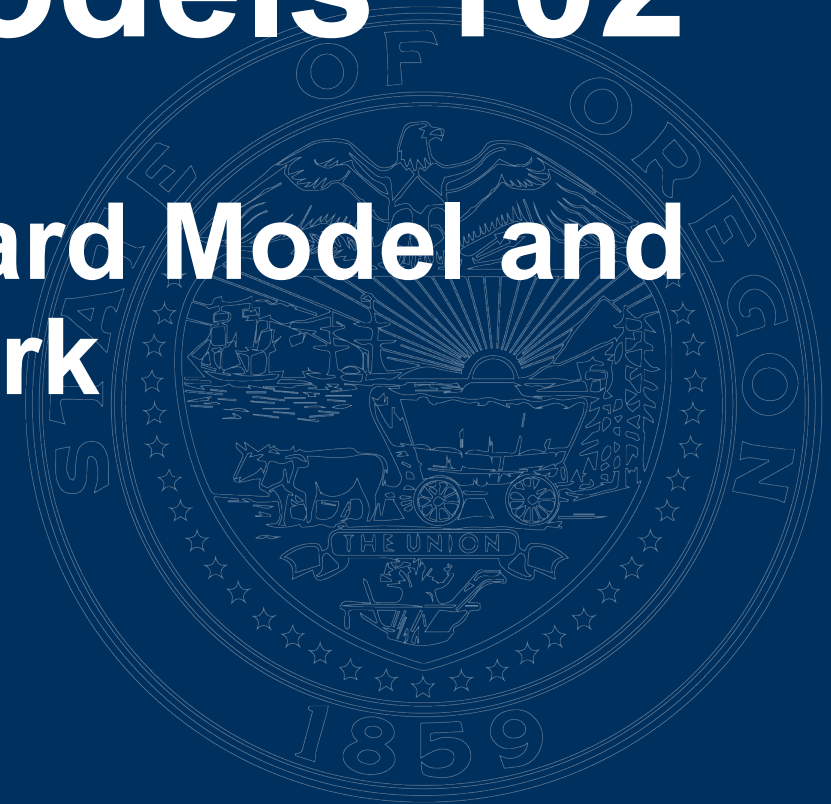


In-Home Agency Models 102

An introduction to the Standard Model and potential changes to your work

The Compass Project

Your choice. Your path. Your future





The Compass Project

Your choice. Your path. Your future

Introduction to the Standard Model Agency

How OAR 411-45-0090 the new agency model will impact your work.



Unit 1

In Home Agency Types - Background

Leading up to 7/1/22 ODDS maintained a Community Living Supports rule (411-450) that regulated certified In-Home agencies. Agencies had wide latitude to operate a variety of business models.

Some were very involved with their DSPs and the people they served. Some left it to people and their families to direct the DSP. There were models in between.

They were all allowable within the rules in place at the time.

Standard Model Agencies

In July of 2022, ODDS adopted temporary rules that established the Standard Model Agency (SMA), specifically in OAR 411-45-0090. The standard model agency leaves less room for variation between agencies that deliver in home services using this model.

The requirements for a SMA are intended to assure a dependable support system is available when people need it, delivered by highly qualified, consistent, and confident workforce. Its focus will be on activities like skill building, community integration, and achieving desired outcomes.

Standard Model Agencies Continued

An agency that does not want to meet the SMA-specific requirements can continue to operate under its current model (assuming it is consistent with other applicable rules).

You may have heard about the development of an “Employer Model Agency” or “Agency with Choice.” These are not in place as of December 2022. More information will be made available.

Standard Model Agencies Continued

It is the hope and expectation of ODDS that the Standard Model Agency (SMA) will be able to provide robust and dependable support to people who need it, when they need it, with a focus beyond merely meeting immediate ADL and IADL support needs.

Any person living in their own or family home is eligible for support from a SMA. A person doesn't need a particular level or type of support to choose this model agency.

