



Oregon

Theodore R. Kulongoski, Governor

Department of Human Services

Seniors and People with Disabilities

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June 9, 2006

Ms. Marguerite Schervish, Health Insurance Specialist
Centers for Medicare and Medicaid Services
CMSO/DEHPG/Division of Integrated Health Systems
7500 Security Blvd., Mail Stop S2-14-26
Baltimore, MD 21244-1850

Subject: Independent Choices Waiver Renewal Request (wavier #:11-w-00130/0)

Dear Ms. Schervish,

With CMS and your support, Oregon's Independent Choices Program has successfully provided self-directed services to about 300 people. I am happy to report that the program and its outcomes have surpassed our expectations. As a result, people from all areas of the state are advocating for the continuation of Independent Choices and its statewide expansion. The Oregon Department of Human Services, Seniors and People with Disabilities is eager to meet these requests. Accordingly, we respectfully submit our 1115 waiver renewal request to you, which includes:

1. Cover letter
2. Request for Renewal
3. Budget Neutrality Data (comparing cost of Oregon's 1915c waiver services with our 1115 waiver services).

We would like to take this opportunity to sincerely thank you for your support of the program and your commitment to seniors and people with disabilities.

We hope that you will consider our request for renewal and program statewideness favorably.

Please let me know if we can provide more information.

Sincerely,

Sue Stoner, Program Analyst
Independent Choices Program

Copies to: Tania Seto, Joe Easton and Deanna Hartwig

"Assisting People to Become Independent, Healthy and Safe"
An Equal Opportunity Employer

CMS 1115 Waiver Renewal Request

Waiver Number: 11-W-00130/0

Requested Effective Date: November 1, 2006



Oregon Department of Human Services
Seniors and People with Disabilities
Independent Choices Program

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Self-Direction in Oregon's Independent Choices Program

Independent Choices (IC) is a home and community based waiver demonstration program that emphasizes independence, dignity and choice. In the Independent Choices program, the Oregon Department of Human Services (DHS), Seniors and People with Disabilities (SPD) issues a check (cash benefits) to eligible individuals in lieu of funding in-home providers to deliver their services and supports. People who enter this program have the freedom to use their cash benefits^a to purchase goods and services that supplement their ability, and natural support provided by others, to continue living in their home and communities. The outcomes achieved over the life of this five year pilot program tell us that people who have full authority and control over their services report:

They have greater independence.

Their and family member's quality of life has improved positively.

Individuals have increased satisfaction with life and with Department Services.

Program Opportunities

Independent Choices is one of four In-home Support Service options available through the Oregon Department of Human Services (DHS), Seniors and People with Disabilities (SPD). People over age 65 or with physical disabilities can access these and other supports through local Area Agencies on Aging (AAA) and

^a Cash benefits must be used to carry out the individual's service plan to purchase items that support their health, safety, independence and general well-being. Individuals who enroll in IC assume the risk and responsibilities for managing their benefits.



SPD Offices. People who opt into IC have the capacity to decide how their benefits will be used to live with independence. This flexibility is available to those who agree to handle the risks and responsibilities associated with fully self-directed services. Individuals may either be willing and eager to learn how to manage their IC benefit and employer functions or may identify a surrogate to act on their behalf (authorized representative)^b. Individuals in the program have several responsibilities that include:

- Assisting with their assessment and service plan development.
- Learning how to manage an individual service budget.
- Receiving and responsibly managing cash benefits (including setting up a designated bank account and creating a record keeping system).
- Purchasing the goods and services needed to carry out their service plan (including agreeing to manage all statutory employer risks and responsibilities).
- Assuming the responsibility for attending program training or obtaining information and technical supports when needed to successfully meet employer responsibilities.

^b Those unable to successfully meet the program's enrollment requirements or repeatedly fail to comply with the program's rules will be referred to other waived service alternatives that embrace self-direction. These include the Client–Employed Provider Program and the Specialized Living Program (1915c waiver #: 0185.90.R2.07). Both services offer employer authority and provide fiscal management services.



- Participating in mandatory and non-mandatory quality assurance activities (to ensure compliance with rules and regulations, reduce risk exposure and improve services).

