

**DEPARTMENT OF HUMAN SERVICES  
AGING AND PEOPLE WITH DISABILITIES  
OREGON ADMINISTRATIVE RULES**

**CHAPTER 411  
DIVISION 32**

**OREGON PROJECT INDEPENDENCE**

**Table of Contents**  
*(Amended 09/17/2021)*

<b>411-032-0000 Definitions</b> <i>(Amended 7/1/2013)</i> .....	1
<b>411-032-0001 Goals</b> <i>(Amended 7/1/2013)</i> .....	8
<b>411-032-0005 Administration</b> <i>(Amended 7/1/2013)</i> .....	8
<b>411-032-0010 Authorized Services and Allowable Costs</b> <i>(Amended 7/1/2013)</i> .....	12
<b>411-032-0015 Data Collection, Records, and Reporting</b> <i>(Amended 7/1/2013)</i> .....	14
<b>411-032-0020 Eligibility and Determination of Authorized Services</b> <i>(Amended 7/1/2013)</i> .....	16
<b>411-032-0044 Fees for Authorized Service and Fees for Service Schedule</b> <i>(Amended 7/1/2013)</i> .....	19
<b>411-032-0050 Pilot for Adults with Disabilities</b> <i>(Temporary effective 09/17/2021 through 03/15/2022)</i> .....	21

**DEPARTMENT OF HUMAN SERVICES  
AGING AND PEOPLE WITH DISABILITIES  
OREGON ADMINISTRATIVE RULES**

**CHAPTER 411  
DIVISION 32**

**OREGON PROJECT INDEPENDENCE**

**411-032-0000 Definitions** *(Amended 7/1/2013)*

(1) "AAA" means "Area Agency on Aging".

(2) "Activities of Daily Living (ADL)" mean those personal care functional activities required by an individual for continued well being, health, and safety. For the purposes of these rules, ADLs consist of eating, dressing/grooming, bathing/personal hygiene, mobility (ambulation and transfer), elimination (toileting, bowel, and bladder management), and cognition/behavior as described in [OAR 411-015-0006](#).

(3) "Adjusted Income" means the income for all household members after deductions for household medical expenses as described in [OAR 411-032-0044](#).

(4) "ADL" means "Activities of Daily Living".

(5) "Administrative Costs" mean those expenses associated with the overall operation of OPI that are not directly attributed to an authorized service. Administrative costs include, but are not limited to, costs associated with accounting services, indirect costs, facility expenses, etc.

(6) "Adult Day Service" means a community-based group program designed to meet the needs of adults with functional impairments through service plans. These structured, comprehensive, non-residential programs provide health, social and related support services in a protective setting during part of a day, but for less than 24 hours per day.

(7) "Advisory Council" means an advisory council of the authorized AAA.

(8) "Alzheimer's Disease or a Related Disorder" means a progressive and degenerative neurological disease that is characterized by dementia

including the insidious onset of symptoms of short-term memory loss, confusion, behavior changes, and personality changes. It includes dementia caused from any one of the following disorders:

- (a) Multi-Infarct Dementia (MID);
- (b) Normal Pressure Hydrocephalus (NPH);
- (c) Inoperable Tumors of the Brain;
- (d) Parkinson's Disease;
- (e) Creutzfeldt-Jakob Disease;
- (f) Huntington's Disease;
- (g) Multiple Sclerosis;
- (h) Uncommon Dementia such as Pick's Disease, Wilson's Disease, and Progressive Supranuclear Palsy; or
- (i) All other related disorders recognized by the Alzheimer's Association.

(9) "Area Agency on Aging (AAA)" means the agency designated by the Department as an AAA that is charged with the responsibility to provide a comprehensive and coordinated system of services to older adults and individuals with physical disabilities in a planning and service area. For purposes of these rules, the term "Area Agency on Aging" is inclusive of both Type A and B AAAs as defined in [ORS 410.040 to 410.350](#).

(10) "Area Plan" means the approved plan for providing authorized services under OPI.

(11) "Assisted Transportation" means escort services that provide assistance to an individual who has difficulties (physical or cognitive) using regular vehicular transportation.

(12) "Assistive Technology Device" means any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an individual.

(13) "Authorized Service" means any service designated by the Department and these rules to be eligible for OPI funding.

