

Developmental Disabilities Services

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Topic: Developmental Disabilities

Subject: Available Individual Support Plan (ISP) Forms and Guides

Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS employees | <input checked="" 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 |
| <input type="checkbox"/> Children, Adults and Families | Disabilities Services (ODDS) |
| <input checked="" type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (<i>please specify</i>): Brokerage |
| | Directors and Personal Agents, CDDP |
| | Service Coordinators, Children's |
| | Services-CIIS and Residential |
| | Coordinators, Regional Directors, ORLO |
| | Licensing |

Message: Attached to this transmittal are forms and guides developed by the Office of Developmental Disability Services (ODDS) as available resources Brokerages and CDDPs may choose to use. The forms capture the information required to be included in an individual's service plan in order for Medicaid to fund services. Use of these forms is not mandatory.

The Guides have been developed to help guide Personal Agents and Service Coordinators in the use of the specific forms and provide information related to K-Plan and Waiver services. All funded plans must contain the CMS required information. For those Programs opting not to use the provided forms and guides, it is required that the ISP/Funding Plan formats include all information and specific language required for Medicaid funding. A person-centered planning process must also be used resulting in a person-centered ISP for each individual receiving K-Plan or Waiver services.

The forms have been designed to capture the source of funding for discreet services (Waiver, K-Plan, State Personal Care, etc.), specific start and end dates for each service, a clear description of the service, account for specific costs, and document individual goals and preferences related to identified services. Also included are an ISP Addendum Checklist for use to assure that a person-centered plan is developed

using a person-centered process, and an ISP Addendum Checklist guide offering suggestions.

For individuals receiving services in a residential setting (Supported Living, 24 Hour Residential Services, and Foster Care), the “Services and Funding Individual Support Plan (ISP) Financial - Residential Services Setting” form may be used in addition to existing Individual Support Plans (ISP’s) and does not replace existing formats for ISP’s specific to the service elements. The use of this form allows “unbundling” of services by identifying specific K-Plan services considered inclusive in the monthly services rate. The form also provides a platform to capture all services the individual is receiving in addition to their residential services such as Supported Employment, Alternatives to Employment, and/or Case Management. Choosing to use this form does not replace existing ISP’s or any previously required Budget tools.

For adults choosing to receive K-Plan services in their home (both those individuals served through Brokerage and CDDPs with DD 49 plans) the use of the “Services and Funding Individual Support Plan (ISP) - Adult In-Home Services Setting” form *may* replace existing ISP forms. If Brokerages and CDDPs choose to use this form, the narratives and information provided must be sufficient to document the need for and intended delivery of the support specific to the itemized services in the plan. The form must also include information regarding goals and preferences of the individual in relation to the itemized services and assessed needs.

For children receiving K-Plan services in their home the use of the “Services and Funding Individual Support Plan (ISP) - Children’s In-Home Services Setting” form is intended for use in addition to the “Child Annual/Family Support Plan” SDS 4549 form.

Forms and Guides Provided:

For adults and children in “Residential Services Settings” (24 Group Homes, Foster Care, Supported Living):

- “Services and Funding Individual Support Plan (ISP) - Financial Residential Services Setting Form”
- “Services and Funding Individual Support Plan (ISP) - Financial Residential Services Setting Guide”

For adults receiving services “In-Home” (Support Services and CDDP):

- “Services and Funding Individual Support Plan (ISP) - Adult In-Home Services Setting Form”
- “Services and Funding Individual Support Plan (ISP) - Adult In-Home Services Setting Guide”

For children receiving services “In-Home”:

- “Services and Funding Individual Support Plan (ISP) - Children’s In-Home Services Setting SDS0151 Form”
- “Services and Funding Individual Support Plan (ISP) - Children’s In-Home Services Setting Guide”

ISP Addendum Checklist (applicable to all services plans):

- “Individual Support Plan Addendum - Documenting a Person Centered Service Planning Process and Plan Form”
- “Guide for ISP Checklist”

The above forms and guides may be accessed via the DHS CDDP staff tools or Support Services staff tools page:

CDDP Staff tools:

[Oregon DHS: CDDP Staff tools](#)

Support Services tools:

[Oregon DHS: Brokerage Staff tools](#)

If you have any questions about this information, contact:

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Individual Support Plan Addendum
 Documenting a Person Centered Service Planning Process and Plan

Name: “auto populate name” **ISP Date:** _____

To the extent possible, **the ISP process MUST be driven by the individual.** Indicate with a “Yes” “No” or “NA”, if each of the following occurred. If the answer is “No” or “NA,” document why and what alternative strategy was utilized to meet the intent.

Person Centered Planning Process	Yes	No	N/A
1. The ISP meeting included the people chosen by “ ” Additional Information:			
2. “ ” directed the ISP process to the maximum extent possible and was supported in making informed choices and decisions. Additional Information:			
3. The ISP was timely and took place at a time and location that “ ” chose. Additional Information:			
4. The ISP process and planning took into account cultural considerations that are important to “ ” Additional Information:			
5. The process includes strategies for solving conflict or disagreement, including clear conflict-of interest guidelines for all planning participants. Additional Information:			
6. “ ” was offered choices regarding the services and supports s/he receives and from whom. Additional Information:			
7. Includes a method for “ ” to request updates to the plan. Additional Information:			
8. Records the alternative home and community based settings that were considered by “ ”. Additional Information:			

Item #	Reason why a response of "No" or "NA" was recorded and what alternative strategy was utilized to meet the intent?

The **ISP must reflect the services and supports that are important to and for** “ .” Preferences for how the services and supports are provided must be honored when at all possible. Indicate with a “Yes” “No” or “NA” to each of the following. If an answer is “No” or “NA,” document why and what alternative strategy was utilized to meet the intent.

Person – Centered Service Plan

Yes No N/A

<p>1. “ ” chooses to live where s/he is living.</p> <p>Additional Information:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. The ISP reflects “ ” strengths and preferences</p> <p>Additional Information:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. The ISP reflects ” ” clinical and support needs which were identified using an assessment of support needs.</p> <p>Additional Information:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4 .The ISP includes the goals and desired outcomes expressed by “ ”.</p> <p>Additional Information:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. “ ” ISP includes the services and supports that will be provided , and who will be providing those services and supports. Natural supports must also be identified.</p> <p>Additional Information:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. The ISP identifies risk factors and the strategies and supports in place to minimize them. Including individualized back up plans</p> <p>Additional Information:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>7. The ISP is understandable to “ ” and those providing supports</p> <p>Additional Information:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>8. The ISP identifies the individual or entity responsible for monitoring the plan</p> <p>Additional Information:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>9. “ ” agrees to the final ISP and has signed it, with all others who are responsible for implementing the plan.</p> <p>Additional Information:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>10. “ ” has a copy of the ISP, as well as others involved in the plan.</p> <p>Additional Information:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>11. Efforts are made to assure that unnecessary or inappropriate care is not in the ISP.</p> <p>Additional Information:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Guide for ISP Checklist

Please consider these factors when determining a “yes,” “no,” or “n/a” response to each item. The Services Coordinator or Personal Agent must use this checklist as a Q/A tool for all ISPs until further notice.

Person Centered Planning Process *(page 1 of checklist)*

1 The ISP meeting included the people chosen by the individual.

- ❖ The Services Coordinator/Personal Agent and Legal guardian must be present
- ❖ Was the individual asked who they wanted to participate in their meeting?
- ❖ Was anyone present that the individual did not want included?

2. The individual directed the ISP process to the maximum extent possible and was supported in making informed choices and decisions

- ❖ Did the individual contribute to the meeting?
- ❖ Was information provided to assist in decision making by the individual?

3. The ISP was timely and took place at a time and location that the individual chose.

- ❖ The ISP occurred within twelve months of the last ISP
- ❖ The individual chose the meeting location.

4. The ISP process and planning took into account cultural considerations that are important to the individual.

- ❖ Was consideration given to understanding and/or maintaining rituals and customs important to the individual?
- ❖ Was there a discussion about what groups, events or activities are important individual, and plans to support involvement?
- ❖ Was the individual asked if they are interested in exploring their heritage?
- ❖ Was the ISP conducted in the individual's native language?

5. The process includes strategies for solving conflict or disagreement, including clear conflict-of interest guidelines for all planning participants.

- ❖ Was conflict or disagreement voiced?
- ❖ Was the conflict or disagreement documented – including the person's perspective and the perspectives of those contributing to the ISP.
- ❖ If a decision is made, was it recorded? If no action was taken, is there documentation explaining why?

- ❖ Was conflict of interest explained? (Anyone that may benefit financially, emotionally, or when the family interest takes precedent over the individual's desires constitutes conflict of interest) .

- ❖ If conflict of interest was present, were parties advised that they can contribute to sharing information but not control the outcome of the ISP.

- ❖ Is there documentation of conversations to assist in helping the individual feel more confident as an independent decision-maker?
- ❖ Is there documentation of communication about this expectation family members?

- 6. The individual was offered choices regarding the services and supports s/he receives and from whom.**
 - ❖ Was the individual asked if they wanted additional information about other services for which they might be eligible and interested.
- 7. Includes a method for the individual to request updates to the plan.**
 - ❖ Was the individual reminded that they can request changes/updates to their plan at any time.
- 8. Records the alternative home and community based settings that were considered by the individual**
 - ❖ Was the individual asked whether they wanted to discuss other service options?
 - ❖ If interested, were action plans developed to pursue other options?

Person-Centered Service Plan *(page 2 of Addendum)*

- 1. The ISP reflects that the setting where (s)he resides is the one chosen.**
 - ❖ Was the individual asked if the service setting (home and work) are ones of their choosing?
- 2. The ISP reflects the person's strengths and preferences**
 - ❖ Narrate strengths and preferences where it makes the most sense in the context of the ISP being used currently
- 3. The ISP reflects the clinical and support needs identified using an assessment of support needs.**
 - ❖ If an ISP is scheduled prior to the roll out of the ODDS designated needs assessment, use the existing assessment of support needs (SNAP, SIS, Base Tool, etc).
 - ❖ Once a needs assessment has been conducted, the ISP needs to address how clinical and support needs will be addressed, in the context of the existing ISP.
- 4. The ISP includes the goals and desired outcomes expressed by the individual.**
- 5. The ISP includes the services and supports that will be provided and who will be providing those services and supports. In some cases, services will be provided by those who are naturally in someone's life. In those cases, these natural supports must also be identified.**
 - ❖ Natural supports cannot supplant needed paid services unless the natural supports are unpaid supports that are provided voluntarily to the individual in lieu of a paid staff.
- 6. The ISP identifies risk factors and strategies and supports in place to minimize them, including individualized back up plans.**
 - ❖ Individualized back up plans are specific to actions and situations where paid or natural supports may become unavailable.
 - ❖ Document that information using whatever mechanism is familiar to the ISP in which you are planning.

7. The ISP is understandable to the individual and those providing supports

- ❖ Use clear language
- ❖ Verify that protocols, action plans, and discussion records are clearly written.
- ❖ Action plans need to be clear and easily understood by the person providing the supports and the individual.

