

Lilia Teninty

Authorized Signature

Number: APD-AR-14-061

Issue Date: 11/3/2014

Topic: Developmental Disabilities

Due Date: 11/30/2014

Subject: Transition from Day Support Activities

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Aging and People with Disabilities | <input checked="" type="checkbox"/> Office of Developmental
Disabilities Services(ODDS) |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Other (<i>please specify</i>): Support Service
Brokerages; ORA; CPAO |
| <input checked="" type="checkbox"/> County DD Program Managers | |

Reason for Action:

Previous efforts to distinguish agency provided community inclusion (CI) from other types of attendant care resulted in an unmanageable situation for many people receiving services and their provider organizations. As a result, individuals choosing 1:1 supports were, in some cases, unable to find willing providers. We anticipate that by taking the action described below, that situation will be remedied and individuals will be able to have choice of providers and the setting in which they choose to receive their services.

Action Required:

Day Support Activities (DSA) will no longer be considered as a service distinct from Attendant Care, and will no longer be referenced as something separate from Attendant Care.

This transmittal replaces [PT-14-019](#)

None of the following applies to:

- Attendant care provided by a Personal Support Worker.
- Any employment services as defined in OAR 411-345.

Taking the action described below will cause the rate for 1:1 agency provided attendant care in the community (non-facility based) to be the same as agency attendant care provided in the home (specified below). All 1:1 attendant care provided by an agency will be reimbursed at that rate. All group and facility based attendant care will be subject to the ReBAR rates, including group attendant care for purposes unrelated to community inclusion.

Instructions for CDDPs:

For plans with existing DSA/ATE 1:1 service goals:

- All 1:1 agency provided attendant care should be authorized using the Plan of Care code OR526, unless an existing service line authorizes OR542 (WH) *DSA, non-work; Community Attendant Care* and the individual currently has a goal on their ISP for non-facility based 1:1 DSA (or whatever the service may have been titled at the time the ISP was authorized, such as ATE). In this case, the ReBAR rate may be adjusted up to the agency attendant care rate of \$24.80 (Note: this rate will rise to \$27.28 on 1/1/15). The service line in eXPRS need not be changed, but the provider authorization line would need to be ended and a new one created with the new rate. ISP renewals will require that the service for the next plan year be authorized under OR526.

Alternately, current authorizations of OR 542 can be ended and new service lines authorizing OR 526 at the higher rate of \$24.80 may be created.

No ISP revision is required when the plan currently includes goals for non-facility based 1:1 DSA/CI. The start date for all impacted POC service lines is 11/1/2014. Work in eXPRS must be completed by 11/30/14 so that services rendered in November are paid at the new rate.

For plans that do not include goals with 1:1 non-facility based DSA/ATE:

- Facility based and group attendant care should already be authorized in POC using OR542(WF) (DSA Facility) or OR542(WH) (DSA Community) and will not require any action.
- For agency providers, POC code OR526 will be used for new authorizations of 1:1 attendant care. When 1:1 attendant care hadn't previously been identified on the individual's ISP, an ISP revision will be required.

For individuals enrolled in 24 hour residential services or adult foster care:
(taken from PT-14-019)

- Individuals who, prior to July 1, 2014, were enrolled in and receiving waiver

funded Community Inclusion or ATE may continue to receive the same level of service under the K plan funding authority in the amount authorized on the ISP. If a change to the current service is requested to add waiver employment services, the addition of the waiver employment services must reduce the attendant care services (that are not provided by the residential provider) hour for hour.

- When an individual lives in a licensed or certified residential setting, the comprehensive residential provider is expected to provide residential support to each individual enrolled to their program an average of at least 143 hours per week. If an individual is averaging fewer than 25 hours of Individual Supported Employment per week, Individual Supported Employment may be combined with Small Group Employment Support, Employment Path Services, and other 1:1, group or facility based attendant care, so long as the combination of services does not exceed an average of 25 hours per week or 108.3 hours per month on average.
- If an individual requests new or additional attendant care from a qualified provider that is not their residential provider (i.e. employment provider or support services provider organization), the attendant care may be authorized up to an amount that will not cause more than 24 hours of supports to be authorized in a day when combined with the services provided by the residential provider and employment services.

For individuals enrolled in Comprehensive In Home Services:

Beginning January 1, 2015, OR526 and OR542 will no longer be authorized under SE54 for those individuals enrolled in SE49. OR542 and OR526 will be authorized under SE49. For individuals enrolled in SE49 and SE54 who get attendant care under SE54, more information about this transition will be provided.

Instructions for Brokerages:

For plans with existing DSA/CI 1:1 service goals

- In Plan of Care (POC), where an existing service line authorizes OR542(WH) *DSA, non-work; Community Attendant Care* the ReBAR rate may be adjusted up to the agency attendant care rate of \$27.28 if the individual currently has a goal on their ISP for non-facility based 1:1 DSA (or whatever the service may have been titled at the time the ISP was authorized, such as community inclusion). The service line need not be changed, but the provider authorization line would need to be ended and a new one created with the new rate. Then, when the plan next renews after 1/1/15, the service should be authorized under OR526.

