

**CHAPTER 411
DIVISION 30**

IN-HOME SERVICES

411-030-0001

(Renumbered to OAR 411-030-0040 6/1/1993)

411-030-0002 Purpose

(Amended 6/7/2004)

These Administrative Rules are established to ensure that in-home support services will maximize independence, empowerment, dignity, and human potential through provision of flexible, efficient, and suitable services to each eligible client. Such services fill the role of complementing and supplementing the client's own personal abilities to continue to live in his/her own home.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410.070

411-030-0020 Definitions

(Amended 10/28/2007)

As used in these rules:

(1) "Activities of Daily Living (ADL)" means those personal, functional activities required by an individual for continued well-being, which are essential for health and safety. Activities consist of eating, dressing/grooming, bathing/personal hygiene, mobility (ambulation and transfer), elimination (toileting, bowel and bladder management), and cognition/behavior as defined in OAR 411-015-0006.

(2) "Architectural Modifications" means any service leading to the alteration of the structure of a dwelling to meet a specific service need of the eligible individual.

(3) "Area Agency on Aging (AAA)" means the Department of Human Services designated agency charged with the responsibility to provide a comprehensive and coordinated system of services to seniors or people with 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 Type B Area Agencies on Aging as defined in ORS 410.040 and described in ORS 410.210 through 410.300.

(4) "Assistive Devices" means any category of durable medical equipment, mechanical apparatus, electrical appliance, or instrument of technology used to assist and enhance an individual's independence in performing any activity of daily living. This definition includes the use of service animals, general household items or furniture to assist the individual.

(5) "Business Days" means Monday through Friday and excludes Saturdays, Sundays and state or federal holidays.

(6) "Case Manager" means a Department of Human Services or AAA employee who assesses the service needs of an applicant, determines eligibility, and offers service choices to the eligible individual. The Case Manager authorizes and implements the service plan, and monitors the services delivered.

(7) "Client" or "Client-Employer" means the individual eligible for in-home support services.

(8) "Client-Employed Provider Program (CEP)" refers to the program wherein the provider is directly employed by the client and provides either hourly or live-in services. In some aspects of the employer and employee relationship, the Department of Human Services acts as an agent for the client-employer. These functions are clearly described in OAR 411-031-0040.

(9) "Contracted In-Home Care Agency" means an incorporated entity or equivalent, licensed in accordance with OAR 333-536-0000 through OAR 333-536-0100 that provides hourly contracted in-home care to individuals of the Department of Human Services or Area Agency on Aging.

(10) "Cost Effective" means being responsible and accountable with Department of Human Services resources. This is accomplished by offering

less costly alternatives when providing choices that adequately meet an individual's service needs. Those choices include 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.

(11) "Department" or "DHS" means the Department of Human Services.

(12) "Exception" means an approval for a monthly payment or monthly rate granted to a specific individual in their current residence (or in the proposed residence identified in the exception request) that exceeds the monthly rates on the SPD published rate schedule. The approval is based on the exceptional service needs of the individual and is contingent upon meeting the requirements in OAR 411-027-0000 and OAR 411-027-0050. The term "exception" is synonymous with "exceptional rate" or "exceptional payment."

(13) "Homecare Worker (HCW)" means a provider, as described in OAR 411-031-0040, that provides either hourly or live-in services to eligible individuals and is employed by the individual. The term Homecare Worker includes Client-Employed Providers in the Spousal Pay and Oregon Project Independence Programs. It also includes Client-Employed Providers that provide State Plan Personal Care services to seniors and people with physical disabilities. The term does not include Independent Choices Program Providers nor Personal Care Attendants enrolled through Developmental Disability Services or the Addictions and Mental Health Division.

(14) "Hourly Services" means the in-home support services, including activities of daily living and self-management tasks, that are provided at regularly scheduled times.

(15) "In-Home Support Services" means those activities of daily living and self-management tasks that assist an individual to stay in his or her own home.

(16) "Live-In Services" means those Client-Employed Provider Program services provided when an individual requires activities of daily living, self-management tasks and twenty-four hour availability. Time spent by any

live-in employee doing self-management and twenty-four hour availability are exempt from federal and state minimum wage and overtime requirements. To ensure continuity of service for the individual, live-in service plans must include at least one Homecare Worker providing 24-hour availability for a minimum of five days in a calendar week.