8. The ISP identifies the individual or entity responsible for monitoring the plan

- ❖ A Personal Agent or Services Coordinator is the designated monitor of the ISP.
- ❖ This could be documented through the use of an action plan, until the One ISP rolls out

9. The individual has agreed to the final ISP and has signed it, with all others who are responsible for implementing the plan

- ❖ Documented on a signature page

10. The individual and the other members of the planning team have received a copy of the ISP.

- ❖ Document that all parties have received a copy of the ISP in progress notes.

11. Efforts are made to assure that unnecessary or inappropriate care is not in the ISP.

- ❖ Check in with the individual and the team through out the meeting whether the services and supports being discussed make sense or not.

Services and Funding Individual Support Plan (ISP) *(Adult In-Home Services Setting)*

CDDP:		Service Coordinator/Personal Agent:	
Individual's name:		DOB:	Prime number:
Individual's Legal Guardian (if applicable):			
Representative (if applicable):	ISP start date:	ISP end date:	Date of ANA assessment:

I choose the following Case Management Services

Case Management:	<input type="checkbox"/>	Waiver case management - Individual must receive at least one home and community-based waiver service per month.
	<input type="checkbox"/>	Non-waiver case management
Start date:	End date:	
Case Management comments/descriptors of anticipated case management services during plan year:		

Service category	What and how support is arranged <i>(PSW, independent contractor or agency provider, general business)</i>	Authorized dates <i>(start and end)</i>	Unit of service		Monthly amount <i>(per line)</i>	Plan year total <i>(per line)</i>
			Quantity per month	Rate*		
*Wage calculation to figure out the "Rate" (show calculation in field below the rate field): <i>[Wage (PSW's hourly) x employer taxes (county employer) + Worker's Compensation (.016)]</i>						

I choose the following K-plan services

K-plan		Start:			\$0.00	\$0.00
Select service		End:	Show hourly wage calculation here			
Describe detailed supports that address needs identified in the functional needs assessment. Address risks. Include goals and individual's preferences:						

			Unit of service		Monthly amount <i>(per line)</i>	Plan year total <i>(per line)</i>
			Quantity per month	Rate*		
*Wage calculation to figure out the "Rate" (show calculation in field below the rate field): [Wage (PSW's hourly) x employer taxes (county employer) + Worker's Compensation (.016)]						
K-plan		Start:			\$0.00	\$0.00
Select service		End:	Show hourly wage calculation here			
Describe detailed supports that address needs identified in the functional needs assessment. Address risks. Include goals and individual's preferences:						
K-plan		Start:			\$0.00	\$0.00
Select service		End:	Show hourly wage calculation here			
Describe detailed supports that address needs identified in the functional needs assessment. Address risks. Include goals and individual's preferences:						
K-plan		Start:			\$0.00	\$0.00
Select service		End:	Show hourly wage calculation here			
Describe detailed supports that address needs identified in the functional needs assessment. Address risks. Include goals and individual's preferences:						
K-plan		Start:			\$0.00	\$0.00
Select service		End:	Show hourly wage calculation here			
Describe detailed supports that address needs identified in the functional needs assessment. Address risks. Include goals and individual's preferences:						
I choose the following State Plan Personal Care Services (only complete this section if specifically using SPPC)						
State Plan Personal Care		Start:			\$0.00	\$0.00
Max. of 20 hours unless exception is present		End:	Show hourly wage calculation here			

			Unit of service		Monthly amount <i>(per line)</i>	Plan year total <i>(per line)</i>
			Quantity per month	Rate*		
*Wage calculation to figure out the "Rate" (show calculation in field below the rate field): [Wage (PSW's hourly) x employer taxes (county employer) + Worker's Compensation (.016)]						

Describe detailed supports that address needs identified in the functional needs assessment. Address risks. Include goals and individual's preferences:

I choose the following Waiver Services

Waiver		Start:			\$0.00	\$0.00
Select service		End:	Show hourly wage calculation here			

Describe detailed supports that address needs identified in the functional needs assessment. Address risks. Include goals and individual's preferences:

Waiver		Start:			\$0.00	\$0.00
Select service		End:	Show hourly wage calculation here			

Describe detailed supports that address needs identified in the functional needs assessment. Address risks. Include goals and individual's preferences:

Waiver		Start:			\$0.00	\$0.00
Select service		End:	Show hourly wage calculation here			

Describe detailed supports that address needs identified in the functional needs assessment. Address risks. Include goals and individual's preferences:

Supported Employment		Start:			\$0.00	\$0.00
		End:	Show hourly wage calculation here			

Describe detailed supports that address needs identified in the functional needs assessment. Address risks. Include goals and individual's preferences:

Select service		Start:			\$0.00	\$0.00
		End:	Show hourly wage calculation here			

Describe detailed supports that address needs identified in the functional needs assessment. Address risks. Include goals and individual's preferences:

Plan year \$0.00
grand total

Individual's Legal Guardian's Date
signature (if applicable):

Individual's Representative's Date
signature (if applicable):

K-plan services:

- ✓ Assistive devices
- ✓ Assistive technology
- ✓ Attendant Care Management Training (ex: STEPS)
- ✓ Behavior supports
- ✓ Chore services
- ✓ Attendant care – ADL/IADL
- ✓ Relief care (Attendant Care)
- ✓ Skill training (Attendant Care)
- ✓ Transition Services

- ✓ Community nursing services
- ✓ Community transportation
- ✓ Emergency response systems
- ✓ Environmental modifications
- ✓ Home Delivered Meals

Comprehensive waived services:

- ✓ Supported Employment
- ✓ Pre-Vocational and Alternatives to Employment
- ✓ Family training
- ✓ Occupational Therapy (adults over age 21)
- ✓ Physical Therapy (adults over age 21)
- ✓ Speech, Hearing and Language Services (adults over age 21)
- ✓ Waiver Case Management

Support Services (Brokerage) waived services:

- ✓ Supported Employment
- ✓ Community Living and Inclusion Supports
- ✓ Family training
- ✓ Special Diets
- ✓ Specialized Supports
- ✓ Occupational Therapy (adults over age 21)
- ✓ Physical Therapy (adults over age 21)
- ✓ Speech, Hearing and Language Services (adults over age 21)
- ✓ Waiver Case Management

Guide for Completion of
“Services and Funding Individual Support Plan
(ISP) Financial (Residential Services Setting)”
Children & Adults

This form is to be completed following the completion of the Level of Care (LOC) SDS 0520

Complete all lines at the beginning of the document, including- *CDDP; Services Coordinator; Individual’s name; DOB; Prime number; Guardian/Representative (if applicable); ISP start date; ISP end date*

Case Management (*select one*): Select **Waiver Case Management** or **Non-Waiver Case Management** by marking the box next the chosen option for case management services. Indicate start date and end date of the service by entering the dates in the corresponding lines.

Selection of case management type indicates the individual’s and/or their representative’s choice between Waiver and Non-Waiver Case Management. The discussion of types of case management available is part of the choice advising process. When a case management service type is selected, it is the responsibility of the appropriate case management entity to verify the individual’s eligibility to receive the selected case management type.

Include a description of the case management activities anticipated to be provided through out the plan year. This may be documented as a narrative or list under the **Case Management Comments/Details**: section. Case management activities identified are actions completed by a services coordinator which meet the criteria as a qualified encounter. Anticipated case management activities may include (but are not limited to) the following:

- Assessment of Support Needs and Level of Care
- Provision of Choice Counseling and Choice Advising
- Facilitation of Access to Services and Supports
- Coordination of Community Services
- Monitoring of Services and Assessed Supports
- Provision and Evaluation of Information and Referral resources
- Facilitation of Individual Support Plan Development
- Individual Support Plan Authorization and Review
- Assessment, Identification, Planning, and Monitoring of Crisis Services
- Provision of Protective Service Activities & Completion of SERT Reports

Individuals enrolled in a waiver must receive at least one home and community-based waiver service each month. This may include Waiver Case Management and/or other services included in the waiver such as Supported Employment, Family Training, etc.

Residential Services- “I choose the following type of residential services setting”

(select one): Using the drop down menu on the form, select the residential service setting which applies to the individual’s current choice of ODDS Medicaid funded living setting. Options of service settings include: *Supported Living (DD51); 24-Hour Residential Services- Adults (DD50); 24-Hour Residential Services- APD Licensed Setting (DD50); 24-Hour Residential Services- Children (DD142); Non-Relative Adult Foster Care (DD58); Non-Relative Foster Care- Children (DD58) and Stabilization & Crisis Unit- SACU (DD141).*

Supported Living Services (DD51): These services are provided by an endorsed provider agency to individuals who live in a residence of their choice within the community. Levels of support are based upon individual needs and preferences as identified in the functional needs assessment. Services include attendant care, skill training, behavior and nursing support, community transportation and emergency response. The monthly rate is based on individual documented support needs in conjunction with a budget tool.

24-Hour Residential Services- Adults (DD50)/(DD141): These services are provided by a licensed provider agency to individuals who reside in a group living residence. Levels of support are based on an individual’s needs and preferences as identified in a functional needs assessment and Individual Support Plan. Within this service setting individuals receive attendant care (ADL/IADL) support and health-related tasks, skills training, and non-medical community transportation. The monthly service rate is based on individual documented support needs in conjunction with determined service levels.

24-Hour Residential Services- APD Licensed Setting- Adults (includes Residential Care Facilities (RCF) and Assisted Living Facility (ALF)- (DD50): These services are provided to adults who choose to live in a group living residence regulated by the Office of Adults and Physically Disabled. Levels of support are identified by a client assessment and according to a published rate schedule depending on type of group residence. Within this service setting, individuals receive attendant care (ADL/IADL) support and health-related tasks, skills training, and non-medical community transportation. The monthly service rate is based on individual documented support needs in conjunction with an algorithm.

24-Hour Residential Services- Children (DD142)/(DD141): These services are provided by a licensed provider agency to children who choose to reside in a group living residence. Levels of support are based on a child’s needs and preferences as identified through a referral and evaluation process and the child’s Individual Support Plan. Within this service setting individuals receive attendant care (ADL/IADL) support and health-related tasks, skills training, and non-medical community transportation. The monthly service rate is based on individual documented support needs in conjunction with determined service levels.

Non-Relative Foster Care- Adults (DD58): These services are provided by a licensed provider. Levels of support are based on individual needs and preferences as identified in a functional needs assessment and Individual Support Plan. Within this service setting individuals receive attendant care (ADL/IADL) support and health-related tasks, skills training, and non-medical community transportation. The monthly service rate is based on individual documented support needs in conjunction with an algorithm.

Non-Relative Foster Care- Children (DD58): These services are provided by a licensed provider. Levels of support are based on the individual child's needs and preferences as identified in a functional needs assessment and Individual Support Plan. Within this service setting individuals receive attendant care (ADL/IADL) support, and health-related tasks, skills training, and non-medical community transportation. The monthly service rate is based on individual documented support needs in conjunction with an algorithm.

K-Plan services included as part of the monthly service budget for the above listed service settings are- Attendant Care- ADL/IADL support and health-related tasks, Skill Training and Community Transportation (non-medical and not specific to travel to and from a vocational program).

