



PERMANENT ADMINISTRATIVE ORDER

DMAP 80-2025

CHAPTER 410

OREGON HEALTH AUTHORITY

HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILED

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FILING CAPTION: Authorization and provision of HCBS In-Home Personal Care services for eligible individuals.

EFFECTIVE DATE: 10/28/2025

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CONTACT: Natasha Martin
503-979-8907
medicaid.rules@oha.oregon.gov

500 Summer St NE
Salem, OR 97301

Filed By:
Brenna Bird
Rules Coordinator

RULES:

410-172-0705, 410-173-0005, 410-173-0105, 410-173-0110

AMEND: 410-172-0705

RULE TITLE: Residential Rate Standardization

NOTICE FILED DATE: 07/30/2025

RULE SUMMARY: Removing the provision that the LSI score must change by 20 or more points to be considered for a rate increase resulting from a re-assessment

RULE TEXT:

(1) The following terms and acronyms have the described meanings when appearing in OAR 410-172-0705:

(a) "Acuity" means the level of residential service and support needs of an individual experiencing functional deficits resulting from the symptoms of a diagnosed mental health condition or complicating medical, behavioral, or cognitive conditions.

(b) "Active Engagement" means service hours provided to individuals in a residential treatment program that support personal care and other habilitative services. Active engagement hours:

(A) May include providing habilitation services to an individual or small groups;

(B) May occur before, during, or after the provision of ADL and IADL services for an individual;

(C) May include offsite activities with program staff;

(D) May not include Psychosocial Rehabilitative Services (PRS).

(c) "Activities of Daily Living (ADL)" means those personal, functional activities required by an individual for continued well-being, health, or safety. Examples of ADL include eating, dressing/grooming, bathing/personal hygiene, mobility (ambulation and transfer), elimination (toileting, bowel, and bladder management), and cognition/behavior;

(d) "Community Mental Health Program (CMHP)" means the organization of all services for individuals with mental or emotional disorders operated by, or contractually affiliated with, a local Mental Health Authority operated in a specific geographic area of the state under an intergovernmental agreement or direct contract with the Authority. CMHPs are operated pursuant to OAR chapter 309, division 014;

(e) "CMS" means Centers for Medicare and Medicaid Services, the federal agency that administers Medicaid;

- (f) "De Minimis Threshold" means the Office of Management and Budget (OMB) threshold of 10 percent for government program-related administrative costs;
- (g) "Direct Care" means active engagement and supervision care for individuals in a residential treatment program;
- (h) "Division" or "Health Systems Division" means the Oregon Health Authority, Health Systems Division and its employees and authorized agents that is the organizational unit responsible for administration of state and federally-funded medical assistance programs including Title XIX Medicaid and Title XXI State Children's Health Insurance Program (SCHIP);
- (i) "General Ledger" means the main accounting record of a company or organization;
- (j) "Habilitation" or "Habilitative Services" means services designed to help an individual attain or maintain their maximal level of independence and includes, but is not limited to, services provided in order to help an individual acquire, retain, or improve skills in ADLs and IADLs, community survival skills, communication, self-help, socialization, and adaptive skills necessary to reside successfully in an individual's home or a community-based setting;
- (k) "Home and Community Based Services (HCBS)" means services and supports that assist eligible individuals to remain in their home and community in accordance with the Code of Federal Regulations and Oregon Administrative Rules;
- (l) "Independent and Qualified Agent (IQA)" means Oregon's contracted vendor to perform functional needs assessments, person-centered service planning service coordination, transition coordination, service authorizations, and utilization review and management for individuals requesting or receiving 1915(i) Home and Community-Based Services, other Medicaid-funded behavioral health services, or state General Fund behavioral health services in an individual's home or a community-based setting. The IQA conducts initial and annual 1915(i) HCBS State Plan Amendment eligibility determinations and redeterminations;
- (m) "Instrumental Activities of Daily Living (IADL)" means those self-management activities performed by an individual on a day-to-day basis but are not essential to basic self-care and independent living. Examples of IADLs include but are not limited to housekeeping, laundry, shopping, transportation, medication management and meal preparation;
- (n) "Level of Service Inventory (LSI)" means a person-centered assessment of the residential service and support needs of an individual experiencing functional deficits resulting from the symptoms of a diagnosed mental health condition;
- (o) "Minimum Wage Regions" means geographic areas within Oregon in which fixed minimum hourly wage rates are set lower than the minimum wage rate as authorized by ORS 653.025;
- (p) "Per Diem" means a payment made for each day an approved service is provided;
- (q) "Performing Provider" means the direct care staff member actually providing a service to an individual in a residential treatment program or separately billing a rehabilitative service to an individual residing in a residential treatment program;
- (r) "Person-Centered Service Plan (PCSP)" means the written description of the supports, desired outcomes, activities, and resources required for an individual to achieve and maintain personal goals, health, and safety as described in OAR 411-004-0030 and developed in compliance with OAR 309-035-0185 through 0190. The PCSP must be completed and signed prior to the individual receiving HCBS;
- (s) "Personal Care" means assistance with the performance of ADLs and IADLs;
- (t) "Program Capacity" means the number of beds licensed for residential treatment in a location;
- (u) "Provider" means an individual, organizational provider, or CMHP that is enrolled by the Division to provide personal care, other habilitative services, or PSR;
- (v) "Psychosocial Rehabilitation Services (PSR)" means medical or remedial services recommended by a licensed physician or other licensed practitioner to reduce impairment to an individual's functioning associated with the symptoms of a mental disorder or to restore functioning to the highest degree possible;
- (w) "Related Organization" means an entity that is under common ownership or control with, has control of, or is controlled by another organization. An entity is related if it has:
- (A) Five percent or more ownership interest in the other organization; or
- (B) Capacity derived from any financial or other relationship, whether exercised, to directly or indirectly influence or direct the activities of the other organization.

