

<b>Topic:</b>	In-Home Staffing Ratio and Hours Exceptions
<b>Date Issued/Updated:</b>	April 1, 2024

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## Overview

### **Description:**

People may have needs that exceed the number of hours available in the person's service group hours allocation or have needs that require more than one staff to provide supports at the same time to meet their needs. This worker guide describes the criteria that will be used to consider requests to exceed a person's service group hour allocation or increased staffing.

### **Purpose/Rationale:**

The purpose of this worker guide is to provide case managers with guidance on the two common types of exceptions related to in-home hours:

1. Staffing ratios exceeding 1:1
2. Additional hours exceeding the assigned service group service level

### **Applicability:**

This worker guide applies to case managers who authorize in-home Community Living Supports hours and their supervisors.

### **Procedure(s) that apply:**

### **Exceptions principles:**

A service group is a group of people with a similar level of need. Most people will be able to meet their needs within the hours in their assigned service group service level. However, there are people who will need more than their assigned service group service level to meet their needs.

The person-centered planning process determines the number of hours or the staffing ratio that is requested to be authorized in the ISP to meet the person's needs while considering their desired outcomes, resources, and preferences.

When a person has a need identified through the person-centered planning process or the person (or their representative) requests an exception, the case manager must complete and submit the request.

Any authorization of hours exceeding the service group service level or a staffing ratio exceeding 1:1 requires approval. Case managers cannot include in an ISP a number of hours exceeding the service group service level or a staffing ratio exceeding 1:1 prior to receiving approval.

ODDS will respond to a complete exception request within 45 days. A complete exception request includes a fully completed request along with all necessary supporting documentation. Initiate ISP planning with enough time to make needed exception requests.

If a decision on an exception request has not been made at the time an ISP must be authorized only the hours within the service level and staffing ratios within the locally approvable amount.

The expiration of an exception is included in the approval document. Exceptions can be approved for up to three years for children and up to five years for adults.

All exceptions will expire if there is a new assessor completed ONA that changes the service group. The ISP team must review approved exceptions at least annually during the person-centered planning process to determine if it is still needed. If the criteria are no longer met or the person no longer has a need for all or part of their exception, a Notice of Planned Action must be issued to end or reduce exception.

## **Staffing Ratios:**

All staffing ratios above 1:1 are exceptions. ODDS and CMEs can authorize exceptions for staffing ratios of greater than 1:1.

### **Local authorization:**

CMEs may authorize exceptions for a staffing ratio greater than 1:1 when all the following are met:

- The person is requesting 2:1 staffing or is requesting greater than 2:1 staffing for the purpose of training staff;
- The person receiving services has specific coding in their Oregon Needs

Assessment (ONA);

- The amount of 2:1 authorized is within limits for the person's service group;
- The [Local Staffing Ratios Exceptions Criteria Form](#) has been completed; and
- A CME supervisor has reviewed and approved the exception.

Expiration of local approval:

- Local approvals may be time limited based on an acute change in need, the approval will expire on the last day of the month following the acute need.
- When the need for increased staffing need is expected to last for the duration of the ISP or longer, the approval will expire on the last day of the month following the soonest of the following:
  - an assessor completed ONA where there is a change to the service level;
  - a change to any of the ONA scoring that was used to make the staffing ratio decision; or
  - three years after approval for children and five years after approval for adults.

The information included on the staffing ratio form must match the most recent assessor completed ONA. The most recent assessor ONA will be used as reference for the required coding to verify the eligibility for increased staffing.

The ISP team must review approved staffing ratio exceptions during the person-centered planning process to determine if it is still needed and meets the criteria. If the criteria are no longer met or the person no longer has a need for all or part of their increased staffing, a Notice of Planned Action must be issued to end or reduce the increased staffing.

### **ODDS authorization**

CMEs must submit exception requests for staffing ratios to ODDS when any of the following are present:

- The person receiving services **does not** have the required coding in the ONA;
- Is requesting an amount of increased staffing ratio above the limits for local approval; or
- Is request a staffing ratio above 2:1 for a purpose other than training staff.

### **Local authorization:**

#### **Case manager responsibility:**

Services coordinators and personal agents (SC/PAs) are responsible for:

- facilitating the person-centered planning process to determine when there is a need for a staffing ratio exceeding 1:1.

- determining the number of hours of increased staffing is needed with the members of the person's ISP team.
- completing requests for additional staffing above 1:1 when there is an identified need for increased staffing or when increased staffing is requested by the person receiving services or their representative.

### **CME supervisor responsibility:**

CME supervisors are responsible for:

- Reviewing requests for additional staffing above 1:1 that meet the criteria for local approval. CME supervisors must review the request and associated documents.
- Approving requests for additional staffing when the ONA criteria are met, the [Local Staffing Ratios Exceptions Criteria Form](#) is completed, and the documentation supports the need for the additional staffing.
- Denying requests for additional staffing when the criteria is not met, or the documentation does not support the need for the additional staffing. A Notice of Planned Action must be issued for any denial of a request for additional staffing.
- Tracking timelines to ensure decisions are made timely.

### **Oregon Needs Assessment coding and eligibility criteria:**

The ONA scoring provides indicators that inform the ISP team that staffing greater than 1:1 may be needed. These indicators do not dictate that increased staffing must be authorized. The indicators do prompt the ISP team to consider the person's needs, resource, preferences, and desired outcomes to determine if increased staffing is needed for the person to have their needs met.

Sometimes the person's ONA does not contain the scoring indicators that additional staffing is needed, however during the person-centered planning process, the ISP identifies a need for additional staffing. Requests for additional staffing when the ONA does not contain the indicators for increased staffing must be submitted to ODDS for a decision.

The following criteria is present in the ONA and when it is met, the CME can authorize the increased staffing up to the level allowable within the person service group.

### **Behavior criteria:**

- The person has a Positive Behavior Support Plan; and
- The Positive Behavior Support Plan includes safeguarding interventions (SIs); and
- One or more of the following behaviors present in the last year:

- A diagnosis of PICA; or
- Leaving supervised areas; or
- Property destruction; or
- Sexual aggression or assault; or
- Aggressive or combative; or
- Injurious to animals; or
- Injurious to self

	<b>Criteria</b>	<b>ONA question</b>	<b>ONA coding</b>
BOTH:	Positive Behavior Support Plan	39a	Yes
	PBSP includes safeguarding interventions	39d	Yes
At least one:	Injurious to self	18	Yes, present in past year
	Aggressive or combative	19	Yes, present in past year
	Injurious to animals	20	Yes, present in past year
	Sexual aggression or assault	23	Yes, present in past year
	Property destruction	24	Yes, present in past year
	Leaving supervised areas	25	Yes, present in past year
	Diagnosis of PICA	26	Yes, present in past year

**Behavior criteria – intensive focus:**

- The person has a Positive Behavior Support Plan; and
- One or more of the following behaviors present in the last year:
  - A diagnosis of PICA; or
  - Leaving supervised areas; or
  - Injurious to self; AND
- The person’s challenging behavior requires the caregiver to continuously attend\* to the person to keep the person healthy and safe and another caregiver is needed to complete necessary IADLs

\*"continuously attend" means that the caregiver cannot do anything else other than focus on the person and if the caregiver needs a break for any amount of time, the

caregiver must be relieved by another caregiver who will focus on the person.

	Criteria	ONA question	ONA coding
BOTH:	Positive Behavior Support Plan	39a	Yes
At least one:	Injurious to self	18	Yes, present in past year
	Leaving supervised areas	25	Yes, present in past year
	Diagnosis of PICA	26	Yes, present in past year

**Medical criteria:**

- The person has at least one medical treatment or therapy that needs to be performed five or more times per day by a caregiver.

All of these are present	
Item 46a	Yes
Item 46b – first column	Any treatment/monitoring/therapy type
Item 46b – second column	Receives 5 or more times per day
Item 46b – third column	Support person performs checked

**ADL criteria:**

- Two-person assist is needed for at least one ADL activity.