Organizational Roles

- Department of Human Services, Seniors and People with Disabilities administers the 1115 waiver and assures compliance with the Demonstration Program's approved term & conditions and established protocol (including managing QA component).
- IC Steering Committee oversees the program's statewide development and quality assurance functions.
- Local SPD/AAA offices will provide access to and manage the IC program. Case managers assess each applicant's service needs, determine eligibility, and offer service choices to eligible individuals. Case manager will also authorize and monitor IC service plans and will complete simple benefit usage reviews.
- An Independent contractor, Umpqua Valley disAbilities Network, will oversee the delivery of Money Management Services (MMS) and Benefit Management and Employer Supports (BMES) Services to individuals who are completing IC enrollment or have entered the program. Umpqua Valley disAbilities Network is one of ten Centers for Independent Living (CIL) located in Oregon. The CILs will coordinate and assure the delivery of MMS and BMES services in partnership with the Oregon AARP, SPD and the IC Steering Committee.



Service, Benefit & Employer Counseling

Service Counseling will be the primary responsibility of local SPD/AAA case managers and will be conducted after eligibility is established and during each following six month assessment.

Individuals who select the ICP as their preferred service option must also review and sign the Independent Choice's Enrollment and Saving Agreement with their case manager. The agreement is an acknowledgement of a person's willingness to accept personal responsibility for self-directing their services. The IC Agreement outlines the risks and benefits of enrolling in and receiving In-Home Support Services through the Independent Choices Program, the conditions under which an Individual is assuming responsibility, and their accountability for managing IC-Cash Benefit.

The risks, responsibilities and specific benefits of each in-home program (and other SPD service requests) is reviewed in each IC Class.

Benefit & Employer Counseling

The Individual (or their surrogate) must participate in the following benefit and employer counseling activities:

- 1. IC Class:** An educational orientation that must be attended by an Individual in the month prior to completing enrollment in the Independent Choices Program and receiving the program's benefits. To successfully complete the class, the Individual must participate in the entire class session and take and pass the IC test with a score of at least 70%. The orientation covers, but is not limited to, the roles, responsibilities, risks and benefits an Individual or



their Surrogate agrees to manage when self-directing services through the IC Program.

2. **IC Refresher Class:** An ongoing course of instruction that covers a range of subjects including skills required to self-direct services, successfully managing cash benefits, state and federal Household Employer regulations, and record keeping systems. The course must be completed by an Individual or their Surrogate no less than once every two years in order to remain eligible for the program.

Other supports offered to individuals may be accessed by request.

- **Benefit Management and Employer Supports Services** that includes: a) providing information and training on roles, responsibilities, risks and benefits of self-directing services and developing natural supports; b) teaching individuals how to design and manage an individual budget and record keeping systems; and c) instructing and giving technical assistance on managing Household Employer responsibilities. (For example: understanding and carrying out their Service Plan and IC Enrollment & Savings Agreement; recruiting, hiring, training and firing household employees; managing risk through use of independent contractors and businesses; issuing payments or payroll; managing payroll taxes; and complying with all applicable state and federal regulations pertaining to Household employers)
- **Money Management Services** provided to Individuals. Money Management Services includes teaching budget and debt management skills, or assisting with checkbook balancing and bill paying, or matching



and assigning representative payees (to manage government benefits such as a Social Security checks).

- The contractor and state will also offer a toll free technical assistance line and email access for individuals.

Budget and Other Safeguards

- Individual that prematurely deplete their IC benefits will be terminated from the program and offered alternative service.
- Budget utilization is reviewed randomly by the state and by case managers during each six month assessment. The state has an established process for review and approving saving plans.
- If an individual has suffered an injury or accident leading to hospitalization or nursing facility care and the individual's physician has refused to release the individual to his or her home because the physician believes the services provided at home are inadequate to meet the needs of the individual (e.g. for medical or safety reasons) the DHS/AAA local office would arrange other services (either in community-based or nursing facility care) that could meet the service needs of the individual to the satisfaction of the physician.
- Individuals will receive training and support to manage their service. Those who choose to no longer direct their own services have other service alternatives including adult foster care, assisted living, and residential care or nursing facility care. The individual would contact their case manager to



discuss the other service options and when to implement services in an alternate care setting. The Case Manager can contact care facilities to inquire about vacancies and make referrals to arrange alternate services. The Case Manager would authorize the alternate setting to ensure that services to the individual would be uninterrupted.