- (x) "Residential Treatment Facility (RTF)" has the meaning provided in ORS 443.400(11) subject to exclusions as provided in ORS 443.405;
 - (y) "Residential Treatment Home (RTH)" has the meaning provided in ORS 443.400(12) subject to exclusions as provided in ORS 443.405;
 - (z) "Resident" means an individual receiving treatment in a residential treatment program;
 - (aa) "Residential Services Costs" means costs associated with the provision of mental health services to individuals in residential treatment programs. Costs include direct and indirect services required to meet an individual's assessed needs for personal care and other habilitative services. Residential services costs do not include costs related to providing psychosocial rehabilitation services (PSR);
 - (bb) "Residential Treatment Program" means a RTF, RTH, SRTF, and YAT facility that is licensed to provide mental health services but does not include adult foster homes as defined in OAR 309-040-0305;
 - (cc) "Retainer Payment" means a payment made for medical, behavioral, or psychiatric related temporary absences of 30 days or less from residential treatment programs for which the Division has provided prior authorization;
 - (dd) "Secure Residential Treatment Facility (SRTF)" has the meaning provided by OAR 309-035-0105(60);
 - (ee) "Standardized Rate" means a tiered payment rate for personal care and other habilitative services in a residential treatment program based on individual acuity, program capacity, and minimum wage regions;
 - (ff) "Start-Up Costs" means one-time costs incurred prior to the first resident being admitted;
 - (gg) "Supervision Hours" means the staff hours in a mental health residential treatment program for overseeing patients' general activities throughout the day;
 - (hh) "Young Adult in Transition Facility (YAT)" means a facility when that facility is providing services to an individual who is developmentally transitioning into independence as defined in OAR 309-019-0105 and is of an age not less than 17 years and six months, and not more than 25 years.
- (2) The Division applies a standardized rate for payment of personal care and other habilitative services provided in a residential treatment program.
- (3) The Division develops standardized rates with a standardized rate methodology based on data from residential treatment programs that is collected and analyzed by an independent third party. The independent third party must collect and analyze provider general ledger cost data for the most recent full year of operation and must examine job classification and wage data.
- (4) The analysis of the independent third party referred to in section (3) must:
- (a) Align general ledger data;
 - (b) Evaluate the intensity of the staffing needs in terms of client acuity and level of need;
 - (c) Determine the cost of active engagement hours and supervision hours;
 - (d) Analyze program capacity to account for direct care and support costs related to the number of individuals in the home;
 - (e) Analyze geographic cost variations.
- (5) The Division shall re-evaluate provider general ledger data at five-year increments.
- (6) Subject to legislative funding and approval, the Division may trend the standardized rate to the annual Consumer Price Index (CPI) the state applies for the state's minimum wage.
- (7) Standardized rates for residential treatment programs are intended to pay for the following:
- (a) Residential services costs for individual services and supports for residents of residential treatment programs including ADLs, IADLs, other habilitation services, and related indirect costs;
 - (b) Five percent vacancy rate for providers to use as a reserve.
- (8) The following cost items may not be included in the calculation of standardized rates:
- (a) Resident paid room and board;
 - (b) Psychosocial rehabilitation services;
 - (c) Medical services;
 - (d) Costs incurred by a related organization that are not directly incurred for residential treatment program services;

- (e) Administrative costs in excess of the de minimis threshold of ten percent of allowed costs; and
 - (f) Program start-up costs.
- (9) The Division may use residential services costs in developing standardized rates as follows:
- (a) On request of the Division, residential treatment programs must provide general ledger cost data that capture the most recent full year of operation;
 - (b) The Division may analyze provider costs by aggregating general ledger information from multiple residential treatment programs to identify relationships between direct care costs and other cost components such as employee benefits, training, transportation, and program-related facility costs;
 - (c) The Division may calculate the rates for each rate tier based on the amount and type of direct care hours, including active engagement hours and supervision hours.
- (10) The maximum allowable rate the Division pays per client under the standardized rate methodology shall be according to rate tiers. The Division shall publish a table with specific rate amounts in the Behavioral Health Fee Schedule. Tiers shall be defined by but not limited to the following variables:
- (a) Levels of need based on individual acuity;
 - (b) Program type and capacity; and
 - (c) Minimum wage regions.
- (11) The standardized rate tier is assigned to an individual based upon an independent face-to-face assessment of an individual's need and acuity that is documented in a PCSP. The assessment classifies residents and prospective residents of residential treatment programs into acuity-based tiers of:
- (a) Tier 1 for either an empty bed or an individual whose acuity assessment significantly improves to no longer require the level of support provided in a residential setting, but the individual has chosen to remain in the residential setting;
 - (b) Tier 2 for an individual with an LSI of 40 or less;
 - (c) Tier 3 for an individual with an LSI of 41-60;
 - (d) Tier 4 for an individual with an LSI of 61-79; and
 - (e) Tier 5 for an individual who is in a residential treatment home or facility that is not part of a secure or young adults in transition program and who is either of the following:
 - (A) An individual with an LSI of 80 or more; or
 - (B) An individual with an LSI of less than 80 who the IQA and the Authority agree meets one of the following severity of need criteria, either temporarily during rehabilitation or ongoing, and who is approved for Tier 5 level of care under subsection (11) (f) of this rule:
 - (i) The individual's medical, behavioral, or cognitive diagnosis severely interferes with treatment and self-care with PCSP and requires frequent monitoring and redirection throughout the day; or
 - (ii) The individual's intensity and frequency of care varies, and the individual requires frequent monitoring and redirection to prevent decompensating episodes and potential harm to self or others.
- (f) Approval of Tier 5 level of care under the provisions of subsection (11)(e)(B) for each initial or additional time period must be based on an evaluation of the individual's PCSP, progress, and continued severity of need and may include:
- (A) Approval for an initial period not to exceed three months;
 - (B) Approval for an additional six-month period; and
 - (C) Approval for additional periods of 6-12 months.
- (12) Client individual acuity used to determine the standardized rate in the Division's table shall be measured by an LSI instrument approved by the Division.
- (13) The Division may designate providers of assessments of client individual acuity, which may include:
- (a) The Authority staff qualified to perform an assessment;
 - (b) The Division's contracted IQA; or
 - (c) Other entities specified by the Authority.
- (14) The Division may authorize acuity reviews for the assignment of individuals to residential treatment rate tiers as follows:

