



Ending the Maintenance of Effort

Full transition to Service Group framework for in-home hours

Agenda



Main points



Preparation



Planning Meeting



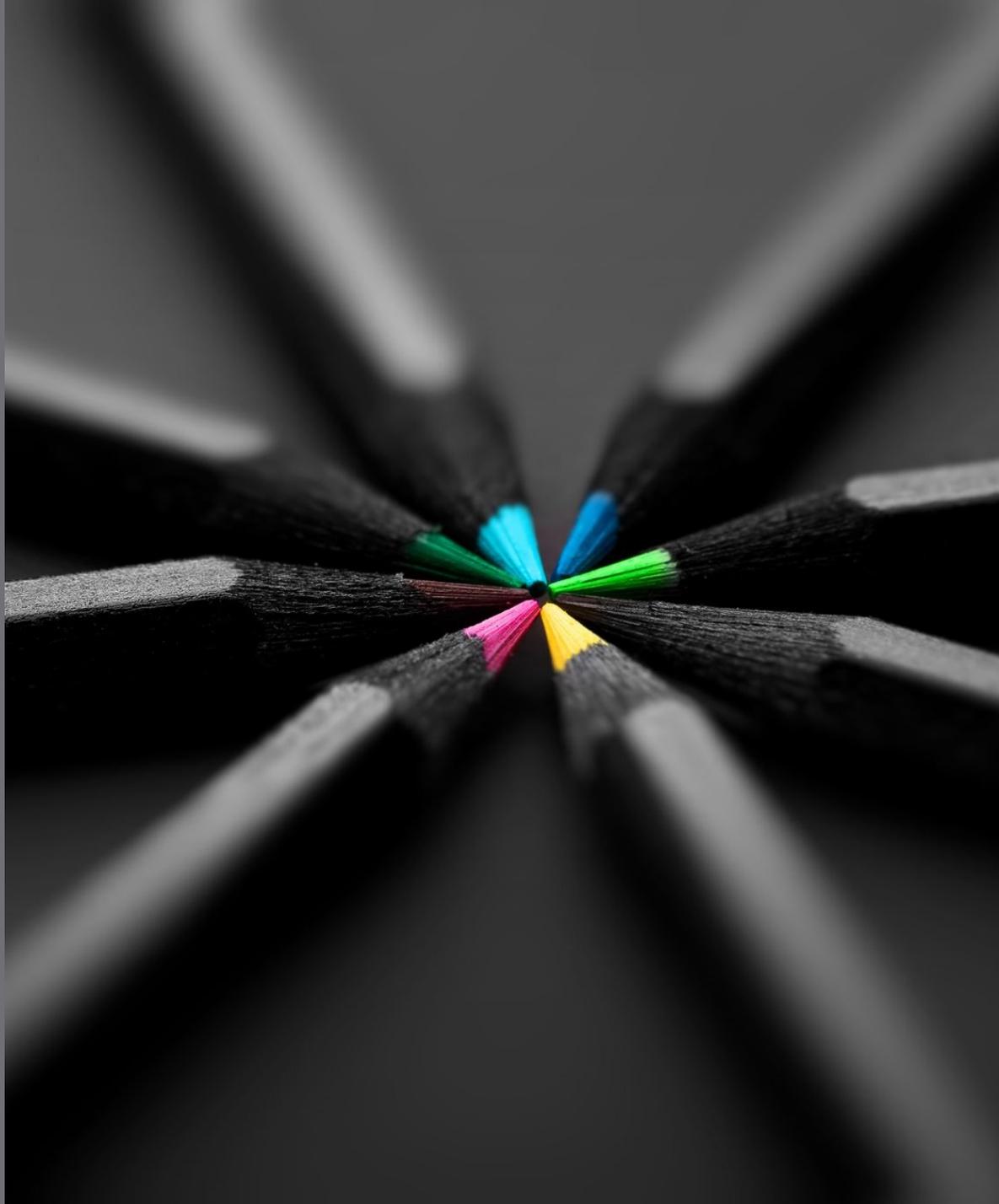
Notification of Planned Action



Exceptions Request



Due process and hearings



Main points

Assessments

The ONA is the only assessment for setting in-home hours starting with plans beginning 4/1/2025

The CNA is no longer a valid assessment for children

The ANA can only be used for adults in Supported Living.



