DEPARTMENT OF HUMAN SERVICES
SENIORS AND PEOPLE WITH DISABILITIES DIVISION
OREGON ADMINISTRATIVE RULES

CHAPTER 411

DIVISION 34
PERSONAL CARE SERVICES

411-034-0000 Purpose

(Effective 10/5/2007)

(1) These rules in chapter 411, division 034 are established to ensure State Plan Personal Care services will support and augment independence, empowerment, dignity, and human potential through provision of flexible, efficient, and suitable services to eligible individuals. State Plan Personal Care services are intended to supplement the individual's own personal abilities and resources.

(2) Medicaid State Plan Services are health care benefits defined by the state. Certain services are required by the Centers for Medicare and Medicaid Services (CMS) to be included in the state plan and others are optional services selected by states from a menu of options. Each state determines what medical services will be covered. Personal Care is one of the optional services that Oregon selected for its Medicaid State Plan.

Stat. Auth.: ORS 409.010, 410.020 & 410.070
Stats. Implemented: ORS 410.020, 410.070 & 410.710

411-034-0010 Definitions

(Effective 10/5/2007)

As used in these rules, unless the context demands otherwise, the following definitions apply:

(1) “Assistance” means the individual requires help from another person with Personal Assistance Services or Supportive Services as described in OAR 411-034-0020. This help may include cueing, monitoring,

reassurance, redirection, set-up, hands-on or standby assistance as defined in OAR 411-015-0005(5). It may also require verbal reminding to complete one of the tasks described in OAR 411-034-0020.

(2) "Assistive Devices" means any category of durable medical equipment, mechanical apparatus, electrical appliance or instrument of technology used to assist and enhance an individual's independence in performing any task described in OAR 411-034-0020. Assistive devices include the use of service animals, general household items or furniture to assist the individual.

(3) "Case Management" means those functions, performed by a Case Manager or Service Coordinator including determining service eligibility, developing a plan of authorized services and monitoring the effectiveness of Personal Assistance and Supportive Services to the individual.

(4) "Case Manager" or "Service Coordinator" means a Department employee or an employee of a designee who is responsible for service eligibility, assessment, planning, service authorization and implementation, and evaluation of the effectiveness of the State Plan Personal Care services.

(5) "Contracted In-Home Care Agency" means an entity (described in OAR chapter 333, division 536) that contracts with the Seniors and People with Disabilities Division to provide personal care services to individuals served by the Department under Title XIX.

(6) "Cost Effective" means being responsible and accountable with Department resources. This is accomplished by offering less costly alternatives when providing choices that adequately meet an individual's service needs. Those choices may include other programs available from the Department, the utilization of assistive devices, natural supports, architectural modifications and alternative service resources (defined in OAR 411-015-0005). Less costly alternatives may include resources not paid for by the Department.

(7) “Delegated Nursing Task” means a task, normally requiring the education and license of a Registered Nurse (RN) and within the RN scope of practice to perform, that an RN authorizes an unlicensed person (defined in OAR 851-047-0010) to provide in selected situations. In accordance with

OAR 851-047-0000, OAR 851-047-0010 and OAR 851-047-0030, the delegation of a nursing task is a written authorization that includes RN assessment of the specific eligible individual, evaluation of the unlicensed person's ability to perform a specific task, teaching the task, and supervision and re-evaluation of the individual and the unlicensed person at regular intervals.

(8) "Department" means the Department of Human Services.

(9) "Designee" means any organization with which the Department contracts or has an interagency agreement.

(10) “Division” means the following divisions or contractors with the Department of Human Services:

(a) Addictions and Mental Health Division (AMHD);

(b) Seniors and People with Disabilities Division (SPD) and its subdivision, Developmental Disabilities Services;

(c) Area Agencies on Aging (AAA); and

(d) Children, Adults and Families Division (CAF) and its subdivision Self-Sufficiency Programs (SSP).

(11) "Fiscal Improprieties" means the Personal Care Attendant committed financial misconduct involving the individual's money, property or benefits. Improprieties include, but are not limited to, financial exploitation, borrowing money from the individual, taking the individual's property or money, having the individual purchase items for the provider, forging the individual's signature, falsifying payment records, claiming payment for hours not worked, or similar acts intentionally committed for financial gain.