Advocacy and Advisory

Governor's Commission on Senior Services

The Governor's Commission on Senior Services is an official state commission made up of volunteers appointed by the governor and two legislators, one from the House and one from the Senate. The Commission works to further the interests of Oregon's seniors.

Oregon State Rehabilitation Council

The Oregon State Rehabilitation Council (SRC) is a group of 15-25 individuals, advocates and business and community representatives, appointed by Oregon's Governor to advise DHS' Office of Vocational Rehabilitation Services (OVRs, formerly VRD) in the development, implementation and review of rehabilitation service delivery for Oregonians with disabilities.

People with Disabilities Advisory Committee (PDAC)

The People with Disabilities Advisory Committee (PDAC) serves as a bridge between the interests and needs of people with physical disabilities and the programs and policies of the Oregon Department of Human Services.



Elder Law

Elder law attorneys help families discuss legal issues. Many elder law attorneys specialize in one or more areas of elder law (estate planning, wills and trusts, disability planning, advance directives). In Oregon, the Oregon State Bar can provide individuals with a list of attorneys that specialize in these specific areas. The National Academy of Elder Law Attorneys (NAELA) can also help find proper legal assistance in Oregon, as well as in other states.

Oregon Advocacy Center (OAC)

OAC is an independent non-profit organization which provides legal advocacy services for people with disabilities anywhere in Oregon. OAC offers free legal assistance and other advocacy services to individuals with physical or mental disabilities. OAC works only on legal problems which relate directly to the disability.



Tables



Table A: Target Population

The following table presents information on the aged and disabled population that will be targeted for participation in Oregon’s Independent Choices Program (ICP).

Table A: Target Population for the Independent Choices Program

ID		Target Groups	Minimum Age	Maximum Age	Terms and Conditions
1.	<input checked="" type="checkbox"/>	Aged: People who are 65 years and older	65	None	No Proposed Changes
2.	<input checked="" type="checkbox"/>	Disabled: People under age 65 who are physically disabled	18	None	No Proposed Changes



Table B: CMS Approved Terms and Conditions - Enrollment & Ratio

The information shown in the table below provides the 2001 enrollment goal and limits established in the existing 1115 Waiver Demonstration’s approved Terms and Conditions (T&C).

Table B: Approved Terms and Conditions - IC Participation Targets and Limits

ID	Applicable Program Years	Unduplicated Number of Participants By Waiver Type and Applicable Limitations		Status of Special Conditions	Comments
		1115	1915c	1115	
1.	Program Demonstration Years 1 to 5 From: 11.01.01 To: 10.31.06	Participation Caps: ^c a. Total program enrollment cap is 300; and b. Geographic area cap is 100	N.A	Oregon limited the number of unduplicated IC participants at all times during each waiver renewal year in accordance with requirements.	A statewide wait list was initiated in 2005 to manage the IC total program and geographic enrollment ^d limits described in T&C. ^e

^c Terms and Conditions, Section V, Item O: The State will be able to limit the number of individuals who participate in the demonstration to 300 consumers, with 100 consumers eligible to participate in each of the three geographic areas. Should the 300-consumer participation limit be reached, individuals will still be eligible for Medicaid in Oregon. The State may not limit enrollment in Medicaid.

^d In Oregon’s Independent Choices Program, enroll or enrollment means the act of requesting and qualifying for the Independent Choices Program prior to the Department or its designee calculating an initial benefit level and authorizing its payment. Oregon applies the established enrollment limit to individuals whose eligibility factors have been confirmed for the initial application or a subsequent re-determination permitting the Individual enter the program and the Department or its designee to calculate an initial benefit level and authorizing its payment.



Table B continued: Approved Terms and Conditions – IC Participation Targets and Limits

ID	Applicable Program Years	Unduplicated Number of Participants By Waiver Type and Applicable Limitations		Status of Special Conditions	Comments
		1115	1915c	1115	
2.	Program Demonstration Years 1 to 5 (11.01 to 10.06)	Participation Ratios^f Absolute program and geographic ratio of ‘new to continuing’ people authorized to receive IC benefits is 1:2	N.A.	Oregon limited the number of ‘new to continuing’ participants at all times during each waiver renewal year meeting the terms of requirement.	A statewide wait list was initiated in 2005 to manage the IC total program and geographic enrollment ratios described in T&C. ^g

^e Terms and Conditions, Section V, Item P: If the demonstration reaches the enrollment ceiling, the State may consider the enactment of a waiting list. The State should describe any waiting list mechanism in the Operational Protocol, including: how the list would be maintained, how potential participants will be informed of their placement and standing on the list, how often potential participants will be informed of their standing, and how case managers and other State staff will be able to access and verify a consumer’s standing on the waiting list.

