

# Support Services Expenditure Guideline

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# Introduction

## **Support Services Expenditure Guidelines**

Support Services are designed to help provide a full array of services and supports that assist each individual to plan and have the life he/she desires. They are not simply a funding source, but one mechanism to assist an individual to be self-determined. One key role of a Personal Agent is the facilitation of planning and arranging of all appropriate resources (personal, community and public) on behalf of an individual to meet the desired ends.

By Oregon Administrative Rule (OAR) definition:

Support Services are designed to identify, strengthen and, where required, supplement private, public, formal and informal support so that people can exercise self-determination. Support Services are to augment a person's support system, not to replace a support system. All expenditures of Support Services funds must be for goods or services that are "supports" and "social benefits" as defined in OAR 411-340-0020(64) and (69).

The Expenditure Guidelines are not meant to be a menu of services from which to choose. The Guidelines were purposely constructed to allow for the creative arrangement of services and supports to meet the unique needs of each individual. Understanding the foundation of the Guidelines is essential for all Personal Agents. There are basic criteria that all services and supports must meet before assigning a service category and billing code.

The critical question about specific expenses is not which category something fits into, but rather if it is a State allowable expenditure. The Basic Expenditure Requirement chart outlines the fundamental questions that a Personal Agent must ask about every potential expenditure. Before attempting to decide which category an expense fits, a Personal Agent should check that the service or support meets all nine (9) of the "Basic Expenditure Requirements". The origins of the Basic Expenditure Requirements are found in State Statutes, OARs, CMS Waiver and associated Federal Regulations, Rate Range Policy and Rate Guidelines.

# Basic Expenditure Requirements

REQUIREMENT	EXPLANATION
<p>1. DIRECTLY related to a specific goal on an individual's ISP AND</p>	<p>All expenditures must relate to a goal on a person's plan. For example, simply purchasing a bus pass for someone because they receive Support Services is not allowable. The bus pass must be tied to a specific goal that in turn relates to independence, productivity, or community participation.</p> <p>Goals on a person's plan should be individualized and come directly from a person-centered planning process. The goals indicated in the Action Plan section of an individual's plan should be short-term goals that the individual is working on during the course of the identified planning year. A short-term goal should be crafted so that it is easy to sit down with the individual and discuss, in concrete ways, what progress occurred.</p> <p>Generic or very global goals like "I want to be independent" are not good short-term goal statements. The PA needs to help articulate what the individual wants to accomplish. "In what areas do you want to work on becoming independent this year?"</p>
<p>2. REQUIRED to maintain or increase:</p> <ul style="list-style-type: none"> <li>• Independence and/or</li> <li>• Community participation and/or</li> <li>• Productivity/Employment</li> </ul> <p>AND</p>	<p>Goals on an ISP should ultimately and directly relate to independence, community participation and/or productivity.</p>

REQUIREMENT	EXPLANATION
<p>3. REQUIRED solely because of the effects of a developmental disability AND</p>	<p>Support Services is a disability related program, NOT a poverty program or a health insurance program. People are enrolled in Support Services because they have a disability.</p> <p>Other federal and state programs are funded to address healthcare and poverty-related needs. While these programs may not be adequately available to meet all of these needs, Support Service funds can not be used to address the shortcomings of other social service programs.</p> <p>The ISP must relate supports and goods purchased to the effects of the disability on the individual and how it assists the individual to reach his/her goals.</p>
<p>4. DOES NOT replace existing support system and resources AND</p>	<p>The person-centered planning process is critical because the ISP should be developed with a full understanding of all of the personal and community resources that a person currently uses and should have available to them.</p> <p>Support Services should not supplant existing resources. The support that someone's family, friends and community already provides should not automatically be replaced because there are now funds available to someone.</p> <p>Support Services are to COMPLEMENT or AUGMENT someone's existing support system. Self-Determination is about people gaining a life rich in community involvement, not about becoming dependent on paid services.</p>

REQUIREMENT	EXPLANATION
<p>5. DOES NOT replace other government benefits like OVRS (Oregon Vocational Rehabilitation Services, Commission for the Blind), Dept. of ED., Oregon Health Plan, Section 8 AND</p>	<p>Support Service funds can be used once other government funds are expended for disability-related needs.</p> <p>The following are NOT SUFFICIENT reasons to use Support Service funds to meet someone's needs when other government benefits are available, will be available or are mandated to be available:</p> <ul style="list-style-type: none"> <li>• Long delays in getting other benefits</li> <li>• Poor choice of qualified providers</li> <li>• Non-preferred equipment</li> <li>• Inability to afford housing or food</li> <li>• Other governmental programs not following rules that govern them.</li> </ul> <p>Once benefit limits for State Plan (OHP/Medicaid) or OVRS are reached, Support Service funds may be an option to purchase that service or support.</p> <p>Support Service funds are intended to be the last dollar used in the purchase of needed services and supports.</p>
<p>6. DOES NOT provide for basic needs of food, shelter, clothing AND</p>	<p>Support Service funds are earmarked to provide for disability-related needs. They are never to be used to meet poverty-related needs, even when the poverty-related needs appear to be the result of the disability. There are other programs available to address poverty-related needs. Other poor Oregonians are not eligible to receive additional assistance with health care costs or food costs.</p> <p>It is understood that in many ways disability and poverty are inextricably connected and that there are many disincentives and barriers to people achieving self-determination given current rules and regulations regarding government benefits and programs.</p>

REQUIREMENT	EXPLANATION
	<p>Support Services does not limit the use of a Personal Agent's time to help address in other ways the poverty related needs of the individual.</p>
<p>7. COST-EFFECTIVE use of public resources AND</p>	<p>Cost effective is defined as: Being responsible and accountable with Department resources by obtaining a comparison between services. The result of the comparison would be the purchase of services/equipment that adequately meets the individual's needs, is within the approved rates and is not above the average customary and usual cost for the area.</p> <p>Supports that have historically had no cost should not be paid for simply because funds may be available. Likewise, generic items that have a disability-related use should not cost more because they are being used as a specialized support.</p>
<p>8. NEVER a direct payment to a beneficiary AND</p>	<p>Center for Medicaid Services does not allow money to go directly to an individual or their family.</p> <p>Funds are paid directly to a qualified provider for services actually provided or for goods received.</p>
<p>9. NEVER for activities that are purely diversional.</p>	<p>Support Services are designed to help provide disability-related support.</p> <p>All adults enjoy purely recreational activities. Other adults, including other poor adults, do not get their movie tickets, museum entrance fees or game tickets paid for them. The support person required for an adult with a disability to participate in an activity like this however is not something other adults need.</p>

