



A New Age of Services

Starting a new year is a great time to pause to look back and see where you have been and look forward to envision what could be. I want to take this opportunity to do that very thing. When Support Service Brokerages became a reality in late 2001, Oregon entered a new age of services for residents who qualified for intellectual and developmental disabilities (IDD) services. RCO opened its doors as a brokerage on January 1, 2002 serving 99 customers. On many occasions, I remember hearing our former Executive Director, Beverly Herrin, talk of our services as something to be very proud of, and that we were hopefully just the next step leading to even better services in Oregon.

More than 11 years later, RCO now serves over 700 customers and we find ourselves beginning the newest age of services for people with IDD in the state of Oregon. This new age is based on what is referred to both as the “K State Plan” and/or Oregon’s “Community First Choice State Plan Option” (CFC). The State has set up a website where people should be able to follow the most current information. You can find it at:

<http://www.oregon.gov/dhs/k-plan/Pages/index.aspx>

It is impossible to accurately say how this will look and feel different to a customer..no way to know if this is the next step for services, or just change. Much is still unknown as Oregon is in an on-going planning process to structure services under this new plan.

You might ask “where is this change coming from?” Truth be told, the K Plan is just one of the factors driving this change. The Center for Medicare & Medicaid Services (CMS) conducted an audit and identified several areas where Oregon has to make

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...changes. Additionally, Oregon's budget has been very tight for a number of years. To address the budget issues, legislators instructed the Department of Human Services (DHS) to pursue the K Plan. The K Plan brings with it increased federal dollars theoretically reducing the amount of money Oregon pays toward the supports of its citizens. Oregon spent a year working with the feds to find ways to design a service model that could fit the K Plan requirements. This plan was approved effective July 1, 2013. The implementation has begun, but many things still feel unfinished and uncertain.

On the next few pages you will find additional information on the CFC plan (Oregon's K Plan) and what changes you may see over the next few months. It cannot be stressed enough, that this information is what is known as of today and could change at any time (this news letter has been revised several times over the past 2 months). Please use the already mentioned link to stay up-to-date with the most current information released by the state. It is not my desire to start any sort of panic, but rather to get information out so that people will be aware of these potential, if not likely, changes.

For more specific questions, please contact your Personal Agent (PA). The answers may not be known right away, but we will work to get you information as quickly as we can.



Adam Ayers
Executive Director



What is the difference between a State Plan and a Waiver?



It really is like comparing apples and oranges, as they say. Just as those are both fruits, State Plans and Waivers are both ways for states to get additional funds from the Federal Government, and more specifically Medicaid.

Waivers can be written and designed for specific populations, such as seniors or children. A State Plan is more universal and enables a wider range of participation. This shift to more of a State Plan based model will lead to increased similarities across all DHS' services.

Choice of Case Management

Since Support Services began, the place a person received their case management services was clearly defined by the type of service that person received. All “comprehensive” (24 hours a day) services were case managed by the Community Developmental Disabilities Programs (CDDP), as were any services over the maximum benefit allowed under the Support Services Waiver, all services to children and case management for those people not receiving any funded services.

Under our current models, people receiving services through the CDDP have no choice in where they receive their Service Coordination (SC). In Support Services, an estimated 75% of customers already have a choice of which brokerage provides their Personal Agent services.

In this new age of services, the State is trying to expand the choices available to everyone by allowing choice in case management on a much larger scale.



	Brokerage PA	CDDP SC
Support Services	✓	7/1/13
In Home Comprehensive	7/1/13	✓
Residential	7/1/14	✓
Supported Living	7/1/14	✓
"Not in Service" Case Management	7/1/13	✓
Child Case Management	Planned – pending statutory changes	✓
Family Support	Planned – pending statutory changes	✓

This change will take time to implement as it will involve rule changes, waiver changes and in some cases even look at revising state statutes. The State has developed materials to aid in what is being called “choice counseling”.

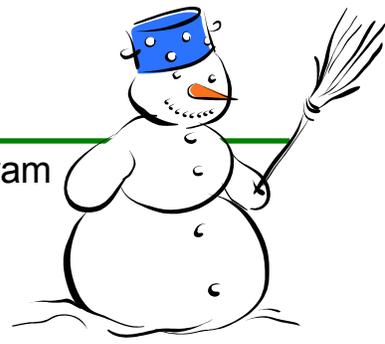
Whether or not all brokerages end up serving each of these groups, is not yet known. All we do know is that the state is working to open the door for true choice across all of IDD services...and that is what brokerage services have always been about.

Community First Choice State Plan Option

The Community First Choice State Plan Option (CFC) is a program designed specifically to address services defined as:

“Activities of Daily Living” and “Instrumental Activities of Daily Living”

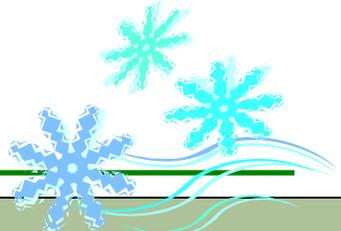
This does not cover all of the Support Services that brokerages provide. To address this, the State intends to continue to offer services under both models. A customer will have a single case manager for both systems and may receive services from both systems at the same time. One plan should be able to document service provided out of both systems. Here is a break down of how our current services will likely be divided between the two systems:



	CFC	Support Services
ADL/IADL	X	
Behavior Consultation	X	
Community Living & Inclusion - Habilitation	X	X
Crisis/Emergent Services	X	
Environmental Accessibility Adaptations	X	
Occupational Therapy (21 and older only*)		X*
Physical Therapy (21 and older only*)		X*
Speech, Hearing, Language (21 and older only*)		X*
Family Training		X
Homemaker/Chore Services	X	
In-Home Services	X	
Non-Medical Transportation	X	
Personal Emergency Response Systems	X	
Respite	X	
Special Diets		X
Specialized Medical Equipment, Supplies	X	
Specialized Supports		X
Support Services Brokerages		X
Supported Employment, Pre-Vocational		X
Supported Living	X	

While the CFC services will be able to grow to meet the needs of each person, at this time, we are not sure what will happen to the benefit limit for Support Services.

