

Patrice Botsford

Authorized Signature

Number: APD-AR-13-080

Issue Date: 10/22/2013

Topic: Developmental Disabilities

Due Date:

Subject: Access to Waiver/ K Plan Services for Children with ID/DD

Applies to (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> All DHS employees | <input checked="" type="checkbox"/> County DD Program Managers |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Other (<i>please specify</i>): County DD Service Coordinators; Children's Medical Eligibility Unit; DD Provider Technical Assistance Unit |

Action Required:

This transmittal describes the process required for entering into in-home K-Plan and Waiver Services for a child with ID/DD.

A. Eligibility for K-Plan Services

To be eligible for Community First Choice Option (K-Plan) services, a child must

1. be determined eligible for and enrolled in DD services,
2. meet institutional Level of Care (LOC) criteria, and
3. be receiving OHP-Plus Medicaid benefits. (OHP-Plus benefits are received as the result of being eligible for certain Medicaid programs such as OSIPM and OHP.)

B. Entering K-Plan Services

A child may be enrolled in K-Plan services if he/ she is enrolled in DD services, meets level of care criteria, requires the supports available through the K-Plan, and is currently receiving OHP-Plus Medicaid benefits.

In order to receive K-Plan services, the CDDP Service Coordinator must complete the Level of Care form [SDS 0520](#), including the choice advising process to discuss service options. If the child is receiving OHP-Plus Medicaid benefits, they may also elect for the child to receive Waiver services. If the family opts for K Plan, the Service Coordinator must submit the following documentation to Provider Technical Assistance Unit (PTAU) for enrollment:

1. Eligibility/Enrollment Form (0337) via eXPRS
2. Attach the LOC to the eXPRS Eligibility/Enrollment submission

C. Assessment and Service Planning

A child enrolled in K Plan services must have a completed:

1. functional needs assessment, and
2. Individual Service Plan (ISP).

The functional needs assessment will identify the service levels authorized for the child. The Service Coordinator will work with the family to develop an ISP based on the needs identified through the assessment process with the family. The Office of Developmental Disability Services (ODDS) is currently developing a functional needs assessment tool that will identify support needs for a child living at home. Plans developed prior to the adoption of the standardized tool may be authorized for up to a maximum of 90 days. These interim plans must be prioritized, based on the preliminary assessment date, for a re-assessment using ODDS' authorized functional needs assessment tool.

The ISP must identify services in language which are consistent with services described in the K Plan.

D. Accessing OSIPM Benefits

Children who are DD eligible but are not receiving Medicaid benefits may become eligible for K-Plan services by completing the Presumptive Medicaid disability process and enrolling in Waiver services. The DD waivers allow for the child's parent's income to not be deemed (or not taken into account) when assessing the child's eligibility. This process, once completed, enrolls the child in OSIPM, and thereby establishes K-Plan eligibility. (OSIPM Medicaid is the specific Title XIX Medicaid program that is required for DD Title XIX Waiver eligibility. Changes in the Oregon Health Plan effective January 1, 2014 will change some eligibility requirements. Details will be provided in a future transmittal.)

1. In order to not deem parental income, the CDDP must document that the child has been determined eligible for DD services, meets LOC criteria, and is entering into the waiver. This is documented using the format supplied by ODDS.

2. The CDDP submits to the Children's Medical Eligibility Unit (CMEU) the required paperwork for determining both financial and Presumptive Medicaid disability determination. This paperwork includes:

- [SDS 0539D](#) - Children's Medical Eligibility Unit Application;
- Copy of Social Security Card and Birth Certificate;
- Copy of documentation of the child's income and resources (e.g., bank accounts,

trust fund, child support);

- [SDS 0708](#)– Disability Referral Form. Include the name of the child’s current school;
- [MSC 2099](#) (s) – one for the Social Security Administration (SSA), one for each medical source and one for each school; signed by parent or legal guardian;
- [SDS 0620CH](#) - Presumptive Medicaid Disability Approval;
- [MSC 0415H](#) - Notification of Other Health Insurance (only if child has private insurance) and include a copy of the private insurance card; and
- Medical, Mental Health and School records demonstrating disability. (Diagnosis must be by Doctorate Level Practitioner: MD, DO or PhD.)

3. For determining Presumptive Medicaid disability, the CDDP submits medical records and assessments gathered during the eligibility process to the CMEU (as listed above). The CMEU forwards the documentation to the Presumptive Medicaid Disability Determination Team (PMDDT) once the financial eligibility is established. For children entering Waiver/ K Plan services, the PMDDT will use an expedited review process, with the goal of completing each disability determination within 5 working days. If the PMDDT needs further documentation to determine Medicaid eligibility, PMDDT will contact the CDDP directly to request the information required.

4. Once the financial eligibility and Presumptive Medicaid disability determination have been completed, the CDDP must complete and submit the DHS Eligibility/ Enrollment (DHS 0337) and LOC Forms to the Provider Technical Assistance Unit.

Documentation to be submitted to the Children’s Medical Eligibility Unit (CMEU) should be faxed to: 503-378-5588. Technical assistance for this process can be provided by CMEU staff:

Barbara Carroll (for clients whose last name starts with A-K)
503-378-5795
barbara.e.carroll@state.or.us

Consuelo Decamp (for clients whose last name starts with L-Z)
503–378-5768
consuelo.decamp@state.or.us

Please note: Children who require waiver services in order to access K Plan services must receive at least one waiver service monthly and a quarterly face-to-face contact.

Reason for Action: Community First Choice Option (K-Plan) services are now available for children who are DD eligible, meet LOC criteria and are receiving OHP-Plus benefits. This transmittal outlines the steps that will need to be taken to allow access to these services for a child who is eligible.

Field/Stakeholder review: Yes No

If yes, reviewed by: Representatives from CDDP Program Managers group.

If you have any questions about this action request, contact:

Contact(s):	Bruce Baker, Manager, Children's Services May Martin, Family Support Coordinator		
Phone:	503-945-9800 503-947-2318	Fax:	
E-mail:	bruce.m.baker@state.or.us may.martin@state.or.us		