# Worker Guide: In-Home Staffing Ratio/Hours Exceptions

October 2025

## Summary of changes

October 2025 updates:

- Reorganization and clarification of the **Exception principles** for clarity.
- Formatting changes to tables for screen reader accessibility.
- New information in the **Exceptions principles - Request process** section about maintaining previously approved hours while pending an assessor ONA and exception request.
- New information in the **Exceptions principles - Request process** section about using the ODDS.IHHExceptions@odhs.oregon.gov email to communicate about exception requests.
- New tips throughout the **Hours exceeding the service group level section** for submitting clear exception requests.

## Description

People may have needs that exceed the number of hours available in the person's service group hours allocation or have needs that require more than one staff to provide supports at the same time to meet their needs. This worker guide describes the criteria that will be used to consider requests to exceed a person's service group hour allocation or increased staffing.

## Purpose or rationale

The purpose of this worker guide is to provider case managers with guidance on the two common types of exceptions related to in-home hours:

1. Staffing ratios exceeding 1:1
2. Additional hours exceeding the assigned service group service level

# Applicability

This worker guide applies to case managers who authorize in-home Community Living Supports hours and their supervisors.

# Procedures that apply

## Exceptions principles

### Service groups and exceptions

A service group is a category of people who have a similar level of support needs. Most people will have enough hours within their assigned service group. However, some people may need more hours or a higher staffing ratio than what their service group allows.

### Person-centered planning and requests

Through the person-centered planning process, the ISP team determines the hours or staffing ratio a person needs, based on their outcomes, resources, and preferences. If a person (or their representative) request more than their service group allows, or the planning process shows that more support is needed, the case manager must submit an exception request.

### Request process

Any request for hours above the service group level, or for a staffing ratio higher than 1:1, requires approval. Case managers cannot increase the hours in an ISP a number of hours to exceed the service group service level or a staffing ratio exceeding 1:1 prior to receiving approval.

**!! NEW !!** When an ISP previously included a number of hours that exceeds the person's current service group level or staffing ratio exceeding 1:1 and the person requests an exception, the higher hours or staffing ratio can continue until a decision on the request is made.

**!! NEW !!** If during the person-centered planning process, the team identifies that the ONA is no longer accurate, an assessor ONA must be requested and completed within 45 days. The ONA must be accurate prior to submitting an exception request to ODDS. When an ISP previously included a number of hours that exceeds the person's current service group level or staffing ratio exceeding 1:1 and the person needs an ONA prior to requesting an exception, the higher hours or staffing ratio can continue until the ONA is completed. The ONA must be completed within 45 days and the request for an exception submitted within 14 days of the completed ONA if needed.

ODDS will respond to a complete exception request within 45 days. A complete exception request includes a fully completed request along with all necessary supporting documentation. Initiate ISP planning with enough time to make needed exception requests.

**!! NEW !!** After an exception request is submitted to ODDS using the ODDS In-Home Services Exception Request Smartsheet form, do not resubmit a new exception request prior to a decision being sent. CMEs can send an email to ODDS.IHHExceptions@odhs.oregon.gov to submit additional information, make corrections to the request, check the status of a submitted exception, or request corrections to decision documents.

### Length and expiration of exceptions

Exceptions can be approved for up to three years for children and up to five years for adults. If the exception is for an ongoing need, it will end when the ISP ends. All exceptions expire if a new ONA results in a different service group.

ISP teams must review approved exceptions at least once a year to confirm that they are still needed. If the exception criteria are no longer met, or the person no longer needs all or part of the exception, the case manager must issue a Notice of Planned Action (NOPA) to end or reduce it.

## Staffing ratios

All staffing ratios above 1:1 are exceptions. ODDS and CMEs can authorize exceptions for staffing ratios of greater than 1:1.

### Local CME authorization

CMEs may authorize exceptions for a staffing ratio greater than 1:1 when all the following are met:

- The person is requesting 2:1 staffing or is requesting greater than 2:1 staffing for the purpose of training staff;
- The person receiving services has specific coding in their Oregon Needs Assessment (ONA);
- The amount of 2:1 authorized is within limits for the person's service group;
- The Local Staffing Ratios Exceptions Criteria Form has been completed; and
- A CME supervisor has reviewed and approved the exception.

### ODDS authorization

CMEs must submit exception requests for staffing ratios to ODDS when any of the following are present:

- The person receiving services does not have the required coding in the ONA;
- Is requesting an amount of increased staffing ratio above the limits for local approval; or
- Is request a staffing ratio above 2:1 for a purpose other than training staff.

## Local authorization of staffing ratio exceptions

### Case manager responsibility

Services coordinators and personal agents (SC/PAs) are responsible for:

- Facilitating the person-centered planning process to determine when there is a need for a staffing ratio exceeding 1:1.
- Determining the number of hours of increased staffing is needed with the members of the person's ISP team.
- Completing requests for additional staffing above 1:1 when there is an identified need for increased staffing or when increased staffing is requested by the person receiving services or their representative.

## CME supervisor responsibility

CME supervisors are responsible for:

- Reviewing requests for additional staffing above 1:1 that meet the criteria for local approval. CME supervisors must review the request and associated documents.
- Approving requests for additional staffing when the ONA criteria are met, the Local Staffing Ratios Exceptions Criteria Form is completed, and the documentation supports the need for the additional staffing.
- Denying requests for additional staffing when the criteria is not met, or the documentation does not support the need for the additional staffing. A Notice of Planned Action must be issued for any denial of a request for additional staffing.
- Tracking timelines to ensure decisions are made timely.

## Expiration of local approval

- Local approvals may be time limited based on an acute change in need, the approval will expire on the last day of the month following the acute need.
- When the need for increased staffing need is expected to last for the duration of the ISP or longer, the approval will expire on the last day of the month following the soonest of the following:
    - An assessor completed ONA where there is a change to the service level;
    - A change to any of the ONA scoring that was used to make the staffing ratio decision; or
    - Three years after approval for children and five years after approval for adults.

The information included on the staffing ratio form must match the most recent assessor completed ONA. The most recent assessor ONA will be used as reference for the required coding to verify the eligibility for increased staffing.

The ISP team must review approved staffing ratio exceptions during the person-centered planning process to determine if it is still needed and meets the criteria. If the criteria are no longer met or the person no longer has a need for all or part of their increased staffing, a Notice of Planned Action must be issued to end or reduce the increased staffing.

## Oregon Needs Assessment coding and eligibility criteria

The ONA scoring provides indicators suggesting that staffing greater than 1:1 may be necessary, but these indicators do not mandate increased staffing. Instead, they prompt the ISP team to consider the person's needs, resources, preferences and desired outcomes to determine if increased staffing is required.

Sometimes, even if the ONA does not indicate a need for additional staffing, the ISP team may identify such a need during the person-centered planning process. In these cases, requests for additional staffing must be submitted to ODDS for approval.

Other times, the ONA will have indicators for a need for additional staffing, but the ISP determines that support is needed for needs that do not have 2:1 indicators. When the following criteria in the ONA are met, the CME can authorize increased staffing up to the allowable level within the person's service group to meet the needs for increased staffing identified by the ISP team, including those not scored as indicating a need for increased staffing.

## Behavior criteria

- The person has a Positive Behavior Support Plan; and
- The Positive Behavior Support Plan includes safeguarding interventions (SIs); and
- One or more of the following behaviors present in the last year:
    - A diagnosis of PICA; or
    - Leaving supervised areas; or
    - Property destruction; or
    - Sexual aggression or assault; or
    - Aggressive or combative; or
    - Injurious to animals; or
    - Injurious to self

### Both of the following required

| Criteria | ONA question | ONA Coding |
|---|---|---|
| Positive Behavior Support Plan | 39a | Yes |
| PBSP includes safeguarding interventions | 39d | Yes |

### At least one of the following

| Criteria | ONA question | ONA Coding |
|---|---|---|
| Injurious to self | 18 | Yes, present in past year |
| Aggressive or combative | 19 | Yes, present in past year |
| Injurious to animals | 20 | Yes, present in past year |
| Sexual aggression or assault | 23 | Yes, present in past year |
| Property destruction | 24 | Yes, present in past year |
| Leaving supervised areas | 25 | Yes, present in past year |
| Diagnosis of PICA | 26 | Yes, present in past year |

## Behavior criteria – intensive focus

- The person has a Positive Behavior Support Plan; and
- One or more of the following behaviors present in the last year:
  - A diagnosis of PICA; or
  - Leaving supervised areas; or
  - Injurious to self; AND
- The person's challenging behavior requires the caregiver to **continuously attend*** to the person to keep the person healthy and safe and another caregiver is needed to complete necessary IADLs

*** "continuously attend"** means that the caregiver cannot do anything else other than focus on the person and if the caregiver needs a break for any amount of time, the caregiver must be relieved by another caregiver who will focus on the person.

### Required

| Criteria | ONA question | ONA Coding |
|---|---|---|
| Positive Behavior Support Plan | 39a | Yes |

### At least one of the following

| Criteria | ONA question | ONA Coding |
|---|---|---|
| Injurious to self | 18 | Yes, present in past year |
| Leaving supervised areas | 25 | Yes, present in past year |
| Diagnosis of PICA | 26 | Yes, present in past year |

## Medical criteria

### All of the following is required

| ONA question | ONA coding |
|---|---|
| Item 46a | Yes |
| Item 46b – first column | Any treatment/monitoring/therapy type |
| Item 46b – second column | Receives 5 or more times per day |
| Item 46b – third column | Support person performs checked |

## ADL criteria

- Two-person assist is needed for at least one ADL activity.

### At least one of the following

| Criteria | ONA question | Coding | Guidance |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Dressing | 3a or 3b | Dependent | Two-person assist |
| Transferring | 4a, 4b or 4c | Dependent | Two-person assist |
| Mobility | 5b, 5c, 5d or 5f | Dependent | Two-person assist |
| Eating/tube feeding | 6b or 6c | Dependent | Two-person assist |
| Elimination | 7a or 7b | Dependent | Two-person assist |
| Shower/bathing | 8a | Dependent | Two-person assist |

## Paid support training criteria

- The person has a:
  - Positive behavior support plan; or
  - Nursing Care Plan; and
- The person has supports in those plan that require the paid supporters to
- Receive training from:
  - The Behavior Professional; or
  - LTCCN; and
- It is more cost-effective to for the supporters to receive the instruction from the professional together.

May be authorized at a ratio of more than 2:1

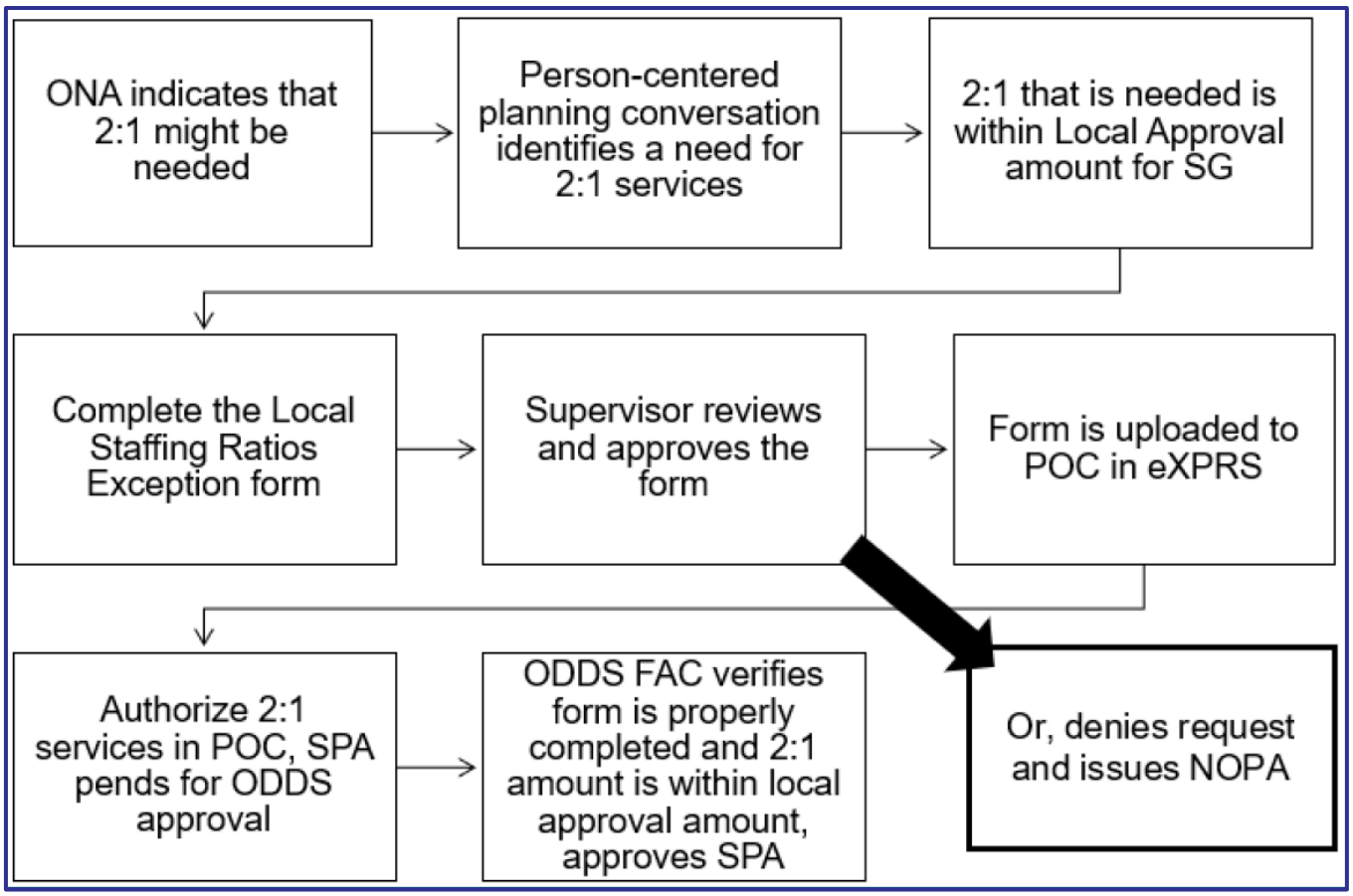
See **Appendix B** for eXPRS authorization guidance