Individuals receiving services in the above-selected residential service settings may also receive **Behavior Supports** and/or **Nursing Supports**. Select the appropriate box for **Behavior Supports** and/or **Nursing Supports** if the individual has been determined to have a need for these specific services and they are provided as part of their monthly services in the residential setting. *Support Living (DD51), Non-Relative Foster Care-Children (DD58) and Non-Relative Foster Care-Adults* may have these services specifically itemized in their individual services budget such as a line-item in the Supported Living Budget tool or SNAP (Support Needs Assessment Profile) for foster care when the service is funded specifically to and the provision of the service is arranged by the residential services setting provider.

For individuals who are enrolled in *Supported Living (DD51)* and are receiving **Behavior Supports** from a behavior consultant provider outside of the residential services setting program, this consultation should not be a line-item in the DD51 budget and should be listed as an itemized K-Plan service on this Services & Funding form.

Calculation for Residential Service Type:

Start Date and End Date: Be sure to enter the start date and end date of the service (this date range is typically a full calendar year).

Unit of Service: is prefilled as "1 month". This service type is billed on a monthly basis.

Monthly Amount: Enter the total monthly budget amount from the corresponding Supported Living Budget, Tier notification, CAPS Published rate, SNAP or Children's Residential Rate Document.

Plan Year Total: This box should automatically calculate and fill in based on the entered dates of service and monthly service rate. *If manually entering the plan year total, multiply the monthly service rate times the range of months included in the identified plan year dates.*

Day Program- “I choose the following Day Program Waiver Service Type”: Select the appropriate service type for individuals enrolled in and receiving a vocational service (DD54). *Options include: Supported Employment (only), Alternatives to Employment-ATE (only), Supported Employment/ATE (combination), School Services and No Day Program. For individuals receiving a comprehensive residential service and are not receiving a Department funded DD54 service, select **No Day Program**. This may include individuals engaged in activities such as community employment without ODDS supports specific to the employment, volunteer work without supports from a funded DD54 service plan, privately funded activities, etc. Day services the individual actively receives that are not funded by ODDS may be captured in the “Other Services and Supports” portion of the document.*

Calculation for Supported Employment/ATE Service:

Start Date and End Date: enter the start date and end date of the service (this date range is typically a full calendar year).

Unit of Service: is equal to 1 day of DD54 services.

Monthly Amount: Enter the total monthly service rate from the existing budget tool. *For individuals enrolled in DD54 services who have a designated monthly service rate prior to the implementation of the current DD54 budget tool, enter the monthly service rate established for the individual’s current DD54 service.*

Plan Year Total: This box should automatically calculate and fill in based on the entered dates of service and monthly service rate. *If manually entering the plan year total, multiply the monthly service rate times the range of months included in the identified plan year dates.*

Community Transportation “I choose the following Community Transportation Service” (specific to travel to and from vocational program)- K Plan: Select the box next to “**Community Transportation (specific to travel to and from vocational services)**”, if the individual is currently receiving a designated transportation service (DD53) to accommodate travel to and from their Department funded Day Program. *Options include: Bus Pass, LIFT, Van Transportation, Mileage, and Match-Funded Transportation.*

This category is intended to capture only transportation traditionally funded through DD53 Transportation funding or in some circumstances, match-funded transportation which supports individuals traveling between their home and vocational program site. For individuals enrolled in match-funded transportation, please notate this service and demonstrate there is no cost to the K-Plan services by completing the table with a \$0 value for monthly budget amount.

Calculation for Community Transportation:

Start Date and End Date: enter the start date and end date of the service (this date range is typically a full calendar year).

Unit of Service: is prefilled as “1 month”. This service type is billed on a monthly basis.

Monthly Amount: Enter the total monthly service rate from the “DD53- Transportation Service Budget” tab page in the existing DD54 budget tool. *For individuals enrolled in DD53 services who have a designated monthly service rate prior to the implementation of the current DD53 budget tool, enter the monthly service rate established for the individual’s current DD53 service. This monthly “rate” may be referenced by looking in eXPRS.*

Plan Year Total: This box should automatically calculate and fill in based on the entered dates of service and monthly service rate. *If manually entering the plan year total, multiply the monthly service rate times the range of months included in the identified plan year dates.*

Other K-Plan Services: Complete this section for any additional Department-funded services or items the individual chooses to receive during their plan year. Selected K-Plan services and supports must be based on an identified assessed need.

K-Plan expenditures identified must be related “to a need identified in an individual’s person-centered service plan that increases an individual’s independence or substitutes for human assistance, to the extent that expenditures would otherwise be made for the human assistance.” 42 CFR §441.520.

Some expenditures are not allowable based on the individual’s choice of residential service setting and itemized expenditures under K-Plan may not be duplicative of or available through alternate resources. Those items identified in this section may only be entered as a cost to the individual’s annual services once all alternate resources have been ruled out or exhausted. An expenditure may not be itemized as an additional cost to the individual’s plan if it is a service/support which is already captured in another funded bundled service such as the monthly residential service rate, DD54 or DD53 service rate

unless the item is allowable per expenditure guidelines and the service is distinctly different than those provided in the bundled rate.

Select the corresponding box next to the service or expenditure chosen by the individual during the plan year. Click the box to mark “X”, if the expenditure applies to the individual’s service plan. If the individual does not have a need associated with the item or is ineligible for the specific service (such as an individual in a foster home is not eligible for a home modification based on the nature of residential setting), leave the box blank.

Options include:

Behavior Consultation- this service is allowable for individuals in Supported Living (DD51) and Foster Care (DD58) ONLY when there is an identified need for formal behavioral supports and this service has not already been captured in the associated “bundled” residential or employment services budget tool as a line item. Use this service when the individual chooses to receive Behavior Consultation and the residential or vocational services provider is not directly providing or arranging for the Behavior Consultation service for the individual. This service would be funded directly to the Behavior Consultant entity. Routinely this is arranged through a fiscal intermediary service when funded outside of a bundled service rate.

This service may be identified as a time-limited expenditure to provide sufficient funding for the creation of an FA and/or BSP or modification of an existing FA/BSP. Or, this service may be identified as an ongoing need, customarily in a consistent amount of hour(s) as detailed in the plan.

Positive Behavior Support Services include coaching and support of positive behaviors, behavior modification and intervention supports to allow individuals to develop, maintain and/or enhance skills to accomplish ADL’s, IADLs and health-related tasks. Positive Behavioral Support Services may also include consultation to the care provider on how to mitigate behavior that may place the individual’s health and safety at risk and prevent institutionalization. Services may be implemented in the home and/or community, based on an individual’s assessed needs. All activities must be for the direct benefit of the Medicaid beneficiary. These specific supports are designed to support individuals with cognitive impairments

Behavior Consultants will work with the individual and, if applicable, the caregiver, to assess the environmental, social, and interpersonal factors influencing the person’s behaviors. The consultants will develop, in collaboration with the individual and if applicable, caregivers, a specific positive behavioral support plan to address the needs of the individual to acquire, maintain and enhance skills necessary for the individual to accomplish activities of daily living, instrumental activities of daily living and health-related tasks.

Time Limited Behavior Consultation Allowances:

Up to 15 hours of Behavior Consultation for the completion of a Functional Assessment (FA).

Up to 12 hours of Behavior Consultation to develop, prepare written presentation of, and train the ISP team to a formal Behavior Support Plan (BSP) or informal behavior support strategies which do not contain Protective Physical Interventions (PPI).

For Behavior Plans which require PPIs, allow up to 3 additional hours of Behavior Consultation to complete: (a) Initial OIS- Individual Focus (IF) training of staff to PPIs; (b) 30 days later- reviewing staff progress/continued demonstration of physical techniques for applicable PPIs.

Payment for the completion of the FA/ BSP shall not be made until the completion of the assessment and/or plan, with a detailed invoice received from the consultant. A consultant will not provide additional hours beyond the approved amount of hours without prior authorization.

Ongoing Behavior Consultation Authorization:

Ongoing behavior support shall be approved by the CDDP and not exceed the rates established, the individuals assessed needs for support, or what is necessary to complete the assessment. Plans for individuals requiring more than 3 hours of ongoing support per month must be approved by ODDS.

When an individual is receiving time-limited behavior consultation for development of a Functional Needs Assessment and formal behavior supports, ongoing Behavior Consultation may be noted in the Services and Funding plan as a placeholder if it is anticipated this service will be needed ongoing following the development of the formal supports. The start date may be noted as "Upon completion of FA/BSP process" when a placeholder for ongoing behavior consultation is created. Do not designate hours or funding for ongoing behavior consultation services until the FA/BSP process has been complete and there is a determination made by the ISP team based on the recommendation of the Behavior Consultant of the needed frequency and intensity of ongoing formal behavior supports. Once this is determined, an amendment may be made to the plan to allocate funding for the ongoing service and document the specific start date of the service.

Chore Services- this service is ONLY allowable for individuals receiving Supported Living Services.

Chore services are used to restore a hazardous or unsanitary situation to a clean, sanitary, and safe environment in an individual's home. Chore services include heavy household chores such as washing floors, windows, and walls, tacking down loose rugs and tiles, and moving heavy items of furniture for safe access and egress. Chore services may

include yard hazard abatement to ensure the outside of the home is safe for the individual to traverse and enter and exit the home.

Chore services are one-time or occasional assistance with tasks involving heavy physical labor aimed at achieving basic cleanliness and safety which may then be maintained over a reasonable period of time by routine housekeeping and maintenance. The “Supplemental Support Documentation for K Plan Services” form must be completed and included with the individual’s record.

This service may be authorized once, each time the following criteria are met:

- No one else is responsible to perform or pay for the services;
- The conditions prior to the service are unsanitary or hazardous;
- It is not ongoing home maintenance and housekeeping services or lawn and yard maintenance;
- Not a routine expense associated with moving residence, e.g. moving furniture and belongings, cleaning apartment to obtain cleaning deposit;
- Not remodeling or new construction in and around the home;
- Not pet washing and grooming;
- Not washing vehicles;
- Not normal household cleaning supplies; AND
- The issue that led to the hazardous or unsanitary situation is addressed (if not preventable, documentation must support why not).

When completing a new service plan for the year ahead, this service may be noted as an anticipated need based on previous circumstances or utilization of similar services. However, until the event of a need for this one-time service is specifically identified and supported through the completion of the “Supplemental Support Documentation for K Plan Services” form, no funding may be designated on the annual Services and Funding form. Once the immediate need and eligibility for Chore Services has been determined, an amendment may be made to the original Services and Funding form to allow for the additional funding to be allocated. Based on the nature of this service, it is most probable this service when needed, will be added as an amendment to the Services and Funding Plan to address an emerging situation, and likely not indicated when the original annual plan is written.

Community Transportation- this service is ONLY allowable for non-medical transportation for individuals choosing Supported Living Services (DD51). This service may only be selected with a corresponding cost when this service is not part of the monthly Supported Living, DD54 or DD53 service rate and the service is distinctly different than those provided in the bundled rate.

