Aging and People with Disabilities (APD)
Training Unit for Services and Supports (TUFSS)

OREGON DEPARTMENT OF Human Services

Funding Sources for Supplementary Services, Crisis and Transitions

Updated: Feb. 4, 2026

Introduction

Pursue all available non-Medicaid resources such as natural supports, Veterans Affairs (VA) benefits, Medicare, other medical coverage, or community programs. Medicaid should be the payor of last resort. The Crisis Support Program (CSP) is available to assist individuals with urgent or critical needs that cannot be addressed by other funding sources.

Examples of Medicaid funded resources include:

- K-Plan/Oregon Project Independence-Medicaid (OPI-M) Ancillary Services (due to the enhanced federal match)
- Community-Based Transition Services
- Oregon Supplemental Income Program Special Needs
- State Funded Transition Supports

Comparison Chart

Program Elements	K-Plan/OPI-M Ancillary Services	Community-Based Transition Services	Special Needs MRP (Medical Related Payments)	Crisis Support Program
Program Intent	Empower individuals to maximize independence, dignity and potential through services, which include home modifications, assistive technology, and chore services.	Support those in a community-based or acute care setting to move to an in-home setting.	Support those receiving services with one-time and/or ongoing payments to improve their independence, dignity, health and safety.	Support individuals in a crisis with no other options to resolve the crisis. Crisis support is intended to be part of a long-term solution for a crisis, and a bridge toward service plan stability.
Funding Source	Enhanced Federal Match and State Funds	Federal Match and State Funds	State Funds	State Funds
Program Specific Eligibility	An identified need in the service plan or OPI-M PLAN that supports goals, increases independence, reduces the need for human assistance, and/or maintains	Eligible for services on the date funding benefits are authorized. Individuals transitioning between CBC facilities or other	Individuals may be eligible for an ongoing special needs item in lieu of additional long-term care provider service hours.	Those assessed with a **High** or **Medium** Risk. The item or service is cost-effective to mitigate or prevent a crisis.

Program Elements	K-Plan/OPI-M Ancillary Services	Community-Based Transition Services	Special Needs MRP (Medical Related Payments)	Crisis Support Program
	their health and/or safety.	institutions are **not** eligible. May not replace services provided through Medicare, Medicaid or other approved Medicaid waiver authorities.	There are specific eligibility criteria for each type of need on page 531 in the [Oregon Programs Eligibility Notebook](#)	
Eligible Programs	LTSS, OPI-M and EWE (Not SPPC or OPI)	LTSS and EWE (Not SPPC, OPI, or OPI-M)	Varies depending on the MRP (Not OPI-M or OPI without OSIPM)	LTSS, OPI-M and EWE (Not SPPC or OPI)
Setting Type	**K-Plan:** In-home and community based. Provides transition funds for individuals leaving nursing facilities or Oregon State Hospital. **OPI-M:** In-home only.	Transitioning from CBC or acute care hospital to in-home setting.	All setting types.	In-home only.

Program Elements	K-Plan/OPI-M Ancillary Services	Community-Based Transition Services	Special Needs MRP (Medical Related Payments)	Crisis Support Program
Examples of Allowable Expenses (not an exhaustive list)	• **Environmental modifications:** ramps, door widening, roll-in shower, etc. Some limited home repair (for in-home consumers) necessary to allow safe ADL and IADL tasks • **NF Transition services (K-plan only):** household purchases, deposits, credit checks, moving costs, food, clothing, transportation for CBC visits, and household clean	• Clean up needed before returning • Fees establishing a residence; deposits, credit checks, previous utility bills, etc. • Basic household goods and furnishings • Moving expenses • Extra locks or keys	**One-Time Needs** • Home repairs related to medical needs • Moving costs • Property taxes • Community transition services • Community-based room and board • Diversion services **Ongoing Needs** • Guide dog and special assistance animal food and medicine • Laundry allowance • Personal Incidental Fund	**One-Time Payments** • Eviction prevention (limitations apply) • Imminent utility shut off • Emergency home repair, which may include furnaces, plumbing, electrical when the home is owned by the consumer • Temporary hotel costs

