

**OREGON DEPARTMENT OF HUMAN SERVICES
OFFICE OF DEVELOPMENTAL DISABILITIES SERVICES
OREGON ADMINISTRATIVE RULES**

**CHAPTER 411
DIVISION 300**

CHILDREN'S INTENSIVE IN-HOME SERVICES (CIIS)

EFFECTIVE DECEMBER 15, 2022

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CHILDREN'S INTENSIVE IN-HOME SERVICES (CIIS)

411-300-0100 Statement of Purpose

(Amended 06/29/2016)

(1) The rules in OAR chapter 411, division 300 prescribe standards, responsibilities, and procedures for the Department to partner with families and community partners in the delivery of specialized in-home services through a combination of Community First Choice state plan services and one of three Children's Intensive In-Home Services (CIIS) Programs.

(2) CIIS programs are comprised of three 1915(c) Home and Community-Based Services (HCBS) Model Waivers:

(a) Behavioral Model Waiver services are exclusively intended for a child with an intellectual or developmental disability with significant behaviors as indicated by the Behavior Criteria who require an ICF/ID level of care.

(b) Medically Fragile Model Waiver services are exclusively intended for a child with significant medical needs as indicated by the Medically Fragile Clinical Criteria who require a hospital level of care.

(c) Medically Involved Model Waiver services are exclusively intended for a child with significant medical needs as indicated by the Medically Involved Children's Waiver Criteria who require a nursing facility level of care.

(3) The goals of CIIS are to:

(a) Provide appropriate supports and services to ensure health and safety in the family home;

(b) Maximize independence and increase the ability to engage in a life that is fully integrated into the community; and

(c) Prevent out-of-home placement of the child.

(4) CIIS complement and supplement the services that are available through the State Medicaid Plan and other federal, state, and local programs as well as the natural supports that families and communities provide.

(5) CIIS are delivered in a setting that is in compliance with [OAR 411-004-0020\(1\)](#).

Stat. Auth.: [ORS 409.050](#), [417.345](#)

Stats. Implemented: [ORS 417.345](#), [427.005](#), [427.007](#), [430.215](#)

411-300-0110 Definitions and Acronyms

(Amended 03/01/2020)

In addition to the following definitions, [OAR 411-317-0000](#) includes general definitions for words and terms frequently used in OAR chapter 411, division 300. If a word or term is defined differently in [OAR 411-317-0000](#), the definition in this rule applies.

(1) "ADL" means "activities of daily living".

(2) "Behavior Criteria" means the criteria used by the Department to evaluate the intensity of the behaviors, challenges, and service needs of a child and to determine eligibility for the ICF/ID Behavioral Model Waiver.

(3) "CDDP" means "Community Developmental Disabilities Program".

(4) "Child" means an individual who is less than 18 years of age, and applying for, or accepted for, CIIS.

(5) "CHIP" means the "Children's Health Insurance Program".

(6) "CIIS" means "Children's Intensive In-Home Services". CIIS includes case management from a Department-employed services coordinator and the services authorized by the Department delivered through the following:

(a) The ICF/ID Behavioral Program.

(b) The Medically Fragile Children's Program.

(c) The Medically Involved Children's Program.

(7) "Clinical Criteria" means the criteria used by the Department to assess the initial and ongoing eligibility of a child for the Medically Fragile Children's Program and their support needs.

(8) "Delegation" is the process where a registered nurse authorizes an unlicensed person to perform nursing tasks and confirms that authorization in writing. Delegation may occur only after a registered nurse follows all steps of the delegation process as outlined in [OAR chapter 851, division 047](#).

(9) "Entry" means enrollment in CIIS.

(10) "Exit" means termination or discontinuance of enrollment in CIIS.

(11) "Family":

(a) Means a unit of two or more people that includes at least one child who is eligible for CIIS where the primary caregiver is:

(A) Related to the child by blood, marriage, or legal adoption; or

(B) In a domestic relationship where partners share the following:

(i) A permanent residence.

(ii) Joint responsibility for the household in general, such as child-rearing, maintenance of the residence, and basic living expenses.

(iii) Joint responsibility for supporting a child when the child is related to one of the partners by blood, marriage, or legal adoption.

(b) The term "family" is defined as described above for the following purposes:

(A) Determining the eligibility of a child for enrollment into CIIS as a resident in the family home.

(B) Identifying people who may apply, plan, and arrange for individual services.

