

<b>Topic:</b>	ODDS Funding Review and Exceptions	
	<b>Date Issued/Updated:</b>	

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## Overview

**Description:** This guide explains ODDS exceptions policies and aids in the completion of the exception form.

**Applicability:** The exceptions process primarily involves access to funding. The exceptions process is to be used when an individual is needing an item or service in an amount that exceeds the ODDS Expenditure Guidelines or when a standard service rate is insufficient to meet an individual's needs. Other exceptions may include access to funding for situations where there is gap in access to funds or an error has occurred and funding is needed to address the time covering the error.

Exceptions may be requested by individuals with or without the assistance of their Services Coordinator or Brokerage Personal Agent. When a provider would like to request a funding exception, they will work with a Services Coordinator or Brokerage Personal Agent who will complete the exceptions form and submit the request to ODDS.

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

### General Exceptions Information and Process

#### What is an Exception?

An “exception” is a request for funding that exceeds the [ODDS Expenditure Guidelines](#), a need for resources beyond resources accounted for in a standard service rate, or a unique situation where there is barrier to funding such as an administrative error or lapse of a deadline.

There are numerous types of exceptions. The ODDS Exceptions Form (DHS 0514DD) includes a drop down menu of options. Most common exceptions include an increase in 1:1 supports, 2:1 supports, or funding for an item or service that exceeds the expenditure guidelines.

Please note: The exception process is not a substitute to providing a Notice of Planned Action when an individual requests a service or funding in a manner that is not permissible per rule, statute, Medicaid regulation, or policy. This includes requests for services outside the scope of the service definition. In situations where the individual’s request for the service is denied due to regulation or policy, the SC or PA should be issuing a Notice of Planned Action to the individual, informing them of the denial. The individual will have hearing rights as a part of the process and may choose to appeal the decision. The exceptions process should not be used instead of providing notice when appropriate.

#### Who may request an exception?

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. When the individual requests an exception from ODDS directly, ODDS will contact the Case Management Entity(CME). The SC or PA will be included in the process and will be expected to complete the exceptions form to address the individual’s request. Often, the need for an exception is identified as part of the person-centered planning process.

In situations where the exception is identified as a need for an increase in a provider rate, such as for an individual in a 24-hour setting needing additional 1:1 or 2:1 support, the provider must communicate with the Services Coordinator or Brokerage Personal Agent. The Services Coordinator or Personal

Agent is responsible for completing the exception request form and submitting it to ODDS. The provider desiring the increased service rate is expected to work with the Services Coordinator or Personal Agent to provide any necessary information.



1. Need for Support is Identified

2. The Services Coordinator or Personal Agent works with the Individual and their team to get more information about what is needed and how those needs can be met

3. If a funding exception is needed, the Services Coordinator or Personal Agent Completes the Exceptional Funding Request and submits it to ODDS

There may be situations when an individual requests an item or funding for which they are not eligible. An SC or PA is expected to work with the individual to explain to them why an exception is not appropriate. In this case, the SC or PA would issue a Notification of Planned Action (NOPA) form to the individual denying the request.

In situations where an individual's eligibility for the type or volume of service is not explicit or clear (following an updated ONA assessment, as appropriate), then the SC or PA is expected to assist the individual by completing the exceptions form with required documentation to ODDS for review. A NOPA is not required to be issued when the request is carried forward as an exceptions request submitted to ODDS.

### **Important! Prior to Requesting an Exception...**

When the exception requested is based on an individual's needs, the Services Coordinator or Personal Agent must work with the individual and the ISP team to evaluate if the most recent ONA accurately reflects the individual's support needs.

An exception should only be requested for individuals with a current ONA reflecting the individual's current support needs. There may be emergency

situations where an exception is needed prior to a new assessment being completed- such requests will be considered at the discretion of ODDS when there is a compelling information provided.



If during the review of the ONA, it is determined that there needs to be a new assessment, a new ONA must be conducted by a certified ONA assessor. Following the completion of the updated assessment, if an exception is still needed, one may be requested.

When the ONA is reviewed and determined to be an accurate reflection of the individual's current support needs, the Services Coordinator or Personal Agent may proceed with the exception request.

### Completing and Submitting an Exception Request

The Services Coordinator or Personal Agent completes the Exception Form (Form 0514DD) and submits the document and required attachments to ODDS. The form is located on the DHS Forms Server:

<https://sharedsystems.dhsoha.state.or.us/forms/>

The form must be completed and submitted electronically. The form includes skip logic and will have specific questions related to answers indicated on the form. Failure to use the electronic version will result in missing information and an incomplete form and will be returned to the sender. The 0514DD form should always be pulled off of the forms server linked above to ensure the most recent version of the form is being used.

For instructions on how to complete the form, such as filling out the Demographic Section, refer to Appendix A of this guide.

For additional information on completing specific types of exception requests, go to the section of this guide that describes the type of exception being requested.

All exception requests are to be completed and submitted electronically through secure email. The following are Do's and Do Not's for exceptions:

- DO NOT submit incomplete or handwritten request forms.
- DO NOT submit old versions of the exceptions request form.
- Do Not submit if a Notification of Planned Action should be issued instead of requesting an exception.
- DO- Identify which type of exception is being requested. Only use the

“Other” category if there is no other option on the form drop down menu that describes the exception being requested. Please note: the form can be used for more than one exception request for the same person.

- DO- Send the request and attachments through state secure email. The [ODDS.FundingReview@dhsoha.state.or.us](mailto:ODDS.FundingReview@dhsoha.state.or.us) email is set up to automatically generate a secure email. When using the email to request a secure email, be sure that the provider is included on the email message when relevant, such as when there is an exceptional rate request.
- DO- Be sure to attach the required documents with the email. A list of required documents will be at the end of the form. Any other documents that support the request should also be included.
- DO- If the exception request is for a provider rate, be sure to cc: the provider when the request is submitted.
- DO- Feel free to reach out to ODDS Policy Team Members, Exceptions Team, and Field Liaisons if you are needing assistance.

When an in-home or ancillary services exception request is not completely filled out or is missing required documents, ODDS will issue a Notice of Pending Status form ([DHS 2853](#)). When the pending status notice is issued, applicable ODDS timelines for the exceptions process are paused until the required information or action(s) are complete by the CME. Failure to respond with the information requested on the form by the deadline specified in the notice may result in a denial of the exception request.

For other types of exceptions requests, if the request is not complete, including the form, a current assessment verified, or supplemental documentation, ODDS will email the CME (and the provider agency, when applicable) to notify them the request is incomplete.

Please note: ODDS will not make edits or updates to the exceptions form on behalf of a CME. When additional information or updates to the form are necessary, it is the responsibility of the CME to make the updates and resubmit the updated document to ODDS.

### ODDS Exceptions Review Process

The submitted form and attached documents will be reviewed by an ODDS team member upon receipt. The ODDS team member looks to ensure that the form correctly indicates the type of exception being requested, the form is complete, and the required documents are attached. If the form is incorrect, not complete,

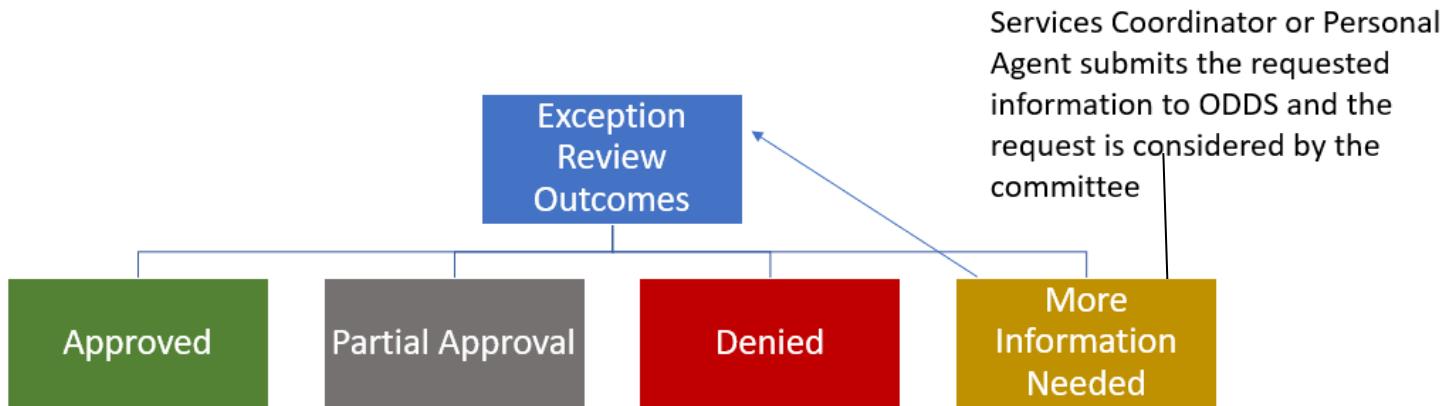
missing documentation, or handwritten, the ODDS team member will return the exception request to the Services Coordinator or Personal Agent. The Services Coordinator or Personal Agent is expected to make the corrections and resubmit the form and attachments.

Once a complete form and attachments are received, the request will be presented and reviewed by the ODDS Exceptions Team/Committee. The review team is comprised of several ODDS staff with relevant knowledge and understanding of program services. The team will make a determination. Possible outcomes of the Exceptions Committee include:

- Approval: The Exception Committee affirms that the request meets policy, is necessary, and there is no other resource available to meet the need. The committee provides approval documentation, including terms and conditions, to the requesting Services Coordinator or Personal Agent. The individual (or their representative) and providers are cc'd on communication when applicable.
- Denial: The Exception Committee determines that the request does not support a need for increased or authorization of funding, meet policy, is not a service or item covered by ODDS programs, or there is an alternate resource available to meet the need. The committee provides documentation of the denial to the Services Coordinator or Personal Agent and a Notification of Planned Action, if one is needed\*. The individual (or their representative) and providers are cc'd on communication when applicable.
- Partial Approval: The Exception Committee affirms that the conditions for an exception are met for some, but not all of the service or supports requested to be approved. The committee will provide approval documentation specifying what is approved and the individual will receive a notice of Planned Action, if needed, will be issued for the services, support, or funding that is not granted.
- More Information Needed: There are situations where the Exception Committee is in need of additional information in order to make a decision. ODDS will issue a Notice of Pending Status form ([DHS 2853](#)) or an email to the Services Coordinator or Personal Agent requesting additional information or documentation. When the pending status notice is issued, applicable ODDS timelines for the exceptions process are paused until the

required information or action(s) are complete by the CME. Failure to respond with the information requested on the form by the deadline specified in the notice may result in a denial of the exception request.

\*A Notification of Planned Action (NOPA) is required when there is a denial of service or funding to an individual. A NOPA is not required when the exception request is for a provider rate.



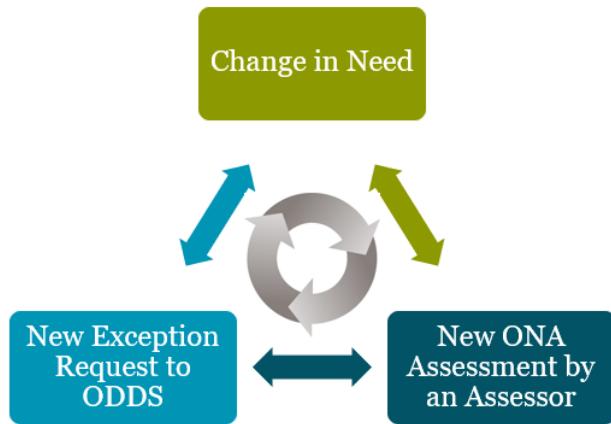
### Notification, Authorization and Expiration

Following the review by ODDS, written notification will be issued to the Services Coordinator or Personal Agent, and when applicable, individuals and their representatives.

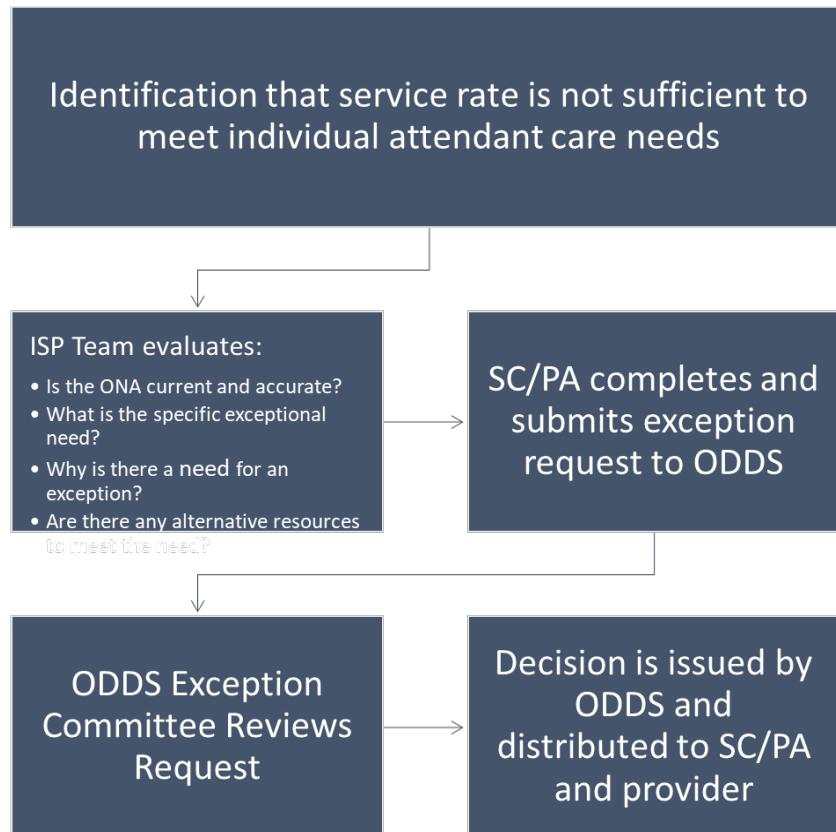
When the request is for an increase to a provider service rate, the provider will also receive notification of the decision.

Exceptions that are approved will include specific information about the approval such as the amount of funding approved and the period of time the funding is authorized or indicate the specific item approved. In some situations, the notification will include conditions of approval, requiring specific action for the approval to be effective. In most situations, the approval period is at the discretion of ODDS and funding may be discontinued prior to the stated authorization date at the direction of ODDS. If an item or funding approval is discontinued and results in a reduction, denial or termination of service or funding for an individual, this discontinuation will require a NOPA to be issued.

