FILING CAPTION

Clarification to K-Plan Ancillary Services Rules

Last Date and Time for Public Comment: August 27, 2019, 5pm

RULEMAKING ACTION

List each rule number separately (000-000-0000) below. Attach proposed, tracked changed text for each rule at the end of the filing.

AMEND:

411-035-0000; 411-035-0010; 411-035-0015; 411-035-0025; 411-035-0030; 411-035-0035; 411-035-0040; 411-035-0045; 411-035-0050; 411-035-0055; 411-035-0060; 411-035-0065; 411-035-0080; 411-035-0095

RULE SUMMARY:

Include a summary for each rule included in this filing.

The Department of Human Services is updating the rules in OAR chapter 411, division 35 to update the rules in the following ways:

411-035-0000 is being amended to add an additional service type and update grammar, punctuation, and formatting to improve readability, clarity, and align with Department terminology and practice.

411-035-0010 is being amended to update grammar, punctuation, and formatting to improve readability, clarity, and align with Department terminology and practice.
411-035-0015 is being amended to update eligibility requirements to align with current Department practice.

411-035-0025 is being amended to address personal emergency response systems and update grammar, punctuation, and formatting to improve readability, clarity, and align with Department terminology and practice.

411-035-0030 is being amended to add in additional types of assistive technology and update grammar, punctuation, and formatting to improve readability, clarity, and align with Department terminology and practice.

411-035-0035 is being amended to state additional provider qualifications and requirements regarding electronic back-up systems and assistive technology. The rule is also being amended to update grammar, punctuation, and formatting to improve readability, clarity, and align with Department terminology and practice.

411-035-0040 is being amended to update the eligibility requirements for chore services and update grammar, punctuation, and formatting to improve readability, clarity, and align with Department terminology and practice.

411-035-0045 is being amended to clarify what is not eligible for K-plan chose services and to update grammar, punctuation, and formatting to improve readability, clarity, and align with Department terminology and practice.

411-035-0050 is being amended to update provider qualifications and requirements surround chore services and to update grammar, punctuation, and formatting to improve readability, clarity, and align with Department terminology and practice.

411-035-0055 is being amended to update requirements for consumer eligibility for environmental modifications and update grammar, punctuation, and formatting to improve readability, clarity, and align with Department terminology and practice.

411-035-0060 is being amended to update what types of modifications are not considered a covered environmental modification under K-plan services and update grammar, punctuation, and formatting to improve readability, clarity, and align with Department terminology and practice.

411-035-0065 is being amended to update provider qualifications and requirements to provide environmental modifications to consumers and update grammar, punctuation, and formatting to
improve readability, clarity, and align with Department terminology and practice.

411-035-0080 is being amended to update transition service provider qualifications and requirements and update grammar, punctuation, and formatting to improve readability, clarity, and align with Department terminology and practice.

411-035-0095 is being amended to update provider qualifications and requirements regarding voluntary consumer training services and to update grammar, punctuation, and formatting to improve readability, clarity, and align with Department terminology and practice.

**STATEMENT OF NEED AND FISCAL IMPACT.**

Need for Rule(s):

The Department needs to amend the rules to improve clarity and align the rules with current Department practice and terminology. The Department needs to do this to reduce confusion surrounding the rules and to align the rules with other recent rule changes in other rule divisions. The Department is doing this by updating the language to incorporate language that clarifies what is meant in the rules.

Fiscal and Economic Impact:

The fiscal and economic impact are stated below in the Department's statement of cost of compliance.

Statement of Cost of Compliance:
(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s).

**State Agencies:** The Department estimates no fiscal or economic impact on State Agencies.

**Units of Local Government:** The Department estimates no fiscal or economic impact on units of local government.

**Consumers:** The Department estimates no fiscal or economic impact on consumers.

**Providers:** The Department estimates no fiscal or economic impact on providers.

**Public:** The Department estimates there will be no fiscal or economic impact on the public.
(2) Effect on Small Businesses:

(a) Estimate the number and type of small businesses subject to the rule(s);

The K-State Plan Services rules incorporate multiple provider types and services. It is impossible to estimate the number of potential providers or small businesses. However, there is not expected to be any fiscal impact on providers due to these changes. These changes remove limitations on who can receive these services and do not add requirements on providers.

(b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s);

The proposed changes impact providers as described above in the Department's statement of cost of compliance.

(c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

The proposed changes impact providers as described above in the Department's statement of cost of compliance.