Alternately, the use of 1:1 attendant care can be reported through the CPMS system in the same manner as other attendant care is currently. It can be reported under CPMS code 706. If this option is selected and 1:1 DSA had been authorized in eXPRS, that POC service authorization should be ended. The brokerage must inform the provider that this change is being made, including the effective date of the change. This option is only available until POC is active.

No ISP revision is required in these circumstances. The start date for all impacted POC service lines is 11/1/2014. Work in eXPRS must be completed by 11/30/14 so that services rendered in November are paid at the new rate.

- Facility based and group attendant care should already be authorized in POC using OR542(WF) (DSA Facility) or OR542(WH) (DSA Community) and will not require any action.
- For agency providers, POC code OR542(WH) can be used for new authorizations of 1:1 attendant care, or it can be reported through CPMS until OR526 is available in POC. When 1:1 attendant care hadn't previously been identified on the individual's ISP, an ISP revision will be required.

Additional information for CDDPs and Brokerages:

- **For individuals receiving services in in-home settings:**
 - Individuals who are currently enrolled in and receiving Non-Facility Based Community Inclusion or Facility Based Socialization (however it may be titled on an ISP), may continue to receive those services in the amount authorized in the ISP until one of the following apply;
 - Their annual Adult Needs Assessment (ANA) and Individual Support Plan (ISP) are renewed, or
 - The individual, guardian or representative requests to have an updated Adult Needs Assessment (ANA), or
 - The individual's level of support needs change and an ANA is completed to identify their level of support need.
 - When one of the conditions is met, all attendant care hours must come out of the monthly total of hours determined to be necessary by the ANA-B, regardless of provider type.

- **New authorizations of 1:1 attendant care** must be the result of a person centered planning process, with the individual or their designated representative, which concludes that 1:1 attendant care is the best way to achieve the individual's stated goal. A provider's request for the higher rate may not be the driver for the service change. Individuals whose goals are being met through facility based or group attendant care must themselves desire a change to 1:1 attendant care. When goals have social or interpersonal components, 1:1 might not be an appropriate service delivery method.
- **Facility based 1:1 support need:** Individual rates that are higher than the ReBAR rate for facility based attendant care will only be approved through the Tier Review Process. These rates must be submitted for review (described in [PT-14-023](#)) by 12/15/2014. No changes to these existing rates need to be made until the review has concluded. If an approval for the 1:1 facility based attendant care has not been received by 12/31/2014, the rate must be changed to the ReBAR rate for services provided 1/1/2015.
- **Combination of services:** When an individual receives some non-residential 1:1 attendant care, some group and/or some facility based attendant care, in unpredictable amounts; authorize the maximum units of service that are anticipated for each. In POC, for individuals enrolled in in-home programs, the amount of ANA (version A or B) hours available may have to be artificially adjusted up to accommodate writing these service lines; however this does not change the actual number of available hours for the individual. Provider's service agreements must indicate a maximum combined amount of supports comprised of OR526, OR542(WH) and OR542(WF).
- **Prorating of service:** This action eliminates the need for any pro-rating for attendant care provided by an agency.
- **Substitute POC codes:** For simplicity's sake, OR529 (W7), OR100 and OR101 were not included in the instructions above. They may be substituted for OR526 when the person centered planning process leads to those particular services. Similarly, OR542(WG) *DSA, non-work; Facility Skills Training* and OR542(WJ) *DSA, non-work; Community Skills Training* can be substituted for OR542(WH) and OR542(WF).
- **"Classes"** may be authorized under OR542(WG) or (WJ) at the ReBAR rate when they meet the criteria for skills training described in rule and the expenditure guidelines.

Information for Agency Providers of 1:1 Attendant Care

- A rate change that results from taking the action described above will not be retroactive; it will apply to all 1:1 attendant care services delivered on and after 11/1/14.
- Each type of attendant care must be separately authorized by the case management entity (CDDP or Brokerage) prior to the delivery of the service. Payment will not be made for a service that was not prior authorized. If an individual expresses a desire for a different type of attendant care, refer the individual to the case manager.
- The total amount of hours of attendant care allocated in the eXPRS payment system is not necessarily the amount authorized in the ISP or the amount a provider agency is allowed to claim. If a written service agreement is present, it will define the total number of hours that may be distributed between the types of attendant care you are engaged to provide. If not, it is recommended to request clear information from the case manager before delivering a service.

As an example, an individual may have a total of 100 hours of attendant care she would like from a particular provider per month. She generally prefers small group activities in the community, but occasionally 1:1 activities are preferred. She does not want facility based attendant care. Neither she nor the provider can predict in what proportion small group and 1:1 attendant care will be provided; in any month it may be up to 100 hours of small group, or up to 100 hours of 1:1, or some combination. At this time, ODDS is instructing the case manager to allocate 100 hours for each type of attendant care, so it may appear that 200 hours have been allocated to the provider, but in fact the true total authorized number of hours remains 100. This is to provide the individual sufficient flexibility and choice in the receipt of their service that is being received. Any claims made above the amount authorized on the ISP either will not be paid or are subject to recoupment. Any claims for facility based attendant care will not be paid in this scenario.

Field/Stakeholder review: Yes No

If yes, reviewed by: Representatives of CDDPs and Brokerages.

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

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