	ONA question	Coding	Guidance
Dressing	3a or 3b	Dependent	Two-person assist
Transferring	4a, 4b, or 4c	Dependent	Two-person assist
Mobility	5b, 5c, 5d, or 5f	Dependent	Two-person assist
Eating/tube feeding	6b or 6c	Dependent	Two-person assist

Elimination	7a or 7b	Dependent	Two-person assist
Shower/ bathing	8a	Dependent	Two-person assist

**Paid supports training criteria:**

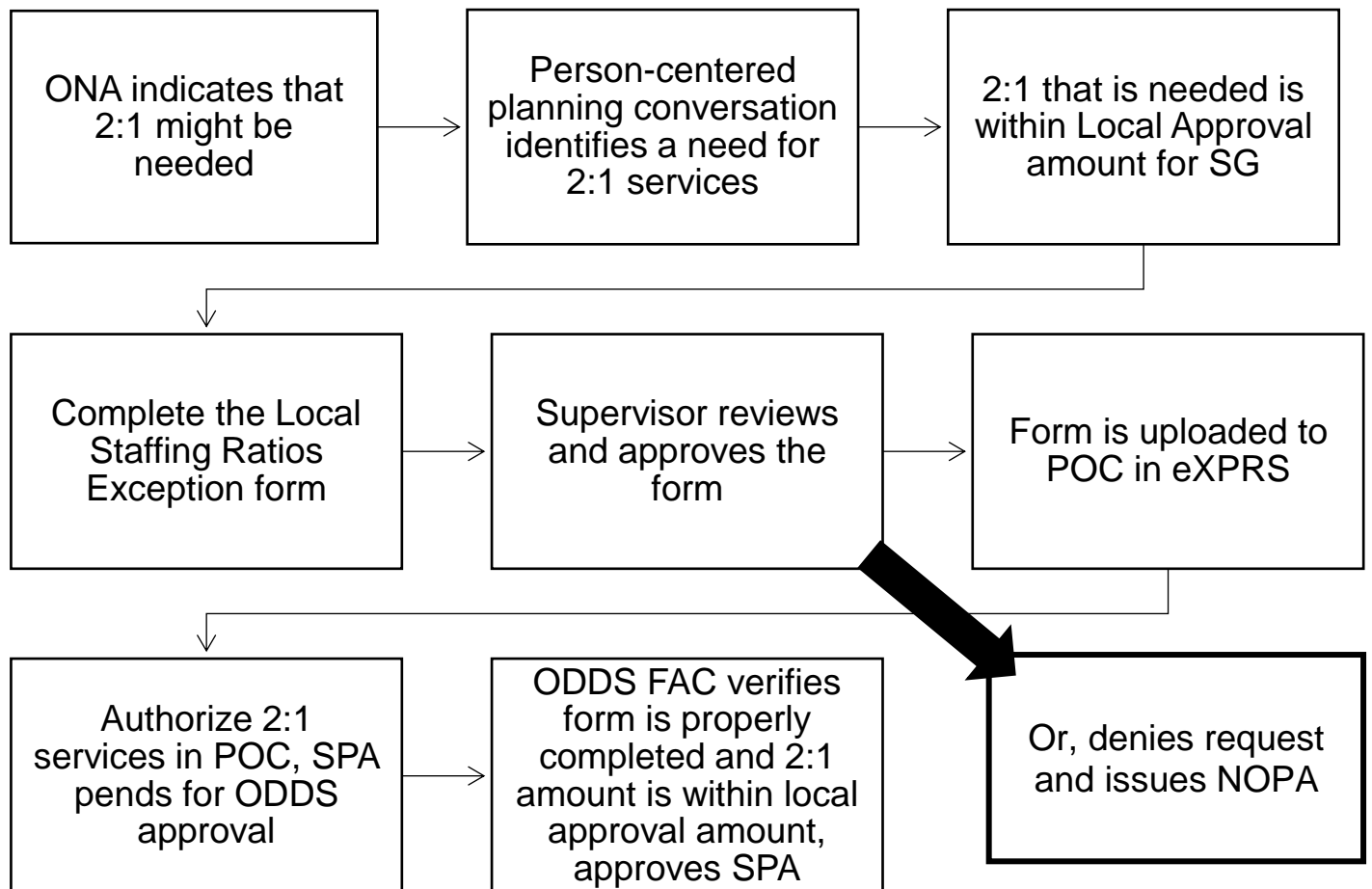
- The person has:
  - Positive behavior support plan; or
  - Nursing Care Plan; and
- the person has supports in those plan that require the paid supporters to receive training from:
  - the Behavior Professional; or
  - LTCCN; and
- it is more cost-effective to for the supporters to receive the instruction from the professional together.
- May be authorized at a ratio of more than 2:1

See **Appendix B** for eXPRS authorization guidance

**Local 2:1 staffing ratio exceptions limits:**

<u>ONA Age Group</u>	<u>Service Group</u>	<u>Maximum local 2:1</u>
Adult (18 and over)	Very low/ Low/ Moderate	30
	High	60
	Very High	90
Adolescent (12 – 17)	Very low/ Low/ Moderate/ High	30
	Very High	60
Child (4 – 11)	Moderate / High/Very High	30
Infant/Toddler (0 – 3)	Infant/Toddler	30

## Local approval of 2:1 process



## Hours exceeding the service group level:

Most people will be able to have their needs met within the range of hours that are available within their service group.

Some people will have needs that exceed the number of hours available within their service group. Through the person-centered planning process the ISP team will determine the amount of hour that the person is requesting to be authorized to meet their needs.

When the person needs more hours than available in the person's service group, an exception may be requested from ODDS using the [ODDS In-Home Services Exception Request Smartsheet form](#). ODDS will review and consider exception requests based on the following criteria:



- Intermittent needs that cannot be scheduled, arises regularly, and would likely result in physical harm to the person or others if unmet in one of the following areas:
  - Toileting
  - Transfers
  - Mobility
  - Managing a recurring behavior
  - Uncontrolled seizures
  - Diabetes management that includes administration of sliding scale insulin
  - Airway, tracheal, or nasopharyngeal suctioning
  - Use of a CPAP/BiPAP or mechanical ventilator
- An ADL or health related task requires substantially more time to complete than others with similar assessed need and that additional time needed exceeds the service level
- The person is unable to have regular access the community due to needing to use all available service level to meet ADL, IADL, and health related tasks

The following chart shows average support times for common ADL tasks. If a task takes longer than usual and prevents meeting other needs, it may suggest an exception is necessary. This chart is not exhaustive; other ADL and health-related tasks that take a significant amount of time may also warrant an exception request.

<b><u>ADL task</u></b>	<b><u>Support level</u></b>	<b><u>Typical time needed per week</u></b>
<b>Eating</b>	Minimal (cueing, set up)	2 hours
	Partial	5 hours
	Substantial	7 hours
<b>Dressing and grooming</b>	Minimal (cueing, set up)	1 hour
	Partial	4 hours
	Substantial	5 hours
<b>Bathing and hygiene</b>	Minimal (cueing, set up)	3 hours
	Partial	4 hours
	Substantial	6 hours
<b>Mobility</b>	Minimal (cueing, set up)	3 hours
	Partial	4 hours
	Substantial	6 hours
<b>Elimination (toileting)</b>	Minimal (cueing, set up)	3 hours
	Partial	5 hours
	Substantial	7 hours
<b>Medication management</b>	Minimal (cueing, set up)	1 hour
	Partial	1 hour

	Substantial	3 hours
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ODDS will rely on the ONA, ISP, and other documentation that is submitted to ODDS using the [ODDS In-Home Services Exception Request Smartsheet form](#) to decide. It is important that the submitted documents accurately reflect current needs which may require a change in need ONA, change forms updating the ISP, and revision of other documents.

In addition to the supporting documentation, SC/PAs must include a detailed narrative about the following:

- specific need(s) as it presents for the person,
- the frequency the need arises, and
- the amount of time needed to support that need.

ODDS approvals of additional hours above the service group will be made in 30 hour increments based on the amount needed to meet the person's needs. Requests may be fully or partially approved. If ODDS denies the request or partially approves a request, ODDS will send a NOPA with the reason for the denial and rights for an administrative hearing.

See Appendix A for additional instructions for using the [ODDS In-Home Services Exception Request Smartsheet form](#)

**Form(s) that apply:**

[Local Staffing Ratios Exception Criteria Form](#)

[ODDS In-Home Services Exception Request Smartsheet form](#)

**Contact(s):**

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## Appendix A

### **Instructions for completing the ODDS Hour Allocation and Staffing Ratio Exceptions Request**

The ODDS In-Home Services Exception Request Smartsheet form (<https://app.smartsheet.com/b/form/ae5c6222a71843478064dcff5247119f>) is intended for Hour Allocation and Staffing Ratio exception requests that meet the exception criteria rule outlined in OAR 411-450-0065. For all other requests please use the [ODDS 0514 form](#).

