



Presentation to Senate Committee on Human Services

2023 Legislative Session, Public Hearing on SB 91 and SB 646

Office of Developmental Disabilities Services (ODDS)

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Feb. 6, 2023

Outline

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Office of Developmental
Disabilities Services



Our mission and vision

- **Mission:** ODDS, partners and the developmental disabilities community come together to provide services, supports and advocacy to empower Oregonians with intellectual and developmental disabilities (I/DD) to live full lives in their communities.
- **Vision:** People and families access quality supports that are simple to use and responsive to their strengths, needs and choices, while they live and thrive as valued members of their community.



Who we serve

We serve nearly **33,000 people** in Oregon who experience intellectual and developmental disabilities (I/DD).

- **10,239 children**
- **22,755 adults**

In order to be eligible for ODDS services, a person must:

- Have an **intellectual disability** as determined by IQ with onset before age 18 and limited ability to handle day-to-day activities; or,
- Experience a **developmental disability** with onset before age 22 with limited ability to handle day-to-day activities; and,
- Meet financial eligibility for Medicaid services.



In-home services

In-home services empower and support children and adults who live in their own or family home.

- By far, most people eligible for I/DD services receive in-home services.

Attendant care

- Hourly service
- Provide supports at home and in the community
- Person can hire personal support worker or choose agency provider

Other services

- Transportation
- Behavior supports
- Technology
- Home modifications



Child Needs Assessment (CNA)

Assessment for children who live in family home that produces maximum number of attendant care hours per month available to the child.

- Assesses ADL/IADL, behavior and health-related support needs.
- Implemented with K Plan in 2013.
- CNA uses hour-stacking method.
- Built-in age milestones.
- Assesses areas of support where 2:1 ADL/IADL may be needed.
- Phasing out CNA in order to transition to ONA.



In-home hours: Lawsuit and Injunction

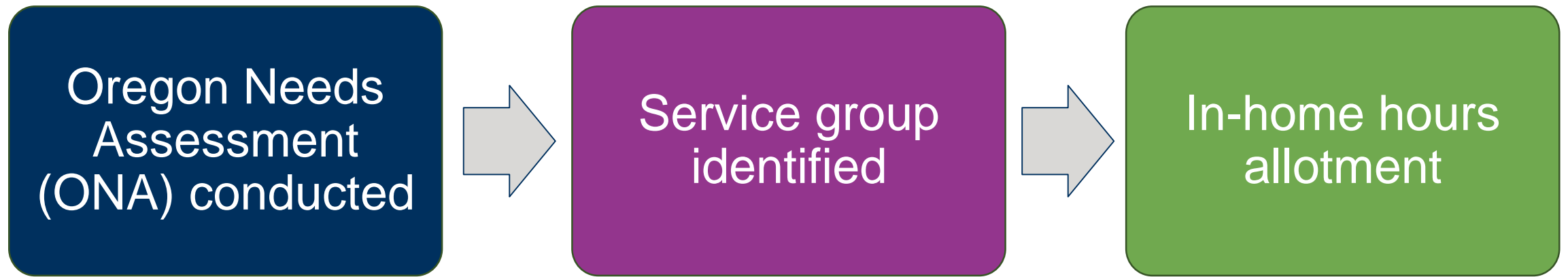
- Following direction to reduce rate of cost growth, in the fall of 2016, ODDS took action to reduce authorizations by 30%.
- Lawsuit filed April 2017.
- Preliminary injunction put in place until lawsuit resolved.
- Result: No reductions to authorized hours.
- ODDS worked with Disability Rights Oregon to address plaintiff's concerns and improve the system.
- Injunction remains in place.



In-home hours: Oregon Needs Assessment (ONA)

ODDS developed new assessment instrument, Oregon Needs Assessment (ONA), tested it for validity and reliability.

- Implemented as functional needs assessment in July 2018.
- ODDS worked with contractor and community partners to develop and validate a framework for grouping people according to level of need into service groups.
- Service groups assign in-home hour allotments based on the ONA.



Service groups: Based on needs

Based on their ONA assessments individuals are assigned a service group that corresponds to their assessed support needs and age.

Adult 18+	Adolescent 12–17	Child 4–11	Infant/toddler 0–3
Very low	Very low	Low to very low	Infant/toddler supports
Low	Low		
Moderate	Moderate	Moderate	
High	High	High to very high	
Very high	Very high		

Service groups: In-home hour allotments

Infant/toddler 0–3

Service group	Hours per week	Hours per month
Infant/toddler supports	11 to 14	48 to 61

Child 4–11	School year		Summer	
	Hours/week	Hours/month	Hours/week	Hours/month
Very low to low	15 to 19	65 to 83	17 to 21	74 to 91
Moderate	20 to 22	84 to 96	22 to 25	92 to 109
High to very high	23 to 35	97 to 152	26 to 40	110 to 174

Service groups: In-home hour allotments

Adolescent 12–17	School year		Summer	
	Hours/week	Hours/month	Hours/week	Hours/month
Very low	10 to 13	43 to 56	14 to 17	61 to 74
Low	14 to 20	57 to 87	18 to 24	75 to 104
Moderate	21 to 24	88 to 104	25 to 28	105 to 122
High	25 to 39	105 to 169	29 to 46	123 to 200
Very high	40 to 55	170 to 239	47 to 65	201 to 282

In-home hours: Current status

Implementation delayed by COVID-19 and ARPA maintenance of effort (MOE).