Program Elements	K-Plan/OPI-M Ancillary Services	Community-Based Transition Services	Special Needs MRP (Medical Related Payments)	Crisis Support Program
	ups to facilitate returns • **Medical Supplies (OPI-M only):** Wipes, incontinence supplies, Chux pads, wound care supplies		and room and board • Accommodation allowance • Special diet allowance • Supplemental communication allowance • Prescription drug co-pay coverage	
Examples of Unallowable Expenses (not an exhaustive list)	• Vehicle modifications • Vehicle purchases • Home repairs if it does not directly support the individuals ADL/IADL needs • Appliance, air conditioners and furnace purchases or repairs	• TVs • Pet supplies • Gym memberships • Monthly rental or mortgage expense • Food • Regular utility charges • Household appliances or items purely for	• Household appliances • Items intended for purely diversional or recreational purposes • Household supplies (towels, plates, utensils)	• Items or services covered through K-Plan or other sources • Ongoing rental, mortgage and room and board payments • Requests based on individual preference

Program Elements	K-Plan/OPI-M Ancillary Services	Community-Based Transition Services	Special Needs MRP (Medical Related Payments)	Crisis Support Program
	• ID replacement	diversional or recreational purposes		
Frequency of Use	This is a case-by-case determination.	Once per calendar year. If moving from CBC or acute care setting to in-home.	One-time and ongoing. Some funds can be accessed more than once such as D/T.	One-time, not ongoing needs. May be accessed more than once for different purposes or situations.
Amount Covered	Payments for services are limited to the lowest possible cost to adequately meet the individual's needs.	Costs to establish a residence may be up to $1,500. CO approval needed if costs exceed that amount. Basic goods: $500. Furnishings: $1,000. Extra locks and keys: • Reasonable market averages	One-time needs cannot exceed: • Home repairs: $1000 in any 24 months • Moving: $1,000 in any 12 months • Property tax: Cost of one year • Community Transition Services: Minimum amount necessary	No payment limitations or cap. CO will determine if the service or item is the most cost-effective solution to mitigate a crisis.

Program Elements	K-Plan/OPI-M Ancillary Services	Community-Based Transition Services	Special Needs MRP (Medical Related Payments)	Crisis Support Program
		• Reasonable number of keys to meet needs	• CBC/ room and board: Refer to the eligibility notebook • Diversion Services: Minimum amount necessary • For more details refer to page 531 in the Oregon Programs Eligibility Notebook	
D/T Special Note	For K-Plan only. **From** the State Hospital or nursing facility. **To** a lower level of care (CBC or in-home).	**From** a CBC or acute hospital (not NF). **To** in-home setting only. Diversion not included.	**From** the State Hospital or nursing facility. **To** lower level of care. **Diversion** funds allowed to avoid NF placement. Use 1915(k) if possible	No other funding source is available, and the person is experiencing a crisis that would endanger their health and/or safety in their home.

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	Diversion not included.		due to federal match.	
Considerations and Actions	Ensure assessment comments and synopsis or OPI-M PLAN clearly describe why the ancillary service is necessary to: • Meet an assessed ADL or IADL • Ensure health and safety • Increase independence • Replace the need for human assistance Pictures are required for chore services and strongly encouraged for	Discuss goals and preferences with the consumer. Update goals and preferences in Oregon Access. Narrate the request and how it supports their goals. Bids **not** required.	Review the Oregon Programs Eligibility Notebook for the requested need. Narrate the need. If work requires a contractor, multiple bids should be included in the request. ONE does not automatically send a notice. Situations where manual notices are needed: • More information or verification needed (DHS 0210)	Update Risk Assessment. A crisis is considered a Medium or High Risk. Explore other possible funding sources. Narrate the need and other resources explored. Obtaining multiple bids is preferred using K-Plan bid forms/process. CO will accept one bid if cost-effective. These funds cannot be used for repairs if the consumer or

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	home/environmental modifications. Reduce hours for in-home consumers as appropriate. It is ideal to be specific on the consumer's weight and height for lift chairs to ensure a good fit. Obtain three bids for assistive technology, chore service and environmental modifications; fewer bids accepted if three providers are not available or willing to provide a bid.		• Approved (APD 0541) • Reduced, denied, or end (APD 540)	their family does not own the property.