Functional Needs Assessment



Historically, Support Services have been based on assessed need and limited by a previously established funding level set by the State. Under the K Plan, the state is not able to cap services. Rather, all identified disability-related needs of customers must be met. As a result, PAs will be conducting a Functional Needs Assessment (currently the ANA). The ANA is currently 29 pages long.

This tool will determine the number of hours of support a customer will qualify for in certain select service codes.

Various other tools have been created to determine level of need and direct the supports and or rate of pay required to meet the assessed need. The ANA is related to one such tool called the SNAP. It is anticipated that, sometime during 2014, there will be a shift to another tool called the SIS.

The intended result of these tools is that people have access to the amount of services they need, when they need them, without needing to seek crisis services. This should enable more people to stay in their homes longer, with increased supports, without feeling a pressure to look towards group homes or foster homes, if that is not their desire.

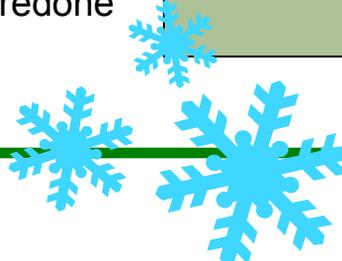
This transition will take place as plans renew, or customer needs change. Plans will look much different as a result, and it is possible that plans done with the ANA may be different when they are redone by the SIS.

ANA Assessed Services:

- Homemaker
- Respite (Relief Care)
- Community Living and Inclusion
- Skill Training
- Transportation
(Community Transportation)

Assessed by Person-Centered Planning:

- Chore Services
- Environmental Modifications
- Facility Based Employment
- Facility Based Socialization
- Family Training
- Home Delivered Meals
- Occupational Therapy
- Personal Emergency Response System
- Physical Therapy
- Special Diets
- Specialized Medical Equipment
- Speech, Hearing and Language Supports
- Community Inclusion
- Specialized Supports (Social/Sexual)
- Supported Employment





Guardians as Providers

There has been much discussion and confusion about a decision by the CMS that guardians and those with legal authority may not be allowed as paid providers.

Early reports from the State made it clear that this would very likely be an impact for guardians. However, the full scope of its implementation was unknown.

Advocacy efforts from many different groups took place. State Representative, Sara Gelser, gathered stories and met with State staff regarding this issue. Both advocacy efforts and the State's recognition of the importance of this decision have led to CMS granting approval to develop a process by which at least some guardians could continue to be paid providers. To be a paid provider, a guardian must appoint a "Designated Representative" who will act as the primary advocate during planning meetings. In most cases, this person will also act as the employer of record.

There are still questions at this time regarding the definition of "conflict of interest". Federal regulations prohibit the individual who directs services from also being a paid caregiver or financially benefitting from the services provided to an individual (42 CFR 441.505). This suggests the process may apply to a group larger than just guardians. For now, this is a positive step for many customers and providers.

New Payment System?

The State is working on a new provider payment system. Once scheduled to start 10/1/13, it is now in negotiations to begin 7/1/14. All PSWs should have received information from the State with forms to be completed.

The proposal is for it to be run directly by the State. PSWs will have the ability to enter their hours directly into a web-based system. Printed timesheets will still be required. These must be signed by both the PSW and their employer. Timesheets be submitted to the Personal Agent for approval before payment is made. This ensures customers remain the boss of their services.

For PSWs to be paid in this new system, they must complete a criminal history check, a PSW Enrollment Application and Agreement (PEAA), a W4 and an I9. When these forms are processed, a provider number will be issues and an eXPRS user enrollment form sent to the PSW. All providers must complete this form as well.

Once done, PSWs will be able to control information that is visible on the registry and be connected to plans for payment. Once the new payment system is up and running, if these steps are not finished, the provider will not be paid for services.

RCO is Moving...in a couple of months

RCO has been working towards purchasing a building for a while now. We are nearing the completion of the purchase of a building in Salem at 1775 32nd Place NE. The sale should be final in early February, 2014. RCO will be planning to relocate our Salem office to the new location by the end of March.



This is an exciting and nervous time of change. We have many plans to make and details to sort out between now and then. While we have much to do, we look forward to the increased space, control and flexibility of owning our own building. In time, we will also see the financial benefits and be in a better place to provide high quality services to our customers.



Changes for Personal Support Workers

SEIU reached a new Collective Bargaining Agreement (CBA) with the State which was ratified on 10/3/13. While the CBA has not yet been released to the public, SEIU has posted information on their website explaining their take on the results.

DHS has also issued a brief statement on how the PSW wages were increased effective 10/1/13. This has left questions regarding the implementation of these increases. RCO is doing our best to ensure PSWs are paid correctly as details are released.

Satisfaction Survey Raffle Winners!



Congratulations to our grand prize winner:

Daniel Robinson!

Our runners-up this year were:

Ron Pascua,

Christopher Watson
& Sam Williamson.



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Our Mission Statement:

Through a partnership with RCO, individuals and their families will enrich and control their own lives based upon the principles of freedom, authority, autonomy and responsibility.

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