

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

**CHAPTER 411
DIVISION 15**

**LONG-TERM CARE SERVICE PRIORITIES FOR
INDIVIDUALS SERVED**

411-015-0000 Purpose
(Amended 6/1/2006)

The purpose of establishing priorities for persons to be served is to assist the Department in addressing the following goals:

- (1) To enable persons eligible for and receiving services to remain in the least restrictive and least costly setting consistent with their service needs; and
- (2) To serve those persons who are the most functionally impaired and who have no or inadequate alternative service resources; and
- (3) To assure access to services paid by the Department to eligible persons; and
- (4) To assure that services paid by the Department, and the setting in which they are provided are safe and adequate; and
- (5) To manage limited resources to enable the greatest possible number of persons to receive needed services through a priority system based on the Department's assessment of the individual's functional impairment and alternative service resources.

Stat. Auth.: ORS 410.070
Stats. Implemented: ORS 410.070

411-015-0005 Definitions
(Amended 12/15/2013)

Unless the context indicates otherwise, the following definitions apply to the rules in OAR chapter 411, division 015:

- (1) "AAA" means "Area Agency on Aging" as defined in this rule.
- (2) "Adult" means any person at least 18 years of age.
- (3) "All Phases" means each part of an activity.
- (4) "Alternative Service Resources" means other possible resources for the provision of services to meet an individual's needs. Alternative service resources includes but is not limited to natural supports, risk intervention services, Older Americans Act programs, or other community supports. Alternative service resources are not paid by Medicaid.
- (5) "Architectural Modifications" means any service leading to the alteration of the structure of a dwelling to meet the specific service needs of an eligible individual.
- (6) "Area Agency on Aging (AAA)" means the Department designated agency charged with the responsibility to provide a comprehensive and coordinated system of services to older adults and adults with disabilities in a planning and service area. The term Area Agency on Aging (AAA) is inclusive of both Type A and Type B Area Agencies on Aging as defined in ORS 410.040 to 410.300.
- (7) "Assistance Types" needed for activities of daily living and instrumental activities of daily living include but are not limited to the following terms:
 - (a) "Cueing" means giving verbal or visual clues during an activity to help an individual complete the activity without hands-on assistance.
 - (b) "Hands-on" means a provider physically performs all or parts of an activity because an individual is unable to do so.
 - (c) "Monitoring" means a provider must observe an individual to determine if intervention is needed.

(d) "Reassurance" means to offer an individual encouragement and support.

(e) "Redirection" means to divert an individual to another more appropriate activity.

(f) "Set-up" means getting personal effects, supplies, or equipment ready so that an individual may perform an activity.

(g) "Stand-by" means a provider is at the side of an individual ready to step in and take over the task if the individual is unable to complete the task independently.

(h) "Support" means to enhance the environment to enable an individual to be as independent as possible.

(8) "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.

(9) "Behavioral Care Plan" means a documented set of procedures, reviewed by the Department or AAA representative, which describes interventions for use by a provider to prevent, mitigate, or respond to behavioral symptoms that negatively impact the health and safety of an individual or others in a home or community-based services setting. The preferences of an individual are included in developing a Behavioral Care Plan.

(10) "Business Days and Hours" means Monday through Friday and excludes Saturdays, Sundays, and state or federal holidays. Hours are from 8:00 AM to 5:00 PM.

(11) "CA/PS" means "Client Assessment and Planning System" as defined in this rule.

(12) "Care Setting" means a Medicaid contracted facility at which a Medicaid eligible individual resides and receives services. Care settings are

adult foster homes, residential care facilities, assisted living facilities, specialized living contracted residences, and nursing facilities.

(13) "Case Manager" means an employee of the Department or Area Agency on Aging who assesses the service needs of individuals, determines eligibility, and offers service choices to eligible individuals. The case manager authorizes and implements an individual's service plan and monitors the services delivered as described in OAR chapter 411, division 028.

(14) "Client" means "individual" as defined in this rule.

(15) "Client Assessment and Planning System (CA/PS)":

(a) Is a single entry data system used for --

(A) Completing a comprehensive and holistic assessment;

(B) Surveying an individual's physical, mental, and social functioning; and

(C) Identifying risk factors, individual choices and preferences, and the status of service needs.

