

Community Developmental Disabilities Program

Oregon Administrative Rules Changes, Chapter 411,
Division 320



Disclaimer

OAR references to the 411–320 CDDP rule are based on proposed language and are subject to change following the public comment period and finalization of the Oregon Administrative Rules on December 29th, 2014.

This power point does not contain all of the content in the CDDP Rule. It also does not contain changes made to eligibility (411–320–0080), which is covered elsewhere.

It is important that you read these rules in their entirety.



Definitions

- ▶ A number of definitions that are commonly used across all Individuals with Intellectual and Developmental Disability Services Rules were moved to a new Definitions Rule 411-317. If you are looking for a definition that you cannot find, try looking in 411-317.

New and Significantly Changed Definitions

- “Administrator Review” See OAR 411-318 for the significance of this term.
- “Alternative Resources” Relates to the ISP’s requirement to identify all resources utilized to meet an individual’s needs, including those from outside the DD system.
- “Career Development Plan” relates to the new requirements for implementing Employment First.
- “Case Management Contact” describes a newly required kind of case management service.
- “Choice Advising” updated to specify that case management provider, service options, service settings, and service providers are subject to choice.
- “Nursing Service Plan” is defined to make clear that it is not part of the ISP.
- “OHP Plus” is defined to exclude Title XXI benefits.
- “Protective Services” now defined as the actions offered to an individual, not just those taken by a case manager.
- “Self-Determination” is new to this rule and is present to inform the expectations around case management and service planning.
- “Transition Plan” is now specifically called out as an ISP for an individual entering a new service setting.



411-320-0060 Individual Rights

- There are significant changes to this section of the rule.
- The Department adopted OAR 411-318-0000 that provides a standard set of rights, and a uniform complaints and hearing process.
- It is important for you to review and become knowledgeable of the requirements contained in the OAR 411-318-0000 rule.
- A training has been provided on Notices, Complaints and Hearings. Look for the power point on our website.

411-320-0090 Case Management Program Responsibilities

- (4)(c) The principles of self-determination should be considered during all case management activities.
- (4)(k) Describes choice advising:
 - Specifies it must happen at least 6 months before T18;
 - Specifies it must be before or during the initial LOC;
 - removes the requirement that it occur within 25 days of eligibility
- (4)(s) Concerning LOC:
 - Removes the requirement for an SC to complete the LOC for an individual expected to enter a brokerage.

411-320-0100 Coordination of Services

- (1)(a) adds flexibility to timelines to get an individual to a brokerage if the individual, CDDP and brokerage agree to a date beyond the specified 10 day window. Also clarifies that, in the absence of brokerage capacity, options available through the CDDP are not limited to in home supports.
- (3)(a)(F) grants authority to terminate Case Management services when an individual is unavailable to participate in planning for a return to community living due to incarceration.

411-320-0110 Entry and Exit Requirements

- (2)(a-c) enacts a statutory requirement that individuals who are eligible for licensed or certified residential services are offered at least three options, and at least two types of residential services. Allowable exceptions are included.
- (5)(c)(A-C) establishes the same requirement when an individual transfers from one setting to another.
- (8)(c) adds flexibility to the 10 day limit to get an individual enrolled to a brokerage when mutually agreed by the individual, CDDP, and Brokerage.
- (8)(d)(F) requires a FNA be provided to the brokerage at the time of enrollment, if there is one.



411-320-0120 Service Planning

- (2) Level of Care Determination
- (a) Requires a SC to assure a LOC is present before the individual access K plan or waiver services. Requires an ISP no later than the end of the month following the month in which the level of care determination was made or no later than 45 days from the level of care determination.



411-320-0120 Service Planning

- (2)(b) Requires a LOC be reviewed:
 - (A) within 12 months of the last review, the month of review is the month of the D&E Coordinators approval unless the review period is shortened.
 - (B) No earlier than 60 days prior to the renewal of the ISP.
 - (C) Any time there is a significant change in a condition that qualified the individual for the level of care.
- (2)(c) requires the LOC determination be documented in a progress note
- (2)(d) permits a LOC to have been done by a SC or PA (a new LOC is not required just because an individual transfers from a brokerage).



