

Support Services Rate Ranges

All rates are hourly unless otherwise indicated

| CHORE SERVICES (CPMS Code 725) | Independent Provider | | Provider Organization |
|--|---|-------------------------------|------------------------------|
| Service Title and Description | *Individual Employed by Service Recipient/Family | Independent Contractor | |
| Chore Services - Completion or assistance with heavy household chores to maintain a clean, safe, and sanitary home environment approved only when no household members or others can pay for or perform the service. This is a time-limited service and is not to be used on a regular basis. | | | |
| | Effective 10/1/08 | Effective 10/1/08 | Effective 10/1/08 |
| | Minimum Wage to \$14.54 | \$12.94 to \$23.72 | \$15.63 to \$27.28 |

| COMMUNITY INCLUSION (CPMS Code 726) | Independent Provider | | Provider Organization |
|--|---|-------------------------------|------------------------------|
| Service Title and Description | *Individual Employed by Service Recipient/Family | Independent Contractor | |
| Community Inclusion - Support and instruction related to engagement in the community and skills the individual may wish to acquire, retain, or improve related to integration, productivity, and or independence away from home. The goal is to build and utilize as much natural support as possible provided by typical people in a chosen environment. | | | |
| | Effective 10/1/08 | Effective 10/1/08 | Effective 10/1/08 |
| 1:1 Inclusion Assessment or Skill Training Time limited assistance to achieve a defined outcome related to: a) identifying essential environmental supports; or b) building relationships and skills related to independent or naturally supported participation in a local group or activity of interest. Staff must have training expertise. The outcome of the service must include a report and plan for implementation by 1:1 or Small Group Inclusion Assistance. Maximum Assessment and Training hours = 100 hours (Assessment 20- Training 80) | | \$12.94 to \$35.58 | \$15.63 to \$47.44 |

| COMMUNITY INCLUSION (CPMS Code 726) | Independent Provider | | Provider Organization |
|---|--|---|---|
| Service Title and Description | *Individual Employed by Service Recipient/Family | Independent Contractor | |
| 1:1 Inclusion Assistance Providing on-going training and support for an individual's participation in local groups or community activities of interest. Assistance is necessary due to the communication, personal care, and medical and safety support needs of the individual. | Effective 10/1/08 | Effective 10/1/08 | Effective 10/1/08 |
| | Minimum Wage to \$14.54 | \$12.94 to \$23.72 | \$15.63 to \$27.28 |
| Small Group Inclusion Assistance Participation and learning in activities of interest along with others/friends with and without disabilities. | | Hourly rate above prorated by number in group | Hourly rate above prorated by number in group |
| Facility Based Socialization Providing opportunities for activities and socialization with other people with disabilities. Personalized or group learning activities that match the customer goals and interests are provided. Minimum 5 hour day and 1:8 staff to customer ratio. | | | \$29.11 to \$43.88 Per Day |
| Facility Based Employment Providing on-going opportunities for paid employment in a small business or workshop setting where the majority of workers are persons with disabilities. Personalized or group learning activities (non-paid) related to job exploration, job training, interpersonal skills, money management or mobility may also be provided. Minimum 5 hour day and 1:8 staff to customer ratio. | | | NO MATTER RATE METHOD, MAXIMUM PAYMENT ALLOWED \$43.88/DAY |

| COMMUNITY LIVING (CPMS Code 725) | Independent Provider | | Provider Organization |
|--|--|--------------------------|--------------------------|
| Service Title and Description | *Individual Employed by Service Recipient/Family | Independent Contractor | |
| Community Living Supports - Services for the purpose of facilitating independence and integration by helping the individual to acquire skills to live as independently as possible in housing of their choice. | | | |
| 1:1 Daily Living Assessment or Skill Training Time limited assistance to achieve a defined outcome related to a) identifying essential environmental supports, or b) increase skills to achieve greater independence in activities of daily living. Staff must have training expertise. The outcome of the service must include a report and plan for Daily Living Support implementation. Maximum Assessment and Training hours = 100 hours (Assessment 20, Training 80). | Effective 10/1/08 | Effective 10/1/08 | Effective 10/1/08 |
| | | \$12.94 to \$35.58 | \$15.63 to \$47.44 |
| 1:1 Daily Living Support In home assistance with activities of daily living in the home (meal planning, shopping, bathing) Note: Some variability in rates may occur based upon negotiated strategies and support needs of person(s) in the home. For example the companionship exemption may be utilized or the hourly rate may be prorated if there is more then one person with disabilities receiving support in the home environment. | Minimum Wage to \$14.54 | \$12.94 to \$23.72 | \$15.63 to \$27.28 |