(b) The CA/PS documents the level of need and calculates an individual's service priority level in accordance with these rules, calculates the service payment rates, and accommodates individual participation in service planning.

(16) "Cost Effective" means being responsible and accountable with Department resources by offering less costly alternatives when providing choices that adequately meet an individual's service needs. Cost effective choices consist of all available service options, the utilization of assistive devices or architectural modifications, natural supports, and alternative service resources. Less costly alternatives may include resources not paid for by the Department.

(17) "Department" means the Department of Human Services (DHS).

(18) "Disability" means a physical, cognitive, or emotional impairment which, for an individual, constitutes or results in a functional limitation in one or more of the activities of daily living defined in OAR 411-015-0006.

(19) "Extraordinary Circumstances" means:

(a) An individual being assessed is working full time during business hours; or

(b) A family member, whose presence is requested by an individual being assessed, is traveling from outside the area and is available for only a limited period of time that does not include business days and hours.

(20) "Functional Impairment" means an individual's pattern of mental and physical limitations that restricts the individual's ability to perform activities of daily living and instrumental activities of daily living without the assistance of another person.

(21) "Independent" means an individual does not meet the definition of "assist" or "full assist" when assessing an activity of daily living as described in OAR 411-015-0006 or when assessing an instrumental activity of daily living as described in OAR 411-015-0007.

(22) "Individual" means an older adult or an adult with a disability applying for or eligible for services.

(23) "Medicaid Home and Community-Based Services" means the services approved and funded by the Centers for Medicare and Medicaid Services for eligible individuals in accordance with Title XIX of the Social Security Act.

(24) "Mental or Emotional Disorder" means:

(a) A schizophrenic, mood, paranoid, panic, or other anxiety disorder;

(b) Somatoform, personality, dissociative, factitious, eating, sleeping, impulse control, or adjustment disorder; or

(c) Other psychotic disorder as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual.

(25) "Natural Support" means resources and supports (e.g. relatives, friends, neighbors, significant others, roommates, or the community) who are willing to voluntarily provide services to an individual without the expectation of compensation. Natural supports are identified in collaboration with the individual and the potential "natural support". The natural support is required to have the skills, knowledge, and ability to provide the needed services and supports.

(26) "Older Adult" means any person at least 65 years of age.

(27) "Service Priority Level (SPL)" means the order in which Department and Area Agency on Aging staff identify individuals eligible for a nursing facility level of care, Oregon Project Independence, or Medicaid home and community-based services. A lower service priority level number indicates greater or more severe functional impairment. The number is synonymous with the service priority level.

(28) "SPL" means "service priority level" as defined in this rule.

(29) "Substance Abuse Related Disorders" means disorders related to the taking of a drug or toxin of abuse (including alcohol).

(a) Substance abuse related disorders include:

(A) Substance dependency and substance abuse;

(B) Alcohol dependency and alcohol abuse; and

(C) Substance induced disorders and alcohol induced disorders as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual.

(b) Substance abuse related disorders are not considered physical disabilities. Dementia or other long term physical or health impairments resulting from substance abuse may be considered physical disabilities.

(30) "These Rules" means the rules in OAR chapter 411, division 015.

(31) "Without Supports" means an individual lacks the assistance of another person, a care setting and staff, or an alternative service resource as defined in this rule.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410.060, 410.070, & 414.065

411-015-0006 Activities of Daily Living (ADL)

(Adopted 6/1/2006)

(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. For the purposes of these rules, ADLs consist of eating, dressing/grooming, bathing/personal hygiene, mobility (ambulation and transfer), elimination (toileting, bowel and bladder management), and cognition/behavior.

(2) Evaluation of the individual's needs for assistance in Activities of Daily Living is based on:

(a) The individual's abilities rather than the services provided; and

(b) How the individual functioned during the thirty days prior to the assessment date, with consideration of how the person is likely to function in the thirty days following the assessment date; and

(c) Evidence of the actual or predicted need for assistance of another person within the assessment time frame and it can not be based on possible or preventative needs.