When funding is approved for ongoing direct support, exceptions will often be approved until a new assessment is completed by a certified ONA assessor for a change in need, up to a maximum approval period of five years, unless an alternate expiration date or condition is indicated on the notification document.



Remember- any time there is a change in support needs, a new ONA assessment should be conducted by a certified ONA assessor. When a new ONA assessment is conducted by a certified ONA assessor, a new exception request must be submitted for exceptional funding, should it be needed. A change in need is a change in support that lasts or is expected to last for longer than 30 days.



The SC/PA will provide notification and explanation to the individual requesting the exception.

## Types of Exception Requests:

### Increase in 1:1 or 2:1 Support Hours in 24-Hour Residential Settings

An exception may be requested when, due to an individual's individually-assessed support needs, a greater amount of direct support staffing than what is accounted for in the payment category is necessary to address health and safety. The need is for actively engaged direct support staffing to provide attendant care to a designated individual in an amount that greatly exceeds available resources.



Using the ONA Assessment, individuals are placed into a service group corresponding to the individual's assessed support needs.

Adult 18+	Adolescent 12 – 17	Child 4 – 11
1 Very Low	1 Very Low	3 Very Low to Low
2 Low	2 Low	4 Moderate
3 Moderate	3 Moderate	5 High to Very High
4 High	4 High	5(m) 5(b) High to Very High
5	5	
5(m)	5(m)	
5(b)	5(b)	

The Service Groups are then assigned a payment category. Payment categories consider both the Service Group and the capacity of the residential home site:

24-Hour Residential Service Settings Payment Categories- Adults and Adolescents				
Payment Category:	1	2	3	4
Service Group:	1 & 2	3	4	5
Home Capacity:	1-3 Residents	1-3 Residents	1-3 Residents	1-3 Residents
	4-5 Residents	4-5 Residents	4-5 Residents	4-5 Residents

### When an exception may be appropriate:

The request may be made for additional 1:1 or 2:1 DSP support hours specific to an individual on the basis of the following:

- Exceptional behavior support needs;
- Exceptional medical support needs;
- The individual experiences a situation where actively engaged direct care staffing is needed in an exceptional amount to complete routine ADL/IADL or health-related tasks with or on behalf of the individual; and/or
- The individual requires the support of more than one staff simultaneously delivering direct care and when the need for simultaneous staffing is intermittent, there is no reasonably available resource for staffing flexibility to adequately meet health and safety needs.

In order for the request for exceptional funding to address the exceptional support needs of an individual, the following criteria apply:

#### **The support need of the individual must be:**

A specifically identified condition or need for support;

Significant to the extent that without the additional support there is a likely result of serious harm or a need for institutionalization, such as hospitalization or incarceration;

Unable to be met through available alternative, cost-effective services, supports, or natural resources

#### What May be Requested as an Exception

What is Covered (and not Covered) in a 24-HR Setting Exceptional Rate Request



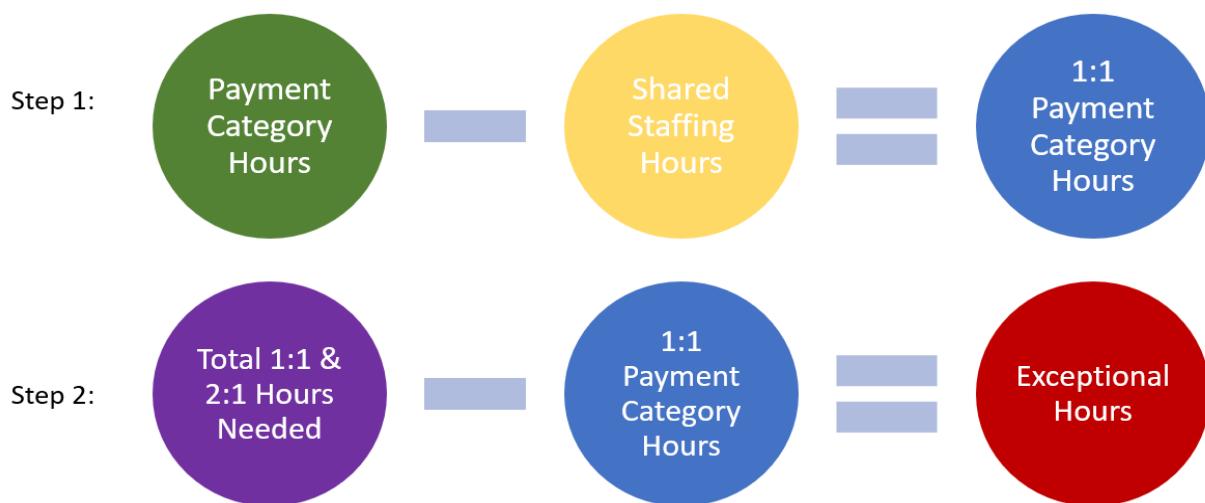
Exceptions are specific to requests for DSP (Direct Support Professionals) staffing hours in an amount necessary beyond resources that are assumed in the payment category service rate assigned to the individual.

## 1:1 or 2:1 (or greater) Hours are:



Times when an individual's support needs are so intense, staff must be actively physically or mentally engaged in providing direct support to the individual. The 1:1 or 2:1 staff are not responsible for support or supervision of other persons.

The exceptional rate calculator will factor the contribution of shared staffing hours attributed to the individual in the rate model assumption. Exceptional rates will calculate the amount of 1:1 and 2:1 DSP hours beyond the shared staffing and 1:1 support hours factored into the rate model assumptions for the individual's service group payment category.



### Final Exceptional Rate Calculation:



A summary of staffing of the home is sometimes necessary for information gathering and assessment in making an exceptional rate determination. ODDS will not be granting exceptions based on staffing patterns of a home or operational models adopted by a provider.

What May NOT be Requested as an Exception



ODDS will not grant exceptional rates for 24-hour residential service settings providers for the following:

- Transportation;
- Home or Vehicle Modifications;
- Funding for property damage;
- Funding for equipment, supplies, or furnishing that are the responsibility of the provider or a non-disability specific customary expense incurred as a general part of community living;
- Funding to replace or supplement room and board or personal funds;
- Funding for state plan or waiver services not specifically identified as a component of the bundled service rate, such as professional behavior services, direct nursing services, day support activities, and employment services;
- Funding for services or support needs that may be met by an available alternative resource;
- Increased funding will not be granted for travel, vacation, or other non-essential activities or excursions;
- Funding to support an individual in a setting that is not Home and Community-Based, including institutions, nursing care facilities, and school settings;
- Service funding that is ineligible for Medicaid state plan or waiver match dollars; or
- Funding to address an individual's extended or numerous absences from the home.

### Documentation Required

In addition to the completed exception request, a 24-HR setting rate exception must also include a copy of the ISP. When the exception request is related to support of challenging behavior, a Functional Behavioral Assessment (FBA) and Positive Behavior Support Plan (PBSP) must also be provided with the exception request. For exceptions related to exceptional medical or other care supports, a copy of the Nursing Plan and/or relevant protocols is required. The SC or PA may include any other documentation believed to be relevant to supporting the request for exception.

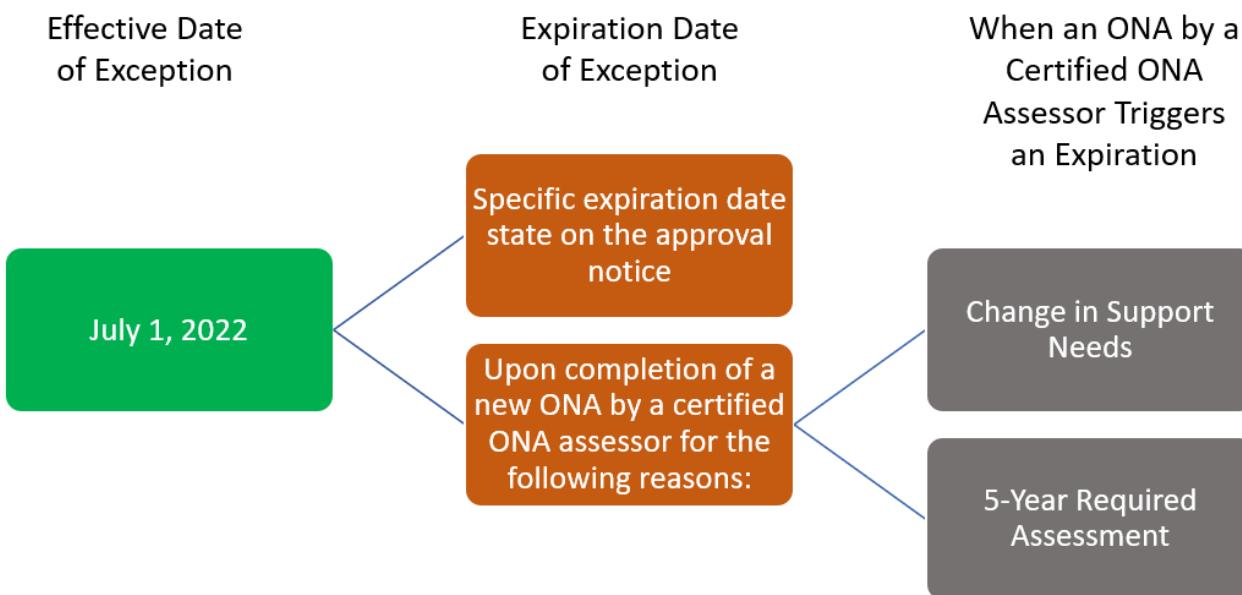
### Notification, Authorization Period, and Expiration:

ODDS will issue notification of the 24-Hour exceptional service rate request decision to the individual's Services Coordinator and include the 24-hour residential service setting provider.

Retroactive funding requests may be considered when exceptional situations require intensive support to be provided prior to the submission of an exception. The funding request may be considered for retroactive approval in compelling situations where factors beyond the control of the provider resulted in a delay in requesting the increased funding, such as a waitlist to access to a new assessment by a certified assessor, needed time for evaluation or testing of strategies (such as a new medication or implementing a new or updated positive behavior support plan), etc. Retroactive approvals, including the length of time of authorization, are at the discretion of ODDS and will not be approved beyond the last ONA if the assessment was done less than 60 days prior.

Rate exceptions (referred to as "add-ons") will be entered into eXPRS by ODDS.

Exceptional rates remain effective until a new ONA assessment for a change in need is completed by a certified ONA assessor, up to a maximum approval period of five years, unless an alternate expiration date is indicated on the notification letter and entered into eXPRS by ODDS.



Exceptional rates must be reviewed by a case manager on a minimum annual basis.

### The annual review by the case manager must evaluate if:

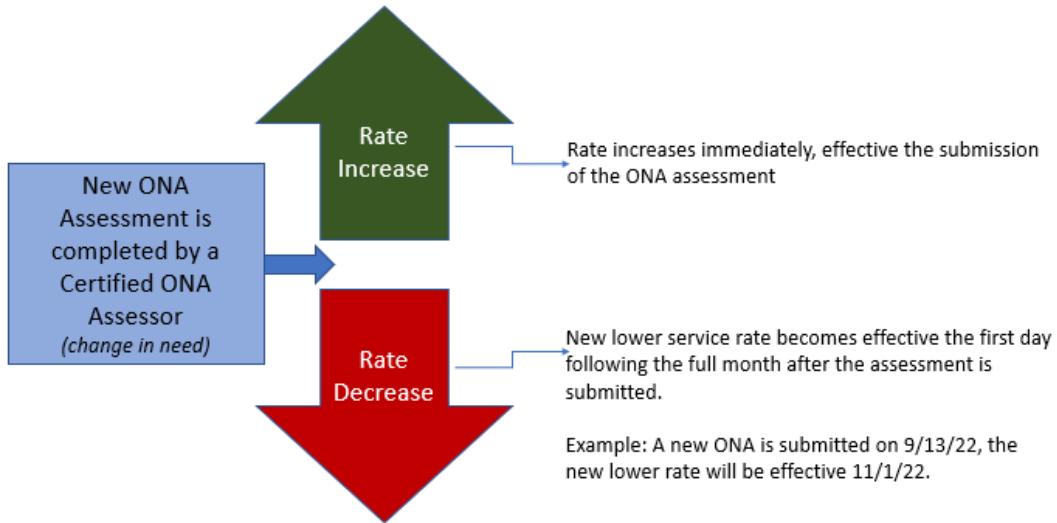


The individual continues to require the exceptional supports (in the amount approved in the exception)

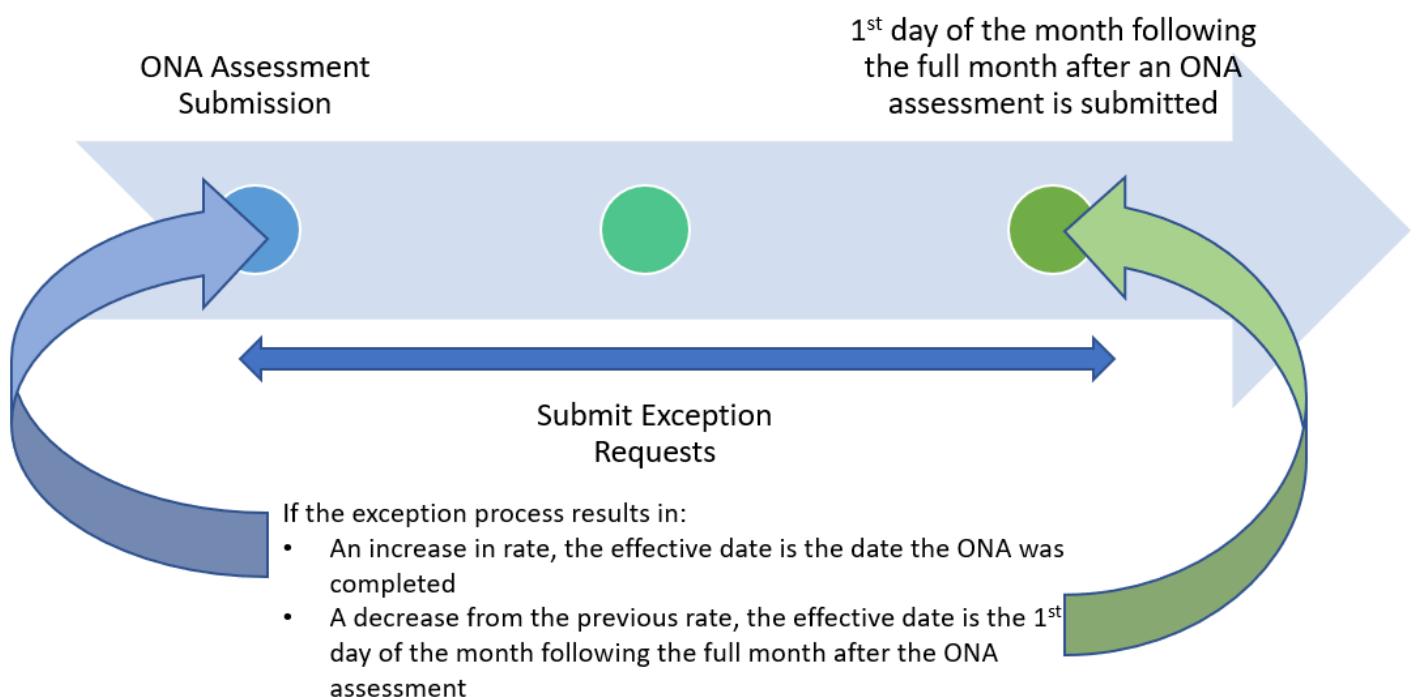


The provider has provided staffing in accordance with the approved exception

If the individual is determined to still require an exceptional rate following the result of a new ONA assessment, a new exceptional rate request must be submitted to ODDS. If no new request for an exceptional rate is requested following an ONA completed by an assessor, the previously granted exceptional rate will expire on the last day of the month following the month the new assessment was completed. When a request for exception is submitted following an assessment prior to the implementation of the new rate based on the assessment, ODDS may retroactively approve the exception to ensure there is no lapse in needed exceptional funding.