#### **Who can complete the request?**


An individual (or their representative) may request an exception. The request may come directly from the individual or the individual may be supported by the Services Coordinator (SC) or Brokerage Personal Agent (PA) to complete the form and submit the request on the individual's behalf.

Individuals can request an exception from ODDS directly using the [Individual Request for Exception or Funding Review form](#). ODDS will contact the Case Management Entity (CME) and the SC or PA will be included in the process and will be expected to complete the exception request to address the individual's request.

#### **How to Complete a Request:**

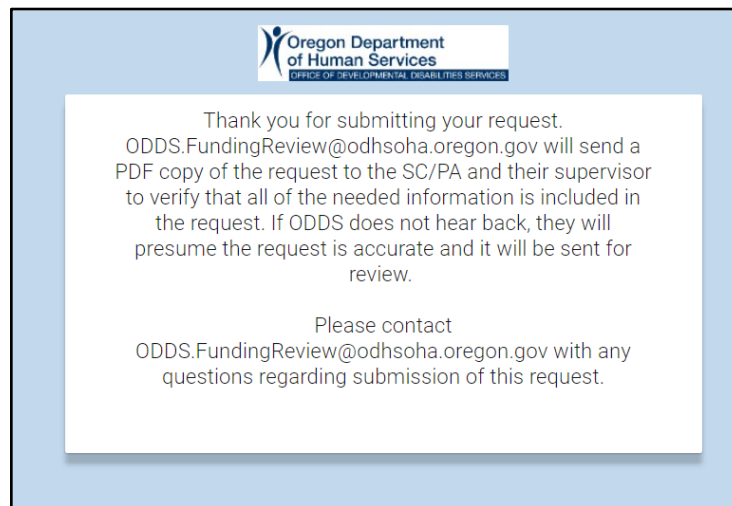
- Requests should be made using the In-Home Services Exception Request Smartsheet form. It can be accessed at this link.  
<https://app.smartsheet.com/b/form/ae5c6222a71843478064dcff5247119f>
- The In-Home Services Exceptions request form uses logic and skip patterns, this means that the order and type of questions that populate to the form are dependent on the answers given. Select all the options that apply.
  - If you have a question about which response to select, you can contact the [ODDS.FundingReview@odhsoha.oregon.gov](mailto:ODDS.FundingReview@odhsoha.oregon.gov) for assistance.
- Narrative responses should be clear and concise, with information related to *the specific question*. Responses should focus on *the support needs of the individual*, not the needs of the provider. DO NOT cut and paste the same answer for multiple questions.
- Questions with a red **\* asterisk** indicate that the question is required to be answered to submit the form.

Individuals Name \*

 This field is required

## What happens after a request is submitted?

Once the request has been submitted a message will pop up on the screen indicating that ODDS has been notified of your request submission.



ODDS will send a PDF copy of the request to the SC/PA and their supervisor to verify that all the needed information is included in the request, a response is only needed by the CME if additional information needs to be included. The request will be reviewed within the next 2 weeks and if additional documentation is needed a Notice of Pending Status (form 2853) will be sent to the individual and SC/PA within 10 business days.

**Documentation:** When reviewing an exception request, ODDS will review documentation to ensure that what is being requested aligns with documented support needs, unless otherwise indicated on the request. (note: it is not necessary to attach a copy of the Oregon Needs Assessment to this request).

**Requesting Additional Information:** When additional documentation is needed to make a final determination, ODDS will issue a Notification of Pending Status (NOPS) form (2853) within 10 business days of receiving the request. The NOPS will be sent via email to the SC/PA and the individual/legal guardian, it will be USPS mailed if an email address isn't available.

The NOPS will identify what additional documentation is needed; and will allow 14 calendar days to submit the requested information, it will also include a date the requested information is due. The additional documentation may be submitted to the [ODDS.FundingReview@odhsoha.oregon.gov](mailto:ODDS.FundingReview@odhsoha.oregon.gov).

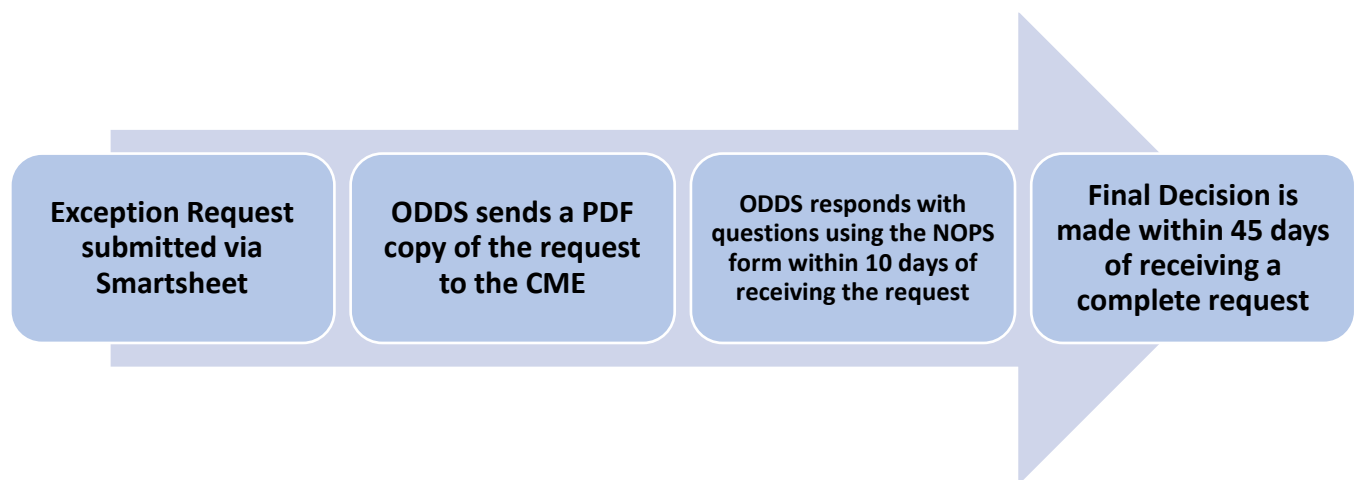
If ODDS does not receive the requested documentation by the identified due date, a

final determination will be made based on the documentation received. If the CME or individual submits the required documentation after the request has been denied, a new request submission is required.

The individual may request a good cause extension prior to the expiration of the 14-day calendar day timeframe (date indicated on NOPS) via their case manager. If a good clause exception is requested by the individual, the case manager should notify ODDS.

\*Note: Good cause exists when an action, delay, or failure to act arises from an excusable mistake or from factors beyond an individual's reasonable control.

**Final Determination** Once ODDS has a complete exception request, a final determination will be made within 45 days. ODDS will email the final determination memo to the SC/PA and the SC/PA supervisor, it will also be uploaded into eXPRS and attached to the individual's Plan of Care (unless noted otherwise on the memo).

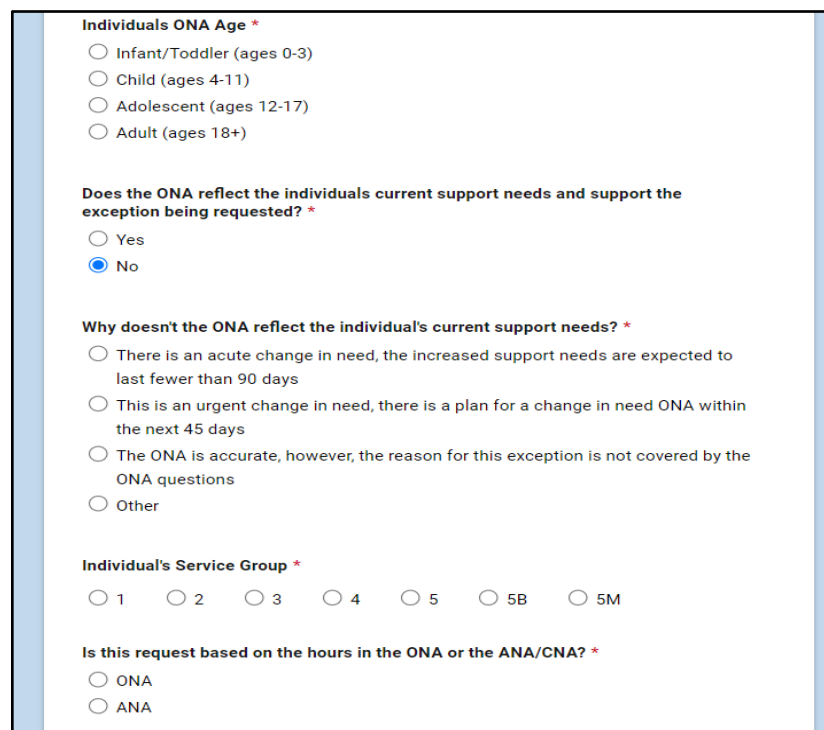


# Completing ODDS Hour Allocation and Staffing Ratio Exceptions Request



The screenshot shows the top portion of a form. At the top center is the logo for the Oregon Department of Human Services, Office of Developmental Disabilities Services. Below the logo is the title "ODDS In-Home Services Exception Request Form". Underneath the title is a section titled "Language Access" with a paragraph of text: "You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Office of Developmental Disabilities Services at [DD.DirectorsOffice@odhsoha.oregon.gov](mailto:DD.DirectorsOffice@odhsoha.oregon.gov) or 503-945-5811 (voice/text). We accept all relay calls." Below this text are two input fields: "Individuals Name \*" and "Individual's Prime Number \*".