(3) "Independent" means the individual does not meet the definition of "Assist" or "Full Assist" for each Activity of Daily Living as defined in this rule.

(4) Bathing/Personal Hygiene. Bathing/Personal Hygiene is comprised of two components. To be considered Assist, the individual must require Assistance in Bathing or Full Assistance in Hygiene. To be considered Full Assist, the individual must require Full Assistance in Bathing:

(a) Bathing means the activities of bathing and washing hair and using assistive devices if needed. Bathing includes the act of getting in and out of the bathtub or shower:

(A) Assist: Even with assistive devices, the individual is unable to accomplish some tasks of bathing without the assistance of another person. This means hands-on assistance for part of the task, cueing during the activity or stand-by presence during the activity.

(B) Full Assist: Even with assistive devices, the individual is unable to accomplish any task of bathing without the assistance of another person. This means the individual needs hands-on assistance of another person through all phases of the activity, every time the activity is attempted.

(b) Personal Hygiene means the activities of shaving and caring for the mouth:

(A) Assist: Even with assistive devices, the individual is unable to accomplish some tasks of personal hygiene activities without the assistance of another person. This means hands-on assistance for part of the task, cueing during the activity or stand-by presence during the activity.

(B) Full Assist: Even with assistive devices, the individual is unable to accomplish personal hygiene activities, without the assistance of another person. This means the individual needs hands-on assistance of another person through all phases of the activity, every time the activity is attempted.

(5) Cognition/Behavior means functions of the brain of adaptation, awareness, judgment/decision-making, memory and orientation. Cognition/Behavior includes three components of behavioral symptoms: demands on others, danger to self or others and wandering:

(a) The individual's ability to manage each component of cognition/behavior is assessed by how the person would function without supports, meaning the assistance of another person, a care

setting or an alternative service resource as defined in OAR 411-015-0005. Lack of medication or lack of medication management is not considered when evaluating cognition/behavior.

(b) The assessment time frame in OAR 411-015-0008 of thirty (30) days prior to the date of the assessment may be expanded when assessing cognition/behavior without supports. History or incidents in the past more than 30 days prior to the assessment date may be considered if they negatively impacted health and safety in the past and are also current concerns that need to be addressed.

(c) An individual under age 65 with cognition/behavior assistance or full assistance needs based on a mental or emotional disorder does not meet the criteria for service eligibility per OAR 411-015-0015.

(d) An individual must require assistance in at least three of the eight components of cognition/behaviors to meet the criteria for assist in cognition/behaviors. An individual must require full assistance in three of the eight components to meet the criteria for full assistance in cognition/behaviors.

(A) Adaptation is the ability to respond, cope and adjust to major life changes such as a change in living situation or a loss (such as health, close relationship, pet, divorce or a death):

(i) Assist: The individual requires reassurance from another person to cope with or adjust to change. Assistance involves multiple occurrences less than daily.

(ii) Full Assist: The individual requires constant emotional support and reassurance or is unable to adapt to change. These occurrences are ongoing and daily.

(B) Awareness means the ability to understand basic health and safety needs (such as the need for food, shelter and clothing):

(i) Assist: The individual requires assistance of another person to understand basic health and safety needs.

(ii) Full Assist: The individual does not have the ability to understand those needs and requires ongoing and daily intervention by another person.

(C) Judgment means decision-making. It is the ability to identify choices and understand the benefits, risks and consequences of those choices. Individuals who lack the ability to understand choices or the potential risks and consequences need assistance in decision-making. Judgment/Decision making does not include what others might deem a poor choice:

(i) Assist: At least weekly, the individual needs protection, monitoring and guidance from another person to make decisions.

(ii) Full Assist: The individual's decisions require daily intervention by another person.

(D) Memory means the ability to remember and appropriately use current information, impacting the health and safety of the individual:

(i) Assist: The individual has difficulty remembering and using current information and requires reminding from another person.

(ii) Full Assist: The individual cannot remember or use information and requires assistance beyond reminding.

(E) Orientation means the ability to accurately understand or recognize person or place or time to maintain health and safety:

(i) Assist: The individual is disoriented to person, or place or time and requires the assistance of another person. These occurrences are episodic during the week but less than daily.