(C) Determining who may receive family training.

(12) "Family Home" means the primary residence for a child that is not under contract with the Department to provide services as a certified foster home or a licensed or certified residential care facility, assisted living facility, nursing facility, or other residential setting.

(13) "ICF/ID Behavioral Model Waiver" means the 1915(c) Home and Community-Based Services waiver granted by the federal Centers for Medicare and Medicaid Services that allows Medicaid funds to be spent on a child living in the family home who otherwise would have to be served in an intermediate care facility for individuals with intellectual disabilities if the waiver was not available.

(14) "ISP" means "Individual Support Plan".

(15) "Medically Fragile Model Waiver" means the 1915(c) Home and Community-Based Services waiver granted by the federal Centers for Medicare and Medicaid Services that allows Medicaid funds to be spent on a child living in the family home who otherwise would have to be served in a hospital if the waiver was not available.

(16) "Medically Involved Children's Waiver" means the 1915(c) Home and Community-Based Services waiver granted by the federal Centers for Medicare and Medicaid Services that allows Medicaid funds to be spent on a child living in the family home who otherwise would have to be served in a nursing facility if the waiver program was not available.

(17) "Medically Involved Criteria" means the criteria used by the Department to evaluate the intensity of the physical and medical challenges

of a child and to determine eligibility for the Medically Involved Children's Program.

(18) "MFC" means "Medically Fragile Children". Medically fragile children have a health impairment requiring intensive, specialized services on a daily basis, who have been found eligible for MFC services by the Department.

(19) "OCCS" means "Office of Client and Community Services".

(20) "OHP" means "Oregon Health Plan".

(21) "OSIPM" means "Oregon Supplemental Income Program-Medical".

(22) "Private Duty Nursing" means the nursing services described in [OAR 411-300-0150](#) that are determined medically necessary to support a child or young adult receiving MFC services in the family home.

(23) "These Rules" mean the rules in OAR chapter 411, division 300.

(24) "Young Adult" means an individual aged 18 through 20.

Stat. Auth.: [ORS 409.050](#), [417.345](#), [427.104](#)

Stats. Implemented: [ORS 417.345](#), [427.007](#), [427.104](#), [430.215](#)

411-300-0120 Eligibility for CIIS

(Amended 12/15/2022)

(1) NON-DISCRIMINATION. A child may not be denied CIIS or otherwise discriminated against on the basis of race, color, religion, sex, gender identity, sexual orientation, national origin, marital status, age, disability, source of income, duration of Oregon residence, or other protected classes under federal and Oregon Civil Rights laws.

(2) ASSESSMENT. An assessment of a child for a determination of eligibility for entry into CIIS may be requested by the child's services coordinator or legal guardian.

(3) GENERAL ELIGIBILITY. To be eligible for CIIS, a child must meet the following requirements:

(a) Be under the age of 18 or under the age of 21 for a young adult who meets the requirements in section (6) of this rule and is accessing private duty nursing services only.

(b) Be an Oregon resident who meets the residency requirements in [OAR 461-120-0010](#).

(c) Be receiving:

(A) A Medicaid Title XIX benefit package through OSIPM or HSD medical programs; or

(B) A benefit package through the Healthier Oregon medical program.

(d) Contribute to the cost of services in accordance with [OAR 461-160-0610 and OAR 461-160-0620](#), for a child with excess income.

(e) Reside in the family home (except for a child or young adult living in foster care who is eligible for private duty nursing services only).

(f) Be safely served in the family home. This includes, but is not limited to, a qualified primary caregiver demonstrating the willingness, skills, and ability to provide direct care as outlined in an ISP in a cost effective manner, as determined by a services coordinator, and participate in planning, monitoring, and evaluation of the services provided.

(4) ELIGIBILITY - ICF/ID BEHAVIORAL PROGRAM. To be eligible for the ICF/ID Behavioral Program, a child must:

(a) Meet the general CIIS eligibility requirements in section (3) of this rule.

(b) Be determined eligible for developmental disabilities services by the CDDP of the county of origin as described in [OAR 411-320-0080](#).

(c) Meet the ICF/IID Level of Care as defined in [OAR 411-317-0000](#).

(d) Be accepted by the Department by scoring 200 or greater on the Behavior Criteria within 90 calendar days prior to starting services and maintain a score of 200 or greater as determined annually by a reassessment.