(14) "Chore" means assistance such as heavy housework, yard work, or sidewalk maintenance provided on an intermittent or one-time basis to assure health and safety.

(15) "Consumer-Employed Provider Program" refers to the program wherein the provider is directly employed by the eligible individual to provide either hourly or live-in services. In some aspects of the employer and employee relationship, the Department acts as an agent for the consumer-employer. These functions are clearly described in [OAR chapter 411, division 031](#).

(16) "DAS" means the Department of Administrative Services for the State of Oregon.

(17) "Department" means the Department of Human Services.

(18) "Diagnosed" means, for purposes of these rules, that an individual's physician has reason to believe and indicates that the individual has Alzheimer's Disease or a related disorder.

(19) "Director" means the Director of the Department of Human Services, or that person's designee.

(20) "Direct Service Costs" mean those expenses for direct labor that are attributable to the authorized services specified in [OAR 411-032-0010\(1\)\(a\)\(A\) and \(1\)\(c\)](#). For example, the direct service cost of home care is the cost of time actually spent providing home care supportive services in the home. Other direct service costs are those that are directly attributable to an individual-related function.

(21) "Eligibility Determination" means the process of deciding if a prospective individual meets the requirements necessary to receive authorized services under OPI.

(22) "Evidence-Based Health Promotion" means individual or group programs that have been tested through randomized control trials and have been shown to be effective at helping participants adopt healthy behaviors, improve their health status, and reduce their use of health services.

(23) "Exception" means that an agency or individual contractor or subcontractor is not required to meet one or more specific requirements of these rules.

(24) "Fiscal Records and Data" means all information pertaining to the financial operation of an agency or program.

(25) "Gross Income" means household income from salaries, interest and dividends, pensions, Social Security, railroad retirement benefits, and any other income prior to any deductions.

(26) "Health Care Costs" mean health-related expenses paid out-of-pocket that include but are not limited to medical, dental, health insurance, prescription drugs, over-the-counter drugs, hearing aids, and eyeglasses.

(27) "Home Care" means assistance with IADLs such as housekeeping, laundry, shopping, transportation, medication management, and meal preparation.

(28) "Home Care Supportive Services" means in-home or community-based services that assist an individual in achieving the greatest degree of independent functioning in the individual's place of residence.

(29) "Homecare Worker" means a provider, as defined in [OAR 411-030-0020](#) and described in [411-031-0040](#), who is directly employed by an eligible individual via the Consumer-Employed Provider Program to provide hourly services to eligible individuals.

(30) "Home Delivered Meal" means a service that includes a meal provided to an eligible individual in the individual's place of residence. Home Delivered Meals --

(a) Are prepared and delivered in compliance with applicable state and local laws;

(b) Meet a minimum of 33 1/3 percent of Dietary Reference Intakes and Dietary Guidelines;

- (c) Include meal menus approved by a registered dietitian;
- (d) Require an in-person initial assessment and a minimum annual assessment; and
- (e) Provide nutrition education to the individual one time per year.

(31) "Hourly Services" mean the in-home services, including ADLs and IADLs, provided at regularly scheduled times. Hourly services are not exempt from federal or state minimum wage or overtime laws.

(32) "Household" means the individual, spouse, and any dependents as defined by the Internal Revenue Service.

(33) "IADL" means "Instrumental Activities of Daily Living".

(34) "Indirect Cost" means:

- (a) Incurred for a common or joint purpose benefiting more than one cost objective; and

- (b) Not readily assignable to the cost objectives specifically benefited, without effort disproportionate to the results achieved. The term "indirect cost," as used herein, applies to costs of this type originating in the grantee department, as well as those incurred by other departments in supplying goods, services, and facilities. To facilitate equitable distribution of indirect expenses, to the cost objectives served, it may be necessary to establish a number of pools of indirect costs. Indirect cost pools are distributed to benefited cost objectives on bases that produce an equitable result in consideration of relative benefits derived.

(35) "In-Home Care Agency" means an incorporated entity or equivalent licensed in accordance with [OAR chapter 333, division 536](#) to provide hourly contracted in-home service to individuals in that individual's place of residence.

(36) "Institution" means any state, community, or private hospital and any nursing facility.