## Local 2:1 staffing ratio exceptions limits

| ONA age group | Service group | Maximum local 2:1 |
|---|---|---|
| Adult (18 and over) | Very low/Low/Moderate | 30 |
| Adult (18 and over) | High | 60 |

| | | |
|---|---|---|
| Adult (18 and over) | Very high | 90 |
| Adolescent (12-17) | Very low/Low/Moderate/High | 30 |
| Adolescent (12-17) | Very high | 60 |
| Child (4-11) | Moderate/High/Very high | 30 |
| Infant/toddler (0-3) | Infant/toddler | 30 |

### Local approval of 2:1 staffing ratio process




## Hours exceeding the service group level

Most people will be able to have their needs met within the range of hours that are available within their service group.

Some people will have needs that exceed the number of hours available within their service group. Through the person-centered planning process the ISP team will determine the amount of hour that the person is requesting to be authorized to meet their needs.

When the person needs more hours than available in the person's service group, an exception may be requested from ODDS using the ODDS In-Home Services Exception Request Smartsheet form. ODDS will review and consider exception requests based on the following criteria:

## General tips for requesting hour allocations over the service group level

ODDS will rely on the ONA, ISP and other documentation that is submitted to ODDS using the ODDS In-Home Services Exception Request Smartsheet form to decide. It is important that the submitted documents accurately reflect current needs which may require a change in need ONA, change forms updating the ISP, and revision of other documents.

In addition to the supporting documentation, SC/PAs must include a detailed narrative about the following:

- Specific need(s) as it presents for the person,
- The frequency the need arises, and
- The amount of time needed to support that need.

**!! NEW!!** For the clearest exception request use the following tips:

- All hour increases must be based on hours over the person's current ONA service group level. No other assessment tool is used for setting hour allocations.
- Attach the ISP and other supporting documentation for the request. Do not copy and paste from the ISP, ONA, or other supporting documents in the request.
- Tailor the information in the request to the criteria and create the link between the person's situation and needs to the criteria.

ODDS approvals of additional hours above the service group will be made in 30-hour increments based on the amount needed to meet the person's needs. Requests may be fully or partially approved. If ODDS denies the request or partially approves a request, ODDS will send a NOPA with the reason for the denial and rights for an administrative hearing.

See **Appendix A** for additional instructions for using the ODDS In-Home Services Exception Request Smartsheet form

## Intermittent needs criteria

Intermittent needs are needs that cannot be scheduled, arise regularly and would likely result in physical harm to the person or others if unmet in one of the following areas:

- Toileting
- Transfers
- Mobility
- Managing one of the following recurring behaviors:
  - Self-injurious behavior that may lead to serious injury
  - Aggressive or combative behavior
  - Injurious to animals
  - Sexual aggression or assault
  - Property destruction
  - Leaving the supervised area
  - A diagnosis of PICA
- Uncontrolled seizures
- Diabetes management that includes administration of sliding scale insulin
- Airway, tracheal or nasopharyngeal suctioning
- Use of a CPAP/BiPAP or mechanical ventilator

**!! NEW !!** When making a request for intermittent needs criteria include the following information in your request:

- A description of the specific qualified need that is occurring intermittently from the above list.

- A description of the reasonably expected physical harm that would come from the need not being met. If the need occurs less than weekly, describe how the need would likely result in hospitalization or death.
- For requests exceeding 500 monthly hours, describe the nighttime support needs or describe a reduced sleep schedule (less than 8 hours of support).
- Individuals that require supports all waking hours or all hours (24/7) will usually have an intermittent need that requires support to prevent physical harm.

## ADL or health related task that takes an exceptional amount of time criteria

The person has an ADL or health related task requires substantially more time to complete than others with similar assessed need and that additional time needed exceeds the service level

ADLs are:

- Eating
- Elimination
- Grooming
- Dressing
- Bathing
- Transferring
- A health-related task is a specific health task that can be delegated or assigned by a nurse or physician to be completed by a provider. Usually these are scored in ONA question 46: Medical Treatments and Therapies.

The following chart shows average support times for common ADL tasks. If a task takes longer than usual and prevents meeting other needs, it may suggest an exception is necessary. This chart is not exhaustive.

| ADL task | Support level | Typical time needed per week |
|---|---|---|

| | | |
|---|---|---|
| Eating | Minimal (cueing, set up) | 2 hours |
| Eating | Partial | 5 hours |
| Eating | Substantial | 7 hours |
| Dressing and grooming | Minimal (cueing, set up) | 1 hour |
| Dressing and grooming | Partial | 4 hours |
| Dessing and grooming | Substantial | 5 hours |
| Bathing and hygiene | Minimal (cueing, set up) | 3 hours |
| Bathing and hygiene | Partial | 4 hours |
| Bathing and hygiene | Substantial | 6 hours |
| Mobility | Minimal (cueing, set up) | 3 hours |
| Mobility | Partial | 4 hours |
| Mobility | Substantial | 6 hours |
| Elimination (toileting) | Minimal (cueing, set up) | 3 hours |
| Elimination (toileting) | Partial | 5 hours |
| Elimination (toileting) | Substantial | 7 hours |

**!! NEW !!** When making a request for an ADL or health related task that takes an exceptional amount of time to complete include the following information with your request:

- The actual amount of time the ADL takes to complete compared to the chart above
- The actual amount of time and frequency a health-related tasks must be completed
- Information about intersecting needs that increase the time to complete the ADL or health-related task such as challenging behavior

### Social isolation criteria

The person is unable to have regular access the community due to needing to use all available service level to meet ADL, IADL and health related tasks

Regular access to the community includes time doing errands, day support activities, dining out, recreation, etc. It does not include time working.

ODDS considers that a person can regularly access the community when they can access the community as often as they want up to 20 hours per week. ODDS will only approve up to 90 hours per month for this exception type.

**!! NEW !!** When making a request for social isolation criteria include the following information:

- Describe how often the person would be able to access the community within the current service group hours (without the exception being approved).
- Describe how the hours are currently being used to meet the ADL, IADL and health-related tasks in the home, leaving inadequate hours to access the community.

## Form(s) that apply

- Local Staffing Ratios Exception Criteria Form
- ODDS In-Home Services Exception Request Smartsheet form

## Definition(s)

Add definition; if multiple definitions, use bullet points to organize the definitions.

## Reference(s)

Add reference; if multiple references, use bullet points to organize the references.

## Contact(s)

Name, phone, email

# Appendix A

## Instructions for completing the ODDS Hour Allocation and Staffing Ratio Exceptions Request

The ODDS In-Home Services Exception Request Smartsheet form is intended for Hour Allocation and Staffing Ratio exception requests that meet the exception criteria rule outlined in OAR 411-450-0065. For all other requests please use the ODDS 0514 form.

### Who can complete the request?

An individual (or their representative) may request an exception. The request may come directly from the individual or the individual may be supported by the Services Coordinator (SC) or Brokerage Personal Agent (PA) to complete the form and submit the request on the individual's behalf.

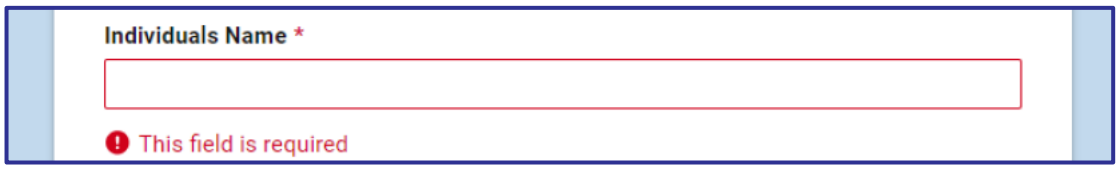
Individuals can request an exception from ODDS directly using the Individual Request for Exception or Funding Review form. ODDS will contact the Case Management Entity (CME), and the SC or PA will be included in the process and will be expected to complete the exception request to address the individual's request.

### How to complete a request

- Requests should be made using the In-Home Services Exception Request Smartsheet form.
- The In-Home Services Exceptions request form uses logic and skip patterns, this means that the order and type of questions that populate to the form are dependent on the answers given. Select all the options that apply.
    - If you have a question about which response to select, you can contact the ODDS.FundingReview@odhs.oregon.gov for assistance.
- Narrative responses should be clear and concise, with information related to the specific question. Responses should focus on the **support needs of the individual,** not the needs of the provider. **Do not** cut and paste the same answer for multiple questions.

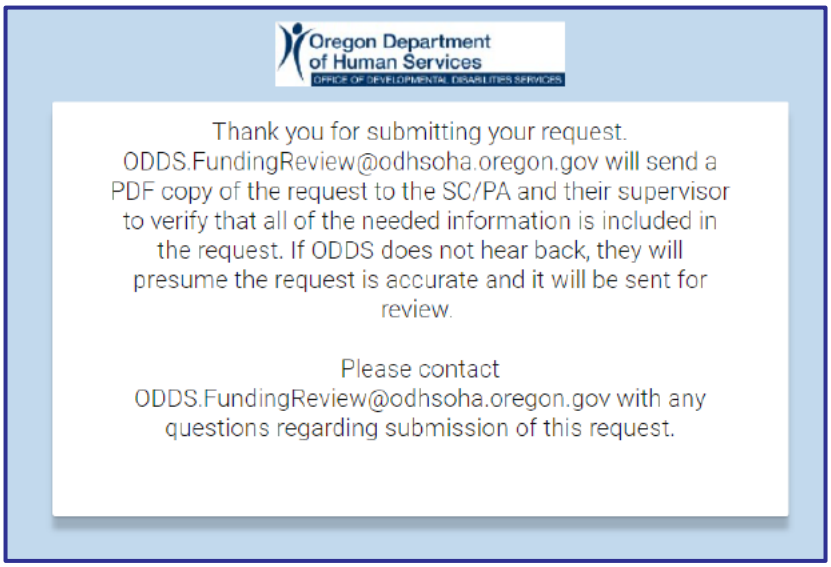
- ODDS has posted blank copes of the PDF version of the Hour Allocation and Staffing Ratio PDF form version, as well as a copy of all the Smartsheet Exception Request questions with the form skip logic on the Resources for Case Management Entities The PDF version of the form, is for gathering information during the exceptions process. It is not a substitute for the In-Home Smartsheet Exception Request Form. Please submit your exception request using the Smartsheet form, as ODDS will not accept this form as an official request.

- Questions with a *** asterisk** indicate that the question is required to be answered to submit the form.

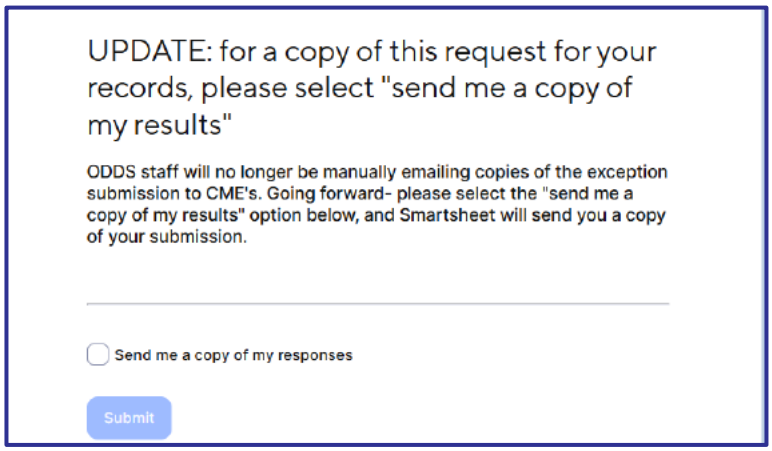



## What happens after a request is submitted?

Once the request has been submitted a message will pop up on the screen indicating that ODDS has been notified of your request submission.




