

## Funding Sources for Supplementary Services, Transitions, and Crisis

For consumers receiving Medicaid Long-Term Services and Supports (LTSS).

Consider sources in this order:

1. Natural support system and community
2. Medicare, Medicaid, or any other medical coverage
3. K-Plan Ancillary Services (due to the enhanced federal match)
4. Community-Based Transition Services
5. Special Needs MRP
6. State Funded Transition Supports
7. Crisis Support Program

[Click the arrow (▶) on the left to expand or collapse each heading.]

### Program Name

K-Plan Ancillary Services	Community-Based Transition Services	Special Needs MRP (Medical Related Payments)	Crisis Support Program
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### Program Intent

Empower individuals to maximize independence, dignity and potential through services, which include home modifications, assistive technology, and chore services.	Support those in a community-based or acute care setting to move to an in-home setting.	Support those receiving services with one-time <b>and/or</b> ongoing payments to improve their independence, dignity, health and safety.	Support individuals in a crisis with no other options to resolve the crisis. Crisis support is intended to be part of a long-term solution for a crisis, and a bridge toward service plan stability.
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### Funding Source

Enhanced Federal Match & State Funds	Federal Match & State Funds	State Funds	State Funds
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<b>K-Plan Ancillary Services</b>	<b>Community-Based Transition Services</b>	<b>Special Needs MRP (Medical Related Payments)</b>	<b>Crisis Support Program</b>
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### Program Specific Eligibility

An identified need in their service plan that supports goals, increases independence, reduces the need for human assistance, and/or maintains their health and/or safety.	<p>Eligible for services on the date funding benefits are authorized.</p> <p>Individuals transitioning <i>between</i> CBC facilities or other institutions are <b>not</b> eligible.</p> <p>May not replace services provided through Medicare, Medicaid or other approved Medicaid waiver authorities.</p>	<p>Individuals may be eligible for an ongoing special needs item in lieu of additional long-term care provider service hours.</p> <p>There are specific eligibility criteria for each type of need on p.531 in the <a href="#">Oregon Programs Eligibility Notebook</a></p>	Those assessed with a <b>High</b> or <b>Medium</b> Risk. The item or service is cost-effective to mitigate or prevent a crisis.
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### Eligible Programs

LTSS <sup>1</sup> & EWE (Not SPPC or OPI)	LTSS & EWE (Not SPPC or OPI)	Varies depending on the MRP	LTSS & EWE only (Not SPPC or OPI)
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### Setting Type

In-home and community based. Provides transition funds for individuals leaving nursing facilities or Oregon State Hospital.	Transitioning from CBC or acute care hospital to in-home setting.	All setting types	In-home only
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<sup>1</sup> LTSS means SPL 1-13 eligible.

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### Examples of Allowable Expenses (not an exhaustive list)

<ul style="list-style-type: none"> <li>• <b>Assistive technology:</b> motion/sound sensors, specialized walker, lift chair, transfer poles, specialized eating utensils, etc.</li> <li>• <b>Chore services:</b> removal of hazardous debris from the home, intensive cleaning, infestation treatment, etc.</li> <li>• <b>Environmental mods:</b> ramps, door widening, roll-in shower, etc. Some limited home repair (for in-home consumers) necessary to allow safe ADL and IADL tasks.</li> <li>• <b>NF Transition services:</b> household purchases, deposits, credit checks, moving costs, food, clothing, CBC visits, and</li> </ul>	<ul style="list-style-type: none"> <li>• Clean up needed before returning.</li> <li>• Fees establishing a residence; deposits, credit checks, previous utility bills, etc.</li> <li>• Basic household goods &amp; furnishings.</li> <li>• Moving expenses.</li> <li>• Extra locks or keys.</li> </ul>	<p><b>One-Time Needs</b></p> <ul style="list-style-type: none"> <li>• Home repairs related to medical needs.</li> <li>• Moving costs.</li> <li>• Property taxes.</li> <li>• Community transition services.</li> <li>• Community-based R&amp;B.</li> <li>• Diversion services.</li> </ul> <p><b>Ongoing Needs</b></p> <ul style="list-style-type: none"> <li>• Guide dog and special assistance animal food and medicine.</li> <li>• Laundry allowance.</li> <li>• PIF and R&amp;B.</li> <li>• Accommodation allowance.</li> <li>• Special diet allowance.</li> <li>• Supplemental communication allowance.</li> <li>• Prescription drug co-pay coverage.</li> </ul>	<p><b>One-Time Payments</b></p> <ul style="list-style-type: none"> <li>• Eviction prevention (limitations apply).</li> <li>• Imminent utility shut off.</li> <li>• Emergency home repair, which may include furnaces, plumbing, electrical when the home is OWNED by the consumer.</li> <li>• Temporary hotel costs.</li> </ul>
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household clean ups to facilitate returns.			