^f Terms and Conditions, Section V, Item Q: In order to control the growth rate of new consumers in the demonstration to the growth rate of new consumers that would be observed for personal care and home and community based services in absence of the demonstration, the following limits will be applied: a) across all geographic regions, a ratio of new to continuing consumers will be applied of one to two (1:2)...Moreover, an absolute limit of 100 participants is permitted as new consumers out of the 300 total participation limit established by the State; b) The State will assess the ratio every 6 months...; and c) For purposes of applying this limit, “new consumers” are defined as participants who, at the date of enrollment, are new to receiving the types of services cashed out under the demonstration. “Continuing consumers” are defined as participants who had been receiving cashed out services prior to the date of enrollment in the demonstration.



Table C: Proposed Enrollment & Ratio Changes

The information in the table below provides the:

- Proposed changes to the Demonstration’s enrollment limits outlined in the T&C; and
- Waiver Comparison: Reflects data shown in SPD’s draft 1915c renewal application.

Table C: Proposed Terms & Conditions – Participation Limits and 1915c Comparison

ID	Applicable Program Years	Unduplicated Number of Participants By Waiver Type and Applicable Limitations		Proposed Changes to Approved Terms and Conditions
		1115	1915c	
1.	Program Renewal Years: 3 years From: 11.01.06 To: 10.31.09	6.1 “New Consumer”	N.A.	6.1.1 – Request for Section V, Item Q Clarify or modify definitions that apply to: a. “New Consumer” meaning Eligible Individuals ^h who have not previously received SPD funded services; and b) “Continuing Consumers” meaning eligible Individuals that receive community or nursing home services funded by SPD.

^g Terms and Conditions, Section V, Item P: If the demonstration reaches the enrollment ceiling, the State may consider the enactment of a waiting list. The State should describe any waiting list mechanism in the Operational Protocol, including: how the list would be maintained, how potential participants will be informed of their placement and standing on the list, how often potential participants will be informed of their standing, and how case managers and other State staff will be able to access and verify a consumer’s standing on the waiting list.

^h Eligible Individual means seniors and people with physical disabilities that are authorized to receive In-Home Support Services as described in OAR Chapter 411, Division 031, and that have been approved to receive Money Management Services for a specified period of time by the case manager or local AAA/SPD office staff. Individuals enrolling in or receiving benefits authorized through the Independent Choices Program as defined in OAR Chapter 411, Division 036, qualify for Benefit Management and Employers Supports Services. The term “Individual” includes any Surrogate or Authorized Representative that asks for or uses Money Management or Benefit Management and Employer Support Services on the Individual’s behalf.



Table C Continued: Proposed Terms & Conditions – Participation Limits and 1915c Comparison

ID	Applicable Program Years	Unduplicated Number of Participants By Waiver Type and Applicable Limitations		Proposed Changes to Approved Terms and Conditions
		1115	1915c	
2.	<p>Program Renewal Years: 3 years</p> <p>From: 11.01.06 To: 10.31.09</p>	<p>8.1 Geographic Area Limits</p>	N.A.	<p>8.11. Section V, Item Q; and Attachment A, Item 3.c and 3.d Eliminate geographic program limits and approve expansion of demonstration statewide (program statewideness)</p> <p>Replaces Attachment A, Item 3.c. The Independent Choices demonstration MEG (Medicaid eligibility group) consists of persons residing in the State who: (1) are 18 years or older, (2) meet Oregon’s financial eligibility for long term care services, (3) meet Oregon’s functional impairment criteria within service priority levels, and (4) are documented to receive services according to the methodology under the State’s home and community based waiver.ⁱ</p> <p>Replaces Attachment A, Item 3.d. The term “Independent Choices demonstration eligible” refers to persons who are eligible for the demonstration and receiving services subject to the budget neutrality cap, whether or not they are participants of the cashed out feature of the demonstration.^j</p>

ⁱ.Terms and Conditions, Attachment A, Item 3.c: The Independent Choices demonstration MEG (Medicaid eligibility group) consists of persons residing in the three geographic service areas under the demonstration who: (1) are 18 years or older, (2) meet Oregon’s financial eligibility for long term care services, (3) meet Oregon’s functional impairment criteria within service priority levels, and (4) are documented to receive services according to the methodology under the State’s home and community based waiver.