Describe how small businesses were involved in the development of these rule(s)?

A small business, and representative of small business, as defined in ORS 183.310 participated on the Administrative Rule Advisory Committee. Small businesses will also be included in the public review and comment period.

Documents Relied Upon, and where they are available:

None.

Was an Administrative Rule Advisory Committee consulted? Yes or No?

If not, why not?

Yes, electronically with community partners (AARP, Leading Age Oregon, DRO, Legal Aid, OHCA, Oregon Law Center); health care providers (Providence, OHSU, assisted living facilities, specialized living facilities); and local field offices.
DEPARTMENT OF HUMAN SERVICES
AGING AND PEOPLE WITH DISABILITIES
OREGON ADMINISTRATIVE RULES

CHAPTER 411
DIVISION 35

K-State Plan Ancillary Services

411-035-0000 Purpose

(1) These rules ensure individuals served by the Department of Human Services, Aging and People with Disabilities program have equal access to required and optional K-State Plan services that are not defined in other rules in this Chapter. The services in these rules are intended to assist and empower the eligible individual to maximize their independence, empowerment, dignity, and human potential through the provision of flexible, efficient, and suitable services.

(2) Services described in these rules include:

(a) Backup Systems and Assistive Technology.

(b) Chore Services.

(c) Environmental Modification Services.

(d) Transition Services.

(e) Voluntary Consumer Training.

(3) To ensure equal access to individuals who are eligible for the services provided through this program.

(34) Payments for the services in these rules are limited to the lowest possible cost which will adequately meet the individual's minimum necessary needs.
411-035-0010 Definitions

Unless the context indicates otherwise, the following definitions apply to the rules in OAR chapter 411, division 035:

(1) "AAA" means "Area Agency on Aging" as defined in this rule.

(21) "Activities of Daily Living (ADL)" mean those personal, functional activities required by an individual for continued well-being, which are essential for health and safety. Activities include, but are not limited to, eating, dressing and grooming, bathing and personal hygiene, mobility (ambulation and transfer), elimination (toileting, bowel, and bladder management), and cognition as defined in OAR 411-015-0006/behavior.

(3) "ADL" means "activities of daily living" as defined in this rule.

(2X) "Aging and People with Disabilities (APD)" refers to the program within the Department of Human Services primarily responsible for service seniors and people with disabilities.

(34) "Alert Systems" means a unit that is worn by the individual or is located in the individual's home for the purpose of generating notification that an emergency has or may occur.

(45) "Area Agency on Aging (AAA)" means the Department designated agency charged with the responsibility to provide a comprehensive and coordinated system of services to older adults or individuals with disabilities in a planning and service area. The term Area Agency on Aging is inclusive of both Type A and Type B Area Agencies on Aging as defined in ORS 410.040 and described in ORS 410.210 to 410.300.

(56) "Assistive Technology" means equipment that provides additional security and support to an individual and replaces the need for human interventions. Assistive technologies enable an individual to self-direct their care and maximize their independence.
(67) "Back-up systems", for the purpose of these rules, mean devices or electronic systems, which secure help in emergencies, safety in the community, or are other reminders that help an individual with activities, including, but not limited to, medication management, eating, or other types of monitoring.

(78) "Case Manager" means an employee of the Department or Area Agency on AgingAAA who assesses the service needs of an individual, determines eligibility, and offers service choices to the eligible individual. The case manager authorizes and implements an individual's service plan, and monitors the services delivered as described in OAR chapter 411, division 028.

(8x) "Central Office" means the unit within the Department responsible for program and policy development and oversight.

(9) "Chore Services" means specific services intended to ensure the individual's home is safe and allows for independent living.

(10) "Consumer" or "Consumer-Employer" means the person applying for or eligible for Medicaid home or community-based services.

(11) "Cost Effective" means being responsible and accountable with Department resources by offering less costly alternatives when providing choices that adequately meet an individual's service needs. Less costly alternatives may include resources not paid for by the Department, other programs available from the Department, the utilization of assistive devices, natural supports, architectural modifications, and alternative service resources (defined in OAR 411-015-0005). Less costly alternatives may include resources not paid for by the Department.

(12) "Department" means the Department of Human Services (DHS).

(13) "Durable Medical Equipment", is means an apparatus, such as a walker, which is primarily used to serve a medical purpose and is appropriate to use in the individual's home.

