

CIIS Expenditure Guidelines

OARs 411-300, 411-350, 411-355 (SE145)

Funding Authorities:

- **1915(k) Community First Choice (K Plan)**
- **1915(c) Children’s Intensive In-Home Services**
(Medically Fragile/Medically Involved/Behavior Waivers)
- **State Plan Title XIX (Medically Fragile)**

Service authorization:

Each authorized service in the Individual Support Plan (ISP) must:

- **Have the main service category name according to each funding authority** listed in this guideline. Subtitles or more specific service descriptions may be used in addition to the main service category name to provide clarity or detail for the individual or providers.
- **Show how each identified need for a child is being met** – which funding authority is being used, if natural support is meeting it, or if the child’s parent or guardian is choosing to have the need go unmet.
- **Reflect an amount not to be exceeded.** If some amount of an authorized service is not required by the child, then a claim may not be made for it by a provider. For example, if a child 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* and *Relief Care* hours can’t necessarily be “bunched” into a single day or a few days of the month unless doing so aligns with the child’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.

- **Include shipping and handling costs**, when shipping from the source of the item is necessary to get it to the child and may be included in the cost of the service. If not shipped from the manufacturer/distributor/retailer directly to the child, 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, the cost of getting it from the office to the child is not allowable).
- **Not be paid directly to the child or family, including reimbursement for supplies or materials.** All payments must be made to a vendor of services (a “family member” may be a paid provider). **"Family Member" must not include** parent, adoptive parent, stepparent, foster parent, or other person legally responsible for the child receiving supports.
- **Be related to the disability of the child** 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, such as ADL and IADL support, the service type that represents the majority of the service type should be paid.

Personal Support Worker (PSW) rates:

Payments to PSWs must:

- **Be consistent with the current Collective Bargaining Agreement.** Current PSWs and Independent Contractors in the bargaining unit may not be paid less than their highest hourly rate per service category in place on October 3, 2013. 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 as follows:
 - PSW hourly services (attendant care, skills training and relief care),
 - Job Coaching, and
 - CIIS-PSW hourly services (attendant care, skills training and relief care).
- **Adhere to the rate for each service category**, and should not cross service categories except when applicable. For example, a PSW's rate for providing *attendant care* might not be the same for that PSW when providing *job coaching*.
- **Adhere to the rate for each program.** For example, a PSW providing services in CIIS and another program will have two wages (i.e., \$13/hour for non-CIIS programs and \$15.20/hour for CIIS programs). When an individual turns 18 and moves from CIIS into an adult program, their PSW providers do not retain the CIIS wage; rather, they are paid at the non-CIIS rate.

Note: 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, 2015. See AR-14-053 for more detail.

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 (i.e., OVRs, DOE, SSI, OHP, Section 8, MH, TANF, CW) 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)

Available services:

- ❖ Assistive Devices
- ❖ Assistive Technology
- ❖ Attendant Care
- ❖ Behavior Support
- ❖ Chore Services
- ❖ Community Nursing Services
- ❖ Community Transportation (non-medical)
- ❖ Environmental Modifications
- ❖ Relief Care
- ❖ Skill Training
- ❖ Transition Services

Eligibility criteria:

The child must have OHP Plus (exclude CHIP Title XXI), meet Level of Care, and have an assessed need for the service.

Notes:

- **Attendant Care hours** determined by the Child In-Home Support Needs Assessment (CNA) tool may be divided between *ADL/IADL care*, *skills training*, *hourly Relief Care*, 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 Forms** must be completed as indicated in the guidelines. If allowed, the most cost effective solution may be authorized for funding. When requesting a review for funding that exceeds the limits in this guideline, include the supplemental support documentation with the request.

K Plan Service Code Description	SE145 CPMS Code
Assistive Devices	760
Assistive Technology (including Personal Emergency Response Systems/PERS)	491
Attendant Care	755
Behavior Consultation/Supports	750
Chore Services	490
Community Nursing	764
Community Transportation (Non-Medical)	756
Environmental Accessibility Adaptations	753
Relief Care	759
Skill Training (same CPMS code as <i>Attendant Care</i>)	755
Transition Costs	495

Assistive Devices

Source	POC Code	POC Name	Instructions for inclusion on an ISP:
K Plan	OR380	Specialized Medical Equipment	
Description:			
<p>Assistive Devices means any category of durable medical equipment, mechanical apparatus, electrical appliance, or instrument of technology used to assist and enhance a child's independence in performing ADL, IADL, or health-related tasks.</p> <p>Durable Medical Equipments (DMEs) are equipments, 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 of assistive devices:</u></p> <ul style="list-style-type: none"> Adaptive equipment for eating (i.e. utensils, trays, cups, bowls that are specially designed to assist a child to feed him/herself). 			<p>The <i>Supplemental Support Documentation</i> for Assistive Devices must be completed and included with the child's record.</p> <p><u>Assistive Devices:</u></p> <ul style="list-style-type: none"> Do not include diapers, which are authorized through OHP or wipes, which fall under Specialized Supplies in the CIIS Waiver Services section below. Must be limited to the least costly option necessary to meet the child's assessed needs. 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. If the OHP or a private insurance will pay for an item but the

Assistive Devices

- Specially designed clothes to meet the unique needs of the child with the disability (e.g. clothes designed to prevent access by the child to the stoma, velcro closures, specially designed zippers, which could allow the child to dress/undress with less support).
- Purchases, rentals, repairs covered by OHP for durable medical equipment after OHP limit has been reached.

maximum allowable rate will not cover the *specific type or brand* of item desired, Department funds cannot be used to make up the difference in cost. Parents or guardians should consult with their health plan staff, such as the Intensive Care Manager/Exceptional Needs Care Coordinator, if they have difficulty locating an item for the maximum allowable rate.