**!! NEW !!** For a copy of the request please select the box at the bottom of the form that states, “send me a copy of my responses”. A new box will open requesting the email address the responses should be sent to. Please note that ODDS will no longer be sending a copy of the exception request to the SC/PA.




**!! NEW !!** Please contact the ODDS.IHHExceptions@odhs.oregon.gov with questions regarding the status of a request, or if corrections are needed for a decision that has been made.

**Documentation:** When reviewing an exception request, ODDS will review documentation to ensure that what is being requested aligns with documented support needs, unless otherwise indicated on the request. (note: it is not necessary to attach a copy of the Oregon Needs Assessment to this request).

**Requesting Additional Information:** When additional documentation is needed to make a final determination, ODDS will issue a Notification of Pending Status (NOPS) form (2853) within 10 business days of receiving the request. The NOPS will be sent via email to the SC/PA and the individual/legal guardian, it will be USPS mailed if an email address isn't available.

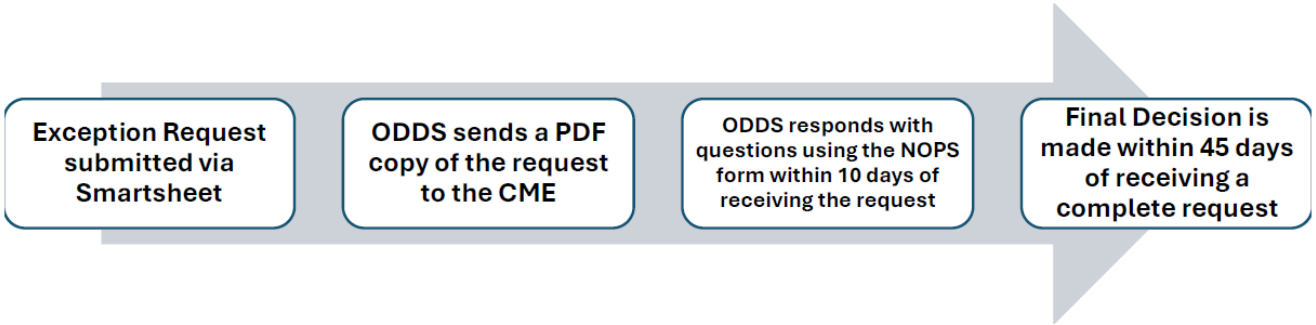
The NOPS will identify what additional documentation is needed; and will allow 14 calendar days to submit the requested information, it will also include a date the requested information is due. The additional documentation may be submitted to the ODDS.FundingReview@odhs.oregon.gov.

If ODDS does not receive the requested documentation by the identified due date, a final determination will be made based on the documentation received. If the CME or individual submits the required documentation after the request has been denied, a new request submission is required.

The individual may request a good cause extension prior to the expiration of the 14-day calendar day timeframe (date indicated on NOPS) via their case manager. If a good clause exception is requested by the individual, the case manager should notify ODDS.

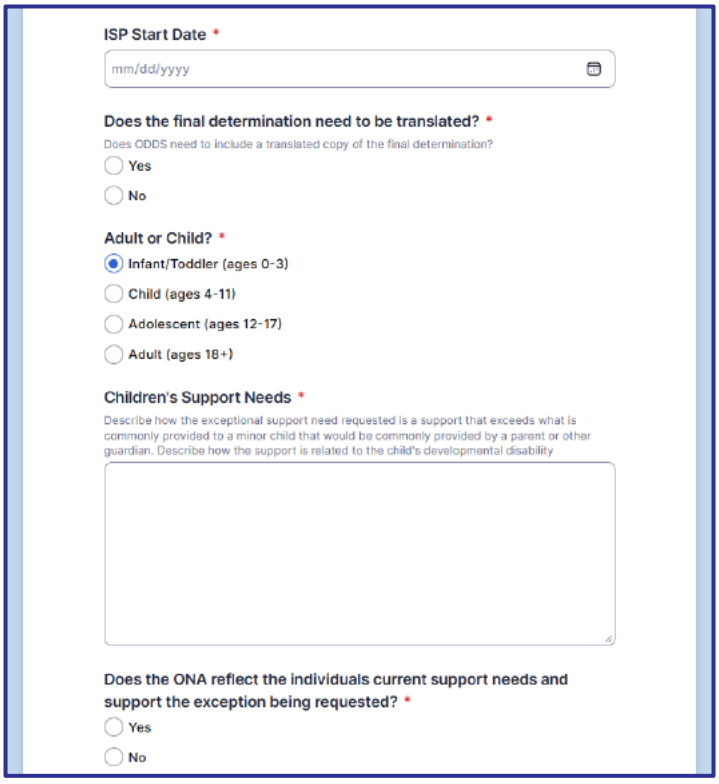
- ***Note:** Good cause exists when an action, delay, or failure to act arises from an excusable mistake or from factors beyond an individual's reasonable control.

**Final Determination:** Once ODDS has a complete exception request, a final determination will be made within 45 days. ODDS will email the final determination memo to the SC/PA and the SC/PA supervisor, it will also be uploaded into eXPRS and attached to the individual's Plan of Care (unless noted otherwise on the memo).



## Completing ODDS Hour Allocation and Staffing Ratio Exceptions Request

**Demographic and Contact Information:** Answer all demographic and contact information. Contact information will be used when making decision notifications and should be accurate.




**ISP Start Date:** Identify the start date of the individual's ISP

**Does the final determination need to be translated?** Identify if the final determination memorandum needs to be translated into a different language, and what language it needs to be translated to.

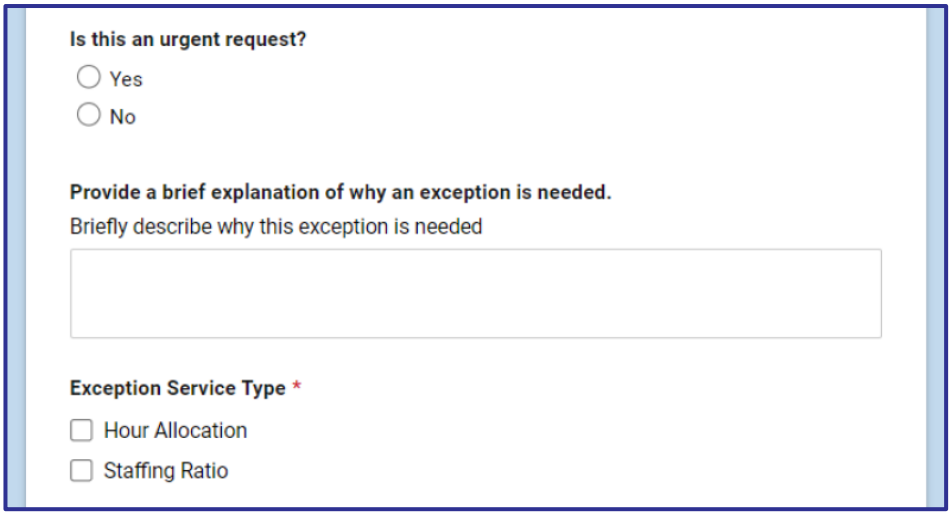
**ONA Age:** Answer this question based on the age that the individual **was at the time of assessment.**

**Does the ONA reflect the individual's support needs?** Identify if the ONA reflects the individuals support needs.

- *If no is selected, identify why the ONA does not reflect the individual's support needs.

**Children's Support Needs:** For a child, identify and document how the request is for support is beyond that which a parent or guardian would provide for another child of the same age (Note this question will only open for those with an ONA age that is under 18).

**Individual's Service Group:** The individual's Service Group is the score generated by the Oregon Needs Assessment (ONA).



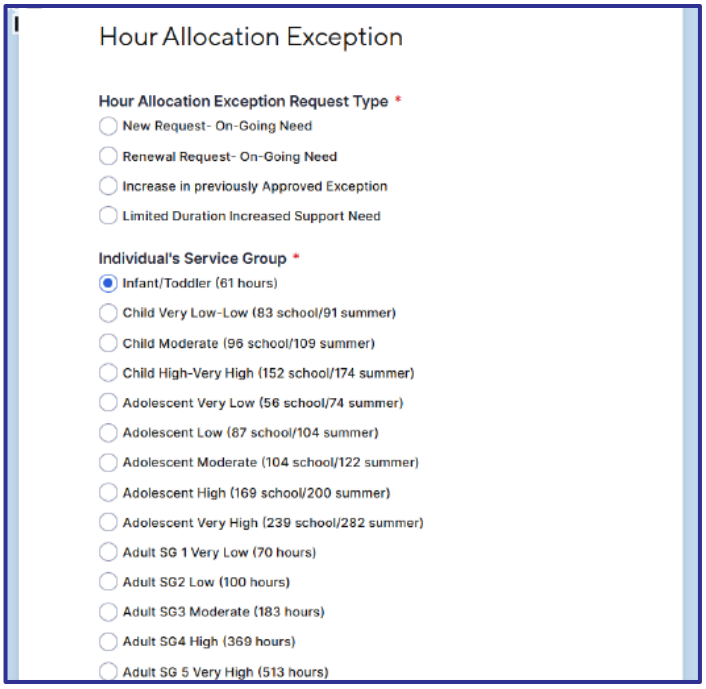

## Is this an Urgent Request?

*If the request is urgent, identify why the request is urgent.

**Provide a brief explanation of why an exception is needed.** Briefly describe why this exception is needed. This box may be used to record information that does not fit in other areas of the Smartsheet request form.

**Exception Service Type:** Select the type of exception being requested. Select both if an exception is needed for Hour Allocation and Staffing Ratio.

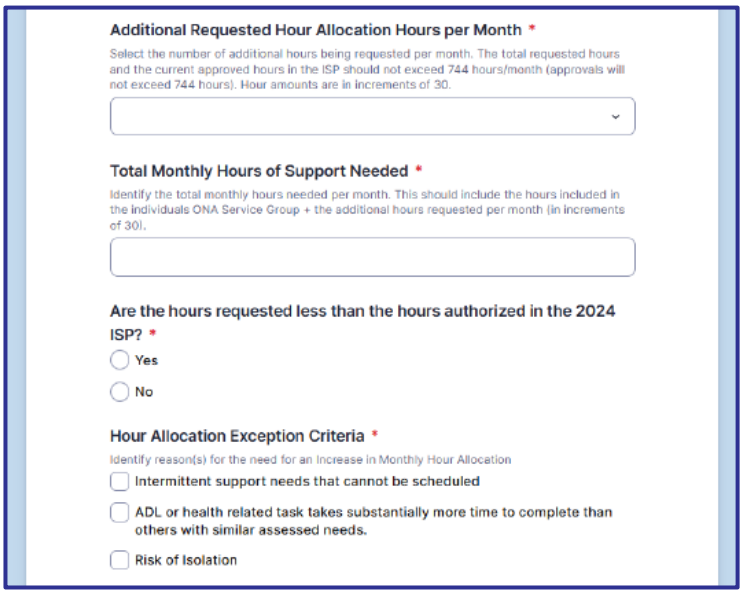
## Hours Allocation Exceptions




**Hour Allocation Request Type:** Identify whether it is a new request, renewal request, increase from a previously approved exception or if the support need is time limited.

- ***Note:** Exception start, and end date will only open if the exception type is limited duration. If approved, exceptions will begin on the date of the memo and will end in 3 years for children and 5 years for adults or if a certified assessor completes an assessment and the SG goes up or down.

**!! NEW !! Individual's Service Group:** Identify the individual's service group. This will also identify the number of hours in each service group.



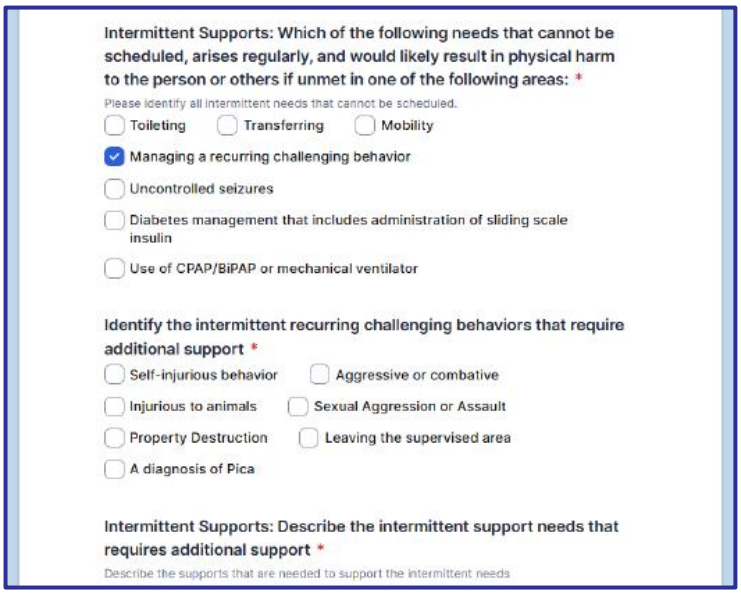

**Additional requested hours:** Select the number of additional hours being requested per month. The total requested hours and the currently approved hours should not exceed 744 hours/month (approvals will not exceed 744 hours). Hour amounts are in increments of 30.

