation, shopping, and client-focused housekeeping.

(43) "Seniors and People With Disabilities (SPD)" means the part of the Department of Human Services responsible for rules and policy for programs associated with seniors and persons with disabilities.

(44) "Service Need" means those functions or activities with which the client requires the Department or Area Agency on Aging support.

(45) "Service Priority" means the order in which Department clients are found eligible for nursing home care, Home and Community-Based Services waiver programs, the Spousal Pay Program, and Oregon Project Independence.

(46) "Services are not provided as required" means the Homecare Worker does not provide the services to the client as described in the service plan authorized by the Department.

(47) "Substantial Assistance" means a client can perform only a small portion of a task and requires assistance with a majority of a task.

(48) "Technological Resources" means those commodities or equipment considered likely to meet a client's service need.

(49) "Twenty-Four Hour Availability" means the availability and responsibility of an employee to meet Activities of Daily Living and self-management needs of a client as required by that client over a twenty-four hour period. These services are provided by a live-in employee and are exempt from federal and state minimum wage and overtime requirements.

(50) "Unacceptable conduct at work" means the Homecare Worker has repeatedly engaged in one of the following behaviors: delay in their arrival to work or absences from work not prior-scheduled with the client, which are either unsatisfactory to the client or which neglect the client's care

needs; or inviting unwelcome guests or pets into the client's home, which results in the client's dissatisfaction or inattention to the client's required care needs.

(51) "Unacceptable criminal history" means that a criminal history check and fitness determination have been conducted pursuant to Administrative Rules 411, Division 009, finding the Homecare Worker unfit.

(52) "Violation of a drug-free workplace" means there was a substantiated complaint against the Homecare Worker using illicit drugs while responsible for the care of the client, or while in the client's home.

(53) "Violations of Protective Service and abuse laws" means the Homecare Worker violated protective service and abuse laws as described in 411-020-0002, Section 1. Abuse includes physical assault, use of inappropriate or derogatory language, financial exploitation, inappropriate sexual advances, neglect of care, and denying medical care or treatment. Abuse also includes the use of medications or physical restraints when used to discipline the client or for the convenience of the provider.

Stat. Auth.: ORS 409.050, 410.070 & 410.090

Stats. Implemented: ORS 410.010, 410.020 & 410.070

411-030-0022

(Renumbered to OAR 411-030-0050 6/1/1993)

411-030-0027

(Renumbered to OAR 411-030-0080 6/1/1993)

411-030-0033 Program Scope

(Temporary Effective 12/11/2003 – 6/7/2004)

(1) The In-Home Services Program is designed to provide essential supportive services that enable an individual to remain in his/her own home. The services range from assistance with general household tasks to assistance with activities of daily living. The extent of the services may vary from a few hours per week to full-time.

(2) In-home services may be provided either through the Client-Employed Provider Program, Spousal Pay Program, Independent Choices Program, or Oregon Project Independence Program. A description of these program options is contained in the OAR chapter 411, division 030, In-Home Services rules.

(3) A client residing in any of the following living arrangements may be considered for in-home services:

(a) A home, apartment, duplex, or condominium the client owns, leases, or rents.

(b) Both the client and the provider have their names on the lease, mortgage, or property manager's rental agreement.

(c) The client lives with relatives or others, but receives paid hourly in-home services from someone who resides outside the home.

(d) The client moved in with a relative who:

(A) Owns, leases, or rents the home in which the client lives, and

(B) Is providing paid in-home care services; and

(C) Is sharing a portion of shelter costs according to a rental or lease agreement with the client, and

(D) The intent of the client moving in was for reasons other than receiving paid care services.

Stat. Auth.: ORS 409.050, 410.070 & 410.090

Stats. Implemented: ORS 410.010, 410.020 & 410.070

411-030-0040 Eligibility Criteria

(Temporary Effective 12/11/2003 – 6/7/2004)

(1) In-home services may be provided to those individuals who meet the established priorities for service as described in OAR chapter 411, division 015 and have been assessed to be in need of a service provided in OAR chapter 411, division 030. Payments for in-home services are not intended to replace the resources available to a client from their natural support system of relatives, friends, and neighbors. Payment by the Department can be considered or authorized only when such resources are not available, not sufficient, or cannot be developed to adequately meet the needs of the client. Care plans will be based upon the least costly means of providing adequate care.