(17) "Natural Supports" or "Natural Support System" 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 of Human Services, except as allowed in the Independent Choices Program defined in OAR chapter 411, division 036.

(18) "Oregon Project Independence (OPI)" means the program of in-home support services defined in OAR chapter 411, division 032.

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

(20) "Self-Management" or "Instrumental Activities of Daily Living (IADL)" means those activities, other than activities of daily living, required by an individual to continue independent living. The definitions and parameters for assessing needs in self-management tasks are identified in OAR 411-015-0007.

(21) "Service Need" means the assistance an individual requires from another person for those functions or activities identified in OAR 411-015-0006 and OAR 411-015-0007.

(22) "SPD" or "Division" means the Seniors and People with Disabilities Division, within the Department of Human Services.

(23) "Twenty-Four Hour Availability" means the availability and responsibility of an employee to meet activities of daily living and self-management needs of an eligible individual as required by that person over a twenty-four hour period. These services are provided by a live-in employee and are exempt from federal and state minimum wage and overtime requirements.

(24) "Waivered Services" means services provided through Oregon's Medicaid Home and Community-Based Services Waiver under the

authority of section 1915 (c) and through Oregon's Research and Demonstration Program (Independent Choices Program) under the authority of section 1115 (c) of the Social Security Act, that allows the state to provide home and community-based services to eligible individuals in place of nursing facility services. Waivered services include in-home services, residential care facility services, assisted living facility services, adult foster care services, home-delivered meals (when provided in conjunction with in-home services), specialized living services, Spousal Pay Program services and adult day services.

Stat. Auth.: ORS 409.050, 410.070 & 410.090
Stats. Implemented: ORS 410.010, 410.020 & 410.070

411-030-0022

(Renumbered to OAR 411-030-0050 6/1/1993)

411-030-0027

(Renumbered to OAR 411-030-0080 6/1/1993)

411-030-0033 Program Scope

(Amended 6/1/2006)

(1) In-Home Support Services are designed to provide essential supportive services that enable an individual to remain in his or her own home. The services range from assistance with household tasks to assistance with activities of daily living. The extent of the services may vary from a few hours per week to full-time. Live-in services may be an option depending on the program.

(2) In-home support services may be provided through the Home and Community-Based Services waived In-Home Services Program, Independent Choices Program, the State-funded Spousal Pay Program, or Oregon Project Independence Program.

(3) Permissible In-Home Services Program Living Arrangements

(a) The following terms are used in this rule:

(A) "Informal arrangement" means a paid or unpaid arrangement for shelter or utility costs that does not include the elements of a "property manager's rental agreement" as defined in this rule.

(B) "Property manager's rental agreement" means a payment arrangement for shelter or utility costs with a property owner, property manager or landlord that includes all of the following elements:

- (i) The name and contact information for the property manager, landlord, or leaser;
- (ii) The period or term of the agreement and method for terminating the agreement;
- (iii) The number of tenants or occupants;
- (iv) The rental fee and any other charges (such as security deposits);
- (v) The frequency of payments (such as monthly);
- (vi) What costs are covered by the amount of rent charged (such as shelter, utilities or other expenses); and
- (vii) The duties and responsibilities of the property manager and the tenant, such as:
 - (I) The person responsible for maintenance;
 - (II) If the property is furnished or unfurnished; and
 - (III) Advance notice requirements prior to an increase rent.

(C) "Provider-owned dwelling" means a dwelling that is owned by the provider or his or her spouse when the provider is proposing to be paid through waived services. The dwelling

does not include the client's name on the property deed, mortgage or title. Such dwellings include, but are not limited to:

- (i) Houses, apartments and condominiums;
- (ii) A portion of a house such as basement or a garage even when remodeled to be used as a separate dwelling;
- (iii) Trailers and mobile homes; or
- (iv) Duplexes, unless the structure displays a separate address from the other residential unit and was originally built as a duplex.

(D) "Provider-rented dwelling" means a dwelling that is rented or leased by the provider or his or her spouse when the provider is proposing to be paid through waived services. The dwelling does not include the name of the client on the property manager's rental agreement.

(b) A client residing in any of the following living arrangements will not be eligible for the Home and Community-Based Services waived In-Home Services Program:

(A) The client resides in a provider-owned dwelling. Such a setting may meet the requirements for relative adult foster care or limited license adult foster care as described in OAR 411-050-0405.

