Order of Completing the Three Sections of CAPS

1. Complete the CAPS assessment & resulting SPL
2. Complete Client Details:
   - For the **OPI Program**, one diagnosis is required in Client Details.
3. Complete the Service Plan
The Service Benefit Segment: Used to authorize a Benefit type and a Benefit date range.

The Hours Segment: Used to select and authorize hours to be used in the service plan.

The Service Plan Segment: Used to assign providers and hours to those providers, for a specific date range.
Next, let’s get oriented to the different segments of the Service Planning screen and its segments and command buttons:
Service Benefit

Used to authorize a benefit category and a date range that includes a begin date, and an end date that defaults to the end of the CAPS period.
Hours Segment

Used to select and approve allowed hours for the service plan.

Also used to select exception hours above the allowed hours.
Service Plan Segment

Used to assign providers for a specific date range and acknowledge natural supports.

Approved hours are assigned to providers and a task list is created in this segment.
Here are the three “Action Buttons.”

- Benefit Action
- Hours Action
- Plan Action
The Service Plan is complete when all segments are in Approved status. Unless approved they remain in Pending status.
Basic Navigation:

Next, let’s open CAPS Service Planning
Basic Navigation

The CAPS ‘book’ icon (located on the OACCESS toolbar) brings up the CAPS Menu for:

1. The Assessment Program
2. Client Details
3. Service Planning
Launching a New Assessment

Click on the CAPS Book icon from the toolbar.

Select “Service Planning” from the CAPS Menu.

Click, “Next.”
Service Benefit

1. To select a service benefit first select the most recent completed CAPS assessment from the drop down list under the heading: “Select Assessment”
2. The Service Category line will be highlighted blue. Use the drop down list to select service category type **OPI**. This will be the only category option for an OPI assessment.
3. Next enter a **Begin Date**. Note the **End Date** has auto-filled to match the end of the CAPS period (Valid Until date).

You now have a **Pending Service Benefit**.
CAPS Service Plan: Service Benefit Dates

Benefit Begin Date: The Begin date is the date when authorized services begin.

Service Benefit End Dates default to the expiration date of the current CAPS Assessment. End dates cannot expand beyond the “Valid Until” expiration date of the Assessment.
You will find the CAPS “Assessment Date” and CAPS “Valid Until” dates are found at the top of the Service Planning Screen for reference.
Ending the Service Benefit

Note: Service Benefit Dates should provide seamless coverage for the entire CAPS period (from the CAPS begin date or review date, to an end date a year later).

There is no need to end a benefit for OPI, unless:

- The case is closed (perhaps due to eligibility changes)
- Death of the individual
There are times a CM has inadvertently ended a service benefit. The strategy is to add a second benefit line to carry on a seamless date range with both lines.
Add a second Benefit line by clicking on the "New Record" button. A new benefit line will appear in blue, above the previous line. The previous line status will either be Approved or Ended; and the new line will be in Pending status.
Approve the new line using the Benefit Action button and your benefit is good to go.

Remember, it is not necessary to end the Service benefit when changes are made to the service plan. The plan may change many times but the Benefit remains the same.
In the event you accidentally add a Benefit line, you will not be able to erase it. The solution is to **Invalidate** the line. Do this by filling in the dates (non-specific) and using the **Benefit Action Button** invalidate the line as shown. Click OK.
The Hours Segment is a component of Service Planning. In this segment it is possible to view and approve:

- **The Assessment Hours** – Hours based on the CAPS assessment results for this particular consumer.
- **The Allowed Hours** – Hours selected by the case manager to carry over to the Service Plan.
- **The Exception Hours** – Additional hours added beyond assessed hours, through a specific exceptions process.
To begin the **Hours Segment**, click on the Hours begin date box and a new line will be highlighted blue. Enter a begin date that corresponds with the Service Benefit Begin date.

Next click on the “**View Dtl**” (Detail) button.
You are now looking at the detail page of the Hours Segment.

The **Assessment Hours** column lists the hours determined by the CAPS assessment for each category of the assessment.
The **Allowed Hours** column will be empty until filled by the CM. If full hours are to be given, the CM can only allow up to the maximum number in the Assessment Hours column. We will not discuss Exception hours in this training, but Excp Hrs are listed in their own column.
If you are not assigning all of the **Assessment Hours** in the **Allowed Hours column** the “Reason” column line will turn white and you will have to select a reason for not assigning hours before moving on. On the next page you will find a list of reasons given in the drop down list.
Reason:
- CM Determination
- Declined
- Declined due to pay-in
- Natural support
- Not Available
- Provided by other Agency (or program)

When assigning hours remember your AAA Branch limits, and Program limits.
When you have finished authorizing hours, the totals will be listed in the chart on the bottom half of the page.

To exit this page and return to the Service Planning page, click “OK”
The total of **Allowed Hours (Authorized)** selected by the CM in the detail page, carry over to the Service Planning page in the Hours Segment.

At this point the selected hours are still in **Pending** status.
To begin the **Service Plan Segment**, click on the Services box and a new line will be highlighted blue.

Click on the **Add a Record** button each time you need additional rows (lines). Rows will be numbered.