## QUICK REFERENCE: BASIC EXPENDITURE REQUIREMENTS

**Every expenditure MUST MEET ALL NINE OF THE CRITERIA BELOW**

1. DIRECTLY related to a specific goal on an individual's ISP AND
2. REQUIRED to maintain or increase Independence and/or Community participation and/or Productivity AND
3. REQUIRED *solely* because of the direct effects of a developmental disability AND
4. DOES NOT replace existing support system and resources AND
5. DOES NOT replace other government benefits (OVRs, Dept of Ed., SSI, Oregon health Plan, Section 8) AND
6. DOES NOT provide for basic needs of food, shelter, clothing AND
7. COST- EFFECTIVE use of public resources AND
8. NEVER a direct payment to a beneficiary AND
9. NEVER for activities that are purely diversional.

**If the expense does not meet all 9 criteria above, it is NOT ALLOWABLE under Support Service Rules.**

# Guidelines

**Service Definition: CHORE SERVICES (CPMS Service Code 725)**

Service Description	Examples/Clarification
<p>Services needed to maintain a clean, sanitary, and safe environment in an individual's home. Includes heavy household chores. Services are provided when:</p> <ul style="list-style-type: none"> <li>• No one in the household is capable of either performing, or paying for the services <u>AND</u></li> <li>• No other relative, caregiver, landlord, community/volunteer agency, or third-party payer is capable of or responsible for the provision of these services.</li> </ul>	<p><b>One-time or occasional</b> assistance with tasks involving heavy physical labor aimed at achieving basic cleanliness and safety that may then be maintained over a reasonable period of time by routine housekeeping and maintenance.</p> <p>These tasks include, but are not limited to: washing floors, windows and walls; tacking down loose rugs and tiles; moving heavy items of furniture for safe access.</p> <p>Customer Survey and progress notes must include documentation for the need for this service, based on disability and evidence and results of a search for alternatives to support service funds, e.g.:</p> <ul style="list-style-type: none"> <li>• No one in the household physically or cognitively able to perform the work; <u>AND</u></li> <li>• No one in household capable of paying for the work to be done; <u>AND</u></li> <li>• No option for landlord or community service agency or other person in the individual's life to do the work.</li> </ul>

**Non-allowable Chore Service Expenses:**

- **Ongoing home maintenance and housekeeping services.** (See Addendum A-2)
- Lawn and yard maintenance.
- Routine expenses associated with moving residence, e.g. moving furniture and belongings, cleaning apartment to obtain cleaning deposit.
- Remodeling or new construction in and around the home.
- Pet washing and grooming.
- Washing vehicles.
- Normal household cleaning supplies.

**Service Definition: COMMUNITY LIVING AND INCLUSION SUPPORTS  
(CPMS Service Code 726)**

<b>Service Description</b>	<b>Examples/Clarifications</b>
<p>Provide support for individuals to participate in activities in integrated settings to facilitate independence and promote community inclusion and contribution.</p> <p>Skill instruction and/or attendant care support to participate in typical adult activities which allows the individual to acquire, retain or improve skills that contribute to:</p> <ul style="list-style-type: none"> <li>▪ Independence,</li> <li>▪ Productivity/employment</li> <li>▪ Integration,</li> <li>▪ Maintenance of the individual’s physical and mental skills.</li> </ul> <p>Services provided for the purpose of facilitating independence and promoting community integration by supporting the individual to gain or maintain skills to live as independently as possible in the type of community-based housing the individual chooses.</p>	<ul style="list-style-type: none"> <li>○ Attendant care to participate in typical adult activities such as recreational activities, exercise programs. Portion of payment for camp that purchases specific support for an individual provided by a qualified provider.</li> <li>○ Mobility training and instruction in use of local transportation services.</li> <li>○ Sheltered workshop services where goals for productivity and contribution are clearly identified.</li> <li>○ Personal skills: eating, bathing, dressing, personal hygiene, mobility.</li> <li>○ Socialization: development or maintenance of self-awareness and self-control, social responsiveness, social amenities and interpersonal skills.</li> <li>○ Communication: development or maintenance of expressive and receptive skills in verbal and non-verbal language, functional application of</li> </ul>

<p>Supports include:</p> <ul style="list-style-type: none"> <li>○ Developing or maintaining skills in self-care and self-management,</li> <li>○ Directing supports</li> <li>○ Caring for immediate environment.</li> </ul>	<p>acquired reading and writing skills,</p> <ul style="list-style-type: none"> <li>○ Personal Environment: development or maintenance of skills such as planning and preparing meals, budgeting, laundry and housecleaning.</li> </ul> <p>(See Addendum A-1 regarding classes and/or Addendum A-3 regarding Counseling and Related Behavioral Health Supports)</p>
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**Non-allowable Community Living and Inclusion Supports Service Expenses:**

- Costs for transportation, food, shelter, and entertainment that would normally be incurred by anyone on vacation, regardless of disability, and are not strictly required by the individual’s need for personal assistance in all home and community settings.
- Portion of camp fees not directly associated with specialized supports for the individual, e.g. room, board, administration.
- Expenses that would normally be paid by adults without disabilities in pursuit of strictly recreational or personal interests, e.g. video rental, tickets for movies and concerts, internet fees, “1-900” phone calls, admissions to sporting events, health club dues, horseback riding fees, conference fees.
- Drivers education classes or 1:1 skill training around driver training.
- GED classes.
- Parenting classes.
- Services delivered within the home to individuals who pay privately for services in licensed or certified facilities.