(B) The client resides in a provider-rented dwelling through an informal arrangement.

(c) If the client's name is added to the property deed, mortgage, title, or property manager's rental agreement (as defined in paragraph (3)(a)(B) of this rule), the client may be considered for waived in-home services.

Stat. Auth.: ORS 409.050, 410.070 & 410.090

Stats. Implemented: ORS 410.010, 410.020 & 410.070

411-030-0040 Eligibility Criteria

(Amended 6/1/2006)

(1) In-home support services may be provided to those individuals who meet the established priorities for service as described in OAR chapter 411, division 015 and have been assessed to be in need of a service provided in OAR chapter 411, division 030. Payments for in-home support services are not intended to replace the resources available to an individual from their natural support system. Payment by the Department can be considered or authorized only when such resources are not available, not sufficient, or cannot be developed to adequately meet the needs of the individual. An individual whose service needs are met by their natural supports will not be eligible for in-home support services. Service plans will be based upon the least costly means of providing adequate care.

(2) Individuals served under the Home and Community Based Services waived In-Home Services Program must meet the established priorities for service as described in OAR chapter 411, division 015 and must:

(a) Be current recipients of OSIPM; and

(b) Reside in a living arrangement in which in-home support services may be provided as described in OAR 411-030-0033; and

(c) Be eighteen years of age or older

(3) To be eligible for the Home and Community-Based Services waived In-Home Services Program, an individual must employ an enrolled Homecare Worker or Contracted In-Home Care Agency to provide those services authorized and paid by the Department.

(a) Initial eligibility for waived in-home services does not begin until a Service Plan has been authorized. The Service Plan must identify the provider who will deliver the authorized services, and must include the date when the provision of services will begin and the maximum number of hours authorized.

(b) If, for any reason, the employment relationship between the client and provider is discontinued, an enrolled Homecare Worker or

Contracted In-Home Care Agency must be employed within fourteen business days for the client to remain eligible for the program.

(c) An eligible individual who has been receiving waived in-home services and temporarily enters a nursing facility or medical institution must employ an enrolled Homecare Worker or Contracted In-Home Care Agency within fourteen business days of discharge from the facility or institution.

(4) Separate eligibility for in-home support services exists for persons eligible for:

(a) Oregon Project Independence as defined in OAR chapter 411, division 032;

(b) Independent Choices as defined in OAR chapter 411, division 036; or

(c) Spousal Pay Program as defined in OAR 411-030-0080.

(5) Residents of licensed community-based care facilities, nursing facilities, prisons, hospitals and other institutions that provide assistance with activities of daily living are not eligible for in-home support services.

Stat. Auth.: ORS 409.050, 410.070 & 410.090

Stats. Implemented: ORS 410.010, 410.020 & 410.070

411-030-0050 Case Management

(Amended 6/1/2006)

(1) Assessment

(a) The assessment process will identify the individual's ability to perform activities of daily living, self-management tasks, and determine the individual's ability to address health and safety concerns. The case manager will conduct this assessment in accordance with standards of practices established by the Department in OAR 411-015-0008.

(b) The assessment will be conducted by a case manager or other qualified Department or Area Agency on Aging representative in the home of the eligible individual, no less than annually, with a standardized assessment tool approved by Seniors and People with Disabilities.

(2) Contract RN Assessment:

(a) Contract RN services are prior authorized by a Department or Area Agency on Aging case manager to provide:

- (A) Nursing assessment and reassessment as appropriate;
- (B) Medication review;
- (C) Assignment of basic care tasks to a Homecare Worker; and
- (D) Delegation of special tasks of nursing care to a Homecare Worker.

(b) Indicators of the need for RN assessment and monitoring include:

- (A) Full assistance in cognition;
- (B) Medical instability;
- (C) Potential for skin breakdown or decubitus ulcer;
- (D) Multiple health problems or frailty with a strong probability of deterioration; or
- (E) Potential for increased self-care, but instruction and support for the individual are needed to reach goals.

(c) Maximum hours for each contracted RN service will be established by the Department.

(3) Service Plan:

(a) The client and case manager, with the assistance of other involved individuals, will consider in-home service options as well as assistive devices, architectural modifications, and other community-based care resources to meet the service needs identified in the assessment process.