**Demographic and Contact Information:** Answer all demographic and contact information. Contact information will be used when making decision notifications and should be accurate.



The screenshot shows a section of the form with several questions and radio button options. The questions are: "Individuals ONA Age \*", "Does the ONA reflect the individuals current support needs and support the exception being requested? \*", "Why doesn't the ONA reflect the individual's current support needs? \*", "Individual's Service Group \*", and "Is this request based on the hours in the ONA or the ANA/CNA? \*". The "No" option for the second question is selected.

Individuals ONA Age \*

- Infant/Toddler (ages 0-3)
- Child (ages 4-11)
- Adolescent (ages 12-17)
- Adult (ages 18+)

Does the ONA reflect the individuals current support needs and support the exception being requested? \*

- Yes
- No

Why doesn't the ONA reflect the individual's current support needs? \*

- There is an acute change in need, the increased support needs are expected to last fewer than 90 days
- This is an urgent change in need, there is a plan for a change in need ONA within the next 45 days
- The ONA is accurate, however, the reason for this exception is not covered by the ONA questions
- Other

Individual's Service Group \*

1    2    3    4    5    5B    5M

Is this request based on the hours in the ONA or the ANA/CNA? \*

- ONA
- ANA

**ONA Age:** Answer this question based on the age that the individual was at the time of assessment.

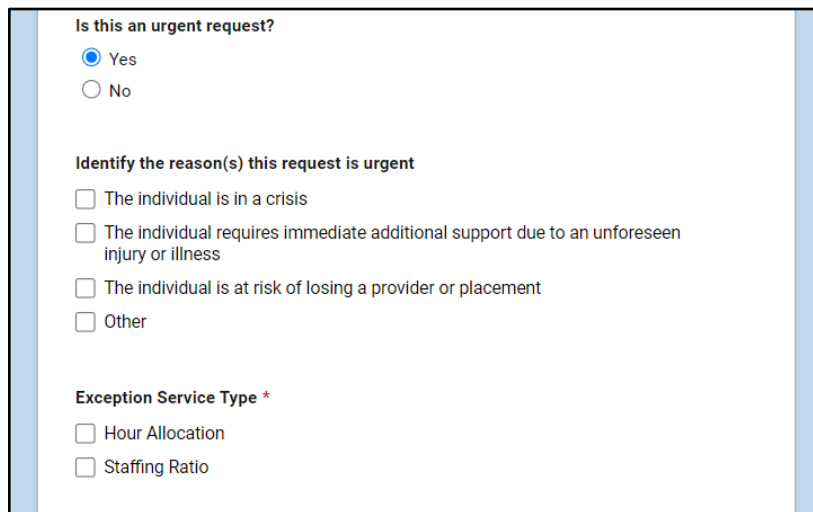
**Does the ONA reflect the individual's support needs?** Identify if the ONA reflects the individuals support needs.

\*If no is selected, identify why the ONA does not reflect the individual's support needs. If other is marked, give a short narrative in the other box, identifying why the ONA does not reflect the individuals current support needs.

**Children's Support Needs:** For a child, identify and document how the request is for support is beyond that which a parent or guardian would provide for another child of the same age (Note this question will only open for those with an ONA age that is under 18).

**Individual's Service Group:** The individual's Service Group is the score generated by the Oregon Needs Assessment (ONA).

**Is this request based on the hours in the ONA or the ANA/CNA?** Identify which assessment the person is utilizing to determine their staffing level hours.



Is this an urgent request?

Yes  
 No

Identify the reason(s) this request is urgent

The individual is in a crisis  
 The individual requires immediate additional support due to an unforeseen injury or illness  
 The individual is at risk of losing a provider or placement  
 Other

Exception Service Type \*

Hour Allocation  
 Staffing Ratio

**Is this an Urgent Request?**

\*If the request is urgent, identify why the request is urgent. If "other" is identified, provide a summary describing why the request is urgent.

**Exception Service Type:** Select the type of exception being requested. Select both if an exception is needed for Hour Allocations and Staffing Ratio.

## Hour Allocation Exceptions

Hour Allocation Exception

**Hour Allocation Exception Request Type**

New Request- On-Going Need

Renewal Request- On-Going Need

Increase in previously Approved Exception

Limited Duration Increased Support Need

**Exception Request Start Date**

**Current Approved Monthly Hours**

**Additional Requested Hour Allocation Hours per Month**

**Hour Allocation Exception Criteria**

Identify reason(s) for the need for an Increase in Monthly Hour Allocation

Intermittent support needs that cannot be scheduled

ADL or health related task takes substantially more time to complete than others with similar assessed needs.

Risk of isolation

**Hour Allocation Request Type:** Identify whether it is a new request, renewal request, increase from a previously approved exception or if the support need is time-limited.

**\*Note:** Exception start and end date will only open if the exception type is limited duration. If approved, exceptions will begin on the date of the memo and will end in 3 years for children and 5 years for adults or if a certified assessor completes an assessment and the SG goes up or down.

**Current Approved Monthly Hours:** Identify the hours that are currently approved in the ISP.

**Additional Requested Hours:** Select the number of additional hours being requested per month. The total requested hours and the currently approved hours should not exceed 744 hours/month (approvals will not exceed 744 hours). Hour amounts are in increments of 30.

**Hour Allocation Exception Criteria:** Identify all the support areas requiring additional hours a month.



## ***Hour Allocation: Intermittent Support Needs***

**Intermittent Supports:** Which of the following needs that cannot be scheduled, arises regularly, and would likely result in physical harm to the person or others if unmet in one of the following areas:

Please identify all intermittent needs that cannot be scheduled.

Toileting     Transferring     Mobility

Managing a recurring challenging behavior     Uncontrolled seizures

Diabetes management that includes administration of sliding scale insulin

Use of CPAP/BIPAP or mechanical ventilator     Other

**Intermittent Support Needs: Other**

Please identify the intermittent support needs that are not already identified above.

**Identify the intermittent recurring challenging behaviors that require additional support**

Self-injurious behavior     Aggressive or combative

Injurious to animals     Sexual Aggression or Assault

Property Destruction     Leaving the supervised area

A diagnosis of Pica     Verbal Aggression

Difficulties Regulating Emotions

**Intermittent Supports: Describe the intermittent support needs that requires additional support**

Describe the supports that are needed to support the intermittent needs

**Intermittent Supports:** Identify all of the areas that require intermittent support. Failure to identify all intermittent support needs may result in incorrect form logic.

- **Intermittent Support Needs: Other** If “Other” is marked, describe what other intermittent supports the individual requires.

**Identify the intermittent recurring challenging behaviors that require additional support:** Identify all recurring challenging behavior that have required additional support in the last year.

**Intermittent Supports: Describe the intermittent support needs that requires additional support:** Provide a summary of the individual’s intermittent support needs and describe why their current level of assessed attendant care hours is insufficient. Describe the supports that are needed to support this need. These exceptional support needs should align with the supports described in the individual’s supporting documents and the answers and notes indicated in the individual’s ONA.

**How often in occurrences per week does this need arise?** Identify the average number of occurrences per week that the intermittent support need arises.

**How much time does it take to meet this need in hours per week?** Identify how many hours a week are needed to support the person’s intermittent support needs.

**What are the consequences that are reasonably expected if the need is unmet?** Describe the consequences that are reasonably expected if the hours are not

approved. Identify the consequences that have occurred or could occur if this support need is not met.

