SECTION 1915(c) WAIVER FORMAT

1. The State of Oregon requests a Medicaid home and community-based services waiver under the authority of section 1915(c) of the Social Security Act. The administrative authority under which this waiver will be operated is contained in Appendix A.

   This is a request for a model waiver.

   a._____ Yes b.__X__ No

   If Yes, the State assures that no more than 200 individuals will be served by this waiver at any one time.

   This waiver is requested for a period of (check one):

   a._____ 3 years (initial waiver)

   b.__X__ 5 years (renewal waiver)

2. This waiver is requested in order to provide home and community-based services to individuals who, but for the provision of such services, would require the following levels (s) of care, the cost of which could be reimbursed under the approved Medicaid State plan:

   a._____ Nursing facility (NF)

   b.__X__ Intermediate care facility for mentally retarded or persons with related conditions (ICF/MR)

   c._____ Hospital

   d._____ NF (served in hospital)

   e._____ ICF/MR (served in hospital)

3. A waiver of section 1902(a)(10)(B) of the Act is requested to target waiver services to one of the select group(s) of individuals who would be otherwise eligible for waiver services:

a._____ aged (age 65 and older)

b._____ disabled

c._____ aged and disabled

d._____ mentally retarded

e._____ developmentally disabled

f. X mentally retarded and developmentally disabled

g._____ chronically mentally ill

4. A waiver of section 1902(a)(10)(B) of the Act is also requested to impose the following additional targeting restrictions (specify):

a._____ Waiver services are limited to the following age groups (specify): individuals aged 18 and older.

b._____ Waiver services are limited to individuals with the following disease(s) or condition(s) (specify):

c._____ Waiver services are limited to individuals who are mentally retarded or developmentally disabled, who currently reside in general NFs, but who have been shown, as a result of the Pre-Admission Screening and Annual Resident Review process mandated by P.L. 100-203 to require active

treatment at the level of an ICF/MR.

d. X Other criteria. (Specify): Individual does not reside in a community-based home/residence licensed or certified by the State of Oregon. Individual can not receive services from more than one waiver.

e. _____ Not applicable.

5. Except as specified in item 6 below, an individual must meet the Medicaid eligibility criteria set forth in Appendix C-1 in addition to meeting the targeting criteria in items 2 through 4 of this request.

6. This waiver program includes individuals who are eligible under medically needy groups.

a. X Yes b. _____ No

7. A waiver of §1902(a)(10)(C)(i)(III) of the Social Security Act has been requested in order to use institutional income and resource rules for the medically needy.

a. X Yes b. _____ No c. _____ N/A

8. The State will refuse to offer home and community-based services to any person for whom it can reasonably be expected that the cost of home or community-based services furnished to that individual would exceed the cost of a level of care referred to in item 2 of this request.

The cost of waiver-funded home and community-based services the individual receives can not exceed $20,000 per plan year unless prior authorized in accordance with state administrative rules. Costs above $20,000 per plan year can not exceed the cost of ICF/MR level of care.

a. X Yes b. _____ No

9. A waiver of the "statewideness" requirements set forth in section 1902(a)(1) of the Act is requested.

a. X Yes b. _____ No

If yes, waiver services will be furnished only to individuals in the following geographic areas or political subdivisions of the State (Specify):

Waiver services under this request will be phased in statewide over a six year period beginning July 1, 2003, and ending June 30, 2009. The phase-in is estimated to occur statewide. Waiver services will be phased in for categories of individuals as follows:(1) beginning July 1, 2004 and continuing through June 30, 2009, adults with developmental disabilities who are not receiving any Department-funded developmental disability services; (2) beginning while enrollment of individuals listed in (1) is still in progress and continuing through June 30, 2009, individuals living with family members who receive relative foster care services; and (3) beginning while enrollment of listed in (1) and (2) is still in progress and continuing through June 30, 2009, individuals receiving Semi-Independent Living Services regulated by OAR 309-041-015.

10. A waiver of the amount, duration and scope of services requirements contained in section 1902(a)(10)(B) of the Act is requested, in order that services not otherwise available under the approved Medicaid State plan may be provided to individuals served on the waiver.

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11. The State requests that the following home and community-based services, as described and defined in Appendix B.1 of this request, be included under this waiver:

a. ____ Case management

b. X Homemaker

c. ____ Home health aide services

d. ____ Personal care services

e. X Respite care

f. ____ Adult day health

g. X Habilitation

____ Residential habilitation

____ Day habilitation

____ Prevocational services

X Supported employment services

____ Educational services

X Other

h. X Environmental accessibility adaptations

i. ____ Skilled nursing

j. X Transportation

k. X Specialized medical equipment and supplies

l. X Chore services

m. X Personal Emergency Response Systems

n._____ Companion services

o._____ Private duty nursing

p. X Family training

q._____ Attendant care

r._____ Adult Residential Care

_____ Adult foster care

_____ Assisted living

s. X Extended State plan services (Check all that apply):

_____ Physician services

_____ Home health care services

X Physical therapy services

X Occupational therapy services

X Speech, hearing and language services

_____ Prescribed drugs

_____ Other (specify):

t. X Other services (specify):
(I) Special Diets: 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 must be ordered by a physician and periodically monitored by

a dietician. Special diets will not constitute a full nutritional regime; meals as such will not be provided

(II) Specialized supports for the purpose of providing treatment, training, consultation or other unique services necessary to achieve outcomes in the plan of care that are not available through State Plan services or other waiver services. For example: behavior consultation consisting of assessment of the individual, the needs of the family and the environmental factors that affect behavior; development of a positive behavior support plan, training and implementation of a positive behavior support plan with the family and providers, and revision and monitoring of the plan as needed to prevent injury to the individual or others. Social sexual consultation to assess the individual and the environmental factors that effect the behavior; develop a support plan with the individual, family and providers; implement, train, monitor and revise the plan as needed to meet the identified outcomes of the plan. Licensed nurse services to assess the individual; develop a support plan with the individual, family and providers; implement, train, monitor, and revise the plan as needed to meet the identified outcomes of the plan.

(III) Support Services Brokerage agency (organization) provides personal agents who assist individuals in planning, arranging and implementing the individual's plan of care by providing assistance needed for the individual to plan, identify, access, organize, budget, and manage community resources; finds and verifies providers are qualified to deliver waiver services. The Support Services Brokerage facilitates the development and expansion of community resources and providers, and conducts reviews

of personal agent activities and the delivery of plan of care services.

(IV) Emergent services for individuals in jeopardy of losing their living situation due to inability or unavailability of the primary caregiver, and no alternative resources are available. Services are short term, for up to 270 consecutive days in twelve consecutive months, provided to, or on behalf of, an adult to prevent civil commitment to an institution for the mentally retarded as described in Oregon Revised Statutes Chapter 427, or to prevent a permanent out of home placement. Services to maintain the individual in the community and stabilize the situation include short term residential placement, or additional support services, that may exceed the $20,000 per plan year limit. This service must be prior authorized in accordance with State administrative rules, and the cost per plan year can not exceed the cost of ICF/MR level of care.

u._____ The following services will be provided to individuals with chronic mental illness:

_____ Day treatment/Partial hospitalization

_____ Psychosocial rehabilitation

_____ Clinic services (whether or not furnished in a facility)

12. The state assures that adequate standards exist for each provider of services under the waiver. The State further assures that all provider standards will be met.

13. An individual written plan of care will be developed by qualified individuals for each individual under this waiver. This plan of care will describe the medical and other services (regardless of funding source) to be furnished, their frequency, and the type of provider who will furnish each. All services will be furnished pursuant to a written plan of care. The plan of care will be subject to the approval of the Medicaid agency. FFP will not be claimed for waiver services furnished prior to the development of the plan of care. FFP will not be claimed for waiver services which are not included in the individual written plan of care.

14. Waiver services will not be furnished to individuals who are inpatients of a hospital, NF, or ICF/MR.

15. FFP will not be claimed in expenditures for the cost of room and board, with the following exception(s) (Check all that apply):

a. X — When provided as part of respite care in a facility approved by the State that is not a private residence (hospital, NF, foster home, or community residential facility).

b. ____ — Meals furnished as part of a program of adult day health services.

c. ____ — When a live-in personal caregiver (who is unrelated to the individual receiving care) provides approved waiver services, a portion of the rent and food that may be reasonably attributed to the caregiver who resides in the same household with the waiver recipient. FFP for rent and food for a live-in caregiver is not available if the recipient lives in the caregiver's home, or in a residence that is owned or leased by the provider of Medicaid services. An explanation of the method by which room and board costs are computed is included in Appendix G-3.

For purposes of this provision, "board" means 3 meals a day, or any other full nutritional regimen.

16. The Medicaid agency provides the following assurances to HCFA:

a. Necessary safeguards have been taken to protect the health and welfare of persons receiving services under this waiver. Those safeguards include:

1. Adequate standards for all types of providers that furnish services under the waiver (see Appendix B);

2. Assurance that the standards of any State licensure or certification requirements are met for services or for individuals furnishing services that are provided under the waiver (see Appendix B). The State assures that these requirements will be met on the date that the services are furnished; and

3. Assurance that all facilities covered by section 1616(e) of the Social Security Act, in which home and community-based services will be provided, are in compliance with applicable State standards that meet the requirements of 45 CFR Part 1397 for board and care facilities.

b. The agency will provide for an evaluation (and periodic reevaluations, at least annually) of the need for a level of care indicated in item 2 of this request, when there is a reasonable indication that individuals might need such services in the near future (one month or less), but for the availability of home and community-based services. The requirements for such evaluations and reevaluations are detailed in Appendix D.

c. When an individual is determined to be likely to require a level of care indicated in item 2 of this request, and is included in the targeting criteria included in items 3 and 4 of this request, the individual or his or her legal representative will be:

1. Informed of any feasible alternatives under the waiver; and

2. Given the choice of either institutional or home and community-based services.

d. The agency will provide an opportunity for a fair hearing, under 42 CFR Part 431, subpart E, to persons who are not given the choice of home or community-based services as an alternative to institutional care indicated in item 2 of this request, or who are denied

the service(s) of their choice, or the provider(s) of their choice.

e. The average per capita expenditures under the waiver will not exceed 100 percent of the average per capita expenditures for the level(s) of care indicated in item 2 of this request under the State plan that would have been made in that fiscal year had the waiver not been granted.

f. The agency's actual total expenditure for home and community-based and other Medicaid services under the waiver and its claim for FFP in expenditures for the services provided to individuals under the waiver will not, in any year of the waiver period, exceed 100 percent of the amount that would be incurred by the State's Medicaid program for these individuals in the institutional setting(s) indicated in item 2 of this request in the absence of the waiver.

g. Absent the waiver, persons served in the waiver would receive the appropriate type of Medicaid-funded institutional care that they require, as indicated in item 2 of this request.

h. The agency will provide HCFA annually with information on the impact of the waiver on the type, amount and cost of services provided under the State plan and on the health and welfare of the persons served on the waiver. The information will be consistent with a data collection plan designed by HCFA.

i. The agency will assure financial accountability for funds expended for home and community-based services, provide for an independent audit of its waiver program (except as HCFA may otherwise specify for particular waivers), and it will maintain and make available to HHS, the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver, including reports of any independent audits conducted.