(b) The case manager has responsibility for determining eligibility for specific services, presenting alternatives to the individual, identifying risks, and assessing the cost effectiveness of the plan. The case manager will monitor the plan and make adjustments as needed.

(c) The client, or their representative, has the responsibility to choose and assist in developing less costly service alternatives, including the Client-Employed Provider Program and Contracted In-Home Care Agency services.

(d) The Service Plan payment will be considered full payment for the services rendered under Title XIX. Under no circumstances is the employee to demand or receive additional payment for these Title XIX-covered services from the client-employer or any other source. Additional payment to Homecare Workers for the same services covered by Oregon's Title XIX Home and Community Based services Waiver or Spousal Pay Programs is prohibited.

(e) The Department will not authorize individuals applying for a hardship shelter allowance associated with employing a live-in provider on or after June 1, 2006.

(f) Individuals eligible for and authorized to receive a hardship shelter allowance before June 1, 2006 may continue to receive a hardship shelter allowance on or after June 1, 2006 at the rate established by the Department if one of the following conditions is met:

(A) The client will be forced to move from their current dwelling and his/her current average monthly rent or mortgage costs exceed current OSIP and OSIPM standards for a one-person need group as outlined in OAR 461-155-0250; or

(B) Service costs would significantly increase as a result of the client being unable to provide living quarters for a necessary live-in provider.

Stat. Auth.: ORS 409.050, 410.070 & 410.090

Stats. Implemented: ORS 410.010, 410.020 & 410.070

411-030-0055 Service Plan-Related Transportation

(Adopted 6/1/2006)

(1) Service-related transportation (non-medical) may be prior-authorized for reasons related to an eligible individual's safety or health, in accordance with a plan of care. Such services will be offered through contracted transportation providers or by Homecare workers.

(2) Service-related transportation may be authorized to assist an eligible individual in getting to and from his or her place of employment when that individual is approved for the Employed Persons with Disabilities Program (OSIPM-EPD).

(3) Natural supports, volunteer transportation, and other transportation services available to the eligible individual will be considered a prior resource and must not be replaced with transportation paid by the Department.

(a) DMAP is a prior resource for medical transportation to a physician, hospital, clinic or other medical service provider. Medical transportation costs cannot be reimbursed through service-related transportation.

(b) The Department will not provide service-related transportation to obtain medical or non-medical items that can be delivered by a supplier or sent by mail order without cost to the eligible individual.

(4) Transportation must be prior authorized by the Case Manager and documented in the case record. Under no circumstances will any provider receive payment from the Department for more than the total number of hours, miles or rides authorized by the Department in the Service Plan.

(a) Contracted transportation providers will be reimbursed according to the terms of their contract with the Department. Service transportation services provided through contracted transportation providers must be authorized by the Case Manager based on an estimate of a total count of one way rides per month.

(b) Homecare Workers will be reimbursed according to the terms defined in their collective bargaining agreement when they use their own personal vehicle for service-related transportation. Any mileage reimbursement authorized to a Homecare Worker must be based on an estimate of the monthly maximum miles required to drive to and from the destination(s) authorized in the Service Plan. Transportation hours are authorized in accordance with OAR 411-030-0070.

(c) SPD/AAA will not authorize reimbursement for travel to or from the residence of the Homecare Worker. Transportation and mileage may only be authorized from the home of the eligible individual to the destination(s) authorized in the Service Plan and back to the eligible individual's home.

(5) The Department is not responsible for any vehicle damage or personal injury sustained while using a personal motor vehicle for service-related transportation.

Stat. Auth.: ORS 409.050, 410.070 & 410.090

Stats. Implemented: ORS 410.010, 410.020 & 410.070

411-030-0060 Client Employed Provider Program

(Repealed 6/7/2004 – Moved to OAR chapter 411, division 031)

411-030-065 Administrative Review and Hearing Rights

(Repealed 6/7/2004 – Moved to OAR chapter 411, division 031)

411-030-0070 Maximum Hours of Service

(Amended 6/1/2006)

(1) Levels of assistance for determining Service Plan hours:

(a) "Minimal Assistance" means the individual is able to perform the majority of an activity, but requires some assistance from another person.

(b) "Substantial Assistance" means the individual can perform only a small portion of the tasks that comprise the activity without assistance from another person.

(c) "Full Assistance" means the individual needs assistance from another person through all phases of the activity, every time the activity is attempted.