**Total monthly hours of support needed:** Identify the total monthly hours needed per month. This should include the hours included in the individuals ONA Service Group + the additional hours requested per month (in increments of 30).

**!! NEW !! Are the hours requested less than the hours authorized in the 2024 ISP?** Please select yes if the hours being requested are less than the hours authorized in the 2024 ISP. If this is marked “Yes”, it identifies that a NOPA is needed by ODDS when a determination is made, due to a reduction in hours, and that the individual agrees to the hour reduction.

**Hour Allocation Exception Criteria:** Identify all the support areas requiring additional hours a month.

## Hour Allocation: Intermittent Support Needs




**Intermittent Supports:** Identify all of the areas that require intermittent support. Failure to identify all intermittent support needs may result in incorrect form logic.

**Identify the intermittent recurring challenging behaviors that require additional support:** Identify all recurring challenging behavior that have required additional support in the last year.

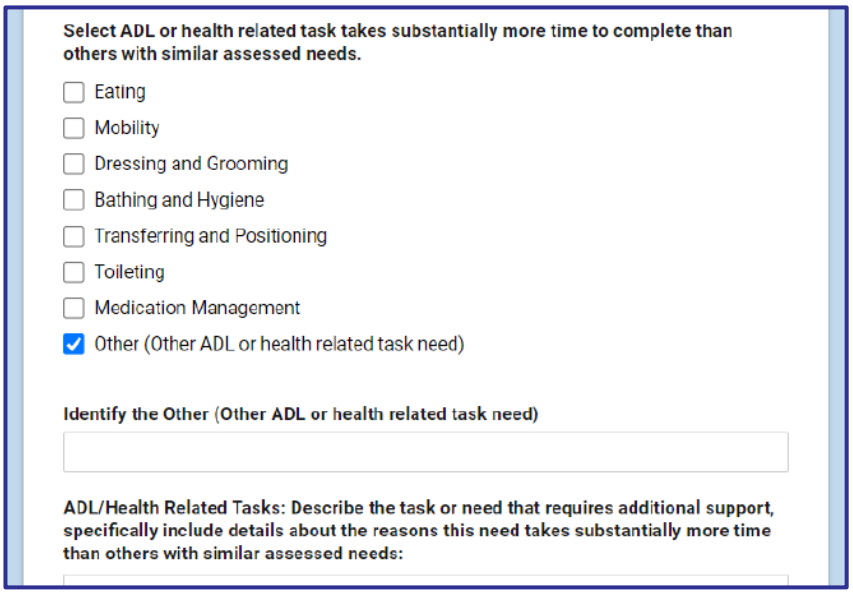
**Intermittent Supports: Describe the intermittent support needs that requires additional support:** Provide a summary of the individual's intermittent support needs and describe why their current level of assessed attendant care hours is insufficient. Describe the supports that are needed to support this need. These exceptional support needs should align with the supports described in the individual's supporting documents and the answers and notes indicated in the individual's ONA.

**How often in occurrences per week does this need arise?** Identify the average number of occurrences per week that the intermittent support need arises.

**How much time does it take to meet this need in hours per week?** Identify how many hours a week are needed to support the person's intermittent support needs.

**What are the consequences that are reasonably expected if the need is unmet?** Describe the consequences that are reasonably expected if the hours are not approved. Identify the consequences that have occurred or could occur if this support need is not met.

## Hour Allocation: ADL or Health Related Task




**ADL/Health Related Tasks:** Select ADL or health-related task takes substantially more time to complete than others with similar assessed needs. Identify all of the ADL/health-related tasks. Failure to identify all ADL/health-related support needs may result in incorrect form logic.

- **Identify the Other (Other ADL or health-related task need):** If "Other" is marked, describe what other ADL or health-related supports the individual requires.
- **!! NEW !!** Health Care Related Tasks can be identified as specific tasks related to the needs of an individual, which can be delegated or assigned by a licensed health care professional under state law to be performed by a provider

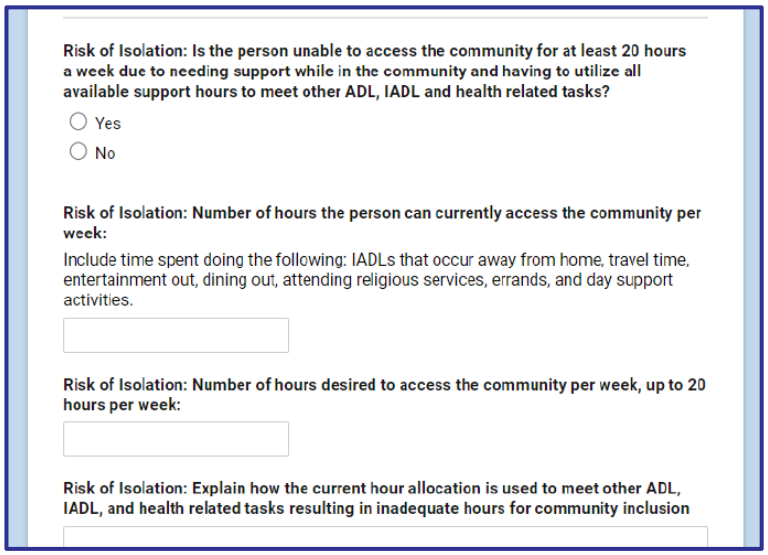
**ADL/Health-Related Tasks Supports:** Provide a summary of the individual's ADL/Health-related support needs and why their current level of assessed attendant care hours is insufficient. Describe the supports that are needed to support this need. These exceptional support needs should match the supports described in the individual's supporting documents and the answers and notes indicated in the individual's ONA.

**How often in occurrences per week does this need arise?** Identify the average number of occurrences per week that the **ADL or health-related** support need arises.

**How much time does it take to meet this need in hours per week?** Identify how many hours a week are needed to support the person's **ADL or health-related** support needs.

**What are the consequences that are reasonably expected if the need is unmet?** Describe the consequences that are reasonably expected if the hours are not approved. Identify the consequences that have occurred or could occur if this support need is not met.

## Hour Allocation: Risk of Isolation



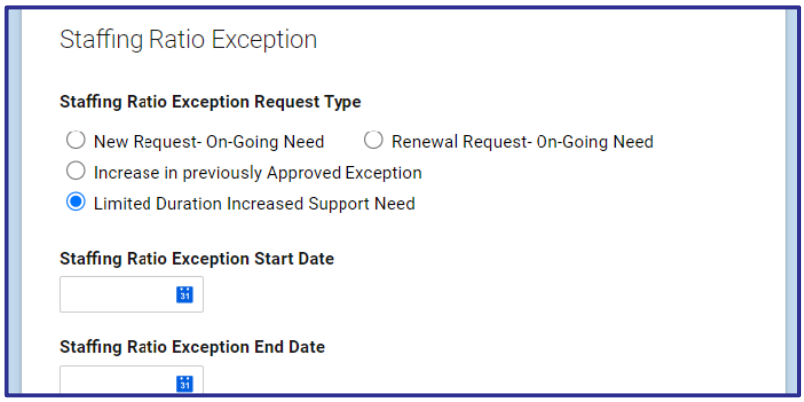

**Is the person unable to access the community for at least 20 hours a week?** If the individual is currently accessing the community for at least 20- hours per week, then select No.

**Number of hours the person can currently access the community per week:** Identify the average number of hours the individual is currently accessing the community per week.

**Number of hours desired to access the community per week, up to 20 hours per week:** Identify how many hours are needed to access the community per week.

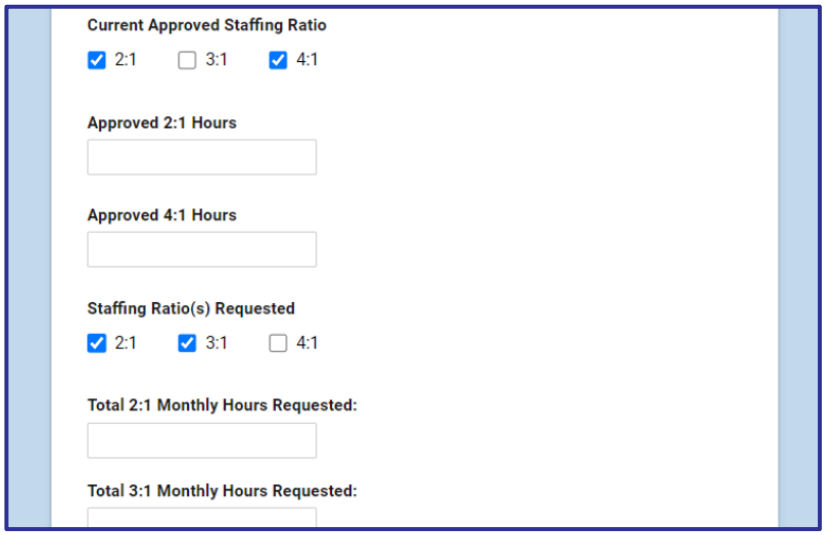
**Explain how the current hour allocation is used to meet other ADL, IADL and health related tasks resulting in inadequate hours for community inclusion:** Describe the support needs that are not community inclusion that use all or close to all of the total hours available within the service group. Employment services do not count towards hours of community inclusion, but these do: IADLs that take place away from the home (laundry at a laundromat, banking, haircuts, etc.), entertainment outside the home, dining out, attending religious services, errands, day support activities.

## Staffing Ratio Exceptions



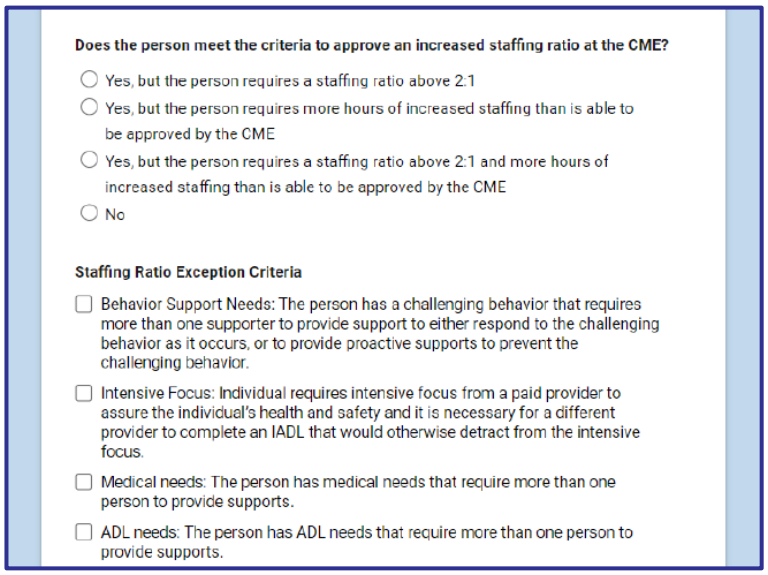

**Request Type:** Identify whether it is a new request, renewal request, an increase from a previously approved exception or if the support need is time limited.

- ***Note:** Exception start, and end date will only open if the exception type is limited duration. If approved, exceptions will begin on the date of the memo and will end in 3 years for children and 5 years for adults or if a certified assessor completes an assessment and the SG goes up or down.




**Current Approved Staffing Ratio:** Identify the staffing ratio(s) that are currently approved and the number of hours for each approved staffing ratio.