Service is not available for:

- Work-related items available through a Vocational Rehabilitation employment plan.
- Generic household furnishings, personal clothing (for child 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 child. These items must address an identified need and not be solely for the entertainment of the child 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>Electronic devices</p> <ul style="list-style-type: none"> ▪ To secure assistance in an emergency in the home or community – i.e., cell phone, GPS alert device, communication device or software ▪ To provide reminders and alert systems for ADL/IADL supports – i.e., reminder software on a mobile device, programmable medication reminder device, schedule prompting software, GPS guidance software, etc. ▪ Mobile electronic devices or software – i.e., communication device, communication software for a mobile device. 			<p>The <i>Supplemental Support Documentation</i> for Assistive Technology must be completed and included with the child’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. • Must be limited to the least costly option necessary to meet the child’s assessed needs. • 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, the total cost of a tablet computer (hardware) for \$450 and of the Boardmaker (software) for \$400 <u>is</u> over \$500; this purchase must be prior

Assistive Technology

Assistive technology to provide additional security and replace the need for direct interventions to allow self-direction of care and maximize independence – i.e., 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.

approved by ODDS.

- Any purchase made from this category must be directly related to a support need of the child. It must increase independence or lessen 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 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 year requires prior authorization from ODDS.
 - Where possible, the child'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 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. The ISP team must have a documented discussion, involving the child and family whenever appropriate, 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 Corporation's (OTAC) guide on this subject, <http://oregonisp.org/at/>

Attendant Care

Source	POC Code	POC Name	Instructions for inclusion on an ISP:
K Plan	OR526	Attendant Care Support	
K Plan	OR100	In Home Care, ADL	
K Plan	OR101	In Home Care, IADL	
Description:			
<p>Attendant Care, Hourly Attendant services and supports to assist a child in accomplishing activities of daily living (ADL), instrumental activities of daily living (IADL) 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 a child’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 • Mobility, transfers, and repositioning • Nutrition • Medication administration and use of medical equipment • Delegated nursing tasks. <p>IADL activities are not necessary for fundamental functioning, but they let an individual live more independently in a community.</p>			<p><u>Attendant care:</u></p> <ul style="list-style-type: none"> • May occur in the home or community. • May be authorized in such a way to incorporate both ADL and IADL together (OR526), or separately (OR100, OR101) as determined appropriate through the person-centered planning process. • Units of service may not exceed the number of attendant hours determined to be necessary by the CNA tool. <p><u>Service is not available for:</u></p> <ul style="list-style-type: none"> • 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 child’s need for personal care assistance in all home and community settings. • Expenses that would normally be incurred by parents for children without disabilities in pursuit of strictly recreational or personal interests – e.g., video rental, tickets for movies and concerts, internet fees, admissions to sporting events, health club dues, horseback riding fees, conference fees.

Attendant Care

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 (age appropriate as assessed on the CNA)
- Assistance with necessary medical appointments (age appropriate as assessed on the CNA)
- 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

- Services delivered within the home to children whose parent pays privately for services in licensed or certified facilities.
- Other more cost effective services that may meet the need (such as assistive technology or an emergency response system) and are appropriate for the child.
- Hours that exceed what is necessary to support a child based on the CNA.
- Tasks/activities generally provided for a child of similar age by the parent or other family members.
- Support for a child's home schooling.
- Hours solely to allow the primary caregiver to work or attend school.
- Support available from the family, community, other government or public services, insurance plans, schools, philanthropic organizations, friends, or relatives.

See Appendix for further information.

Attendant Care Rates

<p>RATES for 1:1 Attendant Care in the home or community:</p>	<p>PSW \$15.73/hour as of 10/1/14 \$16.50/hour as of 1/1/15 <i>(see transmittal APD-AR-14-053)</i></p>	<p>INDEPENDENT CONTRACTOR \$18.09/hour as of 10/1/14 \$18.50/hour as of 1/1/15 <i>(see transmittal APD-AR-14-053)</i></p>	<p>PROVIDER AGENCY \$27.28/hour as of 1/1/15</p>
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Behavior Supports

Source	POC Code	POC Name	
K Plan	OR570	Behavior Consultation, Assessment and Training for DD	Instructions for inclusion on an ISP:
K Plan	OR310	Behavior Support services (on going)	
Description:			
<p>Behavior Consultation services are:</p> <ul style="list-style-type: none"> • Intended to determine if formal supports are needed, and to develop training and plans for children that engage in challenging, dangerous, or unsafe behaviors. • Delivered by a qualified behavior consultant and must include – a functional assessment and observation of the child – considering environmental, medical or physical factors, living arrangements and current supports, as well as history of the child. • Intended to be limited duration with a focus on the development and implementation of a behavior support plan (BSP) with positive strategies, implement the plan, monitor and revise the plan as needed and approved. <p>Implementation means preparing care providers – paid or unpaid – to execute the strategies identified as being effective in managing the behaviors. Implementation does <u>not</u> mean that the consultant actually uses the interventions</p>			<p>If the CNA tool indicates the need for a functional behavior assessment and potentially a formal BSP, the following guidance applies and is coded to OR570:</p> <p>A. Functional Assessment (FA) <u>ONLY</u>: Allow up to a maximum of 15 hours of Behavior Consultation services initially to complete FA, which would include the following services:</p> <ol style="list-style-type: none"> a. File review b. Direct Observations c. Review Historical Behavior Data Collection d. F/A Interview(s) with ISP team members e. Compile FA Document f. Facilitate team meeting to review written FA; Team’s review of FA would determine if Formal BSP needs to be written OR if additional informal behavior support strategies need to be developed by consultant. If either is required, additional behavioral consultation hours/services would be added per item “B” below. <p>B. Behavior Consultation services: Allow up to 12 hours to develop, prepare written presentation, and train ISP team to a formal BSP or informal behavior support strategies which do not contain Protective Physical Interventions (PPI).</p> <p>C. BSPs which require PPIs: Allow up to 3 additional hours of</p>

Behavior Supports

except as a means of assessing effectiveness during the plan development.