### ***Hour Allocation: ADL or Health Related Task***

Select ADL or health related task takes substantially more time to complete than others with similar assessed needs.

Eating

Mobility

Dressing and Grooming

Bathing and Hygiene

Transferring and Positioning

Toileting

Medication Management

Other (Other ADL or health related task need)

Identify the Other (Other ADL or health related task need)

ADL/Health Related Tasks: Describe the task or need that requires additional support, specifically include details about the reasons this need takes substantially more time than others with similar assessed needs:

**ADL/Health Related Tasks: Select ADL or health-related task takes substantially more time to complete than others with similar assessed needs.** Identify all of the ADL/health-related tasks. Failure to identify all ADL/health-related support needs may result in incorrect form logic.

- **Identify the Other (Other ADL or health-related task need):** If “Other” is marked, describe what other ADL or health-related supports the individual requires.

**ADL/Health-Related Tasks Supports:** Provide a summary of the individual’s ADL/Health-related support needs and why their current level of assessed attendant care hours is insufficient. Describe the supports that are needed to support this need. These exceptional support needs should match the supports described in the individual’s supporting documents and the answers and notes indicated in the individual’s ONA.

**How often in occurrences per week does this need arise?** Identify the average number of occurrences per week that the *ADL or health-related* support need arises.

**How much time does it take to meet this need in hours per week?** Identify how many hours a week are needed to support the person’s *ADL or health-related* support needs.

**What are the consequences that are reasonably expected if the need is unmet?** Describe the consequences that are reasonably expected if the hours are not approved. Identify the consequences that have occurred or could occur if this support need is not met.

## ***Hour Allocation: Risk of Isolation***

**Risk of Isolation: Is the person unable to access the community for at least 20 hours a week due to needing support while in the community and having to utilize all available support hours to meet other ADL, IADL and health related tasks?**

Yes  
 No

**Risk of Isolation: Number of hours the person can currently access the community per week:**  
Include time spent doing the following: IADLs that occur away from home, travel time, entertainment out, dining out, attending religious services, errands, and day support activities.

**Risk of Isolation: Number of hours desired to access the community per week, up to 20 hours per week:**

**Risk of Isolation: Explain how the current hour allocation is used to meet other ADL, IADL, and health related tasks resulting in inadequate hours for community inclusion**

**Risk of Isolation: Is the person unable to access the community for at least 20 hours a week** If the individual is currently accessing the community for at least 20-hours per week, then select No.

**Risk of Isolation: Number of hours the person can currently access the community per week:** Identify the average number of hours the individual is currently accessing the community per week.

**Risk of Isolation: Number of hours desired to access the community per week, up to 20 hours per week:** Identify how many hours are needed to access the community per week?

**Risk of Isolation: Explain how the current hour allocation is used to meet other ADL, IADL, and health related tasks resulting in inadequate hours for community inclusion** Describe the support needs that are not community inclusion that use all or close to all of the total hours available within the service group. Employment services do not count towards hours of community inclusion, but these do: IADLs that take place away from the home (laundry at a laundromat, banking, haircuts, etc.), Entertainment outside the home, dining out, Attending religious services, Errands, Day Support Activities.

## Staffing Ratio Exceptions

Staffing Ratio Exception

**Staffing Ratio Exception Request Type**

New Request- On-Going Need     Renewal Request- On-Going Need

Increase in previously Approved Exception

Limited Duration Increased Support Need

**Staffing Ratio Exception Start Date**

**Staffing Ratio Exception End Date**

**Request Type:** Identify whether it is a new request, renewal request, an increase from a previously approved exception, or if the support need is time-limited.

**\*Note:** Exception start, and end date will only open if the exception type is limited duration. If approved, exceptions will begin on the date of the memo and will end in 3 years for children and 5 years for adults or if a certified assessor completes an assessment and the SG goes up or down.

**Current Approved Staffing Ratio**

2:1     3:1     4:1

**Approved 2:1 Hours**

**Approved 4:1 Hours**

**Staffing Ratio(s) Requested**

2:1     3:1     4:1

**Total 2:1 Monthly Hours Requested:**

**Total 3:1 Monthly Hours Requested:**

**Current Approved Staffing Ratio:** Identify the staffing ratio(s) that are currently approved and the number of hours for each approved staffing ratio.

**Staffing Ratio Requested:** Identify the staffing ratio(s) that are being requested and the number of additional staffing ratio hours being requested for each ratio.

**Does the person meet the criteria to approve an increased staffing ratio at the CME?**

Yes, but the person requires a staffing ratio above 2:1  
 Yes, but the person requires more hours of increased staffing than is able to be approved by the CME  
 Yes, but the person requires a staffing ratio above 2:1 and more hours of increased staffing than is able to be approved by the CME  
 No

**Staffing Ratio Exception Criteria**

Behavior Support Needs: The person has a challenging behavior that requires more than one supporter to provide support to either respond to the challenging behavior as it occurs, or to provide proactive supports to prevent the challenging behavior.  
 Intensive Focus: Individual requires intensive focus from a paid provider to assure the individual's health and safety and it is necessary for a different provider to complete an IADL that would otherwise detract from the intensive focus.  
 Medical needs: The person has medical needs that require more than one person to provide supports.  
 ADL needs: The person has ADL needs that require more than one person to provide supports.

**Does the person meet the criteria to approve an increased staffing ratio at the CME?** Identify whether the individual meets the criteria for local CME approval.

**Staffing Ratio Exception Criteria** Identify all the criteria requiring a staffing ratio exception.

***Staffing Ratio: Behavior Support Needs***

**Does the person have a positive behavior support plan that is currently implemented? \***

Yes  
 No

**If no, why doesn't the person have a positive behavior support plan? \***

**Identify the challenging behavior, that has been present in the last year, that leads to a need for increased staffing \***

Self-injurious behavior that may lead to serious injury  
 Aggressive or combative  
 Injurious to animals  
 Sexual aggression or assault  
 Property destruction  
 Leaving supervised area  
 A diagnosis of PICA  
 OTHER challenging behavior that requires more than one supporter at a time to provide supports

**Does the person have a positive behavior support plan that is currently implemented?** Identify if the individual has a current Positive Behavior Support Plan.

- **If no, why doesn't the person have a positive behavior support plan?** Briefly describe why the individual does not have PBSP, or if the individual is in the process of having a PBSP developed.

**Identify the challenging behavior(s), that has been present in the last year, that leads to a need for increased staffing** Identify all challenging behavior present in the last year.

<p><b>Describe the OTHER challenging behavior that requires more than one supporter at a time to provide supports</b></p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p><b>Describe how this need for increased staffing to support the identified above behavior(s) presents for this person:</b></p> <p>Describe the challenging behavior(s) that require exceptional support. Describe the proactive strategies utilized to minimize the occurrence, frequency, duration of challenging behaviors. Describe how additional staffing is being utilized to support the challenging behaviors. What does the support being delivered by the additional staff look like?</p>
--

**Describe the OTHER challenging behavior that requires more than one supporter at a time to provide support.** Briefly describe the other challenging behavior that requires a staffing ratio exception.

**Describe how the need for increased staffing to support the identified above behavior(s) presents for this person:** Describe the challenging behavior(s) that require exceptional support. Describe the proactive strategies utilized to minimize the occurrence, frequency, and duration of challenging behaviors. Describe how additional staffing is being utilized to support the challenging behaviors.

**How often in occurrences per week does the need for additional staffing arise?** Identify the average number of occurrences per week that the *behavior* support need arises.

**Describe how long, in hours per day, the amount of time it takes to support this need** Identify how many hours a day are needed to support the person's *behavior* support needs. If the daily support hours fluctuate during the week, use the daily average. This is done by calculating the total number of hours per week, divided by seven.

**Behavior Staffing Ratio Being Requested** Identify the staffing ratio(s) that are being requested and the number of weekly staffing ratio hours being requested for each ratio.

## Staffing Ratio: Intensive Focus

**Intensive Focus: Is the need for intensive focus related to challenging behavior?**

Yes  
 No

**Identify the challenging behavior, that has been present in the last year, that leads to a need for increased staffing**

Self-injurious behavior that may lead to serious injury  
 Leaving supervised area  
 A diagnosis of PICA  
 OTHER challenging behavior that requires more than one supporter at a time to provide supports

**Describe the OTHER challenging behavior that requires more than one supporter at a time to provide supports**

**Intensive Focus: Is the need for intensive focus related to challenging behavior?** Identify if the need for exclusive focus is related to challenging behavior. **Identify the challenging behavior, that has been present in the last year, that leads to a need for increased staffing** (*opens if the need for intensive focus is related to challenging behavior is marked yes*) Identify all the challenging behavior present in the past year.