**Service Definition: ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS  
(CPMS Service Code 728)**

<b>Service Description</b>	<b>Examples/Clarifications</b>
<p>Physical adaptations which are necessary to ensure the health, welfare, and safety of the individual in the home, or which enable the individual to function with greater independence in the home.</p>	<ul style="list-style-type: none"> <li>• Environmental modification consultation to determine the appropriate type of adaptation;</li> <li>• Installation of shatter-proof windows;</li> <li>• Hardening of walls or doors; specialized, hardened, waterproof or padded flooring;</li> <li>• An alarm system for doors or windows;</li> <li>• Protective covering for smoke detectors, light fixtures, and appliances;</li> <li>• Sound and visual monitoring systems;</li> <li>• Fencing;</li> <li>• Installation of ramps and grab-bars;</li> <li>• Installation of electric door openers;</li> <li>• Adaptation of kitchen cabinets/sinks;</li> <li>• Widening of doorways, handrails, modification of bathroom facilities;</li> <li>• Individual room air conditioners for individuals whose temperature sensitivity issues create behaviors or medical conditions that put themselves or others at risk;</li> <li>• Installation of non-skid surfaces, overhead track systems to assist with lifting or transferring;</li> <li>• Specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual;</li> </ul>

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|  | <ul style="list-style-type: none"><li>• Vehicle modifications to meet unique needs (e.g. lift, seats, head and leg rests and belts, special safety harnesses or other modifications to keep the individual safe in the vehicle).<br/>Repair of lift.</li></ul> |
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**Non-allowable Environmental Accessibility Adaptation Service Expenses:**

- Generic fire safety equipment.
- General household maintenance and repair.
- 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 to the home that add to the total square feet of living space of the home.
- Adaptations and modifications not constructed in accordance with applicable State or local building codes.
- Adaptations and improvements not necessary or cost-effective, e.g. covering porch used for equipment storage when tarp will adequately protect the equipment, installing extra under-carpet padding throughout a rental unit when individual can be adequately protected with more portable personal safety devices.
- Materials or equipment that have been determined unsafe for the general public by recognized child and consumer safety agencies.
- Environmental adaptations in more than one location without specific SPD approval.
- Equipment that costs over \$500 for which a Promissory Note has not been obtained.
- Modifications of \$5000 and over, for which the state's interest was not properly secured via a lien and/or for which other conditions outlined in OAR 411-340-0150(9)(b)(C-D) are not met.

**Service Definition: FAMILY TRAINING (CPMS Service Code 729)**

<b>Service Description</b>	<b>Examples/Clarifications</b>
<p>Training and counseling services for the family of an individual to increase capabilities of the family to care for, support and maintain the individual in the home.</p> <p>Services are provided by licensed psychologists, professionals licensed to practice medicine, social workers, counselors, or in organized conferences and workshops that are limited to topics related to the individual's disability, identified support needs, or specialized medical or habilitative support needs.</p>	<p>Instruction about treatment regimens and use of equipment specified in the Individual Support Plan</p> <p>Information, education and training about the individual's disability, medical, and behavioral conditions.</p> <p>Counseling for the family to relieve the stress associated with caring for an individual with disabilities.</p>

**Non-allowable Family Training Service Expenses:**

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

**Service Definition: HOMEMAKER (CPMS Service Code 730)**

<b>Service Description</b>	<b>Examples/Clarifications</b>
<p>Support consisting of general household activities such as meal preparation and routine household care provided by a trained homemaker.</p> <p>Services can be provided only when the person normally responsible for these activities is:</p> <ul style="list-style-type: none"><li>• Temporarily absent; OR</li><li>• Unable to manage the home as well as care for self and individual in the home; OR</li><li>• Needs to devote additional time to care for the individual.</li></ul>	<p>This is a service linked to the caregiver as well as the needs of the individual.</p> <p>See Appendix A-2 for housekeeping support linked to the needs of the individual.</p>

**Non-allowable Homemaker Service Expenses:**

- Lawn and yard maintenance
- Pet washing and grooming
- Washing vehicles
- Activities that are not of direct benefit to the individual with disabilities
- Painting, roofing, other home maintenance and repair tasks
- Heavy one-time cleaning tasks associated with Chore Services.
- General household cleaning supplies.

**Service Definition: OCCUPATIONAL THERAPY (CPMS Service Code 732)**

<b>Service Description</b>	<b>Examples/Clarifications</b>
<p>Services of a professional licensed under ORS 675.240, which are defined under the approved State Medicaid Plan, except that the amount and duration specified in the State Medicaid Plan, may be exceeded.</p> <p>OHP and private/other insurance should always be used as the first funding source.</p> <p>The use of Support Service funds to purchase occupational therapy for individuals not on Medicaid is limited to those services covered by the State Medicaid Plan.</p> <p>See DMAP (Division of Medical Assistance Programs) provider guide site or call the OHP provider to determine whether an item is covered:</p>	<p>Only covers services that Oregon Health Plan covers. Generally, these services are assessment, family/provider training to carry out specific recommendations, consultation, and direct hands-on therapy provided by an appropriately licensed or certified professional.</p> <p>Covers services once OHP limits have been reached and there must be written proof that OHP limits have been reached.</p> <p><b>Best way to find out if acceptable to use Support Service Dollars:</b></p> <ol style="list-style-type: none"> <li>1. Review current DMAP provider information online or call OHP and see if the service is normally covered under OHP. If it is <i>not covered</i>, then Support Service funds <i>cannot</i> be used.</li> <li>2. If it is something OHP covers but the individual has reached the OHP benefit limit, then it can be covered by Support Service funds. (Note: You must have documentation that benefit limits have been reached.)</li> </ol>

**Service Definition: PERSONAL EMERGENCY RESPONSE SYSTEMS  
(CPMS Service Code 733)**

Service Description	Examples/Clarifications
<p>Electronic devices required by certain individuals to secure help in an emergency for safety in the home and the community.</p> <p>Services are limited to people who:</p> <ul style="list-style-type: none"> <li>• live alone or,</li> <li>• are alone for significant parts of the day and would otherwise require extensive routine supervision or</li> <li>• would otherwise require an attendant when out in the community.</li> </ul>	<p>Portable “Help” button. Allowable costs include one time cost of installation and monthly service fee.</p> <p>Cell phone services under listed circumstances:</p> <ul style="list-style-type: none"> <li>• “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 their way home” and</li> <li>• Not for convenience or general purpose use. Costs associated with non-emergency use are prohibited.</li> </ul>

**Non-allowable PERS Service Expenses:**

- General home or office telephone services or service plans.
- Pager or cell phone services for staff who use the services for general communication or for other individuals and costs are not clearly separated.
- Minutes on phone service bills that were not used for the purpose listed on the ISP that much be either to secure help in an emergency situation or to provide support which would have otherwise required the presence of an attendant.