Table D: Other Requested Changes to Terms & Conditions

Oregon requests the following additional changes to currently approved terms and conditions of the program.

Table D: Proposed Terms and Conditions – Other Requested Changes

ID	Approved Terms and Conditions	Proposed Changes to Approved Terms and Conditions
1.	<p>1.1. Section III, Item D. The awardee shall submit quarterly progress reports, which are due 60 days after the end of each quarter. The first quarterly report is due at the end of the fourth month following the award. The reports should include a discussion of events occurring during the quarter that affect health care delivery, quality of care, financial results, and other operational issues. An Attachment to each quarterly report shall further provide the database information identified in special term and condition IV-A</p>	<p>1.1.1. Replaces Section III, Item D. The awardee shall submit quarterly reports that include financial, enrollment^k, participation and disenrollment data. The reports are due 60 days after the end of each quarter. The report for fourth quarter may be combined in to the annual report. An attachment to each quarterly report shall further provide the database information identified in special term and condition IV-A</p>

^j Terms and Conditions, Attachment A, Item 3.d: The term “Independent Choices demonstration eligibles” refers to persons who are eligible in the three geographic areas of the demonstration and receiving services subject to the budget neutrality cap, whether or not they are participants of the cashed out feature of the demonstration.

^k This will include an analysis of enrollment activities like comparing program enrollment with IC class attendance and program entries.



Table D continued: Proposed Terms and Conditions – Other Requested Changes

ID	Approved Terms and Conditions	Proposed Changes to Approved Terms and Conditions
2.	<p>2.1. Section IV, Item A The awardee shall construct a database of all participants in the demonstration. This database shall, at a minimum, include:</p> <ul style="list-style-type: none"> a. Identifying Information for all Participants (name, address, social security number, telephone number); b. The participation start date; c. The effective date a participant no longer receives cash; d. The actual participation stop date (i.e., the date participant ceases receiving services under the demonstration); e. An indication of whether the participant was enrolled in the demonstration as a “new consumer” or a “continuing” consumer for purposes of calculating the new to continuing consumer enrollment ratio caps; and f. Information on any evaluation comparison group. 	<p>2.1.1. Replaces Section IV, Item A The awardee shall modify and maintain a database to track: a) participants who are in the demonstration; and b) IC class/educational activities and attendance. The database shall include:</p> <ul style="list-style-type: none"> a. Identifying information for all participants (name, address, social security and phone number); b. Enrollment and re-enrollment dates; c. Branch assigned to enrollment; d. If assigned, surrogate’s name and relationship; e. Date and type of IC class completed; f. Date IC test is submitted and status (pass/fail); g. Date initial IC benefit is received and amount authorized (enrollment or re-enrollment); h. Benefit distribution method (mail or direct deposit); i. Termination date (date services cease) and status (voluntary, disqualified, involuntary); j. Reason for termination



Table D continued: Proposed Terms and Conditions – Other Requested Changes

ID	Approved Terms and Conditions	Proposed Changes to Approved Terms and Conditions
3.	<p>3.1. Section V, Item J To ensure the appropriate payment of all relevant Federal taxes by participating consumers on behalf of employed providers, the State will implement procedures that reflect the requirements below. The procedures will be submitted by the State in its Operational Protocol:</p> <ul style="list-style-type: none"> a. Consumers are required to pass a mandatory test demonstrating competency with fiscal and legal obligations; b. Consumers who do not pass the competency test are required to use a fiscal intermediary in order to remain in the demonstration; c. Consumers who pass the test will be offered a choice of using a fiscal intermediary to handle payment functions or assuming the cash payment function themselves; and <p>For consumers who do assume the cash payment responsibilities, the State will conduct random audits of consumer bank accounts and employee payment records to ensure the appropriate payment of all relevant taxes.</p>	<p>3.1.1. Replaces Section V, Item J To ensure the appropriate payment of all relevant Federal taxes by participating consumers on behalf of employed providers, the State will implement procedures that reflect the requirements below. The procedures will be submitted by the State in its Operational Protocol:</p> <ul style="list-style-type: none"> a. During enrollment, and subsequent six month assessments, individuals must agree to follow IC program rules and increase their capacity to self-direct¹ their services. This commitment will be acknowledged by signing the Independent Choice’s Enrollment and Saving Agreement^m b. The month prior to entering IC, eligible individuals, or their surrogates, will be required to attend a class and pass a mandatory test with a score of 70% or more to: a) assure their understanding of all service options; b) give better informed consent to self-direct one’s services; and c) demonstrate their ability to use class materials to carry out employer responsibilities.