Behavioral intervention may be used to keep vulnerable children safe when they engage in dangerous behaviors and should maintain the dignity of the child. Use of punishment and non-aversive techniques are prohibited.

The need for these services is determined through the CNA tool, and the child's goals as identified in the ISP.

Behavior Consultation services may:

- Include consultation to the care provider on how to mitigate behavior that may place the child's health and safety at risk, and prevent institutionalization.
- Be implemented in the home and/or community, based on a child's assessed needs. All activities, designed to support children with cognitive impairments, must be for the direct benefit of the child.

Behavior Consultants will work with the child and child's family to:

- Assess the environmental, social, and interpersonal factors influencing the child's behaviors.
- Develop, in collaboration with the child as appropriate and if applicable, caregivers, a BSP to address specific needs of the child to acquire, maintain and enhance skills

Behavioral Consultation services to complete the following:

- a. Initial OIS – Individual Focus (IF) training of staff to PPIs. (Important Note: This also means that all providers participating in the **IF-OIS-IF training** have completed their 2-day **OIS-General training** and hold a current OIS-G certificate.)
- b. 30 Days later – Reviewing staff's progress/continued demonstration of physical techniques for applicable PPIs.

Children entered into CIIS Behavior waiver are assumed to require on-going behavior supports which exceed the established guidelines. Behavior consultation for these children shall be determined by the CIIS manager. **All other children requiring ongoing behavior consultation** shall be approved by ODDS and – not to exceed the rates established, the child's assessed needs for the service, or what is necessary to complete the assessment.

Children requiring more than 3 hours of ongoing behavior consultation services per month must be approved by ODDS. On-going behavior consultation is coded OR310.

Hours for the development of the FA/BSP which exceed the above guidelines must be approved by ODDS,

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

This service does not include counseling or mental health

Behavior Supports

necessary for the child to accomplish ADLs, IADLs and health related tasks.

A BSP for a child living in a family home should be written to anticipate the presence of providers who are not trained in the Oregon Intervention System (OIS). These plans should include alternatives to Protective Physical Interventions when a BSP includes them.

treatment.

Applied Behavior Analysis (ABA) is not an approved system of behavior management that is eligible for reimbursement under this service category. However, it may be available through the OHP.

Behavior Support Rates

RATES FOR BEHAVIOR CONSULTATION SERVICES:	URBAN:	RURAL (this rate includes travel allowance and should be used when the consultant must travel beyond 70 miles one way, and they are the most cost effective provider available.):
FA/BSP development and on-going services:	\$80/HOUR	\$80 - \$100/HOUR
FA/BSP development and assessment (max pmt)	\$2400	\$3200

Exceptions to published rates must be approved by ODDS.

Chore Services

Source	POC Code	POC Name	Instructions for inclusion on an ISP:
K Plan	OR501	Chore Services	
Description:			<p>The <i>Supplemental Support Documentation</i> for Chore Services must be completed and included with the child's record.</p> <p>Chore services are generally not available for a child, as maintaining a clean environment is the responsibility of the parent. For children under age 18, this service must obtain prior approval from ODDS.</p> <p><u>This service may be authorized once, each time the following criteria is met:</u></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><u>Chore Services:</u></p> <ul style="list-style-type: none"> • Are used to restore a hazardous or unsanitary situation to a clean, sanitary, and safe environment in a child's home. • Include heavy household chores – i.e., washing floors, windows, and walls, tacking down loose rugs and tiles, and moving heavy items of furniture for safe access and egress. • May include yard hazard abatement to ensure the outside of the home is safe for the child to traverse, enter and exit the home. • A 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. 			

Supplemental Information

Examples when another person might be responsible:

- Landlord when clean-up is from a previous tenant in a rental property.
- When the child 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 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.

Rates for Chore Services:	Domestic Employees (Non-PSW) : \$12/hour	Independent Contractor \$16/hour	Provider Agency: \$20/hour
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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 child.</p> <p>Only nurses enrolled in the Long Term Care Community Nursing Services program may be authorized to provide this service, which may include self-employed nurses, home health agencies, or in home agencies. For children served in the CIIS program, Community Nursing Services may be authorized directly by CIIS program staff.</p> <p>Some reasons to make a referral to a LTC Community Nurse include:</p> <ul style="list-style-type: none"> • The child, as appropriate, and caregivers need delegation and teaching regarding the child's subcutaneous insulin injections • The child has a tracheotomy which needs care and suctioning • The child requires nutritional supplements, medications and hydration through a gastrostomy tube
<p><u>Nursing Consultation:</u></p> <p>"Nursing Assessment" means one of the following assessments selected by the RN based on the child's needs and situation:</p> <p>➤ <u>Nursing assessment:</u> A systematic collection of data about a child for the purpose of judging that the child's health/illness status and actual or potential health care needs.</p> <p>Nursing assessment involves collecting information about the whole child including the physical, psychological, social, cultural and spiritual aspects of the child.</p> <p>Nursing assessment includes taking a nursing history and an appraisal of the child's health/illness through interview, physical examination and information from family/significant others and pertinent information from the child's past health/medical record. The data collected during the assessment process provides the basis for a diagnosis(es), plan for intervention and evaluation. (OAR</p>			