Timeline for when there is a new ONA assessment completed by an ONA assessor and there is an exception request:



## 2:1 or Greater Staffing in Adult Foster Home Settings

### When an exception may be appropriate:

When an individual residing in an adult foster home is determined to need 2:1 support, an exception request may be made following the ODDS "[Foster Care 2-1 Staffing Authorization Procedure](#)" guide.

The initial approval for 2:1 authorization requires submission of the exception request form (0514DD). The need for 2:1 should be indicated in the individual's current SNAP assessment tool. If the individual's most recent assessment does not reflect the individual's current support needs, a new assessment needs to be conducted prior to the request for an exception.

### What May be Requested as an Exception

#### What is Covered in an Adult Foster Care 2:1 Staffing Request

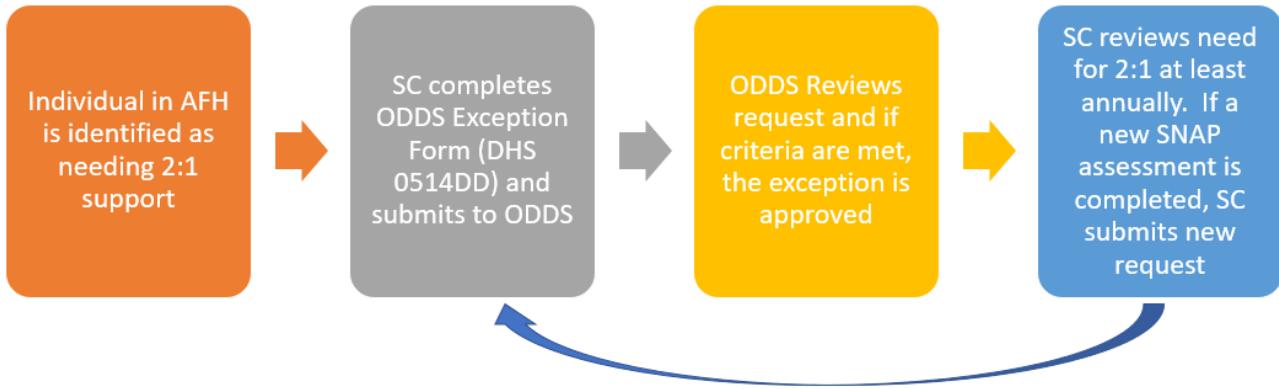
2:1 or greater staffing is the only funding exception specific to the provider service rate for adult foster care settings and 2:1 hours are granted by the ODDS exceptions committee when the criteria for needing 2:1 is met. The amount of 2:1 hours approved are aligned with the ODDS SNAP Exceptions Process Guidelines-<http://www.dhs.state.or.us/spd/tools/dd/cm/Fostercare-SNAP-Exception-Process-Guidelines.pdf>.

### Documentation Required

In addition to the completed exception request, an Adult Foster Home 2:1 rate exception must also include a copy of the ISP. When the exception request is related to support of challenging behavior, a Functional Behavioral Assessment (FBA) and Positive Behavior Support Plan (PBSP) must also be provided with the exception request. For exceptions related to exceptional medical or other care supports, a copy of the Nursing Plan and/or relevant protocols is required. The SC or PA may include any other documentation believed to be relevant to supporting the request for exception.

### Notification, Authorization Period, and Expiration:

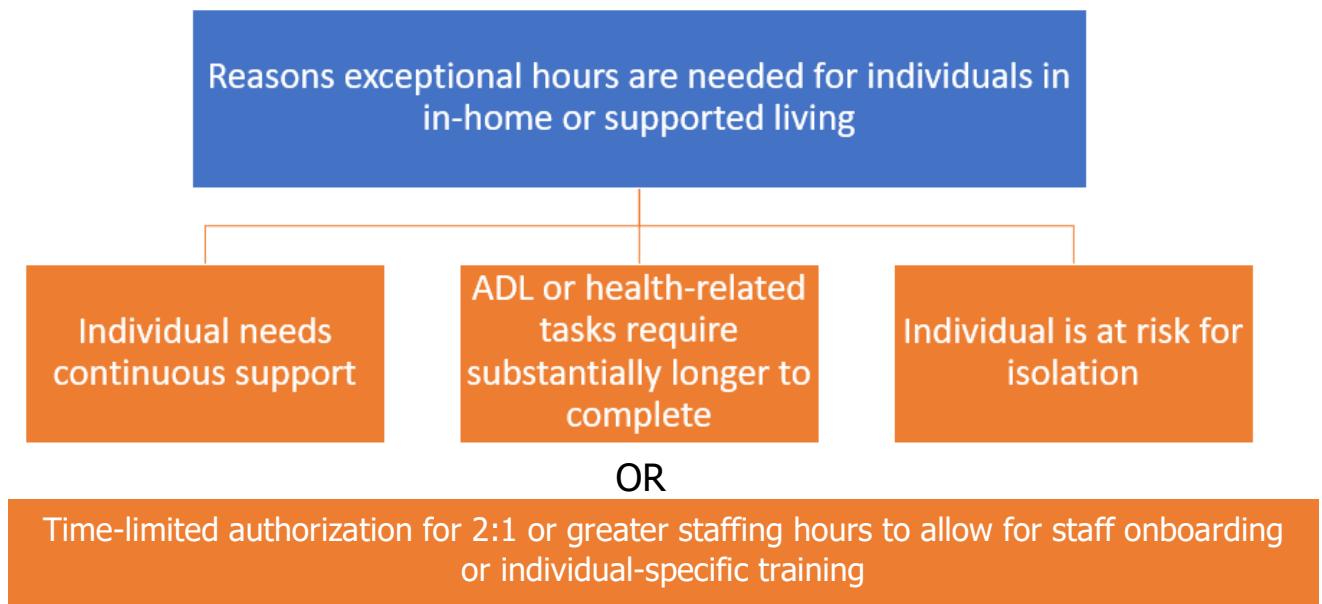
Once an exception is granted, the ISP may review the need for support on a minimum annual basis. If the individual's need have not changed, then the Services Coordinator may continue to authorize the 2:1 support. Any time a new SNAP assessment is conducted, a new request must be submitted to ODDS Funding Review for continued authorization.



Please note that the 2:1 must be entered in the ODDS payment system as a separate ZE modifier rather than increasing the SNAP rate.

## Increase in Support Hours Above Service Group/ Higher Staffing Ratio in In-Home Settings

The attendant care hours available to individuals based on their ANA or CNA assessment for people living in their own or family home should meet the needs of the majority of individuals, however some individuals may require a higher level of supports. These are the reasons an individual might need support greater than what is identified in the assessment. An exception request should demonstrate:



### When an exception may be appropriate:

**The individual needs continuous support.** To approve an exception for this reason the request must:

- Be based on one or more assessed needs for unpredictable, intermittent supports that are likely to come up throughout the day (may or may not come up overnight) in the following areas:
  - Toileting
  - Transfers
  - Mobility
  - Managing a recurring behavior such as:
    - Self-injurious behavior that may lead to a serious injury.
    - Aggressive or combative
    - Injurious to animals
    - Sexual Aggression or Assault
    - Property Destruction
    - Leaving the supervised area

- Pica
- Uncontrolled seizures
- Diabetes management that includes administration of sliding scale insulin
- Airway, tracheal, or nasopharyngeal suctioning
- Use of a CPAP/BiPAP or mechanical ventilator
- Reasonably explain how the lack of an ADL/IADL support beyond the maximum would result in harm to the person from one of the areas listed above. “Standing by just in case” something previously unknown, or that hasn’t happened in a long time, “might” happen is not an ADL/IADL support.
- Demonstrate that the need should be expected to come up at least daily, or nearly so. Or, for those unmet needs that WILL absolutely come up, but infrequently, and if unmet would likely result in hospitalization or worse, then this criterion may apply.
- 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. A child whose IEP outlines a school day that is shorter than typical due to medical or behavioral barriers, but not due to the choice of a parent to keep a child from school when it is otherwise available, can be a factor. A choice to home school is not a factor.

### What May be Requested as an Exception

#### What is Covered in an In-Home Exceptional Hours Request for Continuous Support

The hour allocation request should be an amount to assure the need can be met when it arises. If the need does not come up at night, then the allocation can be enough to cover the number of hours per day that the person is awake and will need paid supports (Up to sixteen hours per day for someone who sleeps on average 8 hours per night, for example). If the need arises regardless of the time of day, up to 24 hours per day should be requested (up to 744 per month)

When an exception may be appropriate:

**The individual has one or more ADL or health related tasks that requires substantially longer to complete** than is typical, either because each instance takes a long time or because the frequency of the support is significantly higher than typical. A request based on this reason will only be approved when:

- The need is not based on individual's preference (e.g. someone enjoys long soaks in the tub but cannot be left alone) or the inability of a preferred provider to complete a task timely (provider has a bad back and transfers take longer because of it), but rather must be the result of a physical, medical or behavioral condition.
- Information about the individual's total support needs is provided and there is justification for why they cannot be met within the service group's hour limit. A person's physical condition or challenging behaviors may be the cause of the extra time, as can be communication challenges.
- Daily schedules, OT and PT evaluations can support the request.

What May be Requested as an Exception

What is Covered in an In-Home Exceptional Hours Request for Time Intensive Support

When this criterion is met, the hour allocation should be set at an amount that can reasonably be expected to get the need met.

When an exception may be appropriate:

**Risk for isolation.** Meeting the individual's support needs in the home takes up so many of the available hours that the individual, who needs support to access the community, wants to but cannot access the community in a routine frequency or amount. A request based on this reason will only be approved when:

- The person needs support to access the community.
- Information about the time it takes to meet an individual's total support needs is provided. 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

#### What May be Requested as an Exception

#### What is Covered in an In-Home Exceptional Hours Request to Address Risk of Isolation

When this criterion is met, the hour allocation can be increased up to an amount that assures the individual has support to access the community with routine frequency..

### **2+:1 supports for In-Home**

In general, in home attendant care services are expected to be delivered by one support person to one or more individuals being supported. Occasionally an individual requires more than one person to assist in one or more areas of support. Reasons why a person might need a higher staffing ratio include:

- ADL supports that can only be completed with the assistance of two providers. For example, transfers for some people may only be possible to do safely with two people. In most cases, the ONA will indicate the need for the higher staffing ratio.
- Safeguarding interventions that require two people to carry out. Generally, these interventions will be associated with one of these behaviors identified on an ONA:
  - Self-injurious behavior that may lead to a serious injury
  - Aggression or combative
  - Injurious to animals
  - Sexual Aggression or Assault
  - Property Destruction
  - Leaving the supervised area
  - Pica
- Medical supports that require two people to perform
- A person needs intensive focus at all times and another person is necessary to complete IADLs (cooking, cleaning, etc.)

### What May be Requested as an Exception

#### What is Covered in an In-Home Exceptional 2:1 (or greater) Hours Request

The request for an approval of a staffing ratio of greater than 1:1 must show how more than one person is necessary to meet an identified goal or support need. It may be necessary to describe the frequency and or duration of supports that require additional providers.

2:1 is not appropriate when a chosen provider cannot perform a task alone when typically one person could. Exceptions are not approved for convenience. The additional providers must be necessary to complete a task, the request must explain why.

In rare cases, higher staffing ratios will be approved for the purposes of training providers to a PBSP or Nursing Care Plan.

#### When an exception may be appropriate:

**Time-limited 2:1 or greater staffing hours for training of staff.** There may be situations where it is most cost effective and efficient for multiple staff to be working at the same time to receive training.

### What May be Requested as an Exception

When there is a change in staffing, or implementation or update of a plan (such as a Behavior Support Plan or Nursing Care Plan) and it is the most cost effective and efficient method to onboard or train staff, a time-limited authorization for 2:1 or greater staffing hours may be appropriate. An example of this type of exception would be when there are multiple staff who provide support to an individual with behavior supports. The Behavior Professional is training the staff on the strategies and interventions in the plan. It may be more cost effective to have one training session with most or all of the staff rather than the Behavior Professional doing separate training to each staff member one at a time.

The request should be specific to the need and explain how the use of multiple staff at the same time is the most cost effective and efficient method for ensuring staff are trained to the specific needs of the individual. This practice should be time-limited and only in the amount necessary for the training to occur.

