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Authorized Signature

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Issue date: 11/4/2016

Topic: Developmental Disabilities

Transmitting (check the box that best applies):

- New policy
 Policy change
 Policy clarification
 Executive letter
 Administrative Rule
 Manual update
 Other: _____

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 Disabilities Services(ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children’s Intensive In Home Services |
| <input checked="" type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> ODDS Children’s Residential Services | <input checked="" type="checkbox"/> Other (<i>please specify</i>): Support Service Brokerages, Personal Agents, CDDP Services Coordinators |
| <input type="checkbox"/> Child Welfare Programs | |

Policy/rule title:	ODDS Expenditure Guidelines		
Policy/rule number(s):		Release no:	
Effective date:	Upon release	Expiration:	
References:	Expenditure Guidelines		
Web address:			

Discussion/interpretation:

This transmittal replaces PT-14-023.

The Expenditure Guidelines Version 5 is available for immediate use.

It contains substantial updates to Behavior Support Services and Job Coaching, as well as a new waiver service – Direct Nursing. It reflects updated waiver service

eligibility criteria. Other minor changes have occurred in some services. A “tracked changes” version is attached to this transmittal, the version linked below and found on line is the same version with tracked changes accepted. Please note, the changes to Behavior Support Services and Job Coaching were too extensive to make tracked changes useful, their content is appears as all new, as does the Direct Nursing service.

As of November 1, 2016 Employment services have new rates, which are included in version 5 of the Expenditure Guidelines. Some of these services have a new rate structure that moves from a system with seven tiers to one with three categories and one exceptional category (listed below as Category 4). The affected services are Job Coaching (OR401), Job Development (OR401), and Discovery (OR539). Small Group Supported Employment (OR543), Employment Path (OR541) and agency Attendant Care (OR542) will continue to use the seven tiered system and rates implemented September 2014. You will note there have been no changes to those rates in the expenditure guidelines. The ANA version D calculates a tier, but does not calculate a category. Use the following chart to convert tiers assigned by the ANA version D into categories:

Tier	Category
1	1
2 - 3	2
4 - 6	3
7	4

Implementation/transition instructions: The rates included in it are in effect immediately. New or changed conditions related to services described in it must be reflected for all services authorized for implementation as of January 1, 2017. The Expenditure Guidelines version 5 are available on the PA tools page <http://www.dhs.state.or.us/spd/tools/dd/bpa/index.html> and the Case Management tools page <http://www.dhs.state.or.us/spd/tools/dd/cm/>

Training/communication plan: Managers to review with staff

Local/branch action required: review and implement

Central office action required: none

Field/stakeholder review: Yes No

If yes, reviewed by: Support Service Brokerage representatives, CDDP representatives.

Filing instructions: none

If you have any questions about this policy, contact:

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~~In Home~~ ODDS Expenditure Guidelines

(~~SE 49, SE 149, SE 151, Employment~~)

Funding Authorities:

1915(k) Community First Choice (K Plan)

Waiver 1915(c) Comprehensive and Support Services Waivers

Notes:

- The ISP must authorize each service using the name in the shaded box at the top of the service description in this guideline. Subtitles or more specific service descriptions may be used in addition to the name of the service to provide clarity or detail for the individual or providers.
- Every need identified for an individual must note on the ISP which funding authority is being used to meet the need, or that natural support is meeting it, or that the individual is choosing to have the need go unmet.
- The services authorized in an ISP reflect an amount not to be exceeded. If some amount of an authorized service is not required by the individual, then a claim may not be made for it by a provider. For example, if an individual is assessed as requiring 200 hours

per month of attendant care to meet identified ADL/IADL/Health Related Tasks, but is away on vacation where a natural support is providing the services for two weeks of a month, the usual provider is not necessarily entitled to claim the full 200 hours for that month. Similarly, Attendant Care can't necessarily be "bunched" into a single day or a few days of the month unless doing so aligns with the customer's support needs. A provider should not claim more hours in any given day than are necessary to provide the identified supports. Paid supports are meant to meet identified needs – at the time when they are needed and in the amount they are required - and not a way to get a monthly payment to a provider.

- Shipping and handling costs, when shipping from the source of the item is necessary to get it to the individual, may be included in the cost of the service. If not shipped from the manufacturer/distributor/retailer directly to the individual, costs associated with getting the item the rest of the way are not allowable (e.g. if the device was shipped to the CDDP/CIIS/brokerage office, ~~to~~the cost of getting it from the office to the customer is not allowable).
- Reimbursements directly to individuals or families are not allowed, including reimbursement for supplies or materials. All payments must be made to a vendor of services (which includes a family member when acting as a PSW).
- All funded services must be related to the disability and not for general household use and not due to financial need.
- Generally, when two different service types are delivered within a single unit of time by the same provider, the service type that represents the majority of the service type should be paid. This does not apply to mileage reimbursement, which is paid on top of certain other services.
- "Family Member" means husband or wife, domestic partner, natural parent, child, sibling, adopted child, adoptive parent, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparent, grandchild, aunt, uncle, niece, nephew, or first cousin. Spouses (legally married) may not be Personal Support Workers for their own spouse. Parents (including adopted and stepparents) of minor children may not be Personal Support workers for their children.
- For kids enrolled to SE151 who are not Medicaid eligible, the monthly amount available for supports must not be more than \$1012.50. All the standards associated with the authorization of any of the services described in this Expenditure Guideline apply to this program.
- A procedure code marked with an asterisk (*) represents a service that is eligible for Department paid language interpretation.

Personal Support Worker (PSW) rates:

- Rates must be consistent with the current Collective Bargaining Agreement. Current PSWs in the bargaining unit may not be paid less than their highest hourly rate per service category in place on October 3, 2013 [as long as the PSW did not have their provider number inactivated due to not delivering services for more than one year](#). A provider must show proof of their highest hourly rate and that this rate was established prior to October 3, 2013. There are three service categories and are as follows:
 - PSW hourly services (attendant care and skills training),
 - Job Coaching, and
 - PSW CIIS hourly services (attendant care and skills training).
 - A PSW providing services in CIIS and another program will have two wages (such as \$14.00/hour for non-CIIS programs and \$16.67 for CIIS programs). When an individual moves from CIIS into an adult program when they turn 18 [or when a child is no longer eligible for CIIS](#), their PSW providers do not retain the CIIS wage; rather they are paid at the non-CIIS rate.
 - If rate or other information listed in this section of these guidelines is not the same as the current Collective Bargaining Agreement, the CBA takes precedence. The PSW rates in this guideline are for the minimum rate per PSW type effective beginning January 1, 2016.
 - A PSW Specialist (formerly identified as a PSW-IC in the 13-15 Collective Bargaining Agreement) retains their PSW-IC wage as a PSW Specialist. The wage is effective for PSW services currently authorized and any that may be authorized, including when the PSW Specialist begins to work for a new individual, [as long as the PSW Specialist did not have their provider number inactivated due to not delivering services for more than one year](#).
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BASIC EXPENDITURE REQUIREMENTS

Every service authorized MUST MEET ALL NINE OF THE CRITERIA BELOW

1. DIRECTLY related to a specific goal on an individual's ISP AND
2. REQUIRED to maintain or increase Independence and/or Community participation and/or Productivity AND
3. REQUIRED *solely* because of the direct effects of a developmental disability AND
4. DOES NOT replace existing voluntary support system and resources AND
5. DOES NOT replace other government benefits (OVRs, Dept. of Ed., SSI, Oregon health Plan, Section 8) AND
6. DOES NOT provide for basic needs of food, shelter, clothing AND
7. COST- EFFECTIVE use of public resources AND
8. NEVER a direct payment to a beneficiary AND
9. NEVER for activities that are purely diversion oriented.

Community First Choice (K plan)

The following services are available under the authority of the Community First Choice State Plan Amendment:

- ❖ Assistive Devices
- ❖ Assistive Technology
- ❖ Attendant Care
- ❖ Behavior Support Services
- ❖ Chore Services
- ❖ Community Nursing Services
- ❖ Community Transportation
- ❖ Environmental Modifications
- ❖ Home Delivered Meals
- ❖ Relief Care
- ❖ Skill Training
- ❖ Transition Services

In order to be eligible to receive these services, the individual must have [OHP Plus OCCS Medical](#) (Title XIX Medicaid), meet the ICF/IDD Level of Care, and have an assessed need for the service.

Notes:

- Attendant Care Hours determined by the Adult In-Home Support Needs Assessment (ANA) and the Child In-Home Support Needs Assessment (CNA) tool may be allocated to ADL/IADL attendant care, skills training, and any hours used under the State Plan Personal Care Program (POC code OR502), as determined through a person centered planning process.
- Supplemental Support Documentation Form must be completed as indicated in the guidelines. If allowed, the most cost effective solution may be authorized for funding. When requesting a Funding Review that exceeds the limits in this guideline, include the supplemental support documentation with the request.

Assistive Devices

Source	POC Code	POC Name	
K Plan	OR380	Specialized Medical Equipment	Instructions for inclusion on an ISP:
Description:			
<p>Assistive Devices:</p> <p>Assistive Devices means any category of durable medical equipment, mechanical apparatus, <u>or electrical appliance, or instrument of technology</u> used to assist and enhance an individual's independence in performing any ADL, IADL, or health-related tasks.</p> <p>Durable Medical Equipment (DMEs) is equipment, furnished by a durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) provider or a home health agency that can withstand repeated use, is primarily and customarily used to serve a medical purpose. Examples of DMEs generally covered by OHP include wheelchairs, crutches and hospital beds. DME extends to supplies and accessories that are necessary for the effective use of covered durable medical equipment.</p> <p><u>Examples:</u></p>			<p>The Supplemental support documentation for Assistive Devices must be completed and included with the individual's record.</p> <p><u>Assistive Devices:</u></p> <ul style="list-style-type: none"> • Limit of \$5000 per year without ODDS approval. • Any single device or assistance costing more than \$500 in a plan year must be approved by ODDS. • For assistive devices that may be available through the OHP, a request to exceed the limits of the health plan and the denial must be documented before the assistive device may be purchased with K plan funding. <u>It is expected that the CME assist the individual or their representative to determine if an assistive device may be available through the OHP.</u> • If the OHP or a private insurance will pay for an item but the maximum allowable rate will not cover the <i>specific type or brand</i> of item desired, Department funds cannot be used to make up the difference in cost. Individuals should consult with their health plan staff, such as the Intensive Care Manager/Exceptional Needs Care

Assistive Devices

- Adaptive equipment for eating (i.e. utensils, trays, cups, bowls that are specially designed to assist an individual to feed him/herself).
- Specially designed clothes to meet the unique needs of the individual with the disability (e.g. clothes designed to prevent access by the individual to the stoma, Velcro closures, specially designed zippers, etc. which could allow the person to dress/undress with less support).
- Purchases, rentals, repairs covered by OHP for durable medical equipment after OHP limit has been reached.

[More information can be found in the Assistive Devices and Technology Worker Guide.](#)

Coordinator, if they have difficulty locating an item for the maximum allowable rate.

- When multiple purchases are required to fulfill an identified support need the costs should be considered together.
- These items must be intended to increase the individual's independence in completing an assessed ADL/IADL need and not be solely for the entertainment of the individual or the convenience of a care provider.

This service is not available for:

- Work-related items available through a Vocational Rehabilitation employment plan.
- Generic household furnishings, personal clothing (for individual or family), and other purchases made because of financial need.
- Materials or equipment that have been determined unsafe for the general public by recognized consumer safety agencies.
- Items which are needed solely to allow a school-aged individual to participate in school.
- Items not of direct medical or remedial benefit to the individual. These items must address an identified need and not be solely for the entertainment of the individual or the convenience of a care provider.

