

**DEPARTMENT OF HUMAN SERVICES
SENIORS AND PEOPLE WITH DISABILITIES DIVISION
OREGON ADMINISTRATIVE RULES**

**CHAPTER 411
DIVISION 32**

OREGON PROJECT INDEPENDENCE

411-032-0000 Definitions

(Amended 11/1/2006)

For purposes of these rules:

(1) "Activities of Daily Living" (ADL) means those personal functional activities required by an individual for continued well being, health and safety. For the purposes of these rules, ADLs consist of eating, dressing/grooming, bathing/personal hygiene, mobility (ambulation and transfer), elimination (bowel and bladder management) and cognition/behavior.

(2) "Adjusted Income" means the income for all household members after deductions for household medical expenses as defined in OAR 411-032-0044(1)(b)(D)(i).

(3) "Administrative Costs" means those expenses associated with the overall operation of the Oregon Project Independence (OPI) Program that are not directly attributed to a service. These costs can include, but are not limited to, costs associated with accounting services, indirect program costs, facility expenses, etc.

(4) "Adult Day Service" means a structured comprehensive program designed to meet the needs of functionally and/or adults with cognitive impairments. Adult day service provides individually planned service, supervision, social and related support services, and health monitoring in a protective setting during any part of a day, but less than 24-hour care.

(5) "Advisory Council" means an advisory council of the authorized Agencies on Aging.

(6) "Alzheimer's Disease and Other Related Disorders" means a progressive and degenerative neurological disease that is characterized by dementia including the insidious onset of symptoms of short-term memory loss, confusion, behavior changes and personality changes. It includes dementia caused from any one of the following disorders:

- (a) Multi-Infarct Dementia (MID);
- (b) Normal Pressure Hydrocephalus (NPH);
- (c) Inoperable Tumors of the Brain;
- (d) Parkinson's Disease;
- (e) Creutzfeldt-Jakob Disease;
- (f) Huntington's Disease;
- (g) Multiple Sclerosis;
- (h) Uncommon Dementia such as Pick's Disease, Wilson's Disease, and Progressive Supranuclear Palsy; or
- (i) All other related disorders recognized by the National Alzheimer's Association.

(7) "Area Agency" means the agency designated by the Department as an Area Agency on Aging that is charged with the responsibility to provide a comprehensive and coordinated system of services to seniors and those individuals with disabilities in a planning and service area. For purposes of these rules, the term "Area Agency" (AAA) is inclusive of both Type A and B Area Agencies on Aging as defined in ORS 410.040 to 410.350.

(8) "Area Plan" means the approved plan for providing authorized services under Oregon Project Independence.

(9) "Assisted Transportation" means escort services that provide assistance to a person who has difficulties (physical or cognitive) using regular vehicular transportation.

(10) "Authorized Service" means any service designated by the Department and these rules to be eligible for Oregon Project Independence funding.

(11) "Case Management" means a service designed to individualize and integrate social and health care options for or with a person being served. Its goal is to provide access to an array of service options to assure appropriate levels of service and to maximize coordination in the service delivery system. Case management must include four general components: access, assessment, service implementation, and monitoring.

(12) "Case Management Costs" means those expenses associated with individualizing and integrating social and health care options for or with a person receiving a service. Cost elements should include time spent with the individual, travel to and from an individual's home, mandated training time, case recording, reporting, time spent arranging for and coordinating services for the individual, supervision and staffing time related to an individual, and time spent in the initial assessment of a person who does not become an OPI individual.

(13) "Case Manager" means an SPD/AAA employee who assesses the service needs on an applicant or eligible individual, determines eligibility and offers service choices to eligible individuals. The Case Manager authorizes and implements the service plan and monitors the services delivered.

(14) "Chore Service" means assistance with heavy housework, yard work or sidewalk maintenance for persons who need assistance with these activities to assure safety.

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

(16) "Community Support Resources", "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 or AAA.

(17) "Contracted In-Home Service" means a service provided through a contractor that consists of assistance with activities of daily living and self-management tasks.

(18) "Contracted In-Home Care Agency" means an incorporated entity or equivalent, licensed in accordance with OAR 333-536-0000 through 333-536-0095 that provides hourly contracted in-home service to individuals of the Department or Area Agency on Aging.

(19) "Department of Administrative Services" means the Department of Administrative Services for the State of Oregon.

(20) "Department" means the Oregon Department of Human Services, Seniors and People with Disabilities, unless otherwise specifically defined.

