Understanding 1915(i) and What Oregon Could Do

The Affordable Care Act (ACA) expanded this authority, allowing the 1915(i) State Plan option to cover any or all services traditionally permitted under 1915(c) waivers, alongside specialized behavioral health and custom state-defined benefits. The Medicaid 1915(i) Oregon State Plan Option, also known as the 1915(i) State Plan Personal Care or Home-Based Care Services Authority, covers a range of supports and services.

Services for Individuals with Chronic Mental Illness

Federal statutory language explicitly enumerates a subset of services that states can include if targeting populations with severe or chronic mental health needs: [1, 2, 3, 4, 5]

- Day Treatment / Partial Hospitalization: Intensive, structured day programs acting as an alternative to acute inpatient psychiatric care.
- Psychosocial Rehabilitation Services: Community-based programs aimed at restoring daily living, social, and occupational skills impaired by mental illness.
- Clinic Services: Outpatient mental health and behavioral treatments, whether or not they are furnished in a brick-and-mortar facility. [1, 2, 3, 4, 5]

Expanded and State-Defined Custom Options [1]

Subject to approval by the Centers for Medicare & Medicaid Services (CMS), federal law allows states to propose unique benefits designed to divert individuals from institutional placement: [1, 2, 3, 4]

- Supported Employment: Job training, placement assistance, and ongoing coaching necessary to sustain paid community work.
- Environmental Modifications: Physical adaptations to a private home (such as ramps or widened doorways) to ensure health, safety, and independence.
- Non-Medical Transportation: Transport enabling access to community services, activities, and resources vital to independent living.
- Live-In Caregiver Costs: Coverage for the rent and food expenses directly attributable to an unrelated live-in caregiver.
- Community Transition Services: One-time setup expenses to help an individual move from an institutional facility back into a private home setting. [1, 2, 3, 4, 5]

Delivery Rules: Participant Direction [1]

Under federal rules, states have the legal option to structure any or all of these 1915(i) services to allow participant direction. This means eligible individuals can choose to self-direct their care, giving them the authority to directly hire, fire, manage, and budget their own service providers. [1, 2, 3, 4, 5]

What the 1915(i) plan can cover

- **Personal Care Supports:** Provides up to 40 hours a month in personal care supports. It can help individuals get a home care worker or access residential placement.
- **Case Management:** Includes case management and service coordination.
- **Housing Services:** OHA's current State Plan covers Individual Housing & Tenancy Sustaining Services, which align with services provided by Multnomah County contractors. Efforts are being made to make 1915(i) provide ongoing supports for individuals needing permanent supports.
- **Providers:** The program utilizes various providers, including residential providers, Community Health Programs (CHPs), and personal care attendants for in-home care.

Key Features and Eligibility

The 1915(i) State Plan Option has the lowest barriers to enrollment compared to other options, as it:

- Does not require a person to need an institutional level of care.
- Does not allow states to cap enrollment.
- Requires an individual to have a Severe and Persistent Mental Illness (SPMI) diagnosis and need assistance with at least two activities of daily living (ADL) or instrumental activities of daily living (IADL) support needs.

The Medicaid 1915(i) State Plan Option could fund a comprehensive array of **supportive housing services** that are either not explicitly covered or show very limited alignment with other traditional Oregon waivers (such as the 1915(c) and 1915(k) waivers for older adults and people with intellectual/developmental disabilities).

While 1915(i) generally covers personal care supports, case management, and housing services, its potential strength lies in funding the specific, intensive services required for

supportive housing for individuals with Severe and Persistent Mental Illness (SPMI) that keep them housed.

These detailed supportive housing services fall into two main categories: Pre-Tenancy Services and Tenancy-Sustaining Services

Pre-Tenancy Services

These are services required to successfully move an individual into stable housing. According to the crosswalk analysis, these are often "inconclusive" or "not covered" in a robust way under general state plan services and traditional waivers for other populations:

- **Housing Search and Application Assistance:** Assistance with housing search and completing housing applications.
- **Move-in Readiness:** Ensuring the housing unit is safe and ready for move-in, and providing assistance with move-in arrangements.
- **Financial Assistance Identification:** Identifying resources to cover moving and start-up expenses.
- **Assessment:** Assessing housing preferences, barriers related to tenancy, and support needs.

Tenancy-Sustaining Services

These are ongoing supports crucial for maintaining housing stability, which are essential for the SPMI population targeted by 1915(i).