Assistive Technology

Source	POC Code	POC Name	Instructions for inclusion on an ISP:
K Plan	OR321	AT Purchase - Hardware	
K Plan	OR322	AT purchase - Software	
K Plan	OR323	AT Installation	
K Plan	OR325	AT Maintenance	
K Plan	OR528	Personal Emergency Response Systems	
Description:			<p>The Supplemental support documentation for Assistive Technology must be completed and included with the individual's record.</p> <ul style="list-style-type: none"> • Alternate funding sources, including the OHP and private insurance, must be excluded before using this service. It is expected that the CME assist the individual or designated representative to determine if an assistive device may be available through the OHP. • Limit of \$5000 per year without ODDS approval. • Any device or assistance costing more than \$500 in a plan year must be approved by ODDS. When multiple purchases are required to fulfill an identified support need, such as hardware and software purchased separately, the costs should be considered together. For example, if the total cost of a tablet computer (hardware) to implement an ISP goal is \$450, and if the applications (software) are \$150, the total cost would be over \$500 and this purchase would have to be prior approved by ODDS. • Any purchase made from this category must be directly related to an assessed ADL/IADL support need of the individual. It must increase independence or lessen
<p>Electronic devices:</p> <ul style="list-style-type: none"> • Electronic devices to secure assistance in an emergency in the community. (e.g. cell phone, GPS alert device, communication device or software) • Reminders and alert systems for ADL or IADL supports. (e.g. reminder software on a mobile device, programmable medication reminder device, schedule prompting software, GPS guidance software, etc.) • Mobile electronic devices or software (e.g. communication device, communication software for a mobile device) 			

Assistive Technology

[These devices](#) [Personal Emergency Response Systems](#) are intended for

people who:

- Live alone or,
- Are alone for significant parts of the day and would otherwise require extensive routine supervision or would otherwise require an attendant while out in the community.

Assistive technology to provide additional security and replace the need for direct interventions to allow self-direction of care and maximize independence such as motion/sound sensors, two-way communication systems, automatic faucets and soap dispensers, incontinent and fall sensors, or other electronic backup systems.

Data plans, software, warranties, accessories, etc.

[More information can be found in the Assistive Devices and Technology Worker Guide.](#)

the need for other paid support. ISP goals in support of the use of this service must describe how these conditions will be met.

- Damage, loss and theft will happen from time to time, therefore Support or In Home Funds may repair or replace an item one time per plan year. However, the supplemental support documentation must be re-done and consider the likelihood of the same thing happening again and account for any impacts that may have on cost effectiveness. Repair or replacement more than one time in a plan year requires prior authorization from ODDS.
 - Where possible, the customer's file must record the serial number of the item.
 - In the case of theft, replacement may not happen until a police report is filed. Whenever possible, homeowner's, renter's or other available insurance claims must be made prior to replacing an item using support or in home funds.
 - In the case of loss, the SC/PA must be contacted.

Not for general home or office telephone services or service plans.

Not for cell phone services for staff who use the services for general communication or for other individuals and costs are not clearly separated.

Privacy must be assured when systems are used for remote monitoring, particularly when they involve cameras or tracking systems. The ISP team must have a documented discussion, involving the individual whenever possible, about privacy and the right to discontinue the use of the monitoring equipment at any time. The ISP team must engage in backup planning for the possibility of such a refusal or a failure of the technology.

Assistive Technology

For more information please review Oregon Technical Assistance Corporations (OTAC) guide on this subject. <http://oregonisp.org/at/>

For Review Purposes ONLY

Attendant Care

Source	POC Code	POC Name	Instructions for inclusion on an ISP:
K Plan	OR526	Attendant Care Support (ADL/IADL)	
K Plan	OR100	In Home Care, ADL	
K Plan	OR101	In Home Care, IADL	
K Plan	OR542 (WF** or W1**)	DSA, non-work; Facility Attendant Care*	
K Plan	OR542 (WH** or W2**)	DSA, non-work; Community Attendant Care*	
Description:			<p>Attendant care may occur in the home or community.</p> <p>Attendant care may be authorized in such a way to incorporate both ADL and IADL together (OR526) or they may be separately authorized (OR100, OR101) as determined appropriate through the person-centered planning process.</p> <p>All non-facility based, 1:1 Attendant care, regardless of provider type, uses POC code OR526, 100, or 101. The OR542 codes are for agency providers when the Attendant Care is facility based or done in a group. "Facility-Based" means the service occurs at a fixed site that is provider owned, controlled or operated, where an individual has few</p>
<p>Attendant Care, Hourly Attendant services and supports to assist an individual in accomplishing activities of daily living, instrumental activities of daily living and health related tasks through hands-on assistance, supervision, or cueing.</p> <p>ADL is a term used to refer to daily self-care activities within an individual's place of residence, in the community, or both. These are the most basic activities necessary for daily life, and include the following:</p> <ul style="list-style-type: none"> • Basic personal hygiene • Toileting, bowel, and bladder care 			

Attendant Care

- Mobility, transfers, and repositioning
- Nutrition
- Medication administration and use of medical equipment
- Delegated nursing tasks.

IADL activities are not necessary for fundamental functioning, but they let an individual live more independently in a community. These activities are more complex and include but are not limited to:

- Light Housekeeping
- Grocery and other shopping necessary for the completion of other ADL and IADL tasks.
- Assistance with necessary medical appointments
- Observation of an individual's status and reporting
- First aid and handling emergencies
- Cognitive assistance or emotional support
- Social support around socialization and participation in the community

or no opportunities to interact with people who do not have a disability except for paid staff.

Units of service may not exceed the number of attendant hours determined to be necessary by the Adult In Home Assessment or Child In Home Assessment tool.

Rate Information for agency providers:

- When an agency provider operates a facility but provides some portion of the supports away from the facility, the hourly rate for any given hour should reflect the setting of the majority of that hour.
- The group and facility based service rate includes expenses for transportation incurred when transporting individuals during the course of service delivery. It does not include expenses incurred when transporting individuals between their place of residence and a facility based day program.

Service is not available for:

- Costs for transportation, food, shelter, and entertainment that would normally be incurred by anyone on vacation, regardless of disability, and are not strictly required by the individual's need for personal care assistance in all home and community settings.
- Expenses that would normally be paid by individuals without disabilities in pursuit of strictly recreational or personal interests, e.g. video rental, tickets for movies and concerts, internet fees, admissions to sporting

Attendant Care

See Appendix for further information.

*NOTE: DSA is equivalent to attendant care and is a term used only for the purposes of distinguishing rate methodologies in eXPRS.

**NOTE: The modifier code WF is used to distinguish this service – regular attendant care - from skills training done in a facility based setting (OR542 WG). When the Facility Based Attendant care may be either, the less specific modifier W1 may be used, it indicates that the service is facility based, but not whether the service is skills training or regular attendant care. The person centered planning process will direct which service authorization is appropriate. Even if W1 is used as the modifier, the ISP should reflect the desired outcomes of the service and case management monitoring should reflect the services described there. The same concept applies to modifiers WH and W2.

events, health club dues, horseback riding fees, conference fees.

- Services delivered within the home to individuals who pay privately for services in licensed or certified facilities.
- Other than ADL/IADL care, classroom support (such as tutoring or note taking) for general education classes or classes that are specifically for individuals with developmental disabilities. No classroom care is available for children (up to 18) or individuals up to 21 enrolled in school services.
- When other, more cost effective services are available that may meet the need (such as assistive technology or an emergency response system) and are desired by the individual.

Attendant Care Rates

Rates for 1:1 Attendant Care in the home or community (OR526, OR100, OR101)	Hourly PSW: Not less than \$14.00/hr Enhanced PSW: Not less than \$15.00/hr Exceptional PSW: Not less than \$17.00/hr <u>(As of November 1, 2016, rate due to increase February, 2017)</u>	PROVIDER AGENCY: \$27.28/hr					
Provider Agency Rates Per Hour:	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7
Group Attendant Care– Community (OR542WH/W2)	\$15.00	\$16.24	\$17.75	\$19.58	\$21.86	\$24.77	
Attendant Care– Facility (OR542WF/W1)	\$8.48	\$9.45	\$10.81	\$12.76	\$15.87	\$21.58	
Note: Extraordinary support needs are addressed on a case-by-case basis in Tier 7. There are no set rates.							

Behavior Supports

Source	POC Code	POC Name	Instructions for inclusion on an ISP:
K Plan	OR570*	Behavior Consultation, Assessment and Training for DD	
K Plan	OR310*	Behavior Support services (on going)	
Description:			The adult or child in home assessment tool indicates the need for a functional behavior assessment and potentially a formal behavior support plan.

For Review Purposes

Behavior Supports

The need for Behavior Consultation is determined through a functional needs assessment in combination with the individual's goals as identified through the person centered planning process and documented in the Individual Support Plan. The functional needs assessments may be the Support Needs Assessment Profile (SNAP) or the Adult or Child In Home Support Needs Assessment Tool (ANA or CNA).

All Behavior Consultation activities must be for the direct benefit of the Medicaid beneficiary/individual. These specific supports are designed to support individuals with a diagnosed intellectual or developmental disability.

Behavior Consultants work with the providers (paid or unpaid) as well as the individual, to assess the environmental, social, and interpersonal factors influencing the individual's behaviors.

Behavior Consultation services are intended to:

- Determine if formal supports are needed;
- Develop Positive Behavior Support Plans; and
- Provide training to the providers (paid or unpaid) assisting individuals who engage in challenging, dangerous, or unsafe behaviors

The Functional Needs Assessment Tool (SNAP/CNA/ANA) indicates the need for a Functional Behavior Assessment (FBA). The Individual Support Plan (ISP) identifies Behavior Consultation as a chosen service and documents the challenging behavior. The FBA may indicate the need for a Positive Behavior Support Plan (PBSP).

A. Functional Behavior Assessment (FBA) (OR570): Allow up to a maximum of 15 hours of Behavior Consultation services to complete FBA. The FBA must be invoiced by the Behavior Consultant upon completion and delivery of the written product prior to payment.

The FBA should be based on the following:

1. File review;
2. Direct observations of the individual;
3. Review of historical behavior data collection
4. Interview(s) with ISP team members and providers (paid or unpaid)
5. An assessment of all relevant and applicable environments in which the individual commonly engages.

The written FBA should include the following:

1. A clear, measurable description of each identified challenging behavior including severity, frequency, duration, and intensity of the behavior or an explanation as to why the data or information is unavailable;

Behavior Supports

which impede ADLs, IADLs or health related tasks.

Behavior Consultation is only delivered by a qualified behavior consultant who has been approved and enrolled by ODDS.

Behavior Consultation may only include:

- A Functional Behavior Assessment (FBA);
- A Positive Behavior Support Plan (PBSP);
- Ongoing Maintenance of the PBSP;
- Behavior Consultation services may also include training and development of intervention approaches to the providers (paid or unpaid) to mitigate the identified behaviors;

Behavior Consultation may be implemented in the home, vocational setting and/or community.

Behavior Consultation should include direct observation of the individual.

Behavior Consultation services should:

- Include consideration of all applicable environmental, medical or physical factors, living arrangements and current supports, as well as biopsychosocial history of the individual;

2. A clear justification for the need to alter the behavior(s);

3. The individual's current abilities and skills; within the scope of behavior consultation;

4. Consideration that the function of the challenging behavior is one or more of the following:

a. An effort to communicate;

b. The result of a medical condition;

c. The result of a psychiatric or mental health condition;

d. Environmental and other factors that contribute to or predict the occurrence of the behavior over time;

5. Hypothesis regarding the underlying causes or the functions of the challenging behavior(s).

The Services Coordinator/Personal Assistance in combination with the Behavior Consultant must determine if a PBSP needs to be completed. If a PBSP is indicated; additional Behavior Consultation hours/services would be added per item "B" below.

B. Positive Behavior Support Plan (OR570): Allow up to a maximum of 12 hours of Behavior Consultation services to develop, prepare written presentation of, and train ISP team and providers (paid or unpaid) to the PBSP. The PBSP must be invoiced by the Behavior Consultant upon completion and delivery of the written product prior to payment.