(ii) Full Assist: The individual is disoriented daily to person, or place or time and requires the assistance of another person.

(F) Danger to Self or Others means behavioral symptoms, other than wandering, that are hazardous to the individual (including self-injury), or harmful or disruptive to those around the individual:

(i) Assist: At least monthly, the individual is disruptive or aggressive in a non-physical way, agitated, or sexually inappropriate and needs the assistance of another person. These behavioral symptoms are challenging but the individual can be verbally redirected.

(ii) Full Assist: The individual has had more than one episode of aggressive, disruptive, agitated, dangerous, or physically abusive or sexually aggressive behavioral symptoms directed at self or others. These behavioral symptoms are extreme, may be unpredictable, and necessitate intervention beyond verbal redirection, requiring an individualized behavioral care plan (as defined in OAR 411-015-0005) that all staff are trained to deliver.

(G) Demands on Others means behavioral symptoms, other than wandering, that negatively impact and affect living arrangements, providers or other residents:

(i) Assist: The individual's habits and emotional states limit the types of living arrangements and companions, but can be modified with individualized routines, changes to the environment (such as roommates or noise reduction) or general training for the provider that is not specific to the individual.

(ii) Full Assist: The individual's habits and emotional states can be modified only with a 24-hour specialized care setting or an individualized behavioral care plan (as defined in OAR 411-015-0005) that all staff are trained to deliver.

(H) Wandering means moving about aimlessly, or elopement, without relationship to needs or safety:

(i) Assist: The individual wanders within the home or facility, but does not jeopardize safety.

(ii) Full Assist: The individual wanders inside or out and jeopardizes safety.

(6) Dressing/Grooming: This is comprised of two elements. To be considered Assist, the individual must require Assistance in Dressing or Full Assistance in Grooming. To be considered Full Assist the individual must require Full Assistance in Dressing:

(a) Dressing means the activities of dressing and undressing:

(A) Assist: Even with assistive devices, the individual is unable to accomplish some tasks of dressing without the assistance of another person. This means hands-on assistance for part of the task, cueing during the activity, or stand-by presence during the activity.

(B) Full Assist: Even with assistive devices, the individual is unable to accomplish any tasks of dressing without the assistance of another person. This means the individual needs hands-on assistance of another person through all phases of the activity, every time the activity is attempted.

(b) Grooming means nail care and the activities of brushing and combing hair.

(A) Assist: Even with assistive devices, the individual is unable to accomplish some tasks of grooming without the assistance of another person. This means hands-on assistance for part of the task, cueing during the activity, or stand-by presence during the activity.

(B) Full Assist: Even with assistive devices, the individual is unable to perform any tasks of grooming without the assistance of another person. This means the individual needs the

assistance of another person through all phases of the activity, every time the activity is attempted.

(7) Eating means the activity of feeding and eating and may include using assistive devices:

(a) Assist: When eating, the individual requires another person to be immediately available and within sight. Assistance requires hands-on feeding, hands-on assistance with special utensils, cueing during the act of eating, or monitoring to prevent choking or aspiration. Assistance with eating is a daily need or can vary if an individual's medical condition fluctuates significantly during a one-month period.

(b) Full Assist: When eating, the individual always requires one-on-one assistance for direct feeding, constant cueing, or to prevent choking or aspiration. This includes nutritional IV or feeding tube set-up by another person. This means the individual needs the assistance of another person through all phases of the activity, every time the activity is attempted.

(8) Elimination: This is comprised of three components. To be considered Assist, the individual must require Assistance in at least one of the three components. To be considered Full Assist the individual must require Full Assist in any of the three components. Dialysis care needs are not assessed as part of elimination:

(a) Bladder means managing bladder care. This includes tasks such as catheter care, toileting schedule, monitoring for infection, ostomy care and changing incontinence supplies.

(A) Assist: Even with assistive devices or supplies, the individual is unable to accomplish some of the tasks of bladder care without the assistance from another person at least monthly.

(B) Full Assist: The individual is unable to manage any part of bladder or catheter care without the assistance of another person. This means the individual needs the assistance of another person through all phases of the activity, every time the activity is attempted.