(12) "Homecare Worker" means a provider as described in OAR 411-031-0040, that provides either hourly or live-in services to eligible individuals and is employed by the individual. The term includes client-employed providers that provide State Plan Personal Care services to seniors and people with physical disabilities. The term does not include Personal Care Attendants enrolled through Developmental Disability Services or the Addictions and Mental Health Division.

(13) “Individual” means the person applying or determined eligible for State Plan Personal Care services through the Department.

(14) "Lacks the Skills, Knowledge and Ability to Adequately or Safely Perform the Required Work" means the Personal Care Attendant does not possess the skills to perform services needed by individuals served by the Department. The Personal Care Attendant may not be physically, mentally or emotionally capable of providing services to persons with developmental disabilities or mental or emotional disorders. Their lack of skills may put individuals at risk, because they fail to perform, or learn to perform, their duties adequately to meet the needs of the individual.

(15) "Legally Responsible Relative" means the parent or step-parent of an eligible minor child, a spouse, or other family member who has legal custody or legal guardianship according to ORS 125.005, 125.300, 125.315 and 125.320.

(16) “Natural Supports” or “Natural Support System” means the resources available to an individual from their relatives, friends, significant others, neighbors, roommates and the community. Services provided by natural supports are resources not paid for by the Department.

(17) “Ostomy” as used in these rules, means assistance that an individual needs with a colostomy, urostomy or ileostomy tube or opening used for elimination.

(18) "Personal Assistance Services" means those functional activities described in OAR 411-034-0020 consisting of mobility, transfers, repositioning, basic personal hygiene, toileting, bowel and bladder care, nutrition, medication and oxygen management, and delegated nursing tasks that an individual requires for continued well-being.

(19) "Personal Care Attendant" means a provider who is enrolled through the Department with an individual Medicaid provider number to provide State Plan Personal Care services, as described in these rules, to individuals served by Developmental Disabilities Services and the Addictions and Mental Health Division.

(20) "Provider" or "Qualified Provider" means the individual who actually performs the State Plan Personal Care services and meets the description cited in OAR 411-034-0050.

(21) "Provider Enrollment" means the authorization to work as a provider employed by the eligible individual, for the purpose of receiving payment for services authorized by the Department. Provider enrollment includes the issuance of a Medicaid provider number.

(22) "Service Need" means the assistance with Personal Assistance Services and Supportive Services that an individual requires from another person.

(23) “Service Plan” or “Service Authorization” means the written plan of care for the individual that identifies:

(a) The qualified provider who will deliver the authorized services;

(b) The date when the provision of services will begin; and

(c) The maximum monthly hours of Personal Assistance Services and Supportive Services authorized by the Case Manager or designee.

(24) "State Plan Personal Care Services" means the assistance provided with Personal Assistance Services and Supportive Services as described in OAR 411-034-0020.

(25) "Sub-Acute Care Facility" means a care center or facility that provides short-term rehabilitation and complex medical services to a patient with a condition that prevents the patient from being discharged home yet the patient does not require acute hospital care.

(26) “These rules” means the Oregon Administrative Rules in chapter 411, division 034.

Stat. Auth.: ORS 410.020 & 410.070
Stats. Implemented: ORS 410.020, 410.070, 410.710 & 411.675

411-034-0020 Scope of Services

(Effective 10/5/2007)

(1) State Plan Personal Care services are essential services performed by a qualified provider, which enable an individual to move into or remain in his or her own home.

(a) Services are provided directly to the eligible individual, and are not meant to provide respite or other services to the individual's support system. Services will not be implemented for the purpose of benefiting other family members or the household in general.

(b) The extent of the services may vary, but the number of hours is limited to a maximum of 20 hours of services per month per eligible individual.

(2) Personal Assistance Services include:

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

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

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

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

(e) Medication and Oxygen Management -- assisting with ordering, organizing and administering oxygen or prescribed medications (including pills, drops, ointments, creams, injections, inhalers and suppositories), monitoring for choking while taking medications, assisting with the administration of oxygen, maintaining clean oxygen equipment, and monitoring for adequate oxygen supply;

(f) Delegated Nursing Tasks as defined in OAR 411-034-0010(7).