(2) Maximum Monthly Hours for Activities of Daily Living:

(a) The planning process will use the following limitations for time allotments for ADL tasks. Hours authorized are based on the service needs of the individual. Case Managers may authorize up to the amount of hours identified in these assistance levels (minimal, substantial or full).

(A) Eating: Minimal assistance -- 5 hours; substantial assistance -- 20 hours; full assistance -- 30 hours;

(B) Dressing/Grooming: Minimal assistance -- 5 hours; substantial assistance -- 15 hours; full assistance -- 20 hours;

(C) Bathing and Personal Hygiene: Minimal assistance -- 10 hours; substantial assistance -- 15 hours; full assistance -- 25 hours;

(D) Mobility: Minimal assistance -- 10 hours; substantial assistance -- 15 hours; full assistance -- 25 hours;

(E) Elimination (Toileting, Bowel and Bladder): Minimal assistance -- 10 hours; substantial assistance -- 20 hours; full assistance -- 25 hours;

(F) Cognition/Behavior: Minimal assistance -- 5 hours; substantial assistance -- 10 hours; full assistance -- 20 hours.

(b) Service plan hours for activities of daily living may only be authorized for an individual if the individual requires assistance (assist, minimal assist, substantial assist or full assist) from another person in that activity of daily living as determined by a service assessment applying the parameters in OAR 411-015-0006.

(c) For households with two or more eligible individuals, each person's ADL service needs are considered separately. In accordance with subsection (3)(c) of this rule, authorization of self-management hours will be limited for each additional individual in the home.

(d) Hours authorized for activities of daily living are paid at hourly rates established and published by the Department.

(3) Maximum Hours for Self-Management Tasks:

(a) The planning process will use the following limitations for time allotments for all services. Hours authorized are based on the service needs of the individual. Case Managers may authorize up to the amount of hours identified in these assistance levels (minimal, substantial or full).

(A) Medication and Oxygen Management: Minimal assistance -- 2 hours; substantial assistance -- 4 hours; full assistance -- 6 hours;

(B) Transportation or Escort Assistance: Minimal assistance -- 2 hours; substantial assistance -- 3 hours; full assistance -- 5 hours;

(C) Meal Preparation: Minimal assistance--Breakfast -- 4 hours, lunch -- 4 hours, supper -- 8 hours; substantial assistance--breakfast -- 8 hours, lunch -- 8 hours, supper -- 16 hours; full assistance--breakfast -- 12 hours, lunch -- 12 hours, supper -- 24 hours;

(D) Shopping: Minimal assistance -- 2 hours; substantial assistance -- 4 hours; full assistance -- 6 hours;

(E) Housecleaning: Minimal assistance -- 5 hours; substantial assistance -- 10 hours; full assistance -- 20 hours.

(b) Rates paid will be established and published by the Department. When a live-in employee is present, these hours may be paid at less than minimum wage according to the Fair Labor Standards Act.

(c) When two or more individuals eligible for self-management task hours live in the same household, the assessed self-management need of each individual will be calculated. Payment will be made for the highest of the allotments and a total of four additional self-management hours per month for each additional individual to allow for the specific self-management needs of the other individuals.

(d) Service plan hours for self-management tasks may only be authorized for an individual if the individual requires assistance (assist, minimal assist, substantial assist or full assist) from another person in that self-management task as determined by a service assessment applying the parameters in OAR 411-015-0007.

(4) Twenty-Four Hour Availability:

(a) Payment for twenty-four hour availability will be authorized only when the client employs a live-in Homecare Worker and requires this availability due to the following:

(A) The individual requires assistance with activities of daily living or self-management tasks at unpredictable times throughout most twenty-four hour periods; and

(B) The individual requires minimal, substantial, or full assistance with Ambulation and requires assistance with Transfer (as defined in OAR 411-015-0006); or

(C) The individual requires full assistance in Transfer or Elimination (as defined in OAR 411-015-0006); or

(D) The individual requires full assist in at least three of the eight components of Cognition/Behavior (as defined in OAR 411-015-0006).

(b) The number of hours allowed per month will have the following maximums. Hours authorized are based on the service needs of the individual. Case Managers may authorize up to the amount of hours identified in these assistance levels (minimal, substantial or full).