- (a) In preparation for a placement from the Oregon State Hospital (OSH) to a residential treatment program;
 - (b) In preparation for a residential treatment program placement from sources other than OSH;
 - (c) As part of an annual review by IQA for HCBS eligibility redetermination; or
 - (d) For residents with a significant change in acuity that lasts longer than 30 days.
- (15) Providers may request the IQA to perform an assessment and reauthorization of services for an individual with a significant change in acuity lasting longer than 30 days.
- (16) The Division may pay for services under the standardized rate methodology only when all the following requirements have been met with respect to the service:
- (a) All individuals must receive daily supervision;
 - (b) Tier 2 must receive an average of three or more hours of active engagement daily;
 - (c) Tier 3 must receive an average of five or more hours of active engagement daily;
 - (d) Tier 4 must receive an average of six or more hours of active engagement daily;
 - (e) Tier 5 must receive an average of seven or more hours of active engagement daily;
 - (f) A performing provider in residential treatment programs, including a provider of habilitation and PRS, must be enrolled with the Division and identified in claiming services as the performing provider;
 - (g) A residential treatment program must have sufficient staff to meet active engagement and supervision hours as required by subsections (a), (b), (c), (d), and (e) of this section during engagement hours. Refer to OAR 309-035-0135 for licensed residential treatment program staff requirements;
 - (h) A residential treatment program shall maintain adequate records to accurately substantiate all amounts reported in a general ledger and other cost statements;
 - (i) A residential treatment program must document at least daily the specific individual personal care and other habilitative services including skills building and other activities provided to enhance community integration, the individual's response to services provided, and planned activities related to the individual's assessment and PCSP;
 - (j) Upon request of the Division, a residential treatment program must provide monthly site-specific census data that includes individuals' acuity assessment scores and any discharges or referrals and must report changes to submitted census data at least weekly.
- (17) The Division's payment of Medicaid allowable standardized rates for residential treatment program services including personal care and other habilitation services is considered payment in full and precludes any General Fund contract or other supplemental funding for Medicaid-allowable costs and services.
- (18) Residential treatment program providers may not:
- (a) Collect funds from any resident in excess of the room and board costs;
 - (b) Accept funds from any other source for services paid by Medicaid; or
 - (c) Submit claims for individual habilitation or PSR services that duplicate the per diem payment for residential personal care and other habilitation services.
- (19) Standardized rates developed using Medicaid-allowable costs, policies and processes apply when the Division makes payment for services to non-OHP residents of residential treatment programs.
- (20) Beginning July 1, 2019, PRS provided to residents of a residential treatment programs must be billed using individual services or unit billing, and the Division may not pay PSR using bundled per diem rates.
- (21) The Division may pay a retainer payment to residential treatment programs:
- (a) The Authority may pay a retainer payment for residents in residential treatment programs for medical or psychiatric related temporary absences lasting 30 days or less;
 - (b) The Division may authorize and make a payment when an individual is absent in order to be:
 - (A) Admitted to an acute care hospital;
 - (B) Admitted to a respite facility to avoid re-hospitalization or revocation of a conditional release order; or
 - (C) Transferred from a hospital, or another residential setting.
 - (c) A retainer payment for temporary absences of 30 days or less from residential treatment programs requires the Division prior authorization. A prior authorization request must include:

- (A) Requested dates of service;
- (B) HCPCS or CPT procedure code requested;
- (C) The amount of service or units requested; and
- (D) Additional clinical information supporting medical or psychiatric justification for the services requested, particularly the medical or psychiatric rationale for temporary absence.
- (d) The retainer payment is payable at the Tier 1 rate.

STATUTORY/OTHER AUTHORITY: ORS 413.042, 430.640

STATUTES/OTHER IMPLEMENTED: ORS 413.042, 414.025, 414.065, 430.640, 430.705, 430.715

AMEND: 410-173-0005

RULE TITLE: Definitions

NOTICE FILED DATE: 07/30/2025

RULE SUMMARY: Add definitions for electronic visit verification, in-home personal care, and personal care attendant.

RULE TEXT:

(1) "Activities of Daily Living (ADL)," means functional activities required by an individual for continued well-being that are essential for health and safety. ADL's include eating, dressing/grooming, bathing/personal hygiene, mobility (ambulation and transferring), and elimination toileting bowel, and maintaining continence

(2) "Adult Foster Home (AFH)" means any home licensed by the Division in which residential care is provided to five (5) or fewer individuals who are not related to the provider by blood or marriage as described in ORS 443.705 through 443.825. If an adult family member of the provider receives care, they shall be included as one of the individuals within the total license capacity of the AFH. An AFH or individual that advertises, including word-of-mouth advertising, to provide room, board, and care and services for adults is considered an AFH.

(3) "Aging and People with Disabilities (APD)" means the division in the Oregon Department of Human Services (ODHS or Department) that administers programs for older adults and people with disabilities.

(4) "Alternative Service Resources" means other resources for the provision of services to meet an individual's needs. Alternative service resources include but are not limited to natural supports or other community supports. Alternative service resources are not paid by Medicaid and shall be identified through the person-centered planning process. When possible, alternative service resources shall be used in lieu of Medicaid paid supports.

(5) "Assistance" means the help needed by an individual to complete Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL). For 1915(i) HCBS, assistance includes only the following activities:

(a) "Cueing" means giving verbal or visual clues during an activity to help an individual complete the activity without hands-on assistance;

(b) "Hands-on" means a provider physically performs all or parts of an activity because an individual is unable to do so; and

(c) "Supervision" means, along with cueing, helping the individual know when or how to carry out the task. Supervision may be in the form of monitoring, set-up, reassurance, or stand-by to ensure the individual completes the task. Need for assistance may not be based on possible or preventative measures:

(A) "Monitoring" means a provider observes an individual to determine if assistance is needed;

(B) "Set-up" means the preparation, cleaning, and maintenance of personal effects, supplies, assistive devices, or equipment so an individual may perform an activity;

(C) "Reassurance" means to offer an individual encouragement and support;

(D) "Stand-by" means a provider is at the side of an individual ready to step in and take over the task if the individual is unable to complete the task independently.

(6) "Assisted Living Facility" or "ALF" means a building, complex, or distinct part thereof, consisting of fully, self-contained, individual living units where six (6) or more seniors and adult individuals with disabilities may reside in homelike surroundings. The assisted living facility offers and coordinates a range of supportive services available on a 24-hour basis to meet the activities of daily living, health, and social needs of the residents as described in these rules. A program approach is used to promote resident self-direction and participation in decisions that emphasize choice, dignity, privacy, individuality, and independence.

(7) "Authority" means the Oregon Health Authority, the agency established in ORS 413 that administers the funds for Titles XIX and XXI of the Social Security Act. It is the single state agency for the administration of the medical assistance program under ORS 414. For purposes of these rules, the agencies under the authority of the Oregon Health Authority are the Public Health Division, Health Systems Division, External Relations, Health Policy and Analytics, Fiscal and Operations, Office of Equity and Inclusion, and the Oregon State Hospital.