(5) ELIGIBILITY - MEDICALLY FRAGILE CHILDREN'S PROGRAM. To be eligible for the Medically Fragile Children's Program, a child must:

(a) Meet the general CIIS eligibility requirements in section (3) of this rule.

(b) Meet the Hospital Level of Care as defined in [OAR 411-317-0000](#).

(c) Be accepted by the Department by scoring 45 or greater on the MFC Clinical Criteria prior to starting services, have a status of medical need likely to last for more than two months, and maintain a score of 45 or greater on the MFC Clinical Criteria as assessed every six months.

(6) ELIGIBILITY - PRIVATE DUTY NURSING SERVICES THROUGH THE MEDICALLY FRAGILE CHILDREN'S PROGRAM. A child or young adult not enrolled in the Medically Fragile Children's Program, who resides in a foster home or their family home, may be eligible for private duty nursing.

(a) To be eligible for private duty nursing, the child or young adult must:

(A) Meet the general CIIS eligibility requirements in section (3) of this rule.

(B) Be accepted by the Department by scoring 45 or greater on the MFC Clinical Criteria prior to starting services, have a status of medical need likely to last for more than two months, and maintain a score of 45 or greater on the MFC Clinical Criteria as assessed every six months.

(b) A child or young adult residing in a foster home is eligible for only the private duty nursing services described in [OAR 411-300-0150](#).

(c) A young adult residing in a family home is eligible for only the private duty nursing services described in [OAR 411-300-0150](#).

(7) ELIGIBILITY - MEDICALLY INVOLVED CHILDREN'S PROGRAM. To be eligible for the Medically Involved Children's Program, a child must:

(a) Meet the general CIIS eligibility requirements in section (3) of this rule.

(b) Meet the Nursing Facility Level of Care as defined in [OAR 411-317-0000](#).

(c) Be accepted by the Department by scoring 100 or greater on the Medically Involved Criteria and maintain an eligibility score of 100 or greater as determined annually by a reassessment.

(d) Require services offered through the Medically Involved Children's Waiver.

(8) EXIT. A child may be exited from CIIS in any of the following circumstances:

(a) The child is exited from case management services as described in [OAR 411-415-0030](#).

(b) The child no longer meets the general CIIS eligibility criteria in section (3) of this rule.

(c) The child no longer meets the eligibility requirements for any of the following:

(A) The ICF/ID Behavioral Program described in section (4) of this rule.

(B) The Medically Fragile Children's Program described in section (5) of this rule.

(C) The Medically Involved Children's Program described in section (7) of this rule.

(d) A young adult no longer meets criteria for the private duty nursing services described in [OAR 411-300-0150](#).

(e) The Department has sufficient evidence the parent or guardian has engaged in fraud or misrepresentation, failed to use resources as agreed upon in the ISP, refused to cooperate with documenting usage of Department funds, or otherwise knowingly misused public funds associated with CIIS.

(f) The child is incarcerated or admitted to a medical hospital, psychiatric hospital, sub-acute facility, nursing facility, intermediate care facility for individuals with intellectual disabilities, foster home, or other 24-hour residential setting and it is determined the child is not returning to the family home after 90 consecutive days.

(g) At the oral or written request of a parent or guardian to end the service relationship. The services coordinator must document the request to end the service relationship in the file of the child.

(h) The child is not safely served in the family home as described in section (3)(f) of this rule.

(i) The services coordinator is not able to locate the child and their parent or guardian.

(j) The parent or guardian has not responded after 30 calendar days of repeated attempts by a services coordinator to complete ISP development or monitoring activities, including participation in a functional needs assessment.

(k) The child does not reside in Oregon.

(9) TRANSITION DUE TO INELIGIBILITY FOR CIIS.

(a) A child who no longer meets eligibility criteria must be transitioned from CIIS no later than 30 calendar days from the date of the assessment that determined ineligibility for the program.

(b) The CIIS program shall assist families to identify alternative resources.

(c) In the event enrollment in CIIS is ended, a written Notification of Planned Action must be provided as described in [OAR 411-318-0020](#).

(10) WAIT LIST. If the maximum number of children allowed on an approved Model Waiver are enrolled and being served in the program, the Department may place a child eligible for CIIS on a wait list. A child on the wait list may access other Medicaid or General Fund services for which the child is determined eligible.

(a) The date the Department has received the initial completed application for CIIS determines the order on the wait list.