(A) Minimal assistance -- 60 hours. Minimal assistance hours may be authorized when an individual requires one of these assessed needs as defined in OAR 411-015-0006:

(i) Full Assist in Cognition; or

(ii) Full Assist in Toileting or Bowel or Bladder

(B) Substantial assistance -- 110 hours. Substantial Assistance hours may be authorized when an individual requires these assessed needs as defined in OAR 411-015-0006:

(i) Assist in Transfer; and

(ii) Assist in Ambulation; and

(iii) Full Assist in Cognition; or

(iv) Full Assist in Toileting or Bowel or Bladder.

(C) Full assistance -- 159 hours. Full assistance hours may be authorized when:

(i) The authorized provider cannot get at least 5 continuous hours of sleep in an eight hour period during a 24-hour work period; and

(ii) The eligible individual requires these assessed needs as defined in OAR 411-015-0006:

(I) Full Assist in Transfer; and

(II) Assist in Mobility; or

(III) Full Assist in Toileting or Bowel or Bladder; or

(IV) Full Assist in Cognition.

(c) Service Plans that include full-time live-in Homecare Workers will include a minimum of sixty (60) hours per month of 24-hour availability. When a live-in Homecare Worker is employed less than full time, the hours will be pro-rated. Full-time means the live-in Homecare Worker is providing services to the client-employer seven (7) days per week throughout a calendar month.

(d) Rates for this availability will be established and published by the Department and paid at less than minimum wage according to the Fair Labor Standards Act and ORS 653.020(2).

(e) Twenty-four hour availability assumes the Homecare Worker will be available to address the service needs of an individual as they arise throughout a twenty-four hour period. A Homecare Worker who engages in employment outside the eligible individual's home or building during the work periods he or she is on duty as a Homecare Worker, is not considered available to meet the service needs of the individual.

(5) Under no circumstances will any provider receive payment from the Department for more than the total amount authorized by the Department on the Service Plan Authorization Form. All service payments must be prior-authorized by SPD or AAA.

(6) Authorized hours are subject to the availability of funds. Case managers must assess and utilize as appropriate, natural supports, cost-effective assistive devices, durable medical equipment, housing accommodations, and alternative service resources (as defined in OAR 411-015-0005) which could reduce the individual's reliance on paid in-home service hours.

(7) It is the intent of the Department to authorize paid in-home support services only to the extent necessary to supplement potential or existing resources within the individual's natural support system.

(8) Payment by the Department for waived in-home services and Spousal Pay Program services can only be made for those tasks described in this rule as activities of daily living, self-management tasks and 24-hour availability. Services must be authorized to meet the needs of the eligible individual and cannot be provided to benefit the entire household.

(9) Exceptions to Maximum Hours of Service:

(a) To meet an extraordinary ADL service need that has been documented, the hours authorized for activities of daily living can exceed the full assistance hours (defined in section (2) of this rule) as long as the total number of ADL hours in the service plan does not exceed 145 hours per month.

(b) Monthly service payments that exceed 145 ADL hours per month may be approved by SPD central office when the exceptional payment criteria identified in OAR 411-027-0000 and 411-027-0050 are met.

(c) Monthly service plans that exceed 389 hours per month for a live-in Homecare Worker plan, or that exceed the equivalent monthly service payment for an hourly services plan, may be approved by SPD central office when the exceptional payment criteria identified in OAR 411-027-0000 and 411-027-0050 are met.

(d) As long as the total number of self-management task hours in the service plan does not exceed 85 hours per month and the service need is documented, the hours authorized for self-management tasks can exceed the hours for full assistance (as defined in section (3) of this rule) for the following tasks and circumstances:

(A) Housekeeping based on medical need (such as immune deficiency); or

(B) Short-term extraordinary housekeeping services necessary to reverse unsanitary conditions that would jeopardize the health of the individual; or

(C) Extraordinary self-management needs in medication management or service-related transportation.

(e) Monthly service plans that exceed 85 hours per month in self-management tasks may be approved by SPD central office when the individual meets the exceptional payment criteria identified in OAR 411-027-0000 and OAR 411-027-0050.

[ED. NOTE: Forms referenced are available from the agency.]

Stat. Auth.: ORS 409.050, 410.070 & 410.090

Stats. Implemented: ORS 410.010, 410.020 & 410.070

411-030-0080 Spousal Pay Program

(Amended 10/28/2007)

(1) The Spousal Pay Program is one of the live-in service options under the In-Home Support Services Program (defined in chapter 411, division 030) for those who qualify.