(3) When any of the services listed in section (2)(a) to (f) of this rule are essential to the health, safety and welfare of the individual and that individual is receiving a Personal Assistance Service paid by the Department, the following Supportive Services may also be provided:

(a) Housekeeping tasks necessary to maintain the eligible individual in a healthy and safe environment, including cleaning surfaces and floors, making the individual's bed, cleaning dishes, taking out the garbage, dusting, and gathering and washing soiled clothing and linens. Only the housekeeping activities related to the eligible individual’s needs may be considered in housekeeping;

(b) Arranging for necessary medical appointments including help scheduling appointments and arranging medical transportation services (described in OAR chapter 410, division 136), assistance with mobility, and transfers or cognition in getting to and from appointments or to an office within a medical clinic or center;

(c) Observing the individual's health status and reporting any significant changes to physicians, health care professionals or other appropriate persons;

(d) First aid and handling of emergencies, including responding to medical incidents related to conditions such as seizures, spasms or uncontrollable movements where assistance is needed by another person, or responding to an individual’s call for help during an emergent situation or for unscheduled needs requiring immediate response; and

(e) Cognitive assistance or emotional support provided to an individual by another person due to confusion, dementia, behavioral

symptoms, or mental or emotional disorders. This support includes helping the individual cope with change and assisting the individual with decision-making, reassurance, orientation, memory, or other cognitive symptoms.

(4) Payment will not be made for any of the following services, which are excluded under these rules:

(a) Shopping;

(b) Transportation;

(c) Money management;

(d) Mileage reimbursement;

(e) Social companionship;

(f) Day care, Adult Day Services (described in OAR chapter 411, division 066), respite or baby-sitting services;

(g) Home Delivered Meals (described in OAR chapter 411, division 040) funded by Medicaid and provided to individuals by an organization that holds a provider agreement with the Department. Meals prepared by Homecare Workers or Personal Care Attendants are not considered Home Delivered Meals.

(h) Care, grooming or feeding of pets or other animals; or

(i) Yard work, gardening or home repair.

Stat. Auth.: ORS 409.010, 410.020, 410.070 & 410.608
Stats. Implemented: ORS 409.010, 410.020, 410.070 & 410.608

411-034-0030 Eligibility
(Effective 10/5/2007)

(1) To be eligible for State Plan Personal Care services under these rules, a person must require assistance from a qualified provider with one or

more of the Personal Assistance Services identified in OAR 411-034-0020(2)(a)-(2)(f). The qualified provider must be providing these services, paid by the Department in accordance with an authorized service plan.

(2) A person eligible for State Plan Personal Care services under these rules must be a current recipient of at least one of the following programs defined in OAR 461-101-0010:

(a) Extended Medical (EXT);

(b) Medical Assistance Assumed (MAA);

(c) Medical Assistance to Families (MAF);

(d) Oregon Health Plan (OHP);

(e) Oregon Supplemental Income Program Medical (OSIPM);

(f) Temporary Assistance to Needy Families (TANF); or

(g) Refugee Assistance (REF).

(3) Individuals receiving assistance with activities of daily living (as described in OAR 411-015-0006), from a licensed residential service program (such as an adult foster home, assisted living facility, group home or residential care facility) are not eligible to receive State Plan Personal Care services under these rules.

(4) State Plan Personal Care services are not available for individuals in a prison, hospital, sub-acute care facility, nursing facility or other medical institution.

(5) The Department or its designee has the authority to close the eligibility and authorization for State Plan Personal Care services if an individual fails to employ a qualified provider or to receive Personal Assistance Services from a qualified provider paid by the Department for thirty continuous calendar days or longer.

(6) Payment for State Plan Personal Care Services is not intended to replace the resources available to an individual from their natural support system of relatives, friends, neighbors, or other community resources. An individual whose Personal Assistance Service needs are met through their natural support system will not be eligible for the State Plan Personal Care services. State Plan Personal Care services are not intended to replace routine care commonly needed by an infant or child typically provided by a parent. Additionally, they should not be used to replace other governmental services.

(7) Individuals served under the Title XIX 1915(c) Home and Community-Based Services waiver for the aged and physically disabled, or the 1115(c) Independent Choices waiver, are not eligible to receive State Plan Personal Care services.

(8) Individuals served under a Title XIX 1915(c) Home and Community-Based Services waiver for persons with mental retardation or developmental disabilities are not eligible to receive State Plan Personal Care services.