(21) "Department of Revenue" means the Oregon Department of Revenue.

(22) "Diagnosed" means, for purposes of these rules, that the individual's physician has reason to believe and indicates that the individual has Alzheimer's Disease or a Related Disorder.

(23) "Direct Service Costs" means those expenses for direct labor that are attributable to an eligible individual-related service. For example, the direct service cost of home care is the cost of time actually spent providing home care services in the home. Other direct service costs are those that are directly attributable to an individual-related function.

(24) "Eligibility Determination" means the process of deciding if a prospective individual meets the requirements necessary to receive authorized services under Oregon Project Independence.

(25) "Exception or Variances" means that an agency or individual contractor or subcontractor is not required to meet one or more specific requirements of these rules.

(26) "Fee-based case management" means a service for which a fee is assessed for case management for an individual who would otherwise be

ineligible for OPI services. Fee-based case management services include service planning and coordination, service plan implementation, service plan monitoring and reassessment.

(27) "Fiscal Records and Data" means all information pertaining to the financial operation of an agency or program.

(28) "Gross Income" means household income from salaries, interest and dividends, pensions, Social Security, railroad retirement benefits, and any other income prior to any deductions.

(29) "Health Services" means the Department of Human Services, Health Services.

(30) "Home Care or Homemaker Services" means all those ADL or IADL in-home services necessary to help individuals achieve the greatest degree of independent functioning.

(31) "Homecare Worker" means a provider, as described in OAR 411-030-0020 and 411-031-0040, who is directly employed by the eligible individual via the Client Employed Provider Program, and who provides hourly services to eligible individuals. Homecare Workers also include providers in the Spousal Pay Program.

(32) "Home Delivered Meal" means a meal paid from OPI funds and delivered to an eligible individual who is receiving at least case management services.

(33) "Home Health Agency" means a licensed (in accordance with OAR 333-027-0000 through 0170), public or private agency providing coordinated home health services on a home visiting basis. Home health agencies provide skilled nursing services in at least one of the following therapeutic services: Physical therapy; Occupational therapy; Speech Therapy; or Home health aide services.

(34) "Home Health Service" means items and services furnished to an individual by a home health agency, or by others under arrangement with such agency, on a visiting basis in a place of temporary or permanent residence used as the individual's home for the purpose of maintaining that individual at home.

(35) "Household" means the individual, spouse and any dependents as defined by the Internal Revenue Service.

(36) "Hourly Services" means the in-home services, including activities of daily living and self-management tasks, that are provided at regularly scheduled times. None of these hours are exempt from federal or state minimum wage or overtime laws.

(37) "Information and Assistance" means a service that provides current information on opportunities and services available within their communities; assesses the problems and capacities of the individuals; links individuals to the opportunities and services and, to the maximum extent feasible, ensures the individual receives the services needed and is aware of the opportunities available by establishing adequate follow-up procedures.

(38) "In-Direct Cost" means:

(a) Incurred for a common or joint purpose benefiting more than one cost objective, and

(b) Not readily assignable to the cost objectives specifically benefited, without effort disproportionate to the results achieved. The term "indirect cost," as used herein, applies to costs of this type originating in the grantee department, as well as those incurred by other departments in supplying goods, services, and facilities. To facilitate equitable distribution of indirect expenses, to the cost objectives served, it may be necessary to establish a number of pools of indirect costs. Indirect cost pools should be distributed to benefited cost objectives on bases that will produce an equitable result in consideration of relative benefits derived.

(39) "In-Home Services" means those services that assist an individual to stay in his or her own home.

(40) "Institution" means any state, community or private hospital and any nursing facility.

(41) "Instrumental Activities of Daily Living (IADL)" or "Self Management Tasks" consist of housekeeping, including laundry, shopping, transportation, medication management and meal preparation as described in OAR 411-015-0007.

(42) "Personal Care Service" means in-home services provided to maintain, strengthen, or restore an individual's functioning in their own home when an individual is dependent in one or more ADLs, or when an individual requires assistance for ADL needs. Assistance can be provided either by a contracted agency or by a Homecare worker paid in accordance with the collectively bargained rate.

(43) "Program Records and Data" means any information of a non-fiscal nature.

(44) "Program Support Costs" means those expenses associated with managing the services provided either through contract or directly by the Area Agency on Aging, that are attributable to a specific service.

