

## **SECTION IV: Appendices**

**Appendix 1 Medicaid and Rule Definitions for Self-Directed Support Services**

**Appendix 2 Glossary of Rate Setting Terms**

**Appendix 3 Employment Provider Interview Questions**

**Appendix 4 Information Bulletin 02-06 SSFA 02, June 17, 2002**

## Appendix 1

### Medicaid and Rule Definitions for Self-Directed Support Services

**“Chore Services”** mean services needed to maintain a clean, sanitary and safe environment in an individual’s home. This service includes heavy household chores such as washing floors, windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture for safe access and egress. These services are provided when no one in the household is capable of either performing or paying for, the services and when no other relative, caregiver, landlord, community/volunteer agency, or third-party payer is capable of or responsible for their provision.

**“Community Inclusion Supports”** means services that may include instruction in skills an individual wishes to acquire, retain or improve that enhance independence, productivity, integration, and/or maintain the individual’s physical and mental skills. These supports are provided:

- a) For an individual to participate in activities to facilitate independence and promote community inclusion and contribution; and
- b) At any time in community settings of the individual’s choice.

**“Community Living Supports”** means services provided for the purpose of facilitating independence and promoting community integration by supporting the individual to gain or maintain skills to live as independently as possible in the type of community-based housing the individual chooses, consistent with the outcome for community living defined in the individual’s ISP. The type, frequency, and duration of direct support and other community living support is defined in the plan of care based on the individual’s selected housing arrangement and assessed needs. Supports are available to individuals who live alone, with roommates or with family. The services include support designed to develop or maintain skills required for self-care, directing supports, and caring for the immediate environment such as:

- a) Personal skills, including eating, bathing, dressing, personal hygiene, and mobility.
- b) Socialization, including development or maintenance or self-awareness and self-control, social responsiveness, social amenities,, and interpersonal skills;
- c) Community participation, recreation or leisure, including the development or maintenance of skills to use generic community services, facilities, or businesses;
- d) Communication, including development or maintenance of expressive and receptive skills in verbal and non-verbal language and the functional application of acquired reading and writing skills; and

- e) Personal environmental skills including planning and preparing meals, budgeting, laundry, and housecleaning.

**“Environmental Accessibility Adaptations”** means physical adaptations which are necessary to ensure the health, welfare, and safety of the individual in the home, or which enable the individual to function with greater independence in the home. Examples of these services include, but are 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; sound and visual monitoring systems; fencing; installation of ramps and grab-bars, installation of electric door openers; adaptation of kitchen cabinet/sinks; widening of doorways; handrails; modification of bathroom facilities; individual room 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; specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual; modifications to a vehicle to meet the unique needs of the individual (lift, interior alterations such as seats, head and leg rests and belts, special safety harnesses, or other unique modifications to keep the individual safe in the vehicle). This does not include:

- a) Adaptations or improvements to the home which are of general utility and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, and
- b) Adaptations that add to the total square footage of the home.

**“Family Training”** means training and counseling services for the family of an individual to increase capabilities to care for, support and maintain the individual in the home. This service includes: 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; and counseling for the family to relieve the stress associated with caring for an individual with disabilities. This service is provided by licensed psychologists, professionals licensed to practice medicine, social workers, counselors, or in organized conferences and workshops that are limited to topics related to the individual’s disability, identified support needs, or specialized medical or habilitative support needs. The training is not provided to paid caregivers.

**“Homemaker Services”** means support consisting of general household activities such as meal preparation and routine household care provided by a trained homemaker. The services are provided when the person regularly responsible for these activities as well as caring for an individual in the home is temporarily absent,

temporarily unable to manage the home as well as care for self or the individual in the home, or needs to devote additional time to caring for the individual.

**“Occupational Therapy”** means the services of a professional licensed under ORS 675.240 that are defined under the approved State Medicaid Plan, except that the amount, duration and scope specified in the State Medicaid Plan do not apply.

**“Personal Emergency Response Systems”** mean electronic devices required by certain individuals to secure help in an emergency for safety in the community.

**“Physical Therapy”** means services provided by a professional licensed under ORS 688.020 that are defined under the approved State Medicaid Plan, except that the amount, duration and scope specified in the State Medicaid Plan do not apply.

