

Anna Lansky

**Authorized Signature**

**Number:** APD-PT-17-035

**Issue date:** 9/8/2017

**Topic:** Developmental Disabilities

**Transmitting (check the box that best applies):**

- New policy   
  Policy change   
  Policy clarification   
  Executive letter  
 Administrative Rule   
  Manual update   
  Other: \_\_\_\_\_

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees                               | <input type="checkbox"/> County Mental Health Directors                                 |
| <input type="checkbox"/> Area Agencies on Aging                          | <input type="checkbox"/> Health Services  |
| <input type="checkbox"/> Aging and People with Disabilities              | <input checked="" type="checkbox"/> Office of Developmental Disabilities Services(ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs                       | <input checked="" type="checkbox"/> ODDS Children's Intensive In Home Services          |
| <input checked="" type="checkbox"/> County DD Program Managers           | <input checked="" type="checkbox"/> Stabilization and Crisis Unit (SACU)                |
| <input checked="" type="checkbox"/> ODDS Children's Residential Services | <input type="checkbox"/> Other (please specify):  |
| <input type="checkbox"/> Child Welfare Programs                          |   |

|                        |  |             |    |
|------------------------|--|-------------|----|
| Policy/rule title:     | Annual Functional Needs Assessment   |             |    |
| Policy/rule number(s): | OAR 411-320-0120   | Release no: | V4 |
| Effective date:        | September 1, 2017  | Expiration: |    |
| References:            | STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT Community First Choice State Plan Option |             |    |
| Web address:           |  |             |    |

**Discussion/interpretation:**

Version 4:

- Supersedes the original policy that was released January 30, 2015.
- Supersedes version 2 released June 19, 2015
- Supersedes version 3 released December 11, 2015
- Supersedes policy transmittals APD-AR-14-011 and APD-AR-14-012.
- **Updates the requirements for a new SNAP assessment if moving.**

## Annual Assessment Expectations:

As a first step in moving toward a single assessment tool and ensuring individuals have an annual functional needs assessment to inform the planning process, the practices in the original version of this document (PT-15-003) were required to be implemented beginning January 31, 2015. **The changes made in version 4 are required beginning September 1, 2017**

**This update changes the expectation to obtain a new SNAP assessment after a move, and updates other items to match current policies.**

## **Implementation/transition instructions:**

All Annual assessments must be conducted within 60 days prior to the individual's ISP implementation date.

### **For Adults:**

#### **Group Home (DD50)**

An Adult Needs Assessment (ANA) or a Supports Intensity Scale (SIS) **assessment will be conducted annually** for all individuals receiving services in a 24-hour licensed (DD50) group. The ANA will not determine payment rates for individuals receiving services in 24-hour licensed DD50 settings, but will be used to inform the person centered planning process. Annual assessments must be conducted within 60 days prior to the individual's ISP implementation date.

DHS ReBAR assessment specialists **do not send** lists to CDDPs to schedule ANA or SIS assessments.

Prior to scheduling a functional needs assessment for individuals receiving services in a 24-hour licensed (DD50) setting, the individual's services coordinator should determine (with the individual's support team) if the individual's support needs have significantly changed and a Supports Intensity Scale (SIS) assessment will be scheduled instead of the ANA. For individuals in DD50 whose teams have indicated that they only need an ANA (because they have not had a significant change in needs and therefore do not need a SIS assessment this year) the individual's services coordinator and/or the CDDP must conduct the ANA (if they have passed the ANA test and are qualified to conduct an ANA.) or arrange for the ANA to be conducted by a qualified ANA assessor.

To request a ReBAR assessment specialist to conduct the assessment (all SIS assessments must be conducted by ReBAR assessors), the services coordinator must submit a "Request for ReBAR Assessment or Review" form (form 0744) to the [ReBAR.Request@state.or.us](mailto:ReBAR.Request@state.or.us) mailbox. (See transmittal APD-AR-14-036 for instructions). Scheduling the assessment after the request may take several weeks. Services coordinators should make the request for assessment with sufficient time to schedule within the 60 days prior to the ISP implementation date.