(14) "Environmental Modifications" means the changes made to adapt living spaces to meet specific service needs of eligible individuals with physical limitations to maintain their health, safety, and independence.
(15) "Exception" means the individual has service needs above the limits described in these rules, and documented in the assessment and service plan that warrant an exception for payment.

(16) "IADL" means "instrumental activities of daily living" as defined in this rule.

(167) "Individual" means the an person 65 or older, or an adult with a physical disability, applying for or eligible for services.

(178) "In-Home Services" mean the activities of daily living and instrumental activities of daily living that assist an individual to stay in his or her own home or the home of a relative.

(189) "Instrumental Activities of Daily Living (IADL)" means those activities that include, but are not limited to, activities other than the activities of daily living, required by an individual to continue independent living. Activities include, but are not limited to, housekeeping, laundry, meal preparation, medication management, shopping, and transportation. The definitions and parameters for assessing needs in IADL are identified in OAR 411-015-0007.

(1920) "Long-Term Care" means the Medicaid system through which the Department provides nursing facility, community-based, and in-home services to eligible adults who are aged, blind, or have physical disabilities.

(204) "Medication Reminders" are devices used for the purpose of prompting an individual to take their medication.

(212) "Natural Supports" means resources and supports (e.g. relatives, friends, neighbors, significant others, roommates, or the community) who are willing to voluntarily provide services to an individual without the expectation of compensation. Natural supports are identified in collaboration with the individual and the potential "natural support". The natural support is required to have the skills, knowledge, and ability to provide the needed services and supports.

(223) "Person-centered Assessment and Service Plans" means:
(a) A process, either formal or informal, for gathering and organizing information that helps an individual:

(A) Determine and describe choices about personal goals, activities, and lifestyle preferences;

(B) Design strategies and networks of support to achieve goals and a preferred lifestyle using individual strengths, relationships, and resources; and

(C) Identify, use, and strengthen naturally occurring opportunities for support at home and in the community.

(b) The methods for gathering information vary, but all are consistent with individual needs and preferences.

(234) "Personal Emergency Response Systems" mean a type of electronic back-up system that:

(a) Secures help for individuals in an emergency;

(b) Ensures a consumer's safety in the community; and

(c) Includes other reminders that help an individual with their activities of daily living and instrumental activities of daily living.

(245) "Rate Schedule" means the rate schedule maintained by the Department in OAR 411-027-0170 and at http://www.dhs.state.or.us/spd/tools/program/osip/rateschedule.pdf. Printed copies may be obtained by calling (503) 945-6398 or writing the Department of Human Services, Aging and People with Disabilities, ATTN: Rule Coordinator, 500 Summer Street NE, E-48, Salem, Oregon 97301.

(256) "Representative" means a person with longstanding involvement in assuring the individual's health, safety, and welfare that is appointed by an individual to participate in service planning on the individual's behalf. In all cases, unless the individual is incapable, the individual's consent is obtained before designating a representative on the individual's behalf. When feasible, the individual's authorization of a representative is made in writing or by another method that clearly indicates the individual's free
choice. An individual's representative is not a paid provider to an individual receiving services and supports.

(267) "Service Need" means the assistance an individual requires from another person, or equipment that replaces the need for another person, for those functions or activities.

(278) "These Rules" mean the rules in OAR chapter 411, division 035.

(289) "Transition Services" means those services and supports necessary for an individual to transition from a nursing facility or the Oregon State Hospital to a community-based care or in-home setting.

(2930) "Voluntary Consumer Training Services" means activities to empower and inform individuals receiving in-home services regarding their rights, role, and responsibilities as employers of care providers.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 409.050, 410.040, 410.090, 410.210 - 410.300, 441.520

411-035-0015 Eligibility for Supplemental K State Plan Services

To be eligible for any Medicaid Supplemental K State Plan services defined in this division, consumers must:

(1) Be eligible for Medicaid long term care services and supports as described in OAR 411-015-0010 through 411-015-0100.

(2) Not have natural supports or other services available in the community that would meet the identified need.

(3) Not be eligible for the item through Medicare, other Medicaid programs, or other medical coverage.

(4) Have an identified need in their person-centered service plan that:

   (a) Supports the desires and goals of the consumer receiving services and increases a consumer's independence;
(b) Reduces a consumer’s need for assistance from another person; or

(c) Maintains a consumer's health and safety.

(5) Be provided the choice to accept or deny the service being offered.

(6) Have a completed service assessment that reflects the current needs of the consumer.