(2) Clients must be included in one of the following groups:

(a) Current recipients of OSIPM or General Assistance who reside in one of the living arrangements described in OAR 411-030-0033(3) and who are eighteen years of age or older;

(b) Eligible adults, eighteen and older, receiving TANF with MAA, MAF or Extended Medical benefits only when service is necessary to prevent nursing facility placement; or

(c) Persons who are eligible for:

(A) Oregon Project Independence as defined in OAR chapter 411, division 032;

(B) Independent Choices as defined in OAR chapter 411, division 036; or

(C) Spousal Pay Program as defined in OAR 411-030-0080.

(3) Residents of licensed community-based care and nursing facilities are not eligible for the In-Home Services Program.

Stat. Auth.: ORS 409.050, 410.070 & 410.090

Stats. Implemented: ORS 410.010, 410.020 & 410.070

411-030-0050 Case Management

(Amended 9/30/2003)

(1) Assessment

(a) The assessment process will identify the client's ability to perform activities of daily living, self-management tasks, and determine the client's ability to address health and safety concerns. The case manager will conduct this assessment in accordance with standards of practices established by the Department.

(b) The assessment will be conducted by a case manager or other qualified Department or Area Agency on Aging representative in the client's home, no less than annually, with a standardized assessment tool approved by Seniors and People With Disabilities.

(2) Contract RN Assessment

(a) Contract RN services are prior authorized by a Department or Area Agency on Aging case manager to provide:

(A) Nursing assessment and reassessment as appropriate;

(B) Medication review;

(C) Assignment of basic care tasks to a Homecare Worker; and

(D) Delegation of special tasks of nursing care to a Homecare Worker.

(b) Indicators of the need for RN assessment and monitoring include:

(A) Full assistance in cognition;

(B) Medical instability;

(C) Potential for skin breakdown or decubitus ulcer;

(D) Multiple health problems or frailty with a strong probability of deterioration; and

(E) Potential for increased self-care, but instruction and support

for the client are needed to reach goals.

(c) Maximum hours for each contracted RN service will be established by the Department.

(3) Service Plan

(a) The client and case manager, with the assistance of other involved individuals, will consider in-home service options as well as architectural, technological, and other community-based care resources to meet the service needs identified in the assessment process.

(b) The case manager has responsibility for determining client eligibility for specific services, presenting alternatives to the client, and assuring the cost effectiveness of the plan. The case manager will monitor the plan and make adjustments as needed.

(c) The client has the primary responsibility for choosing and, whenever possible, developing the most cost-effective service options, including the Client-Employed Provider Program and Contracted In-Home Care Agency services.

Stat. Auth.: ORS 409.050, 410.070 and 410.090

Stats. Implemented: ORS 410.010, 410.020 and 410.070

411-030-0060 Client-Employed Provider Program

(Temporary Effective 12/11/2003 – 6/7/2004)

The Client-Employed Provider Program contains systems and payment structures to employ both hourly and live-in providers. The live-in structure assumes that the provider will be required for activities of daily living and self-management tasks and twenty-four hour availability. The hourly structure assumes that the provider will be required for activities of daily living and self-management tasks during specific substantial periods. Except as indicated, all of the following criteria apply to both structures:

(1) Employment Relationship: The relationship between the provider and the client is that of employee and employer.

(2) Job Descriptions: Each client/employer, in cooperation with the case manager, or if present, contracted Registered Nurse, may create a job description for the potential employee. Such descriptions will make it clear that general household work will comprise less than 20% of the live-in employee's time.

(3) Employee's Liabilities: Employees bear sole responsibility for state and federal income taxes due on earnings as an employee of the client/employer. Both the employer and the Department explicitly deny any responsibility for deducting personal income tax withholdings from the employee's check. The employee is not covered by Workers' Compensation under Oregon Law. Additionally, under Oregon law the employee is not covered by any other state-defined benefit as a state employee. This exclusion includes but is not limited to the Public Employees Retirement System.

(4) Interruption of Services

(a) When a client is absent from the home due to an illness or medical treatment and is expected to return to the home, a live-in provider, who is the only live-in provider for a client, may be retained to ensure his/her presence upon the client's return or to maintain the client's home for up to 30 days at the rate of pay immediately preceding the client's absence. Spousal Pay Providers are not eligible for payment during a client absence.

(b) The required meals and lodging expenses of the provider, while providing these services fifty miles or more from the client's residence, will be covered. Such expenses, including mileage allowed under Section (11) of this rule, will be covered by the Office of Medical Assistance Programs, whenever possible.