(b) Bowel means managing bowel care. This includes tasks such as digital stimulation, toileting schedule, suppository insertion, ostomy care, enemas and changing incontinence supplies.

(A) Assist: Even with assistive devices the individual is unable to accomplish some tasks of bowel care without the assistance of another person at least monthly.

(B) Full Assist: The individual is unable to accomplish any part of bowel care without the assistance of another person. This means the individual needs the assistance of another person through all phases of the activity, every time the activity is attempted.

(c) Toileting means the activity of getting to and from, and on and off the toilet (including bedpan, commode or urinal), cleansing after elimination or adjusting clothing, cleaning and maintaining assistive devices, or cleaning the toileting area after elimination because of unsanitary conditions that would pose a health risk. This does not include routine bathroom cleaning.

(A) Assist: Even with assistive devices, the individual is unable to accomplish some tasks of toileting without the assistance of another person at least monthly.

(B) Full Assist: The individual is unable to accomplish any part of toileting without the assistance of another person. This means the individual needs the assistance of another person through all phases of the activity, every time the activity is attempted.

(9) Mobility: This is comprised of two components, Ambulation and Transfer. In the Mobility cluster only, assistance is categorized into three levels. To be considered Minimal Assist, the individual must require Minimal Assistance in Ambulation. To be considered Substantial Assist, the individual must require Substantial Assistance with Ambulation or an Assist with Transfer. To be considered Full Assist, the individual must require Full Assistance with Ambulation or Transfer:

(a) Mobility does not include the following activities: getting in and out of a motor vehicle, getting in or out of a bathtub/shower, moving on or off the toilet, or moving to and from the toilet.

(b) In mobility, for the purposes of this rule, inside the home or care setting means inside the entrance to the client's home or apartment unit or inside the care setting (as defined in OAR 411-015-0005). Courtyards, balconies, stairs or hallways exterior to the doorway of the home or apartment unit that is not within a care setting are not considered inside.

(c) A history of falls with an inability to rise without the assistance of another person or with negative physical health consequences may be considered in assessing ambulation or transfer if occurring within the assessment time frame, Falls previous to the assessment time frame or the need for prevention of falls alone, even if recommended by medical personnel, is not a sufficient qualifier for assistance in ambulation or transfer.

(d) Ambulation means the activity of moving around both inside within the home or care setting and outside, during the assessment time frame while using assistive devices, if needed. Ambulation does not include exercise or physical therapy:

(A) Minimal Assist: Even with assistive devices, if needed, the individual can get around inside his or her home or care setting without the assistance of another person. Outside of the individual's home or care setting, the individual requires the assistance of another person.

(B) Substantial Assist: Even with assistive devices, the individual is unable to ambulate without the assistance of another person inside his or her home or care setting. Even with assistive devices, this assistance may also be needed outside.

(C) Full Assist: Even with assistive devices, the individual is unable to ambulate without the assistance from another person. This means the individual needs the hands-on assistance of

another person through all phases of the activity, every time the activity is attempted.

(e) Transfer means the activity of moving to or from a chair, bed or wheelchair using assistive devices, if needed. This assistance must be needed inside the individual's home or care setting:

(A) Assist: Even with assistive devices, the individual is unable to accomplish a transfer without the assistance of another person at least four days during a month.

(B) Full Assist: Even with assistive devices, the individual is unable to transfer and is dependent on one or more other persons to perform the transfer. This means the individual needs the assistance of another person through all phases of the activity, every time the activity is attempted.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410.070

411-015-0007 Instrumental Activities of Daily Living

(Adopted 5/1/2006)

(1) "Instrumental Activities of Daily Living (IADL)" or "Self-Management tasks" consists of housekeeping including laundry, shopping, transportation, medication management and meal preparation.

(2) Evaluation of the individual's needs for assistance in Instrumental Activities of Daily Living is based on:

(a) The individual's abilities rather than the services provided; and

(b) How the individual functioned during the thirty days prior to the assessment date, with consideration of how the person is likely to function in the thirty days following the assessment date; and

(c) Evidence of the actual or predicted need for assistance of another person within the assessment time frame and can not be based on potential or preventative needs.