Community Nursing Services

851.047.0010(12))

At a minimum the Nursing Assessment should review:

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

➤ **“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 child’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;

“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

- A case manager/caregiver or person has concerns/issues regarding a child’s medication(s)
- A child has had an unexpected increase in the use of emergency care, physician visits or hospitalizations
- The case manager believes an evaluation of the child’s placement is necessary to ensure that the caregivers have the skills to meet the child’s needs
- There have been changes in the child’s behavior or cognition
- The child has nutrition or weight issues
- The child has issues with aspiration, dehydration, constipation, seizures or pica
- The child has pain issues
- There is a history of recent, frequent falls
- There is a potential for skin breakdown or recently resolved skin breakdown
- The child, as appropriate, or care givers needs help in following medical advice

The focus of the LTC Community Nurse is on teaching and supporting children and their caregivers to ensure that the children’s health needs are met. All services are focused on the children and their choices, promoting self-management of the children’s health condition whenever possible. The LTC Community Nurse provides oversight of nursing tasks needed by children for their stable, chronic and ongoing health needs and activities of daily living.

Community Nursing Services

changes in a child'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 a child's initial nursing assessment, reassessment, or updates made to a nursing assessment as a result of monitoring visits. It is specific to the child and identifies the child'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 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 Nurse's delegated authority. (OAR 851.047.0010(7)).

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 or make a referral for an LTCCN nurse can be found at:

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

Community Transportation

Source	POC Code	POC Name	
K Plan	OR003	Service Related Community Transportation, Commercial	<p>Instructions for inclusion on an ISP:</p> <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 child with disabilities. ▪ Payment for costs associated with transporting a child to a medical appointment. <p>To authorize Community Transportation, a child 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 the child’s 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. 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 child;
	OR004	Service Related Community Transportation, Mileage	
	OR554	Service Plan Related Community Transportation, Individual Transit Pass	
Description:			
<p>Services that allow children 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) <p><u>Community Transportation, Mileage:</u></p> <ul style="list-style-type: none"> • Per mile reimbursement for PSW and agency providers (OR004) <p>Community transportation is provided in the area surrounding the home of the child that is commonly used by people in the same area to obtain ordinary goods and services. The area is not determined by the social or recreational groups or activities of a child or family.</p>			

	<p>2) Compensate the service provider for travel to or from the service provider's home.</p> <p>Mileage reimbursement may only be applied when the child is in the vehicle with the provider.</p> <p>Agency Transportation is only allowable when the cost of transportation is not concurrent with other paid services (i.e. reimbursement is not available while a child is at school).</p> <p>More than an average of 250 miles per month of transportation may not be authorized without prior approval from ODDS.</p> <p>For children under 18, this service must be prior approved by ODDS if service is not for one of the following purposes:</p> <ul style="list-style-type: none"> • The usual unpaid primary caregiver is receiving relief care; • The trip is part of interventions identified in the child's BSP, and has specific outcomes for the child;
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Community Transportation Rates		
RATES FOR Community transportation (all provider types) :	OR004: \$.50/mile	OR003, OR554: Cost of bus pass, voucher, etc., including any processing fees applied by the vendor.

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 child in the family home, or to enable the child to function with greater independence around the family home or lead to a substitution for, or decrease in, direct human assistance to the extent expenditures would otherwise be made for human assistance. They are available only for the primary residence of the child.</p> <p>Home Modifications</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 children whose temperature sensitivity issues create behaviors or medical conditions that put 			<p>The <i>Supplemental Support Documentation</i> for Environmental Modifications must be completed and included with the individual's record.</p> <p>Environmental modifications:</p> <ul style="list-style-type: none"> • Are limited to \$5,000 per modification and to \$5000 cumulatively per plan year. An SC may request approval for additional expenditures through the DHS policy office prior to expenditure. • 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. • Must be tied to supporting ADLs, IADLs and health-related tasks as identified in the service plan that increases the child's independence or substitutes for human assistance, to the extent that expenditures would otherwise be made for the human assistance. • Must be completed by a State licensed contractor. • Must follow existing local ordinances – i.e., requirement of the local building permit and inspection. SC must obtain

Environmental Modifications

themselves or others at risk;

- 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 child.

the certification of compliance prior to releasing payment.

- **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 must be withheld until the work meets specifications. In-home support funds may not be used as a deposit.

Repair or maintenance of environmental modifications may be included in this service. The service does not include repairs 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.

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

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

Environmental Modifications

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.

Relief Care

Source	POC Code	POC Name	
K Plan	OR507	Relief Care, Daily	Instructions for inclusion on an ISP:
	OR508	Relief Care, Hourly	
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 children unable to care for their selves.</p> <p>Relief Care may be provided in:</p> <ul style="list-style-type: none"> • The child’s home, • A relief care provider’s home, • A foster home, a group home, • A licensed day care center, • A community care facility that is not a private residence. • Other settings (i.e., camp) operated by an agency certified or endorsed as a Developmental Disabilities provider. <p>Hourly Relief Care is a variation of attendant care and should no longer be authorized separately. Hourly relief care is attendant care by a substitute care giver. It is used when the regular care giver – paid or unpaid – is unavailable to provide ADL/IADL care when it is needed or for the completion of specific tasks. Hourly relief care is part of a backup plan to assure needs are met when they need to be met.</p>			<p>Daily relief care may not be utilized for more than 7 consecutive days without prior approval from ODDS.</p> <p>Relief care at a licensed Adult or certified Child Foster Home may not happen without prior approval from the certifying agency, CDDP, or Department.</p> <p>The temporary absence of a care provider, paid or unpaid, who provides any amount of support determined necessary by the CNA 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 child’s plan year. If provided at a camp, no more than 10 days per plan year.</p> <p>Each hour of Hourly Relief Care used is counted against the total number of hours of support determined to be necessary by the CNA.</p> <p>Each respite (relief) care hour accessed under Nursing Facility <u>OAR 411-070-0043(5)</u> program is counted against the number of allowable relief care hours under K-plan.</p> <p>Daily relief care does not directly affect the available</p>

Relief Care

Daily Relief Care may be authorized when a child 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.