(37) "Instrumental Activities of Daily Living (IADL)" mean the self-management tasks that consist of housekeeping including laundry, shopping, transportation, medication management, and meal preparation as described in [OAR 411-015-0007](#).

(38) "Natural Support" means the resources available to an individual from their relatives, friends, significant others, neighbors, roommates, and the community. Services provided by natural supports are resources not paid for by the Department or AAA.

(39) "OPI" means Oregon Project Independence.

(40) "Options Counseling" means counseling that supports informed long term care decision making through assistance provided to individuals and families to help them understand their strengths, needs, preferences, and unique situations and translate this knowledge into possible support strategies, plans, and tactics based on the choices available in the community.

(41) "Personal Care" means in-home services provided to maintain, strengthen, or restore an individual's functioning in their own home when an individual is dependent in one or more ADLs, or when an individual requires assistance for ADL needs. Assistance is provided either by an in-home care agency or by a homecare worker.

(42) "Place of Residence" means the physical location of an individual's legal residence. For purposes of these rules "place of residence" does not include an adult foster home, assisted living facility, residential care facility, or nursing facility licensed by the Department.

(43) "Priority" means the order in which the AAA determines individuals to be eligible for OPI.

(44) "Program Records and Data" means any information of a non-fiscal nature.

(45) "Program Support Costs" mean those expenses associated with managing the services provided either through contract or directly by the AAA, that are attributable to a specific service.

(46) "Provider" means the individual who actually renders the service.

(47) "Registered Nurse Services" mean services provided by a registered nurse on a short-term or intermittent basis that include but are not limited to:

- (a) Interviewing the individual and, when appropriate, other relevant parties;
- (b) Assessing the individual's ability to perform tasks;
- (c) Preparing a service plan that includes treatment needed by the individual;
- (d) Monitoring medication; and
- (e) Training and educating providers around the provisions of the service plan.

(48) "Respite" means paid temporary services to provide relief for families or other caregivers who are unpaid. In-home and out-of-home respite may be provided on an hourly or daily basis, including 24-hour respite service for several consecutive days. The range of tasks provided may include supervision, companionship, and personal care services usually provided by the primary caregiver.

(49) "Service Coordination" means a service designed to individualize and integrate social and health care options with an individual being served. The goal of service coordination is to provide access to an array of service options to assure appropriate levels of service and to maximize coordination in the service delivery system.

(50) "Service Coordination Costs" mean those expenses associated with individualizing and integrating social and health care options with an individual receiving a service. Cost elements include time spent with the individual, travel to and from an individual's place of residence, mandated training time, case recording, reporting, time spent arranging for and coordinating services for an individual, and supervision and staffing time related to an individual. Service coordination costs also include the time spent on the initial assessment of an individual who does not become eligible for OPI.

(51) "Service Determination" means the process of determining the proper authorized service for each eligible individual.



(52) "Service Need" means those functions or activities for which an individual requires the support of the Department or AAA.

(53) "Service Provider" means any agency or program that provides one or more authorized services under OPI.

(54) "These Rules" mean the rules in OAR chapter 411, division 032.

Stat. Auth.: [ORS 410.070, 410.435](#)

Stats. Implemented: [ORS 410.410 - 410.480](#)

#### **411-032-0001 Goals** *(Amended 7/1/2013)*

The goals of Oregon Project Independence are to:

(1) Promote quality of life and independent living among older adults and people with physical disabilities;

(2) Provide preventive and long-term care services to eligible individuals to reduce the risk for institutionalization and promote self-determination;

(3) Provide services to frail and vulnerable adults who are lacking or have limited access to other long-term care services; and

(4) Optimize eligible individuals' personal resources and natural supports.

Stat. Auth.: [ORS 410.070, 410.435](#)

Stats. Implemented: [ORS 410.410 - 410.480](#)

#### **411-032-0005 Administration** *(Amended 7/1/2013)*

(1) **ADVISORY COUNCIL.** Each AAA must show evidence that the advisory council of the AAA, and the community were involved in the identification of need, selection of services to be offered, and the development of an Area Plan.

## (2) AREA PLAN.

(a) Each AAA must submit an Area Plan to the Department on forms provided by the Department by the date specified.