Behavior Supports

- Use interventions designed to keep vulnerable persons safe when they engage in dangerous behaviors must maintain the dignity of the individual.
- Utilize only non-aversive and positive (non-punishing) techniques.
- Be limited in duration with a focus on the development, training and implementation of the Positive Behavior Support Plan (PBSP).

The Functional Behavior Assessment (FBA), the Positive Behavior Support Plan (PBSP), and Physical Protective Interventions (PPIs) are considered separate work events and each must be invoiced by the Behavior Consultant upon completion and delivery of the written product prior to payment.

The Consultant will develop, in collaboration with the providers (paid or unpaid) as well as with the individual, a specific Positive Behavior Support Plan to address the needs of the person 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.

The PBSP must be based on a Functional Behavior Assessment as clarified in A. The PBSP should be designed to render the individual's challenging behaviors irrelevant, inefficient, or ineffective while reinforcing alternative behaviors that achieve and satisfy the same need as the challenging behavior.

The PBSP should contain, in writing, positive behavior support interventions to help the designated persons de-escalate, reduce, or tolerate challenging behaviors when they occur. The PBSP should address all of the following essential elements:

1. A clear description of challenging behaviors exhibited by the individual;
2. A clear description of the individual's baseline-level behavior;
3. The antecedents to or setting events for challenging behaviors;
4. Specific instructions for the designated persons to follow in order to reduce the frequency, intensity or duration of the challenging behaviors;
5. Positive behavior support interventions to help designated persons deescalate, reduce, or tolerate challenging behaviors when they occur including all of the following:
 - a. Proactive strategies;
 - b. Reactive strategies;
 - c. Emergency Crisis Strategies;

Behavior Supports

Implementation means preparing providers (paid or unpaid) to execute the strategies identified as being effective in managing the behaviors. Implementation does not mean that the consultant actually uses the interventions except as a means of assessing the effectiveness of the intervention strategies during the plan development.

A behavior support plan for an individual living in an in-home setting should be written to anticipate the presence of providers who are not trained in OIS. These plans should include alternatives to Protective Physical Interventions (PPIs) when a BSP includes them.

Behavior Consultation does not include:

- Counseling or mental health treatment.
- Applied Behavior Analysis (ABA)

ABA may be available through the OHP.

d. Recovery strategies.

6. Consideration of medical, biological, environmental, psychological, social, historical, and other factors that influence behavior of the individual;
7. Person-centered thinking elements specific to the individual, including but not limited to (identification of:
 - a. Things that must be in the person's life in order to support functional alternative behavior;
 - b. Things that are important to be avoided in the person's life so that the person may accomplish ADL/IADL and health related tasks.
8. A behavior data collection system to be utilized by designated persons.

C. For Positive Behavior Support Plans which require Protective Physical Interventions (OR570) allow up to 3 additional hours of Behavioral Consultation services to complete the following: (Only Behavior Consultants who have been appropriately authorized through the Oregon Intervention System may author any OIS maneuver. It is the responsibility of the SC/PA to assure that the authorized Consultant has the appropriate certification to include any OIS maneuver into a PBSP).

1. Write the appropriate PPIs into the PBSP. Protective Physical Interventions may only be implemented when they are included as a

Behavior Supports

component of the Emergency Crisis Strategies of a Positive Behavior Support Plan.

2. OIS Training of providers (paid and unpaid) to PPIs. (Important Note: This also means that all providers participating in the OIS PPI training must have completed the appropriate level of OIS training and hold a current OIS certificate permitting them to perform the maneuvers prescribed in the PBSP and being trained by the Behavior Consultant.)
3. Reviewing the staff's and providers' (paid and unpaid) continued demonstration of physical techniques for applicable PPIs.

Reimbursed time for the development of the FBA/ PBSP/ PPI which exceed the above guidelines must be prior approved by ODDS.

Payment for the completion of the FBA, the PBSP, or PPI may not be made until the completion and delivery to the SC/PA of the written FBA, PBSP, or the completed PPI training - accompanied by a detailed invoice received from the consultant for each event.

D. Ongoing Maintenance of the PBSP(OR310):

Individuals requiring maintenance of the PBSP shall be approved by the Case Management Entity, and not exceed the rates established in these Expenditure Guidelines, the individuals assessed needs for the service, or what is necessary to meet the objective of Behavior Consultation.

Behavior Supports

Ongoing Maintenance of the PBSP may be authorized for up to 18 hours per plan year. Ongoing Maintenance of the PBSP must be invoiced by the Behavior Consultant prior to payment.

Maintenance hours exceeding the 18 hour annual plan total may not be written into individual service plans without prior approval from ODDS.

For Review Purposes Only

Behavior Support Rates

RATES FOR BEHAVIOR CONSULTATION SERVICES:	URBAN:	RURAL (this rate includes travel expenses and should be used when the consultant must travel beyond 70 miles one way and they are the most cost effective provider available. It may be no more than \$100/hour):
Functional Behavior Assessment (OR570)	Up to \$1200 (15 hours at \$80/hour)	Up to \$1500 (15 hours at \$100/hour)
Behavior Support Plan (OR570)	Up to \$960 (12 hours at \$80/hour)	Up to \$1200 (12 hours at \$100/hour)
Protective Physical Interventions (OR570)	Up to \$240 (3 hours at \$80/hour)	Up to \$300 (3 hours at \$100/hour)
On-going behavior consultation services (OR310)	\$80/HOUR	\$80 - \$100/HOUR

When a FBA/ BSP/ PPI are completed in less time that the maximum allowed, the reimbursement should be calculated as an event payment equal to the actual number of hours that it took to complete the FBA/BSP/PPI, multiplied by the hourly rate.

Exceptions to published rates must be prior approved by ODDS.

Chore Services

Source	POC Code	POC Name	Instructions for inclusion on an ISP:
K Plan	OR501	Chore Services	
Description:			
<p>Chore 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.</p> <p>Chore services are one-time or occasional assistance with tasks involving heavy physical labor aimed at achieving basic cleanliness and safety that may then be maintained over a reasonable period of time by routine housekeeping and maintenance.</p>			<p>This service may be authorized once, each time the following criteria is met:</p> <ul style="list-style-type: none"> • 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. • The issue that led to the hazardous or unsanitary situation is addressed (if not preventable, documentation must support why not) <p>The Supplemental support documentation for Chore Services must be completed and included with the individual's record.</p> <p>For individuals under 18, this service must be prior approved by ODDS.</p>

Supplemental Information

Examples when another person might be responsible:

- Landlord when clean up is from a previous tenant
- When the individual lives in the family home.

Chore Services Rates

For services authorized for implementation after 1/1/15, hourly rates will not be available for this service. For all chore services authorized for implementation after 1/1/15 the rate is based on the actual cost of the service, based on the least costly of three estimates for the work.

Community Nursing Services

Source	POC Code	POC Name	
K Plan	N/A*	N/A	Instructions for inclusion on an ISP:
Description:			<p>Registered Nurses in the Long Term Care (LTC) Community Nursing Program (also known as Community RN, CRN, program) delegate specific nursing tasks to specific caregivers with the purpose of ensuring that nursing tasks are performed correctly and safely by unlicensed caregivers. Any nursing task not performed by a nurse must be delegated or assessed by a nurse if performed by non-family members without a nursing license. Each delegation is performed by a specific nurse and is focused on a specific task, delivered by a specific caregiver to a specific person.</p> <p>Only nurses enrolled in the Long Term Care Community Nursing Services program, which may include self-employed nurses, home health agencies, or in home agencies, may be authorized to provide this service.</p> <p>Some reasons to make a referral to a LTC Community Nurse include:</p> <ul style="list-style-type: none"> • The individual and their caregivers need delegation and teaching regarding the individual's subcutaneous insulin injections • The individual has a tracheotomy which needs care and suctioning
<p><u>Nursing Consultation:</u></p> <p>"Nursing Assessment" means one of the following assessments selected by the RN based on the individuals needs and situation:</p> <p><u>Nursing Assessment:</u> the systematic collection of data about an individual for the purpose of judging that person's health/illness status and actual or potential health care needs. Nursing Assessment involves collecting information about the whole person including the physical, psychological, social, cultural and spiritual aspects of the person. Nursing Assessment includes taking a nursing history and an appraisal of the person's health/illness through interview, physical examination and information from family/significant others and pertinent information from the person's past health/medical record. The data collected during the Nursing Assessment process provides the basis for a diagnosis (es), plan for intervention and evaluation. (OAR 851.047.0010(12))</p>			

Community Nursing Services

At a minimum the Nursing Assessment should review:

- The person's health support needs
- Any environmental concerns that present challenges to the person's health and safety
- The person's key health beliefs and health behaviors including behaviors that create potential and current risk
- Any teaching or delegation needs that should be addressed

A "comprehensive assessment" or "focused assessment" as defined by OAR 851-045-0030

"Comprehensive Assessment" means the extensive collection and analysis of data for assessment involves, but is not limited to, the synthesis of the biological, psychological, social, sexual, economic, cultural and spiritual aspects of the client's condition or needs, within the environment of practice for the purpose of establishing nursing diagnostic statements, and developing, implementing and evaluating a plan of care;

- The individual requires nutritional supplements, medications and hydration through a gastrostomy tube
- A case manager/caregiver or person has concerns/issues regarding an individual's medication(s)
- An individual has had an unexpected increase in the use of emergency care, physician visits or hospitalizations
- The case manager believes an evaluation of the person's placement is necessary to ensure that the caregivers have the skills to meet the person's needs
- There have been changes in the person's behavior or cognition
- The person has nutrition or weight issues
- The person has issues with aspiration, dehydration, constipation, seizures or pica
- The person has pain issues
- There is a history of recent, frequent falls
- There is a potential for skin breakdown or recently resolved skin breakdown

Community Nursing Services

“**Focused Assessment**” means an appraisal of a client’s status and situation at hand, through observation and collection of objective and subjective data. Focused assessment involves identification of normal and abnormal findings, anticipation and recognition of changes or potential changes in client’s health status, and may contribute to a comprehensive assessment performed by the Registered Nurse;

“**Nursing Service Plan**” means the plan that is developed by the Registered Nurse based on an individual’s initial nursing assessment, reassessment, or updates made to a nursing assessment as a result of monitoring visits. It is specific to the individual and identifies the individual’s diagnoses and health needs, the caregiver’s teaching needs, and any care coordination, teaching, or delegation activities. The Nursing Service Plan is separate from the case manager’s service plan, the foster home provider’s service plan, and any service plans developed by other health professionals and must meet the standards in OAR 851.045 (OAR 411.048.0160(25)).

Nursing Delegation:

Nursing delegation means that a registered nurse authorizes an unlicensed person to perform tasks of nursing care in selected situations and indicates that authorization in writing. The delegation process includes nursing assessment of a person in a specific situation, evaluation of the ability of the unlicensed persons, teaching the task, ensuring supervision

- The person or care givers needs help in following medical advice

The focus of the LTC Community Nurse is on teaching and supporting the person and their caregivers to ensure that 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.

Information on how to:

- **Access a list of LTCCN providers**
 - **Make a referral**
 - **Prior authorize LTCCN nursing hours**
- can be found at:**

<http://www.oregon.gov/dhs/spwpa/apd-providers/ltc-community-nurses/Pages/index.aspx>

A webinar for services coordinators and personal agents is available under the sub heading of ‘Program Tools and Resources’, at:
<http://www.oregon.gov/dhs/DD/providers-partners/Pages/index.aspx>

Community Nursing Services

of the unlicensed persons and re-evaluation of the task at regular intervals. The unlicensed person, caregiver or certified nursing assistant performs tasks of nursing care under the Registered Nurses delegated authority. (OAR 851.047.0010(7)).