- **Describe the OTHER challenging behavior that requires more than one supporter at a time to provide supports** Briefly describe the other challenging behavior that requires a staffing ratio exception.

**Describe the health and safety need that requires intensive focus supports and it is necessary for a different provider to complete an IADL that would otherwise detract from the intensive focus.**

**Intensive Focus Supports**

Describe why the person's challenging behavior requires the caregiver to \*continuously attend the individual and another caregiver is required to complete necessary IADLs. What would happen if the individual was left unattended while the primary caregiver completes necessary IADL tasks?

\*Continuously attend means the caregiver cannot do anything else other than focus on the person and if the caregiver needs a break from any amount of time, the caregiver must be relieved by another caregiver who will focus on the person

**Describe the health and safety need that requires intensive focus support, and it is necessary for a different provider to complete an IADL that would otherwise detract from the intensive focus.** (*Opens if the need for intensive focus support is not related to challenging behavior*) Identify the health and safety support

needs that require additional staffing.

**Intensive Focus Supports** Describe the person's support that requires the caregiver to \*continuously attend to the individual and another caregiver is required to complete necessary IADLs. Describe What would happen if the individual was left unattended while the primary caregiver completes necessary IADL tasks?

**Intensive Focus: How often in occurrences per week does the need for additional staffing arise?** Identify the average number of occurrences per week that the *intensive focus* support need arises.

**Intensive Focus: How many staffing ratio hours are needed per day for intensive focus supports?** Identify how many hours a day are needed to support the person's *intensive focus* support needs. If the daily support hours fluctuate during the week, use the daily average. This is done by calculating the total number of hours per week, divided by seven.

**Intensive Focus Staffing Ratio Requested** Identify the staffing ratio(s) that are being requested and the number of weekly staffing ratio hours being requested for each ratio.

**Staffing Ratio: Medical Support Needs**

Does this person have a current Nursing Care Plan?

Yes

No

Why don't they have a Nursing Care Plan?

**Treatments and Therapies**  
Identify all of the treatments and therapies that the individual is receiving support for at least 5 times per day

Select or enter value ▼

Describe the medical need, treatment/monitoring/therapy, that requires increased staffing?

**Does this person have a current Nursing Care Plan?** Identify if the person has a nursing care plan.

**Why don't they have a Nursing Care Plan?** Briefly describe why the individual does not have a nursing care plan.

**Treatments and Therapies** Identify all of the treatments and therapies that the individual is receiving support for at least 5 times per day.



**Describe the medical need, treatment/monitoring/therapy, that requires increased staffing?** Describe the medical supports that require additional staffing. Describe how additional staffing is being utilized to support the medical support needs.

**Medical Support Need: How often in occurrences per week does the need for additional staffing arise?** Identify the average number of occurrences per week that the *medical* support need arises.

**Medical Support Need: Describe how long, in hours per day, the amount of time it takes to support this need** Identify how many hours a day are needed to support the person's *medical* support needs. If the daily support hours fluctuate during the week, use the daily average. This is done by calculating the total number of hours per week, divided by seven.

**Medical Support Need: Staffing Ratio Being Requested** Identify the staffing ratio(s) that are being requested and the number of weekly staffing ratio hours being requested for each ratio.

### **Staffing Ratio: ADL Support Need**

Identify all of the ADL Support Needs that are marked two-person assist in the ONA

Dressing  
 Transferring  
 Mobility  
 Eating/Tube Feeding  
 Elimination  
 Showering/Bathing  
 Other

Identify the Other ADL Support needs not identified above.

Describe how the need for increased staffing to support the identified ADL support needs presents for this person

Describe how the additional staffing supports each ADL that requires a staffing ratio exception support.

**Identify all of the ADL Support Needs that are marked two-person assist in the ONA** Identify all of the ADL related supports. Failure to identify all ADL related support needs may result in incorrect form logic.

- **Describe the OTHER challenging ADL support that requires more than one supporter at a time to provide supports** Briefly describe the other support need that requires a staffing ratio exception.

**Describe how the need for increased staffing to support the identified ADL support needs presents for this person** Provide a summary of the individual's ADL related support needs and why a staffing ratio exception is needed Describe the supports that are needed to support this need.

**ADL Support Need: How often in occurrences per week does the need for additional staffing arise?** Identify the average number of occurrences per week that the ADL support need arises.

**ADL Support Need: Describe how long, in hours per day, the amount of time it takes to support this need** Identify how many hours a day are needed to support the person's ADL support needs. If the daily support hours fluctuate during the week, use the daily average. This is done by calculating the total number of hours per week, divided by seven.

**ADL Support Need: Staffing Ratio Being Requested** Identify the staffing ratio(s) that are being requested and the number of weekly staffing ratio hours being requested for each ratio.

### EXCEPTION SUBMISSION

Exception Submission

Identify the attached support documents

PBSP    FBA    ISP    Safety Plan    Protocols  
 Progress Notes    Staffing Schedules    Data Tracking  
 Incident Reports    Other

File Upload

Drag and drop files here or [browse files](#)

Case Management Entity Recommendation

Provide an explanation or summary of the case management entity's recommendation for approval or denial. Include any concerns or issues related to the request.

Person Submitting Request

Relationship to the Individual

Person Submitting Request Email Address

Submit

**Identify the attached support documents** Identify what documents are being attached to this request.

- **What other documents are being attached?** Identify what documentation not identified above is being attached to this request.

**File Upload** Attach the supporting documents related to this request. If your files exceed the upload size or you have any other technical difficulties, please contact [ODDS.FundingReview@odhsoha.oregon.gov](mailto:ODDS.FundingReview@odhsoha.oregon.gov) for assistance.

**Case Management Entity Recommendation** Provide an explanation or summary of the case management entity's recommendation for approval or denial. Include any concerns or issues related to the request. Include any other information that is relevant to this request.

## Appendix B

### **Authorizing and Billing for Attendant Care Staffing Ratios Greater than 2:1 in eXPRS**

Guidance for situations where multiple providers are part of a staffing ratio greater than 2:1 and may need to bill for service to the same individual at that same time.

#### Overview and Guiding Principles

Some individuals require enhanced staffing ratios greater than 2:1, or there may be a need to provide “Staff Training” to a group of providers for specific tasks delegated by a Nursing Professional or Professional Behavior Specialist. A wide variety of such situations exist, and there may be varying provider combinations rendering service to the individual who may need to bill for service provided at the same time.

This document outlines guiding principles when authorizing and billing for staffing ratios greater than 2:1. The following principles provide the foundation for the guidance in the scenarios below:

- 1) Different providers can create SDs for Attendant Care services delivered on the same day at the same time to same individual. For example, two providers can bill for OR526/ZE for services delivered on the same date/time **and** to the same individual. The second ZE billing will always **Suspend**, and these suspended SDs can be overridden and approved by the ODDS Funding Allocation Coordinator.
- 2) OR526/NA, ZC, RB and R3 all draw down from an individual’s monthly hours limit. When creating SDs for billing, only one of these SDs should be created whenever possible. If it is not possible to create only one of those SDs in a certain situation, then an In-home Hour Add On is needed to account for the extra hours used.
- 3) For Agencies sending 3 or more DSPs to provide service to an individual at one time, OR526/RB and OR526/R3 can be authorized along with a Rate Add On. This Rate Add On will make up the difference between the fixed rate for RB/R3 and the actual rate needed for the service (whether 3:1, 4:1 etc.)
- 4) Any Attendant Care staffing ratio greater than 2:1 must be approved by ODDS **unless** it is for Staff Training.

## Purpose

The purpose of this document is not to provide “how-to” instructions for every scenario that might exist. Rather, it is to show examples of how authorizations could be created in such a way that all providers can bill for their services. Services Coordinators or Personal Agents will need to support providers to understand how they should bill for services in these situations, as the needs for individuals and the providers available can vary widely.