(b) The Area Plan must, at a minimum, contain:

(A) The types and amounts of authorized services to be offered;

(B) The costs of authorized services;

(C) How the AAA ensures timely response to inquiries for service;

(D) How individuals receive initial and ongoing periodic screening for other community services, including Medicaid;

(E) How eligibility is determined;

(F) How authorized services are provided;

(G) The policy for prioritizing OPI service delivery;

(H) The policy for denial, reduction, or termination of authorized services;

(I) The policy for informing individuals of their right to grieve adverse eligibility, service determination decisions, and consumer complaints;

(J) How fees for services are developed, billed, collected, and utilized;

(K) The policy for addressing individual non-payment of fees, including when exceptions are made for repayment and when fees are waived;

(L) How service providers are monitored and evaluated; and

(M) The conflict of interest policy for any direct provision of services for which a fee is set.

### (3) CONTRACTS.

(a) Contracts between the Department and AAA for OPI are effective each year on July 1, unless otherwise agreed to by the Department. These contracts are based on the Area Plan and must, at a minimum, contain:

(A) A budget showing the amounts of OPI funds;

(B) The types of authorized services to be offered;

(C) The stipulation that contracted authorized services must be in accordance with the standards and requirements provided in these rules, and in accordance with the in-home services rules ([OAR chapter 411, divisions 030 and 031](#)) and the service priority rules ([OAR chapter 411, division 015](#)), and if applicable, in accordance with the in-home care agency rules ([OAR chapter 333, division 536](#));

(D) The stipulation that required data must be gathered, reported, and monitored in accordance with these rules and the Department;

(E) A section pertaining to general provisions as required by DAS;

(F) A provision that AAAs must submit service provider contracts and amendments to the Department upon request from the Department; and

(G) Fee for service schedules developed in accordance with these rules.

(b) Contracts between AAAs and service providers must be signed and kept on file by the AAA for not less than three years for all services funded through OPI. The contracts must at a minimum contain:

(A) A budget or a maximum amount of OPI funds, as well as all other resources devoted to OPI under the contract;

(B) The types and amounts of authorized services to be offered and the rate per unit for each authorized service;

(C) The stipulation that authorized services must be offered in accordance with the standards and requirements provided in these rules, and in accordance with the in-home services rules ([OAR chapter 411, divisions 030 and 31](#)) and the service priority rules ([OAR chapter 411, division 015](#));

(D) The stipulation that required data must be gathered and reported in accordance with these rules and the Department; and

(E) A section pertaining to general provisions as required by DAS.

(c) All contracts as described in this rule may be amended with the consent of both parties.

(d) All contracts as described in this rule must contain provisions for cancellation of the contract for non-performance and violation of the terms of the contract.

#### (4) PERSONNEL PRACTICES AND PROCEDURES.

(a) Each AAA and service provider must maintain written personnel policies.

(b) The personnel policies must contain all items required by state and federal laws and regulations, including such items as:

(A) An affirmative action plan; and

(B) Evidence that the AAA and service provider are equal opportunity employers.

(c) Each AAA and service provider must maintain a personnel record on each employee.

(5) NON-COMPLIANCE.

(a) Non-compliance to these rules may result in a reduction or termination of OPI funding, except in those cases where an exception has been granted by the Department;

(b) The determination of the amount of reduced funding is made by the Director of the Department;

(c) Any funds that are either reduced or terminated from a funding grant are reserved by the Department for redistribution at the Department's discretion. At the end of the biennium, unexpended funds are returned to the General Fund unless otherwise directed by the Legislative Assembly.

Stat. Auth.: [ORS 410.070, 410.435](#)

Stats. Implemented: [ORS 410.410 - 410.480](#)

**411-032-0010 Authorized Services and Allowable Costs** (*Amended 7/1/2013*)

(1) AUTHORIZED SERVICES.

(a) Authorized services for which OPI funds may be expended include:

(A) Home care supportive services limited to the following:

- (i) Home care;
- (ii) Chore;
- (iii) Assistive technology device;
- (iv) Personal care;
- (v) Adult day services;
- (vi) Registered nurse services; and
- (vii) Home delivered meals.

(B) Service coordination.