**Service Definition: PHYSICAL THERAPY (CPMS Service Code 734)**

<b>Service Description</b>	<b>Examples/Clarifications</b>
<p>Services provided by a professional licensed under ORS 688.020 that are defined under the approved State Medicaid Plan, except the amount and duration specified in the State Medicaid Plan may be exceeded.</p> <p>OHP and other insurance should always be used as the first funding source.</p> <p>The use of Support Service funds to purchase physical therapy for individuals not on Medicaid is limited to those services covered by the State Medicaid Plan.</p> <p>See DMAP (Division of Medical Assistance Programs) provider guide site or call the OHP provider to determine whether an item is covered.</p>	<p>Only covers services that Oregon Health Plan covers. Generally, these services are assessment, family/provider training to carry out specific recommendations, consultation, and direct hands-on therapy provided by an appropriately licensed or certified professional.</p> <p>Covers services once OHP limits have been reached and there must be written proof that OHP limits have been reached.</p> <p><b>Best way to find out if acceptable to use Support Service Dollars:</b></p> <ol style="list-style-type: none"> <li>1. Review current DMAP provider guides online or call OHP and see if the service is normally covered under OHP. If it is <i>not covered</i>, then Support Service funds <i>cannot</i> be used.</li> <li>2. If it is something OHP covers but the individual has reached OHP benefit limit, then it can be covered by Support Service funds. (Note: You must have documentation that benefit limits have been reached.)</li> </ol>

## Service Definition: RESPITE CARE (CPMS Service Code 735)

Service Description	Examples/Clarification
<p>Respite is short-term care and supervision provided because of the absence, or need for relief, of persons normally providing the care to individuals unable to care for themselves.</p> <p>Respite may be provided in:</p> <ul style="list-style-type: none"> <li>• the individual's home,</li> <li>• a respite provider's home,</li> <li>• a foster home, a group home,</li> <li>• a licensed day care center,</li> <li>• a community care facility that is not a private residence.</li> </ul>	<ul style="list-style-type: none"> <li>• Temporary respite care, which is provided on less than a 24-hour basis, e.g. staying with a neighbor for the afternoon, bringing a care provider in to the home for a few hours in the evening every few weeks to allow the caregiver to leave the house for recreation.</li> <li>• 24-Hour overnight care which is provided in segments of 24-hour units that may be sequential, e.g. arranging for the individual to spend the weekend away from home at a care provider's home or foster home, bringing a care provider to the individual's home while the primary caregiver goes on vacation for a week</li> </ul>

### **Non-allowable Respite Care Service Expenses:**

- Basic meals for individual with disability unless as part of short-term stay in Medicaid-approved facility.
- Generic vacation travel and lodging expenses.
- Ongoing long-term service, approximately 8 hours/day, five days a week.
- Substitute care to allow a caregiver to attend school or work.
- Nursing care facilities

**Service Definition: SPECIAL DIET (CPMS Service Code 736)**

<b>Service Description</b>	<b>Examples/Clarifications</b>
<p>Specially prepared food and or particular types of food needed to sustain the individual in the family home.</p> <p>Special diets must be ordered by a physician and monitored by a dietitian periodically.</p> <p>Special diets are supplements and are not intended to meet an individual’s complete daily nutritional requirements. They do not provide or replace the nutritional equivalent of meals and snacks normally required regardless of disability.</p>	<ul style="list-style-type: none"> <li>• High caloric supplements.</li> <li>• Gluten-free supplements.</li> <li>• Ketogenic or other metabolic supplements.</li> </ul>

**Non-allowable Special Diet Service Expenses:**

- Items such as diet drinks and bodybuilding formulas, purchased for weight loss or gain that could be achieved using generic foods and dietary guidelines.
- Experimental nutritional supplements or regimens, such as combinations of vitamins and minerals purported to cure or alleviate symptoms of Autism, Downs’ Syndrome, or other developmental disabilities and which have not achieved general professional acceptance as essential to management of these conditions.
- Food or equipment that can be purchased through the Oregon Health Plan or private insurance.
- A full nutritional regimen, i.e. the nutritional equivalent of three meals a day with snacks. (Example: Will not purchase all food for an individual who has a physician’s order for gluten-free products while the household food budget is used to provide generic diets to the rest of the household. Will only purchase the supplement ordered by a physician and monitored by the dietitian.)
- Food for the entire household.
- Paying “cost comparison” difference between a typical diet and a special diet.

**Service Definition: SPECIALIZED MEDICAL/OTHER EQUIPMENT AND SUPPLIES  
(CPMS Service Code 737)**

<b>Service Description</b>	<b>Examples/Clarifications</b>
<p>Devices, aids, controls, supplies, or appliances that 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.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>• Items necessary to support a healthy life,</li> <li>• ancillary supplies and equipment necessary to the proper functioning of such items,</li> <li>• durable and non-durable medical equipment not available under the Medicaid State Plan.</li> </ul> <p>Equipment, supplies and services must:</p> <ul style="list-style-type: none"> <li>• Be reasonable or necessary for the treatment of the disability.</li> <li>• Be determined appropriate and be properly prescribed by a licensed practitioner practicing within his or her scope of practice or licensure.</li> <li>• Not be considered experimental or investigational, deviate from acceptable and customary standards of medical practice or for which there is insufficient outcome data to indicate effectiveness.</li> </ul>	<ul style="list-style-type: none"> <li>• Adaptive equipment for eating (i.e. utensils, trays, cups, bowls that are specially designed to assist an individual to feed him/herself).</li> <li>• Incontinence items or devices</li> <li>• Manual Wheelchair for mobility when power chair won't fit in house.</li> <li>• 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.)</li> <li>• Assistive technology items.</li> <li>• Computer software (used by the individual to express needs, control supports, plan and budget supports). Augmentative Communication devices.</li> <li>• Environmental adaptations to control lights, heat, stove, etc.</li> <li>• Sensory Stimulation equipment and supplies that help an individual be calm, provide appropriate activity or</li> </ul>