**“Respite Care”** means short-term care and supervision provided because of the absence, or need for relief of, persons normally providing care to individuals unable to care for themselves. Respite may be provided in the individual’s or respite provider’s home, a foster home, a group home, a licensed day care center, or a community care facility that is not a private residence. Respite includes two types of care, neither of which can be characterized as 8-hours-a-day, 5-days-a-week services or are provided to allow caregivers to attend school or work:

- a) Temporary Respite Care, which is provided on less than a 24-hour basis, and
- b) 24-Hour Overnight Care, which is provided in segments of 24-hour units that may be sequential.

**“Special Diet”** means specially prepared food and/or particular types of food needed to sustain the individual in the family home. Special diets can include: high caloric supplements; gluten-free supplements; diabetic, ketogenic or other metabolic supplements. Special diets are ordered by a physician and periodically monitored by a dietician. Special diets are supplements and are not intended to meet an individual’s complete daily nutritional requirements. Special diets do not provide or replace the nutritional equivalent of meals and snacks normally required regardless of disability.

**“Specialized Medical Equipment and Supplies”** mean devices, aids, controls, supplies, or appliances which enable individuals to increase their abilities to perform activities of daily living or to perceive, control, or communicate with the environment in which they live. This service includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State Plan. It does not include items not of direct medical or remedial benefit to the

individual. All items meet applicable standards of manufacture, design, and instillation.

**“Specialized Supports”** mean treatment, training, consultation, or other unique services necessary to achieve outcomes in the plan of care that are not available through State Medicaid Plan services or other Support Services listed in 309-041-1870(6)(a-o). Typical supports include the services of a behavior consultant, a licensed nurse, or a social/sexual consultant to:

- a) Assess the needs of the individual and family, including environmental factors;
- b) Develop a plan of support;
- c) Train caregivers to implement the support plan;
- d) Monitor implementation of the plan; and
- e) Revision of the plan as needed.

**“Supported Employment Services”** means provision of job training and supervision available to assist an individual who needs intensive ongoing support to choose, get and keep a job in a community business setting. Supported employment is a service planned in partnership with public vocational assistance agencies and school districts through Social Security Work Incentives when available.

**“Transportation”** means services that allow individuals to gain access to community services, activities and resources that are not medical in nature.

## Appendix 2

### Glossary of Rate Setting Terms

**Cost Center:** An area of activity within an organization for which there is reason to segregate and monitor costs. Generally the term is synonymous with “program”. Examples of cost centers in a typical rehabilitation agency are program or manager units e.g. workshop, transportation, specific crews, enclaves, or group homes. Each billable Support Service should have its own distinct cost center.

**Direct Costs:** Costs assigned to a specific product or service. Direct costs are 100% attributable to the defined support service. This may include direct and managerial staff salaries and OPE, staff travel related to the support service, and related “other” costs. For example, vehicle maintenance and gasoline are other direct costs related to transportation.

**Fee for Service Funding:** Basing payment on the cost of defined units of service provided.

**Fixed Costs:** Costs of a product or service that remains constant regardless of the volume of activity. Examples of fixed costs may include annual insurance and established rates of OPE.

**Indirect Costs:** General shared costs not identified with one specific service or product. Indirect costs are assigned to various cost centers through allocation techniques. Indirect costs applicable to support service customers based upon utilization. Typical indirect costs may include rent and occupancy for a site based service, supplies and services such as telephone, and administrative supports. A variety of methods for the allocation of indirect costs may be considered. (Review the appropriate OMB circular).

**Milestone Payments:** Payments made upon the achievement of identified payment points or outcomes that provide incentive for movement toward a final goal.

**Payment Point:** In an Outcome or Results Based Funding System, the specific benchmark or criteria that qualifies a provider for reimbursement. Each service outcome may be reimbursed at one or more benchmarks.

**Results or Performance Based Funding:** Basing payment partially or totally upon the achievement of specific outcome performance measures.

**Unit Cost:** The cost incurred to produce a single measure of service or a particular product or outcome.

**Unit of Service:** The discreet measure for service delivery.

**Variable Costs:** Costs that changes depending upon the level of activity, service, or product. Examples of variable cost include staff hours and transportation.

## Appendix 3

### Self-Directed Employment: A Toolkit for Persons with Developmental Disabilities

#### Employment Provider Interview Questions

##### General Questions

1. If I decide to hire you or your agency, are you the person who will actually be working with me directly (e.g., to find a job, to work with my coworkers to teach me the job)? If you are not the person who will work directly with me directly:
  - a) Who will it be?
  - b) Will I have a choice of who the staff person is?
2. How many people with disabilities like I experience have you helped to find a regular, individual job?
  - a) Please tell me how you went about finding them a job, helping them to learn their jobs, and helping them to keep their jobs?
  - b) Tell me about the challenges these people experience?
  - c) Tell me about the jobs that you got for them – the kind of work they are doing, how many hours they work, how much they earn, and how long did they keep their jobs?
  - d) Would you arrange for me to talk with a couple of these people and their families?
3. If you are interviewing an agency: Could you guarantee that the same staff person can work with me through the whole process of getting, learning and keeping my job?
  - a) How long have the employment specialists worked for your agency? Do you expect them to stay with your agency for at least the next year?
  - b) How many other people are you or your staff currently working with?