### Documentation Required

In addition to the completed exception request, an in-home hours exception must also include a copy of the ISP. When the exception request is related to support of challenging behavior, a Functional Behavioral Assessment (FBA) and Positive Behavior Support Plan (PBSP) must also be provided with the exception request, if these documents are available. For exceptions related to exceptional medical or other care supports, a copy of the Nursing Plan and/or relevant protocols should be submitted, when these documents are available. The SC or PA may include any other documentation believed to be relevant to supporting the request for exception.

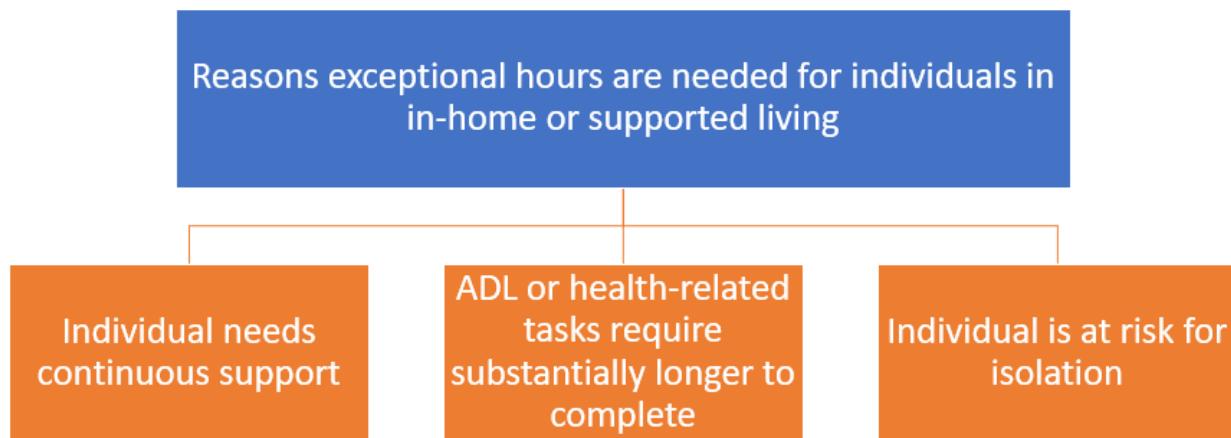
### Notification, Authorization Period, and Expiration:

ODDS will issue notification of the exception request decision to the individual's Services Coordinator or Personal Agent who take action based on the decision outcome. If the exception request is approved, the SC or PA will update the individual's ISP to reflect the additional resource(s).

Exceptions approving 2:1 or greater staffing for the purposes of training will be time-limited and the approval should include an expiration date or length of time the exception is authorized.

## Increase in Support Hours Above Service Group/ Higher Staffing Ratio in Supported Living

Application of a needs assessment with associated hours or hour ranges for people living in their own home should meet the needs of the majority of individuals, however some individuals may require a higher level of supports. These are the reasons an individual might need support greater than what is identified in the assessment. An exception request should demonstrate how.



### When an exception may be appropriate:

**The individual needs continuous support.** To approve an exception for this reason the request must:

- Be based on one or more assessed needs for unpredictable, intermittent supports that are likely to come up throughout the day (may or may not come up overnight) in the following areas:
  - Toileting
  - Transfers
  - Mobility
  - Managing a recurring behavior such as:
    - Self-injurious behavior that may lead to a serious injury.
    - Aggressive or combative
    - Injurious to animals
    - Sexual Aggression or Assault
    - Property Destruction
    - Leaving the supervised area
    - Pica
  - Uncontrolled seizures
  - Diabetes management that includes administration of sliding scale insulin

- Airway, tracheal, or nasopharyngeal suctioning
- Use of a CPAP/BiPAP or mechanical ventilator
- Reasonably explain how the lack of an ADL/IADL support beyond the maximum would result in harm to the person from one of the areas listed above. “Standing by just in case” something previously unknown, or that hasn’t happened in a long time, “might” happen is not an ADL/IADL support.
- Demonstrate that the need should be expected to come up at least daily, or nearly so. Or, for those unmet needs that WILL absolutely come up, but infrequently, and if unmet would likely result in hospitalization or worse, then this criterion would apply.

#### What May be Requested as an Exception

##### What is Covered in a Supported Living Exceptional Hours Request- Continuous Support

The hour allocation request should be an amount to assure the need can be met when it arises. If the need does not come up at night, then the allocation can be enough to cover the number of hours per day that the person is awake and will need paid supports (Up to sixteen hours per day for someone who sleeps on average 8 hours per night, for example). If the need arises regardless of the time of day, up to 24 hours per day should be requested (up to 744 per month)

#### When an exception may be appropriate:

**The individual has one or more ADL or health related tasks that requires substantially longer to complete** than is typical, either because each instance takes a long time or because the frequency of the support is significantly higher than typical. A request based on this reason will only be approved when:

- The need is not based on individual’s preference (e.g. someone enjoys long soaks in the tub but cannot be left alone) or the inability of a preferred provider to complete a task timely (provider has a bad back and transfers take longer because of it), but rather must be the result of a physical, medical or behavioral condition.
- Information about the individual’s total support needs is provided and there is justification for why they cannot be met within the service group’s hour limit. A person’s physical condition or challenging

behaviors may be the cause of the extra time, as can be communication challenges.

- Daily schedules, OT and PT evaluations can support the request.

### What May be Requested as an Exception

#### What is Covered in a Supported Living Exceptional Hours Request for Time Intensive Support

When this criterion is met, the hour allocation should be set at an amount that can reasonably be expected to get the need met.

#### When an exception may be appropriate:

**Risk for isolation.** Meeting the individual's support needs in the home takes up so many of the available hours that the individual, who needs support to access the community, wants to but cannot access the community at least 20 hours per week. A request based on this reason will only be approved when:

- The person needs support to access the community.
- Information about the time it takes to meet an individual's total support needs is provided. 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 the 20 hours of community inclusion, but these do:
  - IADLs that take place away from the home (laundry at a laundromat, banking, haircuts, etc.)
  - Entertainment outside of the home
  - Dining out
  - Attending religious services
  - Errands
  - Day Support Activities

#### What is Covered in a Supported Living Exceptional Hours Request to Address Risk of Isolation

When this criterion is met, the hour allocation can be increased up to an amount that assures the individual has support to access the community as much as they want, up to 20 hours per week.

## What is Covered in a Supported Living 2:1 (or greater) Hours Request

### **2+1 supports for Supported Living**

In general, services are expected to be delivered by one support person to one or more individuals being supported. Occasionally an individual requires more than one person to assist in one or more areas of support. Reasons why a person might need a higher staffing ratio include:

- ADL supports that can only be completed with the assistance of two providers. For example, transfers for some people may only be possible to do safely with two people. In most cases, the ONA will indicate the need for the higher staffing ratio.
- Safeguarding interventions that require two people to carry out. Generally, these interventions will be associated with one of these behaviors identified on an ONA:
  - Self-injurious behavior that may lead to a serious injury
  - Aggression or combative
  - Injurious to animals
  - Sexual Aggression or Assault
  - Property Destruction
  - Leaving the supervised area
  - Pica
- Medical procedures that require two people to perform
- A person needs intensive focus at all times and another person is necessary to complete IADLs (cooking, cleaning, etc.)

### What May be Requested as an Exception

The request for an approval of a staffing ratio of greater than 1:1 must show how more than one person is necessary to meet an identified goal or support need. It may be necessary to describe the frequency and or duration of supports that require additional providers.

2:1 is not appropriate when a chosen provider cannot perform a task alone when typically one person could. Exceptions are not approved for convenience. The additional providers must be necessary to complete a task, the request must explain why.

When applicable, a request should be specific to the need and explain how the use of multiple staff at the same time is the most cost effective and efficient

method for ensuring staff are trained to the specific needs of the individual. This practice should be time-limited and only in the amount necessary for the training to occur.

#### Documentation Required

In addition to the completed exception request, a Supported Living hours exception must also include a copy of the ISP. When the exception request is related to support of challenging behavior, a Functional Behavioral Assessment (FBA) and Positive Behavior Support Plan (PBSP) must also be provided with the exception request, if these documents are available. For exceptions related to exceptional medical or other care supports, a copy of the Nursing Plan and/or relevant protocols should be submitted, when these documents are available. The SC may include any other documentation believed to be relevant to supporting the request for exception.

#### Notification, Authorization Period, and Expiration:

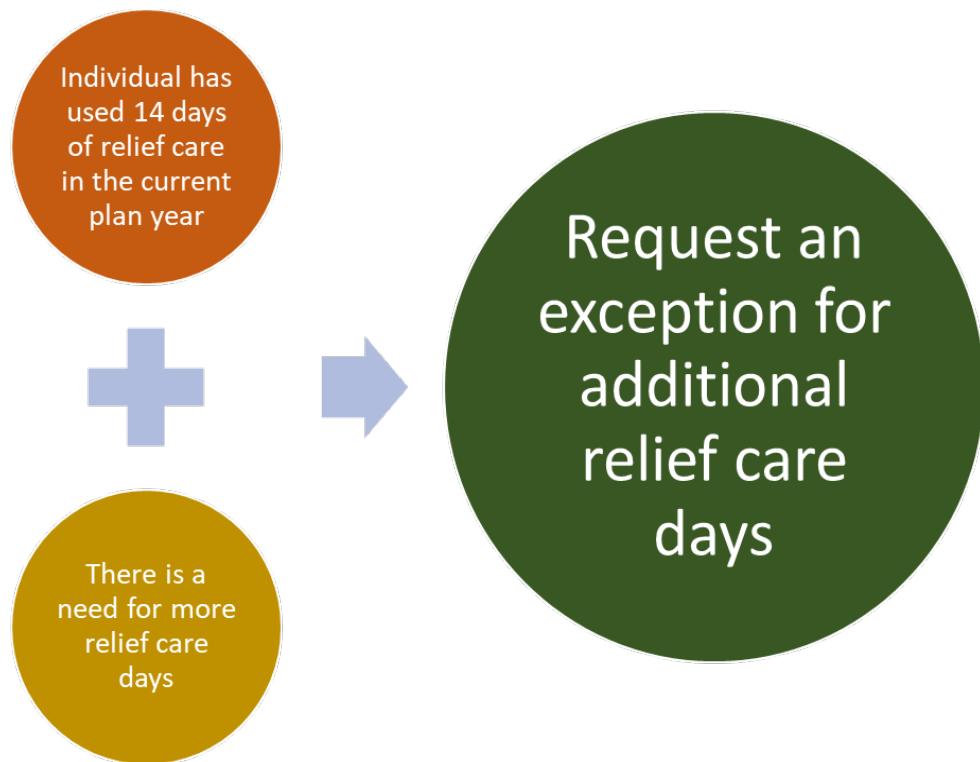
ODDS will issue notification of the exception request decision to the individual's Services Coordinator or Personal Agent who take action based on the decision outcome. If the exception request is approved, the SC will update the individual's ISP to reflect the additional resource(s).

Exceptional service hours remain effective until a new assessment is completed reflecting a change in need, up to a maximum approval period of five years, unless an alternate expiration date is indicated on the notification letter.

## Additional Days of Relief Care

### When an exception may be appropriate:

When a person has exhausted their 14 days of relief care per year, additional days may be approved when there is no alternative way to get their critical support needs met, often due to the loss of a caregiver. Additional relief care may also be approved to support an entry transition into a residential program when no other support available.



### What May be Requested as an Exception

An exception should only be requested for the minimum number of days necessary to replace hourly in home supports when there is a loss of a caregiver or for entry into a residential program.

### Documentation Required

The request should describe the actions taken to minimize the number of relief care days and why attendant care hours are not able to be used or are insufficient to meet the individual's needs.

In addition to the completed exception request, an exception request for additional days of relief care must also include a copy of the ISP. When the

exception request is related to support of challenging behavior, a Functional Behavioral Assessment (FBA) and Positive Behavior Support Plan (PBSP), if available, should be provided with the exception request. For exceptions related to exceptional medical or other care supports, a copy of the Nursing Plan and/or relevant protocols should be submitted, if these documents are available. The SC or PA may include any other documentation believed to be relevant to supporting the request for exception.

Notification, Authorization Period, and Expiration:

ODDS will issue notification of the exception request decision to the individual's Services Coordinator or Personal Agent who take action based on the decision outcome. If the exception request is approved, the SC or PA will update the individual's ISP to reflect the additional resource(s). If the request is denied, the individual will receive notification of the decision and their rights to a hearing.

Exceptional approval for additional dates of relief care will usually be approved for a specific timeframe mentioned in the approval documentation.

## Exceptional Relief Care Daily Rate- Agency Providers

### When an exception may be appropriate:

The request must show all available providers have been contacted and refused to provide services within the rate identified in the expenditure guidelines. Case manager should communicate with the agency and describe how the additional funding will be used and how that will mitigate the circumstance that warranted the higher rate.

### What May be Requested as an Exception

#### What is Covered in an Exceptional Relief Care Daily Rate Request

The exceptional relief care daily rate covers a single 24-hour period and is intended to address all of the individual's support needs during this time period. The exception may be requested for agency providers only- *a PSW is not eligible for an exceptional rate.*

The request for exceptional relief care daily rate may be requested for the amount of days the individual requires relief care supports, up to the 14 days allowable to be authorized by the local CME. When more than 14 days of relief care are needed within a plan year, an exception must be requested specifically for additional days.

### Documentation Required

In addition to the completed exception request, a relief care rate exception must also include a copy of the ISP. When the exception request is related to support of challenging behavior, a Functional Behavioral Assessment (FBA) and Positive Behavior Support Plan (PBSP) must also be provided with the exception request. For exceptions related to exceptional medical or other care supports, a copy of the Nursing Plan and/or relevant protocols is required. The SC or PA may include any other documentation believed to be relevant to supporting the request for exception.

### Notification, Authorization Period, and Expiration:

ODDS will issue notification of the exception request decision to the individual's Services Coordinator or Personal Agent who take action based on the decision outcome. If the exception request is approved, the SC or PA will update the individual's ISP to reflect the additional support as indicated in the exceptional rate approval.