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

(46) "Registered Nurse Services" mean services provided by a registered nurse on a short-term or intermittent basis that include but are not limited to: interviewing the individual and, when appropriate, other relevant parties; assessing the individual's ability to perform tasks; preparing a service plan that includes treatment needed by the individual; monitoring medication; training and educating providers around the provisions of the service plan.

(47) "Respite" means paid temporary services to provide relief for families or other caregivers who are unpaid. In-home and out-of-home respite may be provided on an hourly or daily basis, including 24-hour respite service for several consecutive days. Range of tasks to be provided may include: supervision, companionship and personal services usually provided by the primary caregiver.

(48) "Seniors and People with Disabilities Division" means the Seniors and People with Disabilities Division of the Department of Human Services.

(49) "Service Provider" means any agency or program that provides one or more authorized services under Oregon Project Independence.

(50) "Service Determination" means the process of determining the proper authorized service for each eligible individual.

(51) "Service Need" means those functions or activities for which the individual requires the support of the Department or Area Agency on Aging.

(52) "Service Priority" means the order in which the Department determines individuals to be eligible for the Oregon Project Independence program.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410.410

411-032-0001 Goals

(Temporary Effective 7/30/2010 – 12/28/2010)

The goals of Oregon Project Independence are to:

- (1) Promote quality of life and independent living among seniors and people with physical disabilities;
- (2) Provide preventive and long-term care services to eligible individuals to reduce the risk for institutionalization and promote self-determination;
- (3) Provide services to frail and vulnerable adults who are lacking or have limited access to other long-term care services; and
- (4) Optimize eligible individuals' personal and community support resources.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410.420

411-032-0005 Administration

(Amended 11/1/2006)

- (1) Advisory Council: Each area agency will show evidence that the advisory council of the area agency, and the community were involved in the identification of need, selection of services to be offered, and the development of the Area Plan.

(2) Area Plan:

(a) Each area agency will submit an Area Plan by a date specified and on forms provided by the Department.

(b) The Area Plan must, at a minimum, contain:

(A) The types and amounts of authorized services to be offered;

(B) The costs of these services;

(C) How the agency will ensure timely response to inquiries for service;

(D) How individuals will receive initial and ongoing periodic screening for other community services, including Medicaid;

(E) How eligibility will be determined;

(F) How the services will be provided;

(G) The agency policy for prioritizing OPI service delivery;

(H) The agency policy for denial, reduction or termination of services;

(I) The agency policy for informing individuals of their right to grieve adverse eligibility, service determination decisions, and consumer complaints;

(J) How fees for services will be developed, billed, collected and utilized;

(K) The agency policy for addressing individual non-payment of fees, including when exceptions will be made for repayment and when fees will be waived;

(L) How service providers will be monitored and evaluated; and

(M) Conflict of interest policy for any direct provision of services for which a fee is set.

(3) Contracts:

(a) Contracts between the Department and Area Agencies on Aging for Oregon Project Independence will be effective each year on July 1, unless otherwise agreed to by the Department. These contracts will be based on the Area Plan and must, at a minimum, contain:

(A) A budget showing the amounts of Oregon Project Independence funds;

(B) The types of authorized services to be offered;

(C) The stipulation that contracted authorized services will be in accordance with the standards and requirements provided in these rules, and in accordance with the In-Home Services Rules (OAR chapter 411, divisions 030 and 031 and the Service Priority Rules OAR 411 division 015), and, if applicable, in accordance with the Home Health Agencies Rules (OAR chapter 333, division 027);

(D) The stipulation that required data will be gathered, reported and monitored in accordance with these rules and the Department;

(E) A section pertaining to general provisions as required by the Department of Administrative Services;

(F) A provision that area agencies will submit service provider contracts and amendments to the department upon request from the Department; and

(G) Fee for service schedules developed in accordance with these rules, including fee-based case management when this service is offered

(b) Contracts between Area Agencies on Aging and service providers will be signed and kept on file by the area agencies for not less than

three years for all services funded through Oregon Project Independence. The contracts must, at a minimum, contain:

(A) A budget or a maximum amount of Oregon Project Independence funds, as well as all other resources devoted to Oregon Project Independence under the contract;

(B) The types and amounts of authorized services to be offered and the rate per unit for each authorized service;

(C) The stipulation that authorized services will be offered in accordance with the standards and requirements provided in these rules, and in accordance with the In-Home Services Rules, OAR chapter 411, divisions 030 and 31 and the Service Priority Rules, OAR chapter 411 division 015, and, if applicable, in accordance with the Home Health Agencies Rules, OAR chapter 333, division 027;

(D) The stipulation that required data will be gathered and reported in accordance with these rules and the Department; and

(E) A section pertaining to general provisions as required by the Department of Administrative Services.