| FAMILY TRAINING (CPMS Code 729) | Independent Provider | | Provider Organization |
|---|--|---|---|
| Service Title and Description | *Individual Employed by Service Recipient/Family | Independent Contractor | |
| Family Training - Training and counseling for a family to increase their ability to care for, support and maintain an individual with disabilities at home. Services provided by licensed psychologist, social worker, or counselor. Training and education related to information about disability, medical or behavioral conditions care requirements, treatment regimens, or equipment specified in ISP. | Effective 10/1/08 | Effective 10/1/08 | Effective 10/1/08 |
| | \$237.20 per event as needed and justified | \$237.20 per event as needed and justified or hourly at: | \$237.20 per event as needed and justified or hourly at: |
| | | \$53.91 to \$88.95 | \$26.95 to \$65.23 |

| HOMEMAKER (CPMS Code 730) | Independent Provider | | Provider Organization |
|--|--|--------------------------|--------------------------|
| Service Title and Description | *Individual Employed by Service Recipient/Family | Independent Contractor | |
| Homemaker Services Completion or assistance with general household activities provided by trained homemaker when regular caregiver is temporarily unavailable or unable to perform the tasks. This is a time-limited service approved only when the criteria is met. | Effective 10/1/08 | Effective 10/1/08 | Effective 10/1/08 |
| | Minimum Wage to \$14.54 | \$12.94 to \$23.72 | \$15.63 to \$27.28 |

| RESPITE (CPMS Code 735) | Independent Provider | | Provider Organization |
|---|--|--|--|
| Service Title and Description | *Individual Employed by Service Recipient/Family | Independent Contractor | |
| <p>Respite Care short-term care for a person with disability in order to provide caregiver relief. Cannot be provided in order to allow caregiver to attend school or work.</p> <p>Note: Respite Care is a category where there is a high degree of variability in rates based on negotiated strategies, as well as the support needs of the person. The result may include rate payments below the stated minimums. For instance, there may be bona fide exceptions to minimum wage or overtime payments or to the hours requiring payment based on federal and state law. Examples may be the use of a companionship exemption or how sleep time is compensated. Rates paid for respite care may also vary based on such factors as whether supports are provided in an individual or small group, or the person's home or a provider's setting</p> | | | |
| Hourly | Effective 10/1/08 | Effective 10/1/08 | Effective 10/1/08 |
| | Minimum Wage to \$14.54 | \$12.94 to \$23.72 | \$15.63 to \$27.28 |
| Overnight (24 Hours) | Minimum: \$168.20 Maximum: \$232.64 | Minimum: \$129.38 Maximum: \$237.20 | Minimum: \$134.77 Maximum: \$266.85 |

| SPECIALIZED SUPPORTS (CPMS Code 738) | Independent Provider | | Provider Organization |
|--|---|-------------------------------|---|
| Service Title and Description | *Individual Employed by Service Recipient/Family | Independent Contractor | |
| Specialized Supports Time limited services providing treatment, training, consultation or other services not available through the State Medicaid Plan. Supports include a) needs assessment, b) plan development, c) caregiver training, and d) plan monitoring and revision | | | |
| | Effective 10/1/08 | Effective 10/1/08 | Effective 10/1/08 |
| Behavior/Social Sexual | | \$53.91 to \$88.95 | \$26.95 to \$65.23 |
| Licensed RN | \$23.72 to \$39.80 | \$26.95 to \$65.23 | \$32.35 to \$71.16 |
| | | OR for shift care: | OR for shift care: |
| | | \$26.95 to \$41.51 | \$26.95 to \$65.23 |
| Licensed LPN | No Independent Rate, requires RN supervision | | \$21.56 to \$35.58 |
| | | | OR for shift care: \$19.41 to \$33.81 |
| Aides | | | \$8.63 to \$11.86 plus administrative overhead |
| Delegating RN | \$29.65 | \$29.65 | \$26.95 to \$35.58 |