(3) "Independent" means the individual does not meet the definition of "Assist" or "Full Assist" for IADLs as defined in this rule.

(4) "Housekeeping" means the ability to maintain the interior of the individual's residence for the purpose of health and safety. Housekeeping includes activities such as wiping surfaces, cleaning floors, making the individual's bed, cleaning dishes, taking out the garbage and dusting. Housekeeping does not include pet care or home repair. Only the housekeeping activities related to the eligible individual's needs may be considered in housekeeping. Housekeeping needs of roommates, guests, family members or other residents of the household can not be considered.

(a) Assist: Even with assistive devices, the individual is unable to accomplish some tasks of housekeeping without the assistance of another person.

(b) Full Assist: Full assist means the individual needs assistance of another person through all phases of the activity, every time the activity is attempted.

(5) "Laundry" means the ability to gather and wash soiled clothing and linens, use washing machines and dryers, hang clothes, fold and put away clean clothing and linens. For service planning, laundry needs are included in Housekeeping.

(a) Assist: Even with assistive devices, the individual is unable to accomplish some tasks of laundry without the assistance of another person.

(b) Full Assist: Full assist means the individual needs assistance of another person through all phases of the activity, every time the activity is attempted.

(6) "Meal Preparation" means the ability to safely prepare food to meet the basic nutritional requirements of the individual. It includes cutting food and placing food, dishes and utensils within reach for eating.

(a) Meal Preparation for breakfast, lunch and dinner/supper is assessed for each meal.

(b) When assessing and developing service plans, dinner/supper is considered as the individual's main meal of the day, regardless of the time the meal is served or eaten.

(c) An individual who needs assistance with meal preparation and who meets the criteria established in OAR 411-040-0000 may receive home delivered meals, if available in the individual's local area. Even with home delivered meal service, an individual may still meet the assistance or full assistance meal preparation criteria in this rule if the individual is unable to accomplish some or all of the meal preparation tasks.

(d) Set-up for tube feeding is assessed in Eating per OAR 411-015-0005.

(e) Assist: Even with assistive devices, the individual is unable to accomplish some tasks of meal preparation without the assistance of another person.

(f) Full Assist: Full assist means the individual needs assistance of another person through all phases of the activity, every time the activity is attempted.

(7) "Medication Management" means the ability to order, organize and administer prescribed medications. Administering prescribed medications includes pills, drops, ointments, creams, injections, inhalers and suppositories unrelated to bowel care. Administering as a paid service means set-up, reminding, cueing, checking for effect and monitoring for choking while taking medications. Oxygen management is included in medication management. Oxygen management means assisting with the administration of oxygen, monitoring the equipment and assuring adequate oxygen supply.

(a) Assist: Even with assistive devices, the individual is unable to accomplish some tasks of medication management without the assistance of another person.

(b) Full Assist: Full assist means the individual needs assistance of another person through all phases of the activity, every time the activity is attempted.

(8) "Shopping" means the ability to purchase goods that are necessary for the health and safety of the individual being assessed and are related to the individual's service plan. Goods that are related to the service plan include items such as food (meal preparation), clothing (dressing), and medicine (medication management).

(a) Assist: Even with assistive devices, the individual is unable to accomplish some tasks of shopping without the assistance of another person.

(b) Full Assist: Full assist means the individual needs assistance of another person through all phases of the activity, every time the activity is attempted.

(9) "Transportation" means, assuming transportation is available, the ability to arrange rides, the ability to get in or out of a vehicle, and the need for assistance during a ride. The need for assistance during a ride means assistance for a physical or cognitive need such as spasticity, memory impairment, aspiration, choking or seizure. Transportation as a paid service means in accordance with a plan of care, assisting an individual during a ride, assisting an individual to get in or out of a vehicle, or arranging a ride for an individual. Transportation does not include mileage reimbursement.

(a) Assist: Even with assistive devices, the individual is unable to accomplish some of the tasks of transportation without the assistance of another person.

(b) Full Assist: Full assist means the individual needs assistance of another person through all phases of the activity, every time the activity is attempted.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410.070

411-015-0008 Assessments
(Amended 12/15/2013)

(1) ASSESSMENT.