The State conducts a single audit in conformance with the Single Audit Act of 1984, P.L. 98-502.

a. X Yes b. _____ No

17. The State will provide for an independent assessment of its waiver that evaluates the quality of care provided, access to care, and cost-neutrality The results of the assessment will be submitted to HCFA at least 90 days prior to the expiration of the approved waiver period and cover the first 24 months (new waivers) or 48 months (renewal waivers) of the waiver.

a._____ Yes b.__X__ No

18. The State assures that it will have in place a formal system by which it ensures the health and welfare of the individuals served on the waiver, through monitoring of the quality control procedures described in this waiver document (including Appendices). Monitoring will ensure that all provider standards and health and welfare assurances are continuously met, and that plans of care are periodically reviewed to ensure that the services furnished are consistent with the identified needs of the individuals. Through these procedures, the State will ensure the quality of services furnished under the waiver and the State plan to waiver persons served on the waiver. The State further assures that all problems identified by this monitoring will be addressed in an appropriate and timely manner, consistent with the severity and nature of the deficiencies.

18. An effective date of July 1, 2001 is requested.

19. The State contact person for this request is DeAnna Hartwig, who can be reached by telephone at (503) 945-9791.

20. This document, together with Appendices A through G, and all attachments, constitutes the State's request for a home and community-based services waiver under section 1915(c) of the Social Security Act. The State affirms that it will abide by all terms and conditions set forth in the waiver (including Appendices and attachments), and certifies that any modifications to the waiver request will be submitted in writing by the State Medicaid agency. Upon approval by HCFA, this waiver request will serve as the State's authority to provide home and community services to the target group under its Medicaid plan. Any proposed changes to the approved waiver will be formally requested by the State in the form of waiver amendments.

The State assures that all material referenced in this waiver application (including standards, licensure and certification requirements) will be kept on file at the Medicaid agency.

Signature:

Print Name: Barry S. Kast, MSW

Title: Assistant Deputy Director, Department of Human Services, Mental Health and Developmental Disability Services Division

Date: _____

Prepared by mary clarkson 64650
date: 03-27-95
disk: streamline; hcbs95

APPENDIX A - ADMINISTRATION

LINE OF AUTHORITY FOR WAIVER OPERATION

CHECK ONE:

_____ The waiver will be operated directly by the Medical Assistance Unit of the Medicaid agency.

_____ The waiver will be operated by _____, a separate agency of the State, under the supervision of the Medicaid agency. The Medicaid agency exercises administrative discretion in the administration and supervision of the waiver and issues policies, rules and regulations related to the waiver. A copy of the interagency agreement setting forth the authority and arrangements for this policy is on file at the Medicaid agency.

X The waiver will be operated by Seniors and People with Disabilities, a separate division within the Single State agency. The Medicaid agency exercises administrative discretion in the administration and supervision of the waiver and issues policies, rules and regulations related to the waiver. A copy of the interagency agreement setting forth the authority and arrangements for this policy is on file at the Medicaid agency. The Department of Human Services is the Single State agency and includes several program and policy groups: Seniors and People with Disabilities; Children, Adult and Family Services; Health Services

(public health, Office of Medical Assistance Programs, Alcohol and Drug Abuse, Mental Health); and Community Human Services (including the Vocational Rehabilitation Division). The Seniors and People with Disabilities Group operates all 1915(c) home and community-based services waivers under the administrative direction of the Department of Human Services.

APPENDIX B - SERVICES AND STANDARDS

APPENDIX B-1: DEFINITION OF SERVICES

The State requests that the following home and community-based services, as described and defined herein, be included under this waiver. Provider qualifications/standards for each service are set forth in Appendix B-2.

a. _____ Case Management

_____ Services which will assist individuals who receive waiver services in gaining access to needed waiver and other State plan services, as well as needed medical, social, educational and other services, regardless of the funding source for the services to which access is gained.

Case managers shall be responsible for ongoing monitoring of the provision of services included in the individual's plan of care.

1._____Yes 2._____No

Case managers shall initiate and oversee the process of assessment and reassessment of the individual's level of care and the review of plans of care at such intervals as are specified in Appendices C & D of this request.

1._____Yes 2._____No

_____ Other Service Definition (Specify):

b. __X__ Homemaker:

__X__ Services consisting of general household activities (meal preparation, and routine household care) provided by a trained homemaker, when the individual regularly responsible for these activities is

temporarily absent or unable to manage the home and care for him or herself or others in the home or to allow the caregiver more time to care for the individual. Paying a homemaker to cook and clean allows the family member more time to provide hands on care. Homemakers shall meet such standards of education and training as are established by the State for the provision of these activities.

_____ Other Service Definition (Specify):

c._____ Home Health Aide services:

_____ Services defined in 42 CFR 440.70, with the exception that limitations on the amount, duration and scope of such services imposed by the State's approved Medicaid plan shall not be applicable. The amount, duration and scope of these services shall instead be in accordance with the estimates given in Appendix G of this waiver request. Services provided under the waiver shall be in addition to any available under the approved State plan.

_____ Other Service Definition (Specify):

d._____ Personal care services:

_____ Assistance with eating, bathing, dressing, personal hygiene, activities of daily living. This services may include assistance with preparation of meals, but does not include the cost of the meals themselves. when specified in the plan of care, this service may also include such housekeeping chores as

bedmaking, dusting and vacuuming, which are incidental to the care furnished, or which are essential to the health and welfare of the individual, rather than the individual's family. Personal care providers must meet State standards for this service.

1. Services provided by family members (Check one):

_____ Payment will not be made for personal care services furnished by a member of the individual's family.

_____ Personal care providers may be members of the individual's family. Payment will not be made for services furnished to a minor by the child's parent (or step-parent), or to an individual by that person's spouse.

Justification attached. (Check one):

_____ Family members who provide personal care services must meet the same standards as providers who are unrelated to the individual.

_____ Standards for family members providing personal care services differ from those for other providers of this service. The different standards are indicated in Appendix B-2.

2. Supervision of personal care providers will be furnished by (Check all that apply):

_____ A registered nurse, licensed to practice nursing in the State.

_____ A licensed practical or vocational nurse, under the supervision of a registered nurse, as provided under State law.

_____ Case managers

_____ Other (Specify):

3. Frequency or intensity of supervision (Check one):

_____ As indicated in the plan of care

_____ Other (Specify):

4. Relationship to State plan services (Check one):

_____ Personal care services are not provided under the approved State plan.

_____ Personal care services are included in the State plan, but with limitations. The waivered service will serve as an extension of the State plan service, in accordance with documentation provided in

Appendix G of this waiver request.

_____ Personal care services under the State plan differ in service definition or provider type from the services to be offered under the waiver.

_____ Other service definition (Specify):

e. X Respite care:

X Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Respite includes both temporary and 24 hour overnight care. Respite is an intermittent service to relieve the primary care giver. Respite care is not available to allow caregivers to attend school or work. Respite care is not an 8 hour a day, five days a week service. Temporary respite care is provided on less than a 24 hour basis; 24 hour overnight respite is provided in segments of 24 hour units, may be sequential, and includes overnight care.

_____ Other service definition (Specify):

FFP will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

Respite care will be provided in the following location(s) (Check all that apply):

X Individual's home or place of residence; or the respite provider's home

X Foster home

_____ Medicaid certified Hospital

_____ Medicaid certified NF

_____ Medicaid certified ICF/MR

X Group home

_____ Licensed respite care facility

X Other community care ~~residential~~ facility ~~approved by the State~~ that its not a private residence (Specify type): licensed day care center (respite is provided less than 40 hour a week and for the purpose of respite care but not to enable a family member to work or go to school); respite program operated by an agency such as The ARC, Easter Seals, United Cerebral Palsy, (for the purpose of respite but not to enable a family member to work or go to school)

_____ Other service definition (Specify):

f._____ Adult day health:

_____ Services furnished 4 or more hours per day on a regularly scheduled basis, for one or more days per week, in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the individual. Meals provided as part of these services shall not constitute a "full

nutritional regimen" (3 meals per day).Physical, occupational and speech therapies indicated in the individual's plan of care will be furnished as component parts of this service.

Transportation between the individual's place of residence and the adult day health center will be provided as a component part of adult day health services. The cost of this transportation is included in the rate paid to providers of adult day health services. (Check one):

1._____Yes 2._____No

_____ Other service definition (Specify):

Qualifications of the providers of adult day health services are contained in Appendix B-2.

g.__X__ Habilitation:

__X__ Services designed to assist individuals in acquiring, retaining and improving the self-help socialization and adaptive skills necessary to reside successfully in home and community-based settings. This service includes:

_____ Residential habilitation: assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional setting. Payments for residential

habilitation are not made for room and board, the cost of facility maintenance, upkeep and improvement, other than such costs for modifications or adaptations to a facility required to assure the health and safety of residents, or to meet the requirements of the applicable life safety code. Payment for residential habilitation does not include payments made, directly or indirectly, to members of the individual's immediate family Payments will not be made for the routine care and supervision which would be expected to be provided by a family or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid. Documentation which shows that Medicaid payment does not cover these components is attached to Appendix G.

_____ Day habilitation: assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills which takes place in a non-residential setting, separate from the home or facility in which the individual resides. Services shall normally be furnished 4 or more hours per day on a regularly scheduled basis, for 1 or more days per week unless provided as an adjunct to other day activities included in an individual's plan of care.

Day habilitation services shall focus on enabling the individual to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies

listed in the plan of care. In addition, day habilitation services may serve to reinforce skills or lessons taught in school, therapy, or other settings.

_____ Prevocational services not available under a program funded under section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)). Services are aimed at preparing an individual for paid or unpaid employment, but are not job-task oriented. Services include teaching such concepts as compliance, attendance, task completion, problem solving and safety. Prevocational services are provided to persons not expected to be able to join the general work force or participate in a transitional sheltered workshop within one year (excluding supported employment programs). Prevocational services are available only to individuals who have previously been discharged from a SNF, ICF, NF or ICF/MR.