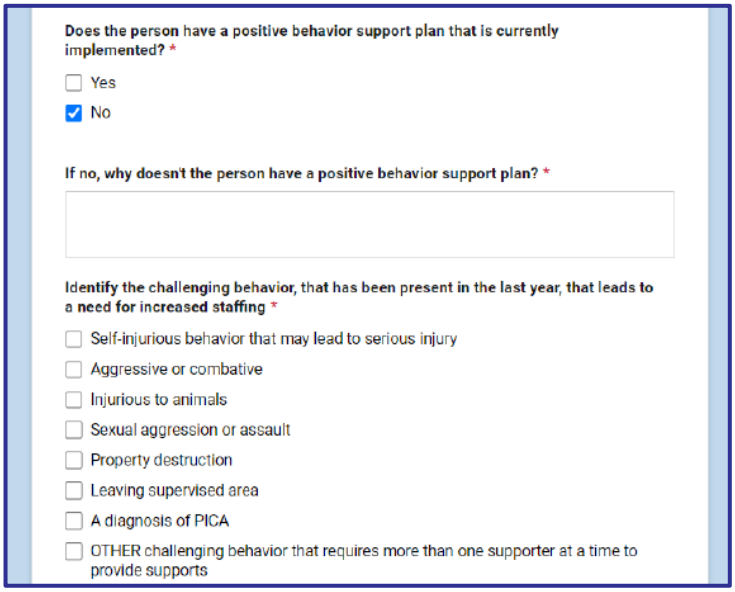
**Staffing Ratio Requested:** Identify the staffing ratio(s) that are being requested, and the number of additional staffing ratio hours being requested for each ratio.




**Does the person meet the criteria to approve an increased staffing ratio at the CME?**
Identify whether the individual meets the criteria for local CME approval.

**Staffing Ratio Exception Criteria:** Identify all the criteria requiring a staffing ratio exception.

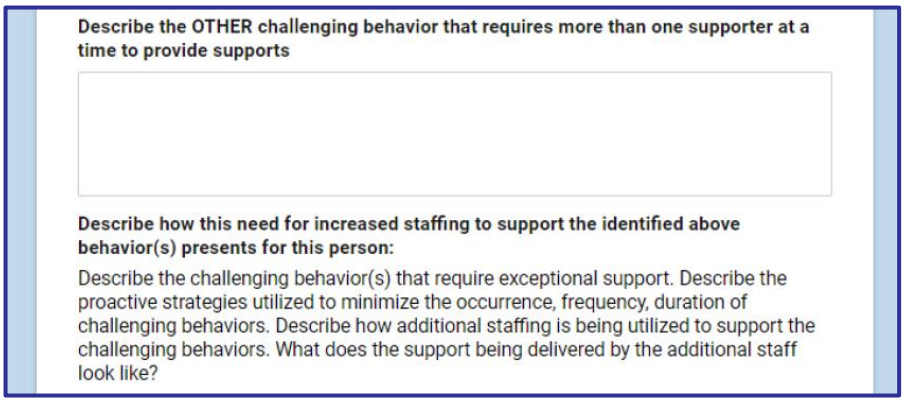
## Staffing Ratio: Behavior Support Needs




**Does the person have a positive behavior support plan that is currently implemented?**
Identify if the individual has a current Positive Behavior Support Plan.

- **If no, why doesn't the person have a positive behavior support plan?** Briefly describe why the individual does not have PBSP, or if the individual is in the process of having a PBSP developed.

**Identify the challenging behavior(s), that has been present in the last year, that leads to a need for increased staffing.** Identify all challenging behavior present in the last year.




**Describe the other challenging behavior that requires more than one supporter at a time to provide support.** Briefly describe the other challenging behavior that requires a staffing ratio exception.

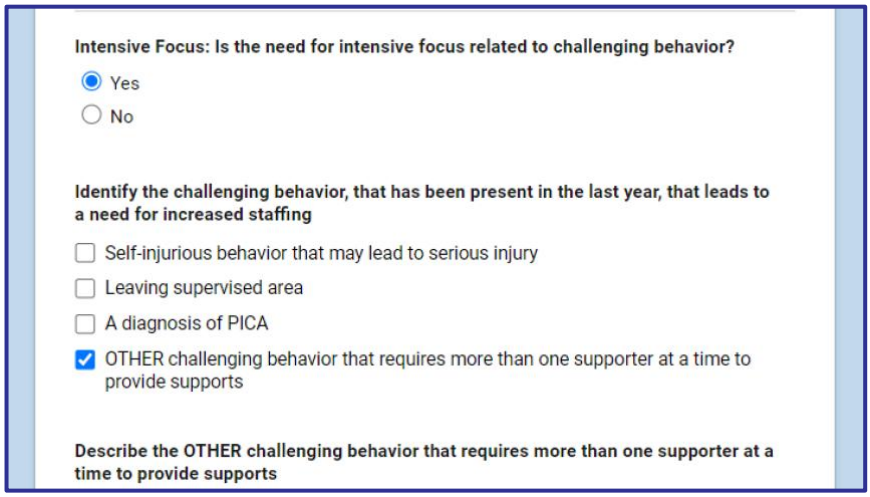
**Describe how the need for increased staffing to support the identified above behavior(s) presents for this person.** Describe the challenging behavior(s) that require exceptional support. Describe the proactive strategies utilized to minimize the occurrence, frequency, and duration of challenging behaviors. Describe how additional staffing is being utilized to support the challenging behaviors.

**How often in occurrences per week does the need for additional staffing arise?** Identify the average number of occurrences per week that the behavior support need arises.

**Describe how long, in hours per day, the amount of time it takes to support this need.** Identify how many hours a day are needed to support the person's behavior support needs. If the daily support hours fluctuate during the week, use the daily average. This is done by calculating the total number of hours per week, divided by seven.

**Behavior Staffing Ratio Being Requested:** Identify the staffing ratio(s) that are being requested, and the number of weekly staffing ratio hours being requested for each ratio.

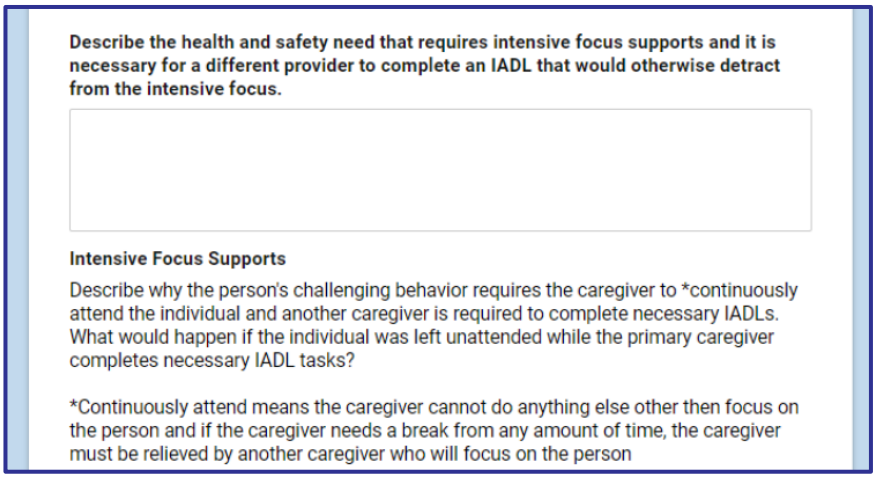
## Staffing Ratio: Intensive Focus




**Intensive Focus: Is the need for intensive focus related to challenging behavior?** Identify if the need for exclusive focus is related to challenging behavior.

**Identify the challenging behavior, that has been present in the last year, that leads to a need for increased staffing** (opens if the need for intensive focus is related to challenging behavior is marked yes). Identify all the challenging behavior present in the past year.

- **Describe the other challenging behavior that requires more than one supporter at a time to provide supports.** Briefly describe the other challenging behavior that requires a staffing ratio exception.




**Describe the health and safety need that requires intensive focus support, and it is necessary for a different provider to complete an IADL that would otherwise detract from the intensive focus** (Opens if the need for intensive focus support is not related to

challenging behavior). Identify the health and safety support needs that require additional staffing.

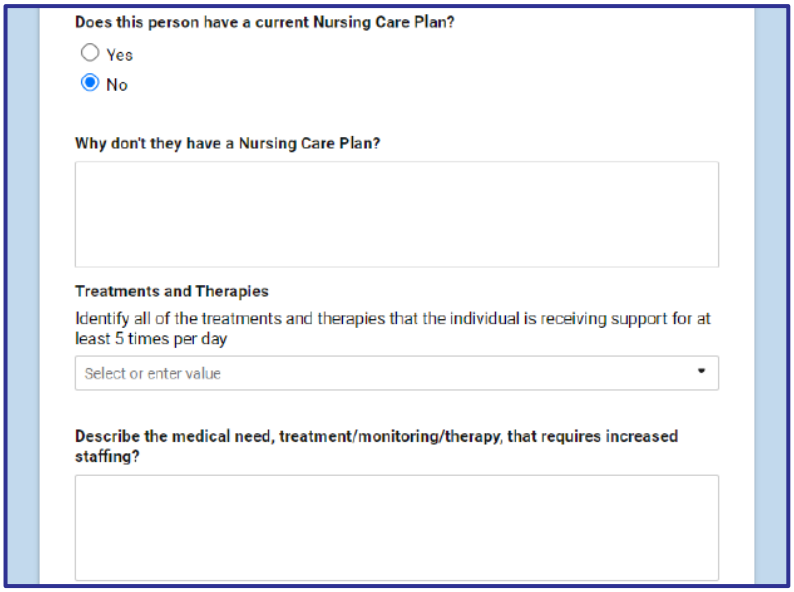
**Intensive Focus Supports:** Describe the person's support that requires the caregiver to *continuously attend to the individual and another caregiver is required to complete necessary IADLs. Describe What would happen if the individual was left unattended while the primary caregiver completes necessary IADL tasks?

**Intensive Focus: How often in occurrences per week does the need for additional staffing arise?** Identify the average number of occurrences per week that the intensive focus support need arises.

**Intensive Focus: How many staffing ratio hours are needed per day for intensive focus supports?** Identify how many hours a day are needed to support the person’s intensive focus support needs. If the daily support hours fluctuate during the week, use the daily average. This is done by calculating the total number of hours per week, divided by seven.

**Intensive Focus Staffing Ratio Requested:** Identify the staffing ratio(s) that are being requested, and the number of weekly staffing ratio hours being requested for each ratio.

## Staffing Ratio Medical Support Needs




**Does this person have a current Nursing Care Plan?** Identify if the person has a nursing care plan.

**Why don't they have a Nursing Care Plan?** Briefly describe why the individual does not have a nursing care plan.

**Treatments and Therapies:** Identify all of the treatments and therapies that the individual is receiving support for at least 5 times per day.

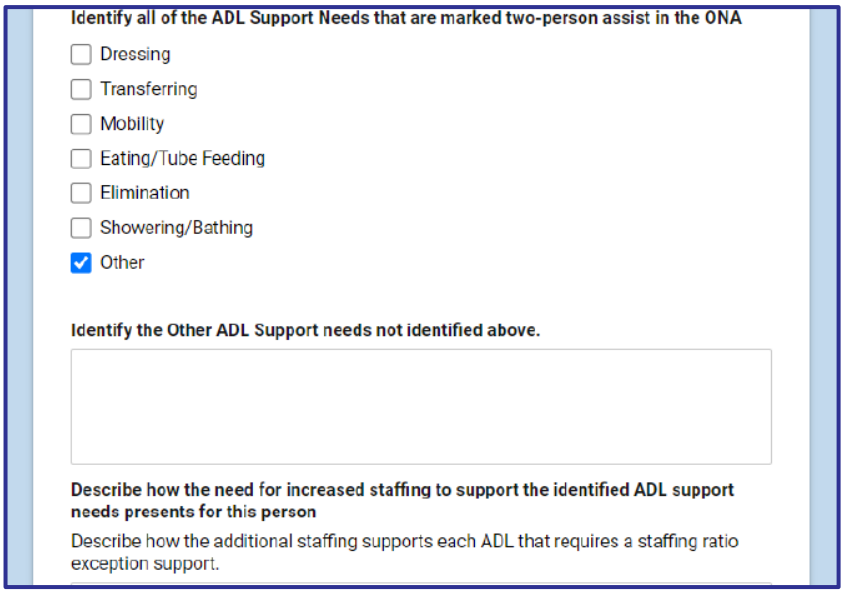
**Describe the medical need, treatment/monitoring/therapy, that requires increased staffing?** Describe the medical supports that require additional staffing. Describe how additional staffing is being utilized to support the medical support needs.

**Medical Support Need: How often in occurrences per week does the need for additional staffing arise?** Identify the average number of occurrences per week that the medical support need arises.

**Medical Support Need:** Describe how long, in hours per day, the amount of time it takes to support this need. Identify how many hours a day are needed to support the person's medical support needs. If the daily support hours fluctuate during the week, use the daily average. This is done by calculating the total number of hours per week, divided by seven.

**Medical Support Need: Staffing Ratio Being Requested.** Identify the staffing ratio(s) that are being requested, and the number of weekly staffing ratio hours being requested for each ratio.

## Staffing Ratio: ADL Support Need



**Identify all of the ADL Support Needs that are marked two-person assist in the ONA.** Identify all of the ADL related supports. Failure to identify all ADL related support needs may result in incorrect form logic.

- **Describe the other challenging ADL support that requires more than one supporter at a time to provide supports.** Briefly describe the other support need that requires a staffing ratio exception.