FOIA Purposes ONLY

Community Transportation

Source	POC Code	POC Name	Instructions for inclusion on an ISP:
K Plan	OR003	Service Related Community Transportation, Commercial	
	OR004	Service Related Community Transportation, Mileage	
	OR553	Service Related Community Transportation, DD Provider	

	OR554	Service Plan Related Community Transportation, Individual Transit pass	<p><u>Non-allowable Transportation Service Expenses:</u></p> <ul style="list-style-type: none"> ▪ Purchase of individual or family vehicles. ▪ Routine vehicle maintenance, repair, insurance, fuel. ▪ Ambulance services. ▪ Costs for transporting someone other than the individual with disabilities. ▪ Payment for costs associated with transporting an individual to a medical appointment.
Description:			
<p>Services that allow individuals to gain access to waiver services, community services, activities and resources that are not medical in nature.</p> <p><u>Community Transportation, Commercial:</u></p> <ul style="list-style-type: none"> • Bus passes (OR554) • Taxi rides (OR003) <p><u>Community Transportation, Mileage:</u></p> <ul style="list-style-type: none"> • Per mile reimbursement for PSW and agency providers (OR004) <p><u>Community Transportation, DD Provider:</u></p> <ul style="list-style-type: none"> • Agency transportation when a per-ride rate which has been established in an agreement between ODDS and the agency is in place (OR553) <p>Community transportation is provided in the area surrounding the home of the individual that is commonly used by people in the same area to obtain ordinary goods and services.</p>			<p>To authorize Community Transportation, the individual must have an assessed need for ADL/IADL support during transportation or have one of the following:</p> <ul style="list-style-type: none"> ▪ An assessed need for ADL/IADL supports at the destination ▪ A need for support services at the destination and identified in the ISP. <p>Trips must be related to recipient service plan needs and goals, are not for the benefit of others in the household, and are provided in the most cost effective manner that will meet needs specified on the plan.</p> <p>Community Transportation services are not used to:</p> <ol style="list-style-type: none"> 1) Replace voluntary natural supports, volunteer transportation, and other transportation services available to the individual; 2) Compensate the service provider for travel to or from the service provider's home. <p>Mileage reimbursement may only be applied when:</p> <ul style="list-style-type: none"> • the individual is in the vehicle with the paid provider • The vehicle is owned by or leased to the driver who is being paid for a simultaneous service (i.e. hourly attendant care, daily relief care). A PSW providing transportation and being reimbursed for mileage must be paid an hourly wage as well.

	<p>Agency Transportation is only allowable during 1:1 non-facility based attendant care and relief care.</p> <p>More than an average of \$500 per month of transportation may not be authorized without prior approval from ODDS.</p> <p>For individuals under 18, this service must be prior approved by ODDS unless provided concurrently with relief care or as part of a behavior intervention in a behavioral support plan.</p>
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Community Transportation Rates			
RATES FOR Community transportation (all provider types) :	<p>OR004: \$.485/mile</p>	<p>OR003, OR554: Cost of bus pass, voucher, etc., including any processing fees applied by the vendor.</p>	<p>OR553: Per Ride</p>

Environmental Modifications

Source	POC Code	POC Name	Instructions for inclusion on an ISP:
K Plan	S5165	Home Modifications	
Description:			
<p>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. They are available only for the primary residence of the individual.</p> <p>Home Modifications (examples include but not limited to):</p> <ul style="list-style-type: none"> • Environmental modification consultation to determine the appropriate type of adaptation; • Installation of shatter-proof windows; • Hardening of walls or doors; specialized, hardened, waterproof or padded flooring; • An alarm system for doors or windows; • Protective covering for smoke detectors, light fixtures, and appliances; • Installation of ramps and grab-bars; • Installation of electric door openers; • Adaptation of kitchen cabinets/sinks; • Widening of doorways, handrails, modification of bathroom facilities; • Individual room air conditioners for individuals whose temperature sensitivity issues create behaviors or medical conditions that put themselves or others at risk; 			<p>The Supplemental support documentation for Environmental Modifications must be completed and included with the individual's record.</p> <p>Environmental modifications are limited to \$5,000 per modification and to \$5000 cumulatively per plan year. A SC/PA may request approval for additional expenditures through the DHS policy office prior to expenditure.</p> <p>Three estimates for all work must be obtained and the most cost effective accepted. The estimates must be based on a scope of work, which must be the same for all bidders. When the least costly option is not selected the reason must be documented. The reason cannot be related to aesthetic/decorative concerns or materials chosen to match existing materials in the house when a less costly alternative will meet the identified disability related support need.</p> <p>Environmental modifications must be tied to supporting ADLs, IADLs and health-related tasks as identified in the service plan.</p> <p>All modifications must be completed by a state licensed contractor.</p>

Environmental Modifications

- Installation of non-skid surfaces, overhead track systems to assist with lifting or transferring;
- Specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual.

All dwellings must be in good repair and have the appearance of sound structure.

The identified home may not be in foreclosure or be the subject of legal proceedings regarding ownership

Any modification requiring a permit must be inspected and be certified as in compliance with local codes by local inspectors and be retained by the CDDP/brokerage.

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.

Exterior home modifications (such as fencing) may be available as a waiver service under the category Environmental Safety Modifications.

Payment to the contractor is to be withheld until the work meets specifications. [Support or in-home Department](#) funds may not be used as a deposit. [For more information about how ODDS assures this when its approval is required \(CMEs are encouraged to follow a similar process\) see AR-16-057.](#)

Expenditures must relate to a need identified in the individual's person-centered service plan that increases the individual's independence or substitutes for human assistance, to the extent that expenditures would otherwise be made for the human assistance.

Environmental Modifications

Repair or maintenance of environmental modifications may be included in this service. The service does not include repairs that are general home repairs that any home owner is likely to incur or that do not remediate the problem that caused the repair to be necessary.

RENTAL PROPERTY.

(A) Environmental modifications to rental property cannot substitute or duplicate services that are the responsibility of the landlord under the landlord tenant laws.

(B) Environmental modifications made to a rental structure must have written authorization from the owner of the rental property prior to the start of the work.

(C) The Department does not fund work to restore the rental structure to the former condition of the rental structure.

Home Delivered Meals (HDM)

Source	POC Code	POC Name	Instructions for inclusion on an ISP:
K Plan	N/A	N/A	
Description:			
<p>HDMs 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. Each HDM contributes an estimated one-third of the recommended daily nutritional regimen, with appropriate adjustments for weight and age.</p> <p>If a Brokerage Personal Agent or CDDP Services Coordinator has determined that the individual requesting Home Delivered Meals as K Plan service meets the specific eligibility criteria as stated in the applicable in-home ODDS program Oregon Administrative Rule (OAR), then a request for authorization may be made to the ODDS Funding Review mailbox - ODDS.FundingReview@state.or.us.</p> <p>Use the form SDS 595 for provider authorization and invoicing for this service</p>			<p>(1) To be eligible for Medicaid home delivered meals a participant must:</p> <ul style="list-style-type: none"> (a) Be Medicaid eligible and be receiving Medicaid long term services and supports in their own home; (b) Be home-bound; (c) Be unable to do meal preparation on a regular basis without assistance; and (d) Not have natural supports available that are willing and able to provide meal preparation services (e) Be an adult. <p>If an individual appears to meet the above criteria, contact ODDS for approval of the service.</p>

Relief Care

Source	POC Code	POC Name	Instructions for inclusion on an ISP:
K Plan	OR507	Relief Care, Daily	
Description:			
<p>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 their selves.</p> <p>Relief Care may be provided in:</p> <ul style="list-style-type: none"> • the individual’s home, • a relief care provider’s home, • a foster home, a group home, • Other settings operated by an agency certified or endorsed as a Developmental Disabilities provider. <p>Daily Relief Care</p> <p>Daily relief care may be authorized when an individual has been assessed as having ADL/IADL support needs that are intermittent or occur at unpredictable times and the typical support to meet those needs is unavailable or needs a break from providing that care. It is intended to meet those intermittent, unpredictable support needs by being available throughout a 24 hour span when hourly attendant care would otherwise be available to meet the need when it arose.</p>			<p>Daily relief care from a PSW may not be utilized for more than 7 consecutive days without prior approval from ODDS. Agency relief care is not subject to this prior approval.</p> <p>Relief care at a licensed Adult Foster Care Home may not happen for any length of time without prior approval of the home’s local CDDP or Department, unless consistent with local agreements.</p> <p>The temporary absence of a care provider, paid or unpaid, who provides any amount of support determined necessary by the Adult or Child In Home Assessment tool, is sufficient cause to authorize Daily Relief Care for the duration of the absence up to 7 consecutive days, up to 14 days per plan year. More than 14 days per year of relief care regardless of provider type, for an individual who is assessed as requiring less than 24 hour of support in a day, may not be authorized without prior approval from ODDS.</p> <p>Daily relief care does not directly affect the available hours of support; however there may be an impact on the amount of hourly support that is necessary when an individual accesses daily relief care. For example, if in a normal</p>

Relief Care

Daily care is a 24 hour unit (one day) of service. No other ADL/IADL support can be paid during that 24 hour period, including Facility Based or Group Attendant Care. If ADL/IADL support needs arise and a paid provider will be required during that 24 hour period, the 24 hour relief care provider is the one that is responsible to provide the ADL/IADL supports. Waiver Employment services may be provided during the 24 hour period.

[See PT-16-029 and AR-16-063 for more information about Relief Care provided by a PSW.](#)

month an individual needs 200 hours to meet the identified support needs, then the month where she is gone for a week getting 24 hour relief care, she would likely have attendant care hours closer to 150. The requirement is not that the available hours necessarily get reduced; it is that funds be used only to the extent that they are necessary to meet identified support needs.

Relief Care Rates

	PSW	Provider Agency
Daily (OR507)	\$17 65 (no more than seven consecutive days)	\$232.25

Skill Training

Source	POC Code (modifier)	POC Name	Instructions for inclusion on an ISP:
K Plan	OR529 (W7**)	Independent Skills Assessment, training, instruction, DD, home or community	
K Plan	OR324	Assistive Technology Training	
K Plan	OR542 (WG** or W1**)	DSA, non-work; Facility Skills Training	
K Plan	OR542 (WJ** or W2**)	DSA, non-work; Community Skills Training.	
Description:			<p>This service is available under the following conditions:</p> <ul style="list-style-type: none"> • An area of support has been identified through the assessment process (functional needs assessment or nursing assessment) and the person centered planning process has identified it as an area best addressed through skills training or maintenance activities. It must have been authorized as part of the individual service plan; • The activities are for the sole benefit of the individual and are only provided to the individual receiving K plan services; • The activities are designed to preserve or enhance independence or slow/reduce the loss of independence when the person has a progressive medical condition; • The activities are provided consistent with the stated preferences and outcomes in the individual support plan;
<p>ADL/IADL Skill Training</p> <p>Services include functional skills trainings, coaching, and prompting the individual to accomplish the ADL, IADL and health-related skills. Services will be 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 individual. Skill training may occur in the home or community.</p> <p>Assistive Technology Training</p> <p>Services include functional skills training provided in order that the individual becomes able to utilize technology to accomplish ADL, IADL and health-related tasks.</p>			

Skill Training

Classes

Classes may be utilized for skills training but may not add to the number of attendant care hours identified by the Adult In Home Support Needs Assessment tool and must contribute towards the actual completion of the identified support need.

Training must be designed to increase the individual's skills in completing a specific ADL/IADL activity and not be a general educational or recreational activity. *(Example: individualized skill training or group (class) skill training to build skill in "meal preparation" might include safe food storage and handling, operation of appliances and kitchen utensils, using a recipe, etc. but a cooking class focused on a particular style of cooking (i.e. Oaxacan Cooking or Stir Frying) that require the individual already possess basic skills would not meet this requirement.)*

****NOTE:** The modifier code WG is used to distinguish this service – skills training - from regular attendant care done in a facility based setting (OR542 WF). When the Facility Based Attendant care may be either, the less specific modifier W1 may be used, it indicates that the service is facility based, but not whether the service is skills training or regular attendant care. The person centered planning process will direct which service authorization is appropriate. Even if W1 is used as the modifier, the ISP should reflect the desired outcomes of the service and case management monitoring should reflect the services described there. The same concept applies to modifiers WJ and W2.