Transportation must be related to an identified need for support in the ANA (Adult Needs Assessment tool), not for the benefit of others in the household, and provided in the most cost-effective manner that will meet needs specified on the plan. Community

Transportation services are not used to replace any voluntary natural supports, volunteer transportation, and other transportation services available to the individual nor may the funding compensate the service provider for travel to and from the service provider's home or location of general business. Mileage reimbursement may only be applied when the individual is in the vehicle with the provider.

Options for Community Transportation Include:

Community Transportation, Commercial:

- Bus passes
- Taxi rides

Community Transportation, Mileage:

- Per mile reimbursement

Community Transportation, DD Provider:

- Agency transportation

Environmental Modifications- this service is ONLY allowable for individuals choosing Supported Living (DD51) AND own their own home. Funding in this category is intended to include physical adaptations which are necessary to ensure the health, welfare, and safety of the individual in the home, or which enable the individual to function with greater independence in the home. Environmental modifications must be tied to supporting ADLs, IADLs and health-related tasks as identified in the service plan. The "Supplemental Support Documentation for K Plan Services" form must be completed and included with the individual's record.

Environmental modifications are limited to \$5,000 per modification. Service Coordinators may request exceptional approval for additional expenditures through ODDS prior to expenditure. Modifications over \$5000 require a lien.

Three estimates for all work must be obtained and the least costly accepted.

Modifications over \$500 must be completed by a state licensed contractor.

Any modification requiring a permit must be inspected and be certified as in compliance with local codes by local inspectors prior to payment. Documentation of this activity must be retained in the individual's file.

Environmental modifications must be made within the existing square footage of the residence, except for external ramps, and cannot add to the square footage of the building.

Payment to the contractor is to be withheld until the work meets specifications. Funds may not be used as a deposit.

Repair or maintenance of environmental modifications may be included in this service. The service does not include repairs which are general home repairs which any home owner is likely to incur.

When completing the annual services and funding page, a placeholder may be made to identify the specific anticipated scope of work of the needed environmental modification. A funding allocation may not be noted until all of the required actions such as exhaustion of alternate resources, completion of the Supplemental Assessment, acquisition of three bids and selection of lowest cost bid, and exceptional approval from ODDS if an Environmental Modification exceeds \$5000 are complete. When the intended service is included as a placeholder, do not enter a specific start date prior to the required steps being completed and/or approval (as applicable) is obtained. Once the required actions are complete, an amendment may be made to the original Services and Funding form to allow for the additional funding to be allocated. Be sure to update the start date to reflect the authorization of the expenditure to begin.

Home Delivered Meals- this service is ONLY available to individuals choosing Supported Living (DD51) AND who are house-bound. Home Delivered Meals are provided for participants who live in their own homes, are home-bound, are unable to do meal preparation, and do not have another person available for meal preparation. Provision of the home delivered meal reduces the need for reliance on paid staff during some meal times by providing meals in a cost-effective manner. *If an individual is eligible for Home Delivered Meals the Department must approve the service at this time.*

Additional Information Required on Each Itemized Expenditure under “Other K-Plan Services:

What and how support is arranged: Identify the provider deemed responsible and receiving funding for delivering the identified service such as PSW, Independent Contractor, Agency Provider, or General Business.

Authorized Dates: Note the start date and end date of the specific service. This may be a specific range of dates or could be the entire plan year for a service expenditure that is continuous through out the plan year.

Unit of Service: Include the quantity per month and the corresponding rate per the provider type and authorized rate. Show the hourly wage calculation on the form where applicable.

The Monthly Amount and Plan Year Total should auto-calculate.

List the needed services and supports identified in the functional needs assessment:

Complete this narrative section, describing the service need and the intended method of delivery of supports to the individual through the identified funding. This narrative needs to be specific to the corresponding line item.

Other Waiver Services: Complete this section for any additional Department-funded waived services or items the individual needs and chooses¹ during their plan year.

Select the corresponding box next to the service or expenditure chosen by the individual during the plan year. Click the box to mark “X” if the expenditure applies to the individual’s service plan. If the individual does not have a need associated with the item or is ineligible for the specific service (such as an individual under the age of 21) leave the box blank.

Options include Extended State Plan Services- Occupational Therapy, Physical Therapy, and Speech, Hearing and Language Services. Occupational therapy, physical therapy, and speech, hearing and language services are provided according to a plan of treatment. Oregon Health Authority Medical Assistance Programs (MAP) Guides describe services provided, prior authorization requirements, and limitations of services and payments for each of these identified service types. Individuals under 21 years of age are not eligible for Occupational Therapy, Physical Therapy, or Speech, Hearing and Language Services as a waiver service. Medically necessary services are to be provided through the Oregon Health Plan.

Services for physical therapy, occupational therapy, speech therapy, and hearing services, must be recommended by a physician or other practitioner of the healing arts within the scope of practice under state law and provided to a recipient by or under the supervision of a qualified speech pathologist or audiologist.

These services may be identified once OHP limits have been reached. There must be written proof in the individual’s file that OHP limits have been reached.

Occupational Therapy Services as applicable under the HCBS Waiver are services of a professional licensed under ORS 675.240, which are defined under the approved State Medicaid Plan, except the amount and duration specified in the State Medicaid Plan may be exceeded.

Physical Therapy- The scope and nature of these services do not otherwise differ from Physical Therapy services furnished under the State plan. The provider qualifications specified in the State Plan apply.

Speech, Hearing and Language Services are specific services which address development of an individual’s speech, language and hearing skills. The scope and nature of these

services do not otherwise differ from Speech, Hearing and Language Services furnished under the State Plan. The provider qualifications specified in the State Plan apply.

When completing the annual services and funding page, a placeholder may be made to identify the specific anticipated occupational therapy, physical therapy and/or speech, hearing and language services. A funding allocation may not be noted until all of the required actions such as exhaustion of alternate resource, including a written proof that OHP limits have been reached. Do not enter a start date when the service is entered as a placeholder. Enter the phrase “Upon approval” for the start date. Once the required actions are complete, an amendment may be made to the original Services and Funding form to allow for the additional funding to be allocated. Update the start date to the specific date the funding has been authorized.

Additional Information Required on Each Itemized Expenditure under “Other Waiver Services:

What and how support is arranged: Identify the provider deemed responsible and receiving funding for delivering the identified service such as PSW, Independent Contractor, Agency Provider, or General Business.

Authorized Dates: Note the start date and end date of the specific service. This may be a specific range of dates or could be the entire plan year for a service expenditure which is continuous through out the plan year.

Unit of Service: Include the quantity per month and the corresponding rate per the provider type and authorized rate. Show the hourly wage calculation on the form where applicable.

The Monthly Amount and Plan Year Total should auto-calculate.

List the needed services and supports identified in the functional needs assessment: Complete this narrative section, describing the service need and the intended method of delivery of supports to the individual through the identified funding. This narrative needs to be specific to the corresponding line item.

Other Services and Supports: Use this section to identify additional resources, including natural supports available to the individual to meet the individual’s assessed needs. This may include care provided by family members, community programs, grants, trusts, private insurance, etc.

Note the “Services/Supports”, whom they are “Provided by” and the “Frequency and Duration”.

*Please note, the identified “Other Services and Supports” are intended to capture resources available to the individual in relation to the **assessed need** as determined by a functional needs assessment. Other Services and Supports identified should be applied in reference to the associated services for which the individual receives Department-funded Supports. For example, an individual receiving Supported Living Services is determined eligible based on the ANA to receive 8 hours per day of attendant care/direct care supports to meet ADL/IADL needs. The individual’s family member provides unpaid support each weekend and the individual receives no agency provided direct care supports on these dates. The amount of natural supports is calculated to be 8 hours per day x 9 days per month, equaling a total of 72 hours per month. The Supported Living Budget may not request funding for direct support hours in excess of 171 hours per month. (8 hours per day, approximately 21.375 days per month, accounting for the available natural support.)*

Should natural supports be reduced or no longer available, the Services and Funding plan may be amended as allowable to address the change in situation and the Department-funded service budget may be modified to address the support need impacted by the withdrawal of natural supports. Natural supports are voluntary and an individual may choose to utilize natural supports or select paid supports instead.

Signature: The individual, guardian, and/or their legal representative must sign and date the Services and Funding Plan in order for the identified funding to be allotted on behalf of the individual. This signature also notates the services identified in the plan are at the request of the individual, their guardian, and/or legal representative, have been determined following the provision of choice advising, and are based on identified, assessed needs..

The CDDP responsible for the creation of the plan must also sign and date the plan to indicate the services identified in the plan are based on assessed needs, meet policy, are in compliance with CMS guidelines, in alignment with Expenditure Guidelines, and are the result of a person-centered planning process that included choice advising.

**Signature of the individual, guardian, and/or legal representative documents agreement with the amount, duration and scope of services. Signature does not indicate full approval of the plan funding on behalf of the signing party nor do signatures indicate all expenditures are approved by the Department. If the individual and/or their representative note disagreement with the funding plan, a Notice of Rights may be provided to the individual and they may request a hearing.*

*****The Services and Funding Plan must not start without signature of the individual, their guardian, and/or legal representative. Expenditures incurred on behalf of the individual prior to plan signature are not authorized.*****

**Guide for Completion of
Services and Funding Individual Support Plan (ISP)
(Children’s In-Home Services Setting)**

This form is to be completed following the completion of the Level of Care (LOC) SDS 0520 and following the completion of the Child Needs Assessment (CNA) tool, as applicable.

Complete all lines at the beginning of the document, including- *CDDP; Services Coordinator; Individual’s name; DOB; Prime number; Parent/Guardian; ISP meeting date; ISP start date; ISP end date.*

Case Management: (select one): Select **Waiver Case Management** or **Non-Waiver Case Management** by marking the box next the chosen option for case management services. *If selected, Waiver Case Management services must also be selected and itemized under the “Waiver Services” section of this form.

Selection of case management type indicates the individual’s and/or their parent/guardian’s choice between Waiver and Non-Waiver Case Management. The discussion of types of case management available is part of the choice advising process. When a case management service type is selected, it is the responsibility of the CDDP to verify the individual’s eligibility to receive the selected case management type.

An individual’s ISP/Annual Plan must contain sufficient information to document the anticipated case management activities the individual is to receive during the plan year. This may be achieved through specific description in the “Child Annual/Family Support Plan (SDS 4549)” form or by providing a description on the “Services and Funding Individual Support Plan (ISP) (Children’s In-Home Services)” form. If opting to use the SDS 4549 form, check the box indicating this form contains sufficient information to describe the case management service. If using the Services and Funding form, provide a narrative or list of case management activities anticipated during the plan year specific to the individual.

Case management activities identified are actions completed by a services coordinator which meet the criteria as a qualified encounter. Anticipated case management activities may include (but are not limited to) the following:

- Annual Assessment of Support Needs and Level of Care Re-determination
- Provision of Choice Advising

- Facilitation of Access to Services and Supports
- Coordination of Community Services
- Monitoring of Services and Assessed Supports
- Provision and Evaluation of Information and Referral Resources
- Facilitation of Individual Support Plan Development
- Individual Support Plan Authorization and Review
- Assessment, Identification, Planning, and Monitoring of Services

Individuals enrolled in a waiver must receive at least one home and community-based waiver service each month. This may include Waiver Case Management and/or other services included in the waiver such as Family Training.