- **Eviction and Crisis Planning**
    - Eviction prevention planning and coordination.
    - Development of a re-housing plan for ongoing services if needed.
    - Development of a housing support crisis plan.
- **Behavioral and Skill Building Support**
    - Early identification and intervention for behaviors that may jeopardize housing.
    - Continued training on being a good tenant and ongoing support with household management activities.
    - Assistance with credit repair activities and skill building.
- **Landlord/Neighbor Mediation**
    - Coaching on developing and maintaining relationships with landlords and property managers.

        - Assistance resolving disputes with landlords and/or neighbors.
        - Education and training on tenant and landlord rights and responsibilities.
- **Care Coordination**
    - Housing-focused care coordination with other community providers.
    - Coordination with the tenant to review, update, or modify their housing support plan and eviction prevention plan.

Although many of these services are technically allowed under existing Medicaid programs, the lack of explicit service definitions, set rates, and required training for providers means these supportive housing activities are not likely to be provided in practice under Oregon's current service delivery model, forcing the use of local funds like Supportive Housing Services (SHS) funding for services that Medicaid could otherwise cover.

Urgency

The timeline for Oregon to revise and renew its 1915(i) State Plan Option is happening **this year (2026)**.

The renewal process is currently underway, led by a joint workgroup that includes the Oregon Department of Human Services (ODHS) and the Oregon Health Authority (OHA).

Key dates for the workgroup meetings regarding the 1915(i) and 1915(k) waivers include:

- **Kickoff Meeting:** April 20, 2026
- **Upcoming Workgroup Meetings:** Scheduled every three weeks through August 11, 2026:
    - May 19, 2026
    - June 9, 2026
    - June 30, 2026
    - July 21, 2026
    - August 11, 2026

In-Home Care - Behavioral Health & LTSS

Feature	1915(i)	PCA20 (PCA)	Both
Overview & Purpose	Designed to help people with chronic mental illness keep, learn, restore, or improve skills for daily living. Must be continuously engaged in care. Habilitation and IADLs.	Design to help people with mental health conditions by providing physical supports to help individuals maintain in the least restrictive setting possible.	Must need some level of ADL support.
Settings	Provided in Home and Community-Based Settings (HCBS) and in-home in the community. Settings include homes/apartments, family homes, shared living as well as “Licensed Residential” settings such as Adult Care Homes, Residential Treatment Homes & Facilities, etc. **Notes that the majority of individuals are currently being served in licensed residential placements**	Majority are people who are living independently or with family, often in low income housing/subsidized settings.	
Benefits/Hours	Up to 40 hours per week (160 hours a month max).	20 -160 hours per month. 20 hours is noted as the standard (additional hours by exception).	

Eligibility & Population	-SPMI diagnosis -21+ years or older -Need assistance with at least 2 IADLs (although they can also have ADL needs in addition) -Actively engaged in a Behavioral Health (BH) program, -SMHS (OHP package for BH services)	-Chronic Mental Illness -Adult -Requires help with ADLs -SMHS (OHP package for BH services)	
Initiation	Typically referred to the program (Comgaine) by BH provider or CMHP.	Self-submitted application, referral by a provider (including a pcp), or advocate to the program (Comagine).	
Eligibility Review & Documentation	-Mental Health Assessment by a QMHP (LOCUS) -Residential care plan or treatment plan (depending on the individuals placement/the setting) -Treatment/progress notes -Typically easiest to access service when you have a long history of SPMI and treatment -As needed: PSRB Conditional Release Plan, Guardianship documentation, etc.	-Mental health diagnosis -Documentation demonstrating the need *Requires a lot of documentation	
Service Delivery	Can get services provided by an agency (agency-based). Caregivers must be endorsed by a mental health agency.	Self-managed. (The family can become a PCA provider).	Agency of choice will benefit both.

Access Barriers & Gaps	-Must be actively engaged in BH services (with a current assessment and treatment plan) for redetermination. -Many people who would qualify are not engaged in BH services. -Challenging to become a 1915i provider (network of providers for in-home providers is under-developed, minimal agencies). NW Rehabilitation Services (previously Homewatch) is the only agency that is dedicated to 1915i. -No case management associated - must get support from BH or housing case manager	-People and clinicians often do not know about the program. -Lack of enrolled PCA caregivers. -No assigned case management to help people walk through the process of hiring and being the employer of record	-Materials are very high level and not accessible to the general public, including housing providers. -Timeliness of response and processing by Comagine. -Lack of providers to provide in-home services.
Reimbursement & Pay	Reimbursement for services is $28 an hour in 15 minute increments	Pay for PCA providers is $20 an hour.	
Redetermination & Reauthorization	Annually, however, requires continuous engagement with a MH provider and a current treatment plan which is different from APD in-home care	Annually.	Both annual

Additional Notes	State is plugging a lot of resources into 1915i - new workgroup		