(7) To be considered an eligible request, when possible, three bids are required from providers. Consumers should work with their case manager to obtain bids. Bids may not include comparative pricing done through the internet. Bids are required for:

(a) Assistive Technology;

(b) Chore Services;

(c) Environmental Modifications; and

(d) Transition Services - Moving Costs.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 409.050, 410.040, 410.090, 410.210, 410.300, 441.520

411-035-0025 Eligibility for Consumer Electronic Back-up Systems and Assistive Technology

(1) To be eligible for electronic back-up systems or mechanisms, a consumer must not be receiving community-based care in a licensed care setting.

(2) Electronic back-up systems and assistive technologies must be appropriate and cost effective to meet the service needs of the consumer and:

(a) For new equipment:
(A) Are limited to a maximum of $5000 for purchasing of a device.

(B) All requests over $500 must be approved by designated Central Office staff.

(CB) Monthly rentals or lease fee limits are posted on the APD rate table.

(b) For repairs:

(A) Repair of purchased devices may be done if the repair is more cost effective than purchasing a new device.

(B) This may include electric wheelchair or scooter battery replacement if denied by Medicare or the Medicaid State Plan.

(C) Repairs of rented or leased equipment are the responsibility of the provider.

(c) Monthly maintenance, fees, or service charges are not included in the maximums described in (a) or (b).

(3) Exceptions to the $5000 limitation may be granted if the consumer has service needs that warrant an exception for payment and no alternative is available to meet the needs of the consumer.

(d) For Personal Emergency Response Systems (ERS):

(A) ERS services may include either basic ERS or enhanced ERS services and must be appropriate for the individual’s needs.

(B) Monthly rentals or lease fee limits are posted on the APD rate table.

(e4) For Assistive Technology: Expenditures over $500 must be approved by the Departmentdesignated Central Office staff.
411-035-0030 Eligible Electronic Back-up Systems and Assistive Technology Services

(1) Electronic Back-up Systems and Assistive Technology services must:

   (a) Ensure continuity of services and support the health, welfare, and safety of the consumer;

   (b) Enable the consumer to function with greater independence; or

   (c) Substitute for human assistance.

(2) Electronic Back-up systems and supports may be allowed as long as the system sufficiently meets the need of the consumer being served.

(3) Consumers with an assessed need qualify for electronic back-up systems, including but not limited to:

   (a) Personal Emergency Response Systems;

   (b) Medication reminders;

   (c) Alert systems for ADL and IADL supports that increase an consumer’s independence; and

   (d) Mechanisms, and any specialized or durable medical equipment, necessary to support the consumer’s health or well-being.

(4) Consumers with an assessed need qualify for Assistive Technology, including, but not limited to:

   (a) Motion sensors;

   (b) Sound sensors;
(c) Two-way communication systems;
(d) Automatic faucets;
(e) Soap dispensers;
(f) Toilet flushing sensors;
(g) Incontinent sensors;
(h) Fall sensors;
(i) Lift chairs;
(j) Transfer poles;
(k) Wandering alerts; and
(l) Other technology, which may be approved on a case-by-case basis with Central Office approval.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 409.050, 410.040, 410.090, 410.210 -to 410.300, 441.520

411-035-0035 Provider Qualifications and Requirements for Electronic Back-up Systems and Assistive Technology

(1) Companies providing back-up support, or back-up systems, or assistive technology must have a Medicaid provider number before providing services.

(2) No monetary funds shall be released for installation of electronic back-up systems or assistive technology to the provider until the work is finished and is functioning as expected.

(3) Payment for on-going electronic back-up systems or assistive technology must be paid to providers after the consumer receives the service each month.
(4) Upon delivery, providers must ensure:

(a) The product is functioning correctly;

(b) The product properly fits the consumer; and

(c) If applicable, the individual is given adequate instruction on the product's use.

(5) Providers must supply a revised bid when requested by designated Central Office staff.

(6) Providers must submit the final invoice for payment within one year of the date of service.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 409.050, 410.040, 410.090, 410.210 -to 410.300, 441.520

411-035-0040 Eligibility Criteria for Chore Services

(1) To be eligible for chore services, a consumer must not be receiving community-based care in a licensed care setting and must meet the requirements in OAR 411-030-0033.

(2) An eligible consumer may receive chore services under any of the following circumstances:

(a) The consumer is the owner, buyer, or renter of the premises in which the consumer lives.