The Supports Intensity Scale (SIS) assessment will continue to be used to establish payment rates for individuals requesting or receiving services in a 24-hour licensed (DD50) setting:

- Who are new enrollees to DD50 services
- Who have had a significant change in support needs (increase or decrease) since their last SIS assessment.
- Upon request of the individual or legal guardian/designated representative.

### **Adults in SACU settings (DD141)**

An ANA will be conducted for all adults receiving services in the Stabilization and Crisis Unit (SACU) settings, the individual's services coordinator and/or the CDDP must conduct the ANA (if they have passed the ANA test and are qualified to conduct an ANA) or arrange for the ANA to be conducted by a qualified ANA assessor.

The ANA will not determine rates for individuals receiving services in a SACU setting, but will be used to inform the person centered planning process. Annual assessments must be conducted within 60 days prior to the individual's ISP implementation date.

### **Adult Foster Care Home (DD58)**

Individuals residing in foster care home settings will continue to have the most recent version of the Support Needs Assessment Profile (SNAP) completed:

- When the individual initially enters the adult foster home service setting (DD58)
- on a 5-year renewal cycle
- As needed due to a significant change (increase or decrease) in support needs
- Upon request of the individual or legal guardian/designated representative
- **Within 60 days of changing foster providers if the current SNAP is more than 3 years old.**

The SNAP will be conducted by someone who has been trained and is authorized by the ReBAR assessment unit to conduct SNAP assessments (which may be someone from the CDDP, regional program, or ReBAR assessment unit), and is not a respondent or a member of the individual's ISP team. The SNAP assessment will determine the payment rate for individuals in Adult Foster Care home settings.

During the years that the individual will not have a SNAP assessment completed, the individual's Service Coordinator (or another person qualified and authorized to conduct an ANA) must conduct an ANA for the individual. The ANA will not change the payment rate for individuals residing in adult foster home service settings (DD58), and will only be used to inform the person centered planning process.

Annual assessments must be conducted within 60 days prior to the individual's ISP. While annual ANA or SNAP assessments may have already been conducted earlier in the year, this policy must be implemented for individuals in DD58 who have ISP dates of June 1, 2015 or later.

To request a ReBAR assessment specialist to conduct the assessment, the services

coordinator must request the assessment by submitting a “request for ReBAR assessment or review” form (form 0744) to the [ReBAR.Request@state.or.us](mailto:ReBAR.Request@state.or.us) mailbox (See transmittal APD-AR-14-036 for instructions). Scheduling the assessment after the request may take several weeks. Services coordinators should make the request for assessment with sufficient time to schedule within the 60 days prior to the ISP implementation date.

### **Supported Living (DD51)**

The ANA will continue to be used for individuals receiving services from a supported living provider and will be conducted annually by their services coordinator or Personal Agent. If requested (or under special circumstances) the ReBAR unit may conduct the ANA.

The ANA will be used to inform the person centered planning and will determine the potential paid hours that can be authorized in the Individual’s Support Plan. Annual assessments must be conducted within 60 days prior to the individual’s ISP implementation date.

### **Adult In Home settings (DD49, DD149)**

For adults who receive supports in their own home, the ANA will be conducted annually by their services coordinator, personal agent (or another person qualified and authorized to conduct an ANA—as per the instructions in the ANA/CNA manual). Annual assessments must be conducted within 60 days prior to the individual’s ISP. If requested (or under special circumstances) the ReBAR unit may conduct the ANA. To request a ReBAR assessment specialist to conduct the assessment, the services coordinator or personal agent must request the assessment by submitting a “request for ReBAR assessment or review” form (form 0744) to the [ReBAR.Request@state.or.us](mailto:ReBAR.Request@state.or.us) mailbox. (See transmittal APD-AR-14-036 for instructions). Scheduling the assessment after the request may take several weeks. Services coordinators should make the request for assessment with sufficient time to schedule within the 60 days prior to the ISP implementation date.