- ODDS worked with the Centers for Medicare and Medicaid Services (CMS) to develop transition strategy.
- CMS gave approval to move forward in January 2023.
- Target implementation: January 2024.
- Due to ARPA MOE, ODDS must implement new framework while maintaining base historical levels until MOE is lifted March 31, 2025.
- Cost impact ≈\$10M General Fund (\$5M ARPA, \$5M GF).

Benefits

- Smoother transition for individuals with time to plan and communicate changes.
- Removes duplicative assessments for most individuals; reduces burden on CMEs.

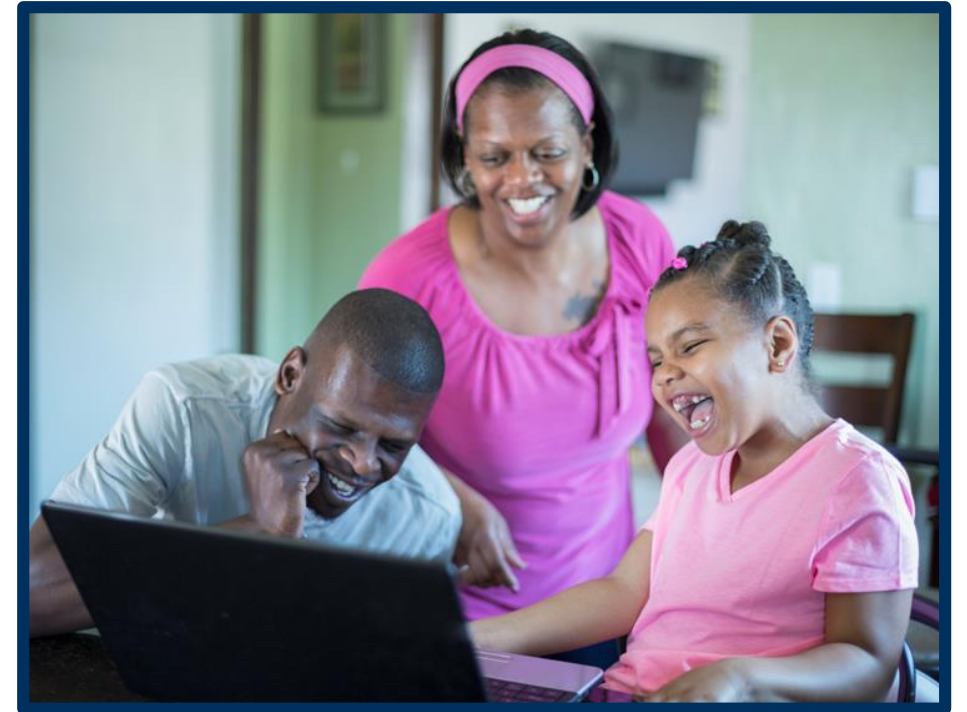


Individual Support Plan (ISP)

After an assessment identifies maximum number of hours, the person works with their team to develop an ISP, which helps people live the good life that they want.

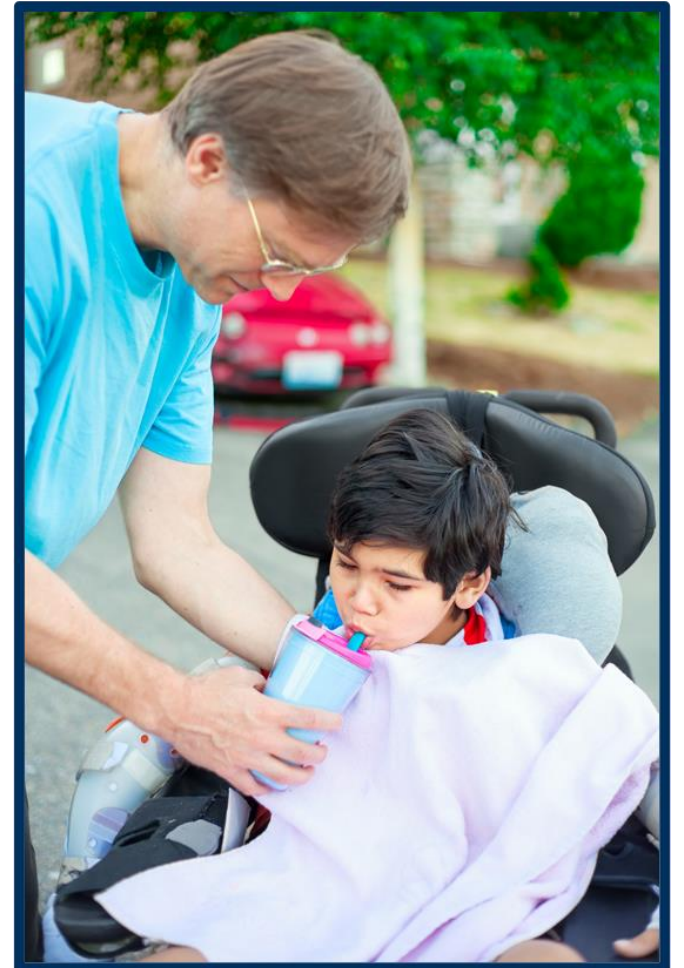
ISPs have the following information about a person:

- What matters most to them.
- Who is important to them, relationships and community.
- Their culture, dreams, goals and interests.
- What their good life is; things they want to avoid.
- What they want to focus on this year.
- What kinds of help they need to do what they want.
- Whose help they want.
- When/how they want help with different things.
- How services are paid for: K Plan, waivers, other.



Supports for those with highest needs

- 2:1 supports above what is identified on CNA
- Additional hours of attendant care
- Higher rates
- Private duty nursing (PDN) for those with nursing support needs.
- Providers with special qualifications.
- ODDS reviews all service and rate exceptions for those who need exceptional supports



ODDS services and schools

Federal regulations require that K Plan services, like ODDS-funded attendant care, do not supplant special education or related services provided under IDEA. 42 CFR § 441.525.

- ODDS services cannot replace school services or be provided during the school day.
- Support workers cannot provide services in schools, on school grounds or on school buses.
- They cannot provide school transportation.
- They cannot perform educational tasks, even at home.



SB 91 & SB 646 comparison

	SB 91	SB 646
Eligibility	<ul style="list-style-type: none"> Children with I/DD, or medically fragile, or medically involved eligibility who live at home AND are in "very high" service group due to medical or behavioral support needs 	<ul style="list-style-type: none"> Children with I/DD eligibility who live at home
Medicaid authority	<ul style="list-style-type: none"> Waiver 	<ul style="list-style-type: none"> K Plan
Provider type	<ul style="list-style-type: none"> DSP (agency employer) Legacy PSW 	<ul style="list-style-type: none"> PSW or DSP
Provisions	<ul style="list-style-type: none"> 60 hours/week cap per household Prohibits tasks not for primary benefit of client-child Prohibits services during school hours Prohibits simultaneous care of vulnerable adult or child under 10 years old Other agency requirements 	<ul style="list-style-type: none"> Same requirements apply as all other in-home providers
Other requirements	<ul style="list-style-type: none"> Training for case managers, parents and children Process for children to object to parent provider Tracking and legislative reports 	<ul style="list-style-type: none"> Support to children turning 18 about their right to choose their paid provider

Waiver or state plan approval process

1. Community partner engagement.
2. Tribal consultation (60 days for waiver; 90 days for state plan).
3. Public comment period (30 days; can be concurrent with Tribal consultation).
4. Aggregation of comments and written response (Up to 30 days).
5. Oregon Health Authority review and approval (about 3 weeks).
6. Submission to CMS.
7. CMS review (at least 90 days).
 - CMS can "stop the clock" at any point for additional review, which marks a new 90-day period.
 - If no approval is granted, the state must start the process over again, including Tribal consultation and public comments.
8. Waiver amendments cannot be retroactive. State plan changes may be retroactive.

Comparison to other states

Every state unique when it comes to:

- Medicaid authorities.
- Eligible populations and levels of care.
- Services to children.
- Provider qualifications.

Early in the COVID-19 pandemic, many states allowed parents of minor children to become paid caregivers through a variety of temporary programs.

Many states are exploring permanent options.



Closing remarks

As the Oregon Legislation considers permanent options for paid parent caregivers, it's important to:

- Consider how Oregon's system and authorities are a unique structure and how solutions will impact the existing system.
- Continue to innovate, building a strong foundation of supports that lay the avenues towards a sustainable system, equity, and community inclusion.

ODDS will continue to provide policy and program information to help inform the Oregon Legislature's consideration of a permanent solution.





Questions?

Comparison to other states

	California	Colorado
Level of care	Hospital, nursing facility, or ICF/IID	Hospital or nursing facility
Medicaid authority	Waiver	Waiver
Services	Broad array of services including nursing and attendant care if parent meets all qualifications	Health maintenance activities [such as medication administration, specialized feeding, positioning]
Summarized requirements	<p>No other willing or qualified providers or agencies, child lives in a remote or rural area, and attempts were made to find qualified providers</p> <p>Specific, authorized services only, ordered by child's physician</p> <p>Must have a designated representative to direct service planning</p>	<p>Employed by an agency</p> <p>Must have a designated representative to direct service planning</p>