(A) If a renter, the consumer must have received an eviction notice, written warning, or deficiency notice from the landlord or a public housing agency related to cleanliness or health issues of the unit; or

(B) If an owner or buyer, the consumer must have received a written notice from a government agency or a lender
concerning health, safety, or public nuisance deficiencies or violations.

(ba) The consumer needs garbage pick-up and removal, or payment of previous garbage bills, in order to continue or resume receiving garbage services and to ensure the home is safe for the consumer and their service providers.

(cb) The consumer’s premises requires heavy cleaning to remove hazardous debris or dirt in the home to ensure the consumer’s home is safe and allows for independent living.

(dc) The consumer's premises requires the removal of outside debris (for example, trees, leaves, clutter) which is endangering the structure of the home, or the ability of the consumer's ability to traverse within the home, or to safely enter or exit the home safely.

(de) The services must be completed to enable the consumer to move from one residence to another and to establish services in the new home.

(3) If the service is done in a rental location, the service must be a service that is not required of the landlord under applicable landlord-tenant law.

(4) Chore services are not part of the consumer’s on-going service plan. Once the chore service is complete, homecare workers may begin or continue ongoing housekeeping.

(5) Chore services must be appropriate and cost effective to meet the service need of the consumer.

(a) If feasible, three bids are required from companies or vendors who provide chore services. A bid is not comparative pricing through the Internet.

(b) Bids over $500.00 require a state licensed contractor.
(6) The consumer must sign a written agreement to:

(a) Have a vendor clean their home;

(b) Remove hazardous debris; or

(c) To haul off agreed upon items that may pose a health and safety risk to the consumer or others.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 409.050, 410.040, 410.090, 410.210 - 410.300, 441.520

411-035-0045 Eligible Chore Services

(1) Chore services are not housekeeping services and are not to be provided by homecare workers or in-home agencies.

(2) Chore services are intended to ensure the consumer’s home is safe and allows for independent living.

(3) In order to ensure the consumer’s home is safe, services may be authorized for, but not limited to:

(a) Heavy housecleaning to ensure the consumer and care providers can safely navigate in the home. This may include removal of hazardous debris or dirt from the home.

(b) Removal of yard hazards to ensure the outside of the home is safe for the consumer to enter and exit the home.

(4) Chore Services do not include:

(a) Removal of debris that does not impede the consumer from:

(A) Safely traversing within the home; or

(B) Entering or exiting the home safely.
(b) Removing items that do not present a potential fire hazard that would endanger the consumer’s health and safety.

Stat. Auth.: ORS 410.070
Stats. Implemented: ORS 409.050, 410.040, 410.090, 410.210 -to 410.300, 441.520

411-035-0050 Chore Service Provider Qualifications and Requirements

(1) Providers of chore services must have a distinct Medicaid provider number before the work begins.

(2) No monetary funds shall be released to the provider until the work is finished and meets the specifications of the chore service agreement.

(3) Providers must submit the final invoice for payment within one year of the date of service.

(4) Providers must supply a revised bid when requested by designated Central Office staff.

Stat. Auth.: ORS 410.070
Stats. Implemented: ORS 409.050, 410.040, 410.090, 410.210 -to 410.300, 441.520

411-035-0055 Eligibility for Consumer Environmental Modifications

(1) To be eligible for environmental modifications, a consumer must not be receiving community-based care in a licensed care setting and must meet the requirements in OAR 411-030-0033.

(2) An eligible consumer may receive environmental modification under any of the following circumstances:

(a) The consumer is the owner, buyer, or renter of premises in which the consumer lives.
(b) If in a rental location, the consumer must have a written and signed agreement between the consumer receiving services and the owner or landlord of the rental property.
(Aa) The agreement must include:

(iA) The scope of work provided;

(iiB) That the modification is permissible; and

(iiiC) That the Department shall not restore the rental unit to its former condition.

(Bb) Environmental modifications in rental locations must not be for services that are required of the landlord under applicable landlord-tenant law.

(3) Environmental modifications are not part of the consumer’s on-going service plan. Once the environmental modification is complete, environmental modification services shall cease and a reduction notice must not be issued.

(4) Environmental modifications must be appropriate, cost effective, and meet the service need of the consumer.

(a) Environmental modifications are limited to a maximum of $5000 per environmental modification unless an exception is required per section (5) of this rule.

(b) If feasible, three bids are required from companies or vendors. A bid is not comparative pricing through the Internet.