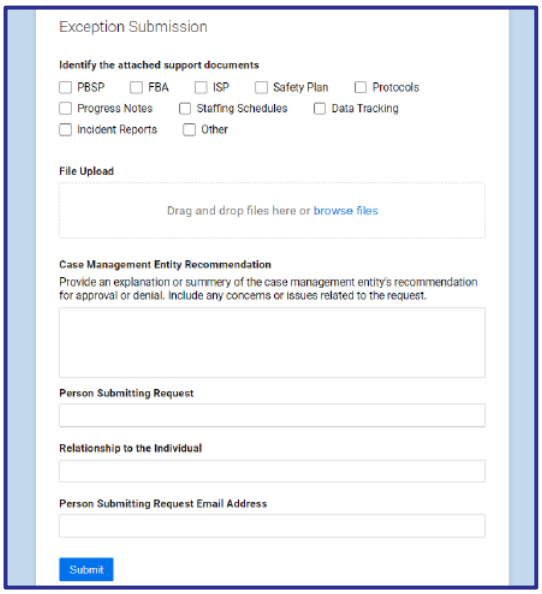
**Describe how the need for increased staffing to support the identified ADL support needs presents for this person.** Provide a summary of the individual's ADL related support needs and why a staffing ratio exception is needed Describe the supports that are needed to support this need.

**ADL Support Need: How often in occurrences per week does the need for additional staffing arise?** Identify the average number of occurrences per week that the ADL support need arises.

**ADL Support Need:** Describe how long, in hours per day, the amount of time it takes to support this need. Identify how many hours a day are needed to support the person's ADL support needs. If the daily support hours fluctuate during the week, use the daily average. This is done by calculating the total number of hours per week, divided by seven.

**ADL Support Need: Staffing Ratio Being Requested.** Identify the staffing ratio(s) that are being requested and the number of weekly staffing ratio hours being requested for each ratio.

## Exception Submitted




**Identify the attached support documents:** Identify what documents are being attached to this request.

- **What other documents are being attached?** Identify what documentation not identified above is being attached to this request.

**File Upload:** Attach the supporting documents related to this request. If your files exceed the upload size or you have any other technical difficulties, please contact ODDS.FundingReview@odhs.oregon.gov for assistance.

**Case Management Entity Recommendation:** Provide an explanation or summary of the case management entity's recommendation for approval or denial. Include any concerns or issues related to the request. Include any other information that is relevant to this request.

# Appendix B

## Authorizing and billing for Attendant Care Staffing Ratios greater than 2:1 in eXPRS

Guidance for situations where multiple providers are part of a staffing ratio greater than 2:1 and may need to bill for service to the same individual at that same time.

### Overview and guiding principles

Some individuals require enhanced staffing ratios greater than 2:1, or there may be a need to provide "Staff Training" to a group of providers for specific tasks delegated by a Nursing Professional or Professional Behavior Specialist. A wide variety of such situations exist, and there may be varying provider combinations rendering service to the individual who may need to bill for service provided at the same time.

This document outlines guiding principles when authorizing and billing for staffing ratios greater than 2:1. The following principles provide the foundation for the guidance in the scenarios below:

1. Different providers can create SDs for Attendant Care services delivered on the same day at the same time to same individual. For example, two providers can bill for OR526/ZE for services delivered on the same date/time **and** to the same individual. The second ZE billing will always **Suspend**, and these suspended SDs can be overridden and approved by the ODDS Funding Allocation Coordinator.
2. OR526/NA, ZC, RB and R3 all draw down from an individual's monthly hours limit. When creating SDs for billing, only one of these SDs should be created whenever possible. If it is not possible to create only one of those SDs in a certain situation, then an In-home Hour Add On is needed to account for the extra hours used.
3. For agencies sending three or more DSPs to provide service to an individual at one time, OR526/RB and OR526/R3 can be authorized along with a Rate Add On. This Rate Add On will make up the difference between the fixed rate for RB/R3 and the actual rate needed for the service (whether 3:1, 4:1 etc.)
4. Any Attendant Care staffing ratio greater than 2:1 must be approved by ODDS **unless** it is for Staff Training.

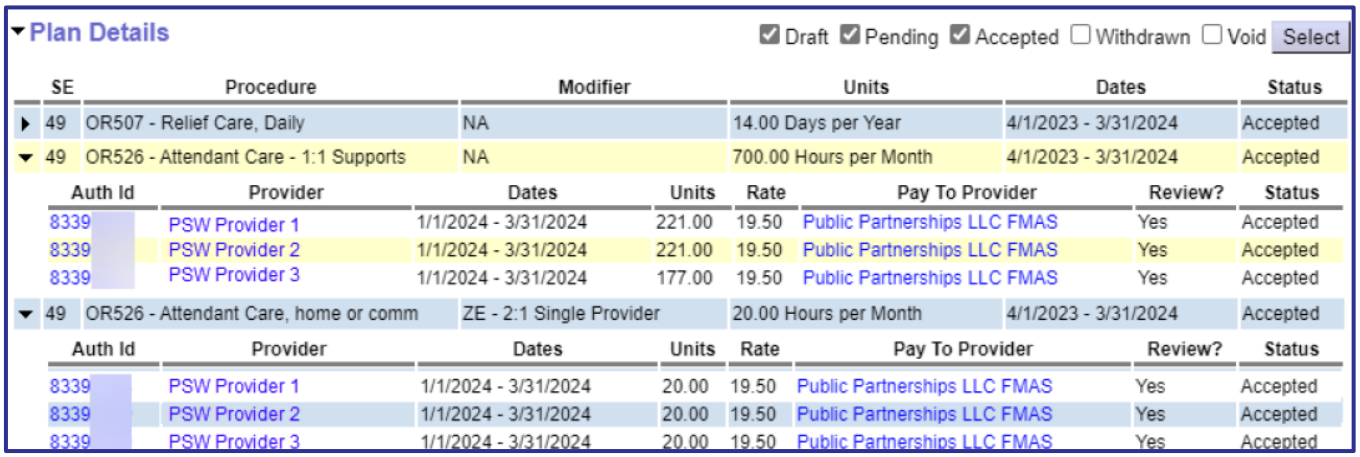
## Purpose

The purpose of this document is not to provide "how-to" instructions for every scenario that might exist. Rather, it is to show examples of how authorizations could be created in such a way that all providers can bill for their services. Services Coordinators or Personal Agents will need to support providers to understand how they should bill for services in these situations, as the needs for individuals and the providers available can vary widely.

## Scenarios

In each scenario, different providers can bill for services to the same individual on the same day and at the same time. For all scenarios, the Local Staffing Ratios Exception Criteria Form must be uploaded to the individual's POC indicating the need for staff training included. Additionally, when an SD suspends and needs to be overridden as described below, the provider can email the Funding Allocation Coordinator: ODDS.FundingAllocationCoordinator@odhs.oregon.gov

# 3:1 Attendant Care (Three PSWs)



Plan Details — Draft, Pending, Accepted, Withdrawn, Void, Select

| SE | Procedure | Modifier | Units | Dates | Status |
|---|---|---|---|---|---|
| 49 | OR507 - Relief Care, Daily | NA | 14.00 Days per Year | 4/1/2023 - 3/31/2024 | Accepted |
| 49 | OR526 - Attendant Care - 1:1 Supports | NA | 700.00 Hours per Month | 4/1/2023 - 3/31/2024 | Accepted |

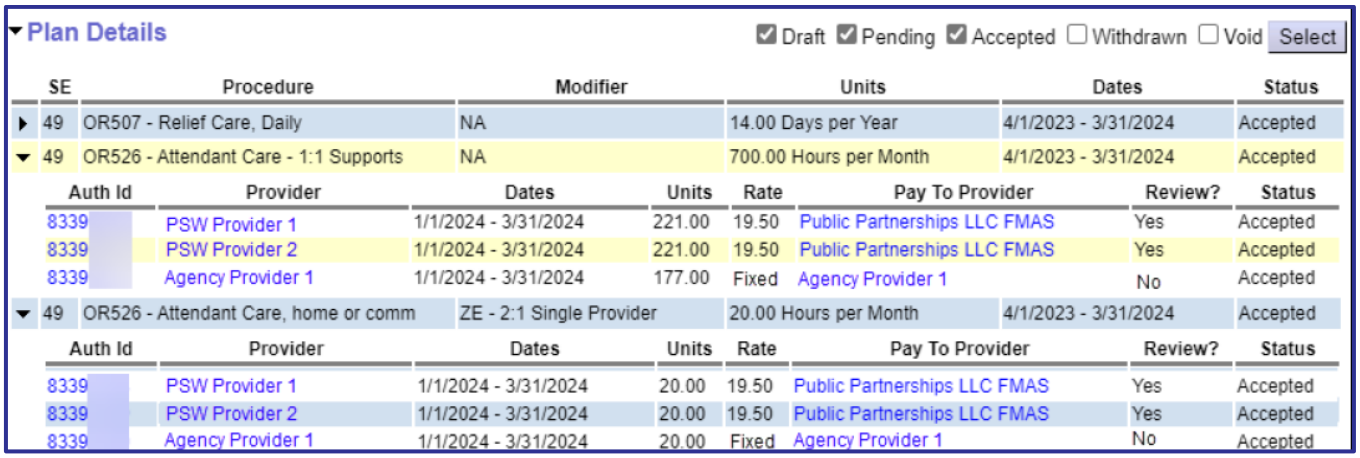
| Auth Id | Provider | Dates | Units | Rate | Pay To Provider | Review? | Status |
|---|---|---|---|---|---|---|---|
| 8339 | PSW Provider 1 | 1/1/2024 - 3/31/2024 | 221.00 | 19.50 | Public Partnerships LLC FMAS | Yes | Accepted |
| 8339 | PSW Provider 2 | 1/1/2024 - 3/31/2024 | 221.00 | 19.50 | Public Partnerships LLC FMAS | Yes | Accepted |
| 8339 | PSW Provider 3 | 1/1/2024 - 3/31/2024 | 177.00 | 19.50 | Public Partnerships LLC FMAS | Yes | Accepted |

| SE | Procedure | Modifier | Units | Dates | Status |
|---|---|---|---|---|---|
| 49 | OR526 - Attendant Care, home or comm | ZE - 2:1 Single Provider | 20.00 Hours per Month | 4/1/2023 - 3/31/2024 | Accepted |

| Auth Id | Provider | Dates | Units | Rate | Pay To Provider | Review? | Status |
|---|---|---|---|---|---|---|---|
| 8339 | PSW Provider 1 | 1/1/2024 - 3/31/2024 | 20.00 | 19.50 | Public Partnerships LLC FMAS | Yes | Accepted |
| 8339 | PSW Provider 2 | 1/1/2024 - 3/31/2024 | 20.00 | 19.50 | Public Partnerships LLC FMAS | Yes | Accepted |
| 8339 | PSW Provider 3 | 1/1/2024 - 3/31/2024 | 20.00 | 19.50 | Public Partnerships LLC FMAS | Yes | Accepted |

In the example above, one PSW Provider can bill under OR526/NA, and the other two can bill under OR526/ZE. However, the PSW that enters the second OR526/ZE billing will see it move to **Suspended Status.** Once the SD is in **Suspended Status**, the Funding Allocation Coordinator can override the Suspend Reason, and approve SD.