### Examples of Unallowable Expenses (not an exhaustive list)

<ul style="list-style-type: none"> <li>• Vehicle modifications</li> <li>• Vehicle purchases</li> <li>• Home repairs if it does not directly support the individuals ADL/IDAL needs.</li> <li>• Appliance, air conditioners and furnace purchases or repairs</li> <li>• ID replacement</li> </ul>	<ul style="list-style-type: none"> <li>• TVs</li> <li>• Pet supplies</li> <li>• Gym memberships</li> <li>• Monthly rental or mortgage expense</li> <li>• Food</li> <li>• Regular utility charges</li> <li>• Household appliances or items purely for diversional or recreational purposes.</li> </ul>	<ul style="list-style-type: none"> <li>• Household appliances</li> <li>• Items intended for purely diversional or recreational purposes.</li> <li>• Household supplies (towels, plates, utensils).</li> </ul>	<ul style="list-style-type: none"> <li>• Items or services covered through K-Plan or other sources</li> <li>• Ongoing rental, mortgage and R&amp;B payments</li> <li>• Requests based on individual preference</li> </ul>
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### Frequency of Use

<ul style="list-style-type: none"> <li>• This is a case-by-case determination.</li> </ul>	<ul style="list-style-type: none"> <li>• Once per calendar year</li> <li>• If moving from CBC or acute care setting to in-home.</li> </ul>	<ul style="list-style-type: none"> <li>• One-time and ongoing.</li> <li>• Some funds can be accessed more than once such as D/T.</li> </ul>	<ul style="list-style-type: none"> <li>• One-time, not ongoing needs.</li> <li>• May be accessed more than once for different purposes or situations.</li> </ul>
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### Amount Covered

Payments for services are limited to the lowest possible cost to adequately	Costs to establish a residence may be up to \$1500. CO approval	One-time needs cannot exceed:	No payment limitations or cap.
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meet the individual's needs.	<p>needed if costs exceed that amount.</p> <p>Basic goods: \$500.</p> <p>Furnishings: \$1000.</p> <p>Extra locks and keys:</p> <ul style="list-style-type: none"> <li>• Reasonable market averages.</li> <li>• Reasonable number of keys to meet needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Home repairs: \$1000 in any 24 months.</li> <li>• Moving: \$1000 in any 12 months.</li> <li>• Property tax: Cost of one year.</li> <li>• Community Transition Services: Minimum amount necessary.</li> <li>• CBC/R&amp;B: Refer to the eligibility notebook.</li> <li>• Diversion Services: Minimum amount necessary.</li> <li>• For more details refer to p.531 in the <a href="#">Oregon Programs Eligibility Notebook</a>.</li> </ul>	CO will determine if the service or item is the most cost-effective solution to mitigate a crisis.

### D/T Special Note

<p><b>FROM</b> the State Hospital or nursing facility.</p> <p><b>TO</b> a lower level of care (CBC or In-home).</p> <p>*Diversion not included.</p>	<p><b>FROM</b> a CBC or acute hospital (not NF).</p> <p><b>TO</b> in-home setting only.</p> <p>*Diversion not included.</p>	<p><b>FROM</b> the State Hospital or nursing facility.</p> <p><b>TO</b> lower level of care.</p> <p><b>Diversion</b> funds allowed to avoid NF placement. Use</p>	No other funding source is available, and the person is experiencing a crisis that would endanger their health and/or safety in their home.
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		1915(k) if possible due to federal match.	