- The activities are provided concurrent with the performance of ADL, IADL, and health related tasks;
- Training and skill maintenance activities that involve the management of behavior during the training of skills, must use positive reinforcement techniques; and
- ISP must include a measurable outcome goal to be met through the skill training. If desired skill is anticipated to require more than 6 months to acquire, the ISP must include measurable benchmarks to be met during the course of the skill training.

All non-facility based 1:1 Skills Training, regardless of provider type, uses POC codes OR529. The OR542 codes are for agency providers only when the Skills Training is facility based or done in a group.

Service is not available for:

- Driver's education classes or 1:1 skill training around driver training.
- GED classes.
- Parenting classes.
- For children when services are being provided by the school system, or other systems (i.e., MH, TANF, CW).
- For children when the skill deficits are not a direct result of the child's intellectual or developmental disability.

For Review Purposes ONLY

Skills Training Rates

Rates for 1:1 Attendant Care in the home or community (OR529, OR324)	Hourly PSW: Not less than \$14.00/hr Enhanced PSW: Not less than \$15.00/hr Exceptional PSW: Not less than \$17.00/hr <u>(As of November 1, 2016, rate due to increase February, 2017)</u>	PROVIDER AGENCY \$27.28/hr					
Provider Agency Rates Per Hour:	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7
Group Skills Training– Community (OR542 WJ/W2)	\$15.00	\$16.24	\$17.75	\$19.58	\$21.86	\$24.77	
Skills Training– Facility (OR542 WG/W1)	\$8.48	\$9.45	\$10.81	\$12.76	\$15.87	\$21.58	
Note: Extraordinary support needs are addressed on a case-by-case basis in Tier 7. There are no set rates.							

Transition Services

Source	POC Code	POC Name	
K Plan	OR406	Community Transition	Instructions for inclusion on an ISP:
	OR326	Internet Installation	
	OR330	Clean-up before move in	
	OR331	Food Stocking	
	OR332	Moving Expenses	<p>These expenditures are limited to individuals transitioning from a nursing facility, IMD, or an ICF/IID where they have resided, to a home or community-based setting where the individual resides.</p> <p>Transition services will be limited to necessary services for individuals transitioning from an institution into a community-based or in-home program. Services will be based on an assessed need, determined during the person-centered service planning process and will support the desires and goals of the individual receiving services and</p>
	OR333	Hshld Goods & Furnish	
	OR342	Utility deposit/install	
	OR343	Security Deposits	
	OR344	Rent Deposits	
	Description:		

For Review

Transition Services

This service 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.

OR406 represents a "generic" code for transition services. The other codes are for more specific types of transition services that can be used when a more specific or restrictive authorization may be necessary.

supports. Final approval for expenditures will be approved by ODDS prior to expenditure.

Approval will be based on individual's need and ODDS's determination of appropriateness and cost-effectiveness. Financial assistance will be limited to:

- moving and move-in costs including; movers, cleaning and security deposits, payment for background/credit check (related to housing), initial deposits for heating, lighting and phone;
- and payment of previous utility bills that may prevent the individual from receiving utility services and
- basic household furnishing (i.e. bed) and other items necessary to re-establish a home.

Individuals will be able to access the benefit no more than twice annually, though basic household furnishing and other items will be limited to one time per year.

Transition assistance will not supplant the legal responsibilities of a parent or guardian. Children under age 18 must obtain prior authorization from ODDS for transition services.

For Review

Support Services and Comprehensive Waiver Services

Services available in BOTH waivers	
<u>Individual Supported Employment- Job Coaching</u>	<u>Family Training</u>
<u>Individual Supported Employment- Job Development</u>	<u>Environmental Safety Modifications</u>
<u>Small Group Supported Employment</u>	<u>Vehicle Modifications</u>
<u>Discovery</u>	<u>Specialized Supplies</u>
<u>Employment Path Services</u>	<u>Waiver Case Management</u>
<u>Direct Nursing Services</u>	
Service available only to adults in Support services	
<u>Specialized Diets</u>	

- In order to be eligible to receive these services, the individual must have [OSIP-MOCCS Medical](#), meet ICF/IDD Level of Care, have an assessed need for the service, require at least one of these services every month, and have an ISP in place authorizing it.

- Individual Supported Employment, Small Group Supported Employment, Discovery/Career Exploration, and Employment Path Services are collectively known as Employment Services.

Individual Supported Employment – Job Coaching

<u>Source</u>	<u>POC Code (modifier)</u>	<u>POC Name</u>	
<u>Support Services or Comprehensive Waiver</u>	<u>OR401 (W5)</u>	<u>Supported Employment Job Coaching – Initial Support</u>	<u>Instructions for inclusion on an ISP and Career Development Plan (CDP):</u>
	<u>OR401 (W6)</u>	<u>Supported Employment Job Coaching – Ongoing Support</u>	
	<u>OR401 (W7)</u>	<u>Supported Employment Job Coaching – Maintenance Support</u>	
<u>Description:</u>			
<p><u>The expected outcome of Job Coaching is sustained paid employment, at or above the minimum wage, and in an integrated setting in the general workforce, in a job that meets personal and career goals.</u></p> <p><u>Job Coaching includes initial, ongoing, or maintenance support to:</u></p> <ul style="list-style-type: none"> <u>Maintain and advance in an individualized job in a competitive integrated employment setting in the general workforce for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities; or</u> <u>Maintain self-employment. Funds may not be used to defray the expenses associated with operating a business.</u> 			<ul style="list-style-type: none"> <u>An employment related goal must be clearly documented in the individual’s ISP and Career Development Plan (CDP). The employment goal must be related to maintaining or advancing in competitive integrated employment in the general workforce.</u> <u>For Job Coaching, the ISP and CDP may also include employment goals that reflect the individual’s interest in advancing in his or her chosen career path if that is what the individual desires.</u> <u>This service may be authorized and billed for each hour the supported individual has been paid for work performed on the job. This rate methodology is intended to incentivize outcomes that include an increase in the number of hours the supported person works, job coach fading, and the development of natural supports (demonstrated to be associated with a person's increased success on the job), the rate methodology</u>

Individual Supported Employment – Job Coaching

- Job Coaching does not include support in a volunteer position.

More specific examples of Job Coaching include:

- Supporting the new employee to learn the job.
- Supporting the person to identify and develop any needed adaptations or accommodations.
- Coordination with a residential provider, transportation provider, or the person's natural supports to ensure supports are in place so that the individual will be successful on the job. This includes, for example, support to arrive at work on time, support to ensure proper hygiene, support to ensure the individual's work clothing has been laundered and is ready, support to ensure the individual has snacks or meals that will be needed at work, etc.
- Coordinating with others who support the person with services such as behavioral, medical, or other supports.
- Assisting the employee to develop communication with supervisors and co-workers.
- Assisting the employee to develop work appropriate relationships with supervisors and co-workers.
- Collaborating with the employee and the employer to develop natural supports.
- Coaching to advance in a career as evidenced by a job coach fading support, raises, more hours, increased responsibility and/or promotion, etc.

pays based on the number of hours the supported person works.

- This rate methodology does not include the hours the supported individual is paid for time off benefits, including paid vacation, sick time, jury duty, etc.
- This rate methodology does not apply to Personal Support Workers, whose rates are subject to collective bargaining.
- This rate methodology presumes a minimal amount of direct contact. The contract requirements are outlined in the ISP and related documents, however, the minimum contacts must also be met as outlined below and in the related Job Coaching Workers Guide.
- In order to bill for the hours the supported individual works, the provider must provide, at minimum, the hours and support required by the individual's ISP.

Review of Provider Documentation:

- The provider must maintain the supported individual's pay stubs, or other records made in the regular course of business, that document the hours the supported individual worked.
- This documentation must be made available upon request by the SC/PA, ODDS, Licensing, or CMS.

Job Coaching Limitations:

- Job Coaching is limited to 40 hours per week.

Individual Supported Employment – Job Coaching

Ongoing and Maintenance Job Coaching:

It is expected that, for most people, the degree and intensity of these supports will decrease around the time the rate for ongoing and/or maintenance Job Coaching begins.

One sign of successful job coaching is that the person has become more independent, allowing the job coach to fade as much as possible.

- If an individual is using Job Coaching in combination with Small Group Supported Employment and Employment Path Services, the combination is limited to an average of 25 hours per week.
- Job Coaching may only be authorized for up to two years (6 months of initial and 18 months of on-going) without ODDS approval; any request for job coaching beyond two years must be approved annually by ODDS.
- The initial job coaching rate is available for the first 6 months of job coaching. The ongoing job coaching rate is available for the subsequent 18 months. The availability of the ODDS initial and ongoing job coaching rates are reduced by the amount of time the individual utilizes VR job coaching.
 - If, for example, the individual utilized 3 months of VR job coaching, then 3 months of the ODDS initial job coaching rate would be available and 18 months of the ongoing job coaching rate would be available.
 - If the individual utilizes 2 months of VR job coaching, then 4 months of the ODDS initial job coaching rate would be available and 18 months of the ongoing job coaching rate would be available.

Direct (face to face) Contact Requirements:

<u>Job Coach Stage</u>	<u>Minimum monthly contacts required:</u>
<u>Initial</u>	<u>4</u>
<u>Ongoing</u>	<u>2</u>

The Case manager should authorize the phase of job coaching that best matches the person's support needs. Note that the

Individual Supported Employment – Job Coaching

person's ISP/CDP may require more than the minimum contacts outlined here.

Request for Maintenance Job Coaching:

Upon approval from ODDS, the maintenance job coaching rate may continue for up to 12 additional months so long as the individual continues to require primarily job coaching. If the individual's primary support on the job is and ADL, then attendant care should be authorized.

The request for Maintenance Job Coaching may be made in advance by as much as 6 months and should be made in advance by at least 1 month.

The request may be submitted here (see the related worker guide regarding what information must be submitted):
Maintenancejobcoaching.request@state.or.us

See the job coaching workers guide for additional details.

Individual Supported Employment – Job Coaching (Hourly Rates)	Category 1 (previously tier 1)	Category 2 (previously tier 2-3)	Category 3 (previously tier 4-6)	Category 4 (previously tier 7)
<u>Initial Job Coaching – Agency Provider</u>	<u>\$31.02</u>	<u>\$45.88</u>	<u>\$64.41</u>	<u>Exceptional support needs are addressed on a case-by-case basis.</u>
<u>Ongoing Job Coaching – Agency Provider</u>	<u>\$25.85</u>	<u>\$40.15</u>	<u>\$57.97</u>	

Maintenance Job Coaching - Agency Provider	\$20.68	\$28.68	\$51.53	There are no set rates for Category 4.
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PSW (Initial and Ongoing Job Coaching)	Hourly PSW: Not less than \$14.75/hr Enhanced PSW: Not less than \$15.75/hr Exceptional PSW: Not less than \$17.75/hr (As of November 1, 2016, rate due to increase February, 2017)
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Individual Supported Employment – Job Development

Source	POC Code (modifier)	POC Name	Instructions for inclusion on an ISP and Career Development Plan (CDP):
Support Services or Comprehensive Waiver	OR401 (W3)	Initial placement outcome payment	
	OR401 (W9)	90 day retention outcome payment	
Description:			<ul style="list-style-type: none"> Individual integrated employment must be a goal clearly documented in the individual's ISP and in the Career Development Plan (CDP). If an individual has an individual and integrated job, and is seeking job development for support to change the job or position to earn at least minimum wage, or to develop self-employment opportunities, then the goal must be clearly documented in the ISP and CDP.
<p>The expected outcome of Job Development is sustained paid employment, at or above the minimum wage, and in an integrated setting in the general workforce, in a job that meets personal and career goals.</p> <p>Job Development includes support to obtain a job in an integrated employment setting in the general workforce, including:</p>			

Individual Supported Employment – Job Development

- Compensation at or above the minimum wage, but ideally not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.
- Support to an individual in an individualized job in an integrated setting who is not earning at least minimum wage and who needs a different job or position to earn at least minimum wage. This service does not include support to develop a job in a small group supported employment setting.