(9) Individuals receiving medical and long-term care services through the Program of All-inclusive Care for the Elderly (PACE), as described in OAR chapter 411, division 045, must not also receive State Plan Personal Care services under these rules.

Stat. Auth.: ORS 409.010, 410.020, 410.070, 410.608 & 410.710
Stats. Implemented: ORS 409.010, 410.020, 410.070, 410.608 & 410.710

411-034-0035 Where Individuals Are Served
(Effective 10/5/2007)

(1) Individuals eligible for or receiving mental health case management services or other services through the Addictions and Mental Health Division (AMHD) must apply for State Plan Personal Care services through the local Community Mental Health Program (described in OAR chapter 309, division 014) or agency contracted with AMHD.

(2) Individuals eligible for or receiving developmental disabilities case management services or other services through Developmental Disabilities

Services must apply for State Plan Personal Care services through the local Community Developmental Disability Program (described in OAR chapter 411, division 320) or through the local support service brokerage.

(3) Individuals eligible for or receiving case management services from a Senior and People With Disabilities (SPD) or Area Agency on Aging (AAA) office serving seniors and persons with physical disabilities, must apply for State Plan Personal Care services through the local SPD or AAA office that provides Medicaid programs to seniors or persons with physical disabilities.

(4) Individuals receiving benefits through Self-Sufficiency Programs must apply for State Plan Personal Care services through the local SPD or the AAA office. SPD/AAA will be responsible for service assessment and for any planning and payment authorization for State Plan Personal Care services, if the applicant is determined eligible.

Stat. Auth.: ORS 409.010, 410.020, 410.070, 410.608 & 411.116
Stats. Implemented: ORS 410.020, 410.070, 410.608, 410.710 & 411.116

411-034-0040 Employment Relationship
(Effective 10/5/2007)

(1) The relationship between the eligible individual and his or her Personal Care Attendant or Homecare Worker is that of employer and employee.

(a) The eligible individual carries primary responsibility for locating, interviewing, screening, hiring, scheduling work periods, training and terminating his or her own employees. The individual is also responsible for tracking and confirming the service hours worked by his or her employee.

(b) The eligible individual exercises control as the employer and directs the employee in the provision of the services.

(c) The Department or designee determines whether the employee meets the minimum qualifications to provide the services authorized by the Department and makes direct service payment(s) to the provider on behalf of the individual.

(2) In order to receive State Plan Personal Care services from a Personal Care Attendant or Homecare Worker, the individual must be able to:

(a) Meet the employer responsibilities described in section (1)(a) of this rule; or

(b) Designate a natural support as the individual's representative to meet these employer responsibilities.

(3) Termination and the grounds for termination of employment are determined by the employer. Eligible individuals have the right to terminate their employment relationships with their providers at any time and for any reason. It is the responsibility of the employer to establish an employment agreement at the time of hire. The employment agreement may include grounds for dismissal and any requirements for the employee to provide advance notice before resigning.

Stat. Auth.: ORS 410.020, 410.070, 410.608, 410.710 & 411.590
Stats. Implemented: ORS 410.020, 410.070, 410.608, 410.710 & 411.590

411-034-0050 Qualified Provider
(Effective 10/5/2007)

(1) A qualified provider is a person who, in the judgment of the Department or its designee, can demonstrate by background, skills and abilities the capability to safely and adequately provide the services authorized.

(2) A qualified provider must maintain a drug-free work place and must be approved through the criminal history check process described in OAR chapter 407, division 007.

(3) A qualified provider paid by the Department must not be the parent, or step-parent of an eligible minor child, the eligible individual's spouse or another legally responsible relative.

(4) A qualified provider must be authorized to work in the United States, in accordance with U.S. Department of Homeland Security, Bureau of Citizenship and Immigration rules.

(5) A qualified provider must be 18 years of age or older. A Homecare Worker enrolled in the Client-Employed Provider Program who is at least sixteen years of age may be approved for limited enrollment as a qualified provider, as described in OAR 411-031-0040(8)(d).

(6) A qualified provider may be employed through a Contracted In-Home Care Agency or enrolled as a Homecare Worker or Personal Care Attendant under an individual provider number. Rates for these services are established by the Department.