Check one:

_____ Individuals will not be compensated for prevocational services.

_____ When compensated, individuals are paid at less than 50 percent of the minimum wage.

Activities included in this service are not primarily directed at teaching specific job skills, but at underlying habilitative goals,

such as attention span and motor skills. All prevocational services will be reflected in the individual's plan of care as directed to habilitative, rather than explicit employment objectives.

Documentation will be maintained in the file of each individual receiving this service that:

1. The service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142; and

2. The individual has been deinstitutionalized from a SNF, ICF, NF, or ICF/MR at some prior period.

_____ Educational services, which consist of special education and related services as defined in section s (15) and (17) of the Individuals with Disabilities Education Act, to the extent to which they are not available under a program funded by IDEA. Documentation will be maintained in the file of each individual receiving this service that:

1. The service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142; and

2. The individual has been deinstitutionalized from a SNF, ICF, NF, or ICF/MR at some prior period.

X

Supported employment services, which consist of paid employment for persons for whom competitive employment at or above the minimum wage is unlikely, and who, because of their disabilities, need intensive ongoing support to perform in a work setting. Supported employment is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed. Supported employment includes activities needed to sustain paid work by individuals receiving waiver services, including supervision and training. When supported employment services are provided at a work site in which persons without disabilities are employed, payment will be made only for the adaptations, supervision and training required by individuals receiving waiver services as a result of their disabilities, and will not include payment for the supervisory activities rendered as a normal part of the business setting. Co-workers who meet provider qualifications may be paid to supervise and train the individual as a result of their disabilities.

Supported employment services furnished under the waiver are not available under a program funded by either the Rehabilitation Act of 1973 or P.L. 94-142. Community Living Supports may be provided to the individual during the time the individual receives services from VRD. Waiver Supported Employment Services will provide long term support for the individual after VRD services have concluded. Documentation will be maintained in

the file of each individual receiving this service that:

1. The service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142; and

2. The individual has been deinstitutionalized from a SNF, ICF, NF, or ICF/MR at some prior period.

FFP will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;

2. Payments that are passed through to users of supported employment programs; or

3. Payments for vocational training that is not directly related to an individual's supported employment program.

Transportation will be provided between the individual's place of residence and the site of the habilitation services, or between habilitation sites (in cases where the individual receives habilitation services in more than one place) as a component part of habilitation services. The cost of this transportation is included in the rate paid to providers of the appropriate type of habilitation services.

1._____Yes 2.__X___No

X Other service definition (Specify):

Community Living Supports 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 support plan of care. The type, frequency, and duration of direct support and other community living support will be 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. This service includes support with personal skills, socialization, recreation and leisure, communication, participation in the community, and personal environmental skills, designed to develop or maintain skills for self-care, ability to direct supports, and care of the immediate environment. Support with personal skills includes eating, bathing, dressing, personal hygiene and or mobility. Support with socialization includes development or maintenance of self-awareness and self control, social responsiveness, social amenities, and interpersonal skills. Support with community participation, recreation or leisure includes the development or maintenance of skills to use generic community services, facilities, or businesses. Support with communication

includes development or maintenance of expressive and receptive skills in verbal and non-verbal language and the functional application of acquired reading and writing skills. Support with personal environmental skills includes development or maintenance of skills such as planning and preparing meals, budgeting, laundry, and housecleaning. This service is not available to individuals who pay privately for services in licensed or certified facilities.

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Community Inclusion to provide support for individuals to participate in activities in integrated settings to facilitate independence and promote community inclusion and contribution. Support may be provided in any community setting, including the individual's home. These supports are provided in accordance with the individual's choice and the objectives of the plan of care, and are activities to meet the identified outcomes of the plan. Supports may or may not be work related. When applicable, wages are paid in accordance with labor laws. Supports 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. Support may be provided anytime at locations of the individual's choice.

The State requests the authority to provide the following additional services, not specified in the statute. The State assures that each service is cost-effective and necessary to prevent institutionalization. The cost neutrality of each service is demonstrated in Appendix G. Qualifications of providers are found in Appendix B-2.

h. X Environmental accessibility adaptations:

X

Those physical adaptations to the home, required by the individual's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which, the individual would require institutionalization. This service includes environmental modification consultation to determine the appropriate type of adaptation to meet the individual's needs. Adaptations include shatter-proof windows; hardening of walls or doors; specialized, hardened, waterproof or padded flooring; an alarm system for doors or windows; protective coverings for smoke detectors, light fixtures, and appliances; sound and visual monitoring systems, and fencing. Other such adaptations may include the 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 room air conditioners for individuals whose temperature sensitivity issues create behaviors or medical conditions that put themselves or others at risk, or 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.

Excluded are those 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, etc. Adaptations which add to the total square footage of the home are excluded from this benefit. All services shall be provided in accordance with applicable State or local building codes.

Other necessary adaptations include modifying a vehicle to meet the unique needs of the individual including installation of a lift, interior alteration such as seats, head and leg rests and belts, special safety harnesses, or other unique modifications to keep the individual safe in the vehicle as specified in the plan of care.

_____ Other service definition (Specify):

i._____ Skilled nursing:

_____ Services listed in the plan of care which are within the scope of the State's Nurse Practice Act and are provided by a registered professional nurse, or licensed practical or vocational nurse under the supervision of a registered nurse, licensed to practice in the State.

_____ Other service definition (Specify):

j.__X__ Transportation:

__X__ Service offered in order to enable individuals served on the waiver to gain access to waiver and other community services, activities and resources, specified by the plan of care. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them. Transportation services under the waiver shall be offered in accordance with the individual's plan of care. Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge will be utilized. Reimbursement for mileage to

transport the individual to services and supports specified in the plan of care will not exceed the rate established by the State.

_____ Other service definition (Specify):

k. X Specialized Medical Equipment and Supplies:

X Specialized medical equipment and supplies to include devices, aids, controls, supplies, or appliances, specified in the plan of care, 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. Examples include incontinence items or devices; adaptive equipment to enable an individual to feed him/herself (e.g. utensils, trays, cups, bowls, plates, and glasses that are specially designed to assist an individual to feed him/herself); adaptive beds; positioning devices; purchase of a manual wheelchair (for mobility when the power wheelchair won't fit in the house); 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, etc.); assistive technology items, computer software (used by the individual to express needs, control supports, plan and budget supports), and augmentative communication devices; environmental adaptations to control lights, heat, stove, etc.; sensory stimulation equipment and supplies that help an individual calm him or her self, provide an appropriate activity, or safely channel an obsession and could include a vestibular swing, a weighted blanket, or tactile supplies like creams and lotions, and other individual specific items. Sensory and tactile stimulation equipment and supplies

are used (1) to redirect an individual from a self injurious behavior or provide an activity that reduces tension or stress; (2) as part of physical or occupational therapy; (3) to channel obsessive behavior like constantly rocking back and forth or rubbing hands together or (4) reduces stimulation from light, sound or touch. This service also 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. Items reimbursed with waiver funds shall be in addition to any medical equipment and supplies furnished under the State plan and shall exclude those items which are not of direct medical or remedial benefit to the individual. All items shall meet applicable standards of manufacture, design and installation.

_____ Other service definition (Specify):

l. X Chore services:

X Services needed to maintain the home in a clean, sanitary and safe environment. This service includes heavy household chores such as washing floors, windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture in order to provide safe access and egress. These services will be provided only in cases where neither the individual, nor anyone else in the household, is capable of performing or financially providing for them, ND where no other relative, caregiver, landlord, community/volunteer agency, or third party payer is capable of or responsible for their provision. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service.

_____ Other service definition (Specify):

m. X Personal Emergency Response Systems (PEERS)

X PERS is an electronic device which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals, as specified in Appendix B-2. PERS services are limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision. This may also include the cost to purchase and use cell phones and pagers as a means of securing help in an emergency situation when the individual is outside the home and needs assistance due to accident, injury, or inability to find the way home. Cell phones and pagers are not for convenience or general purpose use, and costs associated with non-emergency usage are excluded. Cell phones and pagers must be obtained from suppliers/carriers that will supply an itemized monthly bill and or provide a service restricted to emergency use only. The personal agent(s) will review the monthly bills prior to payment to assure that only emergency use of a cell phone or pager is charged to the waiver.

_____ Other service definition (Specify):

n. _____ Adult companion services:

_____ Non-medical care, supervision and socialization, provided to a functionally impaired adult. Companions may assist or supervise the individual with such tasks as meal preparation, laundry and shopping, but do not perform these activities as discrete services. The provision of companion services does not entail hands-on nursing care. Providers may also perform light housekeeping tasks which are incidental to the care and supervision of the individual. This service is provided in accordance with a therapeutic goal in the plan of care, and is not purely diversional in nature.

_____ Other service definition (Specify):

o._____ Private duty nursing:

_____ Individual and continuous care (in contrast to part time or intermittent care) provided by licensed nurses within the scope of State law. These services are provided to an individual at home.

_____ Other service definition (Specify):

p.__X__ Family training:

__X__ Training and counseling services for the families of individuals served on this waiver. For purposes of this service, "family" is defined as the persons who live with or provide care to a person served on the waiver, and may include a parent, spouse, children, relatives, foster family, or in-laws. "Family" does not include individuals who are employed to care for the consumer.

Training includes instruction about treatment regimens and use of equipment specified in the plan of care, and shall include updates as necessary to safely maintain the individual at home; training of the family or relatives to increase their capabilities, to care, support and maintain the individual in the home; information, education and training about the individual's disability, medical and behavioral conditions to increase the family's capability to care for their family member; counseling for the family to relieve the stress associated with caring for an individual with disabilities. All family training must be included in the individual's written plan of care.

_____ Other service definition (Specify):

q._____ Attendant care services:

_____ Hands-on care, of both a supportive and health-related nature, specific to the needs of a medically stable, physically handicapped individual. Supportive services are those which substitute for the absence, loss, diminution, or impairment of a physical or cognitive function. this service may include skilled or nursing care to the extent permitted by State law. Housekeeping activities which are incidental to the performance of care may also be furnished as part of this activity.

Supervision (Check all that apply):

_____ Supervision will be provided by a Registered Nurse, licensed to practice in the State. The frequency and intensity of supervision will be specified in the individual's written plan of care.

_____ Supervision may be furnished directly by the individual, when the person has been trained to perform this function, and when the safety and efficacy of consumer-provided supervision has been certified in writing by a registered nurse or otherwise as provided in State law. This certification must be based on direct observation of the consumer and the specific attendant care provider, during the actual provision of care. Documentation of this certification will be maintained in the consumer's individual plan of care.