# 3:1 Attendant Care (One agency sends one DSP and two PSWs)



Plan Details — Draft, Pending, Accepted, Withdrawn, Void, Select

| SE | Procedure | Modifier | Units | Dates | Status |
|---|---|---|---|---|---|
| 49 | OR507 - Relief Care, Daily | NA | 14.00 Days per Year | 4/1/2023 - 3/31/2024 | Accepted |
| 49 | OR526 - Attendant Care - 1:1 Supports | NA | 700.00 Hours per Month | 4/1/2023 - 3/31/2024 | Accepted |

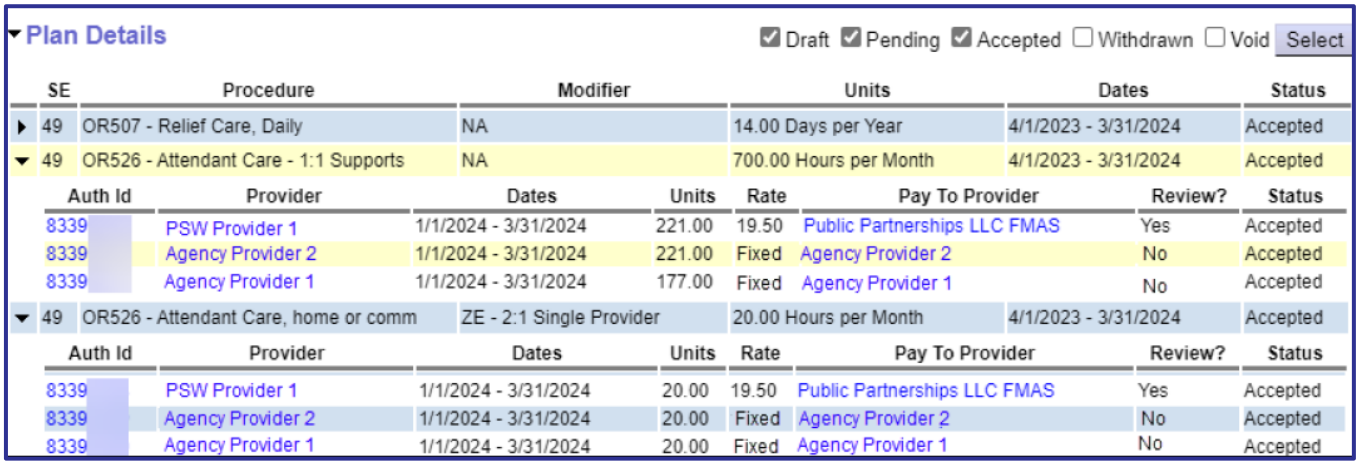
| Auth Id | Provider | Dates | Units | Rate | Pay To Provider | Review? | Status |
|---|---|---|---|---|---|---|---|
| 8339 | PSW Provider 1 | 1/1/2024 - 3/31/2024 | 221.00 | 19.50 | Public Partnerships LLC FMAS | Yes | Accepted |
| 8339 | PSW Provider 2 | 1/1/2024 - 3/31/2024 | 221.00 | 19.50 | Public Partnerships LLC FMAS | Yes | Accepted |
| 8339 | Agency Provider 1 | 1/1/2024 - 3/31/2024 | 177.00 | Fixed | Agency Provider 1 | No | Accepted |

| SE | Procedure | Modifier | Units | Dates | Status |
|---|---|---|---|---|---|
| 49 | OR526 - Attendant Care, home or comm | ZE - 2:1 Single Provider | 20.00 Hours per Month | 4/1/2023 - 3/31/2024 | Accepted |

| Auth Id | Provider | Dates | Units | Rate | Pay To Provider | Review? | Status |
|---|---|---|---|---|---|---|---|
| 8339 | PSW Provider 1 | 1/1/2024 - 3/31/2024 | 20.00 | 19.50 | Public Partnerships LLC FMAS | Yes | Accepted |
| 8339 | PSW Provider 2 | 1/1/2024 - 3/31/2024 | 20.00 | 19.50 | Public Partnerships LLC FMAS | Yes | Accepted |
| 8339 | Agency Provider 1 | 1/1/2024 - 3/31/2024 | 20.00 | Fixed | Agency Provider 1 | No | Accepted |

In the example above, one provider (either the agency or PSW) can bill under OR526/NA, and the other two can bill under OR526/ZE. However, the provider that enters the second OR526/ZE billing will see it move to **Suspended Status**. Once the SD is in **Suspended Status**, the Funding Allocation Coordinator can override the Suspend Reason, and approve SD.

## 3:1 Attendant Care (Two agencies send one DSP each and one PSW)



Plan Details — ☑ Draft ☑ Pending ☑ Accepted ☐ Withdrawn ☐ Void Select

| SE | Procedure | Modifier | Units | Dates | Status |
|---|---|---|---|---|---|
| 49 | OR507 - Relief Care, Daily | NA | 14.00 Days per Year | 4/1/2023 - 3/31/2024 | Accepted |
| 49 | OR526 - Attendant Care - 1:1 Supports | NA | 700.00 Hours per Month | 4/1/2023 - 3/31/2024 | Accepted |

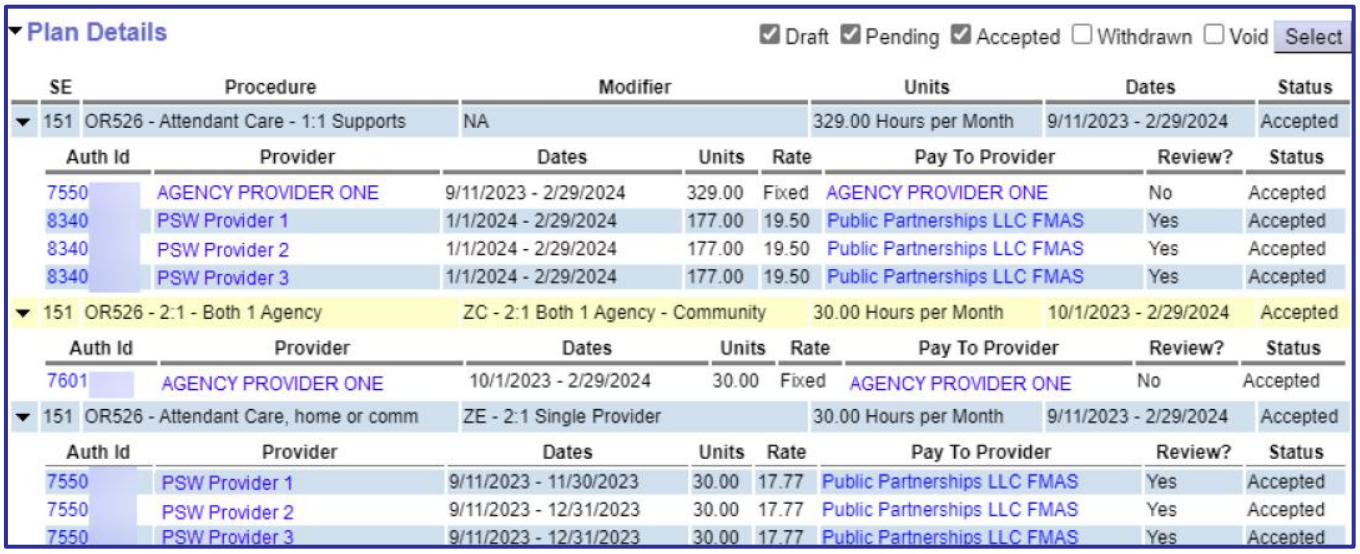
| Auth Id | Provider | Dates | Units | Rate | Pay To Provider | Review? | Status |
|---|---|---|---|---|---|---|---|
| 8339 | PSW Provider 1 | 1/1/2024 - 3/31/2024 | 221.00 | 19.50 | Public Partnerships LLC FMAS | Yes | Accepted |
| 8339 | Agency Provider 2 | 1/1/2024 - 3/31/2024 | 221.00 | Fixed | Agency Provider 2 | No | Accepted |
| 8339 | Agency Provider 1 | 1/1/2024 - 3/31/2024 | 177.00 | Fixed | Agency Provider 1 | No | Accepted |

| SE | Procedure | Modifier | Units | Dates | Status |
|---|---|---|---|---|---|
| 49 | OR526 - Attendant Care, home or comm | ZE - 2:1 Single Provider | 20.00 Hours per Month | 4/1/2023 - 3/31/2024 | Accepted |

| Auth Id | Provider | Dates | Units | Rate | Pay To Provider | Review? | Status |
|---|---|---|---|---|---|---|---|
| 8339 | PSW Provider 1 | 1/1/2024 - 3/31/2024 | 20.00 | 19.50 | Public Partnerships LLC FMAS | Yes | Accepted |
| 8339 | Agency Provider 2 | 1/1/2024 - 3/31/2024 | 20.00 | Fixed | Agency Provider 2 | No | Accepted |
| 8339 | Agency Provider 1 | 1/1/2024 - 3/31/2024 | 20.00 | Fixed | Agency Provider 1 | No | Accepted |

In the example above, one provider (agency or PSW) can bill under OR526/NA, and the other two can bill under OR526/ZE. However, the provider that enters the second OR526/ZE billing will see it move to **Suspended Status.** Once the SD is in **Suspended Status,** the Funding Allocation Coordinator can override the Suspend Reason, and approve SD.

## 4:1 Attendant Care (One agency sending two DSPs and two PSWs)



Plan Details — ☑ Draft ☑ Pending ☑ Accepted ☐ Withdrawn ☐ Void Select

| SE | Procedure | Modifier | Units | Dates | Status |
|---|---|---|---|---|---|
| 151 | OR526 - Attendant Care - 1:1 Supports | NA | 329.00 Hours per Month | 9/11/2023 - 2/29/2024 | Accepted |

| Auth Id | Provider | Dates | Units | Rate | Pay To Provider | Review? | Status |
|---|---|---|---|---|---|---|---|
| 7550 | AGENCY PROVIDER ONE | 9/11/2023 - 2/29/2024 | 329.00 | Fixed | AGENCY PROVIDER ONE | No | Accepted |
| 8340 | PSW Provider 1 | 1/1/2024 - 2/29/2024 | 177.00 | 19.50 | Public Partnerships LLC FMAS | Yes | Accepted |
| 8340 | PSW Provider 2 | 1/1/2024 - 2/29/2024 | 177.00 | 19.50 | Public Partnerships LLC FMAS | Yes | Accepted |
| 8340 | PSW Provider 3 | 1/1/2024 - 2/29/2024 | 177.00 | 19.50 | Public Partnerships LLC FMAS | Yes | Accepted |

| SE | Procedure | Modifier | Units | Dates | Status |
|---|---|---|---|---|---|
| 151 | OR526 - 2:1 - Both 1 Agency | ZC - 2:1 Both 1 Agency - Community | 30.00 Hours per Month | 10/1/2023 - 2/29/2024 | Accepted |

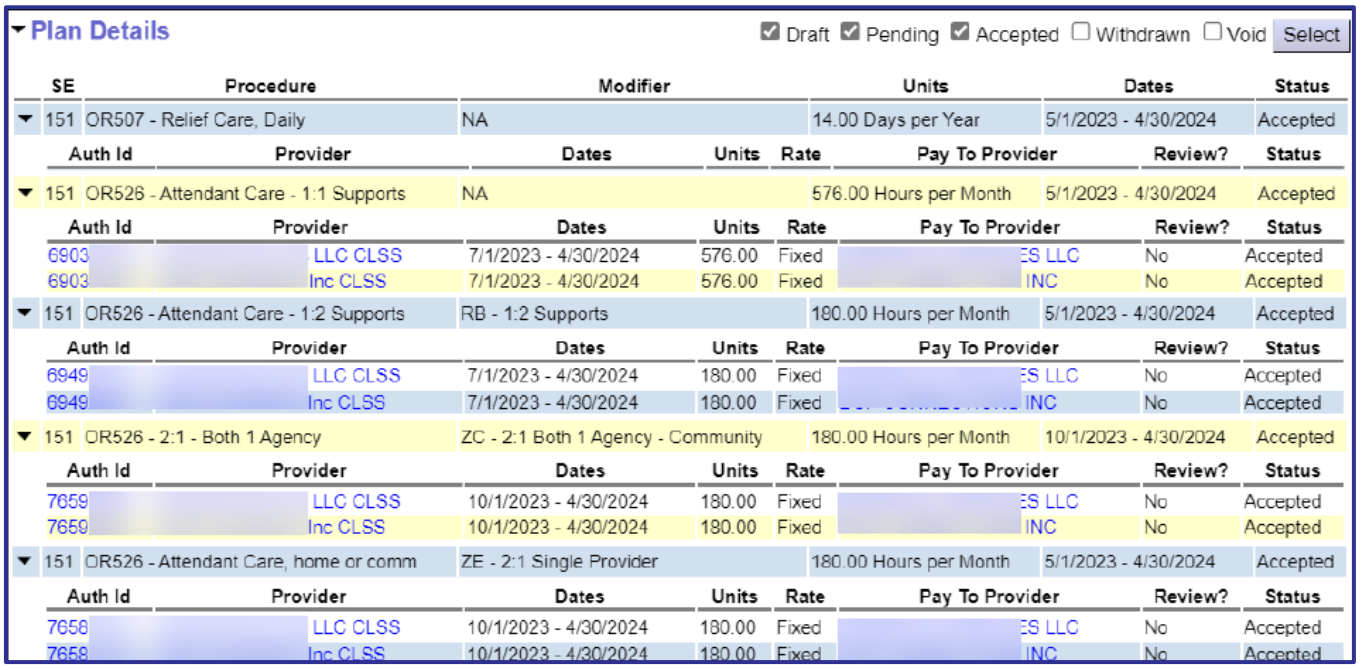
| Auth Id | Provider | Dates | Units | Rate | Pay To Provider | Review? | Status |
|---|---|---|---|---|---|---|---|
| 7601 | AGENCY PROVIDER ONE | 10/1/2023 - 2/29/2024 | 30.00 | Fixed | AGENCY PROVIDER ONE | No | Accepted |

| SE | Procedure | Modifier | Units | Dates | Status |
|---|---|---|---|---|---|
| 151 | OR526 - Attendant Care, home or comm | ZE - 2:1 Single Provider | 30.00 Hours per Month | 9/11/2023 - 2/29/2024 | Accepted |

| Auth Id | Provider | Dates | Units | Rate | Pay To Provider | Review? | Status |
|---|---|---|---|---|---|---|---|
| 7550 | PSW Provider 1 | 9/11/2023 - 11/30/2023 | 30.00 | 17.77 | Public Partnerships LLC FMAS | Yes | Accepted |
| 7550 | PSW Provider 2 | 9/11/2023 - 12/31/2023 | 30.00 | 17.77 | Public Partnerships LLC FMAS | Yes | Accepted |
| 7550 | PSW Provider 3 | 9/11/2023 - 12/31/2023 | 30.00 | 17.77 | Public Partnerships LLC FMAS | Yes | Accepted |

In the example above, the Agency Provider can bill under OR526/ZC. The other two PSWs can bill under OR526/ZE. However, the Provider that enters the second OR526/ZE billing will see it move to **Suspended Status.** Once the SD is in **Suspended Status,** the FAC can override the Suspend Reason, and approve SD.

