IDD COALITION

GO! Grassroots Oregon

GO! BULLETIN

Grassroots Oregon (GO!) is a project of the Oregon Intellectual and Developmental Disabilities Coalition
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THE K PLAN

Thousands of children and adults with Intellectual / Developmental Disabilities are accessing K Plan Services in Oregon. However, the K Plan still remains a mystery to many. The intent of this GO Bulletin is to provide individuals and families with information that will support their advocacy efforts.

The K Plan originated as part of the Affordable Care Act and was adopted by Oregon as a Medicaid State Plan to access more federal money and bring more services to eligible Oregonians. Services are funded by both state and federal dollars, which includes an extra 6% of federal funding through the K Plan. The Centers for Medicare and Medicaid Services (**CMS**) makes the rules at the federal level regarding how these funds should be used. Oregon has an agreement with CMS that outlines exactly what services the K Plan can provide in Oregon.

It's a big plan with a small name. The K Plan title refers to the 1915(k) section of the Social Security Act. The official title of the K Plan is actually the Community First Choice Plan. The support services that now available through the K Plan are intended to help children and adults with intellectual / developmental disabilities enjoy a full life at home, work and in their community. Services are not intended to interfere with or replace natural supports from family and friends.

The K Plan offers the following services:

- **Personal Attendant Care for Activities of Daily Living (ADL)** includes bathing, dressing, eating, mobility, bowel & bladder care, stand-by support and behavior supports.
- **Personal Attendant Care for Instrumental Activities of Daily Living (IADL)** includes medication management, budgeting, shopping, meal prep, laundry and light housekeeping for the child or adult. For adults, I can also provide non-medical transportation and chore services.
- **Relief Care** for caregivers which is also called respite care
- **Skills Training** to help people learn to be more independent with ADL, IADL and health related tasks.
- **Behavior Consultation & Support**

- **Assistive Technology & Devices** limited to $5,000 per year
- **Home Modifications** limited to $5,000 per year
- **Emergency Response Systems**
- **Home Delivered Meals**

The K Plan is also used to fund community inclusion day supports for adults, foster care and group residential settings.

The process of accessing support services is outlined below:
① Referral & Application to Developmental Disabilities Services ② DD Eligibility Determination
③ Level of Care Determination ④ Medicaid Eligibility Determination ⑤ Needs Assessment
⑥ Choice Counseling ⑦ Service Planning

A referral and application to the local Community Developmental Disabilities Program (**CDDP**) is the initial step needed to access the DD Services system. Here are some key things to know:

- A parent, legal guardian or anyone with permission from the person can make a referral
- The local Community DD Program is responsible for determining eligibility
- For adults, it is the county where they live
- For children, the county where the primary parent lives or the court with jurisdiction is
- The applicant must be a United States Citizen or permanent resident
- No funded services can be provided until eligibility has been determined
- The timeline for determining eligibility is 90 days from the date of application
- Individuals must have an ID or DD eligibility to receive any funded service

In Oregon eligibility is based on either an Intellectual Disability (**ID**) *or* Developmental Disability (**DD**) diagnosis confirmed through a medical or clinical evaluation by a qualified professional such as a medical doctor or psychologist.

- With an Intellectual Disability the IQ score is generally under 70 but not over 75, with significant adaptive impairment attributed to the disability evident prior to age 18.
- With a Developmental Disability there must be significant adaptive impairment attributed to the diagnosis that requires supports similar those with ID but IQ scores are <u>not</u> relevant and the diagnosis must be made by the person's 22nd birthday.

If eligibility is declined, the local Developmental Disabilities Services office can facilitate an informal meeting with a State Diagnosis and Evaluation Coordinator to review the reason for the denial and to talk about whether additional information may be considered. Applicants also have the right to request a contested case hearing.

After eligibility for DD Services is confirmed, the next step is to determine if the person meets an institutional Level of Care, which means that without support services they would likely require care in a hospital, nursing home or institution. A Level of Care assessment form is completed by the Case Manager after reviewing the person's file, interviewing the person and/or those who know the person well to document the individual's current skill levels relating to self care, communication, mobility, behavior and social interaction.

In Oregon, Medicaid funded services for Oregonians who experience intellectual and/or developmental disabilities are made available through State Plans and/or Waivers.

Oregon's Medicaid State Plans are:

- **Oregon Health Plan (OHP)** provides basic health insurance coverage for those whose individual or family income is up to 138% of the Federal Poverty Level ($1,342/month for a family of one).
- **Community First Choice (K Plan)** is for individuals who meet the institutional Level of Care; <u>and</u> they are either on a HCBS Waiver (with income up to 300% SSI) <u>or</u> their family income is up to 138% of the Federal Poverty Level.

Oregon utilizes five Home & Community Based Services (**HCBS**) Waivers to provide long term I/DD services in a "home and community based setting" instead of an institution. These waivers have income eligibility up to 300% of the SSI limit ($2,199/month for a family of one).

