Other formats and languages
You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the 1915(i) HCBS Policy team at 1915i.MedicaidPolicy@odhsoha.oregon.gov or 503-947-5474 (voicemail). We accept all relay calls.

1915(i) Home and Community Based Services (HCBS): Assessing Your Needs

What are 1915(i) Home and Community Based Services (HCBS)?

1915(i) HCBS are services that can help Individuals living with a Serious Mental Illness that affects how you care for yourself or manage your daily tasks. These services are available for adults ages 21 and over. They help people with long-term mental health needs live well in their own or family home or in a Residential Care Setting.

Does mental illness affect how you care for yourself or manage daily life?

You can ask for support through 1915(i) HCBS. To do this, you can:

- Send a complete *CH-006 Request Form*, with the documents listed in the form to Comagine Health. The form can be found on their website: https://comagine.org/resource/968

OR

- Have your health care provider do this for you.

Once they get your request, Comagine Health will meet with you to learn about the types of support you need. This will help to understand:

- Your physical, mental and social abilities; and

- Where you may need support to help you live well and perform tasks of daily living.

If you already get these types of supports:

You will continue to have this meeting once a year, or sooner if your support needs change. You can ask for a review at any time.

What happens at the meeting?

Comagine Health will meet with you in person or by telehealth that includes live audio and video access. They will ask about your needs, strengths, interests, goals, preferences, and abilities.

They may also talk to people who live or work with you, such as your:

- Family members,
- Friends,
- Caregivers, or
- Guardian (if applicable).

Comagine Health will use what they learn from you, your family, providers, paperwork, and other supports to understand all your needs.

Types of questions will they ask:

- **Cognitive functioning:** How well your brain helps you think, learn, remember, solve problems, and pay attention.
- **Adaptive skills and daily functioning:** The everyday skills to take care of yourself and get through daily life, such as getting dressed, making meals, or taking medication.
- **Mental health symptoms:** The thoughts, feelings, or behaviors that show you may need support with your emotional or mental well-being.
- **Medical conditions:** Health problems or illnesses that affect how your body or mind works.

- **Support needs:** The help you need to stay safe, healthy, and able to do daily activities.

What you can do:

You can ask questions before, during, or after the meeting, without judgment. You can answer questions in the way that feels best for you.

- Everyone's answers are different. This is because people have different experiences, surroundings and situations.
- Differences are useful. They help show your strengths, needs, and the support that will best help you.
- There are no right or wrong answers.

If you don't want to answer some questions:

You can skip any questions you do not want to answer. But only you can answer some of the questions, such as what you are thinking or feeling. Your thoughts and feelings are important to share.

The more information you share, the better Comagine Health can:

- Understand your needs and
- Help you make a service plan that fits your goals and preferences.

How can you get ready for the meeting?

Please respond when Comagine Health calls or emails you to schedule the assessment. If you want someone else to do this for you, let Comagine Health know.

You can also let Comagine Health know:

- Who they can talk with about your needs.
- Who they should ask to help plan your care.
- How you want to attend the meeting (in person or by telehealth).

You can also help by sharing this information, if available:

- Medical and diagnostic history
- Recent physical or mental health reports
- Current care or service plans
- Medication list
- Therapy or provider reports
- Caregiver notes

What happens after the meeting?

Comagine Health will complete the assessment and share the results with you. If you are approved, Comagine Health staff will develop a Person-Centered Service Plan (PCSP) with you.

If you do not agree with the assessment:

You or your provider can share concerns with Comagine Health.

Your provider has 10 days to Request a Reconsideration. The request must state the reasons Comagine Health needs to review the assessment. This includes:

- The specific information you do not agree with. This includes but is not limited to:
  - The assessment results,
  - Information received during interviews, or
  - Information in documents shared to complete the assessment
- Your provider must include documents that support the need to review the assessment.

If you agree with the assessment:

You will work with Comagine Health on a Person-Centered Service Plan (PCSP). Comagine Health will send you and your care team

service planning documents. You and your provider will need to sign the PCSP to start receiving the services.

Before signing the PCSP, it is important you agree with the services and how they are delivered, as listed in your plan.

Comagine Health will check in every three months (or more often if needed) and update your records. This is to see whether the care plan is meeting your needs.

To make sure care continues each year:

60 days before your current service plan ends, Comagine Health will ask your current service provider for a new referral.

When this happens, you or your provider will need to send the referral packet to Comagine Health promptly. This is so Comagine Health can complete the new assessment and PCSP before your current service plan ends.

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