(c) All contracts as described in this rule can be amended with the consent of both parties.

(d) All contracts as described in this rule will contain provisions for cancellation of the contract for non-performance and violation of the terms of the contract.

(4) Personnel Practices and Procedures:

(a) Each area agency and service provider will maintain written personnel policies.

(b) The personnel policies will contain all items required by state and federal laws and regulations, including such items as:

- (A) An affirmative action plan; and
- (B) Evidence that the area agency and service provider are equal opportunity employers.
- (C) Each area agency and service provider will maintain a personnel record on each employee.

(5) Non-Compliance:

- (a) Non-compliance to these rules, except in those cases where an exception or variance has been granted by the Department may result in a reduction or termination of Oregon Project Independence funding;
- (b) The determination of the amount of reduced funding will be made by the administrator of the Department;
- (c) Any funds that are either reduced or terminated from a funding grant will be reserved by the Department for redistribution at its discretion. At the end of the biennium, unexpended funds will be returned to the OPI Fund.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410.420, 410.450 & 410.460

411-032-0010 Authorized Services and Allowable Costs

(Amended 11/1/2006)

(1) Authorized Services:

- (a) Oregon Project Independence funds will only be expended for administration and direct service for the following authorized services:
 - (A) Homemaker (Home Care);
 - (B) Chore Service;
 - (C) Assisted Transportation (Escort);

- (D) Home Health;
- (E) Personal Services;
- (F) Adult Day Services;
- (G) Respite;
- (H) Information and Assistance;
- (I) Registered Nurses;
- (J) Home Delivered Meals;
- (K) Other services authorized by the administrator of the Department or his or her designee;
- (L) Planning for long term care services; and
- (M) Public education on long term care planning and resources.

(b) Home health services will meet the standards and requirements of the Home Health Agencies Rules (OAR chapter 333, division 027) and can only be offered through a home health agency licensed by the Department of Human Services, Health Services.

(c) Services provided by an In-Home care agency will meet the standards and requirements of In-Home Care Agencies under ORS 443.305 to 443.350 and OAR chapter 333 division 536, and can only be offered through a home care agency licensed by the Department of Human Services, Health Services.

(d) Services provided by a Homecare Worker will meet the standards and requirements of the Home Care Commission under ORS 410.600 to 410.614 and OAR chapter 411, division 031.

(e) Services provided using the Client Employed Provider Program should meet the standards and requirements of chapter 411, division 030.

(2) Authorized Administrative Functions -- If the state agency or Area Agency on Aging is already providing case management services (as of the date of submission of the plan) under a state program, the plan may specify that such agency be allowed to continue to provide the following case management services:

- (a) Intake;
- (b) Eligibility;
- (c) Assessment;
- (d) Service Planning/Service Coordination;
- (e) Implementation of plan services;
- (f) Monitoring the service plan; and
- (g) Reassessment.

(3) Computation of Allowable Costs -- Allowable costs by area agencies are those associated with the direct provision of services to individuals and such administrative costs as may be required to assure adequate services and to provide information to the Department.

(4) Administrative Costs -- Administrative costs will not exceed ten percent of Oregon Project Independence funds.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410.420 & 410.460

411-032-0013 Fee-Based Services

(Adopted 11/1/2006)

(1) When service limitations have been established at the local level and an individual would otherwise be eligible to receive OPI services under this rule, fee-based case management may be authorized for administration and direct service provided for the following:

- (a) Service planning and coordination;

- (b) Service plan implementation;
- (c) Service plan monitoring; and
- (d) Reassessment.

(2) A separate fee schedule will be established by each area agency and will be applied to those individuals receiving fee-based case management services.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410.435

411-032-0015 Data Collection, Records, and Reporting

(Amended 11/1/2006)

(1) Data Collection:

(a) The collection of required program and fiscal data associated with Oregon Project Independence will be on forms and data systems as approved by the Department.

(b) Each area agency and service provider will collect data as required by the Department on eligible individuals receiving authorized service.

(c) All authorized service data collected on eligible individuals, supported by Oregon Project Independence, will contain the individual's Social Security Number and date of birth.

(d) For individuals under the age of 60, documentation will be placed in the individual's file that the person has been diagnosed as having Alzheimer's Disease or other related disorder. Documentation must come verbally or in writing from the individual's physician. The type of "other related disorder" will also be specified in this documentation.