¹ Self-directed Services means a program that presents individuals with the option to control and direct Medicaid funds identified in an individual budget to carry out their service plan and maintain or improve their health, safety, independence or ability to remain in their own home.

^m Independent Choice’s Enrollment and Saving Agreement means a written Department document that is signed and dated by an Individual, or their surrogate, that acknowledges their willingness to accept personal responsibility for self-directing their In-Home Support Services through the Independent Choices Program. The IC Agreement outlines the risks and benefits of enrolling and receiving In-Home Support Services through the Independent Choices Program,



Table D continued: Proposed Terms and Conditions – Other Requested Changes

ID	Approved Terms and Conditions	Proposed Changes to Approved Terms and Conditions
	3.1. Section V, Item J continued.	<p>3.1.1. Replaces Section V, Item J continued.</p> <p>c. Individuals who pass the test and enter the program will be offered a choice of: 1) receiving no cost Money Management Services (MMS)ⁿ and IC Benefit Management and Employer Support Services (BMESS)^o to support their use of IC cash benefits; 2) using their benefits to purchase the services of an accountant, bookkeeper or equivalent financial service to manage their benefits; or 3) assuming benefit and employer functions themselves.</p> <p>d. Those who do not pass the test will have the option to: 1) re-take the test one time; or 2) demonstrate they have purchased or arranged for the ongoing services of an accountant, bookkeeper or equivalent financial service to manage their IC benefits; or 3) arrange for a surrogate or request MMS payee in order to enter the program and remain in the demonstration. If entry into IC is delayed during the assignment of a surrogate^p or MMS payee^q, an alternative service may be offered during this period.</p> <p>e. The State will conduct random a financial review of IC bank accounts and employee payment records to ensure the appropriate payment of all employer taxes and compliance with program rules</p>

the conditions under which an Individual is assuming responsibility, and their accountability for managing IC-CB.

ⁿ Money Management Services means statewide services provided to eligible individuals that teaches budget and debt management skills, or assists with checkbook balancing and bill paying; or matches and assigns representative payees to manage government benefits such as a Social Security checks.

^o Benefit Management and Employer Supports Services means a statewide service model designed to support Individuals that are enrolling in, or are authorized to receive cash benefits



Table D continued: Proposed Terms and Conditions – Other Requested Changes

ID	Approved Terms and Conditions	Proposed Changes to Approved Terms and Conditions
4.	<p>4.1. Section V, Item K Prior to the beginning of the demonstration’s operational phase, the State must submit evidence of the following:</p> <ul style="list-style-type: none"> a. sufficient availability of fiscal intermediary services for consumers who do not pass the mandatory test on employer responsibilities; b. case management staff for purposes of monitoring participant health and welfare. 	<p>4.1.1. Replaces Section V, Item K Prior to the beginning of the demonstration’s operational phase, the State must submit evidence of the following:</p> <ul style="list-style-type: none"> a. Sufficient availability of MMS and BMES services for individuals who are participating in the program; and b. Case management staff for purposes of monitoring participant health and welfare.

through, the Independent Choices Program. Services include: a) providing information and training on roles, responsibilities, risks and benefits of self-directing services and developing natural supports; b) teaching individuals how to design and manage an individual budget and record keeping systems; and c) instructing and giving technical assistance on managing Household Employer responsibilities. (For example: understanding and carrying out their Service Plan and IC Enrollment & Savings Agreement; recruiting, hiring, training and firing household employees; managing risk through use of independent contractors and business; issuing payments or payroll; managing payroll taxes; and complying with all applicable state and federal regulations pertaining to Household employers).