(8) "Authorized Representative" means any adult with longstanding involvement in assuring the individual's health and

safety, appointed to participate in service planning process, and is:

- (a) Chosen and appointed by the individual or their legal representative, if applicable
 - (b) Not a paid provider of Home and Community Based Services (HCBS), and supports;
 - (c) Authorized, in writing or other method that clearly indicates consenting choice, by the individual or legal representative, if applicable, to serve as the individual's representative in connection with the provision of funded supports; and
 - (d) Responsible to act as the authorized representative until the individual, or legal representative, if applicable, modifies the authorization or notifies the authority or authority's contractor that the authorized representative is no longer authorized to act on their behalf.
- (9) "Behavioral Health licensed facility" (BH Licensed) means a community-based treatment facility that meets the licensing requirements set forth by the Authority as described in Chapter 309, Division 35 and Chapter 309, Division 40. BH licensed facilities for these rules includes, Residential Treatment Facilities (RTH), Residential Treatment Home (RTH), and Adult Foster Homes (AFH).
- (10) "Chronic Mental Health Illness" means an individual who is diagnosed by a psychiatrist, a licensed clinical psychologist, a licensed independent practitioner as defined in ORS 426.005 or a non-medical examiner certified by OHA or ODHS as having chronic schizophrenia, a chronic major affective disorder, a chronic paranoid disorder, or another chronic psychotic mental disorder other than those caused by substance abuse.
- (11) "Cognitive impairment" means an individual may be physically capable of performing ADL's or IADL's but may have limitations in performing these tasks due to remembering, learning new things, concentrating, or making decisions that affect their everyday life. Personal care services may be required because a cognitive impairment prevents an individual from knowing when or how to carry out the task. Assistance may include cueing or supervision to support the individual while performing the task. This does not include or replace community-based integrated support services that support the individual to develop the skills needed to complete the task independently.
- (12) "Community-Based Integrated Supports (CBIS)" means services and supports offered to individuals who require assistance in the acquisition, retention, or improvement with life management, socialization skills and community engagement and community integration and engagement to maintain their maximum level of functioning and integration within the broader community.
- (13) "Court-imposed restrictions for individuals under the jurisdiction of a civil or criminal court, or under the jurisdiction of the Oregon Psychiatric Security Review Board" (PRSB) means a court order imposing requirements or restrictions on adult offenders placed on supervision, either in lieu of incarceration or as a condition of release from prison. Individuals who received court-imposed restrictions while on probation or parole accept the court order or the court ordered entity or program as their decision-making authority for the purposes of the rules described in 410-173-0000 through 410-173-00075.
- (14) "Cultural Competence" means the provider of 1915(i) HCBS shall participate in the state's efforts to promote the delivery of services in a culturally competent manner to all enrollees, including those with limited English proficiency, diverse cultural and ethnic backgrounds, carceral histories, disabilities, and regardless of gender, sexual orientation, or gender identity.
- (15) "Cultural Consideration" means to promote the delivery of services in a culturally competent manner to all enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds, carceral histories, disabilities, and regardless of gender, sexual orientation, or gender identity.
- (16) "Delegated Nursing Task" means a registered nurse (RN) authorizes a person as described in OAR 851-047-0000 who is not licensed to provide or perform a nursing task. In accordance with OAR chapter 851 division 047, the RN shall, prior to issuing written authorization of a delegated nursing task, assess a specific eligible individual's care needs, evaluate the person's ability to perform the specific nursing task, provide the person with education and training to perform the nursing task, and supervise and re-evaluate the individual and the person performing the task.
- (17) "Electronic Visit Verification (EVV)" means a federal law passed by Congress in 2016 under the 21st Century Cares Act requiring the implementation of an electronic means for verifying services being delivered in a person's home or

family home.

(18) "Face-to-Face" means a personal interaction where both words can be heard and facial expressions can be seen, either in person or through telehealth services where there is a live streaming audio and video, if medically appropriate and necessary. Face-to-face could include communication methods such as telehealth/telemedicine, in lieu of in-person visits, in accordance with HIPAA, as directed by OHA and as chosen by the individual. Medically appropriate and necessary accommodations shall be made for individuals with disabilities including those with hearing or sight impairments. For telehealth the following conditions must be met:

(a) The agent performing the assessment is independent and qualified as defined in 42 CFR § 441.730 and meets the provider qualifications defined by the State, including any additional qualifications or training requirements for the operation of required information technology.

(b) The individual receives appropriate support during the assessment, including the use of any necessary on-site support-staff.

(c) The individual provides informed consent for this type of assessment.

(19) "Fiduciary" means a guardian or conservator appointed under the provisions of ORS 125 or any other person appointed by a court to assume duties with respect to a protected person under the provisions of ORS 125.

(20) "Functional Needs Assessment" means the comprehensive assessment or reassessment conducted by the Independent Qualified Agent (IQA), that documents an individual's physical, mental, and social functioning that impacts an individual's ability to perform everyday tasks, and the individual's need for 1915(i) Home and Community-Based Services using Authority-approved assessment tools.

(21) "Group Home" has the same meaning as Oregon's Department of Human Services (ODHS) 24-hour residential setting and means a residential home, apartment, or duplex, licensed by the Department under ORS 443.410, where home and community-based services are provided to individuals with intellectual or developmental disabilities. A 24-hour residential setting is considered a provider owned, controlled, or operated residential setting.

(22) "Habilitation" means services that support an individual to develop, maintain, or improve skills and competencies necessary to function as independently as possible to the extent as they would if they did not have a disability or chronic condition.

(23) "Home and Community Based Services (HCBS)" means services and supports that assist eligible individuals to remain in their home and community in accordance with the Code of Federal Regulations, approved Medicaid State Plan authorities, and Oregon Administrative Rules.

(24) "Home and Community-Based Settings" or "HCB Settings" means a physical location meeting the qualities of 42 CFR §441.710(a)(1) and (2), OAR 410-173-0035, and OAR 411-004-0020 where an individual receives HCBS.

(25) "Home Delivered Meals" means services provided to individuals who live in their own homes, are home bound, are unable to do meal preparation, and do not have another person available for meal preparation. Provision of the home delivered meal reduces the need for reliance on paid staff during some mealtimes by providing meals in a cost-effective manner. It is an individuals choice whether they want to receive home delivered meals, nor not.