## Considerations & Actions

<p>Ensure assessment comments and synopsis clearly describe why the K-Plan is necessary to:</p> <ul style="list-style-type: none"> <li>• Meet an assessed ADL or IADL.</li> <li>• Ensure health and safety.</li> <li>• Increase independence.</li> <li>• Replace the need for human assistance.</li> </ul> <p>Photos are <b>not</b> required but may help explain chore service and environmental modification requests.</p> <p>Reduce hours for in-home consumers as appropriate.</p> <p>It is ideal to be specific on the consumer's weight and height for lift chairs to ensure a good fit.</p>	<p>Discuss goals and preferences with the consumer. Update goals and preferences in Oregon Access.</p> <p>Narrate the request and how it supports their goals.</p> <p>Bids <b>not</b> required.</p>	<p>Review the <a href="#">Oregon Programs Eligibility Notebook</a> for the requested need.</p> <p>Narrate the need.</p> <p>If work requires a contractor, multiple bids should be included in the request.</p> <p>ONE does not automatically send a notice. Situations where manual notices are needed:</p> <ul style="list-style-type: none"> <li>• More information or verification needed (DHS 0210)</li> <li>• Approved (APD 0541)</li> <li>• Reduced, denied, or end (APD 540)</li> </ul>	<p>Update Risk Assessment. A crisis is considered a Medium or High Risk.</p> <p>Explore other possible funding sources. Narrate the need and other resources explored.</p> <p>Obtaining multiple bids is preferred using K-Plan bid forms/process. CO will accept one bid if cost-effective.</p> <p>These funds cannot be used for repairs if the consumer or their family does not own the property.</p>
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<p>Obtain three bids for assistive technology, chore service and environmental modifications; fewer bids accepted if three providers are not available or willing to provide a bid.</p>		<ul style="list-style-type: none"> <li>• CBI approved (SDS 540M)</li> </ul>	

## Request Process

<p>Complete the Supplemental Assessment Form (3406).</p> <p>Email forms and supplementary paperwork for requests requiring CO approval to <a href="mailto:kplan.requests@odhsoha.oregon.gov">kplan.requests@odhsoha.oregon.gov</a></p>	<p>Follow local procedures for requests with local office authorization limits to communicate with the financial worker who submits the request in ONE.</p> <p>Email forms and supplementary paperwork for requests requiring CO approval to <a href="mailto:InHome.TransitionServices@odhsoha.oregon.gov">InHome.TransitionServices@odhsoha.oregon.gov</a></p>	<p>Follow local procedures for requests with local office authorization limits to communicate with financial worker who submits the request in ONE.</p> <p>Send necessary manual notices/forms to the consumer.</p>	<p>Complete the Crisis Support Request form.</p> <p>Email forms and supplementary paperwork for all requests to <a href="mailto:APD.CrisisSupport@odhsoha.oregon.gov">APD.CrisisSupport@odhsoha.oregon.gov</a></p>
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K-Plan Ancillary Services	Community-Based Transition Services	Special Needs MRP (Medical Related Payments)	Crisis Support Program
<p><b>Local Office:</b> Approves Assistive Technology purchases up to \$500; Transition Services up to \$1,000.</p>	<p><b>Local Office:</b> Approves services and supports within limits and meet the following criteria:</p> <ul style="list-style-type: none"> <li>• Based on assessed need in service plan.</li> <li>• Supports individual's goals and desires.</li> </ul>	<p><b>Local Office:</b> May approve all one-time and ongoing needs.</p>	<p><b>Local Office:</b> Approvals not allowed.</p>
<p><b>CO Approval Needed:</b></p> <ul style="list-style-type: none"> <li>• Assistive devices over \$500</li> <li>• Chore services</li> <li>• Environmental mods</li> <li>• Transition services over \$1000.</li> </ul>	<p><b>CO Approval Needed:</b></p> <ul style="list-style-type: none"> <li>• Purchases over the monetary limits in rule.</li> <li>• Expenses more than 30 calendar days after transition period.</li> <li>• More than once in a calendar year.</li> <li>• Other necessities not identified but required to transition.</li> </ul>	<p><b>CO Approval Needed:</b></p> <ul style="list-style-type: none"> <li>• Prescription co-pays over \$30 per month.</li> <li>• Diversion over \$5000.</li> </ul> <p>Some payments will generate a task for supervisor or CO authorization. If it is issued by revolving fund check, ONE will generate a task for the financial clerk. Leadership communicates the decision to the case manager.</p>	<p><b>CO Approval Needed:</b></p> <p>All payments and services.</p>
<ul style="list-style-type: none"> <li>• CO will respond within a week.</li> </ul>	<ul style="list-style-type: none"> <li>• CO will respond within a week.</li> </ul>	<ul style="list-style-type: none"> <li>• CO will respond within a week (if needed).</li> </ul>	<ul style="list-style-type: none"> <li>• CO will respond within five business days.</li> </ul>