(2) Records:

(a) Each area agency and service provider will maintain all books, records, documents and accounting procedures that reflect all administrative costs, program support costs, direct service costs, and case management costs expended on Oregon Project Independence. These records will be retained for not less than three years.

(b) These records will be made available upon request to representatives from the Department, or to those duly authorized by them.

(3) Fiscal and Program Reporting:

(a) Fiscal and program reports will be completed on forms provided by the Department.

(b) Fiscal and program reports will be submitted to the Department by the specified due dates.

(c) Fiscal/Program reports must, at a minimum, include:

(A) Current cumulative expenditures;

(B) Cost per unit of authorized service;

(C) Administrative costs;

(D) Program support costs;

(E) Case management costs;

(F) Direct service costs;

(G) The amount of fee for service assessed, billed, expended and collected and other funds received;

(H) Number of unduplicated clients year to date served for each authorized service year to date, and unduplicated case count year to date;

(I) Number of units of service for each authorized service; and

(J) Demographic, social, medical, physical, functional, and financial data, including a breakdown of the income levels of OPI eligible individuals, as required by the Department on the SPD Client Assessment/Planning System (CA/PS) and in Oregon ACCESS database.

(4) Confidentiality. The use or disclosure by any party of any information concerning a recipient of authorized services described in these rules, for any purpose not directly connected with the administration of the responsibilities of the Department, Area Agency or service provider is prohibited except with written consent of the recipient, or their legal representative. Disclosure of recipient information will meet Department requirements.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410.470 & 410.480

411-032-0020 Eligibility and Determination of Services

(Amended 11/1/2006)

(1) Eligibility:

(a) In order to qualify for services from an area agency or service provider, each eligible individual must:

(A) Be 60 years old or older; or be under 60 years of age and be diagnosed as having Alzheimer's Disease or a related disorder;

(B) Not be receiving financial assistance or Medicaid, except Food Stamps, Qualified Medicare Beneficiary or Supplemental Low Income Medicare Beneficiary Programs; and

(C) Meet the requirements of the Long-Term Care Services Priority Rule, OAR 411, division 015.

(b) Eligibility determination will be required before any individual may receive services from an area agency or service provider. The documentation required by OAR 411-032-0015(1)(d) must be

obtained before an individual under the age of 60 may be determined to be eligible.

(c) Eligibility determination will be the responsibility of the area agency. In those instances when eligibility determination is performed by an agency other than the area agency, the area agency will have in place a system for evaluating the eligibility determination process, including an independent review by the area agency of a representative sample of cases.

(d) Any person residing in a nursing facility, assisted living facility, residential care facility, or adult foster care setting will not be eligible for authorized services. This will not restrict the ability to move an eligible individual from such institutions to their home to receive services, when judged more appropriate, based on medical, financial, physical, functional, and social considerations.

(e) Any person residing in a living setting that offers any services authorized under OAR 411-032-0010 will be limited to receiving OPI services that are not available in that setting.

(f) The Department will determine the factors that constitute an individual being at risk of institutionalization. These factors are currently defined in the Long-Term Care Services Priority Rules, OAR chapter 411, division 015. These factors will be utilized by each area agency and service provider.

(g) Applicants will receive written notification of eligibility determination.

(2) Determination of Services:

(a) Determination of services will rest with the area agency. In those instances when determination of services is performed by an agency other than the area agency, the area agency will have in place a system for evaluating the determination of service process, including an independent review by the area agency of a representative sample of cases.

(b) The determination of services will be based on each individual's financial, physical, functional, medical, and social need for such services and in accordance with OAR chapter 411, division 015.

(c) Determination of services provided under Oregon Project Independence will be limited to the authorized services allowed by these rules.

(d) The determination of services will be made:

(A) After eligibility determination; and

(B) At regular intervals but not less than once every twelve months.

(e) Individuals will receive written notification of determination of services:

(A) Notice will include the maximum monthly hours of service authorized, the hourly and maximum monthly fee, the service rate, and provider contact information.

(B) Written service notification will be provided to the individual upon initial determination of services, at annual reassessment and when there are changes to the determination of services.

(3) Priority of Services:

(a) Area Agencies on Aging may establish local priorities for service authorization but will not conflict with this rule. In event of a grievance, this rule will take precedence over local priorities.

(b) Priority for authorized services will be:

(A) Maintaining eligible individuals already receiving authorized service as long as their condition indicates the service is needed.