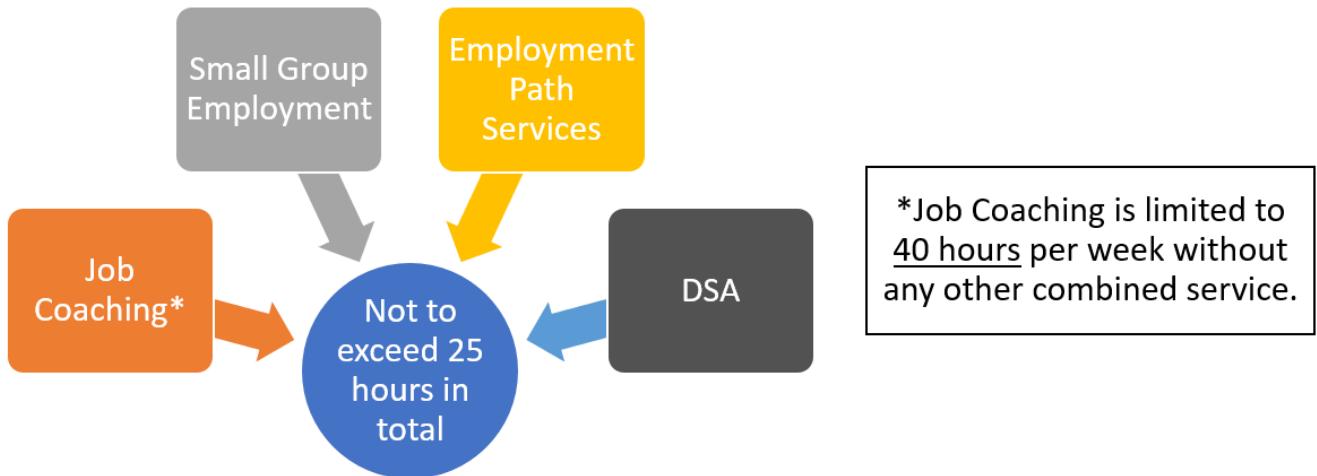
Exceptional approval for a provider rate may specify a specific provider and will usually be approved for the current ISP year or specific time frame stated in the approval document.

The SC or PA may continue to authorize the service in future plan years when the conditions necessitating the exceptional rate continue to be present, including after ruling out the availability of providers who can deliver the service at the normal rate. Authorization for an exceptional provider rate will end when a new assessment is conducted by a certified ONA assessor, the Department provides notification of termination of the exceptional rate approval, or unless otherwise specified in the approval notification, whichever occurs first.

## Employment/DSA More than 25 Hours Per Week

### When an exception may be appropriate:

Employment services are limited to 25 hours for any combination of job coaching, small group employment support, employment path services, and/or DSA services without an exceptional approval. Job coaching is limited to a maximum of 40 hours without any other combined service. See 411-345-00953(a) and (b).



### What May be Requested as an Exception

#### What is Covered in an Employment/DSA Exception Request for More Than 25 Hours/Week

Examples of reasons to request additional hours may include:

- The person is using 25 hours of employment path and small group support per week, and needs additional hours for benefits counseling or wants to participate in another employment program such as Project Search;
- The person is using job coaching for support to work in competitive integrated employment for 30 hours per week and also needs benefits counseling or wants to participate in another employment program such as Project Search.

### Documentation Required

In addition to the completed exception request, an exception request for more than 25 hours per week of a combination of employment services and/or DSA must also include a copy of the Career Development Plan. The form must

provide specific information about the individual's support needs. The SC or PA may include any other documentation believed to be relevant to supporting the request for exception.

**Notification, Authorization Period, and Expiration:**

ODDS will issue notification of the exception request decision to the individual's Services Coordinator or Personal Agent who take action based on the decision outcome. If the exception request is approved, the SC or PA will update the individual's ISP to reflect the additional approved service hours. If the request is denied, the individual will receive notification of the decision and their rights to a hearing.

Exceptional approval for more than 25 hours/week of a combination of employment services and/or DSA will usually be approved for the remainder of the current ISP year or a time period stated in the approval documentation.

## Employment Services for Individuals Under Age 22

### When an exception may be appropriate:

Employment services, such as Discovery and Benefits Counseling must have ODDS approval for individuals under the age of 18. Job Coaching under the age of 16 requires an exception. For those under the age of 22, Employment Path services are generally not available.

Employment Path is generally not available as a service for youth and transition age students (those under the age of 22) through ODDS and the Medicaid Home and Community-Based Services Program. This is because ODDS may not duplicate services available through the Individuals with Disability Education Act (IDEA), and Employment Path generally includes support to gain skills and experience that can be used in employment, which is generally available under IDEA through the schools.

For more information about employment resources for youth and transition age students, please see the following worker guide:

<https://www.oregon.gov/dhs/EMPLOYMENT/EMPLOYMENT-FIRST/Policy/WorkersGuide-ODDS-Employment-Services-Transition-age-Individuals-Youth-03.08.19.pdf>

### What May be Requested as an Exception

As noted above all employment services, including Job Coaching, must have ODDS approval for individuals under the age of 16. Between the ages of 16-17 all employment services except for Job Coaching must have ODDS approval. Youth and Transition-Age students eligible for services under IDEA are not eligible for ODDS-Employment Path because this service is available through IDEA. An exception for this may be approved in very limited circumstances.

Note: Students eligible for special education and related services may continue to use services available under IDEA until the school year in which they reach the age of 21 (or until a regular high school diploma is attained).

### Documentation Required

In addition to the completed exception request, an exception request for a youth or transition age adult must also include a copy of the ISP. The exception

request needs to clearly identify what service is needed and explain how this is not a duplication of what should be available to the individual through education or VR services.

When the exception request includes support to address challenging behavior, a Functional Behavioral Assessment (FBA) and Positive Behavior Support Plan (PBSP) must also be provided with the exception request. For exceptions related to exceptional medical or other care supports, a copy of the Nursing Plan and/or relevant protocols is required. The SC or PA may include any other documentation believed to be relevant to supporting the request for exception.

Notification, Authorization Period, and Expiration:

ODDS will issue notification of the exception request decision to the individual's Services Coordinator or Personal Agent who take action based on the decision outcome. If the exception request is approved, the SC or PA will update the individual's ISP to reflect the approved services. If the request is denied, the individual will receive notification of the decision and their rights to a hearing.

Exceptional approval for employment services for an individual under the age of 22 will usually be approved for the remainder of the current ISP year or a specific time period as stated in the approval documentation.

## Job Coaching Before Utilizing Vocational Rehabilitation Services

### When an exception may be appropriate:

#### **ODDS-funded Job Coaching when person obtains job and while waiting for VR services.**

Individuals are generally required to access services available through VR before ODDS and Medicaid Home and Community-Based Service. Initial job coaching is available through VR.

An SC/PA can approve Initial Job Coaching services for 120 days while a person is waiting for VR services to start. If more than 120 days is required then an exception request must be submitted for ODDS approval. The Exception form must be submitted along with the following form: here:

<https://forms.office.com/g/VMH78Q7T2Z>

In some circumstances it may be determined that the person is stabilized in their job and does not require VR services. Under these circumstances an exception request is not required, but the online "[Job Coaching Without VR Form](#)" must be submitted to ODDS. The "Job Coaching without VR Guide" should be carefully reviewed and followed closely to accurately determine that Job Coaching without VR is appropriate. It is imperative that the person's employment meets the stability and competitive integrated employment standards before approving Job Coaching without VR.

The "Job Coaching Without VR" Worker Guide can be found on the ODDS Employment Policy webpage:

<https://www.oregon.gov/dhs/EMPLOYMENT/EMPLOYMENT-FIRST/Policy/ODDS-Worker-Guide-Job-Coaching-Without-VR.pdf>

### What May be Requested as an Exception

#### What is Covered in a Job Coaching Exception Request

If the person has been referred to VR services and more than 120 days are required before VR services start, an exception request must be submitted to ODDS for approval. The SC/PA can approve initial Job Coaching for no more than 120 days without approval from ODDS.

While not technically an exception, if the person and the other members of the ISP team believes that the person's employment is stabilized and meets the competitive integrated employment standards, then Job Coaching without a VR referral may be appropriate. Again, the "Job Coaching without VR Worker Guide" should be carefully reviewed while making a determination. Once determined

that Job Coaching without VR is appropriate the SC/PA will submit the "Job Coaching without VR" form to ODDS at [employment.first@dhsoha.state.or.us](mailto:employment.first@dhsoha.state.or.us).

#### Documentation Required

The online "Job Coaching Without VR Form" is required and it can be found in the Worker Guide. After the form is completed it will be submitted to: [employment.first@dhsoha.state.or.us](mailto:employment.first@dhsoha.state.or.us).

Please Note: An exception request is not required for Job Coaching without VR unless the job is located at a provider site or is contracted work that requires a ratio of workers with disabilities. Please see the Job Coaching Without VR guide for further instructions. Or as mentioned above Job Coaching services are needed for more than 120 days.

If VR is needed and additional ODDS Job Coaching is needed for more than 120 days pending VR intake, submit the exception request with the following info:

- The anticipated date for the VR intake appointment;
- The estimated duration proposed for long term job coaching; and

SC or PA may include any other documentation believed to be relevant to supporting the request for exception.

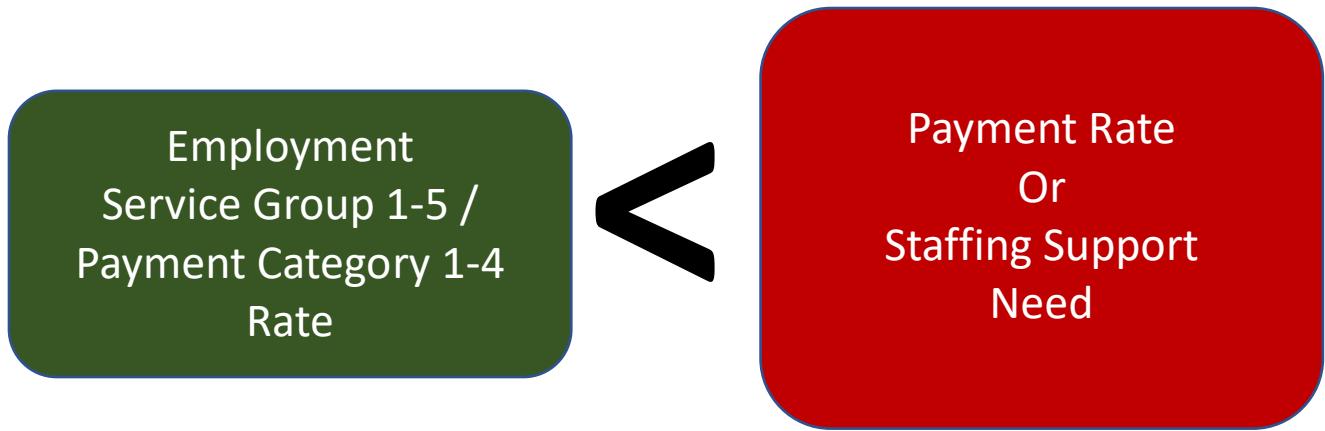
#### Notification, Authorization Period, and Expiration:

ODDS will issue notification of the exception request decision to the individual's Services Coordinator or Personal Agent who take action based on the decision outcome. If the exception request is approved, the SC or PA will update the individual's ISP to reflect the approved Job Coaching. If the request is denied, the individual will receive notification of the decision and their rights to submit a complaint and request a hearing.

## Increase in Service Rate for Employment or DSA

### When an exception may be appropriate:

If it is determined by the ISP Team that an increased payment rate is required to adequately support the person or if additional staffing support is needed



### What May be Requested as an Exception

#### What is Covered in an Employment/DSA Exceptional Service Rate Request

A service rate exception might include additional staff when two otherwise qualified people are required simultaneously to meet the person's support needs.

For employment services, a rate exception may be requested if the ISP team including the employment provider decide a higher hourly rate to adequately support. For example, an exception request can be submitted for an hourly rate increase from Service Group 3 to Service Group 4.

Another need for an exception request related to employment services may be 1:1 support for a particular employment service. For example, a person may need 1:1 support for Small Group Employment services due to health and safety needs. Or possibly a person may need 1:1 Job Coaching support 100% of the time.

### Documentation Required

In addition to the completed exception request, an Employment or DSA service rate exception must also include a copy of the ISP and any supporting documentation (CDP, PCI, Functional Behavioral Assessment (FBA), Positive Behavior Support Plan (PBSP), Nursing Plan, relevant protocols, etc).

The SC or PA may include any other documentation believed to be relevant to supporting the request for exception.

Notification, Authorization Period, and Expiration:

ODDS will issue notification of the exception request decision to the individual's Services Coordinator or Personal Agent who take action based on the decision outcome. If the exception request is approved, the SC or PA will update the individual's ISP to reflect the additional resource(s). If the request is denied, the individual and provider will receive notification of the decision.

Exceptional employment or DSA service rates will generally be effective up to one year unless an alternate expiration date is indicated on the notification letter.

If the individual is determined to still require an exceptional rate following the result of a new ONA assessment, a new exceptional rate request must be submitted to ODDS. If no new request for an exceptional rate is requested following an ONA completed by an assessor, the previously granted exceptional rate will expire on the last day of the month following the month the new assessment was completed.

## Other Employment or DSA-Related Exception

### When an exception may be appropriate:

When an individual is needing support for community integrated employment or other services related to a goal of employment that is outside of the expenditure guidelines and is not addressed in another category of exception related to employment or DSA services, an exception may be requested.

The SC/PA will work with the individual and the ISP team to identify the specific need for support, explore alternative resources, and compile the information needed for the exception request.

For more information related to support for individuals to seek and maintain competitive, integrated employment, please see the following worker guide:  
<https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/Documents/Worker-Guide-Competitive-Integrated-Employment-Requirements.pdf>

### What May be Requested as an Exception

#### What is Covered in an Employment/DSA Related Exception Request (not covered by other categories)

Examples of situations where an “Other” type of Employment/DSA exception may be needed include:

- Authorization for a PSW job coach when an individual lives in a foster care or 24-hour residential setting;
- Job Coaching for Self-Employment (initial ODDS approval only);
- Job Coaching at a provider site;
- Other

### Documentation Required

In addition to the completed exception request, an “Other” Employment/DSA exception must also include a copy of the ISP and other supporting documentation.

When the request is to use a PSW job coaching (for individuals who live in foster care or 24-hour residential setting). Submit an exception form with documentation to support the following: the PSW is the best fit; no agency Job Coach can reasonably be identified; the person has a file open with VR and support from a VRC; the job meets requirements for CIE.