Daily care is a 24 hour unit (one day) of service. No other ADL/IADL support can be paid during that 24 hour period. 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.

hours of support; however, there may be an impact on the amount of hourly support that is necessary when a child accesses daily relief care. For example, if in a normal month a child needs 200 hours to meet the identified support needs, then the month where the child is gone for a week getting 24 hour relief care the child 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.

Service is not available for:

- Hours solely to allow the primary caregiver to work or attend school;
- More than 10 days per child's plan year when provided at a camp;
- Vacation, travel, and lodging expenses;
- Room and board.

Relief Care Rates

<p>Hourly (when previously authorized)</p>	<p style="text-align: center;">PSW \$15.73/hour as of 10/1/14 \$16.50/hour as of 1/1/15 <i>(see transmittal APD-AR-14-053)</i></p>	<p style="text-align: center;">INDEPENDENT CONTRACTOR \$18.09/hour as of 10/1/14 \$18.50/hour as of 1/1/15 <i>(see transmittal APD-AR-14-053)</i></p>	<p style="text-align: center;">PROVIDER AGENCY \$27.28/hour as of 1/1/15</p>
<p>Daily</p>	<p style="text-align: center;">\$175/day Up to 7 consecutive days</p>	<p style="text-align: center;">\$175/day Up to 7 consecutive days</p>	<p style="text-align: center;">\$232.25 Up to 7 consecutive days</p>

Skill Training

Source	POC Code (modifier)	POC Name	
K Plan	OR529 (W7)	Independent Skills Assessment, training, instruction, DD, home or community	Instructions for inclusion on an ISP:
K Plan	OR324	Assistive Technology Training	
Description:			
<p>ADL/IADL Skill Training services include functional skills trainings, coaching, and prompting the child to accomplish the ADL, IADL and health-related tasks. Services will be specifically tied to the CNA and ISP and are a means to increase independence, preserve functioning, and reduce dependency of the child. Skill Training may occur in the home or community,</p> <p>Classes may be utilized for skills training but may not add to the number of attendant care hours identified by the CNA, and must contribute towards the actual completion of the identified support need. Classes may not supplant the role of parents or school to provide skills training.</p> <p>Training must be designed to increase the child’s skills in completing a specific ADL/IADL activity and not be a general educational or recreational activity. For example: An <i>individualized or group (class) skill training</i> to build skills in “meal preparation” that might include safe food storage and handling, operation of appliances and kitchen utensils, using a recipe, etc. would be allowed; but a cooking class focused on a particular style of cooking (i.e. Oaxacan Cooking or Stir Frying) that require the child already possess basic skills would not meet this requirement.</p> <p>Assistive Technology Training services include functional skills training</p>			<p>A worker may provide training and maintenance activities under the following conditions:</p> <ul style="list-style-type: none"> • The need for skill training or maintenance activities has been determined through the assessment process (functional needs assessment or nursing assessment), and has been authorized as part of the ISP; • The activities are for the sole benefit of the child and are only provided to the child receiving K-plan services; • The activities are designed to preserve or enhance independence or slow/reduce the loss of independence when the child has a progressive medical condition; • The activities are provided consistent with the stated preferences and outcomes in the individual support plan; • The activities are provided concurrent with the performance of ADL, IADL, and health related tasks as described in the earlier section; • Training and skill maintenance activities that involve the management of behavior during the

Skill Training

provided in order that the child becomes able to utilize technology to accomplish ADL, IADL and health-related tasks.

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.

Service is not available for:

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

Skill Training Rates

RATES FOR SKILLS TRAINING:	<p>PSW</p> <p>\$15.73/hour as of 10/1/14</p> <p>\$16.50/hour as of 1/1/15</p> <p>(see transmittal APD-AR-14-053)</p>	<p>INDEPENDENT CONTRACTOR</p> <p>\$18.09/hour as of 10/1/14</p> <p>\$18.50/hour as of 1/1/15</p> <p>(see transmittal APD-AR-14-053)</p>	<p>PROVIDER AGENCY</p> <p>\$27.28/hour</p>
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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	
	OR332	Moving expenses	
	OR333	Household goods & furnish	
Description:			
<p>Transition costs are limited to a child transitioning to the family home where the child resides – from a nursing facility, institution for mental diseases, or intermediate care facility for individuals with I/DD, or acute care hospital.</p> <p>This service covers transition costs are based on the assessed need of a child determined during the person-centered service planning process, and must support the desires and goals of the child receiving services and supports.</p>			<p>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.</p> <p>Final approval for expenditures must be approved by ODDS prior to expenditure. Approval will be based on the child’s need and ODDS determination of appropriateness and cost-effectiveness.</p> <p>Financial assistance is limited to basic household furnishings and other items one time per year.</p> <p>Access to this service is limited to no more than twice per year</p>

CIIS Waiver Services

Eligibility criteria:

In order to be eligible to receive CIIS Waiver services, the child must be enrolled in a CIIS waiver (Medically Fragile, Medically Involved or Intensive Behavior). The child must meet the program specific eligibility criteria, the Level of Care, have an assessed need for services, require at least one of these services every month, and have an authorized ISP in place authorizing it.