(26) "Housing Support Services" means the services determined necessary in the Person-Centered Service plan (PCSP) for an individual to obtain and reside in an independent community setting that is tailored to the goal of maintaining an individual's personal health and welcome in a HCBS where the person ins directly responsible for their own living expenses.

(27) "In-Home Personal Care (IHPC)" means direct services and supports that assist an individual in accomplishing ADL and/or IADL tasks in home settings and the broader community. IHPC services do not include medical or therapeutic services to assist an individual with the acquisition, retention and/or improvement of the skills needed to accomplish ADL's/I and IADL's.

(28) "Individually Based Limitation (IBL)" means any limitation outlined in OAR 410-173-0040 due to health and safety risks. An IBL is based on specific assessed needs and only implemented with informed consent from the individual or, as applicable, the legal representative or authorized representative of the individual, as described in these rules.

(29) "Instrumental Activities of Daily Living (IADL)" means those self-management activities performed by an individual

on a day-to-day basis that are not essential to basic self-care and independent living. IADLs individual include but are not limited to housekeeping, including laundry, shopping, transportation, medication management, and meal preparation.

(30) "Independent and Qualified Agent (IQA)" means an entity meeting the provider qualification requirements identified in 42 CFR §441.730 and under contract with the Division who:

- (a) Determines 1915(i) program eligibility initially, annually, when an individual's circumstances or needs change significantly, or upon individual request;
- (b) Provides education and technical assistance regarding HCBS and settings;
- (c) Coordinates and assists the individual in directing the person-centered planning process;
- (d) Drafts, documents, regularly reviews and updates person-centered service plans;
- (e) Prior authorizes HCBS Residential Services as described in these rules;
- (f) Conducts quality assurance and quality improvement activities;
- (g) Completes the face-to-face needs-based assessment in person; and
- (h) Performs transition management.

(31) "Individual" means the Medicaid-eligible person applying for or receiving 1915(i) program services.

(32) "Informed consent" means the service options, risks, and benefits have been explained to the individual, legal representative, or authorized representative, in a manner that they understand, and the individual legal representative or authorized representative have agreed to the services on or prior to the first date of service.

(33) "Legal Representative" means a person who has been legally designated by court order to make financial or health care decisions for another individual. The legal representative only has authority to act within the scope and limits of their authority as designated by the court or other agreement. Legal representatives acting outside of their authority or scope shall meet the definition of authorized representative.

(34) "Legally Responsible Relative" means an unpaid relative of the individual receiving 1915(i) services who by law is responsible for the support and care of another person.

(35) "Level of Care Utilization System (LOCUS)" means a single assessment instrument that uses quantifiable measures to guide assessment, level of care placement decisions, continued stay criteria for applicable settings, and clinical outcomes in a variety of settings for both mental health and addiction purposes.

(36) "Level of Service Inquiry (LSI)" means a person-centered assessment used to determine residential service and support needs of an individual experiencing functional deficits resulting from the symptoms of a diagnosed mental health condition and the existence of other physical, oral, and behavioral health conditions.

(37) "Local Mental Health Authority (LMHA)" has the same meaning as Community Mental Health Program (CMHP) as described in OAR Chapter 309, Division 014.

(38) "Medically Appropriate" has the meaning as defined in OAR 410-120-0000 and 410-172-0630.

(39) "Medically Necessary" has the meaning as defined in OAR 410-120-0000.

(40) "Natural Support" means resources and supports (e.g., relatives, friends, significant others, neighbors, roommates, or the community associates) who voluntarily provide services and supports to an individual without the expectation of compensation. Natural supports are identified in collaboration with the individual and the potential "natural support." The natural support is required to have the skills, knowledge, and ability to provide the needed services and supports and shall be identified within the Person-Centered Service Plan (PCSP).

(41) "Notice of Planned Action" means a written notice mailed to the individual as described in OAR 410-120-1865 in the event an individual's course of treatment or covered services shall be denied, terminated, suspended, or reduced.

(42) "ODDS" means the Oregon Department of Human Services, Office of Developmental Disabilities Services.

(43) "OHP" means the Oregon Health Plan.

(44) "Oregon Department of Human Services (Department)" or "ODHS" means the agency established in ORS Chapter 409, including such divisions, programs and offices as may be established therein.

(45) "Peer Support Specialist" means a certified person as defined in ORS 414.025 providing peer delivered services to an individual or family member with similar life experience.

(46) "Person-Centered Service Plan (PCSP)" means the written document prepared by the IQA or the person-centered service plan coordinator that details the supports, desired outcomes, activities, and resources required for an individual to achieve and maintain personal goals, health, and safety as described in OAR 410-173-0025. The PCSP shall be completed and signed prior to the individual receiving HCBS. The PCSP is not satisfied by a document primarily prepared by a provider.

(a) The PCSP authorizes the Medicaid services that may be rendered and claimed;

(b) The effective date of the PCSP is upon signature by the individual, or authorized representative, the providers of services, and the IQA PCSP coordinator;

(c) Billing for services is not authorized prior to the PCSP effective date or for any services not included in the PCSP

(47) "Personal Care Attendant" or "PCA" means a caregiver as defined in OAR 410-172-0776.

(48) "Person-Centered Service Plan Coordinator (PCSP Coordinator)" means the Qualified Mental Health Professional (QMHP) or licensed professional operating within the scope of their license and employed by the Division's contracted IQA who is designated to provide service coordination and person-centered service planning with individuals, their person-centered services planning team, and legal or authorized representative if applicable.

(49) "Person-Centered Planning Process" means the process required by 42 CFR § 441.720 and used by the IQA to develop and approve a written PCSP jointly with the individual, their identified person-centered service planning team, and legal or authorized representative if applicable. The person-centered planning process is directed by the individual to the maximum extent possible. The process and service plan shall meet the requirements of OAR 410-173-0025 and are based on the independent assessment of the individual's assessed, approved and agreed upon needs

(50) "Provider Owned, Controlled, or Operated Residential Setting" means:

(a) The residential provider is responsible for delivering HCBS to individuals in the setting and the provider:

(A) Owns the setting;

(B) Leases or co-leases the residential setting; or

(C) If the provider has a direct or indirect financial relationship with the property owner, the setting is presumed to be provider controlled or operated.

(b) A setting is not provider-owned, controlled, or operated if the individual leases directly from a third party that has no direct or indirect financial relationship with the provider;

(c) When an individual receives services in the home of a family member, the home is not considered provider-owned, controlled, or operated.