OHP and private insurance should always be used as the first funding source. If OHP or the private insurance denies funding for the item, Support Service funds can be used if the following criteria is met:

- Purchase of the equipment is cost effective because it will reduce other costs in another area such as the reduction in hours of needed support staff.
- The item is a medical/disability related necessity and is not for convenience.
- The item is the basic item at the minimum cost that meets the individual's needs.

If the OHP or a private insurance will pay for an item but the maximum allowable rate will not cover the specific type or brand of item desired, Support Service funds cannot be used to make up the difference in cost. Individuals should consult with their health plan staff, such as the Exceptional Needs Care Coordinator, if they have difficulty locating an item for the maximum allowable rate.

The use of Support Service funds to purchase medical equipment and supplies for individuals not on Medicaid must follow the same criteria used for individuals receiving Medicaid.

safely channel an obsession (e.g. vestibular swing, weighted blanket, tactile supplies like creams and lotions).

- Purchases, rentals, repairs covered by OHP for durable medical equipment after OHP limit has been reached.
- Supplies required to implement communication or behavior programs purchased from providers who do not have Medicaid vendor status when:
  1. SPD variance has been obtained;
  2. The program is professionally designed to meet specific objectives; andThe program is regularly monitored and adjusted on the basis of progress toward objectives.

**Non-allowable Specialized Medical Equipment Service Expenses:**

- Work-related clothing available through a Vocational Rehabilitation employment plan.
- Generic household furnishings, personal clothing (for individual or family), and other purchases made because of financial need.
- Materials or equipment that have been determined unsafe for the general public by recognized consumer safety agencies.
- Items which are needed solely to allow a school-aged individual to participate in school.
- Items not of direct medical or remedial benefit to the individual.
- Equipment that is not necessary or cost-effective.
- Equipment that costs over \$500 for which a Promissory Note has not been obtained.
- Purchase of equipment OHP covers when individual is not Medicaid eligible.

**Service Definition: SPECIALIZED SUPPORTS (CPMS Service Code 738)**

Service Description	Examples/Clarifications
<p>Treatment, training, consultation or other unique services necessary to achieve outcomes in the plan of care that are not available through the State Medicaid Plan services or other Support Services. Typical supports include the services of a behavior consultant, a licensed nurse or a social/sexual consultant to:</p> <ol style="list-style-type: none"> <li>a) Assess the needs of the individual and family including environmental factors</li> <li>b) Develop a plan of support</li> <li>c) Train caregivers to implement the support plan</li> <li>d) Monitor implementation of the plan</li> <li>e) Revise the plan as needed</li> </ol> <p>When behavioral and emotional issues are related to an individual’s developmental disability, provide training and consultation in areas of:</p> <ul style="list-style-type: none"> <li>• Self control</li> <li>• Self calming</li> <li>• Behavior change</li> <li>• Anger management</li> <li>• Relationships</li> <li>• Sensory stimulation</li> <li>• Social responsiveness</li> </ul> <p>See Addendum A-3, Counseling and Related Behavioral Health Supports, for further clarification.</p>	<p>Behavior Consultation consists of:</p> <ul style="list-style-type: none"> <li>• Assessment of the needs of the individual and the family and the environmental factors that affect the behavior;</li> <li>• Development of a positive behavior support plan;</li> <li>• Training and implementation of a positive behavior support plan with the family and providers;</li> <li>• Revision and monitoring of the plan as needed to prevent injury to the individual or others.</li> </ul> <p>Social sexual consultation consists of:</p> <ul style="list-style-type: none"> <li>• Assessment of the individual and the environmental factors that effect the behavior;</li> <li>• Development of a support plan with the individual, family and providers;</li> <li>• Implementation, training, monitoring and revision of the plan as needed to meet the identified outcomes of the plan.</li> </ul> <p>Nursing Consultation consists of:</p> <ul style="list-style-type: none"> <li>• Assessment of the individual;</li> <li>• Development of a nursing support plan with the individual, family and providers;</li> </ul> <p>Implementation, training, monitoring and revision of the plan as needed to meet the identified health outcomes of the plan.</p>

**Service Definition: SPEECH AND LANGUAGE THERAPY (CPMS Service Code 739)**

Service Description	Examples/Clarifications
<p>Services of a professional licensed under ORS 681.250 that are defined under the approved State Medicaid Plan, except the amount and duration specified in the State Medicaid Plan may be exceeded.</p> <p>OHP and other insurance should always be used as the first funding source.</p> <p>The use of Support Service funds to purchase speech and language therapy for individuals not on Medicaid is limited to those services covered by the State Medicaid Plan.</p> <p>See DMAP (Division of Medical Assistance Programs) provider guide site or call the OHP provider to determine whether an item is covered.</p>	<p>Only covers services that Oregon Health Plan covers. Generally, these services are:</p> <ul style="list-style-type: none"> <li>• Assessment,</li> <li>• Family/provider training to carry out specific recommendations,</li> <li>• Consultation,</li> <li>• Direct hands-on therapy provided by an appropriately licensed or certified professional.</li> </ul> <p>Covers services once OHP limits have been reached. There must be written proof that OHP limits have been reached.</p> <p><b>Best way to find out if acceptable to use Support Service Dollars:</b></p> <ol style="list-style-type: none"> <li>1. Review current DMAP provider guides online or call OHP and see if the service is normally covered under OHP. If it is <i>not covered</i>, then Support Service funds <i>cannot</i> be used.</li> <li>2. If it is something OHP covers but the individual has reached OHP benefit limits, then it can be covered by Support Service funds. (Note: You must have documentation that benefit limits have been reached.)</li> </ol>