Waiver Service Code Description	SE145 CPMS Code
Case Management	
Environmental Safety Modifications	713
Family Training	754
Individual Directed Goods and Services	496
Specialized Diets	736
Specialized Supplies	493
Vehicle Modifications	708

Waiver Case Management

Source	POC Code	POC Name	
CIIS Waiver	These are authorized as a CPA in eXPRS and not in a POC.		Instructions for inclusion on an ISP:
Other			
Description:			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>Waiver Case Management is available for any child enrolled in a children's intensive in home waiver services.</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 child'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 child. • 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; • Specifies the goals and actions to address the medical, social, educational, and other services needed by the child; • Includes activities such as ensuring the active participation of the 			

eligible child, and working with the child, their parent or guardian and others chosen by the parent or guardian to develop those goals; and

- Identifies a course of action to respond to the assessed needs of the eligible child.

- **Referral and related activities to help an eligible child obtain needed services** including activities that help link a child with:

- Medical, social, educational providers; or
- Other programs and services capable of providing needed services to address identified needs and achieve goals specified in the ISP – i.e., making referrals to providers for needed services, and scheduling appointments for the child.

- **Monitoring and follow-up with activities** and contacts, necessary to ensure the ISP is implemented and adequately addressing the child's needs. The activities, and contacts may be with the child, the child's 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:

- Services are being furnished in accordance with the child's ISP;
- Services in the ISP are adequate; and
- If there are changes in the needs or status of the child, necessary adjustments are made to the ISP and to service arrangements with providers.

Environmental Safety Modifications

Source	POC Code	POC Name	Instructions for inclusion on an ISP:
CIIS Waiver	OR561	Environmental Safety Mods	
Description:			
<p>Environmental Safety Modifications mean the physical adaptations that are made to the <u>exterior</u> of the child’s family home – as identified in the ISP to ensure the health, welfare, and safety of the individual or to enable the child to function with greater independence around the home. They are available only for the primary residence of the child.</p> <p>These supports would most typically be:</p> <ul style="list-style-type: none"> • A fence to assure the safety of a child 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 a child 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 must obtain the certification of compliance prior to releasing payment. • Completed and meet specifications prior to payment can be made to the contractor. In-home support funds may 			<p>The <i>Supplemental Support Documentation</i> for Environmental Safety Modifications must be completed and included with the child’s record.</p> <p>The construction requirements for the K-plan service <i>Environmental Modifications</i> also apply to this service.</p> <p><u>Non-allowable expenses:</u></p> <ul style="list-style-type: none"> ▪ Adaptations or improvements that are of general utility. ▪ Costs that exceed \$5000 per modification require prior ODDS approval. ▪ Added costs for the appearance or aesthetic considerations of the fence. It must be the most cost effective solution – e.g., 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. ▪ Fencing that exceed 200 feet. Prior ODDS approval is required for over 200 feet, and is only for the assurance of the child’s health and safety. ▪ Fencing that is over six feet in height. ▪ Large gates – i.e., automobile gates. ▪ Pathways that do not contribute to greater access, unless necessary for egress in an emergency – i.e., a pathway through a garden or around the backyard. Pathways may only be of the shortest length to assure the child can access to the community beyond the child’s

<p>not be used as a deposit.</p> <ul style="list-style-type: none">• 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.	<p>home – i.e., access to a vehicle or a sidewalk.</p> <ul style="list-style-type: none">▪ Most costly bid. Three bids are required and the lowest bid must be accepted.
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Family Training

Source	POC Code	POC Name	Instructions for inclusion on an ISP:
Support Services or Comprehensive Waiver	OR360	Family Training	
Description:			<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 children. ▪ Conferences when the training is on topics not directly required to carry out the support plan of the child with I/DD, or when training essential for an child's care may be effectively provided through less expensive means – i.e., state and local experts, books, electronic media, 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.
<p>Training services for the family of a child are to increase capabilities of the family to care for, support and maintain the child in the family home.</p> <p>Services are provided at organized conferences and workshops that are limited to topics related to the child'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 ISP. • Information, education and training about the child's disability, medical, and behavioral conditions. • Training to safely manage the child's challenging behavior. 			
Family Training Rates			
<p>Independent Contractor: \$240/event or up to \$88.95/hour</p>			<p>Provider Organization: \$240/event or up to \$65.23/hour</p>

Individual Directed Goods and Services

Source	POC Code	POC Name	Instructions for inclusion on an ISP:
CIIS Waiver	ORxxx	Individual Directed Goods and Services	
Description:			<u>Non-allowable Individual Directed Goods and Services Expenses:</u>
<p>The purpose of individual-directed goods and services must be to support the child in developing self-help or adaptive skills, and to help provide the primary caregiver necessary training or support to continue re-enforcing those adaptive skills with the child in the home and community.</p> <p>The long term goal for these goods and services must be to:</p> <ul style="list-style-type: none"> • Decrease the need for other Medicaid services; • Promote inclusion of a child in the community; • Increase the safety of a child in the family home. <p>Adaptive skills are those skills needed for the child to be independent in daily activities. Helping the child learn those skills will give the child a sense of independence, and lessen the strain on the family in the day-to-day care for the child. These skills can be learned through adaptive play equipment and materials.</p> <p>Individual-directed goods and services:</p> <ul style="list-style-type: none"> • Provides equipment and supplies that must be recommended by at least one health care professional (i.e., occupational therapist, speech pathologist) or by a behavior consultant. • Must be prior authorized by CIIS Service Coordinator in coordination with the health care professionals (i.e., occupational therapist, speech pathologist) or behavior consultant, and/or the education professionals (i.e., special education specialist) as necessary. The purpose of coordination is to ensure that goods and 			<ul style="list-style-type: none"> • Otherwise available through the child's, or parent or guardian's own funds or another source, such as OHP, waiver or state plan services; • Experimental or prohibited treatment. • Normally purchased by a family for a typically developing child of the same age. • Limit of \$2400/year without ODDS approval. • Any single good or service costing more than \$500 in a plan year must be approved by ODDS.

services are targeted to specific adaptive skills/self-help development for the child, and that funding is not duplicative. Coordination is also to ensure consistency in expectations and re-enforcement in different settings for the child (i.e., at home and at school).