Standard Model Agencies Continued

All rule requirements for a SMA were applicable as soon as the agency began making claims for payment as a SMA with the following exceptions, which became effective January 1, 2023:

- A DSP cannot be an independent contractor.
- Implementation strategies and progress reports due (on a rolling basis as ISPs renew throughout 2023)

The SMA requirements only apply when a SMA is delivering hourly attendant care. A SMA agency may still deliver DSA and relief care with the SMA endorsement, but the requirements in 411-450-0090 do not apply.

Why the change?

To make sure people living in their own or family homes have more options to meet their unique needs. Some people need more and different supports than a DSP on their own can provide.



The standard model agency type supports a:

- Commitment to recruiting and retaining a high quality, diverse workforce
- Mitigating disruptions to the needed supports that a person receives
- Supports people in living a good life in their community with needed health and safety supports

Standard Model Agency Administration

Standard model agencies offer greater day-to-day support to manage workers than those operating other in-home models are required to do.

Supports include managing workers' schedules, training, creating backup staffing plans, and ensuring there is a supervisor on call in case staff providing support has a question or needs assistance.

Standard Model Agency Administration Continued

The agency will recruit DSPs and may hire someone chosen by the person.

The agency will screen all candidates and conduct background checks.

The agency must participate in the development of the individual's ISP, including attendance at an ISP meeting, when requested by the individual.

New Policy and Procedure Requirements

In those rules SMAs were required to:

- Develop policies and procedures to minimize the impact to people and DSPs when a scheduled support is missed (a scheduled support is one where the person and the agency agree to a support at least 48 hours in advance).

The intent with these are twofold.

- To give the highest likelihood that a person gets supports when they need and expect them.
- To give DSPs dependable income to help with retention.

New Policy and Procedure Requirements Continued

The intent is not that an agency has to supply a DSP every time the expected DSP is not available, only that they have a plan for how to minimize uncovered shifts.

The intent is not that a DSP gets paid hour for hour for every time a person cancels a shift, only that the agency has a plan to reduce the amount of lost income as much as possible.

Agencies have a great deal of latitude and flexibility in crafting these policies.

Training Requirements for DSPs at a SMA

People who choose to get supports from a SMA can expect a well-trained DSP. A well-trained DSP is not only more capable, but more confident. This will aid in retention.

A DSP at a SMA, in addition to other training requirements, will have an additional 12 hours of on-going training annually. At least two of those hours must be on topics related to diversity, equity, and inclusion. This will help to allow supports to be delivered with awareness and sensitivity to cultural and other factors that impact people getting services.

Training Requirements for DSPs at a SMA Continued

Other training must be related to the delivery of supports, but requirements are not more specific than that. Agencies have flexibility in how training requirements are met. They do not all have to be in Workday.

Certification reviews will look for 24 hours of training for each DSP in the DSP's first "training year" after July 1, 2022. For example, an agency that tracks training based on date of hire, for a DSP hired in March of 2022, the DSP would be expected to have at least 12 hours of training by March of 2023. That same DSP will be expected to have 24 hours by March of 2024.

Agency Supervision of DSPs

A SMA has back up responsibilities when services are scheduled 48 hours in advance.

DSPs at a SMA can expect to have support from a supervisor (not a fellow DSP) when they are working. They will have someone to call if a problem arises or they are unsure about something. This should help with DSP confidence, retention, and performance as well as improve people's health and safety.

A supervisor isn't required when the support is requested on short notice, less than 48 hours.

Supervisory support should be available currently

Agency Direction of DSP

The agency manages all aspects of employing DSPs

A SMA coordinates the schedules of the agency's DSPs. Some people or families may want to take that on, but they don't have to. SMAs cannot require it.

This will give persons and families as much or little input on scheduling as they want and prohibits the agency from shifting responsibility to them unless it's the person or family's choice.

Desired Outcomes

Desired Outcomes are important to the work of a SMA. Desired outcomes are the things the person is interested in doing, learning, trying or accomplishing in the next year or beyond. A desired outcome is what a person wants their life to look like. It is the transformation that others can see once a person has taken specific steps or achieved goals.

Desired outcomes give meaning to the person's ISP by highlighting the goals the person has for achieving the life they want. Support needs, risks, and other health and medical issues inform what support the person may need to achieve their desired outcome, but it's the desired outcome itself that tells us what we're working toward.