This service does not pay to develop:

- Jobs in a provider controlled setting.
- Jobs that pay less than the minimum wage.

Examples of Job Development activities include:

- Contacting employers.
- Assisting the job seeker to complete employment applications.
- Negotiating job tasks with an employer.
- Accompanying the person to interviews.
- Support to develop self-employment business opportunities, including accessing business financial resources for self-employment, and launching a business.

- ODDS funded Job Development is only available in the very limited circumstances when it is not available through VR.
- Documentation must be maintained to demonstrate that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973
- ODDS Job Development may be authorized in the very limited circumstances where it is not available through VR and:
 - A current denial from VR has been issued within the last three months and is in the individual's file (the SC/PA may authorize); or
 - When an individual has exhausted the limits of VR's services without success and ODDS has granted approval to authorize ODDS Job Development.
- The SC/PA must outline the requirements for the job that will be developed based on the employment goals of the individual. This includes, at minimum, the number of hours the individual would like to work and the wage the individual would like to earn (must be minimum wage or better).

<u>Individual Supported Employment – Job Development (Outcome Based Rates)</u>	Category 1 (previously tier 1)	Category 2 (previously tier 2-3)	Category 3 (previously tier 4-6)	Category 4 (previously tier 7)
<u>Job Development – Initial Placement (Agency Provider / Independent Provider)</u>	<u>\$1,977.20</u>	<u>\$2,471.50</u>	<u>\$2,965.80</u>	<u>Exceptional support needs are addressed on a case-by-case basis. There are no set rates for Category 4.</u>
<u>Job Development – 90+ Days Job Retention (Agency Provider / Independent Provider)</u>	<u>\$1,235.75</u>	<u>\$1,482.90</u>	<u>\$1,977.20</u>	

For Review Purposes ONLY

Small Group Supported Employment

Source	POC Code (modifier)	POC Name	
Support Services or Comprehensive Waiver	OR543 (W2)	Small Group Supported Employment	Instructions for inclusion on an ISP and Career Development Plan (CDP):
Description:			<ul style="list-style-type: none"> • An employment related goal must be clearly documented in the individual's ISP and Career Development Plan (CDP). The employment goal must be related to obtaining, maintaining or advancing in competitive integrated employment in the general workforce. • The ISP and CDP must include goals that support obtaining an individual integrated job in the general workforce and developing skills that can be transferred to an individual integrated job. • Small Group Supported Employment must be provided in a manner that promotes integration into the work place and interaction with people without disabilities in those work places. • This service is limited to an average of 25 hours per week. This service can be combined with Job Coaching and Employment Path Services subject to this 25 hour limitation.
<p>The expected outcome of Small Group Supported Employment is sustained paid employment and work experience leading to further career development and individual integrated employment in the general workforce for which an individual is compensated at or above the minimum wage.</p> <p>Small Group Supported Employment includes services and training activities in regular business, industry and community settings for groups of two (2) to eight (8) individuals. This service must be provided in a manner that promotes integration into the</p>			

Small Group Supported Employment

work place and interaction with people without disabilities in those work places.

This service does not include:

- Support in a volunteer position.
- Support at a site that is owned or operated (leased) by a provider~~facility based setting that is a fixed site owned, operated, or controlled by a provider.~~

- Unlike the rate methodology for Individual Supported Employment – Job Coaching, the rate methodology for this service is based on the number of support hours provided.

- Effective July 1, 2015, all jobs supported by this service must earn minimum wage or better. Jobs that do not pay minimum wage or better would be more accurately supported by Employment Path Services.

Small Group Supported Employment (Hourly Service Rates)	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7
Agency Provider	\$18.83	\$19.77	\$20.82	\$21.99	\$23.30	\$24.77	Extraordinary support needs are addressed on a case-by-case basis. There are no set rates for tier 7.

Discovery

Source	POC Code	POC Name	Instructions for inclusion on an ISP and Career Development Plan (CDP):
Support Services or Comprehensive Waiver	OR539* (WA)	Discovery	
Description:			
<p>The expected outcome of Discovery is sustained paid employment and work experience leading to further career development and individual integrated employment in the general workforce for which an individual is compensated at or above the minimum wage.</p> <p>Discovery includes:</p> <ul style="list-style-type: none"> • A comprehensive and person-centered employment planning support service to better inform an individual seeking Individual Integrated Employment and develop a Discovery Profile. • Discovery is a service an individual may use when he or she has determined that he or she wants to actively pursue a job in an individual integrated employment setting within the coming year but the individual or job developer may require further information to determine the career or work environment in which the individual would be most successful. Discovery is intended to be a precursor to inform and effectively utilize VR Job Development, although Discovery is not a prerequisite to VR Job Development. • Discovery includes a series of work or volunteer related activities to inform the individual and the Job Developer about individual's strength's, interests, abilities, skills, experiences, and support needs, as well as identify the conditions or 			<ul style="list-style-type: none"> • Discovery is a service that may be authorized by a Service Coordinator or Personal Agent when an individual has determined he or she wants to actively pursue an individual integrated job within the coming ISP year but may require further exploration to determine what career he or she may be most successful in. • SCs/PAs authorize Discovery in the ISP and Career Development Plan and make a referral to VR. Depending on the individual's circumstances, it may be most effective to make the referral when authorizing the Discovery service in order to expedite the VR eligibility process. • Career Development Planning is not required to access ODDS Employment Services although it is considered Best Practice. • Discovery is not required to access VR services. • The SC/PA must ensure that the Discovery provider has the required qualifications and training. <p>Payment Requirements:</p> <ul style="list-style-type: none"> • A completed Discovery Profile as verified by the Service Coordinator or Personal Agent.

<p>employment settings in which the individual will be successful. It is also an opportunity for the individual to begin active pursuit of individual integrated employment.</p> <ul style="list-style-type: none"> • Activities completed during Discovery may include (but are not limited to) job and task analysis activities, assessment for use of assistive technology to promote increased independence in the workplace, job shadowing, informational interviewing, employment preparation (including but not limited to resume development), and paid work experience or volunteerism to assist an individual in identifying transferable skills and job or career interests). • Payment for this service requires the completion of a Discovery Profile. The Discovery Profile must meet requirements established by the Department. The profile used may be the template made available by the Department. If the Department's profile is not used, the profile used must be pre-approved by the Department. A completed profile may be eligible for translation by the Department. See the Worker's Guide: Translation Services. • <u>Participating in Discovery and the Discovery Profile should inform and enhance VR Job Development.</u> <p>Discovery may be eligible for Department funded interpretation. See below.</p>	<ul style="list-style-type: none"> • Discovery must be completed within a three month period. A three month extension (bringing the total to six months) may be granted by the SC/PA if there is a legitimate cause documented in the ISP. This may include, but is not limited to, situations where an extension is required because of medical necessity, or where opportunities to participate in a work experience are outside the three month time period. • The SC/PA must ensure that the completed Discovery Profile is submitted to VR along with the referral. The VR referral must be documented in the ISP and Career Development Plan. The referral to VR should occur at a time that will ensure a seamless transition from Discovery to VR Job Development. This should be coordinated between the SC/PA, the provider, and VR. Factors that impact the time of referral might include the estimated timeline for VR intake and eligibility, the length of time between Discovery authorization and completing the Discovery service, as well as other individual circumstances. Depending on the individual's circumstances, it may make sense to make the referral to VR at the time Discovery is authorized (to ensure VR intake and eligibility process can occur), or at a time that will ensure a seamless transition from Discovery to VR Job Development.
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Discovery (Outcome Based Rates)	Category 1 (previously tier 1)	Category 2 (previously tier 2-3)	Category 3 (previously tier 4-6)	Category 4 (previously tier 7)
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<u>Agency Provider / Independent Provider</u>	<u>\$1,728.65</u>	<u>\$1,975.60</u>	<u>\$2,222.55</u>	<u>Exceptional support needs are addressed on a case-by-case basis. There are no set rates for category 4.</u>
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For Review Purposes ONLY

Employment Path Services

Source	POC Code	POC Name	Instructions for inclusion on an ISP and Career Development Plan (CDP):
Support Services or Comprehensive Waiver	OR541 (W1)	Employment Path Services - Facility	
	OR541 (W2)	Employment Path Services - Community	
Description:			<ul style="list-style-type: none"> • An employment related goal must be clearly documented in the ISP and in the Career Development Plan (CDP). The employment goal must be related to maintaining or advancing in competitive integrated employment in the general workforce. • The ISP and CDP must include goals to develop general habilitative or non-job-task-specific skills that can be used in an individual integrated job in the general workforce. • This service is limited to an average of 25 hours per week. This service can be combined with Job Coaching and Small Group Supported Employment subject to this limitation. • This service is provided over a limited time period specified by the individual's ISP/CDP. The ISP/CDP must document progress towards gaining the skills for which the service was authorized. • If progress is not made towards developing the skills outlined in the ISP/CDP, and towards obtaining individual integrated employment, it may be appropriate to evaluate whether the provider is the most effective and appropriate provider of this service or whether this
<p>The expected outcome of Employment Path Services is sustained paid employment and work experience leading to further career development and individual integrated employment in the general workforce for which an individual is compensated at or above the minimum wage.</p> <p>Employment Path Services include:</p> <ul style="list-style-type: none"> • Training general or non-job-task-specific skills that can be used in an individual integrated job. • To improve an individual's employability in the general workforce through learning and work experiences. • A time limited service as defined by the individual's ISP. • Producing services or goods may be incidental to this service, but the primary purpose must be support to develop general skills that can be transferred to individual integrated employment. <p>Examples may include, but are not limited to the following: taking tours of local businesses, using services provided by the local Career Center, and volunteer or time limited work experiences in individual integrated employment.</p>			

Employment Path Facility is the only service that may be used for support in a sheltered workshop setting.

is an appropriate service to support the individual in working towards his or her goals to pursue individual integrated employment.

- Unlike the rate methodology for Individual Supported Employment – Job Coaching, the rate methodology for this service is based on the number of **direct** service hours provided.
- Employment Path Community versus Facility: The service is properly authorized and billed as Employment Path Facility if the service **provided** is **delivered** at a fixed site **owned, operated, or controlled by a service provider** where an individual has few or no opportunities to interact with people who do not have a disability except for paid staff.

