

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

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

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

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

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

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

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

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

## K-Plan Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## State Plan Personal Care

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

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

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

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

## Waiver Services

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

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

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

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

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

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

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

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

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

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

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

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

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

***Expenditure Guideline requirements and restrictions apply.***

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

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

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

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

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

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

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

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

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

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

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

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

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

### **General Fund Services**

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

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

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

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

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

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

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

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

## Other Services and Supports

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

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

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

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

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

## Signature

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

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

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

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