(5) Selection of Employee: The client carries primary responsibility for locating, interviewing, screening, and hiring his/her own employees. The right to employ the individual of his/her choice stands without regard to any limitations established by the legislature or federal government, except for Immigration and Naturalization Service Rules.

(6) Employment Agreement: The client/employer retains the full right to

establish the employer/employee relationship at any time after Immigration and Naturalization Service papers have been completed and identification photocopied. No guarantee of payment for those services will be made by the Department until all acceptable employee standards have been verified and both the employer and employee have been formally notified in writing that payment by the Department is authorized.

(7) Termination of Employment: Terms of dismissal or resignation notice are the sole responsibility of the employer to establish at the time of employment.

(8) Provider Enrollment

(a) Enrollment Standards: A Homecare Worker must meet the following standards to be enrolled with the Department's Client-Employed Provider Program:

(A) The Homecare Worker must maintain a drug-free work place;

(B) The Homecare Worker must have an acceptable criminal history as defined in OAR Chapter 411, Division 009;

(C) The Homecare Worker must have the skills, knowledge, and ability to perform, or to learn to perform the required work;

(D) The Homecare Worker's U.S. employment authorization must be verified; and

(E) The Homecare Worker must be 18 years of age or older, unless the local DHS/AAA office has received approval from DHS Central Office to enroll a Homecare Worker who is at least sixteen years of age.

(b) The Department may deny an application for provider enrollment in the Client-Employed Provider Program when:

(A) The applicant has a history of violating protective service, abuse and neglect laws;

- (B) The applicant has committed fiscal improprieties;
- (C) The applicant does not have the skills, knowledge or ability to adequately or safely provide services;
- (D) The applicant has an unacceptable criminal history;
- (E) The applicant is not 18 years of age;
- (F) The applicant has been excluded by the Health and Human Services, Office of Inspector General, from participation in Medicaid, Medicare and all other Federal health care programs;
or
- (G) The Department has information that enrolling the applicant as a Homecare Worker would put vulnerable clients at risk.

(9) Paid Leave

(a) Live-in Home Care Workers: When a live-in employee or Spousal Pay Provider is the only employee during the course of a month, or if that employee is the only employee for the beginning or end of a month due to termination or initiation of employment with that employer, the Department will authorize one twenty-four hour period of leave each month. For any part of a month worked, the employee will receive a proportional share of that twenty-four hour period of leave authorization. A prorated share of the 24 hours will be allocated proportionately to each live-in when there is more than one provider for a client.

(b) Accumulation and Usage: A provider may not accumulate more than 144 hours of accrued leave. The employer, employee, and case manager will coordinate the timely use of these hours. Usage may be in one-hour increments.

(c) Transferability of Paid Leave: The employee retains the right to earned paid leave when terminating employment with one employer, so long as the employee is employed with another employer as a live-in within one year of termination.

(d) Hourly Homecare Workers: Effective July of each year, active Homecare Workers who worked eighty (80) authorized and paid hours in any one (1) of the three (3) previous months of active employment will be credited with eight (8) hours of paid leave to use during the current fiscal year (July 1 through June 30). Such leave will not be cumulative from year to year. Such time off must be utilized in one (1) eight (8)-hour block subject to authorization. If the Homecare Worker's normal workday is less than eight (8) hours, such time off may be utilized in blocks equivalent to the normal workday. Any remaining hours that are less than the normally scheduled workday may be taken as a single block. If the accrued hours are not used within the fiscal year, the balance will be reduced to zero (0). Homecare Workers will not be compensated for paid leave unless the time off work is actually taken.

(10) Department Fiscal and Accounting Responsibility.

(a) Direct Service Payments: The Department will make payment to the provider on behalf of the client for all client-employed in-home services, whether authorized by a Department or Area Agency on Aging local Office. This payment will be considered full payment for the services rendered under Title XIX. Under no circumstances is the employee to demand or receive additional payment for these Title XIX-covered services from the client or any other source.

(b) Ancillary Contributions:

(A) Acting on behalf of the Client/Employer, the Department will apply any applicable FICA (Federal Insurance Contributions Act) regulations and will:

(i) Withhold the provider/employee contribution from payments;

(ii) Refund previously withheld amounts when it is determined the provider/employee is not subject to withholdings; and

(iii) Submit the Client/Employer contribution and the amounts withheld from the provider/employee to the

Social Security Administration.