(51) "Psychosocial Rehabilitation Services (PSR)" means services that are medical or remedial and recommended by a licensed physician or other licensed practitioner to reduce impairment to an individual's functioning associated with the symptoms of a mental disorder or to restore functioning to the highest degree possible. PSR helps individuals compensate for or eliminate functional deficits, environmental and interpersonal barriers, and helps individuals integrate as an active and productive member of their family and community with the least possible professional intervention.

(52) "Qualified Mental Health Associate (QMHA)" means an individual delivering services under the direct supervision of a QMHP who meets the minimum qualifications as authorized by the Local Mental Health Authority (LMHA) or designee and specified in OAR 309-019-0125.

(53) "Qualified Mental Health Professional (QMHP)" means a Licensed Medical Practitioner (LMP) or any other individual meeting the minimum qualifications as authorized by the LMHA or designee and outlined in OAR 309-019-0125.

(54) "Recovery Assistant" means a provider who provides a flexible range of services. Recovery assistants provide face-to-face services in accordance with a service plan that enables a participant to maintain a home or apartment, encourages the use of existing natural supports, and fosters involvement in treatment, social, and community activities. A recovery assistant shall:

(a) Be at least 18 years of age;

(b) Meet the background check requirements described in OAR 950-060-0060;

(c) Conform to the standards of conduct as described in OAR 950-060-0080.

(55) "Representative Payee" or "Payee" means an individual designated by the Social Security Administration to receive money payments of aid.

(56) "Residential Treatment Facility (RTF)" means a program licensed by the Division to provide services on a 24-hour basis for six (6) to sixteen (16) individuals as described in ORS 443.400(11).

(57) "Residential Treatment Home (RTH)" means a program that is licensed by the Division and operated to provide services on a 24-hour basis for up to five (5) individuals as defined in ORS 443.400(12).

(58) "Service Need" means the cueing, hands-on assistance, and supervision an individual requires from another person or equipment to complete functions or activities as independently as possible. Service need is based on the independent assessment of the individual's needs.

(59) "Skilled Services means services delegated by a Registered Nurse (RN) under Oregon's Nurse Practice Act maybe considered personal care services when the RN provides appropriate training and delegation of the listed nursing tasks in accordance with the Oregon Nurse Practice Act. (OAR Chapter 851 Division 047).

(60) "Therapeutic Activities" means group and generalized activity therapy as determined in the person-centered service plan, related to the care and treatment of the individual and administered by a qualified provider to individuals diagnosed with a behavioral health condition that result in the improvement or reduction of symptoms and are not for recreation.

(61) "Serious and Persistent Mental Illness (SPMI)" means the current DSM diagnostic criteria for at least one (1) of the following conditions, as a primary diagnosis for an adult 18 years of age or older:

(a) Schizophrenia spectrum and other psychotic disorders;

(b) Depressive disorders;

(c) Bipolar and related disorders;

(d) Obsessive Compulsive Disorder (OCD);

(e) Post Traumatic Stress Disorder (PTSD) and Other Specified Trauma- and Stressor-Related Disorder due to cultural syndromes; or

(f) Borderline personality disorder.

(62) "These Rules" means the rules in OAR 410, division 173.

(63) "Transition Management" means the services and supports offered to an individual to assist them transition from a residential setting to an independent living setting of their choice.

STATUTORY/OTHER AUTHORITY: ORS 409.050, 412.001, 413.042, 413.085, 414.025, 443.738, 427.104, 430.662

STATUTES/OTHER IMPLEMENTED: ORS 409.050, 413.042, 413.085, 414.025, 410.600, 427.007, 430.610, 430.620, 430.662 – 430.670

ADOPT: 410-173-0105

RULE TITLE: HCBS-In-Home Personal Care²

NOTICE FILED DATE: 07/30/2025

RULE SUMMARY: New rule governing in home personal care services for individuals eligible for 1915(i)

RULE TEXT:

(1) HCBS In-Home Personal Care (IHPC) are direct services that are authorized using a person-centered planning process that allow an eligible individual the opportunity to direct their services and supports. The direct services assist an individual to accomplish ADL/IADL tasks, as defined in OAR 410-173-0005, in home settings and the broader community to the same degree as individuals who do not require services and supports to remain in their home and community. IHPC do not include services that assist an individual with the acquisition, retention, and improvement of the skills needed to accomplish ADL/IADL tasks.^{2,3,4}

(2) Individuals exercise Employer Authority in HCBS IHPC services²by:

- (a) Identifying their own candidate for employment;
- (b) Screening otherwise qualified candidates for the ability to meet the individual's needs; and
- (c) Hiring, supervising, directing, and discharging employees enrolled as Personal Care Attendants as per these rules and OAR 410-172-0800.²

(3) The Authority may terminate a IHPC provider per these rules and OAR 410-172-0820.^{2,3} Grounds for termination include, but are not limited to, violations of provider standards, failure to meet performance expectations, and breaches of contractual obligations.

(4) ADLs include eating, bathing, dressing, toileting, maintaining continence, mobility and transferring:²

- (a) Eating includes assisting the individual in feeding or fluid intake by any means from a receptacle into the body, including monitoring to prevent choking or aspiration;
- (b) Bathing includes assisting the individual with cleansing the body, washing hair, and using assistive devices when necessary to get in and out of the bathtub or shower;²
- (c) Dressing includes assisting the individual with putting on, fastening, and taking off all items of clothing, braces, and artificial limbs, including obtaining and replacing items from their storage area in the immediate environment;
- (d) Toileting includes assisting the individual in getting to and from, on and off, the toilet, commode, or bedpan for elimination of feces and urine. This includes cleansing after elimination and adjusting clothing as necessary or requested;
- (e) Maintaining Continence includes reminders to use the toilet or commode, developing a continence schedule, assisting the individual with external cleansing of Foley catheter, emptying urinals, emptying bedside commode, emptying catheter drainage bag, maintenance bowel care, changing and replacing incontinence products, including colostomy or ileostomy bags;²
- (f) Transferring includes assisting the individual with mobility, transfers, and repositioning by any means, including use of an assistive device and turning or adjusting padding for physical comfort or pressure relief and encouraging or assisting with range of motion exercises.²

(5) IADLs capture more complex life activities and include personal hygiene, light housework, laundry, meal preparation, shopping, using electronic communication devices, medication management and money management:²

- (a) Personal hygiene includes performing or assisting the individual with activities required to keep one's desired appearance, secure or fasten clothing, comb/brush hair, nail care, foot care, skin care, menstrual care, mouth care and oral hygiene, etc;²
- (b) Light housework includes performing or assisting the individual with housekeeping tasks necessary to maintain the individual in a healthy and safe living environment;²
- (c) Laundry includes performing or assisting the individual with laundering or cleaning of clothing, bedding, and other linens;²
- (d) Meal preparation includes performing or assisting the individual with healthy meal planning and preparation,

ensuring special diets are followed;?