School / Summer Hours

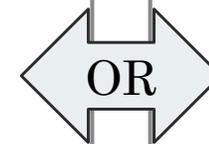
All plans for school aged children that start on or after 4/1 must include school and summer hours

Reductions – Plan renewals

People with a current ISP with an hour allocation based on an ANA or CNA will keep their current hours until their ISP renews on or after 4/1/2025.

All people who have an ONA service group amount lower than their current ISP will receive:

A Notification of Planned Action from the CME



The CME will request an exception for a higher hour allocation

Reductions – ONA reassessments

Starting 4/1/2025

If an ONA reassessment lowers a person's service group and their current ISP includes an hour allocation based on an ONA, their hours will be reduced by the end of the month following the ONA submission—unless an exception request is approved.

An ISP does not have to authorize the maximum number of hours available to a person. There is no minimum number of hours that can be included in an ISP.

All reductions, including those that a person agrees to as part of the planning process, must receive a NOPA.

Previous approved exceptions

Any exceptions approved by ODDS for **staffing ratios** above 1:1 or **hour allocations** above the ANA/CNA level before 1/1/2024 expire at the end of the person's current ISP.

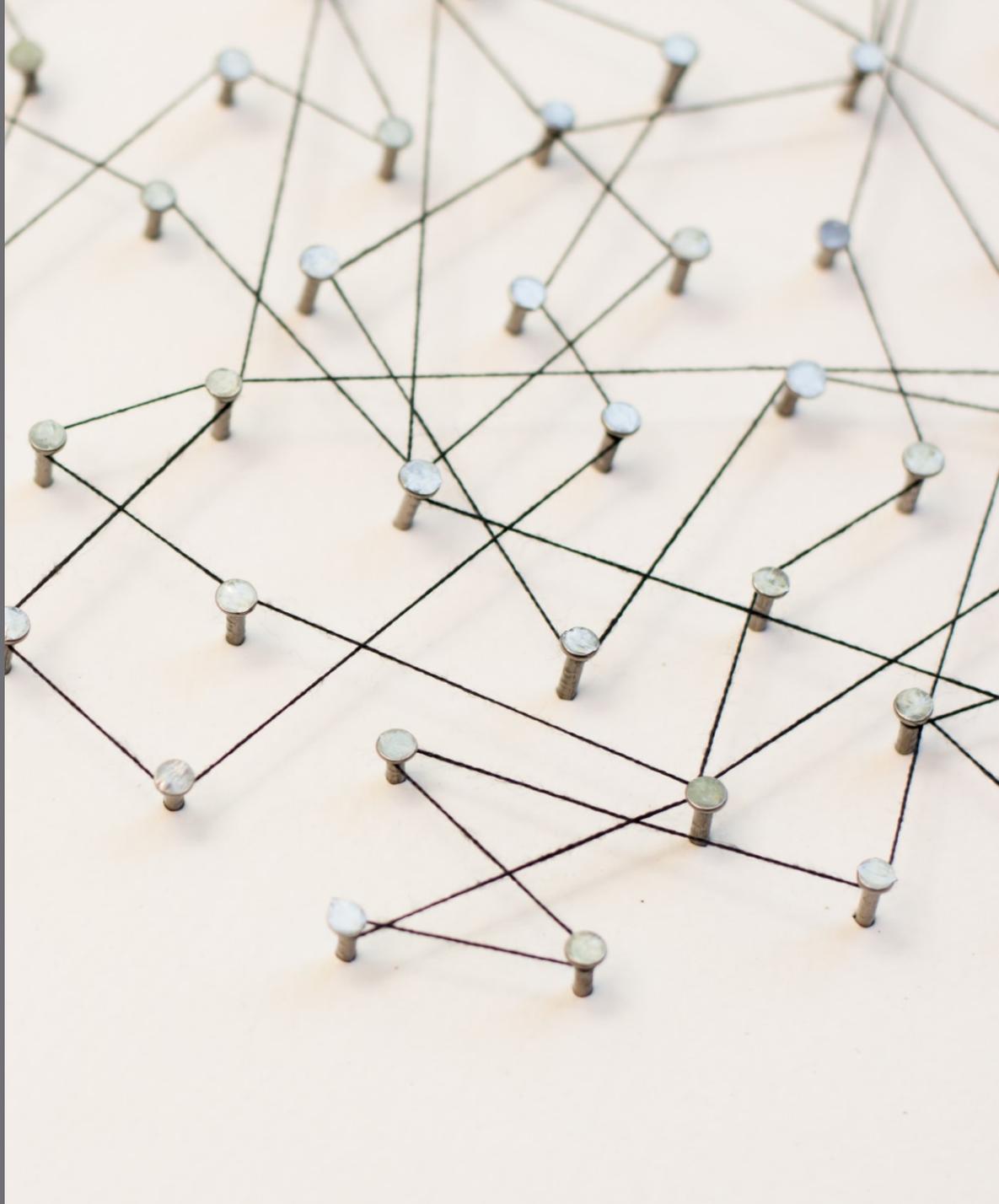
Exceptions approved by ODDS on or after 1/1/2024 expire as described in the person's funding memo.

