



Changes in Community Living Supports Frequently Asked Questions

1. What senate bill describes “agency with choice” model?

Answer: Senate Bill 1548. Link to the Bill:

<https://olis.oregonlegislature.gov/liz/2022R1/Downloads/MeasureDocument/SB1548/Introduced>

2. Is ODDS implementing “agency with choice” model on July 1, 2022?

Answer: No. ODDS is implementing the Standard Model on July 1. More information on “agency with choice” model, known as the “Employer Model” will be coming later in 2022 for implementation in 2023.

3. Where can we find the information on the requirements for Standard Model agencies?

Answer: ODDS hosted two webinars, which are posted in the training section on the Compass Project webpage. You may access the Compass project webpage through this link: <https://www.oregon.gov/dhs/Compass-Project/Pages/index.aspx>.

The current requirements for the Standard Model are also outlined on the attestation form that was sent to CLS agencies.

Once finalized, the rules will be available here:

<https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/Pages/ODDS-Rules.aspx>

4. Can an agency be more than one type of CLS model?

Answer: A provider can only hold an endorsement for one type of CLS agency, not both.

5. Does this change affect any other services such as foster care, residential services, or transportation?

Answer: No, these changes only affect provider agencies who provide hourly attendant care to adults and children who live in their own or family homes.

6. What is the expectation for the Standard Model agency policy to reduce DSP wage loss from cancellation?



Answer: Providers need to develop their own policies and procedures aimed at minimizing DSP wage loss in the event of an individual canceling a scheduled service. These policies and procedures must be provided to ODDS licensing for approval. ODDS wants to be flexible to allow providers to develop a variety of strategies.

7. How does a progress report differ from progress notes?

Answer: Progress notes are the daily recording of the DSP's delivery of Medicaid services and are used to support the claims in an audit. Requirements to produce and maintain progress notes are not changing.

Progress reports are new for in-home agencies. They will include more information about the services delivered over the course of the month, the effectiveness of implementation strategies, and progress toward desired outcomes. The requirement to submit progress reports to case managers does not take effect until January 1, 2023. Between now and then, ODDS will work with community partners to develop templates and resources to support this new expectation.

8. What are implementation strategies?

Answer: Implementation strategies are the steps an agency will take to assist an individual to achieve desired outcomes, increase their independence, and to build or maintain skills, as identified on the individual's ISP or service agreement. These steps will need to be written and kept in the person's record.

9. Is there a way to support a customer with maintenance on some ADL's rather than tracking their progress? What if they are not making any progress?

Answer: This is very individualized, and it is expected that implementation strategies and progress will look different person-to-person.

10. What will be the new training requirements for DSPs and what types of trainings would be included?

Answer: The requirements will be 24 hours annually starting January 1st. This is an increase from the currently required 12 hours per year. Agencies define their year, whether it is the calendar year, fiscal year, or rolling



based on a DSP's start date. The requirement is intentionally broad, and could include pre-service training, CPR certification, mandatory abuse reporting training, or company-developed curriculum.

11. What types of protocols are required and who is expected to write them?

Answer: Risk management protocols and safety protocols such as ones related to seizures, or diabetes will be required. Providers are required to have them so must write them or obtain adequate written protocols from other sources. Instructions for protocols and optional templates can be found here: <https://oregonisp.org/forms/support-docs/>.

12. What is the attestation form and is it available yet?

Answer: The attestation document is a simple form for existing endorsed community living support providers to let ODDS licensing know they meet the requirements for the Standard Model and will continue to meet the rules for this model. If you have not received a copy of this form and you hold a current CLS endorsement, please send an email to licensing: DD.Licensing@dhsoha.state.or.us. This form will be accepted through September 30, 2022.

13. How will providers that are licensed under OHA or APD, who have a PEAA to provide in-home services but not an actual CLS endorsement be able to attest to become the standard model?

Answer: They will need to first apply for a CLS endorsement before they can complete the attestation form and become a standard model agency. To become a CLS endorsed agency, request an application from licensing at DD.Licensing@dhsoha.state.or.us.

14. When do I need to attest to become the Standard Model?

Answer: You may submit the attestation form until September 30, 2022. After this date the attestation form will sunset. Agencies can still apply to change their endorsement after September 30, but the expedited attestation process will not be available.

15. What happens if an agency attests to meeting the Standard Model but when ODDS Licensing reviews, the agency doesn't meet the requirements?



Answer: ODDS is going to implement the higher rate for providers that complete the attestation form. If, when reviewed later, the agency does not meet requirements, ODDS reserves the right to recoup funds.

16. Will the agencies that choose the Standard Model be offered training about how to become compliant with the requirements of that model?

Answer: Yes. Between July 2022 and January 2023 when permanent rules are developed, ODDS will provide additional guidance.

17. Will there be a tool or a cheat sheet for case managers to help provide choice counseling about the different types of providers?

Answer: Yes, ODDS is developing this guidance.

18. How will CMEs know which rate an agency should be paid? Will there be a list available to identify which in-home agencies are the Standard Model and which aren't?

Answer: ODDS has created two separate endorsements for these agency models. In eXPRS, they will have different provider type/specialty numbers. Rates for these agencies will auto-populate in eXPRS, with the rate determined by their credentialing.

19. Is there a specific method in which a CME should report trending occurrences to ODDS of an agency not meeting the Standard Model requirements (i.e., continued shifts being dropped, and no back-up supports identified, DSP's not being able to access a supervisor while on shift, etc.) aside from the obvious solution of focused collaboration with the provider agency itself?

Answer: CMEs can email to notify licensing:

DD.Licensing@dhsoha.state.or.us

20. Who can I contact if I have further questions?

Answer: For questions regarding your agency's certification or for attestation or application questions, please contact:

DD.Licensing@dhsoha.state.or.us and for policy questions, please contact:
ODDS.Questions@dhsoha.state.or.us