- **Must be directly address the disability related needs** of a child, identified and documented in the ISP as needed services to support the child's long term goals and outcomes, and supported with a written recommendation from a health care professional or behavior consultant. Service coordinator and involved parties must provide follow ups with the child and the family to monitor progress to ensure the outcomes for the child are being met. Monitoring is also to ensure the family members are receiving necessary support in helping the child to reach personal goals in gaining self-help/adaptive skills.

Special Diets

Source	POC Code	POC Name	
CIIS Waiver	pending	Food required for specialized diet	Instructions for inclusion on an ISP:
Description:			<p><u>Non-allowable Special Diet Service Expenses:</u></p> <ul style="list-style-type: none"> ▪ Items purchased for weight loss or gain – i.e., diet drinks, bodybuilding formulas – that could be achieved using generic foods and dietary guidelines. ▪ Experimental nutritional supplements or regimens – i.e., 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 OHP or private insurance. ▪ A full nutritional regimen – i.e., equivalent of three meals a day with snacks. For example: Purchase for all gluten-free food for an individual who has a physician’s order, while the household food budget is used for generic diets to the rest of the household. Food for anyone other than the individual. ▪ Paying <i>cost comparison</i> difference between a typical diet and a special diet. ▪ Restaurant and prepared foods, vitamins, & supplements.
<p>Special diets:</p> <ul style="list-style-type: none"> • Are specially prepared food and/or particular types of food needed to sustain the child in the family home; • Must be ordered by a physician at least annually and periodically monitored by a dietitian or physician; • Does not include gluten-free products; • Must be in support of an evidenced-based treatment regimen; • Are not intended to meet a child’s complete daily nutritional requirements. • Do not provide or replace the nutritional equivalent of meals and snacks normally required regardless of disability. • Monthly purchase may not exceed \$100. 			

Specialized Supplies

Source	POC Code	POC Name	Instructions for inclusion on an ISP:
CIIS Waiver	OR562	Spec Med Supply	
Description:			
<p>Specialized Medical Supplies mean medical and ancillary supplies such as:</p> <ul style="list-style-type: none"> • 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. <p>All items must meet applicable standards of manufacture, design and installation.</p>			<p><u>This service is not available for:</u></p> <ul style="list-style-type: none"> ▪ 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 child. ▪ When it is provided through the State plan.

Vehicle Modifications

Source	POC Code	POC Name	Instructions for inclusion on an ISP:
Support Services 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 a child in order to accommodate the service needs of the child. Vehicle adaptations are specified by the ISP as necessary to enable the child to integrate more fully into the community and to ensure the health, welfare and safety of the child.</p> <p>Vehicle modifications:</p> <ul style="list-style-type: none"> • May include a lift, interior alterations to seats, head and leg rests, belts, special safety harnesses, other unique modifications to keep the child safe in the vehicle. • Must meet applicable standards of manufacture, design, and installation. • Must have three cost estimates must be obtained prior to authorizing this service. 			<p><u>The service is not for:</u></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 child. • Purchase or lease of a vehicle. • Routine upkeep, repair and maintenance of a vehicle – except for the upkeep, repair or maintenance 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 may request approval for additional expenditures through the CIIS Manager. Approval is based on the service needs and goals of the child, and the Department’s determination 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>

State Plan Title XIX

Private Duty Nursing Services (CIIS Medically Fragile only, OAR 411-350-0050 (23))

Source	MMIS Code	MMIS Code Name	
Medicaid State Plan	T1030	Nursing Visit, RN	Instructions for inclusion on an ISP:
	T1031	Nursing Visit, LPN	
	S9123	Shift Care, RN	
	S9124	Shift Care, LPN	
Description:			
<p>The purpose of the Private Duty Nursing (PDN) is to reduce the cost of healthcare services through equally effective, more conservative, and/or less costly treatment. Children must have complex medical needs and require continuous skilled nursing care that can be provided safely outside an institution (i.e., hospital, skilled nursing facility) on a day-today basis. PDN services must be prior authorized based on the service level determined by the functional needs assessment and MFCU (Medical Fragile Care Unit Criteria), and meet the level of service criteria that measure specific nursing interventions needed.</p> <p>The need for private duty nursing (or direct hands-on nursing) shall be established based on a physician's order,</p>			<p><u>Non-allowable Private Duty Nursing Service (shift care and visits) Expenses:</u></p> <ul style="list-style-type: none"> ▪ If the child is a resident of a nursing facility or hospital ▪ Solely to allow the child's family or caregiver to work or go to school ▪ Solely to allow respite for caregivers or child's family ▪ For parents, siblings, grandparents, foster care parents, significant others, members of the child's household, or individuals paid by other agencies to provide caregiving services ▪ Services provided concurrently with care being provided under home health (ORS 443.005) or hospice program (ORS 443.850) ▪ Home nursing visits as defined in the Home Enteral/Parenteral Nutrition and IV Services rules ▪ Hours nurses spend in training ▪ Travel time to reach the job site <p><u>Private duty nursing visit:</u></p> <ul style="list-style-type: none"> ▪ The nursing service plan and documentation supporting the medical

nursing assessment, nursing care plan, documentation of condition and medical appropriateness, identified skilled nursing needs, goals and objectives of care provided. OAR 410-132-0020 (3)

A nursing visit is authorized when the need for a reassessment and evaluation is required for a child who has *non-critical or stable conditions* with a moderate probability that complications would arise without skilled nursing management of a treatment program on an intermittent basis.