_____ Other supervisory arrangements (Specify):

_____ Other service definition (Specify):

r._____ Adult Residential Care (Check all that apply):

_____ Adult foster care: Personal care and services, homemaker, chore, attendant care and companion services medication oversight (to the extent permitted under State law) provided in a licensed (where applicable) private home by a principal care provider who lives in the home. Adult foster care is furnished to adults who receive these services in conjunction with residing in the home. the total number of individuals (including persons served in the waiver) living in the home, who are unrelated to the principal care provider, cannot exceed____). Separate payment will not be made for homemaker or chore services furnished to an

individual receiving adult foster care services, since these services are integral to and inherent in the provision of adult foster care services.

_____ Assisted living: Personal care and services, homemaker, chore, attendant care, companion services, medication oversight (to the extent permitted under State law), therapeutic social and recreational programming, provided in a home-like environment in a licensed (where applicable) community care facility, in conjunction with residing in the facility. This service includes 24 hour on-site response staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence, and to provide supervision, safety and security. Other individuals or agencies may also furnish care directly, or under arrangement with the community care facility, but the care provided by these other entities supplements that provided by the community care facility and does not supplant it.

Personalized care is furnished to individuals who reside in their own living units (which may include dually occupied units when both occupants consent to the arrangement) which may or may not include kitchenette and/or living rooms and which contain bedrooms and toilet facilities. The consumer has a right to privacy. Living units may be locked at the discretion of the consumer, except when a physician or mental health professional has certified in writing that the consumer is sufficiently cognitively impaired as to be a danger to self or others if given the opportunity to lock the door. (This requirement does not apply where it conflicts with fire code.) Each living unit is separate and distinct from each other. The facility must have a central dining room, living room or parlor, and common activity center(s) (which may also serve as living rooms or dining rooms). The consumer retains the right to assume risk, tempered only by

the individual's ability to assume responsibility for that risk. Care must be furnished in a way which fosters the independence of each consumer to facilitate aging in place. Routines of care provision and service delivery must be consumer-driven to the maximum extent possible, and treat each person with dignity and respect.

Assisted living services may also include (Check all that apply):

_____ Home health care

_____ Physical therapy

_____ Occupational therapy

_____ Speech therapy

_____ Medication administration

_____ Intermittent skilled nursing services

_____ Transportation specified in the plan of care

_____ Periodic nursing evaluations

_____ Other (Specify)

However, nursing and skilled therapy services (except periodic nursing evaluations if specified above) are incidental, rather than integral to the provision of assisted living services. Payment will not be made for 24-hour skilled care or supervision. FFP is not available in the cost of room and board furnished in conjunction with residing in an assisted living facility.

_____ Other service definition (Specify):

Payments for adult residential care services are not made for room and board, items of comfort or convenience, or the costs of facility maintenance, upkeep and improvement. Payment for adult residential care services does not include payments made, directly or indirectly, to members of the consumer's immediate family. The methodology by which payments are calculated and made is described in Appendix G.

s. X Other waiver services which are cost-effective and necessary to prevent institutionalization (Specify):

(I) Special Diets: 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 must be ordered by a physician and periodically monitored by a dietician. Special diets will not constitute a full nutritional regime; meals as such will not be provided.

(II) Specialized supports for the purpose of providing treatment, training, consultation or other unique services necessary to achieve outcomes in the plan of care that are not available through State Plan services or other waiver services. For example: behavior consultation consisting of assessment of the individual, the needs of the family and the environmental factors that affect behavior; development of a positive behavior support plan, training and implementation of a positive behavior support plan with the family and providers', and revision and monitoring of the plan as needed to prevent injury to the individual or others. Social sexual consultation to assess the individual and the environmental factors that effect the behavior; develop a support plan with the individual, family and providers; implement, train, monitor and revise the plan as needed to meet the identified outcomes of the plan. Licensed nurse services to assess the individual; develop a support plan with the individual, family and providers;

implement, train, monitor, and revise the plan as needed to meet the identified outcomes of the plan.

(III) Support Services Brokerage agency (organization) provides personal agents to assist individuals to identify and plan needed support services, find qualified providers to deliver the identified supports, and review with the individual the implementation of the plan of care. The personal agent assists the individual to identify, plan, access, arrange, and manage generic community resources and informal supports that meet the individual's support needs. These resources and accompanying supports are provided in accordance with the individual's choice as determined through a person centered planning process. The personal agent supports the individual to identify and sustain a personal network of family, friends and associates; gain access to waiver services, state plan services, medical, social and other services regardless of the funding source; develop a personal budget that is based on the individual plan of care; identify the supports necessary to insure the individual's health and safety; write and review the implementation of the plan of care with the individual. The Support Services Brokerage facilitates development and expansion of community resources and providers; verifies providers are qualified to deliver waiver services; conducts reviews of personal support agent activities and the delivery of plan of care services.

(IV) Emergent services for individuals in jeopardy of losing their living situation due to inability or unavailability of the primary caregiver, and no alternative resources are available. Services are short term, for up to 120 days, provided to or on behalf of, an adult to prevent civil commitment to an institution for the mentally retarded as described in Oregon Revised Statutes Chapter 427, or to prevent a permanent out of home placement. Services to maintain the individual in the community and stabilize the situation include short term residential placement, or additional support services, that may exceed the $20,000 per plan year limit. This service must be prior authorized in accordance with State administrative rules, and the cost per plan year can not exceed the cost of ICF/MR level of care.

t. X Extended State plan services:

The following services, available through the approved State plan, will be provided, except that the limitations on amount, duration and scope specified in the plan will not apply. Services will be as defined and described in the approved State plan. The provider qualifications listed in the plan will apply, and are hereby incorporated into this waiver request by reference. These services will be provided under the State plan until the plan limitations have been reached. Documentation of the extent of services and cost-effectiveness are demonstrated in Appendix G. (Check all that apply):

_____ Physician services

_____ Home health care services

__X__ Physical therapy services

__X__ Occupational therapy services

__X__ Speech, hearing and language services

_____ Prescribed drugs

_____ Other State plan services (Specify):

u. _____ Services for individuals with chronic mental illness,consisting of (Check one):

_____ Day treatment or other partial hospitalization services (Check one):

_____ Services that are necessary for the diagnosis or treatment of the individual's mental illness. These services consist of the following elements:

a. individual and group therapy with physicians or

psychologists (or other mental health professionals to the extent authorized under State law),

b. occupational therapy, requiring the skills of a qualified occupational therapist,

c. services of social workers, trained psychiatric nurses, and other staff trained to work with individuals with psychiatric illness,

d. drugs and biologicals furnished for therapeutic purposes,

e. individual activity therapies that are not primarily recreational or diversionary,

f. family counseling (the primary purpose of which is treatment of the individual's condition),

g. training and education of the individual (to the extent that training and educational activities are closely and clearly related to the individual's care and treatment), and

h. diagnostic services.

Meals and transportation are excluded from reimbursement under this service. The purpose of this service is to maintain the individual's condition and functional level and to prevent relapse or hospitalization.

_____ Other service definition (Specify):

_____ Psychosocial rehabilitation services (Check one):

_____ Medical or remedial services recommended by a physician or other licensed practitioner under State law, for the maximum reduction of physical or mental disability and the restoration of maximum functional level. Specific services include the following:

a. restoration and maintenance of daily living skills (grooming, personal hygiene, cooking, nutrition, health and mental health education, medication management, money management and maintenance of the living environment);

b. social skills training in appropriate use of community services;

c. development of appropriate personal support networks, therapeutic recreational services (which are focused on therapeutic intervention, rather than diversion); and

d. telephone monitoring and counseling services.

The following are specifically excluded from Medicaid payment for psychosocial rehabilitation services:

a. vocational services,

b. prevocational services,

c. supported employment services, and

d. room and board.

_____ Other service definition (Specify):

_____ Clinic services (whether or not furnished in a facility) are services defined in 42 CFR 440.90.

Check one:

_____ This service is furnished only on the premises of a clinic.

_____ Clinic services provided under this waiver may be furnished outside the clinic facility. Services may be furnished in the following locations (Specify):

APPENDIX B-2

PROVIDER QUALIFICATIONS

A. LICENSURE AND CERTIFICATION CHART

The following chart indicates the requirements for the provision of each service under the waiver. Licensure, Regulation, State Administrative Code are referenced by citation. Standards not addressed under uniform State citation are attached.

SERVICE	PROVIDER	LICENSE	CERTIFICATION	OTHER STANDARD
Home Maker	Individual	N/A	N/A	YES; A, B
	Home Health Agency	ORS 443.015	N/A	N/A
Respite	Agency	OAR 309-049-0030 through 309-049-0225 OAR 309-040-000 through 309-040-0100	N/A	N/A
	Individual		N/A	YES; A, B, C
		N/A		
Habilitation	Individual	N/A	N/A	YES; A, B, C
Supported Employment	Individual	N/A	N/A	YES; A, B, C
	Agency	N/A	OAR 309-047-0000 through 309-047-0140	N/A
	Individual	N/A	N/A	YES; A, B, C
Community Living	Agency	OAR 309-049-0030 through 309-049-0225	OAR 309-041-0550 through 309-041-0830	N/A
	Individual			YES; A, B, C

Community Inclusion	Agency	N/A N/A	N/A OAR 309-047-000 through 309-047-0140	N/A

SERVICE	PROVIDER	LICENSE	CERTIFICATION	OTHER STANDARD
Environmental Accessibility/Adaptations	Building Contractor Consultant	Licensed contractors under OAR 812-001-0000 through 812-010-0500 and 808-001-0000 through 808-005-0030 N/A	N/A N/A	N/A YES; A, E
Transportation	Agency Bus Taxi Individual	Driver's License Driver's License	N/A N/A	In accordance with established standards YES; A, B
Specialized Medical Equipment and Supplies	Vendors Medical Supply Companies	For supplies only: have a retail business license	N/A	Yes; for medical equipment: an enrolled Medicaid Provider through the Office of Medical Assistance Program
Chore	Agency Individual	N/A N/A	N/A N/A	Yes; A, B YES; A, B
Personal Emergency Response System	Agency	Business License	N/A	N/A

Family Training	Licensed psychologists Social Worker Counselor Licensed to practice medicine Organized conferences and workshops	ORS 675.030 ORS 675.530 ORS 675.715 ORS 677.100 N/A	N/A N/A N/A N/A N/A	YES; A, B, C YES; A, B, C YES; A, B, C YES; A, B, C YES; F
OT	Licensed professionals	ORS 675.240	N/A	YES; A, B, C

SERVICE	PROVIDER	LICENSE	CERTIFICATION	OTHER STANDARD
PT	Licensed professionals	ORS 688.020	N/A	YES; A, B, C
Speech and Language	Licensed professionals	ORS 681.250	N/A	YES; A, B, C
Specialized Diets	Vendors and Supply companies	A retail business license	N/A	N/A
	Licensed Dietician	ORS 691.415 through 691.465	N/A	YES; A, B, C
Specialized Supports				
Behavior Consultant	Agency	OAR 309-049-030 through 309-049-0225	N/A	N/A
	Individual	N/A	N/A	YES; A, B, D
Social Sexual Consultant	Individual	N/A	N/A	YES; A, B, D
	Individual	ORS 678.010 through .101	N/A	YES; A, B, D
Nursing				
	Agency	ORS 678.010 through .101 ORS 443.015 through .095	N/A	N/A

Personal Agent Support Services Brokerage/Provider Organization	Individual Agency	N/A N/A	OAR 309-041-1750 through 309-041-1920 OAR 309-041-1750 through 309-041-1920	YES; A, B, G N/A
Emergent Services	Agency	OAR 309-049-0030 through 309-049-0225 OAR 309-040-000 through 309-040-0100	N/A	N/A N/A

OTHER STANDARD

A. Individuals, including family members, and agencies providing direct services in the family home, or working directly with the individual, will become Qualified Providers by meeting general and specific qualifications, passing a Criminal History Check, and a check of any applicable professional agency to verify that the license or certificate is current and unencumbered.

