Oregon Department of Human Services
OFFICE OF DEVELOPMENTAL DISABILITIES SERVICES

ODDS Expenditure Guidelines

Funding Authorities:

1915(k) Community First Choice (K Plan)

1915(c) Adult's, Children's and CIIS Waivers

Appendix A: ADL/IADL/health related tasks detail
Appendix B: Foster care and in-home services
Appendix C: Family Support (SE 150)
Appendix D: Private Duty Nursing Services (CIIS Medically Fragile Program)
Appendix E: Provider Agency rates.

- Every need identified for an individual must note on the ISP which funding authority is being used to meet the need, or that natural support is meeting it, or that the individual is choosing to have the need go unmet.
- The services authorized in an ISP reflect an amount not to be exceeded. If some amount of an authorized service is not required by the individual, then a claim may not be made for it by a provider. For example, if an individual is assessed as requiring 200 hours per month of attendant care to meet identified ADL/IADL/Health Related Tasks but is away on vacation where a natural support is providing the services for two weeks of a month, the usual

provider is not necessarily entitled to claim the full 200 hours for that month. Similarly, Attendant Care can't necessarily be "bunched" into a single day or a few days of the month unless doing so aligns with the customer's support needs. A provider should not claim more hours in any given day than are necessary to provide the identified supports. Paid supports are meant to meet identified needs – at the time when they are needed and in the amount they are required - and not a way to get a monthly payment to a provider.

- Shipping and handling costs, when shipping from the source of the item is necessary to get it to the individual, may be included in the cost of the service. If not shipped from the manufacturer/distributor/retailer directly to the individual, costs associated with getting the item the rest of the way are not allowable (e.g., if the device was shipped to the CDDP/CIIS/brokerage office, the cost of getting it from the office to the customer is not allowable).
- Reimbursements directly to individuals or families are not allowed, including reimbursement for supplies or materials. All payments must be made to a vendor of services (which includes a family member when acting as a PSW).
- All funded services must be related to the disability and not for general household use and not due to financial need.
- Generally, when two different service types are delivered within a single unit of time by the same provider, the service type that represents the majority of the service type should be paid. This does not apply to PSW mileage reimbursement, which is paid on top of certain other services.
- "Family Member" means husband or wife, domestic partner, natural parent, child, sibling, adopted child, adoptive parent, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparent, grandchild, aunt, uncle, niece, nephew, or first cousin. Spouses (legally married) may not be Personal Support Workers for their own spouse. Parents (including adopted and stepparents) of minor children may not be Personal Support workers for their children.
- For children enrolled in Family Support Services (SE150), see Appendix C.
- A procedure code marked with an (L) represents a service that is eligible for Department paid language interpretation or translation. Please use this Notice to Proceed form to access these services.

- Staffing ratios use the convention of # attendants or staff: # individuals getting services.

- When an individual becomes ineligible for Medicaid, authorized services must be ended. See the Loss of Medicaid Worker Guide. For Professional Behavior Services and Discovery, if the final product (TESP, FBA or PBSP) that would have been the result is not complete, the SC/PA must end further work on it (at the end of the notice period), at whatever point the work is at. Providers should be paid only for the work completed.

Personal Support Worker (PSW) rates:

- Rates must be consistent with the current Collective Bargaining Agreement. Current PSWs in the bargaining unit may not be paid less than their highest hourly rate per service category in place on October 3, 2013 as long as the PSW did not have their provider number inactivated due to not delivering services for more than one year. A provider must show proof of their highest hourly rate and that this rate was established prior to October 3, 2013. There are three service categories and are as follows:
    - PSW hourly services (attendant care and skills training),
    - Job Coaching, and
    - PSW CIIS hourly services (attendant care and skills training).

- A PSW providing services in CIIS and another program will have two wages (such as $19.50/hour for non-CIIS programs and $21.50 for CIIS programs). When an individual moves from CIIS into an adult program when they turn 18 their PSW providers may retain the CIIS wage for one year; to provide transition time to complete required trainings for an enhanced or exceptional rate. The PSW's rate will revert to the applicable rate based on completed trainings and individual eligibility. See PT-17-053.

- If rate or other information listed in this section of these guidelines is not the same as the current Collective Bargaining Agreement, the CBA takes precedence. The PSW rates in this guideline are for the minimum rate per PSW type effective beginning January 1, 2024. Further information about the CBA can be found in PT-23-067.

- A PSW Specialist (formerly identified as a PSW-IC in the 13-15 Collective Bargaining Agreement) retains their PSW-IC wage as a PSW Specialist. The wage is effective for PSW services currently authorized and any that may be authorized, including when the PSW Specialist begins to work for a new individual. PSWs who have had their provider number inactivated for more than sixty (60) days, or who are terminated and later reapply as a PSW, shall only be eligible for the base hourly wage until completion of enhanced, exceptional or PDC training.

- For additional information on PSW wages, please refer to the PSW Differentials and Non-Standard Rates worker guide.

	Standard PSW Wage Table (effective January 1, 2024)				
	Hourly PSW	Hourly PSW with CPR/First Aid	Hourly PSW with PDC	Enhanced PSW	Exceptional PSW
ADL/IADL supports	$19.50	$19.75	$20.25	$20.50	$22.50
Children's Intensive In-home Services (CIIS)	$21.50	$21.75	$22.25	N/A	N/A
Job Coaches	$22.00	$22.25	$22.75	$23.00	$25.00
Hourly Relief Care (OR508)	$19.50	$19.50	$19.50	$19.50	$19.50

Ancillary Services

The following table describes whether ancillary services may be approved by the CME for individuals enrolled in a residential program through SE257 in a POC. See OAR 411-435 and workers guides for additional requirements and limitations.

		24-hour res (SE50), Host Homes (SE152)	Supported Living (SE51)	Foster Care (SE158/258)
Ancillary Services	Assistive Devices	OK	OK	OK
	Assistive Technology	OK	OK	OK
	Professional Behavior Services	OK	OK (when not included in the SL budget)	OK
	Chore Services	No	No*	No
	Community Transportation	Please see the community transportation worker guide		
	Environmental Modifications	No	No*	No
	Family Training	OK (ODDS exception required for approval)	OK (ODDS exception required for approval)	OK (ODDS exception required for approval)
	Environmental Safety Mods	No	No*	No
	Vehicle Modifications	No	No (approval considered only for vehicles owned by the individual)	No
	Specialized Supplies	OK	OK	OK

* An ODDS exception may be requested for new, non-provider owned, controlled or operated sites)

BASIC EXPENDITURE REQUIREMENTS Every service authorized MUST MEET ALL TEN OF THE CRITERIA BELOW
1. DIRECTLY related to a specific goal on an individual's ISP AND
2. REQUIRED to maintain or increase Independence and/or Community participation and/or Productivity AND
3. REQUIRED *solely* because of the direct effects of a developmental disability AND
4. DOES NOT replace existing voluntary support system and resources AND
5. DOES NOT replace other government benefits (OVRS, Dept. of Ed., SSI, Oregon Health Plan, Section 8) AND
6. DOES NOT provide for basic needs of food, shelter, clothing AND
7. COST- EFFECTIVE use of public resources AND
8. NEVER a direct payment to a beneficiary AND
9. NEVER for activities that are purely diversion oriented AND
10. NEVER for services delivered outside of the U.S. or its territories.

Funding Authority: Community First Choice (K plan)

The following services are available under the authority of the Community First Choice State Plan Amendment:

- Assistive Devices
- Assistive Technology
- Attendant Care
  - In Home
  - Foster Care
  - Day Support Activities
  - On the Job
- Professional Behavior Services
- Chore Services
- Community Nursing Services
- Community Transportation
- Environmental Modifications
- Home Delivered Meals
- Relief Care
- Transition Service

In order to be eligible to receive these services, the individual must have OCCS Medical (Title XIX Medicaid), meet the Level of Care, and have an assessed need for the service.

Notes:

- The Adult In-Home Support Needs Assessment (ANA) and the Child In-Home Support Needs Assessment (CNA) tool determine attendant Care Hours in Service Elements 49, 145,149, and 151. The hours may be allocated to ADL/IADL attendant care and any hours authorized under the State Plan Personal Care Program (POC code OR502), as determined through a person-centered planning process.

Assistive Devices (411-435-0050(2))			
Assistive Devices	Source	POC Code	POC Name
	K Plan	OR380	Assistive Devices (formerly Specialized Medical Equipment)
Description and notes for inclusion on an ISP and POC			

Assistive Devices:

Assistive Devices means any category of durable medical equipment, mechanical apparatus, or electrical appliance used to assist and enhance an individual's independence in performing any ADL, IADL, health-related tasks, or to communicate in the home and community.

Durable Medical Equipment (DMEs) is equipment, furnished by a durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) provider or a home health agency that can withstand repeated use, is primarily and customarily used to serve a medical purpose. Examples of DMEs generally covered by OHP include wheelchairs, crutches and hospital beds. DME extends to supplies and accessories that are necessary for the effective use of covered durable medical equipment.

Equipment intended to aid in physical functioning must be recommended by a relevant professional based on their professional experience and qualifications to make the recommendation.

Examples:

- Adaptive equipment for eating (i.e., utensils, trays, cups, bowls that are specially designed to assist an individual to feed him/herself).
- Specially designed clothes to meet the unique needs of the individual with the disability (e.g., clothes designed to prevent access by the individual to the stoma, Velcro closures, specially designed zippers, etc. which could allow the person to dress/undress with less support).
- Purchases, rentals, repairs for durable medical equipment covered by OHP after the OHP limit has been reached.

Assistive Devices (411-435-0050(2))

More information can be found in the Assistive Devices and Technology Worker Guide.

Requirements and limits for authorization:

- Only items described in rule and cost $1200 or less may be authorized by a CME.
- Any item or any combination of items that meet a single assessed need totaling more than $1200 must have an ODDS approval prior to purchase.
- When multiple purchases are required to fulfill an identified support need, the costs should be considered together.
- Items must be intended to increase the person's independence in completing an assessed ADL/IADL need and not be solely for entertainment purposes.
- Assistive Devices cannot be funded for the convenience of a care provider or to meet the needs of a care provider.
- For items that may be available through the OHP or other health insurance, funds must be requested from these entities first and a denial must be documented before the item may be purchased with K plan funding.
- If the OHP or other health insurance will pay for an item but the maximum allowable rate will not cover the specific type or brand of item desired, Department funds cannot be used to make up the difference in cost. Individuals should consult with their health plan staff, such as the Intensive Care Manager/Exceptional Needs Care Coordinator, if they have difficulty locating an item for the maximum allowable rate.
- These items must be intended to increase the individual's independence in completing an assessed ADL/IADL need and not be solely for the entertainment of the individual.
- Assistive Devices cannot be funded for the convenience of a care provider or to meet the needs of a care provider.

Assistive Devices (411-435-0050(2))

This service is not available for:

- Work-related items available through a Vocational Rehabilitation employment plan.
- Generic household furnishings, personal clothing (for individual or family), and other purchases made because of financial need.
- Materials or equipment that have been determined unsafe for the general public by recognized consumer safety agencies.
- Items which are needed solely to allow a school-aged individual to participate in school.
- Items not of direct medical or remedial benefit to the individual.

Assistive Technology (411-435-0050(3))			
Assistive Technology	Source	POC Code	POC Name
	K Plan	OR321	Assistive Technology (formerly AT Purchase – Hardware)
	K Plan	OR322	(Discontinued)
	K Plan	OR323	(Discontinued)
	K Plan	OR325	AT Maintenance
	K Plan	OR528	Personal Emergency Response Systems

Description and notes for inclusion on an ISP and POC

Please note: Beginning with Version 17 of these guidelines, OR322 and OR323 are discontinued for us. For all one-time assistive technology purchases please use OR321, for all ongoing assistive technology purchases (such as minimal data plans and subscriptions) please use OR325.

Electronic devices:

Electronic devices to secure assistance in an emergency in the community. (e.g., cell phone, GPS alert device, communication device or software)

- Reminders and alert systems for ADL or IADL supports. (e.g., reminder software on a mobile device, programmable medication reminder device, schedule prompting software, GPS guidance software, etc.)
- Mobile electronic devices or software (e.g., communication device, communication software for a mobile device)

Assistive Technology (411-435-0050(3))

Personal Emergency Response Systems are intended for people who:

- Do not live in a residential program; AND
- Live alone or are alone for significant parts of the day and would otherwise require extensive routine supervision or would otherwise require an attendant while out in the community.
- Personal Emergency Response Systems are intended to be used by the individual to summon paid and unpaid support providers for immediate assistance when the emergency is not life-threatening.
- Personal Emergency Response Systems are not intended to replace devices, such as a cell or landline phone or home security system, to access 911 services.

Assistive technology to provide additional security and replace the need for direct interventions to allow self-direction of care and maximize independence such as motion/sound sensors, two-way communication systems, automatic faucets and soap dispensers, incontinent and fall sensors, or other electronic backup systems.

Data plans, subscriptions, software, accessories, etc. when necessary and appropriate for the individual to use the technology.

Requirements and limits for authorization:

- Only items described in rule and cost less than $1200 may be authorized by a CME.
- Any item or any combination of items that meet a single assessed need totaling more than $1200 must have an ODDS approval prior to purchase.
- When multiple purchases are required to fulfill an identified support need, such as hardware and software purchased separately, the costs should be considered together. For example, if the total cost of a tablet computer (hardware) to implement an ISP goal is $850, and if the applications (software) are $350, the total cost would be over $1200, and this purchase would have to be prior approved by ODDS.

Assistive Technology (411-435-0050(3))

- For items that may be available through the person's OHP or other health insurance, funds must be requested from these entities first and the denial must be documented before the item may be purchased with K plan funding.
- Any purchase made from this category must be directly related to an assessed ADL/IADL support need of the individual. It must increase independence or lessen the need for other paid support. ISP goals in support of the use of this service must describe how these conditions will be met.
- Assistive technology intended for use as an augmentative communication device must be recommended by a professional qualified to make this recommendation, typically a Speech/Language Pathologist.
- When an item is lost, stolen or becomes damaged to the point it is no longer functioning properly, Department funds may be used to repair or replace that item. However, service planning must consider the likelihood of the same thing happening again and account for any impacts that may have on cost effectiveness. Documentation of the strategy to keep the Assistive Technology solution cost effective may be requested by ODDS. Repair or replacement more than one time in a plan year requires prior authorization from ODDS.
    - Where possible, the customer's file must record the serial number of the item.
    - In the case of theft, replacement may not happen until a police report is filed. A copy of the police report must be kept in the individual's file.
    - Whenever possible, homeowner's, renter's or other available insurance claims must be made prior to replacing an item using support or in-home funds.