K-Plan/General Fund (GF) Services

Complete this section for all identified K-Plan services chosen by the individual and/or their representative to meet assessed needs. **Refer to the CDDP Expenditure Guidelines for specific definition and scope of services, requirements and allowable rate ranges for selected services.**

*****All services selected must correspond to a support need identified in the Child Needs Assessment (CNA) tool*****

K-Plan expenditures identified must be related “to a need identified in an individual’s person-centered service plan that increases an individual’s independence or substitutes for human assistance, to the extent that expenditures would otherwise be made for the human assistance.” 42 CFR §441.520.

Expenditures under K-Plan/GF must be cost-effective, may not be duplicative or available through alternate resources. Those items identified in this section may only be entered as a cost to the individual’s annual services once all alternate resources have been ruled out or exhausted.

It is the responsibility of the CDDP to verify the individual’s Medicaid eligibility prior to the individual selecting K-Plan services.

General Fund may be selected for children who are not Medicaid eligible; however, the requirements of OAR 411-308-0060(2) which include the child meeting the conditions for “crisis eligibility” apply. Department directed processes

for confirmation of general fund eligibility and approval of general fund services and funding apply.

For the “K-Plan/General Fund” section, select which funding source applies to the specific service identified. Click on the “Select Service” box and highlight the specific service which applies to the individual’s service plan. Options include:

- Attendant Care- ADL/IADL
- Skills Training (Attendant Care)
- Relief Care (Attendant Care)
- Behavior Supports
- Community Transportation
- Assistive Devices
- Specialized Medical Supplies (*General Fund Only)
- Assistive Technology
- Community Nursing Services
- Emergency Response Systems
- Environmental Modifications
- Attendant Care Management Support (ex: STEPS)

Attendant Care services and supports assist an individual in accomplishing activities of daily living (ADL), instrumental activities of daily living (IADL) and health related tasks through hands-on assistance, supervision, or cueing. Attendant Care hours are determined by the Child Needs Assessment (CNA) tool and hours identified in the plan may not exceed the amount of attendant care hours determined by the CNA tool. *Relief Care* and *Skills Training* may be identified as a separate K-Plan service, however, the hours allocated to these activities are considered to be, or simultaneously occurring with, attendant care provided to the individual and are allocated from the total attendant care hours the individual is eligible to receive. ***Expenditure Guideline requirements and restrictions apply.***

Relief Care is short-term care and supervision provided because of the absence, or need for relief, of persons normally providing the care to individuals unable to care for themselves. When relief care is utilized, it is considered the designation of attendant care supports whereas the individual and/or their guardian has exercised choice in provider while simultaneously allowing relief to the primary caregiver(s). Relief Care may be designated as a distinct K-Plan service, however, the hours applied to Relief Care must be allocated from the total monthly attendant care hours available to the individual as determined by the CNA tool. Relief Care may be designated as an hourly service or in 24-hour increments as appropriate. ***Expenditure Guideline requirements and restrictions apply.***

Skills Training services include functional skills trainings, coaching, and prompting the individual to accomplish ADL, IADL and health-related skills. Services are specifically tied to the functional needs assessment and person-centered service plan and are a means to increase independence, preserve functioning, and reduce dependency of the service recipient. Skills Training is considered to be occurring simultaneously to the ADL/IADL or health related task for which attendant care has been designated and for which Skills Training supports apply. Skills Training may be designated as a distinct K-Plan service, however, the hours applied to Skills Training must be allocated from the total monthly attendant care hours available to the individual as determined by the CNA tool. ***Expenditure Guideline requirements and restrictions apply.***

Behavior Supports are Positive Behavior Support Services which include coaching and support of positive behaviors, behavior modification and intervention supports to allow individuals to develop, maintain and/or enhance skills to accomplish ADL's, IADL's, and health related tasks. ***Expenditure Guideline requirements and restrictions apply.***

Community Transportation includes transportation services which allow individuals to gain access to services, activities and resources which are not medical in nature. Community transportation is customarily considered a parental responsibility associated with the care of a minor child. If Community Transportation is requested in a plan for a minor child, Department approval must be granted prior to the service being included and funded in the service plan. ***Expenditure Guideline requirements and restrictions apply.***

Assistive Devices includes any category of durable medical equipment, mechanical apparatus, electrical appliance, or instrument of technology used to assist and enhance an individual's independence in performing any activity of daily living. The "Supplemental Support Documentation for K Plan Services" must be completed and included with the individual's record. ***Expenditure Guideline requirements and restrictions apply.***

Specialized Medical Supplies are currently a category of funding which is captured through General Fund. This category is not included in the K-Plan nor the Support Services or Comprehensive Services Waiver. Items in this category may include incontinence supplies such as wipes, gloves, chucks, briefs, etc. Exceptional approval from the Department may only be considered for expenditures based on

related assessed need through the functional needs assessment tool as well as documentation that no alternative resources exist to meet the need.

Assistive Technology- provides additional security to individuals and replaces the need for direct interventions. Assistive technology allows the individual to self-direct their care and maximizes independence. Examples of assistive technology include, but are not limited to, motion and sound sensors, two-way communication systems, automatic faucet and soap dispensers, toilet flush sensors, incontinence sensors and fall sensors. ***Expenditure Guideline requirements and restrictions apply.***

Community Nursing Services- The focus of the Long Term Care (LTC) Community Nursing Program is on teaching and supporting the person and their caregivers to ensure the person's health needs are met. All services are focused on the person and their choices, promoting self-management of the person's health condition whenever possible. The LTC Community Nurse provides oversight of nursing tasks needed by an individual for their stable, chronic and ongoing health needs and activities of daily living.

The LTC Community Nurse does not duplicate or replace the nursing services provided through home health, hospice, hospital or other clinical settings. They do not provide direct hands on nursing tasks. They provide delegation in settings where a Registered Nurse is not regularly scheduled and not available to provide direct supervision. ***Expenditure Guideline requirements and restrictions apply.***

Emergency Response Systems include electronic devices required by certain individuals to secure help in an emergency for safety in the home and the community. ***Expenditure Guideline requirements and restrictions apply.***

Environmental Modifications include physical adaptations which are necessary to ensure the health, welfare, and safety of the individual in the home, or which enable the individual to function with greater independence in the home. The "Supplemental Support Documentation for K Plan Services" form must be completed and included with the individual's record. ***Expenditure Guideline requirements and restrictions apply.***

Attendant Care Management Support- Parents/Guardians of individuals will be offered the opportunity to participate in training and/or be provided technical assistance on how to manage their attendant services. These services are currently

offered as part of the STEPS program coordinated by the Oregon Home Care Commission (HCC).

When completing the annual services and funding page a placeholder may be made to identify specific anticipated services which are determined to be needed as a result of the CNA assessment tool. When a service or item is identified, but there are additional requirements, a funding allocation may not be noted until all of the required actions specific to the identified service are completed. Examples of additional requirements necessary prior to the designation of funding include completion of a supplemental assessment, exhausting medical plan benefits and obtaining written documentation of benefit exhaustion, obtaining insurance denials, completion of the a Functional Needs Assessment and formal Behavior Support Plan or guidelines, obtaining at least 3 bids for the scope of work, and/or obtaining a exception approval from ODDS. When a placeholder is created, do NOT enter a specific start date. Once the required actions are complete, an amendment may be made to the original Services and Funding form to allow for the additional funding to be allocated and a specific start date may be entered to indicate authorization.

Additional Information Required on Each Itemized Expenditure under “K-Plan/General Fund” Services:

What and how support is arranged: Identify the provider deemed responsible and receiving funding for delivering the indentified service, such as PSW, Independent Contractor, Agency Provider, or General Business.

Authorized Dates: Note the start date and end date of the specific service. This may be a specific range of dates or could be the entire plan year for a service expenditure which is continuous through out the plan year.

Unit of Service: Include the quantity per month and the corresponding rate per the provider type and authorized rate. Show the hourly wage calculation on the form where applicable. If the service is a one-time expenditure, please note this.

The Monthly Amount and Plan Year Total must be manually calculated based on the computation of unit of service and frequency as applicable.

List the needed services and supports identified in the functional needs assessment (address risks, goals and preferences): Complete this narrative section, describing

the service need and the intended method of delivery of supports to the individual through the identified funding. This narrative needs to be specific to the corresponding line item and should address risks, and include goals and individual preferences. *Do not cut and paste a same narrative for all expenditures identified in the plan, but do provide specific descriptions related to the single line item requested.*

Waiver Services

Waiver Services: Complete this section for all identified Waiver services chosen by the individual and/or their parent/guardian to meet assessed needs. The provision of Waiver services must be related to meeting an individual's assessed needs.

Refer to the CDDP Expenditure Guidelines for specific definition and scope of services, requirements and allowable rate ranges for selected services.

It is the responsibility of the CDDP to verify an individual's eligibility for the waiver, including the individual has active OSIP-M eligibility.

Options for Waiver Services for children under the **Comprehensive Services Waiver** include: Waiver Case Management and/or Family Training.

General Fund may be selected for children who are not Medicaid eligible, however, the requirements of OAR 411-308-0060(2) which include the child meeting the conditions for "crisis eligibility" apply. Department directed processes for confirmation of general fund eligibility and approval of general fund services and funding apply.

Waiver Case Management: Case management activities identified are actions completed by the Services Coordinator which meet the criteria of a qualified encounter. The service should be specific to the individual's identified needs.

Family Training (Comprehensive Service Waiver): Training and counseling services for the family of an individual to increase capabilities of the family to care for, support, and maintain the individual in the home. Services are provided by licensed psychologists, professionals licensed to practice medicine, social workers, counselors, or in organized conferences and workshops which are limited to topics

related to the individual's disability, identified support needs, or specialized medical or habilitation support needs. *Expenditure Guideline requirements and restrictions apply.*

Additional Information Required on Each Itemized Expenditure under "Other Waiver Services:

What and how support is arranged: Identify the provider deemed responsible and receiving funding for delivering the identified service, such as PSW, Independent Contractor, Agency Provider, or General Business.

Authorized Dates: Note the start date and end date of the specific service. This may be a specific range of dates or could be the entire plan year for a service expenditure that is continuous through out the plan year.

Unit of Service: Include the quantity per month and the corresponding rate per the provider type and authorized rate. Show the hourly wage calculation on the form where applicable. If the service is a one-time expenditure, please note this.

List the needed services and supports identified in the functional needs assessment: Complete this narrative section, describing the service need and the intended method of delivery of supports to the individual through the identified funding. This narrative needs to be specific to the corresponding line item and should address risks, and include goals and individual preferences. *Do not cut and paste a same narrative for all expenditures identified in the plan, but do provide specific descriptions related to the single line item requested.*

State Plan Personal Care

Select this option if the individual chooses to receive assistance via this State Plan program.