The ANA will be used to inform the person centered planning and will determine the service level that can be authorized in the Individual’s Support Plan **for those entering this service setting or whose assessed hours increased from their current service level. There will be no reduction in service levels for those whose ANA assessed hours are lower than their previous service level. (See transmittal APD-PT-17-013 for further clarification.)**

### **Employment and Community Inclusion Services (DD54)**

For those who have had a SIS assessment that determined DD54 employment tier rates, the most recent SIS assessment tier rate will continue to be used. Individuals who are using an interim rate from the ANA or SNAP will use the interim rate from the most recent ANA until a SIS is conducted. The ANA interim rate may be used until a SIS is conducted or until a new ANA is conducted. There is no requirement to conduct

a SIS assessment for a DD54 rate if the current SIS or interim tier matches the individual's current DD54 support needs.

## **For Children:**

### **Children's Foster Care Home (DD58)**

Children who receive services in Foster Care Home settings must have the most recent version of the SNAP assessment completed:

- When the child initially enters a child foster care home setting;
- Every 3 years;
- As needed due to a change (increase or decrease) in support needs;
- Upon request by the individual or legal guardian/designated representative;
- **Within 60 days of changing foster providers if the current SNAP is older than 2 years old**

The SNAP will be conducted by someone who has been trained and is authorized by the ReBAR assessment unit to conduct SNAP assessments, and is not a respondent or a member of the child's ISP team. The SNAP assessment will determine the payment rate for children receiving services in Foster Care Home settings.

A child in a Foster Care Home setting must receive a Child Needs Assessment (CNA) during each year the child does not receive a SNAP assessment. The CNA may be conducted by the child's Services Coordinator, or another person qualified and authorized by the ReBAR assessment unit to conduct CNAs. The CNA will not change the payment rate for children receiving services in Foster Care Home settings and will only be used to inform the person centered planning process. Annual assessments must be conducted within 60 days prior to the individual's ISP implementation date.

### **Children's Residential (DD142)**

Children receiving supports in DD Children's group home settings (DD142) will receive an annual Child SNAP assessment. The SNAP will not determine the payment rate and will only be used to inform the person centered planning process. Annual assessments must be conducted within 60 days prior to the individual's ISP. The SNAP will be conducted by someone who has been trained and is authorized by the ReBAR assessment unit to conduct SNAP assessments, and is not a respondent or a member of the child's ISP team.

### **In Home settings (DD151, DD145)**

For children who receive supports in their own home (including a foster care home funded by the Child Welfare program), the CNA will be conducted annually by their services coordinator (or another person qualified and authorized to conduct a CNA—as per the instructions in the ANA/CNA manual). If requested (or under special circumstances) the ReBAR unit may conduct the CNA.

The CNA will be used to inform the person centered planning and will determine the potential paid hours that can be authorized in the Individual's Support Plan **for those**

entering this service setting or whose assessed hours increased from their current service level. There will be no reduction in service levels for those whose CNA assessed hours are lower than their previous service level. (See transmittal APD-PT-17-013 for further clarification.)

**Oregon Needs Assessment (ONA):**

The ONA is currently being piloted with participation from selected individuals. The ONAs conducted during 2016 and 2017 will be used for testing the reliability and validity of the tool and to inform the creation of scoring mechanisms for resource allocation.

In the future, the ONA is intended to replace all other functional needs assessment tools that are currently being used by ODDS, but until further notice the ONA is not officially being used for any other purpose.

**Training/communication plan:**

Instructions on requesting an assessment can be found in transmittal APD-AR-14-036 Additional training available by request. Contact ReBAR assessment Unit Manager: Fred Jabin.

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:** Chris Burnett, Sarah Jane Owens, Katie Rose

**Filing instructions:** On transmittal page mark APD-PT-15-003, APD-PT-15-019, and APD-PT-15-044 as “replaced by APD-PT-17-035”

*If you have any questions about this policy, contact:*

|                    |  |             |              |
|--------------------|--|-------------|--------------|
| <b>Contact(s):</b> | Fred Jabin   |             |              |
| <b>Phone:</b>      | 503-945-6409   | <b>Fax:</b> | 503-945-5905 |
| <b>Email:</b>      | <a href="mailto:Fred.c.jabin@state.or.us">Fred.c.jabin@state.or.us</a> |             |              |