(e) Shopping includes performing or assisting the individual in planning for and purchasing of essential items including clothing, groceries, prescribed medication, hygiene products and basic household necessities;?

(f) Using the telephone or other electronic communication devices includes performing or assisting the individual in arranging necessary appointments and making desired phone calls using a telephone, smart phone, tablet or other similar electronic device for communication purposes, including entering the phone number and connecting to secure telecommunication platforms;?

(g) Medication assistance includes helping the individual with oral medications prescribed for the individual by a licensed medical professional, which are ordinarily self-administered described below:?

(A) Administering medication;?

(B) Supervision or cueing to ensure the individual is taking medication as prescribed;?

(C) Documenting and monitoring any notable side effects;?

(D) Refilling prescriptions; and?

(E) Assisting with use, maintenance, and cleaning of in-home medical equipment authorized by a licensed medical professional, including:

(i) Monitoring the individual's condition;

(ii) Ordering and maintaining necessary supplies;

(iii) Use, maintenance, and cleaning of in-home medical equipment must be performed by PCA in compliance with manufacturers guidelines; and

(iv) PCA must have received prior training and education from an RN, when applicable, in how to correctly perform these tasks;?

(h) Money Management includes performing or assisting the individual with budgeting, making payments for monthly expenses and use of personal funds for desired items and activities.?

(6) Personal care services may be required due to cognitive impairments that prevent an individual from knowing when or how to carry out ADL/IADL tasks. In such cases, personal assistance may include cueing along with supervision to ensure the individual performs the task properly.?

(7)?Services outside the ADL/IADL in section (5) above are not eligible for payment.??Payment may not be made by the Authority to a PCA or an IHCA for any of the following excluded services:?

(a) Shopping for entertainment purposes or non-essential items;?

(b) Social companionship;?

(c) Day care, partial hospitalization, respite or baby-sitting services;?or

(d) Yard work, gardening, or home repair.?

(8) Limited assistance with a consumer's in-home animals is permitted only when directly related to an assessed ADL or IADL need and documented in the task list or service agreement.

(9) Personal care services can be provided on a continuing basis or on episodic occasions.??

(10) Delegated nursing tasks by a Registered Nurse (RN) under Oregon's Nurse Practice Act may be considered personal care services when the RN provides appropriate training and delegation of the listed nursing tasks in accordance with the Oregon Nurse Practice Act (OAR Chapter 851 Division 047).?

(11) IHPC services shall be provided in the following settings, as identified within the PCSP:?

(a) Community?

(b) Individual's own home, defined as a private residence where the individual resides independently, with a roommate, or in a shared housing arrangement;??

(c) Individual's family home, defined as a private residence where the individual resides with family members;?

(12) IHPC services must be captured using an Electronic Visit Verification (EVV) system to meet the 21st Century Cures Act.?

(13) IHPC shall be provided by the following provider types:

(a) Personal care attendant as described in OAR 410-172-0776 through 410-172-0840; or?

(b) In-home care agency who:?

(A) Meet licensing standards as described in OAR Chapter 333, Division 536; and?

(B) Are classified as comprehensive as described in OAR 333-536-0007(1)(d).?

(14) Levels of assistance for determining IHPC service plan hours:?

(a) "Minimal Assistance" means an individual can perform the majority of an activity but requires some assistance from another person. Even with assistive devices, the individual requires assistance of another person for a task at least one day each week totaling four (4) days per month. This means hands-on assistance, cueing, or stand-by presence during the activity;?

(b) "Substantial Assistance" means an individual can perform only a small portion of the tasks that comprise an activity without assistance from another person. The individual requires assistance with a task at least daily;?

(c) "Full Assistance" means an individual needs assistance from another person through all tasks of an activity every time the activity is attempted. Even with assistive devices, the individual is unable to accomplish any tasks without the assistance of another person. This means the individual needs hands-on assistance of another person through all tasks of the activity, every time the activity is attempted.?

(15) Maximum service period hours for ADL services:?

(a) The planning process uses the following maximum hours limitations for each service period for ADL tasks. Maximum hours in each assistance level are not guaranteed. Hours authorized must be based on the service needs of an individual as determined by the IQA during the person-centered service planning process;?

(b) For in-home benefit plans the following maximums apply:?

(A) Eating:?

(i) Minimal assistance, three (3) hours;?

(ii) Substantial assistance, nine (9) hours;?

(iii) Full assistance, fourteen (14) hours;?

(B) Dressing (including grooming):?

(i) Minimal assistance, two (2) hours;?

(ii) Substantial assistance, seven (7) hours;?

(iii) Full assistance, nine (9) hours;?

(C) Bathing:??

(i) Minimal assistance, five (5) hours;?

(ii) Substantial assistance, seven (7) hours;?

(iii) Full assistance, twelve (12) hours;?

(D) Mobility and transferring:?

(i) Minimal assistance, five (5) hours;?

(ii) Substantial assistance, seven (7) hours;?

(iii) Full assistance, twelve (12) hours;?

(E) Toileting and maintaining continence (bowel, and bladder):?

(i) Minimal assistance, five (5) hours;?

(ii) Substantial assistance, nine (9) hours;?

(iii) Full assistance, fourteen (14) hours;?

(F) Cognition:?

(i) Minimal assistance, three (3) hours;?

(ii) Substantial assistance, six (6) hours;?

(iii) Full assistance, twelve (12) hours.

(c) PCSP hours for ADLs may only be authorized for an individual if the individual requires assistance (minimal, substantial, or full assist) from another person in the tasks associated with the activity of daily living as determined by a service assessment applying the parameters in this rule.?

(d) The IQA may authorize fewer hours than the maximum number of hours in any or all ADL tasks based on their

assessment of the individual's unmet need. The IQA must document the reason for authorizing fewer hours than the maximum number of hours allowed. The IQA may authorize fewer hours than the maximum for any of the following defined reasons:²

(A) Reduced frequency or duration of an ADL need;²

(B) Durable medical equipment or home modification reduces need for assistance;²

(C) Individual preference;²

(D) Natural supports as defined in OAR 410-173-0005;²

(E) Provided or funded by another agency.²

(e) For households with two or more eligible individuals, each individual's ADL service needs must be considered separately.