State Plan Personal Care: State Plan Personal Care services are ADL/IADL services which may enable an individual to move into or remain in his or her own home. Personal assistance tasks include: Basic personal hygiene; toileting, bowel or bladder care; mobility, transfers or repositioning; nutrition support; medication or oxygen management; and/or delegated nursing tasks.

Individuals qualifying for at least 1 personal care services listed above may also qualify for assistance with support service tasks such as: Housekeeping, arranging for necessary medical appointments, observing and reporting health status, first aid and handling emergencies and cognitive assistance and emotional support.

State Plan Personal Care services are allowable up to 20 hours per month. Complete a Personal Care Assessment (SDS 0531C), Service Plan and Task List (SDS 546PC), Provider Authorization (SDS 531P). Enter the number of hours for Personal assistance tasks and Support service tasks approved, and the Start and End date on the Services and Funding ISP (SDS 0151). Keep a copy of all forms in the individual's file. Email a copy of 546PC, 531P to Provider Payment Support Unit through secured email (DD.PC-20@state.or.us) for payment to be set up through vouchers.

If an individual is requesting more than 20 hours per month of State Plan Personal Care Services, an exception may be requested for additional hours. *Refer to.* [APD-PT-14-005](#).

*State Plan Personal Care Services are considered supports to meet specific identified ADL/IADL needs. The supports provided through this service are based on support needs which are also identified in the CNA tool. Personal Care hours, when selected to meet the individual's ADL/IADL support needs in addition to K Plan attendant care supports, are considered as a resource in meeting attendant care supports and must be allocated from the monthly attendant care hours determined by the CNA tool. Documentation in the plan needs to clearly identify the amount of attendant support hours provided to the individual via State Plan Personal Care.

If an individual is selecting only State Plan Personal Care as their desired service option (and no other K Plan services), completion of the CNA (Child Needs Assessment) tool is not required.

Other Services and Supports

Use this section to identify additional resources including natural supports available to the individual to meet the individual's assessed needs. This may include care provided by family members, community programs, grants, trusts, private insurance, etc.

Note the “Services/Supports”, whom they are “Provided by” and the “Frequency and Duration”.

*Please note, the identified “Other Services and Supports” are intended to capture resources available to the individual in relation the **assessed need** as determined by a functional needs assessment. Other Services and Supports identified should be applied in reference to the associated services for which the individual receives Department-funded Supports.*

Should the natural support be reduced or no longer available, the Services and Funding plan may be amended to address the change in situation. Additional paid attendant care hours may be authorized, up the amounts allowable per the assessment tool, to address the support need impacted by the withdrawal of natural supports. Natural supports are voluntary and an individual may choose to utilize natural supports or select paid supports instead. Care provided to a minor child that is within the scope of dependent care typically provided by a parent/legally responsible party is not considered an optional natural support. Medicaid funded supports for children are considered exceptional supports related to the child’s developmental disability that are necessary in addition to, and above and beyond, supports that are parental responsibility.

Signature

The individual’s parent or legal guardian must sign and date the Services and Funding Plan in order for the identified funding to be allotted on behalf of the individual. This signature also notates the services identified in the plan are at the request of the individual and their parent/guardian, have been determined following the provision of choice advising, and are based on identified, assessed needs.

The case management entity responsible for the creation of the plan must also sign and date the plan to indicate the services identified in the plan are based on assessed needs, meet policy, are in compliance with CMS guidelines, in alignment with Expenditure Guidelines, and are the result of a person-centered planning process which included choice advising.

**Signature of the individual’s parent or legal guardian documents agreement with the amount, duration and scope of services. Signature does not indicate full*

approval of the plan funding on behalf of the signing party, nor do signatures indicate all expenditures are approved by the Department. If the individual and/or their representative note disagreement with the funding plan, a Notice of Rights may be provided to the individual and they may request a hearing.

*****The Services and Funding Plan must not start without signature of the individual's parent or legal guardian. Expenditures incurred on behalf of the individual prior to plan signature are not authorized*****

Guide for Completion of
“Services and Funding Individual Support Plan (ISP)
(Adult In-Home Services Setting)

This form is to be completed following the completion of the Level of Care (LOC) SDS 0520 and following the completion of the Adult Needs Assessment (ANA) tool

Complete all lines at the beginning of the document, including- *CDDP or Brokerage; Services Coordinator/Personal Agent; Individual’s name; DOB; Prime number; Guardian (if applicable); Representative (if applicable); ISP start date; ISP end date; Date of ANA assessment.*

Case Management: (select one): Select **Waiver Case Management** or **Non-Waiver Case Management** by marking the box next the chosen option for case management services. Indicate start date and end date of the service by entering the dates in the corresponding lines.

Selection of case management type indicates the individual’s and/or their representative’s choice between Waiver and Non-Waiver Case Management. The discussion of types of case management available is part of the choice advising process. When a case management service type is selected, it is the responsibility of the appropriate case management entity to verify the individual’s eligibility to receive the selected case management type.

Include a description of the case management activities anticipated to be provided through out the plan year. The description may be documented as a narrative or listed under the **Case Management Comments/Details:** section. Case management activities identified are actions completed by a services coordinator which meet the criteria as a qualified encounter. Anticipated case management activities may include (but are not limited to) the following:

- Assessment of Support Needs and Level of Care
- Provision of Choice Counseling and Choice Advising
- Facilitation of Access to Services and Supports
- Coordination of Community Services
- Monitoring of Services and Assessed Supports
- Provision and Evaluation of Information and Referral resources
- Facilitation of Individual Support Plan Development
- Individual Support Plan Authorization and Review
- Assessment, Identification, Planning, and Monitoring of Crisis Services
- Provision of Protective Service Activities & Completion of SERT Reports

Individuals enrolled in a waiver must receive at least one home and community-based waiver service each month. This may include Waiver Case Management and/or other services included in the waiver such as Supported Employment, Family Training, etc.

K-Plan Services

“I choose the following K-Plan Services”: Complete this section for all identified K-Plan services chosen by the individual and/or their representative to meet assessed needs. **Refer to the Brokerage Expenditure Guidelines or CDDP Expenditure Guidelines for specific definition and scope of services, requirements and allowable rate ranges for selected services.**

*****All services selected must correspond to a support need identified in the Adult Needs Assessment (ANA) tool*****

K-Plan expenditures identified must be related “to a need identified in an individual’s person-centered service plan that increases an individual’s independence or substitutes for human assistance, to the extent that expenditures would otherwise be made for the human assistance.” 42 CFR §441.520.

Expenditures under K-Plan must be cost-effective, may not be duplicative or available through alternate resources. Those items identified in this section may only be entered as a cost to the individual’s annual services once all alternate resources have been ruled out or exhausted. An expenditure may not be itemized as an additional cost to the individual’s plan if it is a service/support that is already captured in another funded bundled service such as the monthly DD54 or DD53 service rate, unless the service is distinctly different than those provided in the bundled rate.

Select K-Plan Services by clicking on the “Select Service” box and highlighting the specific service which applies to the individual’s service plan. Options include:

- Attendant Care- ADL/IADL
- Skills Training (Attendant Care)
- Relief Care (Attendant Care)
- Behavior Supports
- Community Transportation
- Assistive Devices
- Assistive Technology
- Chore Services
- Transition Services
- Community Nursing Services
- Emergency Response Systems
- Environmental Modifications
- Home Delivered Meals
- Attendant Care Management Support (ex: STEPS)

Attendant Care services and supports assist an individual in accomplishing activities of daily living (ADL), instrumental activities of daily living (IADL) and health related tasks through hands-on assistance, supervision, or cueing. Attendant Care hours are determined by the Adult Needs Assessment (ANA) tool and hours identified in the plan may not exceed the amount of attendant care hours determined by the ANA tool. *Relief Care* and *Skills Training* may be identified as a separate K-Plan service, however, the hours allocated to these activities are considered to be, or simultaneously occurring with, attendant care provided to the individual and are allocated from the total attendant care hours the individual is eligible to receive. ***Expenditure Guideline requirements and restrictions apply.***

Relief Care is short-term care and supervision provided because of the absence, or need for relief, of persons normally providing the care to individuals unable to care for themselves. When relief care is utilized, it is considered the designation of attendant care supports whereas the individual has exercised choice in provider while simultaneously allowing relief to the primary caregiver(s). Relief Care may be designated as a distinct K-Plan service, however, the hours applied to Relief Care must be allocated from the total monthly attendant care hours available to the individual as determined by the ANA tool. Relief Care may be designated as an hourly service or in 24-hour increments as appropriate. ***Expenditure Guideline requirements and restrictions apply.***

Skills Training services include functional skills trainings, coaching, and prompting the individual to accomplish ADL, IADL and health-related skills. Services are specifically tied to the functional needs assessment and person-centered service plan and are a means to increase independence, preserve functioning, and reduce dependency of the service recipient. Skills Training is considered to be occurring simultaneously to the ADL/IADL or health related task for which attendant care has been designated and for which Skills Training supports apply. Skills Training may be designated as a distinct K-Plan service, however, the hours applied to Skills Training must be allocated from the total monthly attendant care hours available to the individual as determined by the ANA tool. ***Expenditure Guideline requirements and restrictions apply.***

Behavior Supports are Positive Behavior Support Services which include coaching and support of positive behaviors, behavior modification and intervention supports to allow individuals to develop, maintain and/or enhance skills to accomplish ADL's, IADL's, and health related tasks. ***Expenditure Guideline requirements and restrictions apply.***

Community Transportation includes transportation services which allow individuals to gain access to services, activities and resources which are not medical in nature. Individuals receiving Comprehensive Waiver Services may have some of their transportation services included in a DD53 Transportation budget to address transportation specific to travel to and from a vocational service funded through DD54. There may be additional community transportation supports identified in the plan which address support needs for transportation to access the community which are not specific to travel to and from a vocational program. If there are multiple types of transportation supports identified for the individual, the services funded may not be duplicative or available through alternate resources. ***Expenditure Guideline requirements and restrictions apply.***

Assistive Devices includes any category of durable medical equipment, mechanical apparatus, electrical appliance, or instrument of technology used to assist and enhance an individual's independence in performing any activity of daily living. The “Supplemental Support Documentation for K Plan Services” must be completed and included with the individual’s record. ***Expenditure Guideline requirements and restrictions apply.***

Assistive Technology provides additional security to individuals and replaces the need for direct interventions. Assistive technology allows the individual to self-direct their care and maximizes independence. Examples of assistive technology include, but are not limited to, motion and sound sensors, two-way communication systems, automatic faucet and soap dispensers, toilet flush sensors, incontinence sensors and fall sensors. ***Expenditure Guideline requirements and restrictions apply.***

Chore Services are used to restore a hazardous or unsanitary situation to a clean, sanitary, and safe environment in an individual's home. Chore services include heavy household chores such as washing floors, windows, and walls, tacking down loose rugs and tiles, and moving heavy items of furniture for safe access and egress. Chore services may include yard hazard abatement to ensure the outside of the home is safe for the individual to traverse and enter and exit the home.