Desired Outcomes Continued

Desired outcomes can change. The person may tell the SC/PA that their goals have changed. The ISP will be updated, and the provider informed. The person may tell the provider, or the provider may observe, that the person's goals have changed. The SC/PA should be informed and update the ISP.

Desired outcomes should be as specific as possible so supporters will know what is important to the person and what is expected of them in their role.

Every ADL/IADI support does not have to have an associated desired outcome.

Desired Outcomes Continued

A specific Desired Outcome should tell us:

- What the person will be working toward
- What the person wants to accomplish
- What the person will do, learn, try, or achieve

Desired outcomes do not have to be directly related to a support need. A desired outcome could be “I want to be a drummer in a rock band,” or “I want a pet.”

Implementation Strategies: Working Towards Desired Outcomes

When a person selects a SMA to help them get to a desired outcome, the ISP will identify that.

The agency will work with the person and, often, the person's SC/PA to flesh out what that will look like. The agency will write up a plan for how they will help the person get to their desired outcome. The plan is known as an implementation strategy (sometimes referred to as an 'action plan'). They must be complete no later than 60 calendar days after the ISP start date, or no later than 60 days after the person begins to receive services.

Implementation Strategies: Working Towards Desired Outcomes

Implementation strategies are meant to keep the agency focused on longer term goals and not simply completing ADL/IADL tasks without a long-term goal.

Not all supports are associated with a Desired Outcome, those will not need an implementation strategy. The ISP will identify desired outcomes and who will help achieve them.

DSP must be oriented to the implementation strategy and be expected to enact it. This should give a DSP more confidence in their day-to-day delivery of support.

There is not a required form, but the Action Plan found on the OregonISP website could be used for an implementation strategy.

Progress Reports

A standard model agency is required to submit quarterly progress reports, based on the ISP or service start date, to the case manager. The progress report uses a narrative description to show what the agency did to follow the implementation strategy.

Progress reports provide on-going feedback to services coordinators and personal agents. They will be able to use their judgement about what's working and not working for the person. The ISP team can become involved to problem solve when needed.

Progress Reports Continued

Agencies should attempt to use objective and measurable descriptions of progress (or lack thereof). They should include an evaluation of the implementation strategies.

Anyone at the agency can write a progress report, though an agency is advised to have policies and procedures about who should write them and any required reviews.

Example: Currently receiving SMA Services as of 1/1/23, ISP Renewal 2/1/23

Jan	Feb	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
	ISP										
	implementation strategy due										
				progress report due May 1 st			progress report due Aug 1 st			progress report due Nov 1 st	

Example: June 1, 2023 began to be served by a SMA

Jan	Feb	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
	ISP										
					implementation strategy due						
							progress report due Sept 1 st				progress report due Dec 1 st

Difference Between a Progress Report and Progress Notes

Progress Note	Progress Report
Made available upon request by CMEs	Submitted Quarterly
Includes the nature of the support AND How the support met an identified ADL/IADL support or was a health-related task.	Summarizes a person's progress towards the desired outcomes, the evidence of their progress AND the agency's activities undertaken towards achieving the person's desired outcomes.
Evidence of service delivered.	Evidence of progress towards desired outcomes.
Provided Dominic supports with medication management and refilling his pill organizer. Set reminders to refill his medications at the pharmacy. Transported him to and from the pharmacy.	Dominic has been working towards his goal of a vertical herb garden on his balcony. With agency support he has confirmed with his apartment manager that this will be acceptable to have on the balcony area and won't violate any restrictions...



Integrated Support Coordination

Many people in the in-home program can manage their day-to-day lives well on their own, or with the help of family or other natural support. But not everybody has that. Or they don't want that kind of support from family. They need the support of an agency.

When a person's Support Plan (ISP) or Service Agreement identifies things that are needed for a person to live in the community but are not directly related to the completion of an Activities of Daily Living (ADL), or health-related task, a standard model agency must assist in the completion of that activity when assigned to do so in the ISP or Service Agreement. This is called Integrated Support Coordination.