B. General qualifications for providers of services in the family home or working directly with the individual are as follows; must be at least 18 years of age, be free of communicable disease and mental health conditions that would pose a safety or health risk; possess ability and have sufficient education to follow oral and written instructions and keep simple records; have training of a nature and type sufficient to ensure that the person has knowledge of emergency procedures specific to the individual being cared for; understand requirements of maintaining confidentiality and safeguarding individual information; be a responsible, mature person of reputable character who exercises sound judgment and displays capacity to provide good care for the individual; and possess ability to communicate with the individual. Individuals providing transportation must also have a valid driver's license, a good driving record, and proof of insurance.

C. Must be capable of meeting the needs of the individual as determined by the family and personal agent. If the individual needs nursing care tasks during the time under care, this would require that the provider be a licensed nurse or a registered nurse documents in writing that the provider has been successfully delegated all the nursing tasks. Registered nurse monitoring of the delegated tasks conforms to Oregon Board of Nursing Standards. If the individual has behaviors that put the individual or others at risk, this would include the provider having sufficient training and experience to be able to respond to the unique needs of the individual. The provider is not paid to perform tasks requiring training until the training is completed.

D. Specialized Supports

(1) behavior consultant must have a minimum of the following:

a. the education, skills, and abilities necessary to provide behavior consultation services; and

b. completed at least two days of training in the Oregon Intervention Services behavior intervention system; and have a current certificate

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c. submit a resume to the brokerage indicating at least one of the following:

(I) a bachelor's degree in Special Education, Psychology, Speech and Communication, Occupational Therapy, Recreation, Art or Music Therapy, or a behavioral science field and at least one year of experience with people with developmental disabilities who present difficult or dangerous behaviors, or

II) three years experience with people with developmental disabilities who present difficult or dangerous behaviors and at least one year of that experience must include providing the services of a behavior consultant.

(2) social/sexual consultant must have a minimum of the following:

a. the education, skills, and abilities necessary to provide social/sexual consultation services; and

b. submit a resume to the brokerage indicating at least one of the following:

(I) a bachelor's degree in Special Education, Psychology, Social Work, Counseling or other behavioral science field and at least one year of experience with people with developmental disabilities, or

(II) three years experience with people with developmental disabilities who present social or sexual issues and at least one year of that experience must include providing the services of a social/sexual consultant.

(3) nursing consultant must have a minimum of the following:

a. the education, skills, and abilities necessary to provide nursing services in accordance with State Law; and

b. submit a resume to the brokerage indicating a current Oregon nursing license and at least one year of experience with people with developmental disabilities.

E. Environmental modification consultants must be a licensed general contractor and have experience evaluating family homes, assessing the needs of the individual, and developing cost-effective plans that will make the home safe and accessible for the individual.

F. Organized conferences and workshops are limited to topics related to the individual's disability, identified support needs, or specialized medical or habilitative support needs.

G. Personal Agent must have the following combination of education and experience:
   (1) An undergraduate degree in a human services field and at least one year experience in the area of developmental disabilities; or
   (2) Five years of equivalent training and work experience related to developmental disabilities;

B. ASSURANCE THAT REQUIREMENTS ARE MET

The State assures that the standards of any State licensure or certification requirements are met for services or for individuals furnishing services provided under the waiver.

C. PROVIDER REQUIREMENTS APPLICABLE TO EACH SERVICE

For each service for which standards other than, or in addition to State licensure or certification must be met by providers, the applicable educational, professional, or other standards for service provision or for service providers are attached to this Appendix, tabbed and labeled with the name of the service(s) to which they apply.
When the qualifications of providers are set forth in State or Federal law or regulation, it is not necessary to provide copies of the applicable documents. However, the documents must be on file with the State Medicaid agency, and the licensure and certification chart at the head of this Appendix must contain the precise citation indicating where the standards may be found.

D. FREEDOM OF CHOICE

The State assures that each individual found eligible for the waiver will be given free choice of all qualified providers of each service included in his or her written plan of care.

APPENDIX B-3
KEYS AMENDMENT STANDARDS FOR BOARD AND CARE FACILITIES

KEYS AMENDMENT ASSURANCE:

The State assures that all facilities covered by section 1616(e) of the Social Security Act, in which home and community-based services will be provided, are in compliance with applicable State standards that meet the requirements for board and care facilities.

APPLICABILITY OF KEYS AMENDMENT STANDARDS:

Check one:

_____ Home and community-base services will not be provided in facilities covered by section 1616(e) of the Social Security Act. Therefore, no standards are provided.

__X__ A copy of the standards applicable to each type of facility identified above is maintained by the Medicaid agency.

STATE: Oregon DATE: July 1, 2004

SECTION 1915(c) WAIVER FORMAT

APPENDIX C-Eligibility and Post-Eligibility

Appendix C-1--Eligibility

MEDICAID ELIGIBILITY GROUPS SERVED

Individuals receiving services under this waiver are eligible under the following eligibility group(s) in your State plan. The State will apply all applicable FFP limits under the plan. **(Check all that apply.)**

1. _____ Low income families with children as described in section 1931 of the Social Security Act.

2. ___X___ SSI recipients (SSI Criteria States and 1634 States).

3. _____ Aged, blind or disabled in 209(b) States who are eligible under ' 435.121 (aged, blind or disabled who meet requirements that are more restrictive than those of the SSI program).

4. ___X___ Optional State supplement recipients

5. _____ Optional categorically needy aged and disabled who have income at (Check one):

   a. _____ 100% of the Federal poverty level (FPL)

   b. _____% Percent of FPL which is lower than 100%.

6. ___X___ The special home and community-based waiver group under 42 CFR 435.217 (Individuals who would be eligible for Medicaid if they were in an institution, who have been determined to need home and community-based services in order to remain in the community, and who are covered under the terms of this waiver).

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Spousal impoverishment rules are used in determining eligibility for the special home and community-based waiver group at 42 CFR 435.217.

__X__ A. Yes _____B. No

Check one:

a._____ The waiver covers all individuals who would be eligible for Medicaid if they were in a medical institution and who need home and community-based services in order to remain in the community; or

b.__X__ Only the following groups of individuals who would be eligible for Medicaid if they were in a medical institution and who need home and community-based services in order to remain in the community are included in this waiver: (check all that apply):

(1)__X__ A special income level equal to:

__X__ 300% of the SSI Federal benefit (FBR)

_____% of FBR, which is lower than 300% (42 CFR 435.236)

$_____ which is lower than 300%

(2)_____ Aged, blind and disabled who meet requirements that are more restrictive than those of the SSI program. (42 CFR 435.121)

(3)_____ Medically needy without spenddown in States which also provide Medicaid to recipients of SSI. (42 CFR 435.320, 435.322, and 435,324.)

(4)_____ Medically needy without spenddown in 209(b) States. (42 CFR 435.330)

(5)_____ Aged and disabled who have income at:

a._____ 100% of the FPL

b._____% which is lower than 100%.

(6)_____ Other (Include statutory reference only to reflect additional groups included under the State plan.)

7._____ Medically needy (42 CFR 435.320, 435.322, 435.324 and 435.330)

8. X Other (Include only statutory reference to reflect additional groups under your plan that you wish to include under this waiver.)
1902 (a)(10)(A)(ii)(XIII) of the Social Security Act.

STATE: Oregon DATE: July 1, 2004

Appendix C-2--Post-Eligibility

GENERAL INSTRUCTIONS

ALL Home and Community-Based waiver recipients found eligible under 435.217 are subject to post-eligibility calculations.

Eligibility and post-eligibility are two separate processes with two separate calculations. Eligibility determines whether a person may be served on the waiver. Post-eligibility determines the amount (if any) by which Medicaid reduces its payment for services furnished to a particular individual. By doing so, post-eligibility determines the amount (if any) for which an individual is liable to pay for the cost of waiver services.

An eligibility determination (and periodic redetermination) must be made for each person served on the waiver.

Post-eligibility calculations are made ONLY for persons found eligible under 435.217.

Post-eligibility determinations must be made for all groups of individuals who would be eligible for Medicaid if they were in a medical institution and need home and community-based services in order to remain in the community (435.217). For individuals whose eligibility is not determined under the spousal rules (1924 of the Social Security Act), the State must use the regular post-eligibility rules at 435.726 and 435.735. However, for persons found eligible for Medicaid using the spousal impoverishment rules, the State has two options concerning the application of post-eligibility rules:

OPTION 1: The State may use the post-eligibility (PE) rules under 42 CFR 435.726 and 435.735 just as it does for other individuals found eligible under 435.217 or;

OPTION 2: it may use the spousal post-eligibility rules under 1924.

REGULAR POST-ELIGIBILITY RULES--435.726 and 435.735

- The State must provide an amount for the maintenance needs of the individual. This amount must be based upon a reasonable assessment of the individual's needs in the community.

- If the individual is living with his or her spouse, or if the individual is living in the community and the spouse is living at home, the State must protect an additional amount for the spouse's maintenance. This amount is limited by the highest appropriate income standard for cash assistance, or the medically needy standard. The State may choose which standard to apply.

- If the individual's spouse is not living in the individual's home, no maintenance amount is protected for that spouse's needs.

- If other family members are living with the individual, an additional amount is protected for their needs. This amount is limited by the AFDC need standard for a family of the same size or by the appropriate medically needy standard for a family of the same size. The State may choose which standard to apply.