Staffing ratios approved locally using the ANA/CNA 2:1 page expire at the end of the person's current ISP.



Today's focus

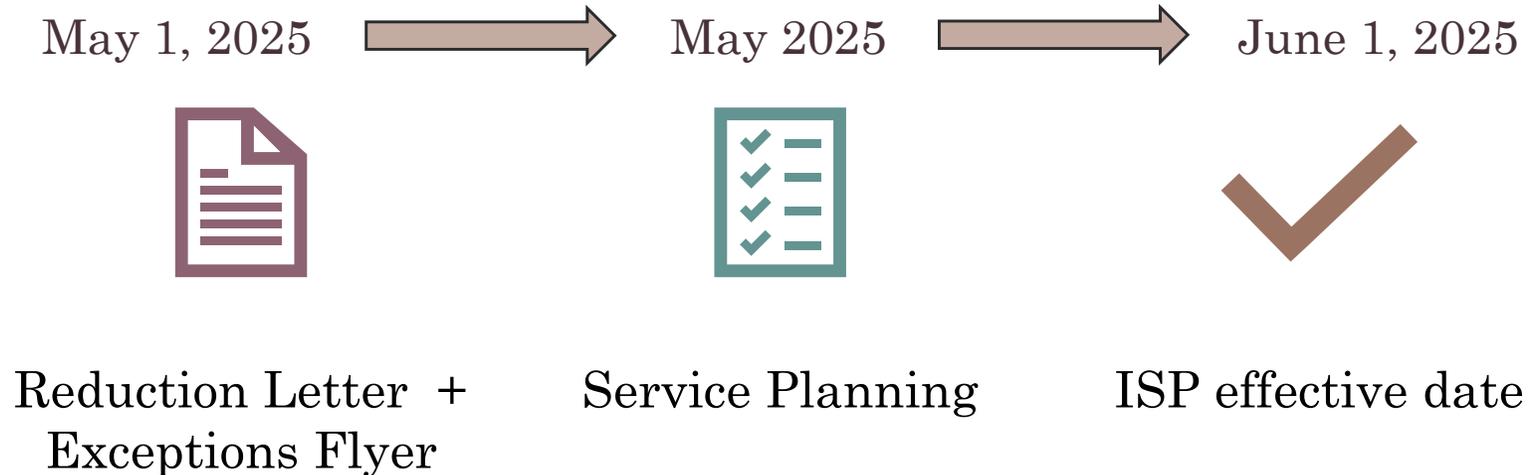
ISP renewals for people who will experience a reduction in hours due to transitioning from the ANA/CNA assessments to the ONA



Preparation

Reduction letter

- Individuals who may see their hours reduced due to switching to their current ONA service group at their ISP renewal **must** be sent an In-Home Hours Reduction Letter **and** In-Home Exceptions Flyer by the 1st of the month prior to their ISP renewal.



ODDS recommends beginning service planning at least 60 days ahead of the ISP renewal date. Sending the letter and flyer earlier is better!



[Powtoon video](#)

General preparation

Be familiar the following:

- Oregon IDD History
- Oregon Needs Assessment coding and reliability
- Service Group framework
- In-home exceptions criteria

Oregon Needs Assessment



SC/PA training module



Case Manager ONA resources



Understanding Services Groups and what to do if you disagree Workday



ONA testing and reports

Service Group framework



Service Group
handbooks



Service Group
framework report



Service Group
report in eXPRS



Planning in a
range of hours
slides

In-Home Exceptions criteria

Training
module

Worker
Guide

Flyers



Individual preparation

Current hours authorized and utilized per month

Types of providers

Provider progress note monitoring

ONA markers for needing an exception for hours or increased staff ratio



Planning meeting

Emotional and physical safety

For the person's meeting:

- Comfortable location
- Adequate time
- Resources for answering questions
- Supporters and important people invited when asked



Collaboration, choice and empowerment

Case managers help people achieve the life they want by connecting the person to the supports that they need to reach their desired outcomes.