<u>This service is not available for:</u>

- General cell, home or office telephone services or service plans.
- Cell phone services for staff who use the services for general communication or for others and the costs are not clearly separated.
- Any use where privacy is not assured when systems are used for remote monitoring, particularly when they involve tracking systems. The ISP team must have a documented discussion, involving the individual whenever possible, about privacy and the right to discontinue the use of the monitoring equipment at any

Assistive Technology (411-435-0050(3))
time. The ISP team must engage in backup planning for the possibility of such a refusal or a failure of the technology. • Reimbursement or advance payments such as with warranties. For more information, please review Oregon Training and Consultation (OTAC) guide on this subject. http://oregonisp.org/at/ and the Assistive Devices and Technology Worker Guide.

Attendant Care/Skills Training (In Home: SE 49/145/149/150/151) (OAR 411-450)			
Attendant Care/Skills Training (In Home: SE 49/145/149/150/151)	Source	POC Code	POC Name
	K Plan	OR526	Attendant Care Support (ADL/IADL)
	K Plan	OR526ZE	Attendant Care Support 2:1 Two Providers
	K Plan	OR526ZC	Attendant Care 2:1 Single Provider
	K Plan	OR526RB	Attendant Care Group (1:2)
	K Plan	OR526R3	Attendant Care Group (1:3)

Description and notes for inclusion on an ISP and POC

Attendant Care, Hourly

Attendant services and supports to assist an individual in accomplishing activities of daily living, instrumental activities of daily living and health related tasks through hands-on assistance, supervision, or cueing.

ADL is a term used to refer to daily self-care activities within an individual's place of residence, in the community, or both. These are the most basic activities necessary for daily life. IADL activities are not necessary for fundamental functioning, but they let an individual live more independently in a community. These activities are more complex than ADLs. See Appendix A for further information.

Skills Training

This service may have a specific goal to develop increased skills in targeted ADL/IADL areas. Someplace in the Chosen Services section on the ISP should specify the area and expected change to skill level.

Attendant Care/Skills Training (In Home: SE 49/145/149/150/151) (OAR 411-450)

Training must be designed to increase the individual's skills in completing a specific ADL/IADL activity and not be a general educational or recreational activity.

When an individual's desired outcome is to develop his or her ability to engage in social activities, and the chosen provider is an agency, the attendant care should be authorized using an OR542 procedure code as a Day Support Activity (see below). All "classes" will be considered DSA. Except for organized "classes" and attendant care at an employment setting, any other desired outcomes that require support with ADL/IADLs for someone living in home will have attendant care (OR526) as described in this section authorized.

Attendant care may occur in the home or community (except at a competitive integrated employment setting, for this see On the Job Attendant Care (OR545).

These supports will very often occur with one individual and one provider (OR526NA), but they may occur in a group of two or three (OR526RB or OR526R3). For example, it is a group activity when two siblings or spouses are each getting support with preparing a meal at the same time, or they go to the bank together.

Other times, two attendants are needed. This is determined using the support needs identified in the ONA, ANA/CNA and discussion with the ISP team. There are various combinations of providers that can fulfill the need for staffing ratios above 1:1. See the eXPRS help menu topic for detailed information on How to Authorize 2:1 Attendant Care Services. All staffing ratios above 1:1 require an approved exception. See the In-Home Staffing Ratio and Hours Exceptions for information.

Service is not available for:

- Costs for transportation, food, shelter, and entertainment normally incurred by anyone on vacation, regardless of disability, and not strictly required by the individual's need for personal care assistance in all home and community settings.

Attendant Care/Skills Training (In Home: SE 49/145/149/150/151) (OAR 411-450)
• Expenses that would normally be paid by individuals without disabilities in pursuit of strictly recreational or personal interests, e.g., video rental, tickets for movies and concerts, internet fees, admissions to sporting events, health club dues, horseback riding fees, conference fees. • Services delivered within the home to individuals who pay privately for services in licensed or certified facilities. • Other than ADL/IADL care, classroom support (such as tutoring or note taking) for general education classes or classes that are specifically for individuals with developmental disabilities. No classroom care is available for children (up to 18) or individuals up to 21 enrolled in school services. • When other, more cost effective services are available that may meet the need (such as assistive technology or an emergency response system) and are desired by the individual. • Driver's education classes or 1:1 skill training around driver training. • GED classes. • Parenting classes. • For transition age students or youth when services are being provided by the school system, or other systems (i.e., MH, TANF, CW). • For children when the support needs are not a direct result of the child's intellectual or developmental disability. • Caring for a pet. Attendant care may be used to care for a service animal if it has been prescribed by a licensed professional and has completed its training.

Hourly agency rates		Standard Model Agency	Community Living Supports Agency
OR526	Attendant Care Support (1:1)	$42.24	$34.99
OR526NA/ZE	Attendant Care Support (2:1) (2 different agency providers)	$42.24	$34.99
OR526ZC	Attendant Care Support (2:1) (One agency)	$76.69	$64.26
OR526RB	Attendant Care Group (1:2) (per person)	$23.23	$19.25
OR526R3	Attendant Care Group (1:3) (per person)	$16.90	$14.00

Attendant Care (Foster Care: SE 158/258)			
Attendant Care (Foster Care: SE 158/258)	Source	POC Code	POC Name
	K Plan	ORAFC	Adult Foster Care
	K Plan	ORCFC	Child Foster Care
	K Plan	OR526ZE	2:1 Attendant Care Support (ADL/IADL)

Description and notes for inclusion on an ISP and POC

For a description of Adult Foster Care and Child Foster Care please see the corresponding Standards and Procedures and OARs.

This service description and procedure codes have no relationship to relief care delivered by a Foster Care provider.

2:1 Attendant Care, Hourly, for an individual enrolled in Children's or Adult Foster Care.
Attendant services and supports to assist an individual in accomplishing activities of daily living, instrumental activities of daily living and health related tasks through hands-on assistance, supervision, or cueing.

When an individual has chosen to receive Foster Care services, the services must be authorized in a Plan of Care using SE158 and proc code ORAFC for adults, or SE258 and proc code ORCFC for a child. This represents a basic service payment for foster care services and does not include any ancillary services, which must be authorized separately.

When the ISP team has determined that 2:1 supports are necessary for an individual residing in a Foster Care setting the "second" care giver must be separately authorized in a SE257 POC using OR526ZE. Please refer to the Worker's Guide on this topic.

Attendant Care (Foster Care: SE 158/258)	
ORAFC: Rate determined by current SNAP	ORCFC: Rate determined by current SNAP
Rate for 2:1 in Foster Care (OR526ZE)	In SE 158 (Adult Foster Care): $15.97/hour* In SE 258 (Children's Foster Care): $15.97/hour*

Day Support Activities (SE49/54/149) (OAR 411-450)			
Day Support Activities (SE49/54/149)	Source	POC Code	POC Name
	K Plan	OR542 (W1)	DSA - Facility
	K Plan	OR542 (R1)	DSA - Facility 1:1*
	K Plan	OR542 (ZF)	DSA - Facility 2:1* (One Provider)
	K Plan	OR542 (ZH)	DSA - Facility 2:1* (Two Providers)
	K Plan	OR542 (W2)	DSA - Community
	K Plan	OR542 (RC)	DSA – Community 1:1 in a group*
	K Plan	OR542 (ZC)	DSA – Community 2:1* (One Agency, 2 staff)
	K Plan	OR542 (ZE)	DSA – Community 2:1* (Two Providers)
	K Plan	OR542 (RS)	DSA – Community Solo
	* Requires an ODDS approved exception		

Description and notes for inclusion on an ISP and POC

Day Support Activities

Attendant care supports in the community that happen during scheduled, intentional, structured activities in a non-residential setting are authorized using DSA procedure codes (OR542). Though not an employment service, for working age individuals' activities that contribute to the skills required for entry into the workforce should be prioritized. These activities are non-employment services that are not duplicative of the services delivered as part of

Day Support Activities (SE49/54/149) (OAR 411-450)

a residential program. DSA is defined as Community Living Supports and subject to OAR Chapter 411, Division 450. DSA may only be authorized to agency providers, not to a PSW.

DSA **must include a focus on competencies around**:

- Support with community participation - assisting an individual in acquiring, retaining, and improving skills to use available community resources and improving self-awareness and self-control;
- Support with communication - assisting an individual in acquiring, retaining, and improving expressive and receptive skills in verbal and non-verbal language, social responsiveness, social amenities, and interpersonal skills.

In plain terms, attendant care services authorized as DSA should focus on things like: waiting your place in line, appropriate eye contact, respecting personal space, taking turns in a conversation, compromising in a group decision, age appropriate conversation topics, initiating engagement with others, recognizing the end of an engagement, avoiding isolation, recognizing hazards or unsafe situations in the community, “stranger danger,” coordinating personal time and location using watches, phones, computers, clocks, maps, street signs, calendars, bus schedules, community landmarks, signage & symbols, alarms, etc.

DSA requires that an individual have a measurable goal documented in the individual's ISP that is related to developing or maintaining skills for participating in the community.

The purpose of attendant care DSA are to:

- Provide the support necessary to build and strengthen relationships between family members, friends, and members of the local community who are not paid to be with the person, when the individual does not have the skills to build and strengthen relationship independently and choses to actively work on those skills.
- Find places where an individual’s interest, culture, talent, and gifts can be contributed and shared with others with similar interests.

Day Support Activities (SE49/54/149) (OAR 411-450)

- Provide opportunities for people to do things they enjoy as well as new and interesting things that involve the broader community. This is accomplished by helping to develop the skills needed to discover and participate in them.
- Support participation in clubs, association, and organizations as members and in decision-making capacities.
- Increase those skills that are necessary to initiate, plan and engage in activities - alone or with others – out in the individual's community.

A provider agency may offer "classes." These would be defined as group attendant care that is regularly occurring, organized, structured around specific ADL/IADL supports intended to maintain or increase an individual's skill level. These will be authorized under the DSA procedure code OR542/W1 or W2. The activity must result in the completion of an ADL/IADL. The subjects of these "classes" do not have to be specifically related to support with participation in the community but do have to relate to an ADL/IADL activity. An individual may choose to attend a community-based class for the general public (not something offered by a provider agency) such as a gardening class, or an art class. If the individual needs support with community participation or communication to participate in one of these types of classes, the agency provider can be authorized for DSA using OR542/RS or OR542/W2. Other types of ADL/IADL supports in such a setting would be authorized as Attendant Care (OR526).

The use of solo, group community, or facility-based DSA services must be driven by the individual's desired outcomes. It may be appropriate for an individual to use one or any combination. The provider must be chosen by the individual from all available providers.

Not all community based supports are DSA. Attendant care is a DSA only when delivered in order to meet a desired outcome related to development of a person's ability to engage in social activities. The specific activity, context, or setting during the delivery of DSA matters less than the purpose. DSA can be delivered at any time during the day.

Attendant Care DSA may include the following activities under certain circumstances:

- Other IADL tasks for a specific individual or multiple individuals when completing them is incidental to the delivery of support with communication or community participation. These are tasks such as:

  - Shopping for food or household items for use by the home.
  - Shopping for individual's personal items.
  - Laundry, haircuts, banking, and similar personal services.
- For events where sitting and being entertained, with little or no interaction with others, is the focus (movies, concerts, etc.), the individual's support need must be related to being in that environment appropriately. For example, a person may like seeing movies in a theater, but needs support to remain silent or to keep from disturbing others.

Attendant care DSA do not include:

- Medical appointments.
- Overnight trips/camping.
- Activities that are necessary for the maintenance of the individual's household.
- ADL/IADL support, other than the support with participation in the community described above, required by an individual to maintain an existing relationship (hanging out with friends or visiting with family).
- Accompanying a staff person of a residential program into the community on household business.
- Purely recreational activities, e.g., activities done for their own sake and not dedicated to the development of the individual's ability to more fully engage with the community.
- Expenses that would normally be paid by individuals without disabilities in pursuit of recreational or personal interests, e.g., video rental, tickets for movies and concerts, internet fees, admissions to sporting events, health club dues, horseback riding fees, conference fees.
- Any other ADL/IADL supports that are not incidental to the goal of developing competency in the IADL described in OAR 411-450-0050(2)(b)(D) Support with participation in the community.
- Individuals who do not have support needs related to OAR 411-450-0060(2)(b)(D) Support with participation in the community.

For individuals in 24-hour residential, supported living, and foster care this service is limited 25 hours per week of any combination of job coaching, supported employment - small group employment support, employment path

services, and DSA. Individuals residing in these settings who do not receive employment services, may receive up to 25 hours of day support activities per week.

The person centered planning process, taking into consideration the full scope of identified needs and the available service level, will establish the amount of attendant care DSA that is authorized for someone living in an in-home setting.

With OR542, use of the modifiers W1, R1, ZH, or ZF indicate that the service is facility based. "Facility-Based" means the service occurs at a fixed site that is provider owned, controlled or operated and an individual little opportunity to interact with people who do not have a disability (except for paid staff). Facility based services must be used as a means to facilitate community participation and must comply with HCBS rule and policy.

With OR542, use of the modifiers W2, RC, ZC, or ZE indicates that the service occurs as a group of individuals in the community, not in a facility. The modifier RC indicates that an individual who is participating in a group activity is assigned an agency staff member to them and has been approved by exception. The modifier RS is for a service when an individual is engaging in DSA alone, except for an agency staff member, and does not require an exception.

Solo (RS) DSA supports must be 1:1 (solo) and not in a group (one supported individual in the setting and one support staff). An individual may choose to use DSA “Solo” (RS). DSA “Solo” must be face to face and not remote.

OR542 with modifiers R1, ZH, ZF, RC, ZE and ZC may only be authorized with an ODDS approved exception.

