

Aging and People with Disabilities (APD)

State Plan and Waivers

Aging and People with Disabilities (APD) has a State Plan and waivers. They are contracts between the State of Oregon and the Centers for Medicare and Medicaid Services (CMS). They cover who Oregon serves, the help offered, and other details.

State Plan

You can learn what a State Plan is by visiting the link below. There is a question and answer section.

<https://www.oregon.gov/oha/HSD/Medicaid-Policy/Pages/State-Plans.aspx>.

In Oregon's State Plan, APD outlines:

1915(j) Self-Directed Personal Assistance Services

In Oregon, the 1915(j) is called the Independent Choices Program (ICP). It is a Medicaid in-home service program. It is for individuals who want to live at home. Those who are able to get help through the program are given Medicaid funds. These funds are used to buy needed goods and services. This helps to increase their independence, dignity, choice, and well-being.

A person-centered process is used to make the service plan and includes:

- Preferences, choices, and abilities
- Looking at if there is risk of harm
 - A back-up plan to address and lessen risk

A self-directed process is used to make the budget plan.

- A cash benefit is given to buy goods, supports, services, or supplies. This is to help increase independence or serve in place of help from another person.
 - Family (such as parents or spouses), friends, and professionals can be hired to help meet needs.

1915(k) Community First Choice

The 1915(k) is often called the K Plan. It serves individuals who want to live at home or in a community-based setting. Help is through attendant care services and supports.

Services may include:

- Help with Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), and health-related tasks;
 - The help is through hands-on assistance, supervision, and/or cueing
- Skill building to be able to do the above tasks;
- Backup systems or mechanisms to ensure services and supports continue;
- Voluntary training on how to select, manage, and dismiss attendants.

More support and choice are offered under the 1915(k). The 1915(k) helps to cover costs when individuals are transitioning from an institution, like a nursing facility, to their home or a community-based setting.

1905(a)(24) State Plan Personal Care

State Plan Personal Care (SPPC) is for individuals on Medicaid who want to live at home. These individuals need help with personal care and supportive services. Help most often is tied to Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). Some examples are bathing and medication. SPPC can include delegated nursing tasks. For example, injections and oral suctioning. Individuals receiving SPPC cannot be served by the 1915(k), waived, or other services. SPPC services are provided directly to individuals. They are not meant to provide respite or to replace natural supports. The services must only supplement natural supports for unmet needs.

1115 Demonstration Waiver

When APD would like to try something new that is not covered in the State Plan, APD can ask for an 1115 demonstration waiver. It can be a way for APD to serve individuals not already served. Ideas are tested through a formal process, like a pilot project. Ideas must be in line with the Medicaid program. They must also work to provide better care, improve the way work is done, and lower costs.

1915(b)(4) Case Management Freedom of Choice

The 1915(b)(4) lets Oregon choose to only contract with qualified providers. Through selective contracting, Oregon provides case management services as a 1915(c) waived service. This is done through the existing service delivery model for Aging and People with Disabilities (APD). Services are authorized through the 1915(c) waiver. Providers include Area Agencies on Aging (AAA), willing Tribes, and APD staff. This selective contracting helps to ensure ongoing case management is coordinated with all other services an individual may be eligible for.

1915(c) Aging and Physically Disabled Waiver

The 1915(c) waiver provides case management services. This helps individuals to gain access to needed medical, social, educational, and other services. There must be direct contact with individuals every three months. In between direct contact, monitoring is done. Monitoring may include the review of records, data, and other information. This is done to make sure needed services are being provided in line with the individual's person-centered service plan. The plan can be updated or changed. The waiver also provides community transition services. These services support individuals who want to move from an acute care hospital or licensed care setting to an in-home setting. For individuals over the standard income level, the waived services allow them to access all other Long-Term Services and Supports' (LTSS) benefits funded through the 1915(k).