

## Supporting Individuals in their Own Home

	Family Support (OARs 411-305)	State Plan Personal Care (OARs 411-034)	Community Living Supports (OARs 411-450) & Ancillary Services (OARs 411-435)
	General Fund	Medicaid	Medicaid
<b>Purpose</b>	<ul style="list-style-type: none"> <li>- Maximize independence and integration</li> <li>- Increase family's ability</li> <li>- Strengthen family's role</li> </ul>	<ul style="list-style-type: none"> <li>- Supplement personal abilities and resources to augment independence, empowerment, dignity, and human potential.</li> </ul>	<ul style="list-style-type: none"> <li>- Permit individuals to live independently</li> <li>- Prevent out-of-home placement of a child or to return a child back to the family home</li> </ul>
<b>Funding</b>	<ul style="list-style-type: none"> <li>- General fund</li> </ul>	<ul style="list-style-type: none"> <li>- State Plan, section 1115(a)</li> </ul>	<ul style="list-style-type: none"> <li>- State Plan 1915(k), 1915(c) DD Waivers</li> </ul>
<b>Eligibility criteria</b>	<ul style="list-style-type: none"> <li>- Age: under 18</li> <li>- Medical: private, Medicaid/Title XIX, or CHIP/Title XXI</li> <li>- Level of care: no</li> <li>- Needs: see Purpose</li> </ul>	<ul style="list-style-type: none"> <li>- Age: any</li> <li>- Medical: Medicaid/Title XIX (OSIPM or MAGI) or CHIP/Title XXI</li> <li>- Level of care: no</li> <li>- Needs: ADL/IADL services</li> </ul>	<ul style="list-style-type: none"> <li>- Age: any</li> <li>- Medical: Medicaid/Title XIX (OSIPM or MAGI)</li> <li>- Level of care: yes</li> <li>- Needs: ADL/IADL services, skills training, ancillary services</li> </ul>
<b>Assessment and service planning</b>	<ul style="list-style-type: none"> <li>- Assessment: Child Annual/Family Support Plan</li> <li>- Service plan: Annual Plan, ISP</li> </ul>	<ul style="list-style-type: none"> <li>- Assessment: Medicaid Personal Care Assessment</li> <li>- Service plan: Task list, ISP</li> </ul>	<ul style="list-style-type: none"> <li>- Assessment: Functional Needs Assessment (CNA/ANA)</li> <li>- Service plan: ISP</li> </ul>
<b>Limitations</b>	<ul style="list-style-type: none"> <li>- Annual: \$1215 per child, Annual Plan, Expenditure Guidelines</li> </ul>	<ul style="list-style-type: none"> <li>- Month: 20 hours per individual; exception process</li> </ul>	<ul style="list-style-type: none"> <li>- Monthly assessed hours, ISP, Expenditure Guidelines, funding review process</li> </ul>
<b>Providers</b>	<ul style="list-style-type: none"> <li>- PSW, independent contractor, provider agency</li> </ul>	<ul style="list-style-type: none"> <li>- PSW, provider agency</li> </ul>	<ul style="list-style-type: none"> <li>- PSW, independent contractor, provider agency</li> </ul>

### Family Networks and other support systems