Additional information about DSA modifiers can be found in this transmittal.

Separate transportation funding is not available for use during the delivery of OR542/W1 or W2. It may be available getting to and home from a DSA setting.

Day Support Activities (SE49/54/149) (OAR 411-450)
The rate associated with OR542/W1 and W2 assumes a certain level of individualized attention for things like support with toileting, putting on a jacket, etc. A 1:1 service should not be authorized to fill this function. When an individual's support needs may be extraordinary, a funding exception can be requested.

Provider Agency Rates Per Hour:	Category 1	Category 2	Category 3	Category 4
Group DSA– Community (OR542/W2, ZE)	$17.11	$21.33	$29.77	$39.76
Group DSA– Facility (OR542/W1, ZH)	$11.99	$15.75	$19.50	$28.39

Solo DSA OR542RS	$42.24	Solo DSA (2:1) OR542RS	$74.52 (requires ODDS approval)
Rate for 1:1 Group DSA Community OR542/RC:	$41.82	Rate for 2:1 Group DSA Community OR542/ZC:	$71.24
Rate for 1:1 Group DSA Facility OR542/R1:	$38.59	Rate for 2:1 Group DSA Facility OR542/ZF:	$67.64

On the Job Attendant Care (SE54/149) (OAR 411-450)			
On the Job Attendant Care	Source	POC Code	POC Name
	K Plan	OR545 (NA)	On the Job Attendant Care - 1:1
	K Plan	OR545 (ZE)	On the Job Attendant Care - 2:1 (Two Providers)
	K Plan	OR545 (ZC)	On the Job Attendant Care - 2:1 (One Provider)*
	* Requires an ODDS approved exception		

Description and notes for inclusion on an ISP and POC

On the Job Attendant Care is attendant care and health related supports provided as needed in a competitive integrated employment setting in the general workforce where a person does not need employment services but does need strictly attendant care supports.

A PSW is not a provider type for this service when the individual lives in a residential program.

On the Job Attendant Care is a 1:1 service in a competitive integrated employment setting only. If support needs require additional staffing, a funding exception must be requested. If one provider agency can provide both support staff for this service, the authorization modifier should be entered as ZC. If one provider can provide one staff, and another provider provides the second staff, or the second staff is a PSW, then one provider would use OR545/ZE and the second provider would use OR545/NA.

OR545 using modifiers ZE and ZC may not be authorized without an ODDS approved exception. See the eXPRS help menu topic for more information on 2:1 authorizations.

Hourly agency rates		Standard Model Agency	Community Living Supports Agency
OR545NA/ZE	On the Job Attendant Care (1:1)	$42.24	$42.24
OR545ZC	On the Job Attendant Care (2:1)	$76.69	$76.69

Professional Behavior Services (SE49/50/54/145/149/150/151/257) (OAR 411-304)			
Professional Behavior Services (SE49/54/149/150/151/257*)	Source	POC Code	POC Name
	K Plan	OR570ST (L) OR570RU (L)	Behavior Consultation, Assessment and Training for DD
	K Plan	OR310ST (L) OR310RU (L)	Behavior Support services (on going)

Modifiers

Modifiers are used to identify the location of the individual and to determine rates. Use the modifier RU if the authorized provider is located greater than 70 miles from the individual's residence and they are the most cost-effective or only available provider.

Note for Telecommunications or Remote Services: If most or all of the service provided is completed remotely, the Standard Rate must be authorized regardless of the distance between the authorized provider and the individual's residence.

Description and notes for inclusion on an ISP and POC

The need for Professional Behavior Services is determined through a functional needs assessment in combination with the person centered planning process and documented in the Individual Support Plan. If the functional needs assessment doesn't explicitly identify the needs for Professional Behavior Services, the ISP team can agree to include this services on the individual's Support Plan.

All Professional Behavior Service activities must be for the direct benefit of the individual. Professional Behavior Services may be implemented in the home, vocational setting and/or community. Professional Behavior Services must meet all standards outlined in OAR 411-304.

Professional Behavior Services (SE49/50/54/145/149/150/151/257) (OAR 411-304)

Professional Behavior Services are only delivered by a qualified Behavior Professional in accordance with OAR 411-304-0170.

Professional Behavior Services may only include:

- A Temporary Emergency Safety Plan (TESP)
- A Functional Behavior Assessment (FBA)
- A Positive Behavior Support Plan (PBSP)
- Maintenance of the PBSP

Professional Behavior Services may also include training to the Designated Person (paid or unpaid) to mitigate the identified challenging behavior.

The inclusion of OR570 in a POC may authorize one or more of the following:

- Temporary Emergency Safety Plan (TESP)
- Functional Behavior Assessment (FBA)
- Positive Behavior Support Plan (PBSP)

The inclusion of OR310 authorizes Maintenance of the Positive Behavior Support Plan.

Instructions for authorization:

A. The SC/PA must add a separate Plan Line in eXPRS to identify each of the services/events known to be needed at the time. An ISP change form can add additional services at a later time. The services/events available under this service element are limited to:

a. For OR570

i. Temporary Emergency Safety Plan (TESP)

ii. Functional Behavior Assessment (FBA)
iii. Positive Behavior Support Plan (PBSP)

b. For OR310 - Maintenance of the Positive Behavior Support plan.

B. Each service/event for OR570 must have a Service Prior Authorization (SPA) which:

a. Identifies the provider of that portion of Professional Behavior Services.
b. Identifies the date range expected for that portion of Professional Behavior Services.
c. Identifies the *not to exceed* amount equivalent to the Behavior Professional's rate (using the appropriate modifier) multiplied by the number of hours authorized for that portion of Professional Behavior Services.
d. The SPA may be left as "draft" until the event has been completed and the corresponding document and invoice are submitted for final payment at which point in time the SPA can be revised to reflect the actual service cost and "submitted". Once submitted and in "accepted" status, the SPA can be billed against for the total cost of that portion of services.

C. The Behavior Professional bills in eXPRS following the completion and submission of the TESP, FBA or PBSP and corresponding invoice. Maintenance may be billed when delivered consistent with the ISP or Service Agreement.

D. The Behavior Professional bills in eXPRS once for each event/service of OR570 (TESP, FBA, PBSP) by calculating their rate multiplied by the number of hours invoiced for the service. The number of hours delivered may not exceed that which was indicated in the ISP and authorized in the Service Prior Authorization in eXPRS. OR 570 must be billed in separate and distinct events/services for the total cost of that event:

a. When needed a Temporary Emergency Safety Plan (TESP) in accordance with OAR 411-304-0150 (4);
b. Functional Behavior Assessment (FBA) in accordance with OAR 411-304-0150 (5) and when indicated

c. Positive Behavior Support Plan (PBSP) in accordance with OAR 411-304-0150 (6) including:
   i. Initial Training of the PBSP and
   ii. Safeguarding Interventions when indicated in accordance with OAR 411-304-0145.
d. Without an ODDS approved exception, the following limits apply to OR570:
   i. The sum of all OR570 events/services may not exceed the total cost of 30 hours multiplied by the Behavior Professional's rate except as noted below.
   ii. An individual whose ONA assigned service group is "5-Very High" and whose Behavior Support Score is 'yes' (5b) may be authorized for up to the cost of 45 hours multiplied by the Behavior Professional's rate for all OR570 events/services.
   iii. An adult who receives employment or DSA services and gets in-home or residential services who needs support with behavior in multiple settings can access an additional 10 hours per year (40 or 55 total) to address the additional setting.

E. OR 310 may only be billed for the maintenance of the PBSP on a per-hour basis.
a. All ongoing maintenance of the PBSP must be in accordance with OAR 411-304-0150 (6).
b. Without an ODDS-approved exception, maintenance of the PSBP may not exceed 18 hours per plan year except in c. and d. below.
c. An individual whose ONA assigned service group is '5-Very High' and whose Behavior Support Score is 'yes,' (5b) may be authorized for an additional 12 hours up to the cost of 30 hours total.
d. The individual is an adult who receives employment or DSA services and gets in-home or residential services and needs support with behavior in multiple settings can access 12 hours per year (30 or 42 total) to address the additional setting.

(Until eXPRS can be updated, there is a $3200 limit for plan lines that authorize this service. Thirty hours of maintenance will cause this limit to be exceeded. In this situation non-overlapping plan lines totaling the required amount can be authorized.)

- Authorizations of this service for an individual may only be made for an individual receiving Supported Living Services (SE51) when the cost for behavior supports is not included in the Supported Living Budget and has been approved by ODDS.

Professional Behavior Services Rates (OAR 411-304)	
(ST) Fewer than 70 miles from individual's residence	(RU) 70+ miles from individual's residence
$82.56/HOUR	$103.20/HOUR
Not to exceed amounts for OR570 are the maximum hours the person is eligible for multiplied by the rate listed above.	

Chore Services (411-435-0050(4))			
Chore Services	Source	POC Code	POC Name
	K Plan	OR501	Chore Services
Description and notes for inclusion on an ISP and POC			

Chore Services:

Chore services are used to restore a hazardous or unsanitary situation to a clean, sanitary, and safe environment in an individual's home. Chore services include heavy household chores such as washing floors, windows, and walls, tacking down loose rugs and tiles, and moving heavy items of furniture for safe access and egress. Chore services may include yard hazard abatement to ensure the outside of the home is safe for the individual to traverse and enter and exit the home.

Chore services are one-time or occasional assistance with tasks involving heavy physical labor aimed at achieving basic cleanliness and safety that may then be maintained over a reasonable period of time by routine housekeeping and maintenance.

This service may be authorized once, each time the following criteria is met:

- No one else is responsible to perform or pay for the services.
- The conditions prior to the service are unsanitary or hazardous.
- It is not ongoing home maintenance and housekeeping services or lawn and yard maintenance.
- Not a routine expense associated with moving residence, e.g., moving furniture and belongings, cleaning apartment to obtain cleaning deposit.
- Not remodeling or new construction in and around the home.
- Not pet washing and grooming.
- Not washing vehicles.
- Not normal household cleaning supplies.
- Not intended to remove asbestos or lead-based paints in the home.

Chore Services (411-435-0050(4))
• The issue that led to the hazardous or unsanitary situation is addressed (if not preventable, documentation must support why not). For individuals under 18, this service must be prior approved by ODDS. Examples when another person might be responsible: • Landlord when clean-up is from a previous tenant. • When the individual lives in the family home.
Chore Services Rates **For all chore services authorized for implementation the rate is based on the actual cost of the service, based on the least costly of three estimates for the work.**

Community Nursing Services (411-435-0050(5))			
Community Nursing Services (LTCCN)	Source	POC Code	POC Name
	K Plan	N/A*(L)	N/A
Description and notes for inclusion on an ISP and POC			

Nursing Consultation:

"Nursing Assessment" means one of the following assessments selected by the RN based on the individuals needs and situation:

Nursing Assessment: the systematic collection of data about an individual for the purpose of judging that person's health/illness status and actual or potential health care needs. Nursing Assessment involves collecting information about the whole person including the physical, psychological, social, cultural and spiritual aspects of the person. Nursing Assessment includes taking a nursing history and an appraisal of the person's health/illness through interview, physical examination and information from family/significant others and pertinent information from the person's past health/medical record. The data collected during the Nursing Assessment process provides the basis for a diagnosis (es), plan for intervention and evaluation. (OAR 851-047-0010(12))

At a minimum the Nursing Assessment should review:

- The person’s health support needs.
- Any environmental concerns that present challenges to the person’s health and safety.
- The person’s key health beliefs and health behaviors including behaviors that create potential and current risk.
- Any teaching or delegation needs that should be addressed.

A “comprehensive assessment” or “focused assessment” as defined by OAR 851-045-0030.

Community Nursing Services (411-435-0050(5))

"Comprehensive Assessment" means the extensive collection and analysis of data for assessment involves, but is not limited to, the synthesis of the biological, psychological, social, sexual, economic, cultural and spiritual aspects of the client's condition or needs, within the environment of practice for the purpose of establishing nursing diagnostic statements, and developing, implementing and evaluating a plan of care.

"Focused Assessment" means an appraisal of a client's status and situation at hand, through observation and collection of objective and subjective data. Focused assessment involves identification of normal and abnormal findings, anticipation and recognition of changes or potential changes in client's health status, and may contribute to a comprehensive assessment performed by the Registered Nurse.

"Nursing Service Plan" means the plan that is developed by the Registered Nurse based on an individual's initial nursing assessment, reassessment, or updates made to a nursing assessment as a result of monitoring visits. It is specific to the individual and identifies the individual's diagnoses and health needs, the caregiver's teaching needs, and any care coordination, teaching, or delegation activities. The Nursing Service Plan is separate from the case manager's service plan, the foster home provider's service plan, and any service plans developed by other health professionals and must meet the standards in OAR 851-045 (OAR 411-048-0160(25)).

Nursing Delegation:

Nursing delegation means that a registered nurse authorizes an unlicensed person to perform tasks of nursing care in selected situations and indicates that authorization in writing. The delegation process includes nursing assessment of a person in a specific situation, evaluation of the ability of the unlicensed persons, teaching the task, ensuring supervision of the unlicensed persons and re-evaluation of the task at regular intervals. The unlicensed person, caregiver or certified nursing assistant performs tasks of nursing care under the Registered Nurses delegated authority. (OAR 851-047-0010(7)).

Community Nursing Services (411-435-0050(5))

Registered Nurses in the Long Term Care (LTC) Community Nursing Program (also known as Community RN, CRN, program) delegate specific nursing tasks to specific caregivers with the purpose of ensuring that nursing tasks are performed correctly and safely by unlicensed caregivers. Any nursing task not performed by a nurse must be delegated or assessed by a nurse if performed by non-family members without a nursing license. Each delegation is performed by a specific nurse and is focused on a specific task, delivered by a specific caregiver to a specific person.

Only nurses enrolled in the Long Term Care Community Nursing Services program, which may include self-employed nurses, home health agencies, or in home agencies, may be authorized to provide this service.