Chore services are one-time or occasional assistance with tasks involving heavy physical labor aimed at achieving basic cleanliness and safety which may then be maintained over a reasonable period of time by routine housekeeping and maintenance. The “Supplemental Support Documentation for K Plan Services” must be completed and included with the individual’s record. Chore services are only available when no one else is responsible to perform or pay for the service. An example of when another party might be responsible is when the individual lives in the family home. ***Expenditure Guideline requirements and restrictions apply.***

Transition Services covers transition costs such as rent and utility deposits, first month's rent and utilities, bedding, basic kitchen supplies, and other necessities required for an individual to make the transition from a nursing facility, institution for mental diseases, or intermediate care facility for the intellectually disabled, to a community-based home setting where the individual resides. ***Expenditure Guideline requirements and restrictions apply.***

Community Nursing Services- The focus of the Long Term Care (LTC) Community Nursing Program is on teaching and supporting the person and their caregivers to ensure the person's health needs are met. All services are focused on the person and their choices, promoting self-management of the person's health condition whenever possible. The LTC Community Nurse provides oversight of nursing tasks needed by an individual for their stable, chronic and ongoing health needs and activities of daily living.

The LTC Community Nurse does not duplicate or replace the nursing services provided through home health, hospice, hospital or other clinical settings. They do not provide direct hands on nursing tasks. They provide delegation in settings where a Registered Nurse is not regularly scheduled and not available to provide direct supervision. ***Expenditure Guideline requirements and restrictions apply.***

Emergency Response Systems include electronic devices required by certain individuals to secure help in an emergency for safety in the home and the community. ***Expenditure Guideline requirements and restrictions apply.***

Environmental Modifications include physical adaptations which are necessary to ensure the health, welfare, and safety of the individual in the home, or which enable the individual to function with greater independence in the home. The "Supplemental Support Documentation for K Plan Services" form must be completed and included with the individual's record. ***Expenditure Guideline requirements and restrictions apply.***

Home Delivered Meals this service is ONLY available to individuals who live in their own homes, are house-bound, are unable to do meal preparation, and do not have another person available for meal preparation. *If an individual is eligible for Home Delivered Meals, the Department must approve this service at this time.*

Attendant Care Management Support- Individuals will be offered the opportunity to participate in training and/or be provided technical assistance on how to manage their attendant services. These services are currently offered as part of the STEPS program coordinated by the Oregon Home Care Commission (HCC).

When completing the annual services and funding page a placeholder may be made to identify specific anticipated services which are determined to be needed as a result of the ANA assessment tool. When a service or item is identified, but there are additional requirements, a funding allocation may not be noted until all of the required actions specific to the identified service are completed. Examples of additional requirements necessary prior to the designation of funding include completion of a supplemental assessment, exhausting medical plan benefits and obtaining written documentation of benefit exhaustion, obtaining insurance denials, completion of the a Functional Needs Assessment and formal Behavior Support Plan or guidelines, obtaining at least 3 bids for the scope of work, and/or obtaining a exception approval from ODDS When a placeholder is created, do NOT enter a specific start date. Once the required actions are complete, an amendment may be made to the original Services and Funding form to allow for the additional funding to be allocated and a specific start date may be entered to indicate authorization.

Additional Information Required on Each Itemized Expenditure under “Other K-Plan Services:

What and how support is arranged: Identify the provider deemed responsible and receiving funding for delivering the indentified service, such as PSW, Independent Contractor, Agency Provider, or General Business.

Authorized Dates: Note the start date and end date of the specific service. This may be a specific range of dates or could be the entire plan year for a service expenditure which is continuous through out the plan year.

Unit of Service: Include the quantity per month and the corresponding rate per the provider type and authorized rate. Show the hourly wage calculation on the form where applicable. If the service is a one-time expenditure, please note this.

The Monthly Amount and Plan Year Total must be manually calculated based on the computation of unit of service and frequency as applicable.

List the needed services and supports identified in the functional needs assessment: Complete this narrative section, describing the service need and the intended method of delivery of supports to the individual through the identified funding. This narrative needs to be specific to the corresponding line item and should address risks, and include goals and individual preferences. *Do not cut and paste a same narrative for all expenditures identified in the plan but do provide specific descriptions related to the single line item requested.*

State Plan Personal Care

Select this option if the individual chooses to receive assistance via this State Plan program.

State Plan Personal Care: State Plan Personal Care services are ADL/IADL services which may enable an individual to move into or remain in his or her own home. Included in State Plan Personal Care are assistance with basic personal hygiene; toileting, bowel or bladder care; mobility, transfers or repositioning; nutrition support; medication or oxygen management; and/or delegated nursing tasks. For individuals qualifying for personal care assistance based on need for support in the above listed activities, assistance with housekeeping, arranging for necessary medical appointments, observing and reporting health status, first aid and handling emergencies and cognitive assistance and emotional support may also be provided as it relates to identified needs. State Plan Personal Care services are allowable up to 20 hours per month and a copy of the Personal Care Assessment tool form SDS 0531A must be completed and retained in the individual's file. If an individual is requesting more than 20 hours per month of State Plan Personal Care Services, an exception may be requested for additional hours. *See the State Plan Personal Care OAR 411-034-0000 through 411-034-0090 for further requirements, limitation and applicable details.*

*State Plan Personal Care Services are considered supports to meet specific identified ADL/IADL needs. The supports provided through this service are based on support needs which are also identified in the ANA tool. Personal Care hours when selected to meet the individual's ADL/IADL support needs in addition to K Plan attendant care supports are considered as a resource in meeting attendant care supports and must be allocated from the monthly attendant care hours determined by the ANA tool.

If an individual is selecting only State Plan Personal Care as their desired service option (and no other K Plan services), completion of the ANA (Adult Needs Assessment) tool is not required.

Waiver Services

"I choose the following Waiver Services": Complete this section for all identified Waiver services chosen by the individual and/or their representative to meet assessed needs. **Refer to the Brokerage Expenditure Guidelines or CDDP Expenditure Guidelines for specific definition and scope of services, requirements and allowable rate ranges for selected services.**

The provision of Waiver services must be related to meeting an individual's assessed needs. Individuals are given the opportunity to select the waiver in which they want to

enroll through the choice advising process and may access services available through the waiver in which they are enrolled.. Choice advising is provided in conjunction with completion of the Level of Care form (SDS0520).

The individual may only be enrolled in one waiver at a time. Only those services available in a waiver for which an individual is enrolled may be applied to the individual's Services and Funding Plan for waiver services.

It is the responsibility of the case management entity completing the Services and Funding Plan to verify an individual's eligibility for the waiver, including the individual has active OSIP-M eligibility.

Options for Waiver Services under the **Support Services Waiver** include: Supported Employment, Community Living and Inclusion Supports, Family Training, Special Diets, Specialized Supports, Extended State Plan- Occupational Therapy, Physical Therapy, and Speech, Hearing and Language Services.

Options for Waiver Services under the **Comprehensive Services Waiver** include: Supported Employment, Pre-vocational and Alternatives to Employment (ATE), Family Training, and Extended State Plan- Occupational Therapy, Physical Therapy, and Speech, Hearing and Language Services.

Supported Employment (Support Services & Comprehensive Waiver): Provides supports to individuals for whom competitive employment is unlikely without ongoing support to perform in a work setting. Supported employment occurs in a variety of settings, particularly work sites in which persons without disabilities are employed. Supported employment includes activities needed to obtain and sustain paid work by individuals receiving waiver services, including supervision, supports and training.

Supported Employment Services for individuals receiving services under the Comprehensive Service waiver shall be captured by the Employment Services (DD54) budget tool. Translate the monthly rate (noting the hours/days per week of service the rate supports). Please refer to the Employment and Alternatives to Employment OAR 411-345-0010 through 411-325-0270.

*Supported Employment Services for individuals receiving services under the Support Services waiver shall be captured in the individual's services plan. **Expenditure Guideline** requirements and restrictions apply.*

Community Living and Inclusion Supports- Habilitation (Support Services Waiver only): This service includes assisting individuals in acquiring, retaining and improving skills around socialization, recreation and leisure, communication, participation in the community and ability to direct supports. Supports may be work-related and include instruction in skills an individual wishes to acquire, retain or improve that enhance

independence, productivity, integration and/or maintain the individual's physical and cognitive skills.

These services are supports provided in addition to ADL/IADL attendant care assistance. Per the Support Services Waiver, ADL/IADL services are not provided during the provision of Community Living and Inclusion Supports-Habilitation. No duplication of Medicaid State Plan, IDEA or Office of Vocational Rehabilitation Services (OVRS) will occur.

Expenditure Guideline requirements and restrictions apply.

Alternatives to Employment-Habilitation (Comprehensive Services Waiver only): This service provides the individual with assistance in acquisition, retention or improvement in self-help, socialization, and adaptive skills which takes place in a non-residential setting, separate from the home or facility in which the individual resides. Alternatives to Employment- Habilitation services shall focus on enabling the individual to attain or maintain his or her maximum level of independence and shall be coordinated with the delivery of attendant care services through the Medicaid State Plan. These services are supports provided in addition to ADL/IADL attendant care assistance. No duplication of State Plan services will occur.

Expenditure Guideline requirements and restrictions apply. Alternatives to Employment- Habilitation for individuals receiving services under the Comprehensive Service waiver shall be captured by Employment Services (DD54) budget tool. Translate the monthly rate (noting the hours/days per week of service the rate supports). Please refer to the Employment and Alternatives to Employment OAR 411-345-0010 through 411-325-0270.

Family Training (Support Services & Comprehensive Service Waiver): Training and counseling services for the family of an individual to increase capabilities of the family to care for, support and maintain the individual in the home. Services are provided by licensed psychologists, professionals licensed to practice medicine, social workers, counselors, or in organized conferences and workshops which are limited to topics related to the individual's disability, identified support needs, or specialized medical or habilitation support needs. ***Expenditure Guideline requirements and restrictions apply.***

Special Diets (Support Services Waiver only): Includes specially prepared food and/or particular types of food needed to sustain the individual in the family home. Special diets must be ordered by a physician and monitored by a dietitian periodically. (Does not include Gluten Free diets). Special diets are supplements and are not intended to meet an individual's complete daily nutritional requirements. They do not provide or replace the nutritional equivalent of meals and snacks normally required regardless of disability. ***Guideline requirements and restrictions apply.***

Extended State Plan Services- Occupational Therapy, Physical Therapy, and Speech, Hearing and Language Services (Support Services & Comprehensive Waiver Services)- Occupational therapy, physical therapy, and speech, hearing and language services are provided according to a plan of treatment. Oregon Health Authority Medical Assistance Programs (MAP) Guides describe services provided, prior authorization requirements, and limitations of services and payments for each of these identified service types. Individuals under 21 years of age are not eligible for Occupational Therapy, Physical Therapy, or Speech, Hearing and Language Services as a waiver service. Medically necessary services are to be provided through the Oregon Health Plan.

Occupational Therapy, Physical Therapy, and Speech, Hearing, and Language Services are considered a Medical Service and must be billed through the MMIS system. ODDS exceptional approval is required for these services.