Job Coaching for self-employment requires initial approval from ODDS (not annual approval). Documentation required for initial ODDS approval includes verification that the individual closed successfully through VR, evidence of the business, and documentation of the support needs. See detailed information in the Self-Employment workers' guide: <https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/WorkerGuides/Supported-Self-Employment.pdf>

ODDS approval is required to authorize job coaching at a provider site. The exception must demonstrate that the setting meets requirements for "Competitive Integrated Employment." A provider self-assessment must be completed for the setting. The assessment can be found here: <https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/Pages/provider-site-assessment-resources.aspx>

See more information in the related worker's guide:

<https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/Documents/Worker-Guide-Competitive-Integrated-Employment-Requirements.pdf>

The SC or PA may include any other documentation believed to be relevant to supporting the request for exception.

#### Notification, Authorization Period, and Expiration:

ODDS will issue notification of the exception request decision to the individual's Services Coordinator or Personal Agent who take action based on the decision outcome. If the exception request is approved, the SC or PA will update the individual's ISP to reflect the additional resource(s). If the request is denied, the individual will receive notification of the decision and their rights to a hearing.

Exceptional approval for "other" employment/DSA exceptions will usually be approved for the remainder of the current ISP year or specific time period stated in the approval documentation.

## PSW Work Week Hours Exceeding CBA Limit

### When an exception may be appropriate:

When an individual who receives in-home services experiences a situation where they are unable to hire a sufficient amount of PSWs to safely meet the individuals support needs, resulting in a need for designated PSWs to exceed work hour limits set in the PSW Collecting Bargaining Agreement, an exception may be needed.

For additional policy and procedure information related to PSW work week exceptions, please see the following worker guide:

<http://www.dhs.state.or.us/spd/tools/dd/cm/PSW%20Hours%20Limits%20Exceptions%20Worker%20Guide.pdf>

### What May be Requested as an Exception

#### What is Covered in a PSW Work Week Hours Exception Request

The exception request may ask for approval for specific PSWs to work in an amount that exceeds the CBA limit. This exception request is only an option when an individual is able to present a compelling reason for the need for a specific PSW to work the additional hours, including why there are not more available caregivers to maintain support within the hour limits per worker.

An exception may only be requested when all other alternate resources and efforts have been exhausted to identify additional caregiving staff, including exploration of hiring an in-home services agency.

The exception should identify the specific PSW and include information about how the other plan hours are dispensed among other caregivers. The exceptional amount of hours requested should be reasonable and safe for work to be performed and cannot be such a volume that there is concern of safe working conditions, compromise in the quality of care, fatigue of a caregiver, and ability of the caregiver to have adequate rest and time to address their own daily living needs. An exception will not be granted for a single worker to provide more than 16 hours per day.

### Documentation Required

In addition to the completed exception request, a PSW exceeding the CBA limit exception must also include a copy of the ISP. The request should include documentation of efforts to employ, retain, and recruit caregivers, including documentation of job descriptions and where they are published, and efforts to utilize the PSW registry and local in-home agency providers. The SC or PA may include any other documentation believed to be relevant to supporting the request for exception.

Renewal requests will require additional documentation to reflect that all of the conditions in the original or previous approval have been met.

### Notification, Authorization Period, and Expiration:

ODDS will issue notification of the exception request decision to the individual's Services Coordinator or Personal Agent who take action based on the decision outcome. If the exception request is approved, the SC or PA will update the individual's ISP to reflect the approved exception and include a plan for identification and onboarding of additional caregivers. If the request is denied, no Notice of Planned Action is required to be issued as there is no service being denied.

Exceptional approval for PSW hours exceeding the CBA work week will usually be approved for a specific time period stated in the approval documentation.

## Child Foster Care Rate Exception

### When an exception may be appropriate:

In situations when a child is in need of greater supports and resources than what is covered in the child's SNAP-generated service rate for foster care, an exception may be considered. The increased service rate request may include a request for 2:1 support for a child. The SC, in consultation with the child's team needs to evaluate if the child's SNAP accurately reflects the child's current needs. If a new assessment is needed, it should be completed prior to requesting an exception whenever possible. The team also should be exploring alternate resources for the child's support needs, including educational, health plan, and mental health services.

### What May be Requested as an Exception

#### What is Covered in a Child Foster Care Rate Exception

Generally, a child foster rate exception is for funding for additional hours of support so the provider may add staffing to support the child or increase hours of staffing to provide the child with intensive individualized support. The need for an exception is often to support a foster care provider to bring other caregivers to support the child when the SNAP rate is insufficient to cover the cost of staffing.

The exception request will need to identify how supports are provided in the home and when an exception is approved it is with the expectation that the provider will be bringing on additional staff or increasing staff hours to meet the child's exceptional support needs. The request must include details of how current staff are scheduled to work in the home.

An exception request is not appropriate for increased compensation for the foster care provider or to provide other services which are not a part of the foster care rate such as Professional Behavior Services or nursing.

An exception request is not appropriate to request funding for a child's absence from the home.

A child foster care rate exception may only be requested for a child under the age of 18 residing in a child-certified foster care setting.

Documentation Required

In addition to the completed exception request, a child foster care setting rate exception must also include a copy of the ISP. When the exception request is related to support of challenging behavior, a Functional Behavioral Assessment (FBA) and Positive Behavior Support Plan (PBSP) must also be provided with the exception request. For exceptions related to exceptional medical or other care supports, a copy of the Nursing Plan and/or relevant protocols is required. The SC may include any other documentation believed to be relevant to supporting the request for exception, including staffing logs to demonstrate how staffing is utilized in the home.

Notification, Authorization Period, and Expiration:

ODDS will issue notification of the exception request decision to the individual's Services Coordinator who takes action based on the decision outcome. If the exception request is approved, the SC will update the individual's ISP to reflect consistency between the individual's support needs with the additional resource(s) approved.

Typically a new exception will be granted for a specific amount of time, such as six months. This allows for the supports to be in place and for the SC and provider to evaluate if the additional staffing support is effective. If it is determined that the child is need of ongoing support of increased staffing (beyond what is covered in the SNAP rate), then the SC will need to submit a renewal exception request to have the funding continue beyond the initial approval period.

## Transportation Mileage or Funding Amount Exception

### When an exception may be appropriate:

When an individual's need for community transportation services exceeds a total of \$500/month, and exception must be requested.

### What May be Requested as an Exception

#### What is Covered in a Transportation Exception

Depending on the services the individual receives, a need for exceptional transportation service may be warranted. Transportation services use the most cost-effective means of transportation appropriate for the individual that meets their needs.

For individuals living in residential service settings, transportation services are limited to those necessary for travel to and from employment or DSA services. For other types of service plans, the transportation service may also include necessary travel to access the local community.

#### Documentation Required

In addition to the completed exception request, a request for exceptional transportation services must include a copy of the ISP. When the exception request is related to support of challenging behavior, a Functional Behavioral Assessment (FBA) and Positive Behavior Support Plan (PBSP) must also be provided with the exception request. For exceptions related to exceptional medical or other care supports, a copy of the Nursing Plan and/or relevant protocols is required. The SC or PA may include any other documentation believed to be relevant to supporting the request for exception.

#### Notification, Authorization Period, and Expiration:

ODDS will issue notification of the exception request decision to the individual's Services Coordinator or Personal Agent who take action based on the decision outcome. If the exception request is approved, the SC or PA will update the individual's ISP to reflect the additional resource(s). If the request is denied, the individual will receive notification of the decision and their rights to a hearing.

Approval of transportation exceptions will usually be for the remainder of the current ISP year, unless otherwise specified in the approval documentation.

More information about community transportation may be found in the following guide: <https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/WorkerGuides/Community-Transportation.pdf>

## Environmental Modifications- Interior Home Modifications and Ramps- Scope of Work

Environment Modifications are renovations to the interior of a home (and ramps) to make the setting more accessible to the individual or to aid in the completion of an assessed ADL, IADL, or health-related task support need. Environmental Modifications are defined in rule and are limited to specific purposes. The scope of eligible projects that may be authorized with ODDS funding is standardized in the Ancillary Services Oregon Administrative Rule (OAR) 411-435.

Additional resource information and technical assistance may be found in the [ODDS Guide to Home Modifications: https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/WorkerGuides/Home-Modifications.pdf](https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/WorkerGuides/Home-Modifications.pdf). The guide describes how the funding may be authorized and for which purposes. The ODDS Expenditure Guidelines provides a summary of this information as well.

### When an exception may be appropriate:

When an individual has a specific support need that may only be met through a modification of the home environment, the Services Coordinator or Personal Agent will make a request for an ODDS scope of work through the exceptions process. The scope of work must be completed before funding of a home modification project is approved. Even when an exception is requested, it is expected that the type and intended use of the modification will meet the rule and policy standards set in OAR and the ODDS Guide to Home Modifications.

### What May be Requested as an Exception

#### What is Covered in a Home Modification Exception Request

The exceptions process for a home modification is specific to the request for a scope of work. A “scope of work” is a written description of the home modification project completed by an ODDSI love specialist or designee that includes specific details about the requirements and scope of the home modification project. ODDS must authorize a scope of work to be completed and will designate the person or entity responsible to complete the scope of work. A completed scope of work is required prior to authorization of any home modification project or funding.

Home modifications may never be approved by a case management entity and may only be authorized directly by ODDS following the completion of an approved scope of work.

### Documentation Required

In addition to the completed exception request, a Home Modification exception must also include a copy of the ISP. The request must include an attached "Home-Owner/Landlord Consent to Develop a Scope of Work" form (found in the ODDS Guide to Home Modifications document). The SC or PA may include any other documentation believed to be relevant to supporting the request for exception.

### Notification, Authorization Period, and Expiration:

ODDS will issue notification of the exception request decision to the individual's Services Coordinator or Personal Agent who will take action based on the decision outcome. If the exception request is approved, the SC or PA will update the individual's ISP to reflect the additional resource(s). If the request is denied, the individual will receive notification of the decision and their rights to a hearing.

Exceptional approval for the development of a scope of work for a Home Modification will be specific to the individual's support needs and is a singular event approval.

## Environmental Safety Modifications- Exterior Home Modifications- Scope of Work

Environment Safety Modifications are physical adaptations to the exterior of the home to ensure the health and safety of the individual or to enable the individual to function with greater independence. Environmental Safety Modifications may include modifications to the exterior of an individual's home (other than ramps) to make the setting more accessible to the individual. Environmental Safety Modifications are defined in rule and are limited to specific purposes. The scope of eligible projects that may be authorized with ODDS funding is standardized in the Ancillary Services Oregon Administrative Rule (OAR) 411-435.

Additional resource information and technical assistance may be found in the [ODDS Guide to Home Modifications: https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/WorkerGuides/Home-Modifications.pdf](https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/WorkerGuides/Home-Modifications.pdf). The guide describes how the funding may be authorized and for which purposes. The ODDS Expenditure Guidelines provides a summary of this information as well.

### When an exception may be appropriate:

When an individual has a specific support need that may only be met through a modification of the exterior of their home (other than ramps), the Services Coordinator or Personal Agent will make a request for an ODDS scope of work through the exceptions process. The scope of work must be completed before funding of a home exterior modification project is approved. Even when an exception is requested, it is expected that the type and intended use of the modification will meet the rule and policy standards set in OAR and the ODDS Guide to Home Modifications.

The Individual must be found eligible for 1915(c) waiver services and what may be authorized with ODDS funding is standardized in the Ancillary Services Oregon Administrative Rule (OAR) 411-435.

### What May be Requested as an Exception

#### What is Covered in an Environmental Safety Modification Exception Request

The exceptions process for a modification to the exterior of the individual's home is specific to the request for a scope of work. A "scope of work" is a written description of the home modification project completed by an ODDS specialist or designee that includes specific details about the requirements and scope of the home modification project. ODDS must authorize a scope of work to be

completed and will designate the person or entity responsible to complete the scope of work. A completed scope of work is required prior to authorization of any home exterior modification project or funding.

Exterior home modifications may never be approved by a case management entity and may only be authorized directly by ODDS following the completion of an approved scope of work.

### Documentation Required

In addition to the completed exception request, an Environment Safety Modification exception must also include a copy of the ISP. The request must include an attached "Home-Owner/Landlord Consent to Develop a Scope of Work" form (found in the ODDS Guide to Home Modifications document). The SC or PA may include any other documentation believed to be relevant to supporting the request for exception.

### Notification, Authorization Period, and Expiration:

ODDS will issue notification of the exception request decision to the individual's Services Coordinator or Personal Agent who will take action based on the decision outcome. If the exception request is approved, the SC or PA will update the individual's ISP to reflect the additional resource(s). If the request is denied, the individual will receive notification of the decision and their rights to a hearing.

Exceptional approval for the development of a scope of work for a Home Exterior Modification will be specific to the individual's support needs and is a singular event approval.

## Vehicle Modifications

Vehicle Modifications provide for the adaptations or alterations made to a vehicle that is the primary means of transportation for an individual in order to accommodate the service needs of the individual.

### When an exception may be appropriate:

Any vehicle modifications exceeding \$5,000 per modification and separate vehicle modification projects that cumulatively total up to over \$5,000 in a plan year must be submitted to the Department for review through the exceptions process prior to expenditure.

The Individual must be found eligible for 1915(c) waiver services and what may be authorized with ODDS funding is standardized in the Ancillary Services Oregon Administrative Rule (OAR) 411-435.

### What May be Requested as an Exception

#### What is Covered in a Vehicle Modification Exceptions Request

Vehicle modifications may include a lift, interior alterations to seats, head and leg rests, belts, special safety harnesses, other unique modifications to keep the individual safe in the vehicle.

Requests for funding a vehicle modification must identify a direct benefit to the individual identify how the vehicle modification address the underlying need for the modification.

Individuals residing in a residential program are not eligible for a vehicle modification.

The purchase or lease of a vehicle is prohibited. Funding a portion of a purchase of a previously modified vehicle is prohibited. However; an exceptions request to modify a vehicle may be made prior to the purchase of a vehicle.

Routine vehicle maintenance and repair cannot be funded as a vehicle modification, however the maintenance or repair of a modification previously authorized by ODDS may be permitted.