## 4:1 Attendant Care (Two agencies sending two DSPs)



Plan Details — Draft, Pending, Accepted, Withdrawn, Void, Select

| SE | Procedure | Modifier | Units | Dates | Status |
|---|---|---|---|---|---|
| 151 | OR507 - Relief Care, Daily | NA | 14.00 Days per Year | 5/1/2023 - 4/30/2024 | Accepted |

| Auth Id | Provider | Dates | Units | Rate | Pay To Provider | Review? | Status |
|---|---|---|---|---|---|---|---|
| 151 | OR526 - Attendant Care - 1:1 Supports | NA | | | 576.00 Hours per Month | 5/1/2023 - 4/30/2024 | Accepted |
| 6903 | LLC CLSS | 7/1/2023 - 4/30/2024 | 576.00 | Fixed | ES LLC | No | Accepted |
| 6903 | Inc CLSS | 7/1/2023 - 4/30/2024 | 576.00 | Fixed | INC | No | Accepted |
| 151 | OR526 - Attendant Care - 1:2 Supports | RB - 1:2 Supports | | | 180.00 Hours per Month | 5/1/2023 - 4/30/2024 | Accepted |
| 6949 | LLC CLSS | 7/1/2023 - 4/30/2024 | 180.00 | Fixed | ES LLC | No | Accepted |
| 6949 | Inc CLSS | 7/1/2023 - 4/30/2024 | 180.00 | Fixed | INC | No | Accepted |
| 151 | OR526 - 2:1 - Both 1 Agency | ZC - 2:1 Both 1 Agency - Community | | | 180.00 Hours per Month | 10/1/2023 - 4/30/2024 | Accepted |
| 7659 | LLC CLSS | 10/1/2023 - 4/30/2024 | 180.00 | Fixed | ES LLC | No | Accepted |
| 7659 | Inc CLSS | 10/1/2023 - 4/30/2024 | 180.00 | Fixed | INC | No | Accepted |
| 151 | OR526 - Attendant Care, home or comm | ZE - 2:1 Single Provider | | | 180.00 Hours per Month | 5/1/2023 - 4/30/2024 | Accepted |
| 7658 | LLC CLSS | 10/1/2023 - 4/30/2024 | 180.00 | Fixed | ES LLC | No | Accepted |
| 7658 | Inc CLSS | 10/1/2023 - 4/30/2024 | 180.00 | Fixed | INC | No | Accepted |

In the example above, both Agency Providers sending two DSPs can bill under OR526/ZC. Of those two billings, whichever is created second will move to **Suspended Status** and ODDS can override it manually. Although not pictured above, the individual has an In-home Hour Add On which accounts for the double-draw down from two ZC billings.

To create the In-home Hour Add On for this scenario, take the following steps:

1. Complete the local approval process and upload the Local Staffing Ratios Exception Criteria Form to the individual's POC.
2. Submit an add-on request utilizing the ODDS Add-On Request Smartsheet
3. The Exceptions Unit will enter the add-on in eXPRS, based on the information that was provided in the Add-On Request.
4. Once the add-on has been entered in eXPRS, ODDS will contact the person submitting the Add-On Request and notify them that it has been entered.

## Scenarios which use the OR526 RB/R3 workaround

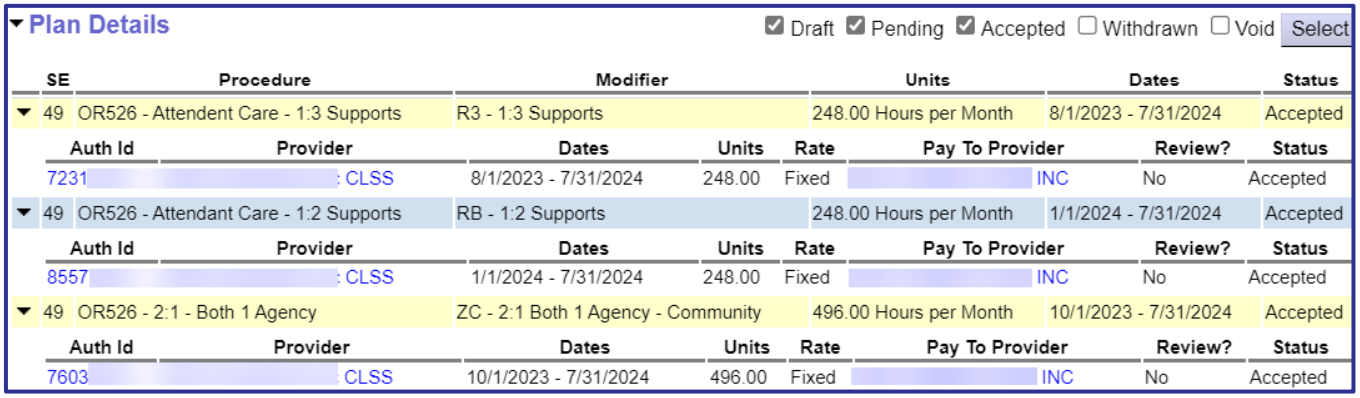
In cases where a single Agency Provider is sending more than two DSPs, a workaround can be implemented using OR526/R3 and OR526/RB, and then creating a Rate Add

On for those services to make up the difference between the RB/R3 rate and the actual rate needed.

- **OR526/R3 –** In the workaround, this is used for odd-numbered staffing ratios from one agency (e.g. 3:1, 5:1).
- **OR526/RB –** In the workaround, this is used for even-numbered staffing ratios from one agency (e.g. 4:1, 6:1).

In each example below, there is a Rate Add On for RB/R3, although it is not pictured.

# 3:1 or 4:1 Attendant Care (One agency Sending three or More DSPs at a time)



Plan Details — Draft ☑ Pending ☑ Accepted ☐ Withdrawn ☐ Void — Select

| SE | Procedure | Modifier | Units | Dates | Status |
|---|---|---|---|---|---|
| 49 | OR526 - Attendent Care - 1:3 Supports | R3 - 1:3 Supports | 248.00 Hours per Month | 8/1/2023 - 7/31/2024 | Accepted |

| Auth Id | Provider | Dates | Units | Rate | Pay To Provider | Review? | Status |
|---|---|---|---|---|---|---|---|
| 7231 | : CLSS | 8/1/2023 - 7/31/2024 | 248.00 | Fixed | INC | No | Accepted |

| SE | Procedure | Modifier | Units | Dates | Status |
|---|---|---|---|---|---|
| 49 | OR526 - Attendant Care - 1:2 Supports | RB - 1:2 Supports | 248.00 Hours per Month | 1/1/2024 - 7/31/2024 | Accepted |

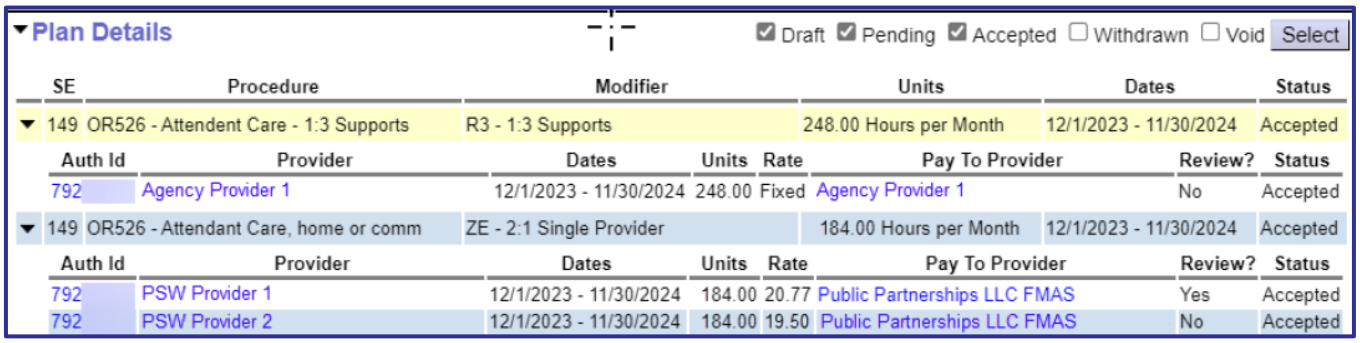
| Auth Id | Provider | Dates | Units | Rate | Pay To Provider | Review? | Status |
|---|---|---|---|---|---|---|---|
| 8557 | : CLSS | 1/1/2024 - 7/31/2024 | 248.00 | Fixed | INC | No | Accepted |

| SE | Procedure | Modifier | Units | Dates | Status |
|---|---|---|---|---|---|
| 49 | OR526 - 2:1 - Both 1 Agency | ZC - 2:1 Both 1 Agency - Community | 496.00 Hours per Month | 10/1/2023 - 7/31/2024 | Accepted |

| Auth Id | Provider | Dates | Units | Rate | Pay To Provider | Review? | Status |
|---|---|---|---|---|---|---|---|
| 7603 | : CLSS | 10/1/2023 - 7/31/2024 | 496.00 | Fixed | INC | No | Accepted |

In the example above, the Agency Provider can create an SD for R3 when sending three DSPs for a 3:1 staffing ratio. They can also create an SD for RB when sending 4 DSPs for a 4:1 staffing ratio.

# 5:1 Attendant Care (One agency Sending three DSPs and two PSWs)



Plan Details — Draft, Pending, Accepted, Withdrawn, Void, Select

| SE | Procedure | Modifier | Units | Dates | Status |
|---|---|---|---|---|---|
| 149 | OR526 - Attendent Care - 1:3 Supports | R3 - 1:3 Supports | 248.00 Hours per Month | 12/1/2023 - 11/30/2024 | Accepted |

| Auth Id | Provider | Dates | Units | Rate | Pay To Provider | Review? | Status |
|---|---|---|---|---|---|---|---|
| 792 | Agency Provider 1 | 12/1/2023 - 11/30/2024 | 248.00 | Fixed | Agency Provider 1 | No | Accepted |

| SE | Procedure | Modifier | Units | Dates | Status |
|---|---|---|---|---|---|
| 149 | OR526 - Attendant Care, home or comm | ZE - 2:1 Single Provider | 184.00 Hours per Month | 12/1/2023 - 11/30/2024 | Accepted |

| Auth Id | Provider | Dates | Units | Rate | Pay To Provider | Review? | Status |
|---|---|---|---|---|---|---|---|
| 792 | PSW Provider 1 | 12/1/2023 - 11/30/2024 | 184.00 | 20.77 | Public Partnerships LLC FMAS | Yes | Accepted |
| 792 | PSW Provider 2 | 12/1/2023 - 11/30/2024 | 184.00 | 19.50 | Public Partnerships LLC FMAS | No | Accepted |

In the example above, the Agency Provider can create an SD for R3 when sending three DSPs as part of the 5:1 staffing ratio. The other two PSWs can bill under OR526/ZE. However, the Provider that enters the second OR526/ZE billing will see it move to **Suspended Status**. Once the SD is in **Suspended Status** the Funding Allocation Coordinator can override the Suspend Reason, and approve the SD.

## Summary

The principles and their application to the scenarios pictured in this guide show that it is possible to authorize and bill for nearly any number of providers in any given staffing ratio. Therefore, no examples are given for 6:1, 7:1 and so on, as each situation would be considered based on the available providers and needs of the individual.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Office of Developmental Disabilities Services at dd.directorsoffice@odhs.oregon.gov or 503-945-5811 (voice/text). We accept all relay calls.

OREGON DEPARTMENT OF Human Services

**Office of Developmental Disabilities Services**
500 Summer St NE E02
Salem, OR 97301
503-945-5811 or Toll-free 800-282-8096 (Voice/TTY)
odds.info@odhs.oregon.gov
https://www.oregon.gov/odhs/idd/pages/default.aspx