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<ul style="list-style-type: none"> <li>Mark email as <b>urgent</b>, if needed.</li> </ul>	<ul style="list-style-type: none"> <li>Mark email as <b>urgent</b>, if needed.</li> </ul>		<ul style="list-style-type: none"> <li>Mark as <b>urgent</b> if needed within three business days.</li> </ul>

## Payment Processing Instructions

<p>Once approved, email the invoice to the K-Plan team. CO completes payment in ONE.</p> <p>For expenses that don't require CO approval, use the W codes in the K-Plan guide, enter in ONE, and pay.</p>	<p>Use <b>code 49</b> to pay for these services.</p> <p>To bill the right program, the <b>appropriate OAR</b> is required on the <b>437 form</b> and <b>in narration</b>:</p> <ul style="list-style-type: none"> <li>OAR 411-037-0040 - Community Based Care Transition Services</li> <li>OAR 461-155-0526 - Special Needs for Community Transition Services</li> </ul>	<p>In ONE, you will select <b>Other Payment Summary</b> from the <b>Case Summary Screen</b> to process a medical related payment.</p> <p>After you enter the <b>Payment Details</b> and click on <b>Evaluate</b>, you will see the <b>Payment Evaluation</b> pane to authorize payment.</p>	<p>For expenditures approved by CO, email the invoice to the crisis support team. CO makes the payment in ONE.</p> <p>AAA's may use their own purchasing methods, then request reimbursement from APD. This must be pre-approved by CO.</p> <p>APD offices may utilize their SPOTS card with pre-approval from CO.</p>
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## Denials & Hearing Rights/Appeals

<p>If CO denies the request, notify the individual using the SDS 0540 Notification of Planned Action. CO will</p>	<p>Complete Notification of Planned Action (540) notice. Clearly explain which eligibility criteria was</p>	<p>Reduced, ended, or denied payments eligible for hearing per 540.</p>	<p>CO sends denial reason to the local office.</p> <p>Do <b>not</b> send 540 to the consumer. Send a denial</p>
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<p>provide guidance for the denial notice.</p> <p>Denied requests are eligible for a hearing per 540.</p>	<p>not met in “the reasons for this action” area.</p> <p>Denied requests are eligible for a hearing per 540.</p>		<p>letter provided by CO.</p> <p>Denied requests are <b>not</b> subject to a hearing.</p> <p>Consumer may request a reconsideration of the decision. Email reconsideration to the crisis support team.</p>

### Important Links & Policy

<p><a href="#">OAR 411-035</a></p> <p><a href="#">CM Tools: K-Plan Services</a></p> <p><a href="#">K Plan Ancillary Services Guidance</a></p>	<p><a href="#">OAR 411-037</a></p> <p><a href="#">APD-PT-19-044</a></p> <p><a href="#">CM Tools: Diversion/Transition</a></p>	<p><a href="#">OAR 461-155</a></p> <p><a href="#">Oregon Programs Eligibility Notebook</a> (pages 532-544)</p>	<p><a href="#">APD-PT-22-014</a></p>
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