SPOUSAL POST-ELIGIBILITY--1924

When a person who is eligible as a member of a 42 CFR 435.217 group has a community spouse, the State may treat the individual as if he or she is institutionalized and apply the post-eligibility rules of 1924 of the Act (protection against spousal impoverishment) instead of the post-eligibility rules under 42 CFR 435.726 and 435.735. The 1924 post-eligibility rules provide for a more generous community spouse and family allowance than the rules under 42 CFR 435.726 and 435.735. Spousal impoverishment post-eligibility rules can only be used if the State is using spousal impoverishment eligibility rules.

The spousal protection rules also provide for protecting a personal needs allowance (PNA) "described in 1902(q)(1)" for the needs of the institutionalized individual. This is an allowance which is reasonable in amount for clothing and other personal needs of the individual . . . while in an institution." For institutionalized individuals this amount could be as low as $30 per month. Unlike institutionalized individuals whose room and board are covered by Medicaid, the personal needs of the home and community-based services recipient must include a reasonable

amount for food and shelter as well as for clothing. The $30 PNA is not a sufficient amount for these needs when the individual is living in the community.

Therefore, States which elect to treat home and community-based services waiver participants with community spouses under the 1924 spousal impoverishment post-eligibility rules must use as the personal needs allowance either the maintenance amount which the State has elected under 42 CFR 435.726 or 42 CFR 435.735, or an amount that the State can demonstrate is a reasonable amount to cover the individual's maintenance needs in the community.

STATE: Oregon DATE: July 1, 2004

POST ELIGIBILITY

REGULAR POST ELIGIBILITY

1. X **SSI State.** The State is using the post-eligibility rules at 42 CFR 435.726. Payment for home and community-based waiver services are reduced by the amount remaining after deduction the following amounts from the waiver recipients income.

A. **435.726**--States which **do not use more restrictive** eligibility requirements than SSI.

a. Allowances for the needs of the

1. individual: (Check one):

A. X The following standard included under the State plan (check one):

(1)_____ SSI

(2)_____ Medically needy

(3) X The special income level for the institutionalized

(4)_____ The following percent of the Federal poverty level):_____%

(5)_____ Other (specify):

B._____ The following dollar amount: $_____*

* If this amount changes, this item will be revised.

STATE: Oregon DATE: July 1, 2004

C._____ The following formula is used to determine the needs allowance:

Note: If the amount protected for waiver recipients in item 1. is **equal to, or greater than** the maximum amount of income a waiver recipient may have and be eligible under 42 CFR 435.217, **enter NA in items 2. and 3.** following.

2. spouse only (check one):

A._____ SSI standard

B._____ Optional State supplement standard

C._____ Medically needy income standard

D._____ The following dollar amount: $_____*

* If this amount changes, this item will be revised.

E._____ The following percentage of the following standard that is not greater than the standards above: _____% of _____standard.

F._____ The amount is determined using the following formula:

G.__X__ Not applicable (N/A)

3. Family (check one):

A._____ AFDC need standard

B._____ Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically income standard established under 435.811 for a family of the same size.

C._____ The following dollar amount: $_____*

*If this amount changes, this item will be revised.

D._____ The following percentage of the following standard that is not greater than the standards above: %_____ of standard.

E._____ The amount is determined using the following formula:

F._____ Other

G. X Not applicable (N/A)

b. Medical and remedial care expenses specified in 42 CFR 435.726; i.e Medicare and other health insurance premiums, deductibles, or co-insurance charges but not a co-payment assessed by the Department.

STATE: Oregon DATE: July 1, 2004

POST-ELIGIBILITY

REGULAR POST ELIGIBILITY

1.(b)_____**209(b) State, a State that is using more restrictive eligibility requirements than SSI**. The State is using the post-eligibility rules at 42 435.735. Payment for home and community-based waiver services are reduced by the amount remaining after deduction the following amounts from the waiver recipients income.

B. **42 CFR 435.735**--States **using more restrictive** requirements than SSI.

(a) Allowances for the needs of the

1. individual: (check one):

A._____ The following standard included under the State plan (check one):

(1)_____ SSI

(2)_____ Medically needy

(3)_____ The special income level for the institutionalized

(4)_____ The following percentage of the Federal poverty level:_____%

(5)_____ Other (specify):

B._____ The following dollar amount:
$_____*

* If this amount changes, this item will be revised.

C._____ The following formula is used to determine the amount:

STATE: Oregon DATE: July 1, 2004

Note: If the amount protected for waiver recipients in 1. is **equal to, or greater than** the maximum amount of income a waiver recipient may have and be eligible under 435.217, **enter NA in items 2. and 3**. following.

2. spouse only (check one):

A._____ The following standard under 42 CFR 435.121:

B._____ The medically needy income standard _____;

C._____ The following dollar amount: $_____*

* If this amount changes, this item will be revised.

D._____ The following percentage of the following standard that is not greater than the standards above: _____% of

E._____ The following formula is used to determine the amount:

F._____ Not applicable (N/A)

3. family (check one):

A._____ AFDC need standard

B._____ Medically needy income standard

The amount specified below cannot exceed the higher of the need

standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically income standard established under 435.811 for a family of the same size.

C._____ The following dollar amount: $_____*

* If this amount changes, this item will be revised.

D._____ The following percentage of the following standard that is not greater than the standards above: _____% of _____standard.

E._____ The following formula is used to determine the amount:

F._____ Other

G._____ Not applicable (N/A)

b. Medical and remedial care expenses specified in 42 CFR 435.735.

POST ELIGIBILITY

SPOUSAL POST ELIGIBILITY

2._____ The State uses the post-eligibility rules of 1924(d) of the Act (spousal impoverishment protection) to determine the individual's contribution toward the cost of home and community-based care if it determines the individual's eligibility under 1924 of the Act. There shall be deducted from the individual's monthly income a personal needs allowance (as specified below), and a community spouse's allowance, a family allowance, and an amount for incurred expenses for medical or remedial care, as specified in the State Medicaid plan.

(A) Allowance for personal needs of the individual:
(check one)

(a)_____ SSI Standard

(b)_____ Medically Needy Standard

(c)_____ The special income level for the institutionalized

(d)_____ The following percent of the Federal poverty level:
_____%

(e)_____ The following dollar amount
$_____**

**If this amount changes, this item will be revised.

(f)_____ The following formula is used to determine the needs allowance:

(g)_____ Other (specify):

If this amount is different from the amount used for the individual's maintenance allowance under 42 CFR 435.726 or 42 CFR 435.735, explain why you believe that this amount is reasonable to meet the individual's maintenance needs in the community.

APPENDIX D
ENTRANCE PROCEDURES AND REQUIREMENTS

APPENDIX D-1

a. EVALUATION OF LEVEL OF CARE

The agency will provide for an evaluation (and periodic reevaluations) of the need for the level(s) of care indicated in item 2 of this request, when there is a reasonable indication that individuals might need such services in the near future, but for the availability of home and community-based services.

b. QUALIFICATIONS OF INDIVIDUALS PERFORMING INITIAL EVALUATION

The educational/professional qualifications of persons performing initial evaluations of level of care for waiver participants are (Check all that apply):

_____ Discharge planning team

_____ Physician (M.D. or D.O.)

_____ Registered Nurse, licensed in the State

_____ Licensed Social Worker

_____ Qualified Mental Retardation Professional, as defined in 42 CFR 483.430(a)

__X__ Other (Specify):
Support Service coordinator who has a bachelor's degree and two years work experience in human services, or who has five years of equivalent training and work experience.

APPENDIX D-2

a. REEVALUATIONS OF LEVEL OF CARE

Reevaluations of the level of care required by the individual will take place (at a minimum) according to the following schedule (Specify):

_____ Every 3 months

_____ Every 6 months

__X__ Every 12 months

_____ Other (Specify):

b. QUALIFICATIONS OF PERSONS PERFORMING REEVALUATIONS

Check one:

__X__ The educational/professional qualifications of person(s) performing reevaluations of level of care are the same as those for persons performing initial evaluations.

_____ The educational/professional qualifications of persons performing reevaluations of level of care differ from those of persons performing initial evaluations. The following qualifications are met for individuals performing reevaluations of level of care (Specify):

_____ Physician (M.D. or D.O.)

_____ Registered Nurse, licensed in the State

_____ Licensed Social Worker

_____ Qualified Mental Retardation Professional, as defined in 42 CFR 483.430(a)

_____ Other (Specify):

c. PROCEDURES TO ENSURE TIMELY REEVALUATIONS

The State will employ the following procedures to ensure timely reevaluations of level of care (Check all that apply):

_____ "Tickler" file

_____ Edits in computer system

_____ Component part of case management

__X__ Other (Specify):
component part of support service coordination

APPENDIX D-3

a. MAINTENANCE OF RECORDS

1. Records of evaluations and reevaluations of level of care will be maintained in the following location(s) (Check all that apply):

_____	By the Medicaid agency in its central office
_____	By the Medicaid agency in district/local offices
X	By the agency designated in Appendix A as having primary authority for the daily operations of the waiver program (initial evaluations only)
_____	By the case managers
_____	By the persons or agencies designated as responsible for the performance of evaluations and reevaluations
_____	By service providers
X	Other (Specify): Support service coordinator case files for initial evaluations and reevaluations of level of care

2. Written documentation of all evaluations and reevaluations will be maintained as described in this Appendix for a minimum period of 3 years.

b. COPIES OF FORMS AND CRITERIA FOR EVALUATION/ASSESSMENT

A copy of the written assessment instrument(s) to be used in the evaluation and reevaluation of an individual's need for a level of care indicated in item 2 of this request is attached to this Appendix.

For persons diverted rather than deinstitutionalized, the State's evaluation process must provide for a more detailed description of their evaluation and screening procedures for individuals to ensure that waiver services will be limited to persons who would otherwise receive the level of care specified in item 2 of this request.

Check one:

__X__ The process for evaluating and screening diverted individuals is the same as that used for deinstitutionalized persons.

All individuals considered for the Support Services Waiver are assessed using the Title XIX Waiver Form. This form applies to individuals being discharged from an ICF/MR and to those who are being considered for admission. Typically, a physician's signature is needed to indicate that an individual needs the level of care provided in an ICF/MR. This form goes beyond what is required for admission to an ICF/MR and is reliable, fully comparable, valid, and results in the same outcome.

_____ The process for evaluating and screening diverted individuals differs from that used for deinstitutionalized persons. Below is a description of the process used for evaluating and screening diverted individuals.

APPENDIX D-4

a. FREEDOM OF CHOICE AND FAIR HEARING

1. When an individual is determined to be likely to require a level of care indicated in item 2 of this request, the individual or his or her legal representative will be:

a. informed of any feasible alternatives under the waiver; and

b. given the choice of either institutional or home and community-based services.