(7) Homecare Workers enrolled in the Client-Employed Provider Program providing State Plan Personal Care services must meet all of the standards in OAR chapter 411, division 031.

(8) Criminal History Re-checks:

> (a) Criminal history re-checks may be conducted at the discretion of the Department or designee, in accordance with OAR chapter 407, division 007.
>
> (b) Providers must comply with criminal history re-checks by completing a new criminal history authorization form when requested to do so by the Department.
>
> (c) The provider's failure to complete a new criminal history check authorization will result in the inactivation of the provider enrollment. Once inactivated, a provider must reapply and meet all of the standards described in this rule to have their provider enrollment reactivated.

Stat. Auth.: ORS 409.010, 410.020, 410.070 & 410.608
Stats. Implemented: ORS 409.010, 410.020, 410.070 & 410.608

411-034-0055 Personal Care Attendant Enrollment Standards
(Effective 10/5/2007)

(1) The Department, Division or designee may deny or terminate a Personal Care Attendant's provider enrollment and provider number if the Personal Care Attendant:

(a) Has been appointed the legal guardian of the individual;

(b) Is denied as the result of a weighing test performed as part of the criminal history check process described in OAR chapter 407, division 007;

(c) Lacks the skills, knowledge, or ability to adequately or safely perform the required work;

(d) Violates protective service and abuse rules in OAR chapter 411, division 020, or OAR chapter 413, division 015 or OAR chapter 407, division 045;

(e) Commits fiscal improprieties;

(f) Fails to provide the authorized services required by the eligible individual;

(g) Has been repeatedly late in arriving to work or has absences from work not authorized in advance by the individual;

(h) Has been intoxicated by alcohol or drugs while providing authorized services to the individual or while in the individual's home;

(i) Has manufactured or distributed drugs while providing authorized services to the individual or while in the individual's home; or

(j) Has been excluded as a provider by the U.S. Department of Health and Human Services, Office of Inspector General, from participation in Medicaid, Medicare or any other federal health care programs.

(2) A Personal Care Attendant may appeal in writing to the Division Administrator for the State Plan Personal Care Program to contest the Division’s or designee’s decision to terminate the Personal Care Attendant’s provider enrollment and provider number.

(a) The Administrator, or a designated Division employee, will review the termination and notify the Personal Care Attendant of his or her decision.

(b) The Department will not refer the appeal to the Office of Administrative Hearings (described in OAR chapter 137, division 003).

Stat. Auth.: ORS 409.010, 410.020, 410.070, & 411.675
Stats. Implemented: ORS 409.010, 410.020, 410.070 & 411.675

411-034-0070 Service Assessment, Authorization, and Monitoring
(Effective 10/5/2007)

(1) Case Manager Responsibilities:

(a) Assessment and Re-Assessment:

(A) The Case Manager or designated person will meet in person with the individual to assess the individual's ability to perform the tasks listed in OAR 411-034-0020.

(B) The individual's natural supports may participate in the assessment if requested by the individual.

(C) The Case Manager will assess the individual's service needs, identify the resources meeting any, some or all of the person's needs, and determine if the individual is currently eligible for State Plan Personal Care or other services.

(D) The Case Manager will meet with the individual in person at least once every 365 days to review the individual's service needs.

(b) Service Planning:

(A) The Case Manager will prepare a service plan identifying those tasks for which the individual requires assistance and the monthly number of authorized hours of service. The Case Manager will document the natural supports that currently meet some or all of those assistance needs.

(B) The service plan will describe the tasks to be performed by the qualified provider and will authorize the maximum monthly hours that can be reimbursed for those services.

(C) When developing service plans, Case Managers will consider the cost effectiveness of services that adequately meet the individual’s service needs.

(D) Payment for State Plan Personal Care services must be prior authorized by the Case Manager based on the service needs of the individual as documented in the written service plan.

(c) Ongoing Monitoring and Authorization:

(A) When there is an indication that the individual's Personal Assistance Service needs have changed, the Case Manager will conduct a re-assessment in person with the individual (and any natural supports if requested by the individual).

(B) Following annual re-assessments and those conducted after a change in Personal Assistance Service needs, the Case Manager will review service eligibility, the cost effectiveness of the service plan and whether the services provided are meeting the identified service needs of the individual. The Case Manager may adjust the hours or services in the plan and will authorize a new service plan, if appropriate, based on the individual's current service needs.