(2) For the purposes of this program, a spouse is defined as a person who is legally married per OAR 461-001-0000 to an individual eligible for the In-Home Support Services Program.

(3) An individual may be eligible for the Spousal Pay Program when all of the following conditions are met:

(a) The individual has met all program requirements of the In-Home Support Services Program; and

(b) As determined by an assessment described in chapter 411, division 015 rules, the individual requires full assistance in at least four of the six activities of daily living described in OAR 411-015-0006; and

(c) The individual would otherwise require nursing facility services without in-home support services; and

(d) The individual has a medically-diagnosed, progressive, debilitating condition that will limit additional activities of daily living, or has experienced a spinal cord injury or similar disability with permanent impairment of the ability to perform activities of daily living; and

(e) At the time of requesting enrollment in the Spousal Pay Program, the individual is determined, through a Pre-Admission Screening (PAS) assessment (as defined in OAR 411-070-0040) to meet the requirements described in sections (3)(b), (3)(c) and (3)(d) of this rule. The PAS assessment is a second, independent assessment, conducted by a Department or AAA representative using the Client Assessment and Planning System (CA/PS); and

(f) The individual's service needs exceed in both extent and duration the usual and customary services rendered by one spouse to another; and

(g) The spouse demonstrates the capability and health to provide the services and actually provides the principal services, including the majority of service plan hours, for which payment has been authorized; and

(h) The spouse meets all requirements for enrollment as a Homecare Worker in the Client-Employed Provider Program as described in OAR 411-031-0040; and

(i) DHS Central Office has reviewed the request and approved program eligibility at enrollment and annually upon re-assessment.

(4) Payments:

(a) All payments must be prior authorized by the Department or its designee.

(b) The hours authorized in the service plan must consist of one-half of the assessed hours for 24-hour availability, one-half of the assessed hours for self-management tasks, plus all of the hours for specific activities of daily living based on the service needs of the individual.

(c) Spousal Pay Providers are paid at live-in Homecare Worker rates as bargained in the 2007-2009 Collective Bargaining Agreement between the Home Care Commission and Service Employees International Union, Local 503, OPEU for activities of daily living, self-management tasks and 24 hour availability, except as described otherwise in section (4)(d) of this rule.

(d) Homecare Workers who marry their client-employer retain the same standard of compensation, if their employer meets the spousal pay eligibility criteria as described in section (3) of this rule. Additional self-management task hours may be authorized in the service plan when necessary to prevent a loss of compensation to the Homecare Worker following marriage to the client-employer.

(e) Spousal Pay Providers must not claim payment from the Department for:

(A) Hours that the Spousal Pay Provider did not work; or

(B) Time spent arranging coverage to meet the client-employer's needs; or

(C) Services provided to the client by substitute providers.

(f) DHS is not responsible for payment of a substitute provider during interim absences while the Spousal Pay Provider is taking leave without pay. As used in this rule, leave without pay means time that is not covered by the Spousal Pay Homecare Worker's live in paid leave benefit. During these interim absences when the spouse needs to secure a substitute provider to perform the authorized duties normally performed by the Spousal Pay Provider, the spouse must arrange for adequate coverage to meet the service needs and pay the substitute provider for periods of leave without pay.

(5) Individuals receiving Spousal Pay Program services who have excess income must contribute to the cost of services pursuant to OAR 461-160-0610 and OAR 461-160-0620.

Stat. Auth.: ORS 409.050, 410.070 & 410.090

Stats. Implemented: ORS 410.010, 410.020, 410.070, 411.802 & 411.803

411-030-0090 Contracted In-Home Care Agency Services

(Effective 9/4/2007)

(1) Contracted In-Home Care Agency services are one of the in-home support service options for individuals eligible for Oregon's Home and Community-Based Services Waiver.

(2) In-Home Care Agencies must be licensed in accordance with OAR 333-536-0000 through OAR 333-536-0100. The geographic service area in which the agency provides services must comply with OAR 333-536-0050. The specific services provided will be described in each contract's statement of work.

Stat. Auth.: ORS 409.050, 410.070 & 410.090

Stats. Implemented: ORS 410.010, 410.020 & 410.070