(a) The assessment process --

(A) Identifies an individual's ability to perform activities of daily living and instrumental activities of daily living (self-management tasks);

(B) Determines an individual's ability to address health and safety concerns; and

(C) Includes an individual's preferences to meet service needs.

(b) A case manager must conduct an assessment in accordance with the standards of practices established by the Department.

(c) A case manager must assess an individual's abilities regardless of architectural modifications, assistive devices, or services provided in a care setting, alternative service resources, or other community providers.

(d) The time frame reference for evaluation is how an individual functioned during the 30 days prior to the assessment date, with consideration of how the individual is likely to function in the 30 days following the assessment date.

(A) In order to be eligible, an individual must demonstrate the need for the assistance of another person within the assessment time frame and expect the need to be on-going beyond the assessment time frame.

(B) The time frame for assessing the cognition/behavior activity of daily living may be extended as described in OAR 411-015-0006.

(e) The assessment must be conducted with a standardized assessment tool approved by the Department by a case manager or

other qualified Department or AAA representative no less than annually or when requested by the individual.

(f) The initial assessment must be conducted face to face in an individual's home or care setting.

(g) Annual re-assessments must be conducted face to face in an individual's home or care setting unless there is a compelling reason to meet elsewhere and the individual requests an alternative location. Case managers must visit an individual's home or care setting to complete the re-assessment and identify service plan needs, as well as safety and risk concerns.

(A) Individuals must be sent a notice of the need for re-assessment a minimum of 14 days in advance.

(B) Re-assessments based on a change in an individual's condition or service needs are exempt from the 14-day advance notice requirement.

(h) An individual being assessed may request the presence of natural supports at any assessment.

(i) Assessment times must be scheduled within business days and hours unless extraordinary circumstances necessitate an alternate time. If an alternate time is necessary, an individual must request the after hours appointment and coordinate a mutually acceptable appointment time with the local Department or AAA office.

(j) An individual or the individual's representative has the responsibility to participate in and provide information necessary to complete assessments and re-assessments within the time frame requested by the Department.

(A) Failure to participate in or provide requested assessment or re-assessment information within the application time frame results in a denial of service eligibility.

(B) The Department may allow additional time if circumstances beyond the control of the individual or the individual's

representative prevent timely participation or timely submission of information.

(2) SERVICE PLAN:

(a) An individual being assessed, others identified by the individual, and a case manager must consider the service options as well as assistive devices, architectural modifications, and other alternative service resources as defined in OAR 411-015-0005 to meet an individual's service needs identified in the assessment process.

(b) A case manager is responsible for:

(A) Determining eligibility for specific services;

(B) Presenting service options, resources, and alternatives to an individual to assist the individual in making informed choices and decisions;

(C) Identifying goals, preferences, and risks; and

(D) Assessing the cost effectiveness of an individual's service plan.

(c) A case manager must monitor the service plan and make adjustments as needed.

(d) An eligible individual, or the individual's representative, is responsible for choosing and assisting in developing less costly service alternatives.

(e) The service plan payment must be considered full payment for the Medicaid home and community-based services rendered. Under no circumstances may any provider demand or receive additional payment for Medicaid home and community-based services from an eligible individual or any other source.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410.070

411-015-0010 Priority of Paid Services

(Amended 6/1/2006)

To determine the service priority level, an individual must be found eligible, using the Department's standardized assessment tool, as meeting at least the requirements for Assist or Full Assist in activities of daily living as defined in OAR 411-015-0006, in the following order and as designated in OAR 411-015-0015.

- (1) Requires Full Assistance in Mobility, Eating, Elimination, and Cognition.
- (2) Requires Full Assistance in Mobility, Eating, and Cognition.
- (3) Requires Full Assistance in Mobility, or Cognition, or Eating.
- (4) Requires Full Assistance in Elimination.
- (5) Requires Substantial Assistance with Mobility, Assistance with Elimination and Assistance with Eating.
- (6) Requires Substantial Assistance with Mobility and Assistance with Eating.
- (7) Requires Substantial Assistance with Mobility and Assistance with Elimination.
- (8) Requires Minimal Assistance with Mobility and Assistance with Eating and Elimination.
- (9) Requires Assistance with Eating and Elimination.
- (10) Requires Substantial Assistance with Mobility.
- (11) Requires Minimal Assistance with Mobility and Assistance with Elimination.
- (12) Requires Minimal Assistance with Mobility and Assistance with Eating.
- (13) Requires Assistance with Elimination.