411-320-0120 Service Planning

- (3) Requires a Functional Needs Assessment initially and annually for anyone who has or will be having an ISP.
 - (a)(A) Not more than 45 days from the date that the individual submitted a completed application or the date the individual became eligible for OHP Plus or OSIPM.
 - (a)(B) Prior to the development of an initial ISP
 - (a)(C) Within 60 days prior to the renewal of an ISP.
 - (a)(D) Within 45 days of a request from an individual for a new assessment.



411-320-0120 Service Planning

- (3)(b), for someone needing another ANA or CNA (at renewal), requires that they participate in the reassessment and that they be notified of that requirement.
 - (A) Gives authority to terminate services based on failure to participate in the ANA/CNA
 - (B) Allows the Department to make exceptions to (A)
 - (C) Sets a minimum 14 day timeframe to provide notice to the individual that the reassessment needs to happen.



411-320-0120 Service Planning

- (4) ISP
 - (a) requires an initial ISP within 90 days of the submission of a completed application for services
 - (c) requires that the individual be given a copy of the ISP within 2 weeks of authorization.
 - (d)(D) requires that “other state plan services” besides K plan be listed on the ISP (such as SPPC)
 - (f) requires that the ISP be made available in a way that it can be understood by the individual.
 - (i) requires a Career Development Plan be attached to the ISP of an adult.



411-320-0120 Service Planning

- (5) Specifies that any individual not accessing waiver or K plan services must have an annual plan.
- (9) Requires an ISP to be reviewed and revised no more than 30 days after a new functional needs assessment, at least every 12 months, when individual's needs or circumstances change, and if an individual requests a change.
- (10) Requires a transition plan be reviewed and updated to meet the requirements of a full ISP within 60 days of the individual entering a new service setting.
- (11) Requires an ISP to be developed by the SC and the individual. Others may be included at the invitation of the individual.

Contact, Site Visits, and Monitoring of Services

- (1) CASE MANAGEMENT CONTACT. Every individual who has an ISP must have a case management contact no less than once every three months. Individuals with significant health and safety risks as identified in the ISP must have more frequent case management contact. At least one case management contact per year must be face to face. If an individual agrees, other case management contact may be made by telephone or by other interactive methods. The outcome of the case management contact must be recorded in the progress notes. The purpose of the case management contact is:
 - (a) To assure known health and safety risks are adequately addressed;
 - (b) To assure that the support needs of an individual have not significantly changed; and
 - (c) To assure that an individual is satisfied with the current supports.

See [The Case Management Contact Requirements Technical Guide](#) for more information about this.

Contact, Site Visits, and Monitoring of Services

- (3)(b) clarifies that a SC is not responsible for monitoring of individuals enrolled to a brokerage.
- (3)(e)(F) requires that for an individual with an annual plan getting State Plan Personal Care, the SC monitor those services as described in the SPPC rule 411-034-0070...

(c) ONGOING MONITORING AND AUTHORIZATION.

(A) When there is an indication that an individual's personal care needs have changed, a case manager must conduct an in person re-assessment with the individual (and any of the individual's natural supports if requested by the individual).

(B) Following annual re-assessments and those conducted after a change in an individual's personal care needs, a case manager must review service eligibility, the cost effectiveness of the individual's service plan, and whether the services provided are meeting the identified service needs of the individual. The case manager may adjust the hours or services in the individual's service plan and must authorize a new service plan, if appropriate, based on the individual's current service needs.

(d) ONGOING CASE MANAGEMENT. A case manager must provide ongoing coordination of State Plan personal care services, including authorizing changes in providers and service hours, addressing risks, and monitoring and providing information and referral to an individual when indicated.

411-320-0160 Crisis Diversion Services

- (5) Sets standards for making purchases
 - (a) the purchase is no more than necessary to address the imminent issue
 - (b) only services that would otherwise be available through the K plan
 - (c) There must be a needs assessment
 - (d) expenditures must be consistent with expenditure guidelines and assessments



411-320-0170 and 0175

- These rules have been edited to remove references to individual complaints.
- 411-320-0170 now relates only to contractor disputes.
- 411-320-0175 defers to 411-318 for individual complaints and hearings.
- The Department adopted OAR 411-318-0000 that provides a uniform complaints process. It is important for you to review and become knowledgeable of the requirements contained in the OAR 411-318-0000 rule.
- A training has been provided on Notices, Complaints and Hearings. Look for the power point on our website.



411-320-0190 Program Review

- (1) Changes the frequency of reviews by the Department from every five years to every two years.
- (3) Requires a plan of improvement from the CDDP within 45 days of the report.