(5) Exceptions to the $5,000 limitation may be granted if the consumer has service needs that warrant an exception for payment and no alternative is available to meet the needs of the consumer.

(6) Upon completion of the requested and approved environmental modification, the Department is not responsible for restoring the home to its previous condition. This includes the completion of environmental modifications when the consumer claims to not be satisfied with the work completed by the provider.
411-035-0060 Eligible Environmental Modification Services

(1) Environmental modifications in the consumer’s home must be:

   (a) To ensure the health, welfare and safety of the consumer.

   (b) To enable the consumer to function with greater independence.

   (c) To substitute for human assistance.

(2) Environmental modifications are not for home maintenance and home repairs that are otherwise considered the responsibility of the home owner or for the convenience of the care providers. Excluded environmental modifications include, but are not limited to:

   (a) Plumbing;

   (b) Roofs;

   (c) Appliances;

   (d) Electrical;

   (e) Heating and cooling;

   (f) Hot water tanks; or

   (g) Skylights and windows.

(3) Environmental modifications must be within the existing square footage of the building structure, home and must not add to the square footage of the building home, except for external ramps needed to enter or exit the home.
(34) Consumers assessed with limitations in mobility, toileting, or bathing may qualify for installation or modification of items, including, but not limited to:

(a) Ramps to enhance their ability to traverse within the home or to enter or exit the exterior of their home;

(b) Grab-bars;

(c) Hand rails;

(d) Electric door openers;

(e) Widening of doorways when the door is too narrow for the consumer to enter or exit through the doorway with or without a wheelchair;

(f) Door and cabinet handles for consumers having difficulty due to dexterity;

(g) Bathroom facilities, such as a raised toilet;

(h) Kitchen cabinets or sinks, such as lowering counters and sinks for wheelchair accessibility;

(i) Non-skid surfaces; and

(j) Overhead track systems to assist with lifting or transferring a consumer.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 409.050, 410.040, 410.090, 410.210 -to 410.300, 441.520

411-035-0065 Environmental Modification Provider Qualifications and Requirements

(1) Providers of the environmental modification must have a distinct Medicaid provider number before the work begins.
(2) Modifications over $500 must be completed by a state licensed contractor.

(3) Modifications requiring a permit must be inspected and certified, by an inspector, to ensure compliance with local codes.

(4) No material upgrades or supplemental payments to the provider are allowed by landlords or informal supports.

(5) No monetary funds shall be released to the provider until the work is finished and meets the specifications of the modification agreement. Providers must provide documentation, such as pictures of the completed work and signed releases from the consumer, prior to receiving payment from the Department.

(6) Providers must include drawings or pictures when possible with all bids of proposed Environmental Modifications.

(7) Providers must supply a revised bid when requested by designated Central Office staff.

(8) Providers must submit the final invoice for payment within one year of the date of service.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 409.050, 410.040, 410.090, 410.210 to 410.300, 441.520

411-035-0080 Transition Services Provider Qualifications and Requirements

(1) Providers of cleaning or moving services must have a distinct Medicaid provider number before providing services.

(2) Movers must have a certificate of authority or a permit from the Oregon Department of Transportation.

(3) No monetary funds shall be released to the provider until the work has been completed.
(4) Providers must supply a revised bid when requested by designated Central Office staff.

(5) Providers must submit the final invoice for payment within one year of the date of service.

Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 409.050, 410.040, 410.090, 410.210 -te 410.300, 441.520

411-035-0095 Provider Qualifications and Requirements for Voluntary Consumer Training Services

(1) To ensure these services are consistent with the provision of the state’s comprehensive voluntary consumer training services, providers must be approved by, or have a contract with, the Oregon Home Care Commission.

(2) Services must be provided by providers who have experience providing direct or educational services to seniors and people with physical disabilities and who:

   (a) Demonstrate knowledge of DHS rules pertaining to in-home services;

   (b) Demonstrate skills in communication, person-centered planning, and in providing individual supports, which are needed to provide the services described in this rule;

   (c) Have fulfilled background check requirements for the programs in which the provider is providing services; and

   (d) Participate in ongoing technical assistance and conferences provided by the Oregon Home Care Commission.

(3) Providers must supply a revised bid when requested by designated Central Office staff.

(4) Providers must submit the final invoice for payment within one year of the date of service.
Stat. Auth.: ORS 409.050, 410.070
Stats. Implemented: ORS 409.050, 410.040, 410.090, 410.210 to 410.300, 441.520