Repair of a vehicle modification, when more cost-effective, will be authorized in lieu of a replacement.

Vehicle modifications must meet applicable standards of manufacture, design, and installation.

Requests for powered vehicle modifications must include explanation of benefit to the individual. Powered vehicle modifications will not be approved for the convenience of the care providers.

Documentation Required

In addition to the completed exception request, a vehicle modification request must also include a copy of the ISP.

Requests for funding of a vehicle modification must include three bids for the same modification. If three bids cannot be obtained, the request for funding must include an explanation.

The SC or PA may include any other documentation believed to be relevant to supporting the request for exception.

Notification, Authorization Period, and Expiration:

ODDS will issue notification of the exception request decision to the individual's Services Coordinator or Personal Agent who take action based on the decision outcome. If the exception request is approved, the SC or PA will update the individual's ISP to reflect the additional resource(s). If the request is denied, the individual will receive notification of the decision and their rights to a hearing.

Exceptional approval for vehicle modifications will usually be approved for a specific project/need, unless otherwise specified in the approval documentation.

## Assistive Devices

Assistive Devices are defined in rule and are limited to specific items intended for specific uses. The scope of eligible items that may be authorized with ODDS funding is standardized in the Ancillary Services Oregon Administrative Rule (OAR) 411-435.

Additional resource information and technical assistance may be found in the [ODDS Guide to Assistive Devices and Assistive Technology](#):

<https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/WorkerGuides/Assistive-Devices-Assistive-Technology.pdf>. The guide describes how the funding may be authorized and for which purposes. The ODDS Expenditure Guidelines provides a summary of this information as well.

### When an exception may be appropriate:

When an individual is needing funding for Assistive Technology in an amount that exceeds what may be authorized by the local case management entity (as identified in the Expenditure Guidelines), then an exception may be requested. Even when an exception is requested, it is expected that the type and intended use of the item(s) will meet the rule and policy standards set in OAR and the ODDS Guide to Assistive Devices and Assistive Technology.

### What May be Requested as an Exception

#### What is Covered in an Assistive Device Exception Request

Exception requests made under this category should generally be for additional funding for items whose costs exceed those outlined in the Expenditure Guidelines. Requests for funding within the scope identified in the rule and guide will be considered when the request is for the most cost effective method of meeting an individual's support need. Other types of exceptions may be requested, however, exceptions will not be approved for funding of items or their use when excluded by OAR and policy. (see list of exclusions in OAR... and guide- link).

### Documentation Required

In addition to the completed exception request, an Assistive Device exception must also include a copy of the ISP. The request must have an attachment of a written denial from the individual's health plan(s) specific to the requested item(s), unless a denial is not required for the specific item (per the Expenditure Guidelines). When relevant, the exception request should include copies of behavior documents, protocols, or nursing plans, and documentation from a

relevant qualified professional supporting the use of the item. The SC or PA may include any other documentation believed to be relevant to supporting the request for exception.

**Notification, Authorization Period, and Expiration:**

ODDS will issue notification of the exception request decision to the individual's Services Coordinator or Personal Agent who will take action based on the decision outcome. If the exception request is approved, the SC or PA will update the individual's ISP to reflect the additional resource(s). If the request is denied, the individual will receive notification of the decision and their rights to a hearing.

Exceptional approval for Assistive Devices will usually be approved for the current ISP year, unless otherwise specified in the approval documentation.

## Assistive Technology

Assistive Technology is specific devices, aids, appliances, controls, and supplies for specific uses. The scope of eligible items that may be authorized with ODDS funding is standardized in the Ancillary Services Oregon Administrative Rule (OAR) 411-435.

Additional resource information and technical assistance may be found in the [ODDS Guide to Assistive Devices and Assistive Technology](#). The guide describes how the funding may be authorized and for which purposes. The ODDS Expenditure Guidelines provides a summary of this information as well.

### When an exception may be appropriate:

When an individual is needing funding for Assistive Technology in an amount that exceeds what may be authorized by the local case management entity (as identified in the Expenditure Guidelines), then an exception may be requested. Even when an exception is requested, it is expected that the type and intended use of the item(s) will meet the rule and policy standards set in OAR and the ODDS Guide to Assistive Devices and Assistive Technology.

### What May be Requested as an Exception

#### What is Covered in an Assistive Technology Exceptions Request

Exception requests made under this category should generally be for additional funding for items whose costs exceed those outlined in the Expenditure Guidelines. Requests for funding within the scope identified in the rule and guide will be considered when the request is for the most cost effective method of meeting an individual's support need. Other types of exceptions may be requested, however, exceptions will not be approved for funding of items or their use when excluded by OAR and policy. (see list of exclusions in OAR... and guide- link).

### Documentation Required

In addition to the completed exception request, an Assistive Technology exception must also include a copy of the ISP. The request must have an attachment of a written denial from the individual's health plan(s) specific to the requested item(s), unless a denial is not required for the specific item (per the Expenditure Guidelines). When relevant, the exception request should include copies of behavior documents, protocols, or nursing plans and documentation from a relevant qualified professional supporting the use of the item. The SC or PA may include any other documentation believed to be relevant to supporting the request for exception.

### Notification, Authorization Period, and Expiration:

ODDS will issue notification of the exception request decision to the individual's Services Coordinator or Personal Agent who will take action based on the decision outcome. If the exception request is approved, the SC or PA will update the individual's ISP to reflect the additional resource(s). If the request is denied, the individual will receive notification of the decision and their rights to a hearing.

Exceptional approval for Assistive Technology will usually be approved for the current ISP year, unless otherwise specified in the approval documentation.

## Professional Behavior Services

Professional Behavior Services are defined in rule and are limited to specific work completed by a qualified Behavior Professional. Both the scope of eligible services and tasks that may be authorized with ODDS funding and the qualifications of the Behavior Professional are standardized in the Professional Behavior Services Oregon Administrative Rule (OAR) 411-304.

Additional resource information and technical assistance may be found in the [Professional Behavior Services guide](#):

<https://www.dhs.state.or.us/spd/tools/dd/cm/Guide%20to%20Professional%20Behavior%20Services.pdf>. The guide describes how the service may be authorized, delivered, and billed. The ODDS Expenditure Guidelines provides a summary of this information as well.

### When an exception may be appropriate:

When an individual is needing Professional Behavior Services in an amount that exceeds what may be authorized by the local case management entity (as identified in the Expenditure Guidelines), then an exception may be requested. Even when an exception is requested, it is expected that the scope and nature of the service will meet the rule and policy standards set in OAR and the Professional Behavior Services guide and the service will be delivered by a qualified Behavior Professional.

### What May be Requested as an Exception

#### What is Covered in a Professional Behavior Services Exceptions Request

Exception requests made under this category should generally be for additional hours of professional behavior services within the scope identified in the rule and guide. This includes a need for additional hours for maintenance of a Professional Behavior Support Plan. Other types of exceptions may be requested, however, exceptions will not be approved for funding or authorization of service use for those things excluded by OAR and policy. (see list of exclusions in OAR... and guide- link).

### Documentation Required

In addition to the completed exception request, a Professional Behavior Services exception must also include a copy of the ISP. When relevant, the exception request should include copies of the most current Functional Behavior Assessment (FBA) and Positive Behavior Support Plan (PBSP). The exception request must include invoices for Professional Behavior Services authorized in the

plan year and behavior tracking data must be included when the request is for ongoing maintenance of the PBSP. When there is not behavior tracking data to submit, an explanation must be given on the exception form which explains why there is no data. The SC or PA may include any other documentation believed to be relevant to supporting the request for exception.

Notification, Authorization Period, and Expiration:

ODDS will issue notification of the exception request decision to the individual's Services Coordinator or Personal Agent who will take action based on the decision outcome. If the exception request is approved, the SC or PA will update the individual's ISP to reflect the additional resource(s). If the request is denied, the individual will receive notification of the decision and their rights to a hearing.

Exceptional approval for Professional Behavior Services will usually be approved for the current ISP year, unless otherwise specified in the approval documentation.

## Direct Nursing Services

### When an exception may be appropriate:

Individuals/guardians requesting an exception to exceed the number of monthly Direct Nursing hours based on the determined acuity level, may submit an exception, identifying the medical or other reason(s) for the request.

### What May be Requested as an Exception

Monthly Direct Nursing Services hours for those who are eligible are based on the ODDS Direct Nursing Services criteria-Acuity Levels(411-380-0030(2)(a-f)). Exceptions may include medical conditions that require 24-hour monitoring by a nurse, due to tasks that cannot be delegated and are required multiple times per day, or Medical/nursing tasks that may require an irregular schedule that can only be delivered by a Nurse.

The exception review will be based on medical conditions, that are already documented by physicians or medical specialists and that document why the only alternative can be an increase in monthly Direct Nursing Hours that exceeds the Criteria acuity levels.

### Documentation Required

Required documentation may include: ISP, Physicians Orders and statements, Nursing Care Plans and assessments, Medical assessments, ventilator and seizure logs, and documentation cited in OAR's 411-380-0050(6) and 411-380-0080(2).

### Notification, Authorization Period, and Expiration:

ODDS will issue notification of the exception request decision to the individual's Services Coordinator or Personal Agent who will take action based on the decision outcome. If the exception request is approved, the SC or PA will update the individual's ISP to reflect the additional resource(s). If the request is denied, the individual will receive notification of the decision and their rights to a hearing.

Exceptional approval for Direct Nursing Services may be approved for a period of time based on the medical circumstances (no more than one year) or will be approved for the current ISP year, unless otherwise specified in the approval documentation.

## Specialized Supplies

Specialized Supplies are defined in rule and are limited to specific items intended for specific uses. Specialized Supplies are items necessary for the proper functioning of life-sustaining equipment, to address physical conditions of the individual, or for the proper operation of augmentative communication devices or systems. The scope of eligible items that may be authorized with ODDS funding is standardized in the Ancillary Services Oregon Administrative Rule (OAR) 411-435.

In addition to the Ancillary Services rule, the ODDS Expenditure Guidelines provides a summary of information related the authorization of Specialized Supplies.

### When an exception may be appropriate:

When an individual is needing funding for Specialized Supplies in an amount that exceeds what may be authorized by the local case management entity (as identified in the Expenditure Guidelines), then an exception may be requested. Even when an exception is requested, it is expected that the type and intended use of the item(s) will meet the rule and policy standards set in OAR and the ODDS Expenditure Guidelines.

### What May be Requested as an Exception

#### What is Covered in a Specialized Supplies Exception Request

Exception requests made under this category should generally be for additional funding for items whose costs exceed those outlined in the Expenditure Guidelines. Requests for funding within the scope identified in the rule and guide will be considered when the request is for the most cost effective method of meeting an individual's support need. Other types of exceptions may be requested, however, exceptions will not be approved for funding of items or their use when excluded by OAR and policy.

### Documentation Required

In addition to the completed exception request, a Specialized Supplies exception must also include a copy of the ISP. The request must have an attachment of a written denial from the individual's health plan(s) specific to the requested item(s), unless a denial is not required for the specific item (per the Expenditure Guidelines). When relevant, the exception request should include copies of behavior documents, protocols, or nursing plans. The SC or PA may include any other documentation believed to be relevant to supporting the request for exception.

### Notification, Authorization Period, and Expiration:

ODDS will issue notification of the exception request decision to the individual's Services Coordinator or Personal Agent who will take action based on the decision outcome. If the exception request is approved, the SC or PA will update the individual's ISP to reflect the additional resource(s). If the request is denied, the individual will receive notification of the decision and their rights to a hearing.

Exceptional approval for Specialized Supplies will usually be approved for the current ISP year, unless otherwise specified in the approval documentation.

## Brokerage Geographic Exception

Each brokerage has a contractually defined geographic catchment, by county, in which it is authorized to operate. When there is a request for an exception to the geographic catchment, the brokerage desiring to provide services should the exception be approved is the case management entity responsible to complete and submit the exceptions request to ODDS.

### When an exception may be appropriate:

Occasionally an individual moving to a county that is outside of the catchment area will want to remain with their brokerage/PA. There also may be other situations when an individual requests to have a brokerage outside of their locally designated area provide case management services. ODDS must approve these otherwise contractually prohibited arrangement. A brokerage is not required to retain case management, even when an individual asks.

### What May be Requested as an Exception

#### What is an Allowable for a Brokerage Geographic Exception

The request will be approved if:

- The request is initiated by the customer or their representative, not the brokerage or providers.
- The customer has received choice advising about the other CMEs operating in the new county.
- Any impacts to the delivery of CM services in the new county have been explained (potentially less familiar with local resources or providers, fewer opportunities for face to face contacts due to distance, etc.)

### Documentation Required

In most circumstances the completed exception request will be the only document needed for the exception submission. The requesting brokerage may also include a copy of the ISP, or any other documentation relevant and necessary to the exception request.

### Notification, Authorization Period, and Expiration:

When a brokerage geographic the exception is approved and there is a pending SE48 CPA for the receiving CDDP, it will be moved to accepted status by ODDS. If there is no pending CPA, the approved CME must create an SE48 CPA and then notify ODDS (contact information is on the approval memo) to have it moved to accepted status.

## Psycho-Sexual Risk Assessment or Sex Offender Treatment

### When an exception may be appropriate:

Sex offender assessments and sex offender treatment are funded using general funds and must be requested through the exceptions process.

### What May be Requested as an Exception

#### What is Covered or Required for a Risk Assessment or Treatment Request

ODHS will not pay for any sex offender assessment or for sex offender treatment rendered prior to ODDS's approval authorizing the Services.