## Questions Specific to Your Job Goals and Path

4. I am interested in the following kind of job:

\_\_\_\_\_

a) What would you do to help me find this kind of job?

b) Where would you look for this kind of job for me?

5. What would you say to a potential employer?

a) How would you describe your role to a potential employer?

b) How would you describe me to a potential employer?

6. How would you involve me in the job seeking process?

7. How would you help me learn my job?

8. Would you keep me update on how the job search process was going?

9. How would you work with my employer and coworkers to help me learn my job?

10. How would you work with my employer to help me keep my job?

## Other Services

11. Do you help people to learn to use the public bus?

12. Do you transport people whose jobs are not on a public bus line? How do you do this?

13. How flexible would you be in changing the services that I wanted or needed?

## Funding and Roles

14. What would you charge to provide:
  - c) Job Search?
  - d) Consulting with my employer and coworkers while I learn my job?
  - e) Ongoing consultation with my employer and coworkers to help me keep my job?
  - f) Transportation?
  - g) Personal Care Assistance?
15. How many hours a week could you guarantee me for:
  - a) Job Search?
  - b) Consulting with my employer and coworkers while I learn my job?
  - c) Ongoing consultation with my employer and coworkers to help me keep my job?
  - d) Transportation?
  - d) Personal Care Assistance?
16. Would you agree to a monthly invoice system in which I approve all my payments based upon services we agreed to?
17. Would you be supportive of me using some of my funds to reimburse and employer to train and support me?
18. Are you able and willing to operate on a "fee for service" basis?
19. Are you certified to provide services by:
  - a) Seniors & People with Disabilities
  - b) Office of Vocational Rehabilitation Services? One Stop Programs?

## Appendix 4



BULLETIN

---

Seniors and People with Disabilities

**Contact: Molly Holsapple (503) 945-9815 or Mike Maley (503) 947-4228**  
**Number: 02-06-SSFA-02** **Date: 06/17/02**

---

### **INDIVIDUAL SERVICE DELIVERY FOR PERSONS WITH DD54 SLOTS AND IN SUPPORT SERVICES**

#### **I. Background**

Most of the 1400 DD 54 Employment/ATE and or DD 47 SILP customers living at home eligible for support services will transition in Phase II during the 2003-2005 biennium. However, some individuals with DD 54 funding will be part of support services at the brokerage during this biennium. This is true if:

- He/she was receiving SDS funded in-home supports at the time that support services were initiated;
- He/she moves to support services at some time during the biennium as a part of planning in response to a crisis (Priority 1 – Order of Enrollment is a support plan for person at home previously evaluated by the County at emanate risk of losing a residence); or

The information in this Bulletin is designed to provide immediate guidance to personal agents; providers and county staff related to roles, responsibilities, and expectations in the provision of DD 54 and support services to each person who will be enrolled in support services this biennium.

The goal during the move to support services is to not disrupt an individual's services present at the time of transition. Individuals moving to support services are not dropped from DD 54 slot funding under a county contract. DD 54 resources will continue along with home based support services funding for a period while the Personal Agent and the present employment/ATE provider work in partnership to complete essential activities.

## **II. Roles and Responsibilities**

The brokerage personal agent (PA) will assume primary responsibility for working with a provider organization. The PA has the responsibility for the development of an ISP based on self-determination including assisting the individual to put plans into practice, and helping to monitor and improve the quality of supports as well as assess and revise plan goals. A full description of PA job functions is identified in OAR 309-041-1860 (1) (a – h).

County personnel have primary responsibility transition to support services including identification of enrollment date and initial communication and notification of customers, their families and impacted providers. County personnel maintain responsibility for the overall management of the DD 54 provider contracts and may attend staffings to fulfill this function. Counties are also accountable for Title XIX administration activities in support of Brokerage services including plan review, assistance with referral to comprehensive service etc.

The DD 54 provider continues to meet program expectations communicated with the Employment/ATE administrative rule and the signed Employment ISP. At the same time, the provider will work with the individual and the PA to complete all transition activities and develop one ISP meeting the requirements of the Support Services Administrative Rule.