Some reasons to make a referral to a LTC Community Nurse include:

- The individual and their caregivers need delegation and teaching regarding the individual's subcutaneous insulin injections.
- The individual has a tracheotomy which needs care and suctioning.
- The individual requires nutritional supplements, medications and hydration through a gastrostomy tube.
- A case manager/caregiver or person has concerns/issues regarding an individual's medication(s).
- An individual has had an unexpected increase in the use of emergency care, physician visits or hospitalizations.
- The case manager believes an evaluation of the person's placement is necessary to ensure that the caregivers have the skills to meet the person's needs.
- There have been changes in the person's behavior or cognition.
- The person has nutrition or weight issues.
- The person has issues with aspiration, dehydration, constipation, seizures or pica.
- The person has pain issues.
- There is a history of recent, frequent falls.
- There is a potential for skin breakdown or recently resolved skin breakdown.

Community Nursing Services (411-435-0050(5))

- The person or care givers needs help in following medical advice.

The focus of the LTC Community Nurse is on teaching and supporting the person and their caregivers to ensure that the person's health needs are met. All services are focused on the person and their choices, promoting self-management of the person's health condition whenever possible. The LTC Community Nurse provides oversight of nursing tasks needed by an individual for their stable, chronic and ongoing health needs and activities of daily living.

The LTC Community Nurse does not duplicate or replace the nursing services provided through home health, hospice, hospital or other clinical settings. They do not provide direct hands on nursing tasks. They provide delegation in settings where a Registered Nurse is not regularly scheduled and not available to provide direct supervision.

Information on LTCCN, including how to:

- Access a list of LTCCN providers.
- Make a referral.
- Prior authorize LTCCN nursing hours can be found at: https://www.oregon.gov/odhs/providers-partners/ltccn/pages/default.aspx

A webinar for services coordinators and personal agents is available.

Community Transportation (411-435-0050(6))			
Community Transportation	Source	POC Code	POC Name
	K Plan	OR003	Service Related Community Transportation, Commercial
	K Plan	OR004	Service Related Community Transportation, Mileage
	K Plan	OR005	Service Related Community Transportation, Mileage Transport Agency
	~~K Plan~~	~~OR553~~	~~Service Related Community Transportation, DD Provider~~
	K Plan	OR554	Service Plan Related Community Transportation, Individual Transit pass

Description and notes for inclusion on an ISP and POC

Services that allow individuals to gain access to waiver services, community services, activities and resources that are not medical in nature.

Community transportation is provided in the area surrounding the home of the individual that is commonly used by people in the same area to obtain ordinary goods and services.

Community Transportation, Commercial:

- Bus passes (OR554)
- Taxi rides (OR003)

Community Transportation (411-435-0050(6))

Community Transportation, Mileage:

- Per mile reimbursement for PSW and agency providers (OR004). Must be billed concurrently with authorized support service.
- Per mile reimbursement for Transportation Agencies (OR005/WD- To/From Work, OR005/WE-Community Transportation). This is a stand-alone service that cannot be delivered concurrently with other services such as attendant care or employment services.

Non-allowable Transportation Service Expenses:

- Purchase of individual or family vehicles.
- Routine vehicle maintenance, repair, insurance, fuel.
- Ambulance services.
- Costs for transporting someone other than the individual with disabilities.
- Payment for costs associated with transporting an individual to a medical appointment.

To authorize Community Transportation, the individual must have an assessed need for ADL/IADL support during transportation or have one of the following:

- An assessed need for ADL/IADL supports at the destination.
- A need for support services at the destination and identified in the ISP.

Trips must be related to recipient service plan needs and goals, are not for the benefit of others in the household and are provided in the most cost effective manner that will meet needs specified on the plan. Community Transportation services are not used to:

1) Replace voluntary natural supports, volunteer transportation, and other transportation services available to the individual;
2) Compensate the service provider for travel to or from the service provider's home.

Community Transportation (411-435-0050(6))

Mileage reimbursement may only be applied when:

- The individual is in the vehicle with the paid provider.
- A PSW or Agency providing transportation and being reimbursed for mileage must be paid an hourly wage as well.
- Transport Agency mileage (OR005) includes assumptions for staffing and administrative costs. Due to this new rate, Transport Agencies may not bill for OR005 while they deliver another service. Transport Agency mileage is a standalone service rate.

CMEs may authorize multiple transportation services without seeking an ODDS exception, as long as the total of all transportation costs does not exceed $577.32.

For individuals under 18, this service must be prior approved by ODDS unless provided concurrently with relief care or as part of a behavior intervention in a behavioral support plan.

For more information, see the Community Transportation Worker Guide.

Community Transportation Rates	
Community Transportation OR004: (PSW or Agency):	$.56/mile
Community Transportation OR005: (Transport Agency):	$2.03/mile
OR003, OR554:	Cost of bus pass, voucher, etc., including any processing fees applied by the vendor.

Environmental Modifications (411-435-0050(7))			
Environmental Modifications	Source	POC Code	POC Name
	K Plan	S5165	Home Modifications
Description and notes for inclusion on an ISP and POC			

Physical adaptations which enable the individual to function with greater independence in the home and are necessary to ensure the health, welfare, and safety of the individual in the home. Environmental modifications must be tied to supporting ADLs, IADLs and health-related tasks as identified in the service plan. Environmental Modifications are available only for the primary residence of the individual. Environmental modifications are limited to $5,000 per modification and to $5000 cumulatively per plan year without a prior exception approval. All environmental modifications must begin with the exceptions process to request the development of a Scope of Work. Please see The Guide to Home Modifications.

Home Modifications (examples include but not limited to):

- Environmental modification consultation to determine the appropriate type of adaptation;
- Installation of shatter-proof windows;
- Hardening of walls or doors; specialized, hardened, waterproof or padded flooring;
- An alarm system for doors or windows;
- Protective covering for smoke detectors, light fixtures, and appliances;
- Installation of ramps and grab-bars;
- Installation of electric door openers;
- Adaptation of kitchen cabinets/sinks;
- Widening of doorways, handrails, modification of bathroom facilities;
- Individual air conditioners for individuals whose temperature sensitivity issues create behaviors or medical conditions that put themselves or others at risk;
- Installation of non-skid surfaces, overhead track systems to assist with lifting or transferring;

Environmental Modifications (411-435-0050(7))

- Specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual.

All modifications must be completed by a state licensed contractor.

All dwellings must be in good repair and have the appearance of sound structure.

The identified home may not be in foreclosure or be the subject of legal proceedings regarding ownership.

Any modification requiring a permit must be inspected and be certified as in compliance with local codes by local inspectors and be retained by the CDDP/brokerage.

Environmental modifications must be made within the existing square footage of the residence, except for external ramps, and cannot add to the square footage of the building.

Exterior home modifications (such as fencing) may be available as a waiver service under the category Environmental Safety Modifications.

Payment to the contractor is to be withheld until the work meets specifications. Department funds may not be used as a deposit. For more information about how ODDS assures this when its approval is required (CMEs are encouraged to follow a similar process) please see The Guide to Home Modifications.

The service does not include repairs that are general home repairs that any home owner is likely to incur.

RENTAL PROPERTY.

(A) Environmental modifications to rental property cannot substitute or duplicate services that are the responsibility of the landlord under the landlord tenant laws.

Environmental Modifications (411-435-0050(7))
(B) Environmental modifications made to a rental structure must have written authorization from the owner of the rental property (C) The Department does not fund work to restore the rental structure to the former condition of the rental structure. For more information, please see The Guide to Home Modifications.
Environmental Modifications Rates Three estimates for all work must be obtained and the most cost effective bid will be determined by ODDS. The estimates must be based on the same scope of work which was developed by ODDS. When the least costly option is not selected the reason will be clarified by ODDS. A construction contractor will not be chosen based on aesthetic/decorative concerns or materials chosen to match existing materials in the house when a less costly alternative will meet the identified disability related support need.

Home Delivered Meals (HDM)			
Home Delivered Meals (HDM)	Source	POC Code	POC Name
	K Plan	N/A	N/A
Description and notes for inclusion on an ISP and POC			
HDMs are provided for participants who live in their own homes, are home-bound, are unable to do meal preparation, and do not have another person available for meal preparation. Provision of the home delivered meal reduces the need for reliance on paid staff during some meal times by providing meals in a cost-effective manner. Each HDM contributes an estimated one-third of the recommended daily nutritional regimen, with appropriate adjustments for weight and age. If a Brokerage Personal Agent or CDDP Services Coordinator has determined that the individual requesting Home Delivered Meals as K Plan service meets the specific eligibility criteria as stated in the applicable in-home ODDS program Oregon Administrative Rule (OAR), then a request for authorization may be made to the ODDS Funding Review mailbox - ODDS.FundingReview@odhsoha.oregon.gov. Use the form SDS 595 for provider authorization and invoicing for this service.			
To be eligible for Medicaid home delivered meals a participant must: (a) Be Medicaid eligible and be receiving Medicaid long term services and supports in their own home; (b) Be home-bound; (c) Be unable to do meal preparation on a regular basis without assistance; (d) Not have natural supports available that are willing and able to provide meal preparation services; and (e) Be an adult. If an individual appears to meet the above criteria, contact ODDS for approval of the service.			

Relief Care (OAR 411-450)			
Relief Care	Source	POC Code	POC Name
	K Plan	OR507	Relief Care, Daily
	K Plan	OR508	Relief Care, Hourly
Description and notes for inclusion on an ISP and POC			

Relief Care is short-term care and supervision provided because of the absence, or need for relief, of persons normally providing the care to individuals unable to care for their selves.

Relief Care may be provided in:

- The individual's home
- A relief care provider's home
- A foster home, a group home
- Other settings operated by an agency certified or endorsed as a Developmental Disabilities provider.

Daily Relief Care

Daily relief care may be authorized when an individual has been assessed as having ADL/IADL support needs that are intermittent or occur at unpredictable times and the typical support to meet those needs is unavailable or needs a break from providing that care. It is intended to meet those intermittent, unpredictable support needs by being available throughout a 24 hour span when hourly attendant care would otherwise be available to meet the need when it arose.

Daily care is a 24 hour unit (one day) of service. No other ADL/IADL support can be paid during that 24 hour period, including Day Support Activities. The CME must inform the individual and relief care provider of this condition before the relief care occurs. If ADL/IADL support needs arise and a paid provider will be required

during that 24 hour period, the 24 hour relief care provider is the one that is responsible to provide the ADL/IADL supports. Waiver Employment services may be provided during the 24 hour period.

See PT-16-029 and AR-16-063 for more information about Relief Care provided by a PSW, in particular about the purpose and appropriate uses of OR508 Hourly Relief Care. It should only be used as described there. OR508 is not used with agency Relief Care providers. Per the CBA, OR508 may be approved for a PSW for a maximum of three hours in a 24 hour period.

Relief care at a licensed Adult Foster Care Home may not happen for any length of time without prior approval of the home's local CDDP or Department, unless consistent with local agreements.

The temporary absence of a care provider, paid or unpaid, who provides any amount of support determined necessary by the Functional Needs Assessment tool, is sufficient cause to authorize Daily Relief Care for the duration of the absence up to 14 days per plan year. More than 14 days per year of relief care regardless of provider type, for an individual who is assessed as requiring less than 24 hours of support in a day, may not be authorized without prior approval from ODDS.

Each respite (relief) care day accessed under Nursing Facility OAR 411-070-0043(5) program is counted against the number of allowable relief care days under K-plan.

Daily relief care does not directly affect the available hours of support; however, there may be an impact on the amount of hourly support that is necessary when an individual accesses daily relief care. For example, if in a normal month an individual needs 200 hours to meet the identified support needs, then the month where she is gone for a week getting 24 hour relief care, she would likely have attendant care hours closer to 150. The requirement is not that the available hours necessarily get reduced; it is that funds be used only to the extent that they are necessary to meet identified support needs.

Relief Care (OAR 411-450)		
Rates		
Daily (OR507)	**PSW**	**Provider Agency**
	$312	$232.25
Hourly (OR508)	$19.50	n/a

Transition Services (411-435-0050(8))			
Transition Services	Source	POC Code	POC Name
	K Plan	OR406	Community Transition
Description and notes for inclusion on an ISP and POC			
This service covers transition costs such as rent and utility deposits, first month's rent and utilities, bedding, basic kitchen supplies, and other necessities required for an individual to make the transition from a nursing facility, institution for mental diseases, or intermediate care facility for the intellectually disabled, to a community-based home setting where the individual resides. OR406 represents a "generic" code for transition services.			
These expenditures are limited to individuals transitioning from a nursing facility, IMD, or an ICF/IID where they have resided, to a home or community-based setting where the individual resides. Transition services will be limited to necessary services for individuals transitioning from an institution into a community-based or in-home program. Services will be based on an assessed need, determined during the person-centered service planning process and will support the desires and goals of the individual receiving services and supports. Final approval for expenditures will be approved by ODDS prior to expenditure. Approval will be based on individual's need and ODDS's determination of appropriateness and cost-effectiveness. Financial assistance will be limited to: • moving and move-in costs including; movers, cleaning and security deposits, payment for background/credit check (related to housing), initial deposits for heating, lighting and phone; • and payment of previous utility bills that may prevent the individual from receiving utility services and			

Transition Services (411-435-0050(8))
• basic household furnishing (i.e., bed) and other items necessary to re-establish a home. Individuals will be able to access the benefit no more than twice annually, though basic household furnishing and other items will be limited to one time per year. Transition assistance will not supplant the legal responsibilities of a parent or guardian. Children under age 18 must obtain prior authorization from ODDS for transition services.

Funding Authority: Adult's, Children's, and CIIS Waiver Services

Services available in ALL waivers		
Waiver Case Management	Vehicle Modifications	Family Training
Specialized Medical Supplies	Environmental Safety Modifications	
Services available in the ADULT'S and CHILDREN'S waivers		
Individual Supported Employment- Job Coaching	Individual Supported Employment- Job Development	
Employment Path Services	Small Group Supported Employment	
Discovery	Employment Path Services (Benefits Counseling)	
ADULT'S waiver only		
Direct Nursing Services (Adults only)		
CIIS waivers only (all)		
Individual Directed Goods and Services		

- In order to be eligible to receive these services, the individual must have OCCS Medical, meet ICF/IDD Level of Care (except for the Medically Involved and Medically Fragile CIIS waivers), have an assessed need for the service, require at least one of these services every month, and have an ISP in place authorizing it.
- Individual Supported Employment, Small Group Supported Employment, Discovery/Career Exploration, and Employment Path Services are collectively known as Employment Services.