When completing the annual services and funding page, a placeholder may be made to identify the specific anticipated occupational therapy, physical therapy and/or speech, hearing and language services. A funding allocation may not be noted until all of the required actions such as exhaustion of alternate resource, including a written proof that OHP limits have been reached, and an exception has been made by ODDS. Do not enter a stat date on an item that has been entered as a placeholder. Enter “upon approval” as the start date. Once the required actions are complete, an amendment may be made to the original Services and Funding form to allow for the additional funding to be allocated and update the start date to reflect authorization for the service to begin.

Additional Information Required on Each Itemized Expenditure under “Other Waiver Services:

What and how support is arranged: Identify the provider deemed responsible and receiving funding for delivering the identified service, such as PSW, Independent Contractor, Agency Provider, or General Business.

Authorized Dates: Note the start date and end date of the specific service. This may be a specific range of dates or could be the entire plan year for a service expenditure that is continuous through out the plan year.

Unit of Service: Include the quantity per month and the corresponding rate per the provider type and authorized rate. Show the hourly wage calculation on the form where applicable. If the service is a one-time expenditure, please note this.

The Monthly Amount and Plan Year Total must be manually calculated based on the computation of unit of service and frequency as applicable.

List the needed services and supports identified in the functional needs assessment:
Complete this narrative section, describing the service need and the intended method of delivery of supports to the individual through the identified funding. This narrative needs to be specific to the corresponding line item and should address risks, and include goals and individual preferences.

General Fund Services

Use this category to select specific expenditures and services which are funded through State General Fund. **All General Fund expenditures require prior authorization from ODDS. A copy of the exception approval must be attached to the Services and Funding Page document.**

Specialized Medical Supplies may be a category of funding which is captured through General Fund. This category is not included in the K-Plan nor the Support Services or Comprehensive Services Waiver. Items in this category may include incontinence supplies such as wipes, gloves, chucks, briefs, etc. Exceptional approval may only be considered for expenditures based on related assessed need through the functional needs assessment tool as well as documentation that no alternative resources exist to meet the need.

Additional Information Required on Each Itemized Expenditure under “Other Waiver Services:

What and how support is arranged: Identify the provider deemed responsible and receiving funding for delivering the identified service, such as PSW, Independent Contractor, Agency Provider, or General Business.

Authorized Dates: Note the start date and end date of the specific service. This may be a specific range of dates or could be the entire plan year for a service expenditure which is continuous through out the plan year.

Unit of Service: Include the quantity per month and the corresponding rate per the provider type and authorized rate. Show the hourly wage calculation on the form where applicable. If the service is a one-time expenditure, please note this.

The Monthly Amount and Plan Year Total must be manually calculated based on the computation of unit of service and frequency as applicable.

List the needed services and supports identified in the functional needs assessment:
Complete this narrative section, describing the service need and the intended method of delivery of supports to the individual through the identified funding. This narrative needs to be specific to the corresponding line item and should address risks and include goals and individual preferences.

Other Services and Supports

Use this section to identify additional resources including natural supports available to the individual to meet the individual's assessed needs. This may include care provided by family members, community programs, grants, trusts, private insurance, etc.

Note the "Services/Supports", whom they are "Provided by" and the "Frequency and Duration".

*Please note, the identified "Other Services and Supports" are intended to capture resources available to the individual in relation to the **assessed need** as determined by a functional needs assessment. Other Services and Supports identified should be applied in reference to the associated services for which the individual receives Department-funded Supports. For example, an individual receiving K-Plan services has been determined eligible through the ANA to receive 8 hours per day of attendant care support to meet ADL/IADL needs. The individual's family member provides unpaid support each weekend and the individual receives no attendant care from a paid provider on these dates. The amount of natural supports is calculated to be 8 hours per day x 9 days per month, equaling a total of 72 hours per month. The Services and Funding Page should not request funding for direct support hours in excess of 171 hours per month. (8 hours per day, approximately 21.375 days per month, accounting for the available natural support.)*

Should natural supports be reduced or no longer available, the Services and Funding plan may be amended to address the change in situation and additional paid attendant care hours, up to the amount determined by the ANA, may be authorized to address the support need impacted by the withdrawal of natural supports. Natural supports are voluntary and an individual may choose to utilize natural supports or select paid supports instead.

If an individual is residing in their family home and receives an SSI subsidy which accounts for the individual's financial need to provide room and board, do not indicate that the family provides the individual with a place to live as a support or resource provided to the individual. If the provision of room and board is identified as a resource provided to the individual, this support is considered unearned income and the individual may receive a reduction in SSI benefits as a result.

Signature

The individual, guardian, and/or legal representative must sign and date the "Services and Funding ISP" form in order for the identified funding to be allotted on behalf of the individual. This signature also notates the services identified in the plan are at the request of the individual, their guardian, and/or legal representative, have been determined following the provision of choice advising, and are based on identified, assessed needs.

The CDDP or Brokerage responsible for the creation of the plan must also sign and date the plan to indicate the services identified in the plan are based on assessed needs, meet policy, are in compliance with CMS guidelines, in alignment with Expenditure Guidelines, and are the result of a person-centered planning process which included choice advising.

**Signature of the individual, guardian, and/or legal representative documents agreement with the amount, duration and scope of services. Signature does not indicate full approval of the plan funding on behalf of the signing party nor do signatures indicate all expenditures are approved by the Department. If the individual and/or their representative note disagreement with the funding plan, a Notice of Rights may be provided to the individual and they may request a hearing.*

*****The Services and Funding Plan must not start without signature of the individual, their guardian, and/or legal representative. Expenditures incurred on behalf of the individual prior to plan signature are not authorized*****



Services & Funding
Individual Support Plan (ISP) Financial
(Residential Services Setting)

Print Selections

Print All

CDDP: _____ Service Coordinator: _____
Individual's name: _____ DOB: _____ Prime number: _____
Guardian's name: _____ ISP start date: _____
Representative (if applicable): _____ ISP end date: _____

Case Management

Choose one of the following case management services:

- Waiver Case Management * Individual must receive at least one home and community-based waiver service per month.
- Non-Waiver Case Management

Start Date: _____ End Date: _____

Case management Comments/Descriptors of anticipated case management services during plan year:

Empty text area for case management comments.

I choose the following type of residential services setting – K Plan: Select One That Applies

The K Plan services *already* included in my residential services setting are:

- Attendant care – ADL / IADL Skill training Community transportation

The *additional* K Plan Services included in my residential services setting are:

- Behavior supports Nursing supports

Calculation For Residential Service Setting Funding

Enter Start and End Date Below	Unit of Service (enter 1 unit)	Monthly Amount (enter total from SL Budget Tool, or Tier Notification, or CAPs/ Published Rate, or SNAP, or Children’s Residential Slot Rate)	Plan Year Amount (units x monthly amount x 12 months)
Start: End:	1 Month	\$ 0.00 (for 0.00 months)	\$ 0.00

I choose the following type of day program service – Waiver (DD 54): Select One That Applies

Calculation For Supported Employment/ ATE Service

Enter Start and End Date Below	Unit of Service (# of days per week)	Monthly Amount (enter total from budget tool)	Plan Year Amount (units x monthly amount x 12 months)
Start: End:	0	\$ 0.00 (for 0.00 months)	\$ 0.00

**I choose the following type of community transportation service
(specific to travel to and from vocational program) – K Plan (DD 53): Select One That Applies**

Calculation For Community Transportation

Enter Start and End Date Below	Unit of Service (enter 1 unit)	Monthly Amount (enter total from DD53 Budget Page)	Plan Year Amount (units x monthly amount x 12 months)
Start:	1 Month	\$ 0.00	\$ 0.00
End:		(for 0.00 months)	

Other K-Plan Services I Choose

Service category	What and how support is arranged (PSW, independent contractor or agency provider, general business)	Authorized dates (start and end - PSW, independent contractor or agency provider)	Unit of service		Monthly amount (per line)	Plan year Amount (per line)
			Quantity per month	Rate*		
K-plan			*Wage calculation to figure out the "Rate" (show calculation in field below the rate field): [Wage (PSW's hourly) x employer taxes (county employer) + Worker's Compensation (.016)]			
<input type="checkbox"/> Behavior Consultation		Start: End: (0.00 months)	0.00	\$0.00	\$0.00	\$ 0.00
Show cost calculation here						

List the supports identified in the functional needs assessment:

<input type="checkbox"/> Chore service		Start: End: (0.00 months)	0.00	\$0.00	\$0.00	\$ 0.00
Show cost calculation here						

List the supports identified in the functional needs assessment:

Other K-Plan Services I Choose

Service category	What and how support is arranged (PSW, independent contractor or agency provider, general business)	Authorized dates (start and end - PSW, independent contractor or agency provider)	Unit of service		Monthly amount (per line)	Plan year Amount (per line)
			Quantity per month	Rate*		
K-plan			*Wage calculation to figure out the "Rate" (show calculation in field below the rate field): [Wage (PSW's hourly) x employer taxes (county employer) + Worker's Compensation (.016)]			
<input type="checkbox"/> Community transportation		Start: End: (0.00 months)	0.00	\$0.00	\$0.00	\$ 0.00
			Show cost calculation here			
List the supports identified in the functional needs assessment:						
<input type="checkbox"/> Environmental modifications		Start: End: (0.00 months)	0.00	\$0.00	\$0.00	\$ 0.00
			Show cost calculation here			
List the supports identified in the functional needs assessment:						
<input type="checkbox"/> Home Delivered Meals		Start: End: (0.00 months)	0.00	\$0.00	\$0.00	\$ 0.00
			Show cost calculation here			
List the supports identified in the functional needs assessment:						
					Other K-Plan Subtotal	\$0.00

Other Waiver Services I Choose

Service category	What and how support is arranged (PSW, independent)	Authorized dates (start and end - PSW,	Unit of service		Monthly amount (per line)	Plan year Amount (per line)
			Quantity per month	Rate*		
*Wage calculation to figure out the "Rate" (show calculation in field below the rate field): [Wage (PSW's hourly) x employer taxes (county employer) + Worker's Compensation (.016)]						
Waiver <input type="checkbox"/> Occupational Therapy (Age 21 and over)		Start: End: (0.00 months)	0.00	\$0.00	\$0.00	\$ 0.00
Show cost calculation here						
List the supports identified in the functional needs assessment:						
<input type="checkbox"/> Physical Therapy (Age 21 and over)		Start: End: (0.00 months)	0.00	\$0.00	\$0.00	\$ 0.00
Show cost calculation here						
List the supports identified in the functional needs assessment:						
<input type="checkbox"/> Speech, Hearing and Language Services (Age 21 and over)		Start: End: (0.00 months)	0.00	\$0.00	\$0.00	\$ 0.00
Show cost calculation here						
List the supports identified in the functional needs assessment:						
					Other Waiver Subtotal	\$0.00

Other Services and Supports Available to Meet My Needs

Services/supports <i>(natural supports/community resources/other funding sources)</i>	Provided by	Frequency and duration

Individual's Signature:
Date:
Guardian's Signature: <i>(if applicable)</i>
Date:

CDDP Signature:
Date:
Representative's Signature: <i>(if applicable)</i>
Date:

	Plan Year Grand Total	\$0.00
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