(16) Maximum service period hours for IADL services:²

(a) The planning process uses the following limitations for time allotments for IADL tasks. Maximum hours in each assistance level are not guaranteed. Hours authorized must be based on the unmet service needs of an individual as determined by the IQA during the person-centered service planning process:²

(A) Medication Services:²

(i) Minimal assistance, one (1) hour;²

(ii) Substantial assistance, two (2) hours;²

(iii) Full assistance, five (5) hours;²

(B) Personal Hygiene:²

(i) Minimal assistance, five (5) hours;²

(ii) Substantial assistance, seven (7) hours;²

(iii) Full assistance, twelve (12) hours;²

(C) Meal Preparation:²

(i) Minimal assistance:²

(I) Breakfast, one (1) hour;²

(II) Lunch, one (1) hour;²

(III) Supper, two (2) hours;²

(ii) Substantial assistance:²

(I) Breakfast, two (2) hours;²

(II) Lunch, two (2) hours;²

(III) Supper, three (3) hours;

(iii) Full assistance:²

(I) Breakfast, five (5) hours;²

(II) Lunch, five (5) hours;²

(III) Supper, six (6) hours;²

(D) Shopping:²

(i) Minimal assistance, one (1) hour;²

(ii) Substantial assistance, two (2) hours;²

(iii) Full assistance, three (3) hours;²

(E) Housekeeping and Laundry:²

(i) Minimal assistance, two (2) hours;²

(ii) Substantial assistance, five (5) hours;²

(iii) Full assistance, nine (9) hours;²

(b) When two or more individuals eligible for IADL task hours live in the same household, the assessed need in medication management and transportation must be authorized separately. Payment is made for the individual with the highest of the allotments in meal preparation, shopping, and housekeeping and laundry and a total of two (2) additional IADL hours per service period for each additional individual to allow for the specific IADL needs of the other²

Individuals.²

(c) Service plan hours for IADL tasks may only be authorized for an individual if the individual requires assistance (minimal, substantial, or full assist) from another person in that IADL task as determined by a service assessment applying the parameters in these rules. Hours authorized must incorporate the frequency and the duration of the tasks within each instrumental activity of daily living. For housekeeping, the size of the home may be used to reduce the hours. For meal preparation, hours must be reduced if an individual is receiving Medicaid home delivered meals.²

(d) The IQA may authorize fewer hours than the maximum number hours in any or all IADLs based on their assessment of the individual's unmet need. The IQA must document the reason for authorizing fewer hours than the maximum hours. The IQA may reduce hours for any of the following reasons:²

(A) Reduced frequency or duration of an IADL need;²

(B) Durable medical equipment or home modification reduces need for assistance;²

(C) Individual preference;²

(D) Natural supports;²

(E) Provided by or funded by another agency;²

(F) Small living space.²

(17) When one or more eligible individuals are living in the same household and receiving in-home services, the total number of hours authorized for ADLs and IADLs may not exceed 24 hours within any 24-hour period in the same household unless an exception is granted as described in these rules.²

(18) A single PCA is limited to 16 hours of awake care during a 24-hour work period.²

(19) All PCAs are limited to 60 hours per week unless the individual has received a "Weekly Cap" exception.²

(20) In an emergency or unanticipated situation where the PCA must provide critical care to ensure the health or safety of the individual and the IQA is unavailable to provide prior authorization, the following shall be permitted if the PCA or individual notifies the IQA within two (2) business days of the date the additional hours were first:²

(a) Worked to meet an ADL need totaling more than the hours established by section (17) of this rule;²

(b) Worked to meet an ADL need that exceeds the total amount authorized by the IQA on the service plan authorization; or²

(c) Totalling more than the hours established by section (17)(a) of this rule if an unanticipated need arises that requires the PCA to remain awake to provide necessary ADL care.²

(21) A provider may not receive payment from the Authority for more than the total amount authorized by the Authority on the service plan authorization form under any circumstances. All service payments must receive prior authorization by the IQA. This section shall be waived if the criteria in section (18) of this rule are met.²

(22) The IQA must assess and utilize as appropriate, natural supports, cost-effective assistive devices, durable medical equipment, housing accommodations, and alternative service resources as described in this rule that may reduce the need for paid assistance.²

(23) The Authority may authorize paid in-home services only to the extent necessary to supplement potential or existing resources within an individual's natural supports system.²

(24) Payment by the Authority for Medicaid IHPC services are only made for the tasks described in this rule as ADL or IADL tasks. Services must be authorized to meet the needs of an eligible individual and may not be provided to benefit an entire household.²

STATUTORY/OTHER AUTHORITY: ORS 409.050, 413.042, 413.085, 414.025, 426.495, 427.104, 430.662

STATUTES/OTHER IMPLEMENTED: ORS 409.050, 413.042, 413.085, 414.025, 426.495, 427.007, 430.610, 430.620, 430.662 – 430.670

ADOPT: 410-173-0110

RULE TITLE: Eligibility for HCBS-In-Home Personal Care

NOTICE FILED DATE: 07/30/2025

RULE SUMMARY: New rule governing eligibility for in home personal care services

RULE TEXT:

(1) To be eligible for IHPC services outlined in these rules, individuals shall:

(a) Be eligible for 1915(i) HCBS as outlined in these rules and OAR 410-173-0010;

(b) Have assessed needs for ADL's and IADL's as documented in the PCSP;

(c) Require assistance as documented and approved in the PCSP in two (2) areas of IADLs as outlined in these rules due to the symptoms of a behavioral health condition;

(d) Lack natural supports to consistently provide HCBS IHPC services;

(e) Access one or more 1915(i) services at least one time every 30 days.

(2) These services cannot duplicate services received through other authorities-Medicaid, Medicare, or other medical coverage.

(3) Individuals determined eligible to receive IHPC services shall be provided the choice of services and supports, who provides those services and supports, and where those services and supports are provided to meet the individual's assessed needs. The individual's choice shall be reflected by their signature, or, if appropriate, the legal or authorized representative's signature indicating informed consent.

STATUTORY/OTHER AUTHORITY: ORS 413.042, 426.495, 430.610, 430.630

STATUTES/OTHER IMPLEMENTED: ORS 413.042, 426.495, 430.610, 430.630