## Service Definition: SUPPORTED EMPLOYMENT (CPMS Service Code 740)

Service Description	Examples/Clarifications
<p>Provision of job training and supervision available to assist an individual who needs intensive ongoing support to choose, get, and keep a job in the community business setting.</p> <p>Services need to be planned in partnership with public vocational assistance agencies (Oregon Vocational Rehabilitation Services or Oregon Commission for the Blind) and school districts and through Social Security Work Incentives when available.</p>	<ul style="list-style-type: none"> <li>• Job exploration and coaching.</li> <li>• Specialized work equipment or clothing not covered by the employer (under ADA).</li> <li>• Specialized training required for the job and not covered by employer, OVRD, or school.</li> <li>• Training for co-workers on how to provide individual support on the job.</li> <li>• Consultation regarding self-employment.</li> <li>• Payment for co-workers if time is over and above regular job or activities are over and above reasonable accommodation.</li> <li>• Community assessment.</li> </ul> <p><u>Must work with school and OVRD/Commission for the Blind and negotiate if/what supports they can cover. If they confirm in writing that they cannot, then Support Service funds can be used.</u></p>

### **Non-allowable Supported Employment Service Expenses:**

- Payment for the supervisory activities rendered as a normal part of the business setting.
- Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
- Payments passed through to users (e.g. as wages or OJT subsidized wages) of supported employment programs.
- Payments for vocational training that is not directly related to an individual's supported employment program.

<b>Service Definition: TRANSPORTATION (CPMS Service Code 731)</b>	
<b>Service Description</b>	<b>Examples and Clarifications</b>
<p>Services that allow individuals to gain access to waiver services, community services, activities and resources that are not medical in nature.</p> <p>An individual who is not on Medicaid may use Support Services funds to provide transportation to medical appointments.</p>	<p>Assistance to get to and from:</p> <ul style="list-style-type: none"> <li>• Work,</li> <li>• Community shopping,</li> <li>• Recreation,</li> <li>• Other non-medical activities,</li> </ul> <p>through the use of:</p> <ul style="list-style-type: none"> <li>▪ Transit system pass,</li> <li>▪ Payment per mile that doesn't exceeded published state rate,</li> <li>▪ Payment of "blended" rate if within published rate guidelines.</li> </ul>

**Non-allowable Transportation Service Expenses:**

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

# Appendix A

## Appendix A-1: CLASSES

**DESCRIPTION:** Payment for the cost of a class.

(Note: Payment for the personal care support needed to attend a class does not require the following criteria to be met. Payment for that support must meet the “Basic Expenditure Requirements: and the definition of that service.)

**INSTRUCTIONS:** All of the criteria below must be met for the cost of a class to be paid.

**SERVICE CATEGORY:** Will typically fall into Community Living and Inclusion Supports but may fall into Supported Employment or Specialized Supports.

REQUIREMENT	EXPLANATION/NOTES
1. Expense meets the “Basic Expenditure Requirements” AND	
2. The objective of taking the class is for the individual to learn targeted, functional skills that are related to the developmental disability and a specific goal on the ISP AND	Classes, specialized or not, may be good opportunities for people to learn functional living skills like cooking, meal planning, nutrition, budgeting, hygiene, making friends, communication, how to manage your employees or how to manage your own home.
3. The class is not purely diversional in nature.	Whether specialized instruction or not, classes on recreational activities like karate, yoga, basketball, dance, swimming, crafts, bird-watching, are not covered. Other adult Oregonians who live in poverty do not get recreational classes paid for them.  Many Parks and Recreation districts have scholarships available for people who meet income criteria. PAs may assist individuals to access

scholarship funds in order to attend classes that are purely diversional in nature.

Occasionally there may be instances where a recreational class may be used to achieve a specific functional goal. Some examples would be for an adult with Autism, a swim pass might be covered as part of a formal sensory stimulation or formal behavior support plan. For an adult with Cerebral Palsy, a swim pass may also be part of a formal physical or occupational therapy plan. In these rare circumstances, these purchases would be allowed if it is a professionally accepted practice and an effective alternative to the use of the higher cost of the related professional services. The class must be part of a formal behavior support plan or a treatment plan developed by the behavior specialist, physical therapist, occupational therapist or speech therapist. The support plan must have on-going review to assess effectiveness of the activity.

## Appendix A-2: HOUSEKEEPING

**DESCRIPTION:** General household cleaning like sweeping, mopping, vacuuming, and cleaning the bathroom, performed on behalf of an individual receiving services, who is unable to perform the tasks. Housekeeping is linked to the needs of the individual as there is not caregiver involved.

**INSTRUCTIONS:** All of the criteria below must be met for the cost of housekeeping to be paid.

**SERVICE CATEGORY:** Community Living and Inclusion Supports

REQUIREMENT	EXPLANATION/NOTES
1. Expense meets the “Basic Expenditure Requirements” AND	
2. The individual lives alone or with another individual who has similar support needs AND	<p>It is important to distinguish between Chore Service, Homemaker, Housekeeping:</p> <p><b>CHORE SERVICE</b> – Is one time only or occasional service, not on-going support, to maintain a clean, sanitary, and safe environment.</p> <p><b>HOMEMAKER</b> – When the individual lives with a caregiver and requires housekeeping because the caregiver is unable to perform the tasks or needs help with the tasks in order to focus on other care needs, the service falls directly into the service definition of Homemaker.  <b>Homemaker services are linked to the caregiver.</b></p> <p><b>HOUSEKEEPING</b> – These services are linked to the needs of the individual and that person’s abilities to perform cleaning tasks. Housekeeping falls under Community Living and Inclusion Supports. Housekeeping is only used as the support service when the person lives</p>