## Scenarios

In each scenario, different providers can bill for services to the same individual on the same day and at the same time. For all scenarios, the [Local Staffing Ratios Exception Criteria Form](#) must be uploaded to the individual’s POC indicating the need for Staff Training included. Additionally, when an SD suspends and needs to be overridden as described below, the provider can email the Funding Allocation Coordinator: [odds.fundingallocationcoordinator@odhsoha.oregon.gov](mailto:odds.fundingallocationcoordinator@odhsoha.oregon.gov)

### 3:1 Attendant Care (3 PSWs)

▼ Plan Details								<input checked="" type="checkbox"/> Draft	<input checked="" type="checkbox"/> Pending	<input checked="" type="checkbox"/> Accepted	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Void	Select
SE	Procedure	Modifier	Units	Dates	Status								
▶ 49	OR507 - Relief Care, Daily	NA	14.00 Days per Year	4/1/2023 - 3/31/2024	Accepted								
▼ 49	OR526 - Attendant Care - 1:1 Supports	NA	700.00 Hours per Month	4/1/2023 - 3/31/2024	Accepted								
Auth Id	Provider	Dates	Units	Rate	Pay To Provider	Review?	Status						
8339	PSW Provider 1	1/1/2024 - 3/31/2024	221.00	19.50	Public Partnerships LLC FMAS	Yes	Accepted						
8339	PSW Provider 2	1/1/2024 - 3/31/2024	221.00	19.50	Public Partnerships LLC FMAS	Yes	Accepted						
8339	PSW Provider 3	1/1/2024 - 3/31/2024	177.00	19.50	Public Partnerships LLC FMAS	Yes	Accepted						
▼ 49	OR526 - Attendant Care, home or comm	ZE - 2:1 Single Provider	20.00 Hours per Month	4/1/2023 - 3/31/2024	Accepted								
Auth Id	Provider	Dates	Units	Rate	Pay To Provider	Review?	Status						
8339	PSW Provider 1	1/1/2024 - 3/31/2024	20.00	19.50	Public Partnerships LLC FMAS	Yes	Accepted						
8339	PSW Provider 2	1/1/2024 - 3/31/2024	20.00	19.50	Public Partnerships LLC FMAS	Yes	Accepted						
8339	PSW Provider 3	1/1/2024 - 3/31/2024	20.00	19.50	Public Partnerships LLC FMAS	Yes	Accepted						

In the example above, one PSW Provider can bill under OR526/NA, and the other two can bill under OR526/ZE. However, the PSW that enters the second OR526/ZE billing will see it move to **Suspended** status. Once the SD is in **Suspended** status, the Funding Allocation Coordinator can override the Suspend Reason, and approve SD.

### 3:1 Attendant Care (1 Agency sends one DSP & 2 PSWs)

Plan Details							<input checked="" type="checkbox"/> Draft	<input checked="" type="checkbox"/> Pending	<input checked="" type="checkbox"/> Accepted	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Void	Select
SE	Procedure	Modifier	Units	Dates	Status							
49	OR507 - Relief Care, Daily	NA	14.00 Days per Year	4/1/2023 - 3/31/2024	Accepted							
49	OR526 - Attendant Care - 1:1 Supports	NA	700.00 Hours per Month	4/1/2023 - 3/31/2024	Accepted							
Auth Id	Provider	Dates	Units	Rate	Pay To Provider	Review?	Status					
8339	PSW Provider 1	1/1/2024 - 3/31/2024	221.00	19.50	Public Partnerships LLC FMAS	Yes	Accepted					
8339	PSW Provider 2	1/1/2024 - 3/31/2024	221.00	19.50	Public Partnerships LLC FMAS	Yes	Accepted					
8339	Agency Provider 1	1/1/2024 - 3/31/2024	177.00	Fixed	Agency Provider 1	No	Accepted					
49	OR526 - Attendant Care, home or comm	ZE - 2:1 Single Provider	20.00 Hours per Month	4/1/2023 - 3/31/2024	Accepted							
Auth Id	Provider	Dates	Units	Rate	Pay To Provider	Review?	Status					
8339	PSW Provider 1	1/1/2024 - 3/31/2024	20.00	19.50	Public Partnerships LLC FMAS	Yes	Accepted					
8339	PSW Provider 2	1/1/2024 - 3/31/2024	20.00	19.50	Public Partnerships LLC FMAS	Yes	Accepted					
8339	Agency Provider 1	1/1/2024 - 3/31/2024	20.00	Fixed	Agency Provider 1	No	Accepted					

In the example above, one provider (either the Agency or PSW) can bill under OR526/NA, and the other two can bill under OR526/ZE. However, the Provider that enters the second OR526/ZE billing will see it move to **Suspended** status. Once the SD is in **Suspended** status, the Funding Allocation Coordinator can override the Suspend Reason, and approve SD.

### 3:1 Attendant Care (2 Agencies send one DSP each & 1 PSW)

Plan Details							<input checked="" type="checkbox"/> Draft	<input checked="" type="checkbox"/> Pending	<input checked="" type="checkbox"/> Accepted	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Void	Select
SE	Procedure	Modifier	Units	Dates	Status							
49	OR507 - Relief Care, Daily	NA	14.00 Days per Year	4/1/2023 - 3/31/2024	Accepted							
49	OR526 - Attendant Care - 1:1 Supports	NA	700.00 Hours per Month	4/1/2023 - 3/31/2024	Accepted							
Auth Id	Provider	Dates	Units	Rate	Pay To Provider	Review?	Status					
8339	PSW Provider 1	1/1/2024 - 3/31/2024	221.00	19.50	Public Partnerships LLC FMAS	Yes	Accepted					
8339	Agency Provider 2	1/1/2024 - 3/31/2024	221.00	Fixed	Agency Provider 2	No	Accepted					
8339	Agency Provider 1	1/1/2024 - 3/31/2024	177.00	Fixed	Agency Provider 1	No	Accepted					
49	OR526 - Attendant Care, home or comm	ZE - 2:1 Single Provider	20.00 Hours per Month	4/1/2023 - 3/31/2024	Accepted							
Auth Id	Provider	Dates	Units	Rate	Pay To Provider	Review?	Status					
8339	PSW Provider 1	1/1/2024 - 3/31/2024	20.00	19.50	Public Partnerships LLC FMAS	Yes	Accepted					
8339	Agency Provider 2	1/1/2024 - 3/31/2024	20.00	Fixed	Agency Provider 2	No	Accepted					
8339	Agency Provider 1	1/1/2024 - 3/31/2024	20.00	Fixed	Agency Provider 1	No	Accepted					

In the example above, one provider (Agency or PSW) can bill under OR526/NA, and the other two can bill under OR526/ZE. However, the Provider that enters the second OR526/ZE billing will see it move to **Suspended** status. Once the SD is in **Suspended** status, the Funding Allocation Coordinator can override the Suspend Reason, and approve SD.

### 4:1 Attendant Care (1 Agency sending two DSPs & 2 PSWs)

▼ Plan Details									
<input checked="" type="checkbox"/> Draft <input checked="" type="checkbox"/> Pending <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Withdrawn <input type="checkbox"/> Void <span>Select</span>									
SE	Procedure	Modifier	Units		Dates		Status		
151	OR526 - Attendant Care - 1:1 Supports	NA	329.00 Hours per Month		9/11/2023 - 2/29/2024		Accepted		
Auth Id	Provider	Dates	Units	Rate	Pay To Provider	Review?	Status		
7550	AGENCY PROVIDER ONE	9/11/2023 - 2/29/2024	329.00	Fixed	AGENCY PROVIDER ONE	No	Accepted		
8340	PSW Provider 1	1/1/2024 - 2/29/2024	177.00	19.50	Public Partnerships LLC FMAS	Yes	Accepted		
8340	PSW Provider 2	1/1/2024 - 2/29/2024	177.00	19.50	Public Partnerships LLC FMAS	Yes	Accepted		
8340	PSW Provider 3	1/1/2024 - 2/29/2024	177.00	19.50	Public Partnerships LLC FMAS	Yes	Accepted		
151	OR526 - 2:1 - Both 1 Agency	ZC - 2:1 Both 1 Agency - Community	30.00 Hours per Month		10/1/2023 - 2/29/2024		Accepted		
Auth Id	Provider	Dates	Units	Rate	Pay To Provider	Review?	Status		
7601	AGENCY PROVIDER ONE	10/1/2023 - 2/29/2024	30.00	Fixed	AGENCY PROVIDER ONE	No	Accepted		
151	OR526 - Attendant Care, home or comm	ZE - 2:1 Single Provider	30.00 Hours per Month		9/11/2023 - 2/29/2024		Accepted		
Auth Id	Provider	Dates	Units	Rate	Pay To Provider	Review?	Status		
7550	PSW Provider 1	9/11/2023 - 11/30/2023	30.00	17.77	Public Partnerships LLC FMAS	Yes	Accepted		
7550	PSW Provider 2	9/11/2023 - 12/31/2023	30.00	17.77	Public Partnerships LLC FMAS	Yes	Accepted		
7550	PSW Provider 3	9/11/2023 - 12/31/2023	30.00	17.77	Public Partnerships LLC FMAS	Yes	Accepted		

In the example above, the Agency Provider can bill under OR526/ZC. The other two PSWs can bill under OR526/ZE. However, the Provider that enters the second OR526/ZE billing will see it move to **Suspended** status. Once the SD is in **Suspended** status, the FAC can override the Suspend Reason, and approve SD.