(b) A child who was previously enrolled in CIIS and currently meets the criteria for eligibility as described in section (3) of this rule, is put on the wait list as of the date the original application for CIIS was complete.

(c) The date the application for CIIS is complete is the date the Department receives the complete referral.

(d) A child on the wait list is served on a first come, first served basis as space in CIIS allows. A reassessment is completed prior to entry to determine current eligibility. A child must be:

(A) Reassessed for the ICF/ID Behavioral Model Waiver if the current assessment is more than 90 calendar days old.

(B) Reassessed for the Medically Involved Children's Waiver if the current assessment is more than 90 calendar days old.

(C) Newly assessed for the Medically Fragile Model Waiver.

(e) A child on the wait list is prioritized for entry into the Medically Involved Children's Waiver if the child is currently residing in a nursing facility for long-term care and the family of the child wishes the child to return home, or the child resides in the community and is at imminent risk of placement in a nursing facility. An evaluation is completed prior to entry to determine current eligibility.

Stat. Auth.: [ORS 409.050](#), [417.345](#), [427.104](#), [430.662](#)

Stats. Implemented: [ORS 409.010](#), [417.345](#), [427.007](#), [427.104](#), [430.215](#), [430.610](#), [430.662](#)

411-300-0130 Service Planning

(Repealed 06/29/2016 - See [OAR 411-415](#))

411-300-0140 Rights of the Child

(Repealed 02/16/2015 - See [OAR 411-318](#))

411-300-0150 Scope of CIIS and Limitations

(Amended 03/01/2020)

(1) CIIS are intended to support, not supplant, the naturally occurring supports provided by a legally responsible primary caregiver and enable the primary caregiver to meet the needs of caring for a child receiving CIIS. CIIS are not meant to replace other available governmental or community services and supports. All CIIS funded by the Department must be provided according to the Expenditure Guidelines and based on the actual and customary costs related to best practice standards of care for children with similar disabilities.

(2) A services coordinator must provide case management and other supports according to [OAR chapter 411, division 415](#) and these rules.

(3) To be authorized and eligible for payment by the Department, all CIIS must be:

- (a) Directly related to the assessed needs of a child or young adult.
- (b) Required to maintain the health and safety of the child.
- (c) Cost effective.
- (d) Considered not typical for a parent or guardian to provide to a child of the same age.
- (e) Required to help the parent or guardian continue to meet the needs of caring for the child.

(f) Included in an approved ISP.

(g) Provided according to the Expenditure Guidelines.

(4) Department funds may be used to purchase a combination of the following:

(a) Ancillary services as described in [OAR chapter 411, division 435](#).

(b) Community living supports as described in [OAR chapter 411, division 450](#).

(c) Professional behavior services as described in [OAR chapter 411, division 304](#).

(d) State plan personal care services as described in [OAR chapter 411, division 455](#).

(e) Private duty nursing as described in section (5) of this rule and [OAR chapter 410, division 132](#).

(f) Employment services as described in [OAR chapter 411, division 345](#).

(5) PRIVATE DUTY NURSING.

(a) If the service needs of a child or young adult enrolled in the Medically Fragile Children's Program require the presence of an RN or LPN on an ongoing basis as determined medically necessary based on their Clinical Criteria, private duty nursing services may be allocated to ensure medically necessary supports are provided.

(A) Private duty nursing may be provided on a shift staffing basis as necessary.

(B) Private duty nursing must be delivered by a licensed RN or LPN, who does not have limitations of service provision as described in [OAR 410-132-0080](#), as determined by the service

needs of the child or young adult and documented in the ISP and Nursing Service Plan.

(C) The amount of private duty nursing available to a child or young adult is based on the acuity level of the child or young adult as measured by the Clinical Criteria as follows:

(i) Level 1. Score of 75 or above and on a ventilator for 20 hours or more per day = up to a maximum of 554 nursing hours per month.

(ii) Level 2. Score of 70 or above = up to a maximum of 462 nursing hours per month.

(iii) Level 3. Score of 65 to 69 = up to a maximum of 385 nursing hours per month.

(iv) Level 4. Score of 60 to 64 = up to a maximum of 339 nursing hours per month.

(v) Level 5. Score of 50 to 59 or if a child requires ventilation for sleeping hours = up to a maximum of 293 nursing hours per month.

(vi) Level 6. Score of 45 to 49 = up to a maximum of 140 nursing hours per month.