<table>
<tr><th colspan="4">Individual Supported Employment – Job Coaching (ADULT'S and CHILDREN'S waiver service)
(OAR 411-345)</th></tr>
<tr><td rowspan="6">Individual Supported Employment – Job Coaching</td><td>Source</td><td>POC Code</td><td>POC Name</td></tr>
<tr><td>Waiver</td><td>OR401 (W5)</td><td>Supported Employment Job Coaching – Initial Support</td></tr>
<tr><td>Waiver</td><td>OR401 (W6)</td><td>Supported Employment Job Coaching – Ongoing Support</td></tr>
<tr><td>Waiver</td><td>OR401 (W4)</td><td>Supported Employment Job Coaching – Maintenance Support</td></tr>
<tr><td>Waiver</td><td>OR401 (S1)</td><td>Supported Employment Job Coaching – Self Employment (Exception Only)</td></tr>
<tr><td>Waiver</td><td>OR401 (WV)</td><td>Supported Employment Job Coaching – Without VR</td></tr>
<tr><td colspan="4">Description and notes for inclusion on an ISP and POC</td></tr>
<tr><td colspan="4">The expected outcome of Job Coaching is sustained paid employment, at or above the minimum wage, and in an integrated setting in the general workforce, in a job that meets personal and career goals.

Job Coaching includes initial, ongoing, or maintenance support to:
• Maintain and advance in an individualized job in a competitive integrated employment setting in the general workforce for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities; or
• Maintain self-employment. Funds may not be used to defray the expenses associated with operating a business.
• Job Coaching does not include support in a volunteer position.</td></tr>
</table>

Individual Supported Employment – Job Coaching (ADULT'S and CHILDREN'S waiver service)
(OAR 411-345)

- As written in 411-345-0025 personal care or attendant care provided as an incidental part of job coaching is considered a component part of the employment service.

More specific examples of Job Coaching include:

- Supporting the new employee to learn the job.
- Supporting the person to identify and develop any needed adaptations or accommodations.
- Coordination with a residential provider, transportation provider, or the person's natural supports to ensure supports are in place so that the individual will be successful on the job. This includes, for example, support to arrive at work on time, support to ensure proper hygiene, support to ensure the individual's work clothing has been laundered and is ready, support to ensure the individual has snacks or meals that will be needed at work, etc.
- Coordinating with others who support the person with services such as behavioral, medical, or other supports.
- Assisting the employee to develop communication with supervisors and co-workers.
- Assisting the employee to develop work appropriate relationships with supervisors and co-workers.
- Collaborating with the employee and the employer to develop natural supports.
- Coaching to advance in a career as evidenced by a job coach fading support, raises, more hours, increased responsibility and/or promotion, etc.

Ongoing and Maintenance Job Coaching:

It is expected that, for most people, the degree and intensity of these supports will decrease around the time the rate for ongoing and/or maintenance Job Coaching begins.

One sign of successful job coaching is that the person has become more independent, allowing the job coach to fade as much as possible.

Individual Supported Employment – Job Coaching (ADULT'S and CHILDREN'S waiver service)
(OAR 411-345)

- An employment related goal must be clearly documented in the individual's ISP and Career Development Plan (CDP). The employment goal must be related to maintaining or advancing in competitive integrated employment in the general workforce.
- For Job Coaching, the ISP and CDP may also include employment goals that reflect the individual's interest in advancing in his or her chosen career path if that is what the individual desires.
- This service may be authorized and billed for each hour the supported individual has been paid for work performed on the job. This rate methodology is intended to incentivize outcomes that include an increase in the number of hours the supported person works, job coach fading, and the development of natural supports (demonstrated to be associated with a person's increased success on the job), the rate methodology pays based on the number of hours the supported person works.
    - This rate methodology does not include the hours the supported individual is paid for time off benefits, including paid vacation, sick time, jury duty, etc.
    - This rate methodology does not apply to Personal Support Workers, whose rates are subject to collective bargaining.
    - This rate methodology presumes a minimal amount of direct contact. The contract requirements are outlined in the ISP and related documents; however, the minimum contacts must also be met as outlined below and in the related Job Coaching Workers Guide.
- In order to bill for the hours the supported individual works, the provider must provide, at minimum, the hours and support required by the individual's ISP.

Review of Provider Documentation:

- The provider must maintain the supported individual's pay stubs, or other records made in the regular course of business, that document the hours the supported individual worked.
- This documentation must be made available upon request by the SC/PA, ODDS, Licensing, or CMS.

Individual Supported Employment – Job Coaching (ADULT'S and CHILDREN'S waiver service)
(OAR 411-345)

Self-Employment:

- Job Coaching Supports for Self-Employment must be authorized under OR401/S1. The authorization will require manual entry of the appropriate rate according to the phase of job coaching appropriate to the individual, as well as the appropriate payment category. All other Job Coaching requirements outlined in the Job Coaching Worker Guide apply to this service.
- For long term job coaching for self-employment, the person must first close successfully through VR.
- ODDS must approve job coaching for self-employment.
- Evidence of the self-employment must be documented and reviewed by the individual's case manager on an annual basis. Documentation may include, but is not limited to, business filings with the Secretary of State, tax records submitted to the Internal Revenue Service, or an annual business plan.

Job Coaching Limitations:

- Job Coaching is limited to 40 hours per week.
- If an individual is using Job Coaching in combination with Small Group Supported Employment and Employment Path Services, the combination is limited to 25 hours per week.
- Job Coaching may only be authorized for up to two years (6 months of Initial and 18 months of On-going) without the Services Coordinator (SC) or Personal Agent's (PA) approval; any request for job coaching beyond two years must be approved annually by the SC or PA. Documentation of the type of work being done and reason for the Maintenance Job Coaching approval must be maintained in the individual's file and documented on the "Maintenance Job Coaching Request" form.
- The initial job coaching rate is available for the first 6 months of job coaching. The ongoing job coaching rate is available for the subsequent 18 months. The availability of the ODDS initial and ongoing job coaching rates are reduced by the amount of time the individual utilizes VR job coaching.
    - If, for example, the individual utilized 3 months of VR job coaching, then 3 months of the ODDS initial job coaching rate would be available and 18 months of the ongoing job coaching rate would be available.
    - If the individual utilizes 2 months of VR job coaching, then 4 months of the ODDS initial job coaching rate would be available and 18 months of the ongoing job coaching rate would be available.

Individual Supported Employment – Job Coaching (ADULT'S and CHILDREN'S waiver service)
(OAR 411-345)

- Job Coaching Without VR can be authorized in accordance with the related transmittal. The authorization will require manual entry of the appropriate rate according to the phase of job coaching appropriate to the individual, as well as the appropriate payment category.
- Job Coaching Supports for individuals who have reached stabilization in a job without the use of Vocational Rehabilitation Services must be authorized under OR401/WV. The authorization will require manual entry of the appropriate rate according to the phase of job coaching appropriate to the individual, as well as the appropriate payment category. All other Job Coaching requirements outlined in the Job Coaching Worker Guide apply to this service.

Direct (face to face) Contact Requirements:

Job Coach Stage	Minimum monthly contacts required:
Initial	4
Ongoing	2

The Case manager should authorize the phase of job coaching that best matches the person's support needs. Note that the person's ISP/CDP may require more than the minimum contacts outlined here.

Maintenance Job Coaching:

The maintenance job coaching rate may continue for up to 12 additional months so long as the individual continues to require primarily job coaching. If the individual's primary support on the job is and ADL, then attendant care (OR545) should be authorized.

See the Job Coaching Worker Guide for additional details.

Individual Supported Employment – Job Coaching (Hourly Rates)	Category 1	Category 2	Category 3 & Category 4
Initial Job Coaching (OR401/W5) - Agency Provider	$32.07	$49.82	$71.93
Ongoing Job Coaching (OR401/W6) - Agency Provider	$25.66	$49.82	$71.93
Maintenance Job Coaching (OR401/W4) - Agency Provider	$19.24	$49.82	$71.93

Individual Supported Employment – Job Development (ADULT and CHILD waiver service) (OAR 411-345)			
Individual Supported Employment – Job Development	Source	POC Code	POC Name
	Waiver	OR401 (W3)	Initial Placement Outcome Payment
	Waiver	OR401 (W9)	90 day Retention Outcome Payment

Description and notes for inclusion on an ISP and POC

The expected outcome of Job Development is sustained paid employment, at or above the minimum wage, and in an integrated setting in the general workforce, in a job that meets personal and career goals.

Job Development includes support to obtain a job in competitive integrated employment in the general workforce, including:

- Compensation at or above the minimum wage, but ideally not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.
- Support to an individual who needs a different job or position to earn at least minimum wage. This service does not include support to develop a job in a small group supported employment setting.

This service does not pay to develop:

- Jobs in a provider controlled setting.
- Jobs that pay less than the minimum wage.

Examples of Job Development activities include:

- Contacting employers.
- Assisting the job seeker to complete employment applications.
- Negotiating job tasks with an employer.
- Accompanying the person to interviews.

Individual Supported Employment – Job Development (ADULT and CHILD waiver service) (OAR 411-345)

- Support to develop self-employment business opportunities, including accessing business financial resources for self-employment, and launching a business.

- Competitive integrated employment must be a goal clearly documented in the individual's ISP and in the Career Development Plan (CDP).
- If an individual has a job in a competitive integrated employment setting and is seeking job development for support to change the job or position to earn at least minimum wage, or to develop self-employment opportunities, then the goal must be clearly documented in the ISP and CDP.
- ODDS funded Job Development is only available in the very limited circumstances when it is not available through VR.
- Documentation must be maintained to demonstrate that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973.
- ODDS Job Development may be authorized in the very limited circumstances where it is not available through VR and ODDS has granted approval to authorize ODDS Job Development.

The SC/PA must outline the requirements for the job that will be developed based on the employment goals of the individual. This includes, at minimum, the number of hours the individual would like to work and the wage the individual would like to earn (must be minimum wage or better).

Individual Supported Employment – Job Development (Outcome Based Rates)	Category 1	Category 2	Category 3 & Category 4
Job Development – Initial Placement (OR401/W3) (Agency Provider / Independent Provider)	$2,429.86	$3,037.33	$3,644.80
Job Development – 90+ Days Job Retention (OR401 W9) (Agency Provider / Independent Provider)	$1,518.67	$1,822.40	$2,429.86

Small Group Supported Employment (ADULT and CHILD waiver service) (OAR 411-345)			
Small Group Supported Employment	Source	POC Code	POC Name
	Waiver	OR543 (W2)	Small Group Supported Employment
	Waiver	OR543 (RC)	Small Group Supported Employment – 1:1*
	Waiver	OR543 (ZE)	Small Group Supported Employment – 2:1 (Two Providers)*
	Waiver	OR543 (ZC)	Small Group Supported Employment – 2:1 (One Provider)*
	* Requires an ODDS approved exception		

Description and notes for inclusion on an ISP and POC

The expected outcome of Small Group Supported Employment is sustained paid employment and work experience leading to further career development and individual integrated employment in the general workforce for which an individual is compensated at or above the minimum wage.

Small Group Supported Employment includes services and training activities in regular business, industry and community settings for groups of two (2) to eight (8) individuals. This service must be provided in a manner that promotes integration into the work place and interaction with people without disabilities in those work places.

This service does not include:

- Support in a volunteer position.
- Support at a site that is owned or operated (leased) by a provider.

Small Group Supported Employment (ADULT and CHILD waiver service) (OAR 411-345)
• An employment related goal must be clearly documented in the individual's ISP and Career Development Plan (CDP). The employment goal must be related to obtaining, maintaining or advancing in competitive integrated employment in the general workforce. • Small Group Supported Employment must be provided in a manner that promotes integration into the work place and interaction with people without disabilities in those work places. • This service is limited to 25 hours per week. This service can be combined with Job Coaching and Employment Path Services subject to this 25 hour limitation. • Unlike the rate methodology for Individual Supported Employment – Job Coaching, the rate methodology for this service is based on the number of support hours provided. All jobs supported by this service must earn minimum wage or better. Jobs that do not pay minimum wage or better would be more accurately supported by Employment Path Services. • OR543 using modifiers RC, ZE and ZC may not be authorized without an ODDS approved exception.

Small Group Supported Employment (Hourly Rates)				
Small Group Supported Employment (OR543/W2/ZE)	Category 1	Category 2	Category 3	Category 4
	$22.46	$25.97	$31.45	$42.50
Small Group Supported Employment (OR543/RC, ZE) 1:1 Agency Provider	$43.91			
Small Group Supported Employment (OR543/ZC) 2:1 Agency Provider	$73.76			

Discovery (ADULT and CHILD waiver service) (OAR 411-345)			
Discovery	Source	POC Code	POC Name
	Waiver	OR539(WA)(L)	Discovery
Description and notes for inclusion on an ISP and POC			

The expected outcome of Discovery is sustained paid employment and work experience leading to further career development and individual integrated employment in the general workforce for which an individual is compensated at or above the minimum wage.

Discovery includes:

- A comprehensive and person-centered employment planning support service to better inform an individual seeking Individual Integrated Employment and develop a Discovery Profile.
- Discovery is a service an individual may use when he or she has determined that he or she wants to actively pursue a job in an individual integrated employment setting within the coming year but the individual or job developer may require further information to determine the career or work environment in which the individual would be most successful. Discovery is intended to be a precursor to inform and effectively utilize VR Job Development, although Discovery is not a prerequisite to VR Job Development.
- Discovery includes a series of work or volunteer related activities to inform the individual and the Job Developer about individual's strength's, interests, abilities, skills, experiences, and support needs, as well as identify the conditions or employment settings in which the individual will be successful. It is also an opportunity for the individual to begin active pursuit of individual integrated employment.
- Activities completed during Discovery may include (but are not limited to) job and task analysis activities, assessment for use of assistive technology to promote increased independence in the workplace, job shadowing, informational interviewing, employment preparation (including but not limited to resume development), and paid work experience or volunteerism to assist an individual in identifying transferable skills and job or career interests).