(B) The Department will pay the employer's share of the Unemployment Tax.

(C) The Department will not pay the client for food and shelter expenses associated with employing a live-in provider.

(D) A hardship shelter allowance may be authorized for a client having a live-in provider on or after September 1, 1995, if one of the following conditions is met:

(i) The client will be forced to move from their current dwelling and his/her current average monthly rent or mortgage costs exceed current OSIP and OSIPM standards for a one-person need group as outlined in OAR 461-155-0250; or

(ii) Service costs would significantly increase as a result of the client being unable to provide living quarters for a necessary live-in provider.

(c) Ancillary Withholdings. For purposes of Section (10)(c) of this rule, "labor organization" means any organization that has, as one of its purposes, representing employees in their employment relations.

(A) The Department will deduct from the provider's monthly salary or wages the specified amount for payment to a labor organization.

(B) In order to receive this payment, the labor organization must enter into a written agreement with the Department to pay the actual administrative costs of the deductions.

(C) The Department will pay the deducted amount monthly to the designated labor organization.

(11) Employee Expenses Secondary to Performance of Duties

(a) Providers may be reimbursed at the published state mileage rate

when they use their own car for care plan related transportation, if prior authorized by the case manager. If unscheduled transportation needs arise during non-office hours, an explanation as to the need for the transportation must be provided and approved prior to reimbursement.

(b) Volunteer transportation and other transportation services included in the service plan will be considered a prior resource.

Stat. Auth.: ORS 409.050, 410.070 & 410.090

Stats. Implemented: ORS 410.010, 410.020 & 410.070

411-030-0065 Administrative Review and Hearing Rights

(Temporary Effective 12/11/2003 – 6/7/2004)

This rule establishes the appeal and hearing rights for Homecare Workers when the Department suspends or terminates the HCW's provider enrollment.

(1) Exclusions to Appeal and Hearings Rights

(a) The following are excluded from this administrative review and hearing rights process:

(A) Terminations based on criminal history. The Homecare Worker has the right to a hearing within OAR 411-009-0000 through 411-009-0110.

(B) Homecare Workers that have not worked in the last twelve months. The provider enrollment may become inactivated but will not be suspended or terminated. To activate the provider enrollment number, the HCW must complete an application and criminal history clearance

(C) Homecare Workers that fail to complete a criminal history recheck.

(D) Homecare workers that are denied a provider enrollment number at the time of initial application.

(b) These rules only apply to Homecare Workers as defined in OAR 411-030-0060. These rules do not include any other providers enrolled, licensed or otherwise registered by the Department of Human Services.

(2) Violations Suspending or Terminating Provider Enrollment

(a) The Department may suspend or terminate the Homecare Worker's provider enrollment number when a Homecare Worker:

(A) Violates the requirement to maintain a drug-free work place;

(B) Has an unacceptable criminal history as defined in OAR chapter 411, division 009,

(C) Lacks the skills, knowledge, and ability to adequately or safely perform the required work,

(D) Violates protective service and abuse laws, as defined in OAR chapter 411, division 020;

(E) Commits fiscal improprieties;

(F) Fails to provide services as required; or

(G) Engages in unacceptable conduct at work.

(3) Suspension: The Department may suspend a provider enrollment immediately, prior to the outcome of the administrative review when an alleged violation presents imminent danger to current or future clients. The Homecare Worker may file an appeal of this decision directly to DHS Central Office.

(4) Administrative Review Process: The Administrative Review process allows an opportunity for the program manager or DHS Central Office to review and reconsider a decision affecting the Homecare Worker. The appeal may include the provision of new information or other actions that may result in the Department changing its decision. The Homecare Worker should be offered an informal conference to discuss the allegation and

provide any information that may change the outcome of the Department's decision. The informal conference may be held by telephone.

(a) At the time a suspension or proposed termination of the Homecare Worker's provider enrollment is made, the Department will issue a written notice that will include:

(A) An explanation of the reasons for suspension or proposed termination of the provider enrollment,

(B) The alleged violation as listed in OAR 411-030-0065, and

(C) The Homecare Worker's appeal rights, including the right to union representation, and where to file the appeal.

(b) For suspensions or terminations based on substantiated protective services complaint, the letter may only contain the limited information allowed by law.