## **III. Administrative Rules**

OAR 309-047-0000 through 309-047-0140 Employment and Alternatives to Employment prescribes the standards, responsibilities and procedures for the provision of DD 54 day services. Provider organizations certified under this rule meet the initial expectations as a qualified support services provider for brokerage customers.

OAR 309-041-1750 through 309-041-1920 Support Services for Adults prescribe the standards, responsibilities, and procedures for support service brokerages, the purchase of services, and for providers paid for support services. The Support Services rule guides the process and content for the development of one ISP. Providers of employment/ATE services must be prepared to meet ISP standards under the Support Services administrative rule from the first day that someone moves to a brokerage. This may represent changes in the makeup and authority of the ISP team, as well as, potential changes in ISP form and content. It will not represent changes in the intent and commitment of all stakeholders to person centered services.

Copies of these administrative rules are available on line at:

<http://arcweb.sos.state.or.us/banners/rules.htm>

#### **IV. Length of Transition Period**

The transition period is the time when an individual is receiving both support services and County contracted DD 54 slot services. In some situations, this results in a person receiving services beyond the Base Benefit level identified in the rule. Support Services for Adults OAR 309-041-1870 (4) (b) presently allows for an exception to the Basic Benefit level for no more than 365 calendar days for persons transferring from SDS, Employment/ATE and or SILP services. The transition period will end when one ISP and Resource Plan have been developed, and the Agreement for desired services is in place. The actual length of an individual's transition is expected to vary based upon the preparedness of the stakeholders and the complexity of specific situations. It may be necessary to allow rule variances to extend timelines for the Basic Benefit level to be exceeded.

#### **V. Major Activities During Transition Period**

There are four (4) major activities and outcomes that must be accomplished during the transition period. A brokerage may utilize technical assistance available through Oregon Health Sciences University (OHSU) to complete these essential transition-planning activities.

##### **1. Initial ISP Review**

For most individuals served this biennium, the plan approved upon Brokerage enrollment was a continuation of the original SDS and DD 54 Employment/ATE plans. The approval process for two separate ISPs does not, at this time, represent one plan meeting support service rule standards. The first job of the PA, in conjunction with others, is to develop one ISP that sets the vision for an individual's wants and needs and meets the standards for Title XIX plan approval.

Most persons in DD 54 services are satisfied with present day supports and are expected to want to keep it as a part of their "whole life" ISP. In the first months of getting to know one another, the individual, PA and provider will share important information about levels of satisfaction, what works and what does not work, schedules (daily, weekly and monthly), and staff support strategies. This information will be used to (1) fit present "voc" services into allowable support services funding categories, (2) more fully describe or identify the type, frequency, and duration of services being provided, and (3) establish goals and priorities in the person centered plan.

##### **2. Resource Analysis and a Resource Plan**

Within each community there exists an array of resources that, if tapped, may be available along with support service funds, to help an individual achieve their goals. The PA and team must identify all personal, community and public resources available and identify how they will be applied to the supports needed

for success. For an employed individual or someone wanting to work untapped resources may include vocational rehabilitation funding, Social Security work incentives, One Stop-Work Investment Act resources, ARC On the Job Training, worker contribution, and/or business supports. For an individual desiring community inclusion, untapped resources may include educational scholarships or connections with mentors, volunteers, clergy, family members, or other community members with similar interests. Access to the Supplement to Basic Supports may also be possible if individuals meet criteria based on extraordinary need. The transition period allows time to take action to access identified resources.

3. Building of an Individualized Budget and Service Contract

All provider organizations must clearly identify the services they will sell and rates for these supports. Information on rate setting guidelines and regional training and technical assistance on rate setting for organizations provided through Oregon Technical Assistance Corporation (OTAC) will soon be available.

One focus for the individual and PA during this stage of transition planning will be on identifying the essential components of a provider agreement. This will include a clear definition of support services wanted based on prioritized goals, clear communication about how services will be provided, and the selection of a provider based on established criteria. Provider selection criteria may vary. Possible selection criteria may include such items as cost, match of customer goals to how services are to be provided, and the customer role in areas related to staff hiring and supervision.

4. Development of New Annual ISP Within Benefit Limits and Fund Transfer

In the final stage of transition, the PA, customer, family and others will identify one plan and select providers and services that meet immediate priorities given all available resources. This whole life plan may in fact represent more, than, less than or the same funding or services historically available through slot funding. Regional Coordinators will work with counties to make necessary contract changes by the end of the identified transition period.