(b) A request for private duty nursing services exceeding limitations in the Expenditure Guidelines must be authorized by the Department. The approval of the Department is limited to 90 calendar days unless re-authorized. A request to exceed private duty nursing limitations in the Expenditure Guidelines is only authorized in the following circumstances:

(A) The child is not safely served in the family home without the expenditure.

(B) The expenditure provides supports for the emerging or changing service needs or behaviors of the child.

(C) A significant medical condition or event, as documented by a primary care provider, prevents or seriously impedes the primary caregiver from delivering services.

Stat. Auth.: [ORS 409.050](#), [417.345](#), [427.104](#)

Stats. Implemented: [ORS 417.345](#), [427.007](#), [427.104](#), [430.215](#)

411-300-0155 Using CIIS Funds for Certain Purchases is Prohibited
(Repealed 06/29/2016)

411-300-0160 Scope and Limitations of In-Home Daily Care Services
(Repealed 08/01/2009 - See [OAR 411-300-0150](#))

411-300-0165 Standards for Employers
(Repealed 06/29/2016 - See [OAR 411-375](#))

411-300-0170 Standards for Providers Paid with CIIS Funds
(Repealed 06/29/2016 - See [OAR 411-375](#))

411-300-0175 Provider Enrollment Inactivation and Termination
(Repealed 06/29/2016 - [See OAR 411-375](#))

411-300-0180 Prior Authorization for In-Home Daily Care
(Repealed 08/01/2009 - See [OAR 411-300-0150](#))

411-300-0190 CIIS Provider Documentation and Records
(Amended 03/01/2020)

(1) Documentation of services provided must be consistent with the requirements described in:

(a) [OAR 411-450-0080](#) for community living supports.

(b) [OAR 411-375-0035](#) for independent providers.

(2) Documentation of private duty nursing services must comply with [OAR chapter 851](#) (Oregon State Board of Nursing) and must include all of the following:

- (a) The name of the child or young adult on each page of documentation.
- (b) The date of service.
- (c) Time of start and end of service delivery by each provider.
- (d) Anything unusual from the Nursing Service Plan expanded in the narrative.
- (e) Interventions.
- (f) Outcomes, including the response of the child or young adult to services delivered.
- (g) Nursing assessment of the status of the child or young adult and any changes in that status per each working shift.
- (h) Full signature of the provider.

Stat. Auth.: [ORS 409.050](#), [417.345](#), [427.104](#)

Stats. Implemented: [ORS 417.345](#), [427.007](#), [427.104](#), [430.215](#)

411-300-0200 Payment for CIIS

(Repealed 06/29/2016)

411-300-0205 Rights, Complaints, Notification of Planned Action, and Hearings

(Amended 03/01/2020)

(1) INDIVIDUAL RIGHTS.

- (a) The rights of a child are described in [OAR 411-318-0010](#).
- (b) Upon entry and request and annually thereafter, the individual rights described in [OAR 411-318-0010](#) must be provided to the child as applicable, and parent or guardian of the child.

(2) COMPLAINTS.

(a) Complaints must be addressed according to [OAR 411-318-0015](#).

(b) Upon entry and request and annually thereafter, the policy and procedures for complaints as described in [OAR 411-318-0015](#) must be explained and provided to the child as applicable, and the parent or guardian of the child.

(3) NOTIFICATION OF PLANNED ACTION. In the event services are denied, reduced, suspended, or terminated, a written advance Notification of Planned Action ([form 0947](#)) must be provided as described in [OAR 411-318-0020](#).

(4) HEARINGS.

(a) Hearings must be addressed according to [ORS chapter 183](#) and [OAR 411-318-0025](#).

(b) A parent or guardian may request a hearing as provided in [ORS chapter 183](#) and [OAR 411-318-0025](#).

(c) Upon entry and request and annually thereafter, a notice of hearing rights and the policy and procedures for hearings as described in [OAR chapter 411, division 318](#) must be explained and provided to the child as applicable, and the parent or guardian of the child.

Stat. Auth.: [ORS 409.050](#), [417.345](#), [427.104](#)

Stats. Implemented: [ORS 417.345](#), [427.007](#), [427.104](#), [430.215](#)

411-300-0210 Denial, Termination, Suspension, Reduction, or Eligibility for Services for Individual Medicaid Recipients
(Repealed 02/16/2015)

411-300-0220 Provider Sanctions for Children's Intensive In-Home Services
(Repealed 02/16/2015)