(d) Ongoing Case Management: The Case Manager will provide ongoing coordination of State Plan Personal Care services, including authorizing changes in service providers and service hours, addressing risks, and providing information and referral to the individual when indicated.

(e) Contract Registered Nurse Referral: A Contract Registered Nurse (RN) is a licensed, registered nurse who has been approved under a contract or provider agreement with Seniors and People with Disabilities Division to provide nursing assessment for indicators identified in section (1)(f)(A) of this rule and may provide on-going

nursing services as identified in section (1)(f)(B) of this rule to certain individuals served by the Division. Individuals served by the Contract RN Program are primarily seniors and people with physical disabilities.

(f) The Case Manager may refer a Contract RN where available, for nursing assessment and monitoring when it appears the individual needs assistance to manage health care needs and may need delegated nursing tasks, nurse assessment and consultation, teaching, or services requiring RN monitoring.

(A) Indicators of the need for Contract RN assessment and monitoring include:

(i) Complex health problem or multiple diagnoses resulting in the need for assistance with health care coordination;

(ii) Medical instability, as demonstrated by frequent emergency care, physician visits or hospitalizations;

(iii) Behavioral symptoms or changes in behavior or cognition;

(iv) Nutrition, weight, or dehydration issues;

(v) Skin breakdown or risk for skin breakdown;

(vi) Pain issues;

(vii) Medication safety issues or concerns;

(viii) A history of recent, frequent falls; or

(ix) The service provider would benefit from teaching or training about the health support needs of the eligible individual.

(B) Following the completion of an initial nursing assessment in the individual’s home by the Contract RN, the provision of

ongoing Contract RN services may be prior-authorized by the Case Manager and may include:

(i) Ongoing health monitoring and teaching for an eligible individual specific to the identified needs;

(ii) Medication education for an eligible individual and provider;

(iii) Instructing or training a provider or natural support to address an eligible individual's health needs;

(iv) Consultation with other health care professionals serving the eligible individual and advocating for the individual's medical and restorative needs in a non-facility setting; or

(v) Delegation of nursing tasks defined in OAR 411-034-0010 to a non-family provider.

(2) Contract RN Services:

(a) Assessment: A Contract Registered Nurse that accepts a referral from a Case Manager will assess the individual for health care needs, including the indicators identified in section (1)(d)(A) of this rule, in the individual's home.

(b) Nursing Plan of Care:

(A) The nursing plan of care developed by the Contract RN must comply with the Oregon State Board of Nursing Oregon Administrative Rules in chapter 851, divisions 045 and 047.

(B) The nursing plan of care developed by the Contract RN must be a written plan and must indicate the interventions needed, the expected outcomes of care and the plan for any follow-up nursing visits based on the individual's identified needs.

(C) The frequency of review will be based on the individual's needs, but the plan will be reviewed and approved by the Case Manager at least every 180 days. Any additional Contract RN services suggested by the review must be prior authorized by the Case Manager.

Stat. Auth.: ORS 409.010, 410.020, 410.070, 410.608 & 410.710
Stats. Implemented: ORS 409.010, 410.020, 410.070, 410.608 & 410.710

411-034-0090 Payment Limitations
(Effective 10/5/2007)

(1) The number of service hours authorized for each individual per calendar month will be based on projected amounts of time to perform specific assistance to the eligible individual. The total of these hours must not exceed 20 hours per individual per month. These hours are authorized in accordance with the service plan and may be scheduled throughout the month to meet the service needs of the eligible individual.

(2) The monthly maximum hours for State Plan Personal Care services described in section (1) of this rule do not include authorized Contract Registered Nurse assessment and monitoring services.

(3) The Department will not guarantee payment for services until all acceptable provider enrollment standards have been verified and both the employer and provider have been formally notified in writing that payment by the Department is authorized.

(4) In accordance with OAR 410-120-1300, all provider claims for payment must be submitted within 12 months of the date of service.

(5) Payment cannot be claimed by the provider until the hours authorized for the payment period have been completed, as directed by the eligible individual or his or her representative.

Stat. Auth.: ORS 409.010, 410.070, 411.590 & 411.675
Stats. Implemented: ORS 410.020, 410.070, 410.710, 411.590 & 411.675