^p Surrogate means anyone acting responsibly that is appointed to act or make decisions on behalf of an Individual as described in OAR 461-115-0090 (1); or OAR Chapter 411, Division 036; or under ORS 125.305, 419B.370, 419C.481, or 419C.555. The term “Surrogate” is synonymous with “Authorized Representative.” A surrogate may obtain coverage or benefit determination, manage or report on the use of program benefits, report a change in circumstance, file a complaint or deal with any level of the appeals process on behalf of the Individual. A surrogate may be a family member that is related by blood, marriage, or adoption, and has a personal relationship to the Individual; or a friend; or an advocate assigned and, if applicable, approved by the Department office responsible for enrollment.

^q MMS Payee means anyone authorized under Oregon law to act on behalf of another, anyone “acting responsibly” on behalf of another, or “a person” chosen by the Individual to act on his or her behalf for the purpose noted in a legal document or Department form or agreement.



Budget Comparison with 1915c: State and Demonstration Region

TEMPLATE FOR SECTION 1115 COST INFORMATION
SHELL

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	
1	States would enter information in the shaded cells. The rest of the sheet will be calculated.															
2																
3	HISTORIC DATA: BASE YEAR (by) AND 4 PRIOR YEARS							DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION								
4	SPECIFY TIME PERIOD:					Base Year:		TREND	MONTHS	DEMONSTRATION YEARS (DY)					TOTAL	
5	State Fiscal Year	2001	2002	2003	2004	2005	5-YEARS	RATE	OF AGING	DY 01	DY 02	DY 03	DY 04	DY 05	WOW	
6	TOTAL EXPENDITURES FOR PERSONAL CARE SERVICE CONSUMERS															
7	SERVICE CATEGORIES															
8	PERSONAL CARE (PCS)	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	
9	TRANSPORTATION	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	
10	CHORE SERVICES	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	
11	HOMEMAKER SERVICES	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	
12	ADULT COMPANION	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	
13	ATTENDANT CARE	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	
14	In-Home Services	\$ 109,144,640	\$ 107,769,975	\$ 106,802,887	\$ 107,951,670	\$ 111,107,220	\$ 542,776,392									
15	TOTAL	\$ 109,144,640	\$ 107,769,975	\$ 106,802,887	\$ 107,951,670	\$ 111,107,220	\$ 542,776,392			\$ 111,311,381	\$ 111,802,901	\$ 112,296,591	\$ 112,792,462	\$ 113,290,522	\$ 561,493,857	
16	PCS CONSUMER															
17	MEMBER MONTHS	13,885	14,091	12,443	12,365	12,137		-3.31%	5	11,968	11,572	11,189	10,819	10,461		
18	TOTAL COST PER CONSUMER															
19		\$ 7,860.85	\$ 7,648.01	\$ 8,583.37	\$ 8,730.25	\$ 9,154.17		3.88%	5	\$ 9,301	\$ 9,661	\$ 10,036	\$ 10,426	\$ 10,830		
20	TREND RATES															
21	ANNUAL CHANGE							5-YEAR AVERAGE								
22	TOTAL EXPENDITURE															
23	PCS CONSUMER		-1.26%	-0.90%	1.08%	2.92%	0.45%			BUDGET CEILING AT STATE'S HISTORY:					\$ 561,493,857	
24	MEMBER MONTHS		1.49%	-11.70%	-0.62%	-1.84%	-3.31%									
25	TOTAL COST PER CONSUMER		-2.71%	12.23%	1.71%	4.86%	3.88%									
26	DEMONSTRATION WITH WAIVER (W/W) BUDGET PROJECTION															
27	PCS CONSUMER															
28	MEMBER MONTHS (MM)							TREND	MONTHS	DEMONSTRATION YEARS (DY)					TOTAL	
29								RATE	OF AGING	DY 01	DY 02	DY 03	DY 04	DY 05	W/W	
30	AGENCY CONSUMERS MM															
31								-0.0331	5	-	-	-	-	-		
32	CONSUMERS CASHING OUT MM															
33	PERCENT OF CONSUMERS CASHING OUT:		100	100%				-0.0331	5	11,968	11,572	11,189	10,819	10,461		
34	TOTAL COST PER AGENCY CONSUMER															
35								0.0388	5	\$ 9,301	\$ 9,661	\$ 10,036	\$ 10,426	\$ 10,830	\$ 50,254	
36	TOTAL COST PER CONSUMERS CASHING OUT															
37	PERCENT COST REDUCTION:		0	0%				0.0388	5	\$ 9,301	\$ 9,661	\$ 10,036	\$ 10,426	\$ 10,830	\$ 50,254	
38	TOTAL W/W									\$ 111,311,381	\$ 111,802,901	\$ 112,296,591	\$ 112,792,462	\$ 113,290,522	\$ 561,493,857	
39	SAVINGS															
40		\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	