Integrated Support Coordination Continued

Integrated Support Coordination activities may include, but are not limited to:

- Scheduling medical appointments and medical transportation
- Making sure medications and treatments are ordered and reordered
- Helping with additional necessary documentation to:
 - Show progress towards desired outcomes.
 - Record information related to challenging behaviors.
 - Record information for review by a medical professional.

Integrated Support Coordination Continued

Integrated Support Coordination activities may include, but are not limited to (continued):

- Evaluating and implementing strategies to mitigate risks in the person's environment, including safe storage practices of medication and harmful chemicals.
- Making and keeping needed health and medical appointments.
- Arranging for transportation to necessary or desired activities supporting community integration.
- Arranging for and maintaining benefits that support the service recipient's income, housing, access to food, access to Medicaid, and other supportive services.

Integrated Support Coordination Continued

Integrated Support Coordination activities may include, but are not limited to (continued):

- Maintaining and cultivating relationships with preferred persons and institutions
- Maintaining a schedule of activities for the person, when needed, to make progress toward a desired outcome.
- Facilitating communication among agency employees who support the person.

Protocols

When directed by a person's ISP or Service Agreement, a standard model agency must develop/acquire, maintain and follow written protocols, specific to the person, designed to mitigate known risks identified in the person's ISP or Service Agreement. These will make people safer and make DSPs more confident when supporting a person through a risky situation.

Protocols do not have to be developed by a medical professional, though consultation with a professional may be appropriate. They may just be writing down the things a family has always done for someone when a known risk shows up so a DSP can do the same thing. A person may have input on protocols which must be incorporated.

Protocols Continued

At the end of this slide deck is a link to the Oregon ISP website where you can find protocol templates and instructions for creating them. They are not required.

The standard model agency must provide training on the protocols to each agency employee who supports the person.

Protocols must be given to case managers.

Protocols Continued

The SMA must also:

- Make protocols available to the DSP while supporting a service recipient,
- Keep current any protocol the agency develops, and
- Ensure that protocols are followed.

****Please note: Professional Behavior Support Plans are not protocols. Only people qualified to address behaviors should attempt to write one.****

Role of Services Coordinators and Personal Agents

Nothing NEW

Provide choice advising around the full scope of services available.

Write actionable desired outcomes and collaborate with the agency to assure mutual understanding of them. Seek the individual's and provider's perspectives.

Provide information necessary to deliver the services to the agency provider within the preferences of the service recipient.

Role of SCs and PAs Continued

If a person does not wish to share their ISP with provider(s), SC/PAs are responsible for developing a provider service agreement (SA). The SAs must include the desired outcomes for which the Provider will create implementation strategies.

Talk to a person about having their provider at the ISP meeting. It will be beneficial for the person and more efficient for everyone if providers are involved. If the person wants the provider there, work with the provider to schedule a time and place that works for everyone.

Role of SCs and PAs Continued

Be clear in the ISP about who is responsible for what. Especially if there are multiple providers, the expectation for each provider about their role in the implementation of the ISP and work towards desired outcomes should be apparent.

Review the protocols and implementation strategies (action plans), give meaningful feedback, and collaborate with providers to incorporate them into the ISP support documents.

Progress report reading to monitor services delivered and progress toward desired outcomes. Evaluate the effectiveness of the implementation strategies and offer feedback to the ISP team about them.

Expectations of both SC/PAs and Providers

Communication & Collaboration

- Get to a common understanding of the person's desired outcomes. Everybody on the ISP team should listen to the person about their desired outcomes. Case managers should seek the provider's perspective. Providers should confirm their understanding of the intent of the desired outcome with the case manager and the person.
- Refine and revise desired outcomes and implementation strategies as you learn more about the person.

Expectations of both SC/PAs and Providers Continued

Communication & Collaboration

- Make sure there are clear lines of communication and reliable access (emails, phone numbers).
- Be partners. The benefits of a SMA will be best realized if everyone is working together for common goal – helping a person get their needs met and achieve desired outcomes.