1. Individuals requesting a sex offender assessment or for sex offender treatment must be eligible for I/DD Services.
2. ODDS will not approve retroactive requests for sex offender assessment or for sex offender treatment.
3. The sex offender treatment must be:
  - a. Court ordered,
  - b. Ordered as a condition of parole or probation,
  - c. Or an authorized by ODDS in advance of the therapy by ODDS.
4. Individuals under the jurisdiction of the Psychiatric Security Review Board (PSRB) or Juvenile Psychiatric Security Review Board (JPSRB) do not qualify for funding for sex offender therapy
5. The exceptions request must include the following:
  - a. A statement of agreement from the individual to the sex offender assessment or therapy
  - b. A budget or a quote for the cost of the therapy services. Assessment and therapy rates must not exceed the usual and customary rates for the geographic service area in which the Individual receives sex offender treatment.
  - c. The sex offender assessment or therapy Provider's name. The therapy must be provided by a qualified Provider recognized by the Oregon Sexual Offense Treatment Board;
  - d. The type of sex offender therapy (individual or group or individual and group therapy);
  - e. The number of sessions per week by type of therapy requested;
  - f. The effective and end dates of the requested therapy. The term of the requested therapy cannot exceed the amount of time ordered by

the court, or specified by the terms of a probation or parole agreement;

- g. The hourly rate for each type of therapy requested
- h. The total amount being requested for the Individual per month;
- i. Documentation that the sex offender treatment is court ordered or is required by the terms of the parole or probation agreement. County will make this documentation available to ODDS upon request.
- j. If the individual receives income from any non-Supplemental Security Income (SSI) source, the Individual will be required to contribute toward the cost for sex offender treatment. The ISP team must discuss with the individual and determine the contribution.

#### Documentation Required

In addition to the completed exception request, a sexual risk assessment or sex offender treatment exception must also include a copy of the ISP. The SC or PA may include any other documentation believed to be relevant to supporting the request for exception.

#### Notification, Authorization Period, and Expiration:

ODDS will issue notification of the exception request decision to the individual's Services Coordinator or Personal Agent who take action based on the decision outcome. If the exception request is approved, the SC or PA will update the individual's ISP to reflect the additional resource(s).

Exceptional approval for a sexual risk assessment will usually be approved for the assessment to occur within the current ISP year, unless otherwise specified in the approval documentation.

Exceptional approval for sex offender treatment will usually be approved for the current ISP year. The SC or PA may continue to authorize the service in future plan years when the individual's need for treatment continues, unless otherwise specified in the approval notification.

## Administrative/CME Error

### When an exception may be appropriate:

If an administrative or other error is made resulting in a situation where funding is in jeopardy for essential services, a CME may request an exception to access funding.

The request must be explicit in explaining the situation, how funding is affected, and what actions have been taken to assure the situation has been corrected and an error will not occur in the future.

### Documentation Required

In addition to the completed exception request, an administrative/CME error exception should include a copy of the ISP, if appropriate. The SC or PA may include any other documentation believed to be relevant to supporting the request for exception.

### Notification, Authorization Period, and Expiration:

ODDS will issue notification of the exception request decision to the requesting entity who will take action based on the decision outcome.

Approval for an administrative or CME error will typically be approved for a specific event or time period as specified in the approval documentation.

## ISP or Medicaid Lapse

### When an exception may be appropriate:

When an ISP lapses or is not renewed within 12 months, a CME must notify ODDS via the exception process. The exception form should include the steps the CME has taken, or plans to take, to prevent future occurrences.

### What May be Requested as an Exception

#### What is Covered when an ISP is not Renewed Within 12 Months

Approval of the request generally means that payments to providers during the period the error was uncorrected are made using 100% state general funds.

Failure by a provider to sign an ISP or service agreement timely is not typically a reason to request an exception. These situations will not be approved unless the CME is the cause for the late signature.

### Documentation Required

In addition to the completed exception request, an ISP lapse exception should include a copy of the renewed ISP as necessary. The SC or PA may include any other documentation believed to be relevant to supporting the request for exception.

### Notification, Authorization Period, and Expiration:

ODDS will issue notification of the exception request decision to the requesting entity who will take action based on the decision outcome.

Exceptional approval for an ISP or Medicaid lapse will typically be approved for a specific event or time period as specified in the approval documentation.

## Shortened ISP Period

By default, and by rule, an ISP is twelve months long. An ISP may be shortened without an approved exception when the individual enters or exits any of the following:

- (A) A 24-hour residential program as described in OAR chapter 411, division 325. A transfer to a new home with the same 24-hour residential agency may not cause a new start date for an ISP.
- (B) A host home program as described in OAR chapter 411, division 348. A transfer to a new home within the same host home agency may not cause a new start date for an ISP.
- (C) A supported living program as described in OAR chapter 411, division 328. A transfer to a new setting within the same supported living agency may not cause a new start date for an ISP.
- (D) Foster care as described in OAR chapter 411, division 346 for children or OAR chapter 411, division 360 for adults.
- (E) A CIIS program.

### When an exception may be appropriate:

In all other cases, to shorten an ISP period, an approved exception is required.

### What May be Requested as an Exception

#### What is Required for a Shortened ISP Exception

It will be approved if the request demonstrates that:

- It is based on the individual's preference and was initiated by the individual (or their representative)
- The request is not for the convenience of a paid provider, including a CME
- Annualized benefits (such as relief care, environmental modifications) are not being overused.

### Documentation Required

In addition to the completed exception request, a shortened ISP period exception must also include a copy of the ISP. The SC or PA may include any other documentation believed to be relevant to supporting the request for exception.

### Notification, Authorization Period, and Expiration:

ODDS will issue notification of the exception request decision to the individual's Services Coordinator or Personal Agent who take action based on the decision outcome. If the exception request is approved, the SC or PA will update the individual's ISP to reflect the shortened ISP year.

Exceptional approval for a shortened ISP period will usually be a one-time approval for the early end to the current ISP year, unless otherwise specified in the approval documentation.

## Exceptional Provider Agency Hourly Rate- In-home or Supported Living

### When an exception may be appropriate:

The request must show all available providers have been contacted and refused to provide services within the rate identified in the expenditure guidelines. Case manager should communicate with the agency and describe how the additional funding will be used and how that will mitigate the circumstance that warranted the higher rate.

### What May be Requested as an Exception

#### What is Covered in an Exceptional Provider Agency Hourly Rate Request

This request includes an increased rate of hourly compensation for an agency provider to address challenges related to addressing an individuals' acute and complex support needs or situation. This hourly rate exception includes resources for the recruitment, retention, and training of highly skilled staff to support the individual in a supported living or in-home setting.

### Documentation Required

In addition to the completed exception request, an hourly agency rate exception must also include a copy of the ISP. When the exception request is related to support of challenging behavior, a Functional Behavioral Assessment (FBA) and Positive Behavior Support Plan (PBSP) must also be provided with the exception request. For exceptions related to exceptional medical or other care supports, a copy of the Nursing Plan and/or relevant protocols is required. The SC or PA may include any other documentation believed to be relevant to supporting the request for exception.

### Notification, Authorization Period, and Expiration:

ODDS will issue notification of the exception request decision to the individual's Services Coordinator or Personal Agent who take action based on the decision outcome.

An approved exception rate may be approved for up to one year. If a need for an exceptional approval continues to be needed following the authorization period, a new (renewal) exceptions request must be completed and submitted to ODDS.

## Children's 24-Hour Residential- Temporary Service Group/Payment Category Exception

### When an exception may be appropriate:

A temporary service group exception may be requested for a child entering 24-hour residential setting services for the first time from a family home, Child Welfare\*, or non-HCBS setting when it is determined that due to the child being in crisis and lack of behavior support plans or data, the child's assigned Service Group results in a Payment Category that is not sufficient to meet the child's intensive support needs during the transition into a residential service setting.

The following criterial must be met for a temporary service group exception to be granted:

The child must:

- Be entering an ODDS 24-Hour Residential Program Setting from an in-home or non-HCBS setting, such as a hospital or treatment center
- Demonstrate significant behavioral support needs in at least two of the following categories:
  - Self-Injurious Behavior
  - Physical Aggression
  - Property Destruction
  - Sexual Aggression
- Receive Professional Behavior Services that includes the development (or update) of a Positive Behavior Support Plan upon entry into the residential setting
- Be anticipated to have behavior support strategies in the to-be-developed PBSP that include either:
  - Safeguarding Interventions that will likely be used monthly or more frequently; or
  - A high frequency of child-specific interventions to address the above indicated behavior challenges

### What May be Requested as an Exception

What is Covered in a Children's 24-hour Temporary Rate Exception Request

The exception requests a "5B" service group designation be used while more in-depth information about the child and the child's intensive support needs are

gathered. A temporary “5B” service group exception may only be in place until a new ONA assessment is completed by an assessor and may not exceed six months in duration.

**Documentation Required**

In addition to the completed exception request, a temporary transition rate for a child entering a 24-HR setting exception must also include a copy of the ISP. The SC or PA may include any other documentation believed to be relevant to supporting the request for exception, including a Temporary Emergency Safety Plan (TESP), if available.

**Notification, Authorization Period, and Expiration:**

ODDS will issue notification of the exception request decision to the individual’s Services Coordinator or Personal Agent who take action based on the decision outcome. If the exception request is approved, the SC or PA will ensure the individual’s ISP reflects support consistent with the approved exception.

Exceptional approval for a temporary increased service group/payment category for a child entering into a children’s residential setting for the first time will be time-limited to a one-time approval for a maximum of six months. Authorization of the temporary exception rate may be limited to a period of less than six months at the discretion of ODDS or as stated in the approval document.

Continued need for an exceptional service rate for a child in a 24-hour residential setting must be addressed in an exception request for 1:1 or 2:1 supports for an individual in 24-hour residential settings. A temporary exception rate for the transition of a child into a residential setting will not be extended or renewed by ODDS.

## Other Exceptional Funding Request

### When an exception may be appropriate:

There may be situations where an exception is needed for funding that is not addressed in one of the other categories included in the exceptions form drop down menu. An exception is requested when there are no other alternative resources available to meet the need or address the situation.

The “Other” category may be indicated when there is no other option available for a request being made. The “Other” category may only be used if there is no other option in the drop down menu that accurately applies to the exception being requested.

### What May be Requested as an Exception

#### What can be Covered in an “Other” Exception Request

“Other” exception requests may cover any topic that is not included as an option in the drop down menu when selecting the type of exception.

This category is intended to address less common types of exceptions. See the “Prohibited Exceptions” section of this guide for a list of exceptions that may not be requested. Prohibitions on funding such as payment for services outside the scope of ODDS programs, duplicative funding, requests that conflict with statute, rule, Medicaid regulation, state plan or waivers apply.

Types of exceptional requests that may be made under the “Other” category may include, but are not limited to the following:

- Family Training
- Chore Services
- Nursing Home Transition Costs
- State Plan Personal Care
- General Fund Requests

### Documentation Required

In addition to the completed exception request, an “Other” exception must also include a copy of the ISP, where applicable.

The SC or PA, other CME representative submitting the request may include any

other documentation believed to be relevant to supporting the exception request.

When the exception request is related to support of challenging behavior, a Functional Behavioral Assessment (FBA) and Positive Behavior Support Plan (PBSP) must also be provided with the exception request. For exceptions related to exceptional medical or other care supports, a copy of the Nursing Plan and/or relevant protocols is required.

**Notification, Authorization Period, and Expiration:**

If the exception request is approved, the SC or PA will update the individual's ISP to reflect the additional resource(s), when applicable. If the request is denied, the individual will receive notification of the decision and their rights to a hearing, when applicable.

Approval for "Other" types of exceptions will vary dependent upon the type and circumstances of the request being made. The notification of approval document should include details about the authorization period for the exceptional funding.

## Prohibited Exceptions

There are several types of requests that will not be granted by ODDS. This typical is due to the financial or legal implications of the request. For example, an exception will not be approved if it violates statute or is for a service or item outside the scope of DD services.

The following is a list of funding requests that will not be granted:

- Federally illegal items
- Items or services that do not comply with federal HCBS requirements
- Exceptions that conflict with statute, Oregon Administrative Rule, or Medicaid regulations, state plan, or waiver provisions
- Experimental therapies, treatments, items, or supports
- Items or services outside the scope of DD services
- Community living expenses incurred by the general public such as housing costs, utilities, appliances, medications, etc.
- Items or services not related to a specific support need of the individual
- Funding that is duplicative
- Funding that is not cost effective
- Funding for items or services that are for the convenience or benefit of a provider or person other than the individual with the assessed support need
- Funding for items or services that are unsafe
- Funding for education or general healthcare related expenses
- Reimbursement for purchases
- Travel expenses
- Payment for services or items not delivered
- Payment for absences
- An exception to the 344-day billing model

When an individual requests a service, item, or funding (even when presented as an exception) that is prohibited, it is the responsibility of the SC or PA to deny the request and issue a Notification of Planned Action.

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

DHS 0514 DD:

<https://sharedsystems.dhsoha.state.or.us/forms/>

## **Reference(s):**

Oregon Administrative Rules related to the subject of the exception request:

<https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/Pages/ODDS-Rules.aspx>

ODDS Expenditure Guidelines:

<https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Documents/ODDS-Expenditure-Guidelines.pdf>

Foster Care 2:1 Staffing Authorization Procedure:

<http://www.dhs.state.or.us/spd/tools/dd/cm/Foster%20Care%202-1%20Staffing%20Authorization%20Procedure.pdf>

Exceptions to Individual Support Plan Hourly Cap for PSWs:

<http://www.dhs.state.or.us/spd/tools/dd/cm/PSW%20Hours%20Limits%20Exceptions%20Worker%20Guide.pdf>

Guide to Professional Behavior Services:

<http://www.dhs.state.or.us/spd/tools/dd/cm/Guide%20to%20Professional%20Behavior%20Services.pdf>

ODDS Job Coaching Worker Guide:

<https://www.oregon.gov/dhs/EMPLOYMENT/EMPLOYMENT-FIRST/Policy/Job-Coaching-Worker-Guide.pdf>

ODDS Guide to Assistive Devices and Assistive Technology:

<https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/WorkerGuides/Assistive-Devices-Assistive-Technology.pdf>

The Guide to Home Modifications:

<https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/WorkerGuides/Home-Modifications.pdf>

Community Transportation Worker Guide:

<https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/WorkerGuides/Community-Transportation.pdf>

Funding Review Request Denials by ODDS:

<http://www.dhs.state.or.us/spd/tools/dd/cm/Funding%20Review%20Request%20Denials%20by%20ODDS%20Worker%20Guide.pdf>

## **Contact(s):**

### **ODDS Funding Review Email**

General exceptions questions or to inquire about the status of a specific exception may be submitted to the ODDS Funding Review email:

[ODDS.FundingReview@dhsoha.state.or.us](mailto:ODDS.FundingReview@dhsoha.state.or.us)

### **SME Contact List**

For questions related to a specific policy topic, please contact the ODDS subject matter expert assigned to that area. The contact list may be found at:

<https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Documents/ODDS-Policy.pdf>