	<p>alone or with another person who also has disabilities that prevent them from doing the housekeeping.  <b>Housekeeping is linked to the needs of the individual.</b></p>
<p>3. The housekeeping tasks are necessary  a) For the health and safety of the individual, AND/OR  b) To maintain stability of the living arrangement, AND</p>	<p>Without the housekeeping services the individual's living situation presents unsanitary and/or unsafe conditions including conditions like: risk of consumption of spoiled food, pest infestation and blocked escape routes in the event of fire.</p> <p>The specific health/safety risks must be identified on the plan. Tasks that do not rise to the level of a health and safety risk, such as polishing furniture, should not be paid for with Support Service funds.</p>
<p>4. The individual is unable to perform the tasks.</p>	<p>The individual has a physical and/or a cognitive disability that prohibits him/her from performing necessary cleaning tasks. The distinction needs to be made between unable and unwilling. This service cannot be used because the individual chooses not to do housekeeping chores. OR</p> <p>The individual and the PA determine that even with skills training and/or assistive technology, the individual would be unable to perform the task(s) in a manner that would ensure the health, safety and/or continued stability of living arrangement. This determination is documented in the individual's ISP. While receiving this service, the individual is still expected to perform those housekeeping tasks they are capable of executing.</p>

## Appendix A-3: COUNSELING AND RELATED BEHAVIOR HEALTH SUPPORTS

**DESCRIPTION:** Individual or group training or consultation to address behavioral or emotional need of an individual.

**INSTRUCTIONS:** All of the criteria below must be met for the cost of counseling to be paid.

**SERVICE CATEGORY:** Community Living and Inclusion Supports or Specialized Supports

REQUIREMENT	EXPLANATION/NOTES
1. Expense meets the “Basic Expenditure Requirements” AND	
2. Individual’s need is a type of counseling service that OHP does not provide. AND  The counseling is skill training based, not cognitive (talk) therapy.	<p>Individuals who have mental health benefits through the State Medicaid Plan have a right to an assessment, at a Mental Health agency, to determine whether they are eligible for treatment. Individuals who have a mental health diagnosis or present with a mental health issue may be eligible for treatment including counseling services through Mental Health Services.</p> <p>Individuals may be denied mental health services through the State Plan if the intake assessment determines that there is no presenting mental health issue and that the behavioral or emotional issue to be addressed is related only to the individual’s MR/DD diagnosis. Support Service funds can be used to provide <b>behavior management and skill training</b> to address those behavioral or emotional issues.</p> <p>Support Service funds can not pay for mental health counseling, even though there may be:</p> <ul style="list-style-type: none"> <li>• Long delays in getting treatment</li> </ul>

	<ul style="list-style-type: none"> <li>• No choice or poor choice of qualified providers.</li> </ul> <p><b>This service cannot include direct therapy.</b> It cannot duplicate the activities of other services that are available to the individual through OHP.</p>
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**SUPPORT SERVICE DEFINITION FOR COUNSELING OR RELATED BEHAVIORAL HEALTH SUPPORTS FOR ELIGIBLE INDIVIDUALS**  
The following is a list of counseling and related services that may be covered under the stated service definitions.

**COMMUNITY LIVING AND INCUSION SUPPORTS**

<p>1. Skill training in socialization including modeling, experiential learning, exposure to opportunities to practice for one or more of the following areas:</p> <ul style="list-style-type: none"> <li>• Relationships</li> <li>• Social responsiveness/Social amenities</li> <li>• Relationships/Interpersonal skills</li> </ul>	<p>Counseling related service in this situation is not cognitive “talk” therapy but concrete skill training and practice that may be coupled with conversation about the practice and experience.</p> <p>Providers must be qualified by documented training and expertise in the training area or meet Specialized Support provider qualifications.</p> <p>This is time-limited assistance to achieve a defined outcome. The service must include: assessment, plan, progress and outcome reports.</p>
<p>2. Implementation of plan developed by other professionals, physicians, Specialized Support Providers in areas including:</p> <ul style="list-style-type: none"> <li>• Self control</li> <li>• Self calming/Self monitoring</li> <li>• Anger Management</li> </ul>	<p>Support plans developed to address self-control, self calming, anger management, relationships, etc., may require that an individual have an opportunity to practice and/or receive reinforcement for success implementing the plan. Paid providers may be used to assist with implementation of plans developed by other professionals. This is not a service provided at the skill trainer provider rate.</p>

<ul style="list-style-type: none"> <li>• Self monitoring/Self awareness</li> <li>• Sensory Stimulation</li> </ul>	<p>Providers need to be qualified CLIS providers or Specialized Support providers.</p>
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**SPECIALIZED SUPPORTS**

<p>Skill training, consultation or other unique services necessary to achieve outcomes in the plan of care. Typical supports include the services of a behavior consultant, a licensed nurse, an occupational therapist (for sensory stimulation) or a social/sexual consultant to:</p> <ol style="list-style-type: none"> <li>a) Assess the needs of the individual and family including environmental factors</li> <li>b) Develop a plan of support</li> <li>c) Train caregivers to implement the support plan</li> <li>d) Monitor implementation of the plan</li> <li>e) Revise the plan as needed</li> </ol>	<p>When behavioral and emotional issues are related to an individual/s developmental disability, Support Service funds may be used to provide treatment, training, and consultation.</p> <p>Areas that are typically addressed are:</p> <ul style="list-style-type: none"> <li>• Self control</li> <li>• Self calming</li> <li>• Anger management</li> <li>• Self monitoring/self awareness</li> <li>• Behavior management</li> <li>• Relationships</li> <li>• Sensory stimulation</li> <li>• Social responsiveness</li> </ul> <p>Providers of Specialized Supports must meet the qualifications as stated in the OAR.</p> <p>Support Service funds may be used to cover the cost of the development of behavior support plans by qualified Specialized Support Consultants regardless of the individual's eligibility for mental health services.</p>
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### Appendix A-4: COMPUTERS

**DESCRIPTION:** Payment for the cost of a personal computer

**INSTRUCTIONS:** All of the criteria below must be met for the computer to be purchased with Support Service funds.

**SERVICE CATEGORY:** Specialized Medical Equipment

REQUIREMENT	EXPLANATION/NOTES
1. Expense meets the “Basic Expenditure Requirements” AND	Cost effective in this situation would mean allowing the individual to increase independence and/or community participation without the use of additional paid supports.
2. The computer would be used to address a specific functional skill that promotes independence and/or community participation such as communication or environmental control: <u>AND</u>	<p>The computer must be for the exclusive use of the individual.</p> <p>Support Service funds can not be used to cover the cost for installation, internet fees, maintenance, extended warranties or any other one time or on-going fees.</p> <p>Documentation must also show other options, such as use of telephone, are not viable options.</p> <p>It is <b>not</b> allowable to purchase a computer with Support Service funds if the primary purpose of the computer is recreational.</p>
3. A computer can not be obtained through other means, including VR, school or donations.	

