

**Oregon § 1115 Demonstration
Independent Choices**

FACT SHEET

Name of Section 1115 Demonstration:	Independent Choices
Date Proposal Submitted:	July 7, 1998
Date Proposal Approved:	November 22, 2000
Scheduled Expiration Date:	November 30, 2006
Date Demonstration Implemented:	December 1, 2001

SUMMARY

This demonstration will allow individuals who are eligible for long term care services to pay cash directly to providers for personal care and related services. The program will be available in three regions of the State for up to 300 consumers.

BACKGROUND

On July 7, 1998, Oregon submitted an application for a Section 1115 demonstration called Independent Choices.

This demonstration is similar in concept to the approved “Cash and Counseling” demonstrations in New Jersey, Florida, and Arkansas. The main difference is that this proposal does not employ a randomized or experimental design. In addition, compared to “Cash and Counseling”, this demonstration has less fiscal intermediary intervention. A monthly service allocation is paid directly into the consumer’s Independent Choices checking account. Consumers would be responsible for deducting appropriate taxes and calculating employer payroll taxes. Consumers pay their providers directly from their service allotment. A payroll service is available to consumers who do not pass a competency test to perform their fiscal responsibilities, or who simply would like assistance.

The demonstration is less than Statewide and operates in three service areas with up to 100 participants enrolled in each site (Clackamas County, Coos/Curry Counties and Jackson/Josephine Counties). The State indicates in its proposal that the selection of these three sites allows the State to evaluate the replicability of the model Statewide and to evaluate the program in both urban and rural settings.

TARGET POPULATION/ELIGIBILITY

To be eligible for this demonstration, consumers must:

- be 18 years or older,
- meet Oregon’s financial eligibility for long term care services,
- meet Oregon’s functional impairment criteria within service priority levels,

- be documented to receive services through the State’s home and community based waiver, and
- possess a demonstrated ability individually, or through a representative, to appropriately assess and plan for the adequate provision of services necessary for participant care.

NUMBER OF INDIVIDUALS SERVED

The State permits a total of 300 eligible individuals to participate in this demonstration on a voluntary, first-come, first-serve basis.

BENEFIT PACKAGE

The service package in this demonstration consists of the following services: homemaker services, personal care services, transportation, chore services, adult companion services, attendant care, and in-home services.

COST SHARING

Not applicable.

ENROLLMENT LIMIT/CAP

The State permits a total of 300 eligible individuals to participate in this demonstration on a voluntary, first-come, first-serve basis.

DELIVERY SYSTEM

Case management staff will initiate contact with individuals who indicate that they are interested in Independent Choices. Individuals will be asked to verify their ability to assess and plan for provision of services by providing evidence of maintenance of a stable living situation and of basic utility needs. A decision not to allow a person to enroll in the program can be appealed through the State’s normal hearing process. Participants who wish to continue in the process attend a mandatory training on issues such as finding, hiring and supervising personal care attendants; state and federal tax responsibilities; applicable state law regarding providers; required documentation; development of a budget and other accountability issues. Participants must pass a skills test at the end of the training. Those who do not pass the test may continue in the process, but are assisted by a fiscal intermediary. Participants must then complete the agreement to enroll in the project. Assessments are completed at enrollment and semi-annually thereafter. Participants can be removed from the program voluntarily or involuntarily.

QUALITY ASSURANCE AND IMPROVEMENT

- The State’s plan consists of an initial survey on the enrollment process, followed thereafter by quarterly participant and provider surveys. When participants and providers identify potential or actual problems, a corrective action plan will be instituted.

- The State also conducts random audits of participant accounts to ensure compliance with the terms and conditions of the demonstration.
- Statements of the bank accounts are forwarded to Audit Unit staff on a monthly basis.
- Consumers who become overdrawn must attend a community budget management training that will be selected by local office staff.
- A network of community resources is available to participants to work with participants on a pro bono basis or at greatly reduced cost.
- A consumer manual provides information, instructions and procedures in the areas of service need assessment, job description development, recruitment and selection of providers, developing provider work agreements and development of an emergency back-up attendant network.
- Criminal background checks are provided, at no cost to the participant

MODIFICATIONS/AMENDMENTS

On May 7, 2001, CMS approved an amendment to allow payments to family caregivers, including spouses.

For additional information, please contact the CMS Project Officer – Marguerite Schervish at 410-786-7200 or Mschervish@cms.hhs.gov.

Last Updated: December 3, 2003