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Request Process	Complete the Supplemental Assessment Form (3406). Email forms and supplementary paperwork for requests requiring CO approval to kplan.requests@odhsoha.oregon.gov OPI-M: Include OPI-M in the subject line. CO will respond within a week. Mark email as **urgent**, if needed.	Follow local procedures for requests with local office authorization limits to communicate with the financial worker who submits the request in ONE. Email forms and supplementary paperwork for requests requiring CO approval to inhome.transitionservices@odhsoha.oregon.gov CO will respond within a week. Mark email as **urgent**, if needed.	Follow local procedures for requests with local office authorization limits to communicate with financial worker who submits the request in ONE. Send necessary manual notices/forms to the consumer.	Complete the Crisis Support Request form. Email forms and supplementary paperwork for all requests to apd.crisissupport@odhsoha.oregon.gov CO will respond within five business days. Mark as **urgent** if needed within three business days.

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Local Office Approvals	Local office approves Assistive Technology purchases up to $500; Transition Services up to $1,000 for K-Plan ancillary only.	Local office approves services and supports within limits and meet the following criteria: • Based on assessed need in service plan • Supports individual's goals and desires	Local office may approve all one-time and ongoing needs.	Local office approvals not allowed.
Central Office (CO) Approval	K-Plan: • Assistive devices over $500 • Chore services • Environmental mods • Transition services over $1,000. OPI-M: All requests must be prior approved by CO.	• Purchases over the monetary limits in rule • Expenses more than 30 calendar days after transition period • More than once in a calendar year • Other necessities not identified but required to transition	• Prescription co-pays over $30 per month • Diversion over $5,000 Some payments will generate a task for supervisor or CO authorization. If it is issued by revolving fund check, ONE will generate a task for	CO must approve all payments and services.

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			the financial clerk. Leadership communicates the decision to the case manager.	
Payment Processing Instructions	Once approved, email the final invoice and necessary forms to the K-Plan team. For OPI-M include OPI-M in the subject line. CO completes payment in ONE. For K-Plan expenses that don't require CO approval, use the W codes in the K-Plan guide, enter in ONE, and pay.	To bill the right program, the appropriate OAR is required in narration: OAR 411-037-0040 - Community Based Care Transition Services OAR 461-155-0526 - Special Needs for Community Transition Services **Payment codes** • **49:** Community Transition Services	In ONE, you will select **Other Payment Summary** from the Case **Summary Screen** to process a medical related payment. After you enter the **Payment Details** and click on **Evaluate**, you will see the **Payment Evaluation** pane to authorize payment.	For expenditures approved by CO, email the invoice to the crisis support team. CO will process the payment. AAA's may use their own purchasing methods, then request reimbursement from APD. This must be pre-approved by CO. APD offices may utilize their SPOTS

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		• **B2:** In-Home Transition – APD • **B3:** Community Based/In-home Transition – KPS		card with pre-approval from CO.
Denials, Hearing Rights and Appeals	If CO denies the request, notify the individual using the SDS 0540 Notification of Planned Action. CO will provide guidance for the denial notice. Denied requests are eligible for a hearing per 540.	Complete Notification of Planned Action (540) notice. Clearly explain which eligibility criteria was not met in "the reasons for this action" area. Denied requests are eligible for a hearing per 540.	Reduced, ended, or denied payments eligible for hearing per 540.	CO sends denial reason to the local office. Do not send 540 to the consumer. Send a denial letter provided by CO. Denied requests are not subject to a hearing. Consumer may request a reconsideration of the decision. Email reconsideration to

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				the crisis support team.
Important Links and Policy	[OAR 411-035](#) [CM Tools: K-Plan and OPI-M Services](#) [K-State Plan and OPI-M Ancillary Services Guidance](#) [OPI-M Ancillary Services Basic Process Flow](#)	[OAR 411-037](#) [APD-PT-19-044](#) [CM Tools: Diversion/Transition](#)	[OAR 461-155](#) [Oregon Programs Eligibility Notebook](#) (pages 532-544)	[OAR 411-17](#) [APD-PT-22-014](#) [CM Tools: Crisis Support](#)

Resources

[Acronym List of Terms in Document](#)

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