2. The agency will provide an opportunity for a fair hearing under 42 CFR Part 431, subpart E, to individuals who are not given the choice of home or community-based services as an alternative to the institutional care indicated in item 2 of this request or who are denied the service(s) of their choice, or the provider(s) of their choice.

3. The following are attached to this Appendix:

a. A copy of the form(s) used to document freedom of choice and to offer a fair hearing;
b. A description of the agency's procedure(s) for informing eligible individuals (or their legal representatives) of the feasible alternatives available under the waiver;

c. A description of the State's procedures for allowing individuals to choose either institutional or home and community-based services; and

d. A description of how the individual (or legal representative) is offered the opportunity to request a fair hearing under 42 CFR Part 431, Subpart E.

APPENDIX D-4 FREEDOM OF CHOICE AND FAIR HEARING

Informing Beneficiaries of Choice (b), (c), (d)

Oregon assures that an individual who is eligible for services under the waiver, or his or her legal representative, will be informed, during the assessment and eligibility process, of feasible alternatives for long-term care and given a choice as to which type of service to receive. When an individual is

determined to require the level of care provided in an ICF/MR, the individual, or his or her legal representative, will be: (1) informed of feasible alternatives available under the waiver and (2) given the choice of either institutional (ICF/MR) or home and community-based services. Support services coordinators document the offer of choice on the Title XIX Waiver Form. The offer of choice is given before an individual enters a waiver service. The Title XIX Waiver Form is used to document that the offer of choice was presented to the individual, or his or her legal representative. The individual's, or his or her legal representative's, signature is obtained when possible. If it is not possible to obtain the individual's, or his or her legal representative's, signature on the form, confirmation of the choice can be documented in the following manner: witnessed mark of the individual or his or her legal representative; a letter from the legal representative indicating choice and acknowledgement of fair hearing opportunity; witnessed and documented phone conversation with the individual or his or her legal representative regarding choice and fair hearing opportunity.

Informing Beneficiaries of Fair Hearing

An individual, or his or her legal representative, is given written information at the time the Title XIX waiver form is completed regarding their right to a hearing. A document titled "Applicable Laws and Rules" is provided which explains fair hearing rights and how to exercise them.. The individual, or his or her legal representative, may request a hearing as described in 42 CFR, Part 431, Subpart E. A Hearings Request Form is attached. The hearings are conducted in accordance with Oregon Revised Statutes, Administrative Rules, and agency procedures. All individuals, regardless of eligibility determination, have access to a hearing under these procedures. Oregon Assures HCFA that it will provide an opportunity for a fair hearing under 42 CFR 431, Subpart E, to an individual, or his or her legal representative, who is not given the choice of institutionalization or home and community-based services, is denied the service of their choice, denied the amount of service of their choice, or denied the provider of their choice.

b. FREEDOM OF CHOICE DOCUMENTATION

Specify where copies of this form are maintained:
Copies of this form are kept in the waiver recipient's case file maintained by the support service coordinator.

prepared by mary clarkson 64650
date: 04-20-95
disk: streamlining
opus-3-dk

APPENDIX E - PLAN OF CARE

APPENDIX E-1

a. PLAN OF CARE DEVELOPMENT

1. The following individuals are responsible for the preparation of the plans of care:

_____ Registered nurse, licensed to practice in the State

_____ Licensed practical or vocational nurse, acting within the scope of practice under State law

_____ Physician (M.D. or D.O.) licensed to practice in the State

_____ Social Worker (qualifications attached to this Appendix)

_____ Case Manager;

__X__ Other (specify): Personal agent (See Appendix B-2 for qualifications)

2. Copies of written plans of care will be maintained for a minimum period of 3 years. Specify each location where copies of the plans of care will be maintained.

_____ At the Medicaid agency central office

_____ At the Medicaid agency county/regional offices

_____ By case managers

_____ By the agency specified in Appendix A

_____ By consumers

X Other (specify): Support Service Brokerage and local Community Mental Health Program (in the support service coordinator's files)

3. The plan of care is the fundamental tool by which the State will ensure the health and welfare of the individuals served under this waiver. As such, it will be subject to periodic review and update. These reviews will take place to determine the appropriateness and adequacy of the services, and to ensure that the services furnished are consistent with the nature and severity of the individual's disability. The minimum schedule under which these reviews will occur is:

_____ Every 3 months

_____ Every 6 months

X Every 12 months; or as specified by the planning team or when the needs of the individual change significantly, but no longer than 12 months.

_____ Other (specify):

APPENDIX E-2

a. MEDICAID AGENCY APPROVAL

The following is a description of the process by which the plan of care is made subject to the approval of the Medicaid agency:

Support Service Coordinators are employees of the local Community Mental Health Program (CMHP). Per the Intergovernmental Agreement between the Department of Human Services and the CMHP, and Administrative Rule, Support Service Coordinators are responsible to approve plans of care. Their signatures indicate review and approval of the plan of care. The plans of care are reviewed and approved by support service coordinators at least annually or when the individual's needs change significantly. Support Service Coordinator case files and plans of care are periodically reviewed by administrative staff of the Seniors and People with Disabilities Group to assure compliance with administrative rules.

b. STATUTORY REQUIREMENTS AND COPY OF PLAN OF CARE

1. The plan of care will contain, at a minimum, the type of services to be furnished, the amount, the frequency and duration of each service, and the type of provider to furnish each service.

2. A copy of the plan of care form to be utilized in this waiver is attached to this Appendix.

prepared by mary clarkson 64650
date: 04-25-95
disk: streamlining
opus-3-ek

APPENDIX F - AUDIT TRAIL

a. DESCRIPTION OF PROCESS

1. As required by sections 1905(a) and 1902(a)(32) of the Social Security Act, payments will be made by the Medicaid agency directly to the providers of waiver and State plan services.

2. As required by section 1902(a)(27) of the Social Security Act, there will be a provider agreement between the Medicaid agency and each provider of services under the waiver.

3. Method of payments (check one):

_____ Payments for all waiver and other State plan services will be made through an approved Medicaid Management Information System (MMIS).

__X__ Payments for some, but not all, waiver and State plan services will be made through an approved MMIS. A description of the process by which the State will maintain an audit trail for all State and Federal funds expended, and under which payments will be made to providers is attached to this Appendix.

_____ Payment for waiver services will not be made through an approved MMIS. A description of the process by which payments are made is attached to this Appendix, with a description of the process by which the State will maintain an audit trail for all State and Federal funds expended.

__X__ Other (Describe in detail):

Payments will be made through Organized Health Care Delivery Systems (OHCDS). OHCDS's must be certified by the Department of Human Services as Support Service Brokerages, and employ Personal Agents who will provide services to clients. The OHCDS will purchase services on behalf of waiver recipients. No qualified provider will be required to have an agreement with the OHCDS as a condition of service delivery; the provider may chose to contract directly with the Department. OHCDS's will maintain Medicaid provider agreements with other providers of service, copies of state licenses or certifications issued to providers, copies of applicable State issued professional licenses, and all other documentation of provider qualifications required in Appendix B-1 Provider Qualifications. The OHCDS is required to contract with any qualified service provider selected by the individual to receive services. All persons or agencies which contract with an OHCDS to provide waiver services must meet the same requirements and qualifications that apply to providers enrolled directly with the Medicaid agency. All OHCDS's must agree to bill the Medicaid agency no more than the amount allowable for the service provided. All contracts executed by the OHCDS, and all subcontracts executed by its contractors, to provide waiver services, must meet the applicable requirements of 42 CFR 434.6 and 45 CFR Part 74, appendix G.

b. BILLING AND PROCESS AND RECORDS RETENTION

1. Attached is a description of the billing process. This includes a description of the mechanism in place to assure that all claims for payment of waiver services are made only:

   a. When the individual was eligible for Medicaid waiver payment on the date of service;

   b. When the service was included in the approved plan of care;

c. In the case of supported employment, prevocational or educational services included as part of habilitation services, when the individual was eligible to receive the services and the services were not available to the individual through a program funded under section 602(16) or (17) of the Individuals with Disabilities Education Act (P.L. 94-142) or section 110 of the Rehabilitation Act of 1973.

___X___ Yes

_____ No. These services are not included in this waiver.

2. The following is a description of all records maintained in connection with an audit trail. Check one:

_____ All claims are processed through an approved MMIS.

___X___ MMIS is not used to process all claims. Attached is a description of records maintained with an indication of where they are to be found.

Payments to providers of waivered services will be documented in the Client Process Monitoring System (CPMS). An enrollment form is completed for each individual receiving services. The Organized Health Care Delivery System (Support Services Brokerage) is responsible for the completion of this form and its submission to the Department. This form is entered into the CPMS and provides data about individuals. A CPMS form is included in this Appendix that illustrates the type of data maintained.

Also included in this Appendix is the CPMS billing form that is used to document services provided. This form is titled Reimbursement Type Services and includes the name of the individual served, Medicaid ID number, type of service received, dates of service, and total amount billed for each service. This form is the documentation that will allow tracking of all waiver funds to individual clients.

The data from the Reimbursement Type Services form is maintained in a computerized data base. This data base will document the level of detail required to report the type of service received by waiver individuals. This data base is separate from the main frame CPMS. Expenditures for each category of service in the waiver will be entered into this data base. Each record in the data base will contain the client identifiers, waiver eligibility, demographic information, type of service, the dates of service, and the cost of each service. A summarized record from this data base will be uploaded to the mainframe CPMS.

The data base will produce reports that calculate the total cost and the number of individuals served in each service category. CPMS will then be used to verify that the total expenditures are accurate. This report will be reported annually on the HCFA 372 Report.

Payment to the provider is not generated through the CPMS or the data base. At the time a request for payment is made, the completed CPMS form is used to initiate and justify the actual issuance of funds. A hard copy of the CPMS form is kept with the receipts.

The Organized Health Care Delivery System (Support Services Brokerage) generates a check payment to the provider based on the services documented on the CPMS form for Reimbursement Type Services. Services recorded on the form are based on the individual plan of care.

CPMS documents payments of both waivered and non-waivered services (state general funded services).

Payment to providers of waivered services is based on reimbursement for actual allowable expenditures as approved by the Organized Health Care Delivery System (Support Services Brokerage), the Department, or rates established by the single state Medicaid agency or the Department. Organized Health Care Delivery System (Support Services Brokerage) staff will review utilization reports monthly and costs annually. Potential financial irregularities will be referred to the Department.

Payments to providers for prescribed medications, laboratory, dental, hospital, physician, and other services paid with Title XIX funds outside of waiver funds are made and monitored by the MMIS. These payments may be tracked to individual waivered clients by matching Medicaid ID numbers from the MMIS with the computerized MHDDSD data base just described.

No payment is made to parents or step-parents of children under the age of 18.