(c) The Homecare Worker must specify in the request for review the issues or decisions being appealed and the reason for the appeal. The appropriate party, as stated in the notice, must receive the request for review within ten (10) business days of the decision affecting the worker. The Homecare Worker may file an appeal in the following order:

(A) The Program Manager (or designee) at the local office;

(B) DHS Central Office;

(C) Office of Administrative Hearings

(i) A Homecare Worker can file a request for a hearing with the Office of Administrative Hearings if all levels of review have been exhausted, and the worker continues to dispute the Department's decision. The request can be filed through the local office with the Office of Administrative Hearings, as described in OAR 137, division 003. The request for the hearing must be filed within 30 calendar days of the written notice from DHS

Central Office.

(ii) An Administrative Law Judge (ALJ) with the Office of Administrative Hearings will determine whether the Departments' decision to terminate the provider enrollment number is affirmed or reversed. The ALJ will issue a Final Order with the decision to all appropriate parties.

(iii) No additional hearing rights have been granted to Homecare Workers by this rule, other than the right to a hearing on the Department's decision to terminate the Homecare Worker's provider enrollment number.

(d) In the first two steps of the administrative review process, a written response of the outcome of the review will be sent to the Homecare Worker within ten business days of the review date.

(5) Termination if No Appeal Filed: The decision of the reviewer will become final if the Homecare Worker does not appeal within ten business days of the notice of the decision affecting the Homecare Worker.

(6) Request for Extension to Deadline: The Department or the Homecare Worker may request an extension of the 10-day deadline for circumstances beyond their control, if further information needs to be gathered to make a decision or there is difficulty in scheduling a meeting between the parties.

Stat.Auth.:ORS410.070

Stats. Implemented: ORS 410.070

411-030-0070 Maximum Hours of Service

(Amended 9/30/2003)

(1) Maximum Monthly Hours for Activities of Daily Living:

(a) The planning process will use the following parameters for time allotments for ADL tasks:

(A) Eating: Minimal assistance -- 5 hours; substantial

assistance -- 20 hours; full assistance -- 30 hours;

(B) Dressing: Minimal assistance -- 5 hours; substantial assistance -- 15 hours; full assistance -- 20 hours;

(C) Bathing and Personal Hygiene: Minimal assistance -- 10 hours; substantial assistance -- 15 hours; full assistance -- 25 hours;

(D) Mobility: Minimal assistance -- 10 hours; substantial assistance -- 15 hours; full assistance -- 25 hours;

(E) Bowel and Bladder: Minimal assistance -- 10 hours; substantial assistance -- 20 hours; full assistance -- 25 hours;

(F) Cognition: Minimal assistance -- 5 hours; substantial assistance -- 10 hours; full assistance -- 20 hours.

(b) If an individual requires full assistance in mobility and does not need the maximum hours for cognition, the unused cognition hours may be used to supplement the ADL total, if such hours are needed to meet detailed ADL service needs.

(c) For two-client households, each person's service needs are considered separately.

(d) Hours authorized for activities of daily living are paid at a rate established and published by the Department. Exceptions may be granted by the Department when conditions are met as established in OAR 411-027-0000.

(2) Maximum Hours for Self-Management Tasks:

(a) The planning process will use the following parameters for time allotments for all services:

(A) Medication Management: Minimal assistance -- 2 hours; substantial assistance -- 4 hours; full assistance -- 6 hours;

(B) Transportation or Escort Services: Minimal assistance -- 2

hours; substantial assistance -- 3 hours; full assistance -- 5 hours;

(C) Meal Preparation: Minimal assistance -- Breakfast -- 4 hours, lunch -- 4 hours, supper -- 8 hours; substantial assistance -- breakfast -- 8 hours, lunch -- 8 hours, supper -- 16 hours; full assistance -- breakfast -- 12 hours, lunch -- 12 hours, supper -- 24 hours;

(D) Shopping: Minimal assistance -- 2 hours; substantial assistance -- 4 hours; full assistance -- 6 hours;

(E) Housecleaning: Minimal assistance -- 5 hours; substantial assistance -- 10 hours; full assistance -- 20 hours.

(b) Rates paid will be established and published by the Department. When a live-in employee is present, these hours may be paid at less than minimum wage according to the companionship definition in the Fair Labor Standards Act. Exceptions may be granted by the Department when conditions are met as established in OAR 411-027-0000.

(c) When two clients eligible for self-management task hours live in the same household, the assessed self-management need of each client will be calculated. Payment will be made for the higher of the two allotments and a total of four additional hours per month to allow for the second client's specific needs.