Shift care nursing is authorized when the need for a reassessment and evaluation is required for a child who has *critical or unstable conditions* that are expected to rapidly change that complications would arise without skilled nursing management of a treatment program supplied in a specified block of time.

Appropriate shift care nursing services is based on the acuity level of the child as measured by the **Medically Fragile Care Unit Clinical Criteria** (DHS 0519, 05/13):

- **Level 1.** Score of 75 or greater and on a ventilator for 20 hours or more per day = up to a maximum of 554 nursing hours per month;
- **Level 2.** Score of 70 to 74 = up to a maximum of 462 nursing hours per month;
- **Level 3.** Score of 65 to 69 = up to a maximum of 385 nursing hours per month;
- **Level 4.** Score of 60 to 64 = up to a maximum of 339 nursing hours per month;
- **Level 5.** Score of 50 to 59 or if a child requires ventilation for sleeping hours = up to a maximum of 293 nursing hours per month; and
- **Level 6.** Score of less than 50 = up to a maximum of

appropriateness must be reviewed every 60 days to continue the service. Reviews must be conducted by MFCU staff ;

- Private duty nursing visits are limited to two per day; banking, saving, or accumulating unused prior authorized hours used for the convenience of the family or caregiver is not allowed.

140 nursing hours per month.

The nursing service plan and documentation supporting the medical appropriateness for PDN must meet the standards of the Oregon State Board of Nursing. The nursing service plan must be reviewed, updated, and submitted to the MFCU whenever the child's needs change. Increases or decreases in the level of care and number of hours or visits authorized shall be based on a change in the condition of the child, limitations of the program, and the ability of the family or delegated caregivers to provide care.

All PDN services require prior authorization by CIIS Service Coordinator.

APPENDIX A: Supplemental ADL/IADL Information

When not replacing normal parental responsibilities and age appropriate, ADL services include but are not limited to:

(A) Basic personal hygiene -- providing or assisting a child 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 a child 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 a child or adjusting clothing related to toileting, emptying catheter drainage bag or assistive device, ostomy care, or bowel care;

(C) Mobility, transfers, and repositioning -- assisting a child with ambulation or transfers with or without assistive devices, turning the child 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 a child 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 a child for choking while taking medications, assisting with the administration of medications, maintaining equipment, and monitoring for adequate medication supply;

(F) Delegated nursing tasks -- specific nursing care tasks authorized by a registered nurse to an unlicensed person to perform.

When not replacing normal parental responsibilities and age appropriate, IADL services include but are not limited to:

(A) Light Housekeeping -- tasks necessary to a child in a healthy and safe environment, including cleaning surfaces and floors, making the child'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) Assistance with necessary medical appointments including help scheduling appointments, arranging medical transportation services, accompaniment to appointments, follow up from appointments, assistance with mobility, and transfers or cognition in getting to and from appointments;

(D) Observation of a child's status and reporting of significant changes to physicians, health care professionals, or other appropriate persons;

(E) First aid and handling emergencies, including addressing medical incidents related to conditions such as seizures, aspiration, constipation, or dehydration or responding to a child's call for help during an emergent situation or for unscheduled needs requiring immediate response ; and

(F) Cognitive assistance or emotional support provided to a child due to intellectual or developmental disability. This support includes helping the child cope with change and assisting the child with decision-making, reassurance, orientation, memory, or other cognitive functions.

(G) Social support in the community around socialization and participation in the community – support necessary to assist a child with socialization, community participation and communication skills.

Attendant care assistance means a child 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 a child complete the activity without hands-on assistance.
 - (B) "**Hands-on**" means a provider physically performs all or parts of an activity because a child is unable to do so.
 - (C) "**Monitoring**" means a provider observes a child to determine if assistance is needed.
 - (D) "**Reassurance**" means to offer a child encouragement and support.
 - (E) "**Redirection**" means to divert a child to another more appropriate activity.
 - (F) "**Set-up**" means the preparation, cleaning, and maintenance of personal effects, supplies, assistive devices, or equipment so that a child may perform an activity.
 - (G) "**Stand-by**" means a provider is at the side of a child ready to step in and take over the task should the child be unable to complete the task independently.
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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 child lives with someone incapable of providing natural supports and there is no one else in the child's life that is a natural support.	Compensation for these supports is never paid to a family member, or friend living in the home of the child.
2. There are documented health and safety issues that the child cannot manage independently.	Need for this service and absence of natural support is documented and is part of the Individual Support Plan. Children living in the family home must have a documented pattern of multiple unsuccessful attempts to utilize family or other natural supports.
3. Does not replace supports customarily provided by the SC.	The SC must review ability to meet some or all of the specific indirect supports prior to using In-Home funds.
4. When possible, the method of providing these supports is within the presence of the child.	As often as possible, these services should be provided directly in order to foster self-direction and training. This requirement should be included on the Individual Support Plan.
5. Units of service for these supports must be specified in the Individual Support Plan and service agreement/job description.	Indirect Services must be billed in ¼ hour increments (this supersedes the ½ increment allowed by the provider rate setting handbook).