- **Adult Support Services Waiver** for adults living in their family or own home.
- **Comprehensive Waiver** for children or adults living in group, foster, family or own home.
- **Children's Behavior Services Waiver** for children whose behavior requires intensive in-home behavioral support at an institutional level of care.
- **Children's Medically Fragile Services Waiver** for children who are medically fragile with hospital level of care needs.
- **Children's Medically Involved Services Waiver** for children who are medically involved with nursing home level of care needs.

Oregon's HCBS Waivers currently include services such as case management, family training, vehicle modifications, and assistance with special diets for children and adults. Additionally, there are prevocational and supported employment services available for adults. Waivers can have wait lists, can be limited to specific populations, and have different income rules than State Plans.

It is important to note that since the K Plan is designated as a Medicaid State Plan it is considered an "entitlement" program, which means that the government guarantees timely access to state plan services for children and adults who are determined eligible and have had an assessment that confirms they need K Plan services. In other words, the state cannot deny state plan services because of a "lack of resources" and there are no waiting lists to access K Plan services.

It is also important to note that a child can become eligible for Medicaid Services even if their family has a higher income level. When family income levels become a barrier to needed services, a child can be declared eligible for Medicaid Services by a specialized team at Oregon's Department of Human Services called the Presumptive Medicaid Disability Determination Team (**PMDDT**). This team validates that the child's disability meets Social Security disability criteria. It is at this time that the child can be deemed a "household of one" and only the child's income will be used to determine eligibility. The CDDP will assist the family through this waiver application process, which takes several weeks.

Once it has been determined that someone has met the eligibility criteria for DD Services, Level of Care, and Medicaid Eligibility the next step of the process is the Needs Assessment which determines the specific type of disability support services the child or adult are eligible for. Either the Child Needs Assessment (**CNA**) or Adult Needs Assessment (**ANA**) will be completed depending on the person's age. The Needs Assessment will be conducted annually and should involve the individual and those who know the child or adult best.

The Needs Assessment considers the level of support needs related to transportation, shopping, safety, personal hygiene, overnight care, money management, health management, mobility, eating and drinking, communication and behavioral support needs. Individuals and families should be aware that the assessment involves a series of personal questions that may seem to be fairly clinical and focused on perceived deficits, but the intent of the assessment is to get an accurate estimate of the type and level of supports needed to safely achieve personal independence on a typical day and night. It is also important to note that these needs assessments focus on ADL and IADL supports, and while other supports are available they may not be addressed in the assessment. Individuals and/or their families should mention any support needs they are aware of during the assessment appointment. New assessments can be requested any time and should be done within 45 days once the assessment is requested.

The results of the Needs Assessment will determine the type and amount of support services hours that the child or adult is eligible to receive. This is the part of the process when the focus begins to shift from evaluating what the person needs to considering what the person wants. There is now a choice counseling process available to ensure personal preferences are considered. This meeting is intended to provide an opportunity for the person to openly express their preferences about various aspects of their life including where they live and who coordinates/provides their support services prior to their Individual Support Plan (**ISP**) meeting.

The ISP document will outline supports and services based on the results of the needs assessment with consideration of the person's preferences and goals. Individuals and families can prepare for the annual ISP meeting by providing information to the Services Coordinator, Personal Agent or Case

Manager in advance of the meeting regarding personal preferences, desired goals and needed supports related to communication, living arrangements, school/work, recreation, community activities, social life, relationships, health, money, personal advocacy, cultural considerations, transportation, assistive technology and environmental modifications.

Support services are directed by parents of children who receive services; adults who receive services, their legal guardian or someone they appoint as a Designated Representative who can make decisions on their behalf; however Designated Representatives cannot be paid to provide services.

Once the Individual Support Plan is complete, services can be accessed. People receiving services are often given a number of authorized support service hours but may experience a delay in accessing needed supports unless they have already identified a qualified provider. The Home Care Commission is offering a STEPs program to help individuals and their families learn how to manage personal support services. There are also advocacy organizations, regional family networks, and service coordination agencies that are starting to provide training to help individuals and their families learn how to recruit and manage personal support providers.

An immense amount of work has gone into the implementation of K Plan Services in Oregon and while there is still work to be done, there is clearly a dedicated effort to maximize the potential of this Medicaid program so that Oregonians with intellectual and developmental disabilities can access vital services.

The benefits of the K Plan are evident:

- More and more children with developmental disabilities and their families have been able to access essential support services because of the K Plan.
- A greater number of Oregonians can access necessary support, and they don't have to reach the point of crisis before they get help.
- Personal care is provided in the person's home or in an integrated community setting
- People have more choice of providers.

We appreciate that the leaders in the Oregon Legislature and the Department of Human Services are willing to invest in these supports that are essential to the lives of thousands of Oregonians who experience developmental disabilities and their families. We encourage individuals and families to share their personal story about the difference these services are making in their lives with the GO Project so that we share these stories with legislators and agency leadership.

Email your story to info@oregonddcoalition.org

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