#### 4:1 Attendant Care (2 Agencies sending two DSPs)

▼ Plan Details									
<input checked="" type="checkbox"/> Draft <input checked="" type="checkbox"/> Pending <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Withdrawn <input type="checkbox"/> Void <span>Select</span>									
SE	Procedure	Modifier	Units		Dates		Status		
151	OR507 - Relief Care, Daily	NA	14.00 Days per Year		5/1/2023 - 4/30/2024		Accepted		
Auth Id	Provider	Dates	Units	Rate	Pay To Provider	Review?	Status		
151	OR526 - Attendant Care - 1:1 Supports	NA	576.00 Hours per Month		5/1/2023 - 4/30/2024		Accepted		
Auth Id	Provider	Dates	Units	Rate	Pay To Provider	Review?	Status		
6903	LLC CLSS	7/1/2023 - 4/30/2024	576.00	Fixed	ES LLC	No	Accepted		
6903	Inc CLSS	7/1/2023 - 4/30/2024	576.00	Fixed	INC	No	Accepted		
151	OR526 - Attendant Care - 1:2 Supports	RB - 1:2 Supports	180.00 Hours per Month		5/1/2023 - 4/30/2024		Accepted		
Auth Id	Provider	Dates	Units	Rate	Pay To Provider	Review?	Status		
6949	LLC CLSS	7/1/2023 - 4/30/2024	180.00	Fixed	ES LLC	No	Accepted		
6949	Inc CLSS	7/1/2023 - 4/30/2024	180.00	Fixed	INC	No	Accepted		
151	OR526 - 2:1 - Both 1 Agency	ZC - 2:1 Both 1 Agency - Community	180.00 Hours per Month		10/1/2023 - 4/30/2024		Accepted		
Auth Id	Provider	Dates	Units	Rate	Pay To Provider	Review?	Status		
7659	LLC CLSS	10/1/2023 - 4/30/2024	180.00	Fixed	ES LLC	No	Accepted		
7659	Inc CLSS	10/1/2023 - 4/30/2024	180.00	Fixed	INC	No	Accepted		
151	OR526 - Attendant Care, home or comm	ZE - 2:1 Single Provider	180.00 Hours per Month		5/1/2023 - 4/30/2024		Accepted		
Auth Id	Provider	Dates	Units	Rate	Pay To Provider	Review?	Status		
7658	LLC CLSS	10/1/2023 - 4/30/2024	180.00	Fixed	ES LLC	No	Accepted		
7658	Inc CLSS	10/1/2023 - 4/30/2024	180.00	Fixed	INC	No	Accepted		

In the example above, both Agency Providers sending 2 DSPs can bill under OR526/ZC. Of those two billings, whichever is created second will move to **Suspended** status, and ODDS can override it manually. Although not pictured above, the individual has an In-home Hour Add On which accounts for the double-draw down from two ZC billings.

To create the In-home Hour Add On for this scenario, take the following steps:

- 1) Complete the local approval process and upload the [Local Staffing Ratios Exception Criteria Form](#) to the individual's POC.

- 2) Submit an add-on request utilizing the ODDS Add-On Request Smartsheet found here  
<https://app.smartsheet.com/b/form/0b03e38ad2734b30b8c301f46821875c>
- 3) The Exceptions Unit will enter the add-on in eXPRS, based on the information that was provided in the Add-On Request.
- 4) Once the add-on has been entered in eXPRS, ODDS will contact the person submitting the Add-On Request and notify them that it has been entered.

### Scenarios Which Use the OR526 RB/R3 Workaround

In cases where a single Agency Provider is sending more than 2 DSPs, a workaround can be implemented using OR526/R3 and OR526/RB, and then creating a Rate Add On for those services to make up the difference between the RB/R3 rate and the actual rate needed.

- **OR526/R3** – In the workaround, this is used for odd-numbered staffing ratios from one agency (e.g. 3:1, 5:1).
- **OR526/RB** – In the workaround, this is used for even-numbered staffing ratios from one agency (e.g. 4:1, 6:1).

In each example below, there is a Rate Add On for RB/R3, although it is not pictured.

#### 3:1 or 4:1 Attendant Care (One Agency Sending 3 or More DSPs at a Time)

Plan Details								<input checked="" type="checkbox"/> Draft	<input checked="" type="checkbox"/> Pending	<input checked="" type="checkbox"/> Accepted	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Void	Select
SE	Procedure	Modifier	Units		Dates		Status						
49	OR526 - Attendant Care - 1:3 Supports	R3 - 1:3 Supports	248.00 Hours per Month		8/1/2023 - 7/31/2024		Accepted						
Auth Id	Provider	Dates	Units	Rate	Pay To Provider	Review?	Status						
7231	: CLSS	8/1/2023 - 7/31/2024	248.00	Fixed	INC	No	Accepted						
49	OR526 - Attendant Care - 1:2 Supports	RB - 1:2 Supports	248.00 Hours per Month		1/1/2024 - 7/31/2024		Accepted						
Auth Id	Provider	Dates	Units	Rate	Pay To Provider	Review?	Status						
8557	: CLSS	1/1/2024 - 7/31/2024	248.00	Fixed	INC	No	Accepted						
49	OR526 - 2:1 - Both 1 Agency	ZC - 2:1 Both 1 Agency - Community	496.00 Hours per Month		10/1/2023 - 7/31/2024		Accepted						
Auth Id	Provider	Dates	Units	Rate	Pay To Provider	Review?	Status						
7603	: CLSS	10/1/2023 - 7/31/2024	496.00	Fixed	INC	No	Accepted						

In the example above, the Agency Provider can create an SD for R3 when sending 3 DSPs for a 3:1 staffing ratio. They can also create an SD for RB when sending 4 DSPs for a 4:1 staffing ratio.

#### 5:1 Attendant Care (One Agency Sending 3 DSPs, and 2 PSWs)

Plan Details								<input checked="" type="checkbox"/> Draft	<input checked="" type="checkbox"/> Pending	<input checked="" type="checkbox"/> Accepted	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Void	Select
SE	Procedure	Modifier	Units		Dates		Status						
149	OR526 - Attendant Care - 1:3 Supports	R3 - 1:3 Supports	248.00 Hours per Month		12/1/2023 - 11/30/2024		Accepted						
Auth Id	Provider	Dates	Units	Rate	Pay To Provider	Review?	Status						
792	Agency Provider 1	12/1/2023 - 11/30/2024	248.00	Fixed	Agency Provider 1	No	Accepted						
149	OR526 - Attendant Care, home or comm	ZE - 2:1 Single Provider	184.00 Hours per Month		12/1/2023 - 11/30/2024		Accepted						
Auth Id	Provider	Dates	Units	Rate	Pay To Provider	Review?	Status						
792	PSW Provider 1	12/1/2023 - 11/30/2024	184.00	20.77	Public Partnerships LLC FMAS	Yes	Accepted						
792	PSW Provider 2	12/1/2023 - 11/30/2024	184.00	19.50	Public Partnerships LLC FMAS	No	Accepted						



In the example above, the Agency Provider can create an SD for R3 when sending 3 DSPs as part of the 5:1 staffing ratio. The other two PSWs can bill under OR526/ZE. However, the Provider that enters the second OR526/ZE billing will see it move to **Suspended** status. Once the SD is in **Suspended** status, the Funding Allocation Coordinator can override the Suspend Reason, and approve the SD.

## Summary

The principles and their application to the scenarios pictured in this guide show that it is possible to authorize and bill for nearly any number of providers in any given staffing ratio. Therefore, no examples are given for 6:1, 7:1 and so on, as each situation would be considered based on the available providers and needs of the individual.