Employment Path (Hourly Service Rates)	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7
Employment Path Community (Agency Provider)	\$18.83	\$19.77	\$20.82	\$21.99	\$23.30	\$24.77	Extraordinary support needs are addressed on a case-by-case basis. There are no set rates for tier 7.
Employment Path Facility (Agency Provider)	\$10.39	\$11.45	\$12.84	\$14.76	\$17.56	\$22.03	

Family Training

Source	POC Code	POC Name	Instructions for inclusion on an ISP:
Support Services or Comprehensive Waiver	OR360	Family Training	
Description:			
<p>Training services for the family of an individual to increase capabilities of the family to care for, support and maintain the individual in the home.</p> <p>Services are provided by in organized conferences and workshops that are limited to topics related to the individual's disability, identified support needs, or specialized medical or habilitation support needs.</p> <ul style="list-style-type: none"> • Oregon Intervention Systems training when an approved BSP indicates the training would be beneficial. • Instruction about treatment regimens and use of equipment specified in the Individual Support Plan • Information, education and training about the individual's disability, medical, and behavioral conditions. • Training to safely manage challenging behavior. 			<p><u>Non-allowable Family Training Service Expenses:</u></p> <ul style="list-style-type: none"> ▪ Pay for family training to carry out educational activities in lieu of school for school-age individuals. ▪ Conferences when the training is on topics not directly required to carry out the support plan of the individual with disabilities or when training essential for an individual's care may be effectively provided through less expensive means such as use of state and local experts, books, electronically, etc. ▪ Fees, travel, lodging, and other expenses for family members. ▪ Training for paid caregivers, including family. ▪ Teaching family members sign language. ▪ Mental Health Counseling, treatment or therapy. ▪ Parenting classes ▪ Services provided by licensed psychologists, professionals licensed to practice medicine, social workers, counselors 1:1 to family members

Family Training Rates

Independent ~~Contractor~~Provider: \$240 per event

Provider Organization: \$240 per event

For Review Purposes ONLY

Special Diets (Support Services Only)

Source	POC Code	POC Name	Instructions for inclusion on an ISP:
Support Services Waiver	OR512	Food required for specialized diet	
Description:			<p><u>Non-allowable Special Diet Service Expenses:</u></p> <ul style="list-style-type: none"> ▪ Items such as diet drinks and bodybuilding formulas, purchased for weight loss or gain that could be achieved using generic foods and dietary guidelines. ▪ Experimental nutritional supplements or regimens, such as combinations of vitamins and minerals purported to cure or alleviate symptoms of Autism, Downs' Syndrome, or other developmental disabilities and which have not achieved general professional acceptance as essential to management of these conditions. ▪ Food or equipment that can be purchased through the Oregon Health Plan or private insurance. ▪ A full nutritional regimen, i.e. the nutritional equivalent of three meals a day with snacks. (Example: Will not purchase all food for an individual who has a physician's order for gluten-free products while the household food budget is used to provide generic diets to the rest of the household. Will only purchase the supplement ordered by a physician and monitored by the dietitian.) ▪ Food for anyone other than the individual. ▪ Paying "cost comparison" difference between a typical diet and a special diet.
<p>This service is NOT available to individuals who receive case management from a CDDP services coordinator.</p> <p>Special diets must be ordered by a physician and monitored by a dietitian periodically. (Does not include Gluten Free)</p> <p>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.</p>			

Environmental Safety Modifications

Source	POC Code	POC Name	Instructions for inclusion on an ISP:
Support Services or Comprehensive Waiver	OR561	Environmental Safety Mods	
Description:			
<p>Environmental Safety Modifications" mean the physical adaptations described in OAR 411-340-0130 that are made to the exterior of the home of an individual or the home of the family of the individual as identified in the ISP for the individual to ensure the health, welfare, and safety of the individual or to enable the individual to function with greater independence around the home.</p> <p>These supports would most typically be:</p> <ul style="list-style-type: none"> • a fence to assure the safety of an individual who has a history of leaving the safety of the home and who does not have the skills to be safe in the community. • A pathway for an individual who may have an unsteady gait or who uses an assistive device to ambulate and lacks a safe path to and from the house. <p>Services must be:</p> <ul style="list-style-type: none"> • Completed by a State licensed contractor. • In compliant with existing local ordinances – i.e., requirement of the local building permit and inspection. SC/PA must obtain the certification of compliance prior to releasing payment. 			<ul style="list-style-type: none"> ▪ Adaptations or improvements that are of general utility. ▪ Costs that exceed \$5000 per modification without prior ODDS approval. ▪ The appearance of the fence cannot figure into the authorization of a fence. It must be the most cost effective solution; aesthetic considerations cannot cause the cost to increase. Vinyl fencing is not permitted as it can rarely be the most cost effective and has proven to be less effective at preventing elopement. ▪ Costs for paint or stain are not included. ▪ Fencing will be limited to 200 ft. without prior ODDS approval. Approval will only be made if fewer than 200 ft. of fencing will not assure the health and safety of the individual. ▪ Fencing cannot be more than 6' in height. ▪ Large gates such as automobile gates are not permitted. ▪ Paths may only be of the shortest length to assure the individual can access a vehicle or a sidewalk that allows access to the community beyond the individual's home. Unless necessary for egress in an emergency, paths that do not contribute to greater access are not permitted (for example, a path through a garden or around the backyard) ▪ Local ordinances may impact the options available within this service and must be followed. ▪ Three bids are required and the lowest bid accepted. ▪ The construction requirements for the K plan service "Environmental Modifications" also apply to this service.

- Completed and meet specifications prior to payment can be made to the contractor. In-home support funds may not be used as a deposit.
- Authorized in writing by the owner of the rental structure prior to initiation of the work. This does not preclude any reasonable accommodations required under the Americans with Disabilities Act, or Fair Housing Act.

[Payment to the contractor is to be withheld until the work meets specifications. Department funds may not be used as a deposit. For more information about how ODDS assures this when its approval is required \(CMEs are encouraged to follow a similar process\) see AR-16-057.](#)

For Review Purposes ONLY

Vehicle Modifications

Source	POC Code	POC Name	Instructions for inclusion on an ISP:
Support Services or Comprehensive Waiver	T2039	Vehicle Mod	
Description:			
<p>Vehicle Modifications are the adaptations or alterations that are made to a car or van that is the primary means of transportation for an individual in order to accommodate the service needs of the individual. Vehicle adaptations are specified by the service plan as necessary to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant.</p> <p>Vehicle modifications may include a lift, interior alterations to seats, head and leg rests, belts, special safety harnesses, other unique modifications to keep the individual safe in the vehicle</p>			<p>The service is not for:</p> <ul style="list-style-type: none"> • adaptations or improvements to the vehicle that are of general utility, and are not of direct medical or remedial benefit to the individual; • Purchase or lease of a vehicle • Upkeep, repair and maintenance of a vehicle except the upkeep, repair or maintenance is of the modifications. • Modifications to the car of a paid provider of waiver services. <p>Vehicle modifications are limited to \$5,000 per modification. A SC/PA may request approval for additional expenditures through the Department prior to expenditure. Approval is based on the service needs and goals of the individual and the determination by the Department of appropriateness and cost-effectiveness.</p> <p>Vehicle modifications must meet applicable standards of manufacture, design, and installation.</p> <p>Three cost estimates must be obtained prior to authorizing this service.</p>

[Payment to the contractor is to be withheld until the work meets specifications. Department funds may not be used as a deposit. For more information about how ODDS assures this when its approval is required \(CMEs are encouraged to follow a similar process\) see AR-16-057.](#)

Specialized Supplies

Source	POC Code	POC Name	Instructions for inclusion on an ISP:
Support Services or Comprehensive Waiver	OR562	Spec Med Supply	
Description:			

Specialized Medical Supplies means medical and ancillary supplies such as:

- Necessary medical supplies, specified in the ISP that are not available under the state plan.
- Ancillary supplies necessary to the proper functioning of items necessary for life support or to address physical conditions
- Supplies that are necessary for the continued operation of augmentative communication devices or systems.
- Incontinence items or devices, specified in the ISP that are not available under the State plan.

This service is not available for:

- Supplies that have been determined unsafe for the general public by recognized consumer safety agencies.
- Items which are needed solely to allow a school-aged individual to participate in school.
- Items not of direct medical or remedial benefit to the individual.

Direct Nursing Services

<u>Source</u>	<u>POC Code</u>	<u>POC Name</u>	<u>Instructions for inclusion on an ISP:</u>
<u>Support Services or Comprehensive Waiver</u>	<u>N/A</u>	<u>N/A</u>	
<u>Description:</u>			

Direct Nursing services are nursing supports for individuals 21 years of age and older with complex medical needs delivered on a shift staff basis in an individual's home, a licensed Adult Foster Care home or a Supported Living Setting. These nursing services include direct "hands on" nursing interventions, skilled nursing tasks, treatments and therapies with continuous assessment & reassessment of the medical conditions as part of each shift. Individuals are determined eligible (by the Department) for hours based on an acuity level score as measured by a Direct Nursing Service Criteria completed by an ODDS RN Health Management Specialist.

If a case manager has any questions about eligibility for Direct Nursing services they should contact the ODDS RN Health Specialist Suzi Drebes by sending in a Technical Assistance Request Form to ODDS.RNsupport@state.or.us

Examples of eligible individuals receiving Direct Nursing Services (DNS) are adults with medically complex health conditions (usually technology dependent) who may have been previously determined eligible for Nursing under Medically Fragile Children's Services or for Private Duty Nursing for Young Adults who have turned 21 years of age. Other individuals who could be eligible for DNS include individuals new to service, current individuals who have a significant change in their health status or individuals with medically complex health conditions in need of direct nursing who may be considering a change of service from DD50 Residential Services to In-Home, Adult Foster Care or Supported Living.

Direct Nursing services may not substitute for or duplicate other Direct Nursing services provided by State Plan, Third

If an individual has been determined eligible for Direct Nursing Services the number of eligible monthly hours should be identified in the ISP under the "Other Chosen Services" section of the current form. If an individual has access to Third Party Resources (Private Insurance) for Direct Nursing it should be noted on the ISP as those hours must be accessed first before DNS. The ISP team may want to identify potential health outcomes under the "Desired Outcomes" section of the ISP. Examples could include, "reduce hospitalizations" "stabilize health condition", or "reduce risk of secondary infection".

Nurse Providers (including In-Home or Home Health Agencies) must complete a written Nursing Service plan within seven days of initiation of Direct Nursing services and submit the service plan to the Case Manager. Nurses must review, update and resubmit a Nursing Service Plan to the Case manager in the following instances:

- Every 6 months
- Within seven working days of a change in RN or Agency.
- After any significant change of condition, such as hospitalization, emergency visits or significant change in health status of the individual

All Nurse Providers including Self-Employed RN's, LPN's or Home Health or In Home Agencies (licensed by the Oregon Health Authority) delivering Direct Nurse services are considered independent contractors (not an employee of the individual, Foster Care provider or Supported Living Provider). Nurse Providers must have a current and unencumbered RN or LPN license issued by the Oregon State Board of Nursing and must be a qualified Medicaid Enrolled Nurse provider of Direct Nursing services. To determine if an agency or a self-employed RN or LPN is already qualified as a

Party resources (Private Insurance) or secondary school based nursing services. Individuals residing in the following settings are not eligible for Direct Nursing services: 24 hour residential service (DD50 Group Home), Medical or Psychiatric Hospital, Assisted Living facility or Residential Care Facility.

An Adult Foster Home-DD provider licensed by the Department may provide Direct Nursing services to individuals (up to 40 hours per week) in the AFH:

- If the AFH-DD provider meets the requirements as an enrolled Medicaid Direct Nurse Provider as described in OAR 411-380-0060 and has a separate and distinct Medicaid provider number
- If there is more than one individual who resides in the AFH-DD and requires direct nursing service
- The provider must assure the needs of other individuals in the home are met up to and including additional staffing, such as resident managers, substitute caregivers or other nurses in the home. Documentation must record staffing coverage.

For Individuals in an In-Home setting Direct nursing services may not duplicate or occur at the same time as attendant care services, except when the delivery of attendant care is provided by a personal support worker or provider agency as defined in OAR 411-317-0000, and the individual --

Medicaid Enrolled Nurse Provider of Direct Nursing Services a case manager can contact ODDS.RNsupport@state.or.us

If an individual/family, legal representative, Foster Care provider or case manager knows of a Nurse who would like to enroll as a Direct Nurse Provider they can send the potential applicants e-mail & mailing address to ODDS.RNsupport@state.or.us and an enrollment packet will be sent. Nurses who are not enrolled, qualified and approved as a Medicaid Provider of Direct Nursing services cannot work or be paid to work as a provider.

In addition, qualified Medicaid Direct Nurse Providers must have Prior Authorization each month to be paid for services. Nurse providers receive the prior authorization and are paid through the Medicaid Management Information System (MMIS) ,not through eXPRS.

- Each provider works with the individual, family, Foster Care provider or Supported Living provider to determine the number of hours of service to be prior authorized for the next month.
- The number of projected hours (reduced by any Third Party/Private Insurance) are sent to both the Case Management Entity (CME) & ODDS at ODDS.RNsupport@state.or.us. The CME reviews to confirm the total hours are at or below the ISP identified monthly hours. The ISP hours must not be above the approved DNS hours identified by the Direct Nursing Service Acuity level.
- Each provider inputs request for Prior Authorization into the MMIS Payment system.

- a) Has been assessed needing Department approved 2:1 attendant care supports based on the results of a functional needs assessment;
- b) Is attending employment or day service activities; or
- c) Needs 2:1 staffing in the community

PRIVATE DUTY NURSING FOR YOUNG ADULTS AGE 18-THRU 20.