(b) Other authorized services for which OPI funds may be expended are authorized on a case by case basis by the Director of the Department. Other authorized services may include:

(A) Services to support community caregivers and strengthen the natural support system of individuals;

(B) Evidence-based health promotion services;

(C) Options counseling; or

(D) Assisted transportation options that allow individuals to live at home and access the full range of community resources.

(c) Authorized services provided by an in-home care agency must meet the standards and requirements of in-home care agencies under [ORS 443.305 to 443.350](#) and [OAR chapter 333, division 536](#), and may only be offered through an in-home care agency licensed by the Oregon Health Authority.

(d) Authorized services provided by a homecare worker must meet the standards and requirements of the Home Care Commission under [ORS 410.600 to 410.614](#) and [OAR chapter 411, divisions 030 and 031](#).

(e) Authorized services provided using the Consumer-Employed Provider Program must meet the standards and requirements of [OAR chapter 411, divisions 030 and 031](#).

(2) COMPUTATION OF ALLOWABLE COSTS. Allowable costs by AAAs are costs associated with the direct provision of authorized services to individuals and such administrative costs as may be required to assure adequate services and to provide information to the Department.

(3) ADMINISTRATIVE COSTS. Administrative costs cannot exceed ten percent of OPI funds.

Stat. Auth.: [ORS 410.070, 410.435](#)

Stats. Implemented: [ORS 410.410 - 410.480](#)

## **411-032-0013 Fee-Based Services (Repealed 7/1/2013)**

## **411-032-0015 Data Collection, Records, and Reporting (Amended 7/1/2013)**

### **(1) DATA COLLECTION.**

(a) The collection of required program and fiscal records and data associated with OPI must be on forms and data systems as approved by the Department.

(b) Each AAA and service provider must collect data on eligible individuals receiving authorized services as required by the Department.

(c) All authorized service data collected on eligible individuals, supported by OPI must contain the individual's Social Security Number and date of birth.

(d) For individuals under the age of 60, documentation must be placed in the individual's file that the individual has been diagnosed as having Alzheimer's Disease or a related disorder. Documentation must come verbally or in writing from the individual's physician. The type of "related disorder" must also be specified in this documentation.

### **(2) RECORDS.**

(a) Each AAA and service provider must maintain all books, records, documents, and accounting procedures that reflect all administrative costs, program support costs, direct service costs, and service coordination costs expended on OPI. These records must be retained for not less than three years.

(b) Each AAA and service provider must make these records available upon request to representatives from the Department, or to those duly authorized by the Department.

### **(3) FISCAL AND PROGRAM REPORTING:**

(a) Fiscal and program reports must be completed on forms provided by the Department.

(b) Fiscal and program reports must be submitted to the Department by the specified due dates.

(c) Fiscal and program reports must, at a minimum, include:

(A) Current cumulative expenditures;

(B) Cost per unit of authorized service;

(C) Administrative costs;

(D) Program support costs;

(E) Service coordination costs;

(F) Direct service costs;

(G) The amount of fee for service assessed, billed, expended, and collected and other funds received;

(H) Number of unduplicated recipients year to date served for each authorized service year to date, and unduplicated case count year to date;

(I) Number of units of service for each authorized service; and

(J) Demographic, social, medical, physical, functional, and financial data, including a breakdown of the income levels of OPI eligible individuals, as required by the Department on the Department's Client Assessment/Planning System (CA/PS) and in Oregon ACCESS database.

(4) CONFIDENTIALITY. The use or disclosure by any party of any information concerning a recipient of authorized services described in these rules, for any purpose not directly connected with the administration of the responsibilities of the Department, AAA, or service provider is prohibited except with written consent of the recipient, or their legal representative. Disclosure of recipient information must meet Department requirements.



Stat. Auth.: [ORS 410.070, 410.435](#)

Stats. Implemented: [ORS 410.410 - 410.480](#)

## **411-032-0020 Eligibility and Determination of Authorized Services**

*(Amended 7/1/2013)*

### (1) ELIGIBILITY.

(a) In order to qualify for authorized services from an AAA or service provider, each eligible individual must:

(A) Be 60 years old or older or be under 60 years of age and diagnosed as having Alzheimer's Disease or a related disorder;

(B) Not be receiving financial assistance or Medicaid, except food stamps, or Qualified Medicare Beneficiary or Supplemental Low Income Medicare Beneficiary Programs; and

(C) Meet the requirements of the long-term care services priority rules in [OAR chapter 411, division 015](#).