Some of those supports are resources in the person's social network or community, some of those supports are through other social welfare systems, and some of those supports are developmental disabilities services.



Plan together

Most people can get their needs met within the hours available in the service group.

During planning, determine if the resources available, paid and unpaid, can meet the person's needs.

- If the person **agrees** that they can, proceed with the plan and a NOPA.
- If the person **disagrees** with the reduced hours, continue the previous hours and submit an In-Home Exceptions request.



Trustworthiness

What to expect next

Agree to a reduction

- Plan will include reduced hours
- Person will receive a NOPA

Does not agree to a reduction

- Plan hours will not change now
- SC/PA will submit an exception request
- ODDS will send a decision



Notification of Planned Action

| June | | | | | | | July | | | | | | |
|------|----|----|----|----|----|----|------|----|----|----|----|----|----|
| S | M | T | W | T | F | S | S | M | T | W | T | F | S |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | | | | | | 29 | 30 | 31 | | | | |

Effective date

NOPA date

Person agrees to reduction

Complete and send NOPA by the 18th of the month to be effective the 1st of the month following

Planned Action

Your request for services from the DHS Developmental Disabilities Program has been denied.

Your current services will not change, but your specific request for has been denied.

Your services are going to be select one.

Specific services involved:

Select "reduced"

Customize to the person's current authorized services:

- Attendant care
- Day support activities
- Other services that may draw from hours

Reason for action section

Example reason for action:

The number of hours in your individual service plan (ISP) that ends on XX/XX/XXXX were based on the Adult Needs Assessment. Oregon is no longer using the Adult Needs Assessment to set the number of hours in ISPs. Oregon is now using the Oregon Needs Assessment.

Your Oregon Needs Assessment results placed you in AGEGROUP-XXXX service group. The highest number of hours in that service group is XXX. This is less than the YYY hours from your ANA. You said that XXX hours were enough to meet your needs at your ISP meeting on XX/XX/XXXX. Your new ISP will include XXX hours.

Rules section

- **411-415-0070(1)(e);**
- **411-450-0060(7)(b-f) & (7)(i);**
- **411-450-0020(21),(26),(29),(40),(5)**

411-415-0070 Service Planning for
Developmental Disabilities Services

(1) An ISP must meet the following
requirements:

(e) For community living supports, the ISP
must include an hour allocation that is
within:

(A) The maximum service level for an
individual as described in OAR 411-450-
0060(7)(f) or (h); or

(B) The amount approved by an exception
as described in OAR 411-450-0065.

Rules continued 1

411-450-0060 (7) SERVICE LIMITS.

(b) An individual who has had a completed Oregon Needs Assessment (ONA) is assigned to a service group for the purpose of determining a service level upon the individual's initial ISP or the first annual ISP renewal following the adoption of this rule, and annually thereafter. An individual may only be assigned to one service group.

The service groups are:

- (A) Very Low.
- (B) Low.
- (C) Moderate.
- (D) High.
- (E) Very High.
- (F) Infant/Toddler.

Rules continued 2

411-450-0060 (7) SERVICE LIMITS.

(c) Service groups are determined by applying a numeric value based on the responses to specific items being assessed in the ONA and using the values to calculate scores (the value of each item by response may be found in table 4). This is done for seven areas of the ONA, generating the following seven scores:

- (A) General Support Need (GSN) score.
- (B) The Medical Support Need (MSN) score.
- (C) The Support Person Performs score.
- (D) The Behavior Support Need (BSN) score.
- (E) The Behavior Intervention/Management Frequency score.
- (F) The Positive Behavior Support Plan (PBSP) score.
- (G) Emergency/Crisis Services score.

Rules continued 3

411-450-0060 (7) SERVICE LIMITS.

(d) The scores described in subsection (c) of this section are used to assign an individual a service group number according to table 1.

(e) The service group number identified in subsection (d) of this section assigns an individual to a service group based on the individual's age at the time the ONA was submitted, as shown in table 2.

Rules continued 4

411-450-0060 (7) SERVICE LIMITS.

(f) For an individual not enrolled to a residential program who has been assigned to a service group as described in subsection (b) of this section, the maximum monthly hour allocation that may be included in an authorized ISP for the assigned service group, by the age of the individual on the submission date of the ONA, is the greater of:

(A) Without an approved exception as described in OAR 411- 450-0065, the service level shown in table 3;

(B) With an approved exception as described in OAR 411-450- 0065, an amount up to the amount approved by the Department, no earlier than the date of the exception approval;

(D) An amount up to the number of private duty nursing hours determined as described in OAR 411-300-0150 for a child in the Medically Fragile Children's program;

Rules continued 5

411-450-0060 (7) SERVICE LIMITS.