Please consult the CIIS Expenditure Guidelines for more information.

- Once the CME confirms/approves the hours submitted by provider(s) the CME sends confirmation to ODDS.RNsupport@state.or.us
- ODDS central office puts Provider Prior Authorization request into Pending status in the MMIS payment system for the next month of service. The Provider cannot work without a Prior Authorization in place.
- When services have been completed at the end of the month the provider, Individual/family, Foster Care or Supported Living provider must sign off on the accuracy of the completed hours (timesheet or invoice). The signed timesheet/invoice is sent to the CME.
- The CME reviews timesheets assuring hours did not go over individually Prior Authorized or total number of eligible hours. Payment will only be made for authorized hours. After review and approval confirmation is sent to ODDS.RNsupport@state.or.us
- ODDS central office changes the pending status of the Prior Authorization to Approved. ODDS then sends out a notification to providers their payment through MMIS can be accessed.

DIRECT NURSING RATES

Nurse Provider payment rates. Below are standardized Direct Nursing rates by hours and units. MMIS payment requires billing by units. All providers must be paid these rates:

Agency RN rate - (Hourly) = \$59.73* (Unit Rate) = \$14.94**

Agency LPN rate – (Hourly) =\$35.11* (Unit Rate) = \$8.78**

Self-employed RN – (Hourly) =\$39.14* (Unit Rate) = \$9.79**

Self-employed LPN – (Hourly) =\$23.30* (Unit Rate) = \$5.83**

** Hourly rates are not evenly divisible by 4. The corresponding unit rates are rounded up to the nearest full cent to conform to the structure of the MMIS billing system.*

*** 1 unit = .25 hour. All positions are billed by the unit in MMIS.*

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Waiver Case Management

Source	POC Code	POC Name	Instructions for inclusion on an ISP:
Support Services or Comprehensive Waiver	These are authorized as a CPA in eXPRS and not in a POC.		
Other			
Description:			<p>Waiver or Non-Waiver Case Management services must be authorized as a service on an ISP. It may be a general type of service inclusive of the activities listed under the service description or may also include specific activities related to an individual's ISP as identified through the person centered planning process.</p>
<p>Waiver Case Management is available for any individual enrolled to the comprehensive or support services waiver. Non-waiver (other) case management is available to every other enrolled individual. Both waiver and non-waiver case management include the following assistance:</p> <ul style="list-style-type: none"> • Assessment and periodic reassessment of individual needs. These annual assessment (more frequent with significant change in condition) activities include: <ul style="list-style-type: none"> • Taking client history; • Evaluation of the extent and nature of recipient's needs (medical, social, educational, and other services) and completing related documentation; • Gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the individual. • Development (and periodic revision) of a specific care plan that: <ul style="list-style-type: none"> • is based on the information collected through the assessment; 			

<ul style="list-style-type: none"> • specifies the goals and actions to address the medical, social, educational, and other services needed by the individual; • includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and • identifies a course of action to respond to the assessed needs of the eligible individual. • Referral and related activities to help an eligible individual obtain needed services including activities that help link and individual with: <ul style="list-style-type: none"> • Medical, social, educational providers; or • Other programs and services capable of providing needed services to address identified needs and achieve goals specified in the care plan such as making referrals to providers for needed services, and scheduling appointments for the individual. • Monitoring and follow-up activities. Activities, and contact, necessary to ensure the care plan is implemented and adequately addressing the individual's needs. The activities, and contact, may be with the individual, his or her family members, providers, other entities or individuals and may be conducted as frequently as necessary; including at least one annual monitoring to assure following conditions are met: <ul style="list-style-type: none"> • Services are being furnished in accordance with the individual's care plan; • Services in the care plan are adequate; and • If there are changes in the needs or status of the individual, necessary adjustments are made to the care plan and to service arrangements with providers. 	<p style="text-align: center; font-size: 2em; opacity: 0.2; transform: rotate(-45deg);">FOR REVIEW PURPOSES ONLY</p>
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APPENDIX A: Supplemental ADL/IADL Information

ADL services include but are not limited to:

- (A) Basic personal hygiene -- providing or assisting an individual with such needs as bathing (tub, bed, bath, shower), hair care, grooming, shaving, nail care, foot care, dressing, skin care, and oral hygiene;
- (B) Toileting, bowel, and bladder care -- assisting an individual to and from bathroom, on and off toilet, commode, bedpan, urinal, or other assistive device used for toileting, changing incontinence supplies, following a toileting schedule, managing menses, cleansing an individual or adjusting clothing related to toileting, emptying catheter drainage bag or assistive device, ostomy care, or bowel care;
- (C) Mobility, transfers, and repositioning -- assisting an individual with ambulation or transfers with or without assistive devices, turning the individual or adjusting padding for physical comfort or pressure relief, or encouraging or assisting with range-of-motion exercises;
- (D) Nutrition -- preparing meals and special diets, assisting an individual with adequate fluid intake or adequate nutrition, assisting with food intake (feeding), monitoring to prevent choking or aspiration, assisting with adaptive utensils, cutting food, and placing food, dishes, and utensils within reach for eating;
- (E) Medication and medical equipment – including but not limited to assisting with ordering, organizing, and administering medications (including pills, drops, ointments, creams, injections, inhalers, and suppositories), monitoring an individual for choking while taking medications, assisting with the administration of medications, maintaining equipment, and monitoring for adequate medication supply;
- (F) Delegated nursing tasks.

IADL services include but are not limited to:

- (A) Light housekeeping tasks necessary to maintain an individual in a healthy and safe environment - cleaning surfaces and floors, making the individual's bed, cleaning dishes, taking out the garbage, dusting, and laundry;
- (B) Grocery and other shopping necessary for the completion of other ADL and IADL tasks;

(C) Cognitive assistance or emotional support provided to an individual due to an intellectual or developmental disability - helping the individual cope with change and assisting the individual with decision-making, reassurance, orientation, memory, or other cognitive functions; and

(D) Support in the community around socialization and participation in the community;

(E) Medication and medical equipment - assisting with ordering, organizing, and administering medications (including pills, drops, ointments, creams, injections, inhalers, and suppositories), monitoring an individual for choking while taking medications, assisting with the administration of medications, maintaining equipment, or monitoring for adequate medication supply;

(F) First aid and handling emergencies - addressing medical incidents related to the conditions of an individual, such as seizure, aspiration, constipation, or dehydration or responding to the call of the individual for help during an emergent situation or for unscheduled needs requiring immediate response;

(G) Assistance with necessary medical appointments - help scheduling appointments, arranging medical transportation services, accompaniment to appointments, follow up from appointments, or assistance with mobility, transfers, or cognition in getting to and from appointments; and

(H) Observation of the status of an individual and reporting of significant changes to a physician, health care professional, or other appropriate person.

Attendant care assistance means an individual requires help with ADLs. Assistance may be provided through the use of electronic devices or other assistive devices.

(A) "Cueing" means giving verbal, audio, or visual clues during an activity to help an individual complete the activity without hands-on assistance.

(B) "Hands-on" means a provider physically performs all or parts of an activity because an individual is unable to do so.

(C) "Monitoring" means a provider observes an individual to determine if assistance is needed.

(D) "Reassurance" means to offer an individual encouragement and support.

(E) "Redirection" means to divert an individual to another more appropriate activity.

(F) "Set-up" means the preparation, cleaning, and maintenance of personal effects, supplies, assistive devices, or equipment so that an individual may perform an activity.

(G) "Stand-by" means a provider is at the side of an individual ready to step in and take over the task should the individual be unable to complete the task independently.

Indirect Supports:

Cues/reminders to complete ADL/IADL and health related tasks do not necessarily have to occur face to face when the following conditions are met:

1. The individual lives alone or with someone incapable of providing natural supports and there is no one else in the person's life that is a natural support.	Compensation for these supports is never paid to a family member, spouse or friend living in the home of the individual.
2. There are documented health and safety issues that the individual cannot manage independently.	Need for this service and absence of natural support is documented and is part of the Individual Support Plan. If the individual lives in a family home, there needs to be a documented pattern of multiple unsuccessful attempts to utilize family or other natural supports.
3. Does not replace supports customarily provided by the SC/PA.	The SC/PA must review ability to meet some or all of the specific in-direct supports prior to using Support Service or In-Home Department funds.
4. When possible, the method of providing these supports is in the presence of the individual.	As often as possible, these services should be provided directly in order to foster self-direction and training opportunities. This requirement should be included on the Individual Support Plan and service agreement language.

5. Units of service for these supports must be specified in the Individual Support Plan and service agreement.

Indirect Services must be billed in ¼ hour increments.

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APPENDIX B: IN HOME AND SUPPORT SERVICE FUNDS IN FOSTER CARE SETTINGS

A Foster Care setting exists when an individual with a developmental disability lives in the home of a non-relative and that non-relative provides residential care to the person with disabilities. "Residential care" means the provision of room and board and services that assist the resident in activities of daily living, such as assistance with bathing, dressing, grooming, eating, medication management, money management or recreation. Payment for Residential care is not necessary for a Foster Care setting to exist. A situation where a landlord does not live with the individual, but does provide care to an individual with a developmental disability living in their building, is not necessarily a Foster Care setting. If uncertainty exists as to whether an arrangement meets the definition of Foster Care, contact the Foster Care subject matter expert at ODDS.

Relief care is allowed to take place in a DD or APD licensed Foster Care setting as part of an authorized support services ISP. The proposed relief stay must be reported to and approved by the CDDP before it occurs. A stay in a DD licensed Foster Care Home by a non-resident cannot exceed 14 consecutive days per OAR 411-360-0190(9). An ODDS approval to exceed the seven day limit imposed on the K plan service for the individual does not change this limit imposed on the Foster Care provider. The Foster Care provider may request a variance to this rule, which may or may not be granted. When any service is delivered by a Foster Care provider, the provider cannot be responsible for a resident of the home while at the same time delivering a service to a participant of an in home program. A foster care provider may not deliver services to individuals who are not residents of the foster care home if those services are not based out of the licensed setting (i.e. the provider cannot go to the home of the individual to deliver relief care)

The information in this appendix applies whether the setting is licensed yet or not. There are two scenarios in which a participant of an in home program customer can live in a licensed foster care setting and be enrolled in an in home program (though it would be highly unlikely to occur with an individual in the in home comprehensive program), each has limitations on allowable expenses. The customer is either 1) privately paying for Foster Care, including Room and Board and residential care or 2) the customer is living in a Foster Care Home but is paying for Room and Board only. In neither case can a non-relative who lives in their own home with a participant of an in home program (i.e. the foster provider) be paid using support or in-home Department funds. An additional consideration in these scenarios is that the non-enrolled individual who lives in the home likely counts against the home's licensed capacity. The licensing entity should be consulted when these arrangements are being discussed.

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	Additional Documentation:	Support Services/In-Home Funds:
<p>Customer is privately paying for Foster Care, including Room and Board and residential care. <i>(Review SPD-PT-05-025 for details about this arrangement)</i></p>	<p>Copy of Foster Care ISP (required)</p>	<ul style="list-style-type: none"> • Cannot be used for services in the home. • Cannot be used for Services that are provided by the Foster Care provider according to the Foster Care ISP (see relevant Foster Care OARs on the following page). • Foster Care provider, resident manager and substitute staff are not eligible to be paid with Department Funds for individuals living in the Foster Care setting.
<p>Customer is living in a Foster Care Home but is paying for Room and Board only</p>	<p>Rental Agreement or documented assurance that no residential care is being provided.</p>	<ul style="list-style-type: none"> • May be used for any disability related expenses, in home or out of home. • Foster Care provider, resident manager and substitute staff are not eligible to be paid with Department Funds.
<p>Customer is living in the home of a relative and the relative is a licensed foster care provider</p>		<ul style="list-style-type: none"> • Cannot be used to pay the relative for supports while having responsibility for the Foster Care residents.

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