TEMPLATE FOR SECTION 1115 COST INFORMATION SHELL

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	States would enter information in the shaded cells. The rest of the sheet will be calculated.									22,931,708.74					
2															
3		HISTORIC DATA: BASE YEAR (by) AND 4 PRIOR YEARS						DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION							
4	SPECIFY TIME PERIOD:					Base Year:		TREND	MONTHS	DEMONSTRATION YEARS (DY)					TOTAL
5	State Fiscal Year	2001	2002	2003	2004	2005	5-YEARS	RATE	OF AGING	DY 01	DY 02	DY 03	DY 04	DY 05	WOW
6	TOTAL EXPENDITURES FOR PERSONAL CARE SERVICE CONSUMERS														
7	SERVICE CATEGORIES														
8	PERSONAL CARE (PCS)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -								
9	TRANSPORTATION														
10	CHORE SERVICES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -								
11	HOMEMAKER SERVICES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -								
12	ADULT COMPANION	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -								
13	ATTENDANT CARE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -								
14	In-Home Services	\$24,076,631	\$ 22,846,274	\$ 22,007,446	\$ 22,070,942	\$22,931,709	\$113,933,002								
15	TOTAL	\$24,076,631	\$ 22,846,274	\$ 22,007,446	\$ 22,070,942	\$22,931,709	\$113,933,002			\$22,815,964	\$22,540,553	\$22,268,467	\$21,999,665	\$ 21,734,108	\$111,358,758
16															
17	PCS CONSUMER MEMBER MONTHS	531	525	464	459	524		-0.33%	5	523	522	520	518	516	
18															
19	TOTAL COST PER CONSUMER	\$ 45,342.05	\$ 43,516.71	\$ 47,429.84	\$ 48,084.84	\$ 43,762.80		-0.88%	5	\$ 43,602	\$ 43,218	\$ 42,838	\$ 42,461	\$ 42,087	
20															
21	TREND RATES						5-YEAR								
22							ANNUAL CHANGE	AVERAGE							
23	TOTAL EXPENDITURE		-5.11%	-3.67%	0.29%	3.90%	-1.21%			BUDGET CEILING AT STATE'S HISTORY:					\$ 111,358,758
24	PCS CONSUMER MEMBER MONTHS		-1.13%	-11.62%	-1.08%	14.16%	-0.33%								
25	TOTAL COST PER CONSUMER		-4.03%	8.99%	1.38%	-8.99%	-0.88%								
26															
27															
28										DEMONSTRATION WITH WAIVER (W/W) BUDGET PROJECTION					TOTAL
29	PCS CONSUMER MEMBER MONTHS (MM)							TREND RATE	MONTHS OF AGING	DY 01	DY 02	DY 03	DY 04	DY 05	W/W
30								-0.0033	5	-	-	-	-	-	
31															
32								-0.0033	5	523	522	520	518	516	
33	PERCENT OF CONSUMERS CASHING OUT:		100	100%											
34								-0.0088	5	\$ 43,602	\$ 43,218	\$ 42,838	\$ 42,461	\$ 42,087	\$ 214,206
35															
36								-0.0088	5	\$ 43,602	\$ 43,218	\$ 42,838	\$ 42,461	\$ 42,087	\$ 214,206
37	PERCENT COST REDUCTION:		0	0%											
38	TOTAL W/W									\$22,815,964	\$22,540,553	\$22,268,467	\$21,999,665	\$ 21,734,108	\$111,358,758
39															
40	SAVINGS									\$ -	\$ -	\$ -	\$ -	\$ -	\$ -