- (14) Requires Assistance with Eating.
- (15) Requires Minimal Assistance with Mobility.
- (16) Requires Full Assistance in Bathing or Dressing.
- (17) Requires Assistance in Bathing or Dressing.
- (18) Independent in the above levels but requires structured living for supervision for complex medical problems or a complex medication regimen.

Stat. Auth.: ORS 410.070
Stats. Implemented: ORS 410.070

411-015-0015 Current Limitations
(Amended 12/15/2013)

(1) The Department has the authority to establish by administrative rule service eligibility within which to manage the Department's limited resources. The Department is currently able to serve:

(a) Individuals determined eligible for OSIPM who are assessed as meeting at least one of the service priority levels (1) through (13) as described in OAR 411-015-0010.

(b) Individuals eligible for Oregon Project Independence funded services if the individuals meet at least one of the service priority levels (1) through (18) of OAR 411-015-0010.

(c) Individuals needing risk intervention services in areas designated to provide such services. Individuals with the lowest service priority level number under OAR 411-015-0010 are served first.

(2) Individuals 65 years of age or older determined eligible for developmental disability services or having a primary diagnosis of a mental or emotional disorder are eligible for nursing facility or Medicaid home and community-based services if the individual meets section (1) of this rule and the individual is not in need of specialized mental health treatment services or other specialized Department residential program interventions

as identified through the mental health assessment process or PASRR process described in OAR 411-070-0043.

(3) Individuals less than 65 years of age determined eligible for developmental disability services or having a primary diagnosis of a mental or emotional disorder are not eligible for Department nursing facility services unless determined appropriate through the PASRR process described in OAR 411-070-0043.

(4) Individuals less than 65 years of age determined to be eligible for developmental disability services are not eligible for Medicaid home and community-based services administered by the Department's Aging and People with Disabilities. Eligibility for Medicaid home and community-based services for individuals with intellectual or developmental disabilities is determined by the Department's Office of Developmental Disability Services or designee.

(5) Individuals less than 65 years of age who have a diagnosis of mental or emotional disorder or substance abuse related disorder are not eligible for Medicaid home and community-based services administered by the Department's Aging and People with Disabilities unless:

(a) The individual has a medical non-psychiatric diagnosis or physical disability; and

(b) The individual's need for services is based on his or her medical, non-psychiatric diagnosis, or physical disability; and

(c) The individual provides supporting documentation demonstrating that his or her need for services is based on the medical, non-psychiatric diagnosis, or physical disability. The Department authorizes documentation sources through approved and published policy transmittals.

(6) Medicaid home and community-based services are not intended to replace a natural support system as defined by OAR 411-015-0005. Paid support is provided if a natural support is unwilling or unable to provide identified services.

(7) Individuals with excess income must contribute to the cost of service pursuant to OAR 461-160-0610 and 461-160-0620.

Stat. Auth.: ORS 410.070 & 411.070
Stats. Implemented: ORS 410.070

411-015-0100 Eligibility for Nursing Facility or Medicaid Home and Community-Based Services
(Amended 12/15/2013)

(1) To be eligible for nursing facility services or Medicaid home and community-based services, a person must:

(a) Be age 18 or older; and

(b) Be eligible for OSIPM; and

(c) Meet the functional impairment level within the service priority levels currently served by the Department as outlined in OAR 411-015-0010 and the requirements in OAR 411-015-0015.

(2) To be eligible for services paid through the Spousal Pay Program, an individual must meet the requirements listed above in section (1) of this rule, and in addition, the requirements in OAR 411-030-0080.

(3) Individuals who are age 17 or younger and reside in a nursing facility are eligible for nursing facility services only and are not eligible to receive Medicaid home and community-based services administered by the Department's Aging and People with Disabilities.

Stat. Auth.: ORS 410.070
Stats. Implemented: ORS 410.060, 410.070, & 414.065