### **Appendix A-5: INDIRECT SAFETY RELATED SUPPORTS**

**DESCRIPTION:** Communication and personal supports with an individual or with public and/or private agencies on the individual’s behalf ONLY when it is essential to their health, safety and welfare AND it is not the responsibility of another party, cannot be done directly (face to face) with the individual and no natural (unpaid) support is available.

**EXAMPLES:** Phone contacts to/for the individual to assist with setting appointments, arranging transportation, following doctor’s orders, managing medical and/or disability related needs, meeting legal requirements, landlord and housing issues. Acting as 24-hour emergency contact for an individual when it is a documented necessary support.

<b>REQUIREMENT</b>	<b>EXPLANATION/NOTES</b>
1. Expense meets the “Basic Expenditure Requirements” AND	
2. The individual lives alone or with someone incapable of providing natural supports and there is no one else in the person’s life that is a natural support.	Compensation for these supports is never paid to a family member, spouse or friend living in the home of the individual. However, service providers such as “Paid Roommates” may be compensated.
3. There are documented health and safety issues that the individual cannot manage independently.	Need for this service and absence of natural support is documented in the Customer Goal Survey and is part of the Individual Support Plan. If the individual lives in a family home, there needs to be a documented pattern of multiple unsuccessful attempts to utilize family or other natural supports.
4. Does not replace supports customarily provided by the Personal Agent.	See OAR 411-340-0120(1) for services provided by Personal Agents. The Personal Agent must review ability to meet some or all of the specific in-direct supports prior to using Support Service funds.

5. When possible, the method of providing these supports is within the presence of the individual.	As often as possible, these services should be provided directly in order to foster self-direction and training. This requirement should be included on the Individual Support Plan and service agreement language.
6. Units of service for these supports must be specified in the Individual Support Plan and service agreement.	Indirect Services must be billed in ¼ hour increments (this supersedes the ½ increment allowed by the provider rate setting handbook .

# Appendix B

## **APPENDIX B: NON-ALLOWABLE PURCHASES WITH SUPPORT SERVICE FUNDS**

Seniors and People with Disabilities has made the decision that some services and /or items can not be purchased with Support Service funds, even though the service or item may appear to meet the nine basic criteria for allowable purchases. This list is subject to change.

Purchases that are never allowed with Support Service funds include but are not limited to the following:

### **PROVIDER-RELATED**

- Payment for health and dental insurance, workers compensation insurance, paid leave, and fiscal intermediary fees for independent providers employed by individuals or families.
- Support provided by someone who does not meet the minimum provider qualifications in the Support Services Rule.
- Services provided by the spouse of the individual receiving support services.
- Services that are not necessary, cost-effective, or of direct benefit to the individual with disabilities, including but not limited to payments to providers when service has not been provided, e.g. vacancies, “no-shows”.
- Support staff recruitment costs.
- Third-party payments, e.g. reimbursing individual or family members for payments made to providers.

### **OTHER GOVERNMENTAL PROGRAM RESPONSIBILITIES**

- Education services for school-aged individuals, including: professional instruction, formal training, and tutoring in communication, socialization, and academic skills; tuition to private schools; payment for programs or services in lieu of school.

- Payments to a provider for tutoring, taking notes, or writing papers for individuals in high school, college, or adult education classes.
- Any services, equipment or supplies that may be purchased through Oregon Health Plan or private insurance, or easily obtained through other resources.
- Mental health services.
- Goods and services available through either public programs (e.g. OHP, schools, or Federal assistance programs) for which an individual is eligible.
- Health and medical costs that the general public normally must pay, including: medications; health insurance co-payments; dental treatments and appliances; medical treatments; dietary supplements.
- Assisting a child without disabilities with communication, basic personal care, school activities, medical and dental services, or other activities because the child's parent has a developmental disability that affects his or her ability to carry out normal parental responsibilities.
- Employment-related services that are otherwise covered under the Rehabilitation Act of 1973 (VRD services).

## **BASIC NEEDS**

- Rent, utilities, mortgage payments.
- Generic vacation travel and lodging expenses.
- Generic household furnishings, personal clothing (for individual or family), and other purchases made because of financial need.
- General household maintenance and repair.
- Fees for legal advice or representation, representative payees, conservators.

## **SERVICE CONDITIONS**

- Services or activities carried out in a manner that constitutes abuse of an individual.

- Services from persons engaging in verbal mistreatment, subjecting an individual to derogatory names, phrases, profanity, ridicule, harassment, coercion or intimidation by threatening injury or withholding of services or supports.
- Restricting an individual's freedom of movement by seclusion in a locked room under any condition.
- Behavior management not based on positive behavioral theory and practice.
- Items or services that are considered experimental or investigational, including clinical trials and demonstration projects, or which deviate from acceptable and customary standards of medical practice or for which there is insufficient outcome data to indicate efficacy.

## **OTHER LAWS AND REGULATIONS**

- Illegal substances or materials.
- Illegal activities.
- Care, training, or supervision that has not been arranged according to applicable state and federal wage and hour regulations.

## ***ADMINISTRATIVE FUNCTIONS OF BROKERAGE***

(Brokerages receive administrative funds to complete the below listed functions. All individuals enrolled in Support Services are eligible for the below services. Individual budgets should never include payment of these services.)

- Services of an interpreter.
- Fiscal intermediary services/payroll services.
- Person-centered planning assistance.