3. Records documenting the audit trail will be maintained by the Medicaid agency, the agency specified in Appendix A (if applicable), and providers of waiver services for a minimum period of 3 years.

c. PAYMENT ARRANGEMENTS

1. Check all that apply:

X The Medicaid agency will make payments directly to providers of waiver services. The State contracts directly with the Organized Health Care Delivery System (Support Services Brokerage). The OHCDS (Support Services Brokerage) has agreements with providers who furnish other services to waiver individuals, and makes payment to providers of these services.

_____ The Medicaid agency will pay providers through the same fiscal agent used in the rest of the Medicaid program.

X The Medicaid agency will pay providers through the use of a limited fiscal agent who functions only to pay waiver claims to implement. The OHCDS (Support Services Brokerage) may contract with an external organization or entity as a financial intermediary to pay providers. This is part of the OHCDS's responsibility to pay providers and is considered part of the OHCDS's service.

_____ Providers may *voluntarily* reassign their right to direct payments to the following governmental agencies (specify):

Providers who choose not to voluntarily reassign their right to direct payments will not be required to do so. Direct payments will be made using the following method: The State will establish provider agreements and make payment to any qualified provider who does not chose to contract with an OHCDS.

2. Interagency agreement(s) reflecting the above arrangements are on file at the Medicaid agency.

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date: 01-20-95
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opus-3-f

APPENDIX G - FINANCIAL DOCUMENTATION

APPENDIX G-1
COMPOSITE OVERVIEW
COST NEUTRALITY FORMULA

INSTRUCTIONS: Complete one copy of this Appendix for each level of care in the waiver. If there is more than one level (e.g. hospital and nursing facility), complete a Appendix reflecting the weighted average of each formula value and the total number of unduplicated individuals served.

LEVEL OF CARE: ICF/MR

YEAR	FACTOR D	FACTOR D'	FACTOR G	FACTOR G'
1	_____	_____	_____	
2	_____	_____	_____	
3	_____	_____	_____	
4	_____	_____	_____	
5	_____	_____	_____	

FACTOR C: NUMBER OF UNDUPLICATED INDIVIDUALS SERVED

YEAR	UNDUPLICATED INDIVIDUALS
1	
2	
3	
4	
5	

EXPLANATION OF FACTOR C:

Check one:

_____ The State will make waiver services available to individuals in the target group up to the number indicated as factor C for the waiver year.

__X__ The State will make waiver services available to individuals in the target group up to the lesser of the number of individuals indicated as factor C for the waiver year, or the number authorized by the State legislature for that time period.

The State will inform HCFA in writing of any limit which is less than factor C for that waiver year.

APPENDIX G-2
METHODOLOGY FOR DERIVATION OF FORMULA VALUES

FACTOR D

LOC: ICF/MR

The July 25, 1994 final regulation defines Factor D as:

> "The estimated annual average per capita Medicaid cost for home and community-based services for individuals in the waiver program."

The demonstration of Factor D estimates is on the following page.

APPENDIX G-2
FACTOR D
LOC: ICF/MR

Demonstration of Factor D estimates:

Waiver Year 1_____ 2_____ 3_____ 4_____ 5

Waiver Service	#Undup.Recip. (users)	Avg. # Annual Units/User	Avg. Unit Cost	Total
Column A	Column B	Column C	Column D	Column E
1.				
2.				
3.				
4.				
5.				
6.				
7.				

8.					
9.					
10.					
GRAMD TOTAL (sum of Column E):					
TOTAL ESTIMATED UNDUPLICATED RECIPIENTS:					
FACTOR D (Divide total by number of recipients):					
AVERAGE LENGTH OF STAY: _____					

STATE: Oregon DATE: July 1, 2004

APPENDIX G-3
METHODS USED TO EXCLUDE PAYMENTS FOR ROOM AND BOARD

The purpose of this Appendix is to demonstrate that Medicaid does not pay the cost of room and board furnished to an individual under the waiver.

A. The following service(s), other than respite care*, are furnished in residential settings other than the natural home of the individual(e.g., foster homes, group homes, supervised living arrangements, assisted living facilities, personal care homes, or other types of congregate living arrangements). (Specify):

Respite care is the only service that may be furnished in a residential setting other than the natural home of the individual. Respite care is provided in the individual's home, relative's home, neighbor's home, licensed group home, licensed foster home, day care facility or through an organized respite agency. Room and board costs for respite services is limited to respite services provided in a facility that is not a private residence

*NOTE: FFP may be claimed for the cost of room and board when provided as part of respite care in a Medicaid certified NF or ICF/MR, or when it is provided in a foster home or community residential facility that meets State standards specified in this waiver.)

B. The following service(s) are furnished in the home of a paid caregiver. (Specify):

respite

Attached is an explanation of the method used by the State to exclude Medicaid payment for room and board.

By definition, waiver services are not basic maintenance. Billing for these services excludes room and board costs. Waiver funds do not reimbursement costs covered by SSI, SSB, SSDI, veteran's benefits, etc. Respite is the only service that includes a room and board component. Room and board costs are covered by an individual's SSI, SSB, SSDI, Veteran's benefit, etc. If an individual does not have sufficient funds for room and board, sources other than Medicaid are used.

APPENDIX G-4
METHODS USED TO MAKE PAYMENT FOR RENT AND FOOD EXPENSES OF AN UNRELATED LIVE-IN CAREGIVER

Check one:

X The State will not reimburse for the rent and food expenses of an unrelated live-in personal caregiver who lives with the individual(s) served on the waiver.

_____ The State will reimburse for the additional costs of rent and food attributable to an unrelated live-in personal caregiver who lives in the home or residence of the individual served on the waiver. The service cost of the live-in personal caregiver and the costs attributable to rent and food are reflected separately in the computation of factor D (cost of waiver services) in Appendix G-2 of this waiver request.

Attached is an explanation of the method used by the State to apportion the additional costs of rent and food attributable to the unrelated live-in personal caregiver that are incurred by the individual served on the waiver.

APPENDIX G-5

FACTOR D'

LOC: ICF/MR

NOTICE: On July 25, 1994, HCFA published regulations which changed the definition of factor D'. The new definition is:

> "The estimated annual average per capita Medicaid cost for all other services provided to individuals in the waiver program."

Include in Factor D' the following:

> The cost of all State plan services (including home health, personal care and adult day health care) furnished in addition to waiver services WHILE THE INDIVIDUAL WAS ON THE WAIVER.
>
> The cost of short-term institutionalization (hospitalization, NF, or ICF/MR) which began AFTER the person's first day of waiver services and ended BEFORE the end of the waiver year IF the person returned to the waiver.

Do NOT include the following in the calculation of Factor D':

> If the person did NOT return to the waiver following institutionalization, do NOT include the costs of institutional care.
>
> Do NOT include institutional costs incurred BEFORE the person is first served under the waiver in this waiver year.

If institutional respite care is provided as a service under this waiver, calculate its costs under Factor D. Do not duplicate these costs in your calculation of Factor D'.

APPENDIX G-5

FACTOR D' (cont.)

LOC: ICF/MR

Factor D' is computed as follows (check one):

_____ Based on HCFA Form 2082 (relevant pages attached).

___X___ Based on HCFA Form 372 for years 1997-1998 of waiver # 0117.90.R2, which serves a similar target population.

_____ Based on a statistically valid sample of plans of care for individuals with the disease or condition specified in item 3 of this request.

_____ Other (specify):

APPENDIX G-6

FACTOR G

LOC: ICF/MR

The July 25, 1994 final regulation defines Factor G as:

> "The estimated annual average per capita Medicaid cost for hospital, NF, or ICF/MR care that would be incurred for individuals served in the waiver, were the waiver not granted."

Provide data ONLY for the level(s) of care indicated in item 2 of this waiver request.

Factor G is computed as follows:

_____ Based on institutional cost trends shown by HCFA Form 2082 (relevant pages attached). Attached is an explanation of any adjustments made to these numbers.

_____ Based on trends shown by HCFA Form 372 for years __of waiver #_____, which reflect costs for an institutionalized population at this LOC. Attached is an explanation of any adjustments made to these numbers.

_____ Based on actual case histories of individuals institutionalized with this disease or condition at this LOC. Documentation attached.

_____ Based on State DRGs for the disease(s) or condition(s) indicated in item 3 of this request, plus outlier days. Descriptions, computations, and an explanation of any adjustments are attached to this Appendix.

_____ Other (specify):
Based on actual expenditures for the State operated ICFMR, Eastern Oregon Training Center

If institutional respite care is provided as a service under this waiver, calculate its costs under Factor D. Do not duplicate these costs in your calculation of Factor G.

APPENDIX G-7

FACTOR G'

LOC: ICF/MR

The July 25, 1994 final regulation defines Factor G' as:

> "The estimated annual average per capita Medicaid costs for all services other than those included in Factor G for individuals served in the waiver, were the waiver not granted.

Include in Factor G' the following:

> The cost of all State plan services furnished WHILE THE INDIVIDUAL WAS INSTITUTIONALIZED.
>
> The cost of short-term hospitalization (furnished with the expectation that the person would return to the institution) which began AFTER the person's first day of institutional services.

If institutional respite care is provided as a service under this waiver, calculate its costs under Factor D. Do not duplicate these costs in your calculation of Factor G'.

APPENDIX G-7

FACTOR G'

LOC: ICF/MR

Factor G' is computed as follows (check one):

_____ Based on HCFA Form 2082 (relevant pages attached).

_____ Based on HCFA Form 372 for years _____ of waiver # _____, which serves a similar target population.

_____ Based on a statistically valid sample of plans of care for individuals with the disease or condition specified in item 3 of this request.

__X__ Other (specify):
75% of D' figure

APPENDIX G-8

DEMONSTRATION OF COST NEUTRALITY

LOC: ICF/MR

YEAR 1

FACTOR D:	_____		FACTOR G:
FACTOR D':	_____		FACTOR G':
TOTAL:	_____	<	TOTAL:

YEAR 2

FACTOR D:	_____		FACTOR G:
FACTOR D':	_____		FACTOR G':
TOTAL:	_____	<	TOTAL:

YEAR 3

FACTOR D:	_____		FACTOR G:
FACTOR D':	_____		FACTOR G':
TOTAL:	_____	<	TOTAL:

APPENDIX G-8

DEMONSTRATION OF COST NEUTRALITY (cont.)

LOC: ICF/MR

YEAR 4

FACTOR D:	_____		FACTOR G:
FACTOR D':	_____		FACTOR G':
TOTAL:	_____	<	TOTAL:

YEAR 5

FACTOR D:	_____		FACTOR G:
FACTOR D':	_____		FACTOR G':
TOTAL:	_____	<	TOTAL:

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