(i) An hour allocation included in an authorized ISP may not exceed the number of hours of community living supports that are determined by the person-centered planning process and informed by the ISP team to be necessary to meet identified support needs after consideration and assignment of voluntary natural supports and alternative resources.

Rules continued 6

411-450-0020 Definitions and Acronyms for Community Living Supports

(5) "Attendant Care" is defined in OAR 411-317-0000.

(12) "Day Support Activities" means attendant care supports, delivered by a provider agency, that happen during scheduled, intentional, structured activities in a non-residential setting. Day support activities focus on maintaining or enhancing the skills an individual needs to engage with the community.

(21) "Hour Allocation" means the number of monthly hours authorized in an Individual Support Plan for any combination of attendant care, day support activities, skills training services, private duty nursing as described in OAR 411-300-0150, direct nursing services as described in OAR chapter 411, division 380, and state plan personal care as described in OAR chapter 411, division 455.

Rules continued 7

411-450-0020 Definitions and Acronyms for Community Living Supports

(26) "ISP" means "Individual Support Plan" as defined in OAR 411-317- 0000.

(29) "ONA" means "Oregon Needs Assessment" as defined in OAR 411- 317- 0000 and described in OAR 411-425-0055.

(40) "Service Level" means the maximum number of hours available to an individual in a month for any combination of attendant care, day support activities, skills training services, private duty nursing as described in OAR 411-300-0150, direct nursing services as described in OAR chapter 411, division 380, or state plan personal care as described in OAR chapter 411, division 455, based on an assessment required by the Department.

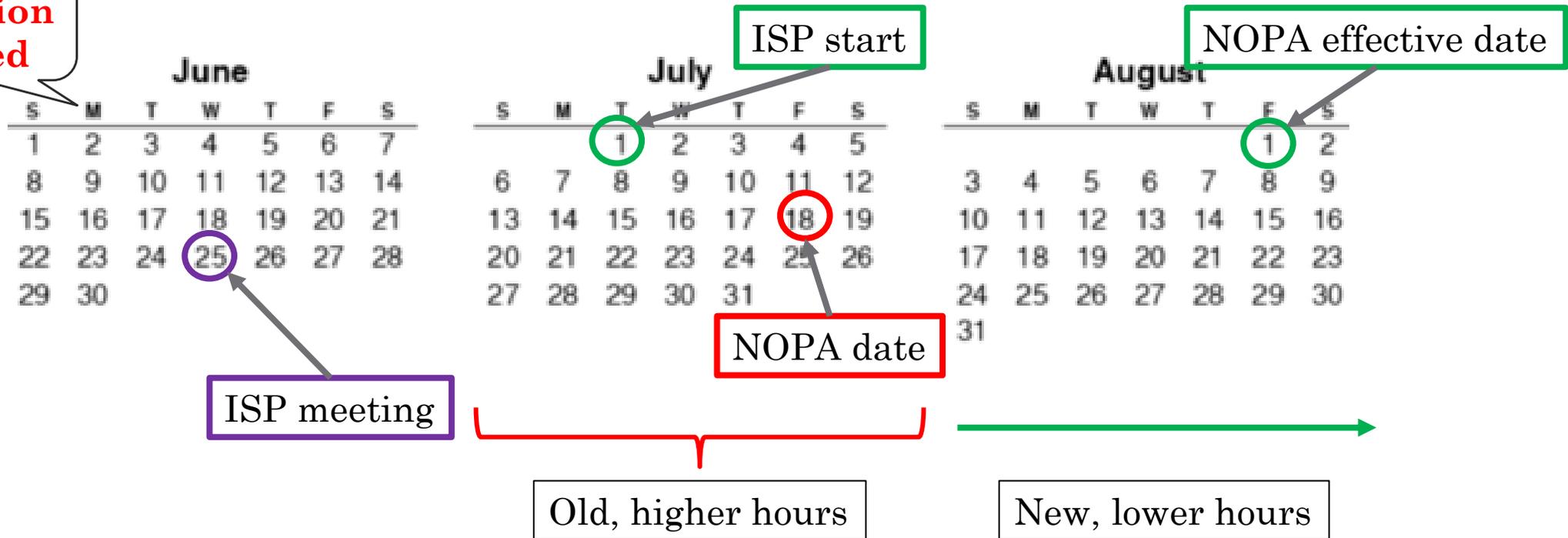
Documents section

- Person's previous ISP
- Person's current ONA
- [Service Group Handbook for person's service group](#)
- [Service group framework final report](#) by Human Services Research Institute
- [Third party analysis of Mission Analytics' draft report](#) by Oregon Health and Science University
- [ONA pilot testing and validation analysis draft report](#) by Mission Analytics