Discovery (ADULT and CHILD waiver service) (OAR 411-345)

- Payment for this service requires the completion of a Discovery Profile. The Discovery Profile must meet requirements established by the Department. The profile used may be the template made available by the Department. If the Department's profile is not used, the profile used must be pre- approved by the Department. A completed profile may be eligible for translation by the Department. See the Worker's Guide: Translation Services.
- Participating in Discovery and the Discovery Profile should inform and enhance VR Job Development.

- Discovery is a service that may be authorized by a Service Coordinator or Personal Agent when an individual has determined he or she wants to actively pursue an individual integrated job within the coming ISP year but may require further exploration to determine what career he or she may be most successful in.
- SCs/PAs authorize Discovery in the ISP and Career Development Plan and make a referral to VR. Depending on the individual's circumstances, it may be most effective to make the referral when authorizing the Discovery service in order to expedite the VR eligibility process.
- Career Development Planning is not required to access ODDS Employment Services although it is considered Best Practice.
- Discovery is not required to access VR services.
- The SC/PA must ensure that the Discovery provider has the required qualifications and training.

Payment Requirements:

- A completed Discovery Profile as verified by the Service Coordinator or Personal Agent.
- Discovery must be completed within a three month period. A three month extension (bringing the total to six months) may be granted by the SC/PA if there is a legitimate cause documented in the ISP. This may include, but is not limited to, situations where an extension is required because of medical necessity, or where opportunities to participate in a work experience are outside the three month time period.
- The SC/PA must ensure that the completed Discovery Profile is submitted to VR along with the referral. The VR referral must be documented in the ISP and Career Development Plan. The referral to VR should occur at a time that will ensure a seamless transition from Discovery to VR Job Development. This should be

Discovery (ADULT and CHILD waiver service) (OAR 411-345)
coordinated between the SC/PA, the provider, and VR. Factors that impact the time of referral might include the estimated timeline for VR intake and eligibility, the length of time between Discovery authorization and completing the Discovery service, as well as other individual circumstances.

Discovery (OR539/WA) (Outcome Based Rates) Agency Provider / Independent Provider	Category 1	Category 2	Category 3 & Category 4
	$2,184.54	$2,496.61	$2,808.69

Employment Path Services (ADULT and CHILD waiver service) (OAR 411-345)			
Employment Path Services	Source	POC Code	POC Name
	Waiver	OR541 (W1)	Employment Path Services - Facility
	Waiver	OR541 (R1)	Employment Path Services – Facility 1:1*
	Waiver	OR541 (ZF)	Employment Path Services – Facility 2:1 (One Provider)*
	Waiver	OR541 (ZH)	Employment Path Services – Facility 2:1 (Two Providers)*
	Waiver	OR541 (W2)	Employment Path Services - Community
	Waiver	OR541 (RC)	Employment Path Services – Community, 1:1*
	Waiver	OR541 (ZC)	Employment Path Services – Community 2:1 (One Provider)*
	Waiver	OR541 (ZE)	Employment Path Services – Community 2:1 (Two Providers)*
	Waiver	OR541 (RS)	Employment Path Services – Community, 1:1 Solo
	* Requires an ODDS approved exception		
Description and notes for inclusion on an ISP and POC			
The expected outcome of Employment Path Services is sustained paid employment and work experience leading to further career development and competitive integrated employment in the general workforce. Employment path also includes individualized benefits counseling as outlined below.			

Employment Path Services (ADULT and CHILD waiver service) (OAR 411-345)

Employment Path Services include:

- Time limited support to participate in, for example: time limited community work experiences in the community (paid or unpaid), internships, job shadowing, informational interviews, resume building, etc.
- Training general or non-job-task-specific skills that can be used in competitive integrated employment in the general workforce.
- Services to improve an individual's employability in the general workforce through learning and work experiences.
- A time limited service as defined by the individual's ISP.
- Producing services or goods may be incidental to this service, but the primary purpose must be support to develop general skills that can be transferred to competitive integrated employment.

ODDS services may not be used in sheltered work settings. Employment Path Facility should only be utilized for training (not work) that cannot be delivered in the general community. There must be a community component.

- An employment related goal must be clearly documented in the ISP and in the Career Development Plan (CDP). The employment goal must be related to maintaining or advancing in competitive integrated employment in the general workforce.
- All Employment Path Services must be used in combination with a service component that is in a non-disability specific setting in the general community and away from the provider site (e.g., employment path in combination with an internship or job shadow at a general community business; job coaching; discovery; small group; or VR services).
- The ISP and CDP must include goals to develop general habilitative or non-job-task-specific skills that can be used in an individual integrated job in the general workforce.
- This service is limited to 25 hours per week. This service can be combined with Job Coaching and Small Group Supported Employment subject to this limitation. This service is provided over a limited time period specified by

the individual's ISP/CDP. The ISP/CDP must document progress towards gaining the skills for which the service was authorized.

- If progress is not made towards developing the skills outlined in the ISP/CDP, and towards obtaining individual integrated employment, it may be appropriate to evaluate whether the provider is the most effective and appropriate provider of this service or whether this is an appropriate service to support the individual in working towards his or her goals to pursue individual integrated employment.
- Unlike the rate methodology for Individual Supported Employment – Job Coaching, the rate methodology for this service is based on the number of service hours provided.
- Solo (RS) Employment Path is for support to participate in individualized community work experiences (e.g., support to participate in community work experiences, internships, job shadowing, informational interviews, resume building, etc.). The service must be 1:1 "Solo" and not in a group (one supported individual in the setting and one support staff). Employment Path "Solo" Services may not occur at a provider site. The 1:1 Employment Path "Solo" Service is limited to 25 hours per week for a combination of Employment Services. Employment Path "Solo" must be face to face and not remote.
- OR541 using modifiers R1, ZE, ZF, ZC, ZH and RC may not be authorized without an ODDS approved exception.
- The modifier RC indicates that an individual who is participating in a group activity is assigned an agency staff member to them and has been approved by exception.

Employment Path (Hourly Service Rates)	Category 1	Category 2	Category 3	Category 4
Employment Path Community - OR541/W2, ZE	$21.28	$24.66	$29.71	$39.83
Employment Path Facility – OR541/W1, ZH.	$13.48	$17.32	$22.46	$28.27

Employment Path Community - OR541/RC 1:1	$41.71	Employment Path Facility - OR541/R1 1:1	$38.44	Employment Path Community - OR541/RS (Solo)	$42.29
Employment Path Community - OR541/ZC 2:1	$71.01	Employment Path Facility - OR541/ZF 2:1	$67.37		

<table>
<tr><th colspan="4">Employment Path – Benefits Counseling Services (ADULT and CHILD waiver service) (OAR 411-345)</th></tr>
<tr><td rowspan="2">Employment Path Services</td><td>Waiver</td><td>OR541 (WB)</td><td>Employment Path Community Benefits Counseling Level 1 (Information & Referral)</td></tr>
<tr><td>Waiver</td><td>OR541 (WC)</td><td>Employment Path Community Benefits Counseling Level 2 (Work Incentive Summary (WIS) or Benefits Summary & Analysis (BSA))</td></tr>
<tr><td colspan="4">Description and notes for inclusion on an ISP and POC</td></tr>
<tr><td colspan="4">The expected outcome of Employment Path Services is sustained paid employment and work experience leading to further career development and competitive integrated employment in the general workforce. Employment path also includes individualized benefits counseling.

Benefits counseling may include:
1. Level 1 (Information and referral); and
2. Level 2 (Work Incentive Summary (WIS) or Benefits Summary and Analysis (BSA)).

As outlined above, Employment Path Services are limited to 25 hours per week. This service can be combined with Job Coaching and Small Group Supported Employment subject to this limitation.

Individualized benefits counseling can be used as part of employment path services under the following guidelines:
○ It is estimated that up to 3 hours may be needed (per plan year) for Information & referral (Level One Benefits Counseling) per plan year. An outcome of this service includes a write up of the advisement. In the event that more than 3 hours are needed, an exception must be requested.</td></tr>
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Employment Path – Benefits Counseling Services (ADULT and CHILD waiver service) (OAR 411-345)
○ It is estimated that up to 12 hours may be needed (per plan year) for Level Two (Work Incentive Summary (WIS) or Benefits Summary and Analysis (BSA)) per plan year. In the event that more than 12 hours are needed, an exception must be requested. Note: If additional benefits counseling is required, or the person needs additional support to implement action items identified, then a referral should be made to WIN or WIPA. It is important to keep in mind that the entire support team should be actively involved in benefits planning so they are able to provide ongoing supports after services end. Natural supports should be brought in whenever possible.

Employment Path Services Benefits Counseling (Rates)	
Employment Path Community - OR541 WB and WC	$42.29

Family Training (ADULT, CHILD, CIIS waiver service) (411-435-0060(2))			
Family Training	Source	POC Code	POC Name
	Waiver	OR360	Family Training
Description and notes for inclusion on an ISP and POC			

Training services for the family of an individual to increase capabilities of the family to care for, support and maintain the individual in the home.

Services are provided in organized conferences and workshops that are limited to topics related to the individual's disability, identified support needs, or specialized medical or habilitation support needs.

- Oregon Intervention Systems training when an approved Positive Behavior Support Plan indicates the training is required to deliver the behavior supports outlined within the plan.
- Instruction about treatment regimens and use of equipment specified in the Individual Support Plan.
- Information, education and training about the individual's disability, medical, and behavioral conditions.
- Training to safely manage challenging behavior.

Non-allowable Family Training Service Expenses:

- Pay for family training to carry out educational activities in lieu of school for school-age individuals.
- Conferences when the training is on topics not directly required to carry out the support plan of the individual with disabilities or when training essential for an individual's care may be effectively provided through less expensive means such as use of state and local experts, books, electronically, etc.
- Fees, travel, lodging, and other expenses for family members.
- Training for paid caregivers, including family.
- Teaching family members sign language.
- Mental Health Counseling, treatment or therapy.
- Parenting classes.

Family Training (ADULT, CHILD, CIIS waiver service) (411-435-0060(2))
• Services provided by licensed psychologists, professionals licensed to practice medicine, social workers, counselors 1:1 to family members.

Family Training (Rates)	
Independent Provider: $240 per event	Provider Organization: $240 per event
Family Training events that meet the criteria above for authorization, but exceed the $240 limit, may only be approved by ODDS through an exception request.	

Environmental Safety Modifications (ADULT, CHILD, CIIS waiver service) (411-435-0060(3))			
Environmental Safety Modifications	Source	POC Code	POC Name
	Waiver	OR561	Environmental Safety Mods
Description and notes for inclusion on an ISP and POC			

"Environmental Safety Modifications" mean the physical adaptations described in OAR 411-435-0060 that are made to the exterior of the home of an individual as identified in the ISP for the individual to ensure the health, welfare, and safety of the individual or to enable the individual to function with greater independence around the home. Environmental safety modifications are available only for the primary residence of the individual. Environmental safety modifications are limited to $5,000 per modification and to $5,000 cumulatively per plan year without a prior exception approval. All environmental safety modifications must begin with the exceptions process to request the development of a Scope of Work. Please see The Guide to Home Modifications.

These supports would most typically be:

- A fence to assure the safety of an individual who has a documented history of leaving the safety of the home and who does not have the skills to be safe in the community.
- A pathway for an individual who may have an unsteady gate or who uses an assistive device to ambulate and lacks a safe path to and from the house.

Services must be:

- Completed by a State licensed contractor.
- In compliance with existing local ordinances – i.e., requirement of the local building permit and inspection. SC/PA must obtain the certification of compliance prior to releasing payment.
- Completed and meet specifications prior to payment to the contractor. Department funds may not be used as a deposit.
- Authorized in writing by the owner of the rental structure prior to initiation of the work. This does not preclude any reasonable accommodations required under the Americans with Disabilities Act, or Fair Housing Act.
- Adaptations or improvements that are of general utility are not included in this service.

Environmental Safety Modifications (ADULT, CHILD, CIIS waiver service) (411-435-0060(3))
• The appearance of the fence cannot figure into the authorization of a fence. It must be the most cost-effective solution; aesthetic considerations cannot cause the cost to increase. Vinyl fencing is not permitted as it can rarely be the most cost effective and has proven to be less effective at preventing elopement. • Fencing will be limited to 200 ft. Approval will only be made if fewer than 200 ft. of fencing will not assure the health and safety of the individual. • Fencing cannot be more than 6' in height. • Large gates such as automobile gates are not permitted. • Paths may only be of the shortest length to assure the individual can access a vehicle or a sidewalk that allows access to the community beyond the individual's home. Unless necessary for egress in an emergency, paths that do not contribute to greater access are not permitted (for example, a path through a garden or around the backyard) • Local ordinances may impact the options available within this service and must be followed. • Three bids are required and the lowest bid will be chosen by ODDS. • The construction requirements for the K plan service "Environmental Modifications" also apply to this service. Payment to the contractor is to be withheld until the work meets specifications. Department funds may not be used as a deposit. For more information about how ODDS assures this when its approval is required (CMEs are encouraged to follow a similar process) please see The Guide to Home Modifications. For more information on this service, see the Environmental Safety Modification Policy Worker Guide and the Modifications Implementation Worker Guide.

Vehicle Modifications (ADULT, CHILD, CIIS waiver service) (411-435-0060(4))			
Vehicle Modifications	Source	POC Code	POC Name
	Waiver	T2039	Vehicle Mod
Description and notes for inclusion on an ISP and POC			

Vehicle Modifications are adaptations or alterations made to a vehicle that is the primary means of transportation for an individual in order to accommodate their service needs. Vehicle modifications are specified by the service plan as necessary to enable the individual to integrate more fully into the community and to ensure the health, welfare and safety of the individual.

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.

The service is not for:

- adaptations or improvements to the vehicle that are of general utility and are not of direct medical or remedial benefit to the individual.
- Purchase or lease of a vehicle.
- Upkeep, repair and maintenance of a vehicle except for the upkeep, repair or maintenance is of the modifications.
- Modifications to the car of a paid provider of services.