| SUPPORTED EMPLOYMENT (CPMS Code 740) | Independent Provider | | |
|---|--|---------------------------|---------------------------|
| Service Title and Description | *Individual Employed by Service Recipient/Family | Independent Contractor | Provider Organization |
| <p>Time Limited Employment Supports: All initial phases of supported employment are time limited and must have measurable benchmarks or outcomes. They are services that help the individual to choose a type of work, get a job, and learn the tasks related to a paid community job in an integrated setting. Time limited services end when the goals for employment have been met and the individual is meeting performance expectations of the employer. Vocational Rehabilitation (OVRs) or the Oregon Commission for the Blind (OCB) must be used initially if individual meets eligibility criteria. Rate ranges apply to the use of support service funds (DD149) only. Job training provided should be designed to maximize the use of typical business co-workers and staff in supporting an individual's initial and on-going job performance.</p> | | | |
| Job Development and Placement | Effective 10/1/08 | Effective 10/1/08 | Effective 10/1/08 |
| <p>Development, creation, or identification of paid work in a community business or self employment setting that meets documented customer and plan expectations related to work tasks, use of co-worker or natural supports, location, integration, hours, wage level, transportation etc. This service may be done in the name of the customer (not require customer attendance at all times).</p> | <p>Minimum Wage to \$14.54</p> | <p>\$12.94 to \$37.94</p> | <p>\$15.63 to \$47.44</p> |
| Job Exploration | Effective 10/1/08 | Effective 10/1/08 | Effective 10/1/08 |
| <p>A defined and time limited series of short-term job placements designed as an assessment or "try out" of potential areas of employment identified as interests or strengths in the person's PC employment plan.</p> | <p>Minimum Wage to \$14.54</p> | <p>\$12.94 to \$37.94</p> | <p>\$15.63 to \$47.44</p> |
| Job Coaching, or Employment Consultation (time limited) | Effective 10/1/08 | Effective 10/1/08 | Effective 10/1/08 |
| <p>Assessment, job adaptation, environmental accommodation, worker and co-worker training with the goal of assisting the individual to meet job expectations with as much independence and natural co-worker support as possible. Regular and necessary accommodations and supports are to be put in place and available for the life of the job. Coaching and consultation is expected to include the worker (face to face). Limited business training (face to face with designated co-worker or supervisor) may be prior approved in the plan and billing must include documentation of activity and outcome.</p> | <p>Minimum Wage to \$14.54</p> | <p>\$12.94 to \$37.94</p> | <p>\$15.63 to \$47.44</p> |

| SUPPORTED EMPLOYMENT (CPMS Code 740) | Independent Provider | | Provider Organization |
|---|---|------------------------|--|
| Service Title and Description | *Individual Employed by Service Recipient/Family | Independent Contractor | |
| Long Term Employment Supports or Consultation Providing on-going supports to an employee or an employer at or away from the job site to support success in keeping a job. Enhances what is typically available at the job site as an accommodation (no cost) and directly provides supports only above that level. Provides or arranges for personal care, as needed | | | |
| Individual On-Going Supported Employment Worksite monitoring and interventions that will help assure continuing employment using and enhancing as much natural support as possible. Focuses consultation on individual and or co-workers. Assists in retraining for job upgrade or restabalization as needed. Provides or arranges for personal care, as needed Coaching and consultation is expected to include the worker (face to face). Limited business training (face to face with designated co-worker or supervisor) may be prior approved in the plan and billing must include documentation of activity. Federal supported employment regulations require regular (2 x per mo or more) monitoring of all paid and unpaid employment supports. | Effective 10/1/08 | Effective 10/1/08 | Effective 10/1/08 |
| | Minimum Wage to \$14.54 | \$12.94 to \$37.94 | \$15.63 to \$47.44 |
| | OR Payment of Co-worker/Business based on formula SPD IM 04-017 3/14/04 | | |
| Enclave or Crew - Providing on-going supervision and training to a group of workers with disabilities to support integration and performance at the job site. Support must be above what is typically available to non-disabled workers. Paid work must be scheduled for all paid support time. Individualized general work related training and activities may be offered, on a limited basis, if paid work is not available. | | | Hourly rate ranges above prorated by number in group OR daily at: \$29.11 to \$43.88 NO MATTER RATE METHOD, MAXIMUM PAYMENT ALLOWED \$43.88/DAY |

| TRANSPORTATION (CPMS Code 731) | Independent Provider | | Provider Organization |
|---|--|--|--|
| Service Title and Description | *Individual Employed by Service Recipient/Family | Independent Contractor | |
| | Effective 10/1/08 | Effective 10/1/08 | Effective 10/1/08 |
| <p>Non-Medical Transportation services that allows an individual to gain access to non-medical community activities, services and resources.</p> <p>IF NECESSARY, will negotiate a per-mile, per day, or per trip rate with organizations providing group or route based transportation to and from a work or facility site.</p> | <p>Hourly wage for the category of service plus mileage (maximum \$0.445 per mile)</p> | <p>Hourly wage for the category of service plus mileage (maximum \$0.445 per mile)</p> | <p>Hourly wage for the cat. of service plus mileage OR Negotiated Rate</p> |

* An individual, family, and or brokerage must carefully identify the existence of an employer-employee or independent contractor relationship and follow all relevant State and Federal employment laws. Guidelines are available in Appendix 1 of the Brokerage Support Services Guidebook.