(B) Individuals who will immediately be placed in an institution if needed authorized services are not provided and meet the

Long-Term Care Services Priority Rules, OAR chapter 411, division 015.

(C) Individuals who are probably to be placed in an institution if needed authorized services are not provided.

(4) Appeals: Persons for whom services are denied, disallowed, or reduced through eligibility determination or service determination will be entitled to request review of the decision through the Area Agency on Aging grievance review procedure, set forth in agency policy.

(a) Individuals will continue to receive services until the disposition of the local agency grievance review.

(b) The Area Agency will provide the applicant with written notification of the grievance review determination decision.

(c) Applicants that disagree with the results of the Area Agency grievance review have a right to an Administrative Review with the Department of Human Services, Seniors and People with Disabilities Division, pursuant to ORS Chapter 183. This information will be provided to the applicant in a written notification at the time of the grievance review decision.

(d) Applicants requesting an Administrative Review from the Department will not be eligible for continued services through Oregon Project Independence.

(e) All persons, including those who may have previously been terminated from Oregon Project Independence, have the right to apply for OPI services at any time.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410.430 & 410.450

411-032-0044 Fees for Service and Fees for Service Schedule
(Amended 11/1/2006)

(1) Fee for Services:

(a) A \$5 annual minimum fee will be applied to all individuals receiving OPI services who have adjusted income levels at or below federal poverty level. The fee is due at the time eligibility for OPI service has been determined and for each 12 month subsequent reassessment. This fee does not apply to home-delivered meals.

(b) Fees for service will be charged based on a sliding fee schedule to all eligible individuals whose annual income exceeds the minimum, as established by the Department. No fees for service will be charged for Home Delivered Meals or case management services. For purposes of these rules, an individual's gross annual income will include:

(A) Salaries from the household;

(B) Interest and dividends from the household;

(C) Pensions, annuities, Social Security and railroad retirement benefits from the household; and

(D) Any other income from the household.

(i) All medical costs, including prescription drugs that are the responsibility of the household, may be deducted from the individual's gross annual income.

(ii) All child support paid by a non-custodial parent may be deducted from the individual's gross annual income.

(c) A recommended donation will be established for OPI-funded Home Delivered Meals and implemented in the same manner as for the Older Americans Act meal programs.

(d) Individuals will receive written notification of the hourly and maximum monthly fee for service upon initial service determination and whenever there is a change.

(e) Area agencies will develop procedures for assessing, billing, collecting, and expending fees.

(A) The Area Agency will establish a written policy addressing individual non-payment of fees to be reviewed and approved in the agency area plan.

(B) Individuals will be given a copy of the agency policy pertaining to individual non-payment of fees upon initial eligibility determination.

(C) The decision to terminate Oregon Project Independence services for non-payment of assessed fees for service will be the responsibility of the local area agency.

(f) A record of surcharges and all fees for service will be kept by each area agency and reported monthly to the Department.

(A) Annual minimum fees and fee for service determination forms will be a part of each individual's case record. Fee for service determination forms will meet minimum requirements for documentation, as established by the Department.

(B) The maximum monthly authorized fee for services will be recorded on each individual's Oregon ACCESS record upon initial service determination and at least annually thereafter, at time of reassessment.

(g) Nothing in these rules will prevent Oregon Project Independence individuals, or his or her family, from making a donation or contribution. Such donations will also be used to expand services under Oregon Project Independence. Expansion of services will be limited to services authorized in OAR 411-032-0010(1)(a) as identified in the agency's area plan.

(h) The minimum annual fee and all fees for service will be used to expand services under Oregon Project Independence. Expansion of services will be limited to services authorized in OAR 411-032-0010(1)(a) as identified in the agency's area plan.

(i) Area agencies and providers will not be required to make a second attempt to collect Oregon Project Independence fees of \$5.00 or less.

(2) Fee for Service Schedule.

(a) The Department, after consultation with the Area Agencies, will develop and publish a fee schedule for services based on the federal poverty level and distribute the schedule to the area agencies annually.

(b) The fee for service schedule will be applied to the local rate specific to the service and the type of provider for the individual.

(c) Fees for OPI services start at the federal poverty level net monthly income and increase by approximately \$25 income increments up to 200% of the federal poverty level. Families with net monthly incomes over 200% of the federal poverty level will pay the full hourly rate of services provided.

Stat. Auth.: ORS 410.470

Stats. Implemented: ORS 410.470