(b) Eligibility determination is required before any individual may receive authorized services from an AAA or service provider. The documentation required by [OAR 411-032-0015](#) must be obtained before an individual under the age of 60 may be determined to be eligible.

(c) Eligibility determination is the responsibility of the AAA. In those instances when eligibility determination is performed by an agency other than the AAA, the AAA must have in place a system for evaluating the eligibility determination process, including an independent review by the AAA of a representative sample of cases.

(d) Any individual residing in a nursing facility, assisted living facility, residential care facility, or adult foster home setting is not eligible for authorized services. This does not restrict the ability to move an eligible individual from such institutions to their home to receive authorized services, when judged more appropriate, based on medical, financial, physical, functional, and social considerations.

(e) Any individual residing in a living setting that offers any services authorized under [OAR 411-032-0010](#) is limited to receiving OPI authorized services that are not available in that setting.

(f) The Department determines the factors that constitute an individual being at risk of institutionalization. These factors are currently defined in the long-term care services priority rules, [OAR chapter 411, division 015](#). These factors must be utilized by each AAA and service provider.

(g) Applicants must receive written notification of eligibility determination.

## (2) SERVICE DETERMINATION.

(a) Service determination rests with the AAA. In those instances when service determination is performed by an agency other than the AAA, the AAA must have in place a system for evaluating the service determination process, including an independent review by the AAA of a representative sample of cases.

(b) Service determination is based on each individual's financial, physical, functional, medical, and social need for such services and in accordance with [OAR chapter 411, division 015](#).

(c) Service determination provided under OPI is limited to the authorized services allowed by these rules.

(d) Service determination is made:

(A) After eligibility determination; and

(B) At regular intervals but not less than once every twelve months.

(e) Individuals must receive written notification of the service determination:

(A) Notice must include the maximum monthly hours of authorized service, the hourly and maximum monthly fee, the service rate, and provider contact information.

(B) Written notification of the service determination must be provided to the individual upon initial service determination, at annual reassessment, and when there are changes to the service determination.

### (3) PRIORITY FOR AUTHORIZED SERVICES.

(a) An AAA may establish local priorities for OPI authorized services. The AAA's local priorities cannot conflict with this rule. In the event of a grievance, this rule takes precedence over local priorities.

(b) Priority for authorized services is:

(A) Maintaining eligible individuals already receiving authorized service as long as their condition indicates the service is needed.

(B) Individuals screened utilizing a Department authorized tool that measures risk for out of home placement based on an individual's financial, physical, functional, medical, and social service needs. Individuals with the highest risk of out of home placement are given priority.

(4) APPEALS. Individuals for whom services are denied, disallowed, or reduced through eligibility determination or service determination are entitled to request review of the decision through the AAA grievance review procedure set forth in policy.

(a) Individuals must continue to receive authorized services until the disposition of the local AAA grievance review.

(b) The AAA must provide the applicant with written notification of the grievance review determination decision.

(c) Applicants who disagree with the results of the AAA grievance review have a right to an administrative review with the Department, pursuant to [ORS chapter 183](#). This information is provided to the applicant in a written notification at the time of the grievance review decision.

(d) Applicants requesting an administrative review from the Department are not eligible for continued OPI authorized.

(e) All individuals, including those who may have previously been terminated from OPI, have the right to apply for OPI authorized services at any time.

Stat. Auth.: [ORS 410.070, 410.435](#)

Stats. Implemented: [ORS 410.410 - 410.480](#)

**411-032-0044 Fees for Authorized Service and Fees for Service Schedule** *(Amended 7/1/2013)*

(1) FEE FOR AUTHORIZED SERVICES.

(a) A one-time fee is applied to all individuals receiving OPI authorized services who have adjusted income levels at or below federal poverty level. The fee is due at the time eligibility for OPI authorized services has been determined.

(b) Fees for authorized services, except service coordination and home delivered meals, are charged based on a sliding fee schedule to all eligible individuals whose annual gross income exceeds the minimum, as established by the Department. For purposes of these rules, an individual's annual gross income includes:

(A) Salaries from the household;

(B) Interest and dividends from the household;

(C) Pensions, annuities, Social Security, and railroad retirement benefits from the household; and

(D) Any other income from the household.