(3) Twenty-Four Hour Availability:

(a) Payment for twenty-four availability will be considered only when the client uses a Homecare Worker and requires this availability due to both of the following:

(A) The client requires minimal, substantial, or full assistance with meeting health or safety emergencies; and

(B) The client requires assistance with activities of daily living and/or self-management tasks at unpredictable times throughout most twenty-four hour periods.

(b) The number of hours allowed per month will be negotiable, but have the following maximums:

(A) Minimal assistance -- 50 hours;

(B) Substantial assistance -- 110 hours;

(C) Full assistance -- 159 hours.

(c) Rates for this availability will be established and published by the Department and be considered eligible for "companionship" designation under state and federal laws. Exceptions may be granted by the Department when conditions are met as established in OAR 411-027-0000.

(4) Under no circumstances will any provider receive payment from the Department for more than the total amount authorized by the Department on the In-Home Services Authorization Form.

(5) Authorized hours are subject to the extent of client need and the availability of funds. Case managers must assess and utilize as appropriate, available friends and family members, cost-effective assistive devices, durable medical equipment and/or housing accommodations, which could reduce the client's reliance on paid in-home service hours.

(6) It is the intent of the Department to authorize paid in-home services only to the extent necessary to supplement potential or existing resources within the client's personal support system.

Stat. Authority: ORS 409.050, 410.070 and 410.090

Stats. Implemented: ORS 410.010, 410.020 and 410.070

411-030-0080 Spousal Pay Program

(Amended 9/30/2003)

(1) Spousal Pay Program Eligibility: In-home care provided by the spouse of an OSIPM client is compensable by the Department under ORS 411.803 only when the following conditions are met:

(a) The client requires full assistance in at least four of the six activities of daily living, as determined by the assessment, and would require nursing facility placement without in-home services;

(b) The client has a medically diagnosed progressive debilitating condition which will limit additional activities of daily living, or has experienced a spinal cord injury or similar disability with permanent impairment of the ability to perform activities of daily living;

(c) The spouse demonstrates the capability and health to provide the services and actually provides the principal care for which payment has been authorized; and

(d) The client's service needs exceed in both extent and duration the usual and customary services rendered by one spouse to another.

(2) Establishment and maintenance of a centralized waiting list for eligible clients requesting services compensated through the Spousal Pay Program.

(a) The Department's Central Office staff will establish and maintain a list of eligible clients based on referrals from local offices.

(b) The Department has established funding to serve a biennial limit on the number of Spousal Pay clients in the program each month.

(c) When the biennial limit is reached, clients requesting services through the Spousal Pay Program, whose eligibility determination process has been finalized, will be placed on a waiting list. Names on the waiting list will be entered according to the date submitted by the local office.

(d) Prior to submission of name, applicants must have completed:

(A) The financial application process; and

(B) Had an assessment of service needs completed by the appropriate local office staff.

(e) As vacancies occur, eligible waiting list clients will be selected in order of submission, as defined in section (2)(c) of this rule,.

(f) Clients on the waiting list may receive services through other appropriate Department programs for which they are eligible.

(3) Payments:

(a) All payments will be prior authorized by the Department or it's designee.

(b) Payments will be based on the equivalent of one-half of the 24-hour availability and self-management task hours, plus the time required for specific documented activities of daily living.

(c) Payment of any respite care will be the responsibility of the spouse and not be paid by the Department.

(d) Payment to a spouse is not considered as a need item to establish initial eligibility or continuing eligibility for OSIPM.

(e) Under ORS 411.802, Homecare Workers who become the spouse of their employer will retain the same level of pay as described in OAR 411-030-0070 if their employer meets the spousal pay eligibility criteria as described in subsection (1)(a) of this rule.

Stat. Auth.: ORS 409.050, 410.070 and 410. 090

Stats. Implemented: ORS 410.010, 410.020, 410.070, 411.802 and 411.803

411-030-0090 Contracted In-Home Care Agency Services

(Amended 7/31/2003)

Limitations in Scope and Duration: Contracted in-home care agency services will be used when the service proves to be the most cost efficient in meeting the needs of the client or necessary to meet interim or emergency service needs while more cost-effective solutions are sought and procured. In-Home Care Agencies must be licensed in accordance with OAR 333-536-0000 through 333-536-0095. The specific services

provided will be described in each contract's statement of work.

Stat. Auth.: ORS 409.050, 410.070 and 410.090

Stats. Implemented: ORS 410.010, 410.020 and 410.070