Available Tools/Resources

Unit 2



ISP Website

<https://oregonisp.org/>



Resources include:

- Protocol templates
- Action plan templates

Compass Training Website

<https://www.oregon.gov/dhs/Compass-Project/Pages/Training.aspx>

- I/DD HOME
- COMPASS PROJECT
- HISTORY
- INDIVIDUAL SUPPORT PLANNING
- ▶ **ONLINE TRAINING**
 - LIVE/UPCOMING TRAINING
 - ON-DEMAND TRAINING
 - PAST TRAININGS
- OREGON NEEDS ASSESSMENT (ONA)
- PROVIDER RATE MODELS
- RESOURCES
 - SERVICE GROUP FRAMEWORK
 - WAIVERS AND K PLAN

Compass Project Training Overview

Compass Project training is for people who receive services or work in the Office of Developmental Disabilities Services (ODDS) system and the families and guardians of those receiving services.

- Trainings are presented as live sessions on Zoom, live technical assistance calls on Zoom and prerecorded on-demand modules in Workday.
- Please watch or attend the sessions that will help you better understand the full services and benefits of the Compass Project.

Live trainings

- These instructor-led sessions cover a variety of topics and timely information.
- All are welcome to attend, however each session is designed for a specific audience as indicated on the schedule or in course descriptions.
- Dates and web links for upcoming trainings are updated at the end of each month.
- If you miss a live session, you can view recordings on the Past Trainings web page.
- Trainings for Oregon Needs Assessment (ONA) assessors have their own [training schedule](#).

➔ [Upcoming live training](#)

➔ [Recorded past training](#)

On-Demand training modules

- ODDS staff, Provider Agencies and Case Management Entities may access these sessions at any time.
- A Workday account is required: [Create a Workday account](#) and learn how to [navigate the Workday Learning environment](#).

➔ [On-Demand training](#)

Where to Locate In-Home Agency Model Specific Information

Compass Project: Resources for Case Managers and Providers

- IDD HOME
- COMPASS PROJECT
- INDIVIDUAL SUPPORT PLANNING
- ONLINE TRAINING
- OREGON NEEDS ASSESSMENT (ONA)
- PROVIDER RATE MODELS
- RESOURCES
 - FOR CASE MANAGERS AND PROVIDERS**
 - FOR INDIVIDUALS AND FAMILIES
- SERVICE GROUP FRAMEWORK
- WAIVERS AND K PLAN

The Compass Project resources on this page are for those who work in the ODDS system including state employees, case managers, community partners, providers, and case management entities.

These resources will help you learn more about the Compass Project and can be used to better explain the project to those you serve in the ODDS system.

Compass Project General Information

- [Compass Project timeline](#) of important dates for Case Manager and Providers (January-July 2022)
- [Compass Project FAQs](#)
 - [Русский / Russian](#)
 - [简体中文 / Simplified Chinese](#)
 - [Af Soomaali / Somali](#)
 - [Español / Spanish](#)
 - [Tiếng Việt / Vietnamese](#)
- [Introductory video with ODDS Director Lilia Teninty](#)
- [Planning with Nick \(video\)](#) — Nick Caasa discusses a new tool, the Integrated Support Star of the LifeCourse Framework, that will assist individuals and their teams create their Individual Support Plan

Oregon Needs Assessment (ONA)

- [ONA fact sheet](#)
- [Introduction to ONA](#)
- [ONA assessors' toolkit](#)
- [ONA case managers' toolkit](#)
- [ONA assessor training schedule](#)
- More information: [ONA webpage](#)

In-Home Agency Models

- [Changes to in-home services beginning July 1, 2022: Highlights for SC/PAs to share with people and families](#)
- [Changes in community living supports FAQs](#)
- [In-Home Agency Model 101 Training video](#)



<https://www.oregon.gov/dhs/Compass-Project/Pages/RC-Case-Mgrs.aspx>

Training Wrap Up



Please direct any questions to:

Email: ODDS.Questions@dhsosha.state.or.us



THANK YOU

A stylized graphic consisting of two parallel, wavy blue lines that curve upwards from the left and then downwards to the right, ending in a small loop. The lines are positioned below the text 'THANK YOU'.