(i) All out-of-pocket health care costs may be deducted from the individual's annual gross income.

(ii) All child support paid by a non-custodial parent may be deducted from the individual's annual gross income.

(c) Individuals must receive written notification of the hourly and maximum monthly fee for service upon initial service determination and whenever there is a change.

(d) The AAA must develop procedures for assessing, billing, collecting, and expending fees.

(A) The written policy addressing individual non-payment of fees to be reviewed and approved is included in the AAA's Area Plan.

(B) Individuals must be given a copy of the AAA's policy pertaining to individual non-payment of fees upon initial eligibility determination.

(C) The decision to terminate OPI authorized services for non-payment of assessed fees for service is the responsibility of the local AAA.

(e) A record of surcharges and all fees for services must be kept by each AAA and reported monthly to the Department.

(A) Minimum fees and fee for service determination forms must be a part of each individual's case record. Fee for service determination forms must meet minimum requirements for documentation as established by the Department.

(B) The maximum monthly authorized fee for services must be recorded on each individual's case record upon initial service determination and at least annually thereafter, at time of reassessment.

(f) Nothing in these rules prevent OPI individuals, or the individual's family, from making a donation or contribution. Such donations are used to expand services under OPI. Expansion of services is limited to services authorized in [OAR 411-032-0010](#) as identified in the AAA's Area Plan.

(g) The minimum fee and all fees for service are used to expand services under OPI. Expansion of services is limited to services authorized in [OAR 411-032-0010](#) as identified in the AAA's Area Plan.

(h) The AAAs and service providers must have a Department reviewed fee collection policy.

(2) FEE FOR SERVICE SCHEDULE.

(a) The Department, after consultation with the AAAs, develops and publishes a fee schedule for services based on the federal poverty level and distributes the schedule to the AAAs annually.

(b) The fee for service schedule is applied to the local rate specific to the service and the type of provider for the individual.

Stat. Auth.: [ORS 410.070, 410.435](#)

Stats. Implemented: [ORS 410.410 - 410.480](#)

**411-032-0050 Pilot for Adults with Disabilities** (*Temporary effective 09/17/2021 through 03/15/2022*)

The temporary rule change filed in chapter 411, division 032 on September 17, 2021 is effective as of July 1, 2021.

This rule applies only until June 30, 2023.

(1) The purpose of this rule is to set out the policies that apply to the expansion of Oregon Project Independence services to adults with physical disabilities. The pilot allows the Department to study the potential to transition Oregon Project Independence to a statewide, age neutral, program that assesses and serves seniors and persons with physical disabilities based on their functional needs.

(2) "Disability" means, for the purposes of this rule, a physical, cognitive, or emotional impairment which, for an individual, constitutes or results in a functional limitation in one or more of the activities of daily living defined in OAR 411-015-0006, or in one or more of the instrumental activities of daily living defined in OAR 411-015-0007.

(3) "Adult" means, for purposes of this rule, any person 19 to 59 years of age.

(4) OAR 411-032-0000 to 411-032-0044 apply to this pilot program, except as noted below:

(a) Authorized Services and Allowable Costs. Authorized services may not be available in all service areas. Authorized services for the pilot funds include home care supportive services, service coordination, and other services, including the following:

(A) Home care.

(B) Chore services.

(C) Assistive Technology.

(D) Personal care services.

(E) Adult day services.

(F) Registered nurse services.

(G) Home delivered meals.

(H) Services to support community caregivers and strengthen the natural support system of individuals.

(I) Evidence-based health promotion services.

(J) Options counseling.

(K) Assisted transportation options that allow individuals to live at home and access the full range of community resources.

(b) Eligibility.

(A) In order to qualify for authorized services under this pilot, an individual must:

- (i) Be an adult with a disability;
- (ii) Be a resident of a designated pilot area and seek services at that location;
- (iii) Not be receiving Medicaid; and
- (iv) Meet the requirements of the long-term care services priority rules in OAR chapter 411, division 015.

(B) The Area Agencies on Aging must determine eligibility prior to an individual receiving authorized services.

Stat. Auth.: ORS 409.050, 410.070, 410.435  
Stats. Implemented: ORS 409.010, 410.410 - 410.480