ISPs completed after the 18th of the month

- If the person agrees to the reduction but it is after the 18th of the month prior to the ISP starting:
 - Write the ISP with the first month at the previous hours amount, and the lower hour allocation starting on the first of the following month.
 - Send the NOPA – must be delivered by the 18th of the month before the service level is reduced.

No exception needed





[NOPA video](#)



Exceptions
request

Person does not agree to the reduction

Review the exceptions criteria with the person, and ISP team.

Determine one or more of the criteria most closely fit the person's situation and need for hours above their service group.

Within 14 days the CME must submit the In-Home Hours Exception Request via Smartsheet

ODDS will make decision within 45 days

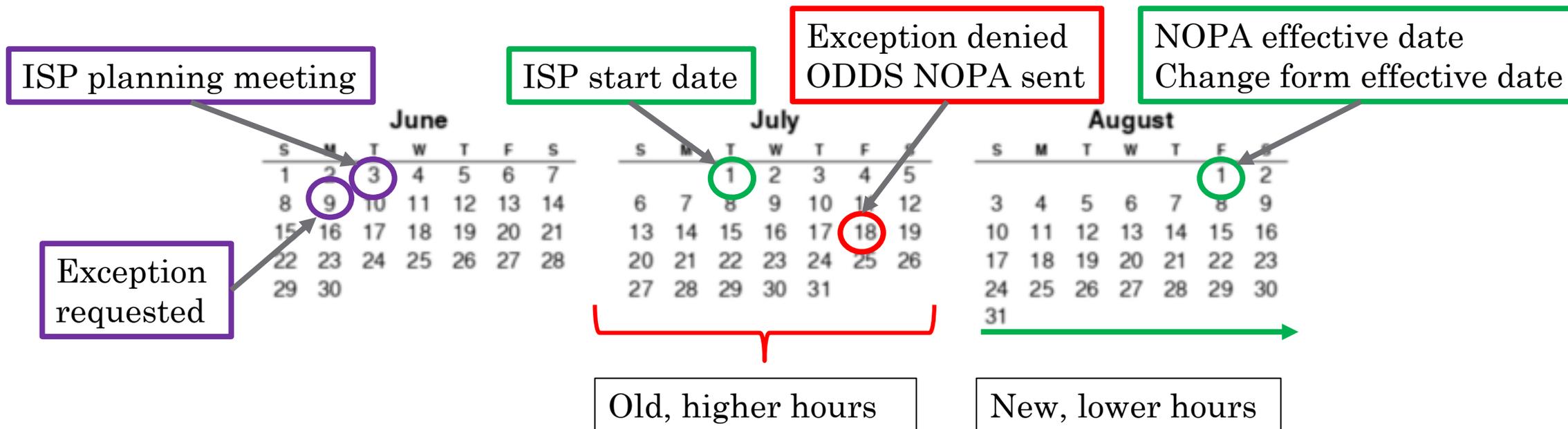
Exceptions decision

ODDS will make a decision within 45 days

- If approved ODDS will send
 - Decision Memo
- If denied or partially approved ODDS will send
 - Decision Memo
 - NOPA

Exception decisions after ISP starts

- There may be times that the exception decision has not been made by the 18th of the month prior to the ISP starting.
 - Continue the old, higher hours in the new ISP.
 - If the exception is approved (and the hours are the same or higher than the previous ISP), no changes are needed.
 - If the exception is denied or partially approved, the CME will notify the ISP team of the change to the hours using a change form that includes the new, lower hours effective the same date as the ODDS issued NOPA.





Due
process
and
hearings

Hearings requests

- Any person who gets a reduction, including people who previously agreed to the reduction, can request a hearing
- CMEs must support any person to request a hearing. Requests from the person can be verbally, in writing, or on the NOPA form.
- Submit all hearing requests to ODDS.
- ODDS will provide CMEs with instructions specific to the person's case for:
 - Requesting an exception, if the person has not already been evaluated for one,
 - Restoring benefits, if requested and approved
 - Testifying about the ONA or service planning, if needed