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 are limited to $5,000 per modification. A SC/PA may request approval for additional expenditures through the Department prior to expenditure. Approval is based on the service needs and goals of the individual and the determination by the Department of appropriateness and cost-effectiveness.

Vehicle Modifications (ADULT, CHILD, CIIS waiver service) (411-435-0060(4))
Vehicle modifications must meet applicable standards of manufacture, design, and installation. Three cost estimates must be obtained prior to authorizing this service. Payment to the contractor or vendor is to be withheld until the work meets specifications and final payment is approved. Department funds may not be used as a deposit, advance payment, or reimbursement.

Waiver Case Management (ADULT, CHILD, CIIS waiver service) (OAR 411-415)			
Waiver Case Management	Source	POC Code	POC Name
	Waiver	These are authorized as a CPA in eXPRS and not in a POC.	

Description and notes for inclusion on an ISP and POC

Waiver Case Management is available for any individual enrolled to the comprehensive or support services waiver. Non-waiver (other) case management is available to every other enrolled individual. Both waiver and non-waiver case management include the following assistance:

Assessment and periodic reassessment of individual needs. These annual assessment activities (more frequent with significant change in condition) include:

- Taking client history;
- Evaluation of the extent and nature of recipient's needs (medical, social, educational, and other services) and completing related documentation;
- Gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the individual.

Development (and periodic revision) of a specific care plan that:

- Is based on the information collected through the assessment;
- Specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
- Includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- Identifies a course.

Waiver Case Management (ADULT, CHILD, CIIS waiver service) (OAR 411-415)
Referral and related activities to help an eligible individual obtain needed services including activities that help link and individual with: • Medical, social, educational providers; or • Other programs and services capable of providing needed services to address identified needs and achieve goals specified in the care plan such as making referrals to providers for needed services, and scheduling appointments for the individual. **Monitoring and follow-up activities.** Activities, and contact, necessary to ensure the care plan is implemented and adequately addressing the individual's needs. The activities, and contact, may be with the individual, his or her family members, providers, other entities or individuals and may be conducted as frequently as necessary; including at least one annual monitoring to assure following conditions are met: • Services are being furnished in accordance with the individual's service plan; • Services in the service plan are adequate; and • If there are changes in the needs or status of the individual, necessary adjustments are made to the service plan and to service arrangements with providers. • See the Indirect Case Management Monitoring worker's guide for more information.
Waiver or Non-Waiver Case Management services must be authorized as a service on an ISP. It may be a general type of service inclusive of the activities listed under the service description or may also include specific activities related to an individual's ISP as identified through the person centered planning process.

Specialized Medical Supplies (ADULT, CHILD, CIIS waiver service) (411-435-0060(5))			
Specialized Medical Supplies	Source	POC Code	POC Name
	Waiver	OR562	Spec Med Supply
Description and notes for inclusion on an ISP and POC			

Specialized Medical Supplies means medical and ancillary supplies such as:

- Necessary medical supplies, specified in the ISP that are not available under the state plan or private insurance.
- Ancillary supplies necessary to the proper functioning of items necessary for life support or to address physical conditions.
- Supplies that are necessary for the continued operation of augmentative communication devices or systems.
- Incontinence items or devices, specified in the ISP that are not available under the State plan.

This service is not available for:

- Supplies that have been determined unsafe for the general public by recognized consumer safety agencies.
- Items which are needed solely to allow a school-aged individual to participate in school.
- Items not of direct medical or remedial benefit to the individual.
- Items of general household use to complete general household tasks such as cleaning and laundry.
- **Items that may be available through the individual's health insurance provider. A denial for the item must be obtained prior to any Department funding expenditure.**

Single authorizations of over $500 will pend for Department approval, as will cumulative authorizations over $5000.

Direct Nursing Services (ADULT waiver service) (OAR 411-380)			
Direct Nursing Services	Source	POC Code	POC Name
	Waiver	N/A	N/A
Description and notes for inclusion on an ISP and POC			

Direct Nursing services are nursing supports for **individuals 21 years of age and older** with complex medical needs (usually technology dependent) delivered on a shift staff basis in an individual's home or a licensed Adult Foster Care home. These nursing services include direct "hands on" nursing interventions, skilled nursing tasks, treatments and therapies with continuous assessment & reassessment of the medical conditions as part of each shift (4-16 hours). Individuals are determined eligible (by the Department) for hours based on an acuity level score as measured by a Direct Nursing Service Criteria completed by an ODDS RN Health Management Specialist. ODDS issues a formal memo to CMEs documenting eligible hours.

If an individual has been determined eligible for Direct Nursing Services the number of eligible monthly hours should be identified in the ISP under the "Other Chosen Services" section of the current form. If an individual has access to Third Party Resources (Private Insurance) for Direct Nursing it should be noted on the ISP as those hours must be accessed first before DNS. The ISP team may want to identify potential health outcomes under the Chosen Services section of the ISP. Examples could include, "reduce hospitalizations" "stabilize health condition", or "reduce risk of secondary infection".

An Adult Foster Home-DD provider licensed by the Department may provide Direct Nursing services to individuals (up to 40 hours per week) in the AFH:

- If the AFH-DD provider meets the requirements as an enrolled Medicaid Direct Nurse Provider as described in OAR 411-380-0060 and has a separate and distinct Medicaid provider number.
- If there is more than one individual who resides in the AFH-DD and requires direct nursing service.

Direct Nursing Services (ADULT waiver service) (OAR 411-380)

- The provider must assure the needs of other individuals in the home are met up to and including additional staffing, such as resident managers, substitute caregivers or other nurses in the home. Documentation must record staffing coverage.

For Individuals in an In-Home setting Direct nursing services may not duplicate or occur at the same time as attendant care services, except when the delivery of attendant care is provided by a personal support worker or provider agency as defined in OAR 411-317-0000, and the individual:

a) Has been assessed needing Department approved 2:1 attendant care supports based on the results of a functional needs assessment;

b) Is attending employment or day service activities; or

c) Needs 2:1 staffing in the community.

PRIVATE DUTY NURSING FOR YOUNG ADULTS AGE 18-THRU 20.

Please consult Appendix D for more information.

Nurse Providers must have a current and unencumbered RN or LPN license issued by the Oregon State Board of Nursing and must be a qualified Medicaid Enrolled Nurse provider of Direct Nursing services. For more information, please see the Direct Nursing Services-Medicaid Provider Enrollment worker's guide.

In addition, qualified Medicaid Direct Nurse Providers must have a Prior Authorization each month to be paid for services. Nurse providers receive the prior authorization and are paid through the Medicaid Management Information System (MMIS) not through eXPRS. Please see the Direct Nursing MMIS Authorization and Payment Procedures worker's guide for more information.

Direct Nursing Services (Rates)		
Nurse Provider payment rates. Below are standardized Direct Nursing rates by hours and units (a unit is a quarter hour). MMIS payment requires billing by units. All providers must be paid these rates:		
	Hourly Rate	Unit Rate
Agency RN rate	$94.52	$23.63
Agency LPN rate	$58.88	$14.72
Self-employed RN	$6196.	$15.49
Self-employed LPN	$39.08	$9.77
* Hourly rates are not evenly divisible by 4. The corresponding unit rates are rounded up to the nearest full cent to conform to the structure of the MMIS billing system. ** 1 unit = .25 hour. All positions are billed by the unit in MMIS.		

Individual Directed Goods and Services (CIIS waiver service) (411-435-0070)			
Individual Directed Goods and Services	Source	POC Code	POC Name
	Waiver	OR518	Individual Directed Goods and Services
Description and notes for inclusion on an ISP and POC			

The purpose of individual-directed goods and services must be to support the child in developing self-help or adaptive skills, and to help provide the primary caregiver necessary training or support to continue re-enforcing those adaptive skills with the child in the home and community.

The long-term goal for these goods and services must be to:

- Decrease the need for other Medicaid services;
- Promote inclusion of a child in the community;
- Increase the safety of a child in the family home.

Adaptive skills are those skills needed for the child to be independent in daily activities. Helping the child learn those skills will give the child a sense of independence and lessen the strain on the family in the day-to-day care for the child. These skills can be learned through adaptive play equipment and materials.

Individual-directed goods and services:

- **Provides equipment and supplies** that must be recommended by a relevant health care professional (i.e., occupational therapist, speech pathologist) or by a Behavior Professional.
- **Must be prior authorized** by CIIS Service Coordinator in coordination with the health care professionals (i.e., occupational therapist, speech pathologist) or Behavior Professional, and/or the education professionals (i.e., special education specialist) as necessary. The purpose of coordination is to ensure that goods and services are targeted to specific adaptive skills/self-help development for the child, and that funding is not duplicative. Coordination is also to ensure consistency in expectations and re-enforcement in different settings for the child (i.e., at home and at school).

Individual Directed Goods and Services (CIIS waiver service) (411-435-0070)

Must be directly address the disability related needs of a child, identified and documented in the ISP as needed services to support the child's long-term goals and outcomes, and supported with a written recommendation from a health care professional or Behavior Professional. Service coordinator and involved parties must provide follow ups with the child and the family to monitor progress to ensure the outcomes for the child are being met. Monitoring is also to ensure the family members are receiving necessary support in helping the child to reach personal goals in gaining self-help/adaptive skills.

Non-allowable Individual Directed Goods and Services Expenses:

- Otherwise available through the child, parent or guardian's own resources or another source, such as OHP, waiver or state plan services.
- Experimental or prohibited treatment.
- Normally purchased by a family for a typically developing child of the same age.
- Limit of $2400/year without CIIS approval.
- Any single good or service costing more than $500 in a plan year must be approved by CIIS.

APPENDIX A: Supplemental ADL/IADL Information (Back to top)

ADL services include but are not limited to:

(A) Basic personal hygiene -- providing or assisting an individual with such needs as bathing (tub, bed, bath, shower), hair care, grooming, shaving, nail care, foot care, dressing, skin care, and oral hygiene;

(B) Toileting, bowel, and bladder care -- assisting an individual to and from bathroom, on and off toilet, commode, bedpan, urinal, or other assistive device used for toileting, changing incontinence supplies, following a toileting schedule, managing menses, cleansing an individual or adjusting clothing related to toileting, emptying catheter drainage bag or assistive device, ostomy care, or bowel care;

(C) Mobility, transfers, and repositioning -- assisting an individual with ambulation or transfers with or without assistive devices, turning the individual or adjusting padding for physical comfort or pressure relief, or encouraging or assisting with range-of-motion exercises;

(D) Nutrition -- preparing meals and special diets, assisting an individual with adequate fluid intake or adequate nutrition, assisting with food intake (feeding), monitoring to prevent choking or aspiration, assisting with adaptive utensils, cutting food, and placing food, dishes, and utensils within reach for eating;

(E) Medication and medical equipment – including but not limited to assisting with ordering, organizing, and administering medications (including pills, drops, ointments, creams, injections, inhalers, and suppositories), monitoring an individual for choking while taking medications, assisting with the administration of medications, maintaining equipment, and monitoring for adequate medication supply;

(F) Delegated nursing tasks.

IADL services include but are not limited to:

(A) Light housekeeping tasks necessary to maintain an individual in a healthy and safe environment - cleaning surfaces and floors, making the individual's bed, cleaning dishes, taking out the garbage, dusting, and laundry;

(B) Grocery and other shopping necessary for the completion of other ADL and IADL tasks;

(C) Cognitive assistance or emotional support provided to an individual due to an intellectual or developmental disability - helping the individual cope with change and assisting the individual with decision-making, reassurance, orientation, memory, or other cognitive functions;

(D) Support in the community around socialization and participation in the community;

(E) Medication and medical equipment - assisting with ordering, organizing, and administering medications (including pills, drops, ointments, creams, injections, inhalers, and suppositories), monitoring an individual for choking while taking medications, assisting with the administration of medications, maintaining equipment, or monitoring for adequate medication supply;

(F) First aid and handling emergencies - addressing medical incidents related to the conditions of an individual, such as seizure, aspiration, constipation, or dehydration or responding
to the call of the individual for help during an emergent situation or for unscheduled needs requiring immediate response;

(G) Assistance with necessary medical appointments - help scheduling appointments, arranging medical transportation services, accompaniment to appointments, follow up from appointments, or assistance with mobility, transfers, or cognition in getting to and from appointments; and

(H) Observation of the status of an individual and reporting of significant changes to a physician, health care professional, or other appropriate person.

Attendant care assistance means an individual requires help with ADLs. Assistance may be provided through the use of electronic devices or other assistive devices.

(A) "Cueing" means giving verbal, audio, or visual clues during an activity to help an individual complete the activity without hands-on assistance.

(B) "Hands-on" means a provider physically performs all or parts of an activity because an individual is unable to do so.

(C) "Monitoring" means a provider observes an individual to determine if assistance is needed.

(D) "Reassurance" means to offer an individual encouragement and support.

(E) "Redirection" means to divert an individual to another more appropriate activity.

(F) "Set-up" means the preparation, cleaning, and maintenance of personal effects, supplies, assistive devices, or equipment so that an individual may perform an activity.

(G) "Stand-by" means a provider is at the side of an individual ready to step in and take over the task should the individual be unable to complete the task independently.

Health-related tasks means specific tasks related to the needs of an individual, which can be delegated or assigned by licensed health-care professionals under State law to be performed by an attendant.

Indirect Supports:

Cues/reminders to complete ADL/IADL and health related tasks do not necessarily have to occur face to face when the following conditions are met:

1. The individual lives alone or with someone incapable of providing natural supports and there is no one else in the person's life to act a natural support to meet a particular need.	Compensation for these supports is never paid to a family member, spouse or friend living in the home of the individual.
2.There are documented health and safety issues that the individual cannot manage independently.	Need for this service and absence of natural support is documented and is part of the Individual Support Plan. If the individual lives in a family home, there needs to be a documented pattern of multiple unsuccessful attempts to utilize family or other natural supports.
3. Does not replace supports customarily provided by the SC/PA.	The SC/PA must review ability to meet some or all of the specific in-direct supports prior to using Department funds.
4. When possible, the method of providing these supports is in the presence of the individual.	As often as possible, these services should be provided directly in order to foster self-direction and training opportunities. This requirement should be included on the Individual Support Plan and service agreement language.
5. Units of service for these supports must be specified in the Individual Support Plan and service agreement.	

