

Services provided through Oregon’s Long-Term Care System

Coordinated care organizations are not responsible for covering services provided through Oregon’s Long-Term Care System. This fact sheet is intended to clarify these services.

1915(c) Home & Community-Based waivers

Who is eligible?	Medicaid recipients eligible for care under the following waivers: <ul style="list-style-type: none"> ■ Comprehensive Services #0117 ■ Support Services Waiver #0375 ■ Medically Involved Children’s Waiver #0565 ■ Medically Fragile Children’s Waiver #40193 ■ Behavioral Model Waiver #40194 ■ Aged and Physically Disabled Waiver #0185
Services covered under this program	Standard services include but are not limited to: <ul style="list-style-type: none"> ■ Waiver Case Management (<i>i.e.</i>, supports and service coordination) ■ Community Living and Inclusion Supports - Habilitation ■ Alternatives to Employment- Habilitation ■ Supported Employment and Pre-vocational Services ■ Family Training and Counseling ■ Extended State Plan- Speech, Hearing and Language Services ■ Extended State Plan – Occupational Therapy Services ■ Extended State Plan – Physical Therapy Services ■ Special Diets ■ Translation ■ Specialized Supports

Community First Choice 1915 (k) waiver

Who is eligible?	Medicaid recipients with disabilities who: <ul style="list-style-type: none"> ■ Have income that is no more than 150% of FPL, or ■ Are eligible for nursing facility (NF) services under the State Plan and would otherwise require institutional care ■ Meet the institutional level of care provided in a nursing facility, hospital or an intermediate care facility for individuals with intellectual and/or developmental disabilities. Participation is voluntary.
Services covered under this program	Home and community-based attendant services and supports, under a person-centered service plan agreed to in writing by the individual, or his or her representative, that is based on a functional needs assessment. Standard services include but are not limited to: <ul style="list-style-type: none"> ■ Assistance with activities of daily living (ADLs), instrumental activities of daily living (IADLs), and health-related tasks through hands-on assistance, supervision, and/or cueing ■ Acquisition, maintenance, and enhancement of skills necessary for the individual to accomplish ADLs, IADLs and health-related tasks ■ Backup systems or mechanisms to ensure continuity of services and supports ■ Voluntary training on how to select, manage and dismiss attendants

Self-Directed Personal Assistant Services 1915 (j)

Who is eligible?	<p>Medicaid recipients who are aged and/or have physical disabilities, and reside in their own home.</p> <ul style="list-style-type: none"> ■ They must meet NF level of care. ■ Participation is voluntary.
Services covered under this program	<p>Individuals self-direct their personal assistance services and are responsible for hiring, directing, paying and dismissing providers, and purchasing other goods and services.</p> <ul style="list-style-type: none"> ■ ADL/IADL services ■ A monthly cash benefit to purchase services and supports

Program of All-Inclusive Care for the Elderly (PACE)

Who is eligible?	<p>Medicaid/Medicare recipients who:</p> <ul style="list-style-type: none"> ■ Are age 55 or older ■ Live in the service area of a PACE organization ■ Are eligible for nursing home care ■ Are able to live safely in the community <p>Individuals can leave the program at any time.</p>
Services covered under this program	<p>Comprehensive medical and long term services and supports approved and coordinated by an interdisciplinary team (IDT) of professionals. Most services are provided in a single location for the benefit of the participant. Care and services include:</p> <ul style="list-style-type: none"> ■ Adult day services ■ Nursing; physical, occupational and recreational therapies; ■ Nutritional counseling ■ Medical care provided by a PACE physician familiar with the history, needs and preferences of each participant ■ Home health care ■ Personal care ■ Community Based Care including Assisted Living, Adult Foster Homes and Residential Care Facilities ■ Prescription drugs ■ Social services ■ Medical specialists such as audiology, dentistry, optometry, podiatry, and speech therapy ■ Transportation ■ Respite care ■ Hospital and nursing home care when necessary

Institutional Long Term Care

Who is eligible?	<p>Medicaid recipients who reside in a long-term care institution. Eligibility for Medicaid may be figured differently for residents of an institution, and therefore access to Medicaid services for some individuals may be tied to need for institutional level of care.</p>
Services covered under this program	<p>Comprehensive services billed and reimbursed as a single bundled payment. These include:</p> <ul style="list-style-type: none"> ■ Services delivered in a hospital, Intermediate Care Facility for Individuals with Intellectual and/or Developmental Disabilities, or Nursing Facility (NF) that assumes total care of the individual, including room and board. ■ Preadmission Screening & Resident Review (PASRR) ■ Inpatient Psychiatric Services for Individuals Under Age 21 ■ Services for individuals age 65 or older in an institution for mental diseases