APPENDIX B: SE49/145/149/151 IN FOSTER CARE SETTINGS (Back to top)

A Foster Care setting exists when an individual with a developmental disability lives in the home of a non-relative and that non-relative provides residential care to the person with disabilities. "Residential care" means the provision of room and board and services that assist the resident in activities of daily living, such as assistance with bathing, dressing, grooming, eating, medication management, money management or recreation. Payment for Residential care is not necessary for a Foster Care setting to exist. A situation where a landlord does not live with the individual but does provide care to an individual with a developmental disability living in their building, is not necessarily a Foster Care setting. If uncertainty exists as to whether an arrangement meets the definition of Foster Care, contact the Foster Care subject matter expert at ODDS.

Relief care is allowed to take place in a DD or APD licensed Foster Care setting as part of an authorized support services ISP. The proposed relief stay must be reported to and approved by the CDDP before it occurs. A stay in a DD licensed Foster Care Home by a non-resident cannot exceed 14 consecutive days per OAR 411-360-0190(9). An ODDS approval to exceed the fourteen day limit imposed on the K plan service for the individual does not change this limit imposed on the Foster Care provider. The Foster Care provider may request a variance to this rule, which may or may not be granted. When any service is delivered by a Foster Care provider, the provider cannot be responsible for a resident of the home while at the same time delivering a service to a participant of an in home program. A foster care provider may not deliver services to individuals who are not residents of the foster care home if those services are not based out of the licensed setting (i.e., the provider cannot go to the home of the individual to deliver relief care). For children accessing SE151 in a Child Welfare-funded foster care setting, refer to DD-PT-22-008.

The information in this appendix applies whether the setting is licensed yet or not. There are two scenarios in which a participant of an in home program customer can live in a licensed foster care setting and be enrolled in an in home program (though it would be highly unlikely to occur with an individual in the in home comprehensive program), each has limitations on allowable expenses. The customer is either 1) privately paying for Foster Care, including Room and Board and residential care or 2) the customer is living in a Foster Care Home but is paying for Room and Board only. In neither case can a non-relative who lives in their own home with a participant of an in home program (i.e., the foster provider) be paid using Department funds. An additional consideration in these scenarios is that the non-

enrolled individual who lives in the home likely counts against the home's licensed capacity. The licensing entity should be consulted when these arrangements are being discussed.

	Additional Documentation:	**Support Services/In-Home Funds:**
Customer is privately paying for Foster Care, including Room and Board and residential care. *(Review SPD-PT-05-025 for details about this arrangement)*	Copy of Foster Care ISP (required)	• Cannot be used for services in the home. • Cannot be used for Services that are provided by the Foster Care provider according to the Foster Care ISP (see relevant Foster Care OARs on the following page). • Foster Care provider, resident manager and substitute staff are not eligible to be paid with Department Funds for individuals living in the Foster Care setting.
Customer is living in a Foster Care Home but is paying for Room and Board only	Rental Agreement or documented assurance that no residential care is being provided.	• May be used for any disability related expenses, in home or out of home. • Foster Care provider, resident manager and substitute staff are not eligible to be paid with Department Funds.
Customer is living in the home of a relative and the relative is a licensed foster care provider		• Cannot be used to pay the relative for supports while having responsibility for the Foster Care residents.

Appendix C: Family Support (SE150) OAR chapter 411, division 305 (Back to top)

Family Support (FS) services are 100% General Fund and are not available for children who are enrolled in K-plan or Waiver services. Those enrolled in State Plan Personal Care (SPPC) only can still access FS services – within the parameters of each program. With regards to the FS program, CDDPs are required to have a plan of how to best manage usage of FS funds to serve as many children as possible within the program intent – outlined in the purpose section of the FS rules. For example, some families may need case management/service coordination only – i.e., connection to resources. With regards to the SPPC program, the personal care support needs must be due to the child's own abilities and resources, which include what's naturally provided by parents and other means – i.e., assistive technologies.

Other things to keep in mind when thinking about services and supports for children and their family: How much support does the child need? What combination of paid/unpaid supports is best to meet the child's support needs, long-term goals and outcomes? As with any ODDS-funded services, cost effectiveness should always be considered.

All the same standards associated with the authorization of any services described in these Expenditure Guidelines also apply to Family Support services. Additionally, Family Support (SE150) rules require that the purchase: must be directly tied to the identified support needs of the child under OAR 411-305-0225; be an allowable support under OAR 411-305-0235; meet the conditions outlined in OAR 411-305-0230; and adhere to the annual limit of $1418.12 per child. The following services are available under SE150:

Assistive Devices (OR380)	Environmental Modifications (S5165)
Assistive Technology (OR321 - OR325)	Environmental Safety Modifications (use S5165 as a workaround)
Attendant Care (OR526)	Family Training (OR360)
Professional Behavior Services (OR570, OR310)	**Respite (OR507 daily, OR530, hourly)

**Community Inclusion (OR527)	Skills Training (OR526)
Community Transportation (OR003, OR004, OR554)	Specialized Medical Supplies (OR562)

The following guidance is for 2 additional services unique to the Family Support program, Community Inclusion and Respite. Note that provider agencies for these 2 services may also be licensed under ORS 446.330 per OAR 411-305-0240(3); they still have to meet the standards described in OAR 411-450-0080 per OAR 411-305-0240(2). And because camps/provider agencies licensed under ORS 446.330 are not qualified provider types as required per OAR 411-305-0240(1), they do need to be certified, endorsed, and have a provider number to be paid through eXPRS.

Community Inclusion (OR527): The purpose of these supports is to assist a child in acquiring, retaining or improving skills that enhance independence and integration in the community. These supports encourage a child to participate in organized group recreation or leisure activities in a community-based setting that are available to all children. The participation or registration cost of an organized activity may be up to $150 per plan year.

Supports may be provided by a PSW or provider agency chosen by the child (as appropriate) or the child's legal representative, and in accordance with the provider standards. Examples include:

- Boys and Girls club activities
- Parks and Recreation events (i.e., swimming, outdoor learning)
- Learning opportunities in the community (i.e., shopping, using transportation system)

Respite (OR530 hourly, OR507 daily): The purpose of these supports is to provide a temporary break for the primary caregiver from the daily demands of ongoing care of a child with I/DD. Respite may be utilized on a periodic or intermittent basis – daily or hourly – provided by a PSW or provider agency chosen by the child (as appropriate) or the child's legal representative, and in accordance with the provider standards.

- Daily respite: The POC code and daily rate for this service is the same as for Daily Relief.
- Hourly respite: the POC code for this service is OR530. The hourly rate is the same as for Attendant Care.

Note: Respite can be utilized as daily or hourly services independently – OR530 do not have to be authorized in conjunction with OR507. Use OR508 in conjunction with OR507 as described in PT-16-029 and AR-16-063.

Keep in mind that for all services authorized, Family Support funds cannot exceed the total annual limit of $1418.12.

APPENDIX D: Private Duty Nursing Services (Back to top)

Private Duty Nursing Services
(CIIS Medically Fragile only, OAR 411-300)

Private Duty Nursing Services	Source	MMIS Code	POC Name
	Medicaid State Plan	T1030	Nursing Visit, RN
		T1031	Nursing Visit, LPN
		S9123	Shift Care, RN
		S9124	Shift Care, LPN

Description and notes for inclusion on an ISP and POC

The purpose of the Private Duty Nursing (PDN) is to reduce the cost of healthcare services through equally effective, more conservative, and/or less costly treatment. Children must have complex medical needs and require continuous skilled nursing care that can be provided safely outside an institution (i.e., hospital, skilled nursing facility) on a day-to-day basis. PDN services must be prior authorized based on the service level determined by the MFCU (Medical Fragile Care Unit) Criteria. and meet the level of service criteria that measure specific nursing interventions needed.

The need for private duty nursing (or direct hands-on nursing) shall be established based on a physician's order, nursing assessment, nursing care plan, documentation of condition and medical appropriateness, identified skilled nursing needs, goals and objectives of care provided. OAR 410-132-0020 (3)

A nursing visit is authorized when the need for a reassessment and evaluation is required for a child who has *non-critical or stable conditions* with a moderate probability that complications would arise without skilled nursing management of a treatment program on an intermittent basis. An LPN must be supervised by a RN.

Private Duty Nursing Services

(CIIS Medically Fragile only, OAR 411-300)

Shift care nursing is authorized when the need for a reassessment and evaluation is required for a child who has *critical or unstable conditions* that are expected to rapidly change that complications would arise without skilled nursing management of a treatment program supplied in a specified block of time.

Appropriate shift care nursing services is based on the acuity level of the child as measured by the ***MFCU Clinical Criteria*** (DHS 0519, 05/13):

- **Level 1**. Score of 75 or greater and on a ventilator for 20 hours or more per day = up to a maximum of 554 nursing hours per month;
- **Level 2**. Score of 70 or above= up to a maximum of 462 nursing hours per month;
- **Level 3**. Score of 65 to 69 = up to a maximum of 385 nursing hours per month;
- **Level 4**. Score of 60 to 64 = up to a maximum of 339 nursing hours per month;
- **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; and

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

The nursing service plan and documentation supporting the medical appropriateness for PDN must meet the standards of the Oregon State Board of Nursing. The nursing service plan must be reviewed, updated, and submitted to the MFCU whenever the child's needs change. Increases or decreases in the level of care and number of hours or visits authorized shall be based on a change in the condition of the child, limitations of the program, and the ability of the family or delegated caregivers to provide care.

All PDN services require prior authorization by a CIIS Service Coordinator.

Private Duty Nursing – MMIS Rates

Paid through MMIS at rates established by the Department

APPENDIX E: Provider Agency Rates

(Back to top)

Hourly Attendant Care			
Hourly agency rates		Standard Model Agency	Community Living Supports Agency
OR526	Attendant Care Support (1:1)	$42.24	$34.99
OR526NA/ZE	Attendant Care Support (2:1) (2 different agency providers)	$42.24	$34.99
OR526ZC	Attendant Care Support (2:1) (One agency)	$76.69	$64.26
OR526/RB	Attendant Care Group (1:2) (per person)	$23.23	$19.25
OR526/R3	Attendant Care Group (1:3) (per person)	$16.90	$14.00
OR545/NA/ZE	On the Job Attendant Care (1:1)	$42.24	$42.24
OR545/ZC	On the Job Attendant Care (2:1)	$76.69	$76.69

Day Support Activities				
Provider Agency Rates Per Hour:	Category 1	Category 2	Category 3	Category 4
Group DSA– Community (OR542/W2, ZE)	$17.11	$21.33	$29.77	$39.76
Group DSA– Facility (OR542/W1, ZH)	$11.99	$15.75	$19.50	$28.39

Solo DSA OR542/RS	$42.24	Solo DSA (2:1) OR542RS	$74.52
Rate for 1:1 Group DSA Community OR542/RC:	$41.82	Rate for 2:1 Group DSA Community OR542/ZC:	$71.24
Rate for 1:1 Group DSA Facility OR542/R1:	$38.59	Rate for 2:1 Group DSA Facility OR542/ZF:	$67.64

Job Coaching			
Individual Supported Employment – Job Coaching (Hourly Rates)	Category 1	Category 2	Category 3 & Category 4
Initial Job Coaching (OR401/W5)	$32.07	$49.82	$71.93
Ongoing Job Coaching (OR401/W6)	$25.66	$49.82	$71.93
Maintenance Job Coaching (OR401/W4)	$19.24	$49.82	$71.93

Job Development			
Individual Supported Employment – Job Development (Outcome Based Rates)	Category 1	Category 2	Category 3 & Category 4
Job Development – Initial Placement (OR401/W3)	$2,429.86	$3,037.33	$3,644.80
Job Development – 90+ Days Job Retention (OR401 W9)	$1,518.67	$1,822.40	$2,429.86

Small Group Supported Employment (Hourly Rates)				
Small Group Supported Employment (OR543/W2)	Category 1	Category 2	Category 3	Category 4
	$22.46	$25.97	$31.45	$42.50
Small Group Supported Employment (OR543/RC, ZE) 1:1 in a group	$43.91			
Small Group Supported Employment (OR543/ZC) 2:1 in a group	$73.76			

Discovery			
Discovery (Outcome Based Rates) (OR539/WA)	Category 1	Category 2	Category 3 and 4
	$2,184.54	$2,496.61	$2,808.69

Employment Path				
Employment Path (Hourly Service Rates)	Category 1	Category 2	Category 3	Category 4
Employment Path Community - OR541/W2, ZE	$21.28	$24.66	$29.71	$39.83
Employment Path Facility – OR541/W1	$13.48	$17.32	$22.46	$28.27

Employment Path Community - OR541/RC 1:1	$41.71	Employment Path Facility - OR541/R1 1:1	$38.44	Employment Path Community - OR541/RS (Solo)	$42.29
Employment Path Community - OR541/ZC 2:1	$71.01	Employment Path Facility - OR541/ZF 2:1	$67.37		

Employment Path – Benefits counseling **(per hour)**	
OR541 WB and WC	$42.29

Adult's 24-Hour Residential Rates (per day, based on 344 days/year)			
Payment Category	3 or fewer residents	4-5 residents	6+ residents
Payment Category 1	$300.14	$234.81	$160.94
Payment Category 2	$410.20	$349.85	$189.81
Payment Category 3	$561.69	$434.62	$283.79
Payment Category 4	$687.54	$561.20	$321.40

Children's 24-Hour Residential Rates (per day, based on 344 days/year)			
	3 or fewer residents	4 residents	5 residents
Payment Category 1	$518.25	$476.79	$388.85
Payment Category 2	$619.65	$552.11	$449.08
Payment Category 3	$725.13	$709.72	$576.16
Payment Category 4	$855.73	$812.66	$658.72

Host Homes	
Payment Category 1	$130.46
Payment Category 2	$183.16
Payment Category 3	$257.43
Payment Category 4	$327.38

Professional Behavior Services Hourly Rates For Agencies and Independent Behavior Professionals	
(ST) Fewer than 70 miles from individual's residence	(RU) 70+ miles from individual's residence
$82.56	$103.20

Supported Living	Rate is based on the result of the Supported Living Budget Tool.