Each row will need a provider and a begin date selected.
To select a provider, click on the blue field below the Services column. A drop down list will appear:

- Adult Day services
- Home Delivered Meals
- In-Home Care (Agency)
- In-Home Care (HCW) Hourly
- Misc. OPI Services
- Natural Support
Once you have selected a provider type, click on the “Provider Search” button.

A pop-up box will appear and offer two options:
- Find Provider
- Use Placeholder (TBD)

Select “Find Provider” and “OK” to begin a search.
You can begin your provider (HCW) search by entering...

- A Provider number
- A first and last name
- A city
- A Soc. Sec. number

If you are looking for a caregiver Agency, enter the provider number or the name of the business in the business box.

Click the “Search” button.
A person, a list of people or an Agency list will appear to match your search.

Click on the selected provider and the line will highlight blue. Next, click the “Add to Assessment” button to attach this provider to the service plan. The selected provider will appear on the service plan row.
Now the selected provider has been added to the plan. Enter a **Begin Date** for this provider. The **End Date** will default to the end date of the Service Benefit (the expiration date of the CAPS assessment).
To add a second provider or a second line (some Agencies require two lines because the service rate is different for PC Personal Care, and HK Housekeeping) click on the “Add a Record” button, and a new blue highlighted line will appear.
After selecting the worker and entering a begin date – move from left to right along the bottom of the **Service Plan** and complete the functions of each button.
Click on **Needs Association** and a Provider Needs Association box will open as shown. All of the client’s assessed needs will be listed by default in the right column.
The purpose of this function is to define which client needs will be met by this provider.

Un-select the needs the provider will not be providing. The remaining selected needs will populate the Task List and View/Assign hours screen.
In this example the HCW on the highlighted line will meet the needs of: dressing, eating, housekeeping, and laundry.

To un-select a need double click on a need or drag a need from the right column to the left. Do this for each worker.
Next move to the View/Assign Hours button. This will allow you to assign hours to HCWs or to Agency providers. You will be assigning hours for the provider highlighted in blue. If there are multiple providers, you will need to do this for each line.
View/Assign Hours will show you all the **Assessed** hours.

You will also see the **Allowed** hours determined by the CM.

And the **Authorized** hours for this plan.
Types of Hours

**Assessed Hours** - Hours based on the CAPS assessment for this individual. Each assessed need is given hours based on rule.

**Allowed Hours** – Hours the Case Manager has approved based on client needs and available natural supports. Hours must be less than or equal to the Assessed hours.

**Exception Hours** - additional hours over and above the Assessed Hours requested to meet needs not met by Assessed Hours (not in our example).
**Types of Hours**

**Authorized Hours** – The hours available for use in the Service Plan (this could include exception hours, if approved)

Example: Allowed Hours + Exception Hours = Authorized Hours.

Example: 20 Allowed hours + 0 Exception hours = 20 Authorized Hours. Most often for OPI, Allowed Hours = Authorized Hours.

It is rare to find AAA’s that utilize Exception hours for OPI.
Assign hours to the provider by entering the number of selected hours on the provider’s row.

Once Hours have been assigned to the provider or multiple providers, click “OK.”

You are finished assigning hours.
If you are unsure you have assigned all the hours to multiple providers on different lines, you can use the "Show Me What’s Left" button. An pop-up box will appear that will show you if there are any hours that were left unassigned.
Adding a Natural Support
1. Click on the “Add a Record” button.
2. Select “Natural Support” from the drop down list.
3. Click on the “Provider Search” button and select a Natural Support.
Note: There must be a contact with a N.S. role.

In this example, name boxes are blank, but selected names will show on the actual program.
The Contacts list is found on the Client page “Contacts Tab.” Each contact has a role or roles. Add the role of Natural Support to the appropriate person or people. Once there is a NS Contact they will show up when you are doing a NS search in Service Planning.
Next we will show the function of the “Provider Detail” button.
Use the “Provider Detail” button for each HCW or Agency line. First click on the line you want to work on, it will be highlighted blue. Using this button you will be able to enter information for the Form 546N, determine the billing schedule, transportation miles, and approve a Task List.
A Provider Detail window will open up

This window gives provider information:
• Provider number
• Name
• Address
• Phone
• Dates assigned in the Service Plan

Next click 546 Details
A **546 Details** window will open up.

This window allows:
- Mileage authorization
- Billing schedule
- Remarks

Billing once or twice a month.

Transportation miles.
The Task List

First click on the Task List tab.
Task List:

Next check the boxes of the selected tasks in each category. There will be a slide bar on the right to view all the tasks. If there is no slide bar, then you are viewing all the assessed tasks.
Task List:

After you are done selecting specific tasks, click this box to verify you are authorizing those tasks.

3. Add any remarks that you want to appear on the 598 Task List Form.

4. Click, “OK”
Repeat this process for each HCW, on cases with multiple HCWs assigned in the Service Plan.

You are now ready to approve the Service Planning segments. They are currently in “Pending” status.

2. Next move to the “Hours Action” button. Select: “Approve Hours.”

The Service Plan is complete when all segments are in "Approved" status. You are now ready to print forms and narrate approval.
A Completed Service Plan

Once the Service Planning is complete and approved, it is possible to print:

- Form 546 - CAPS In-Home Service Plan
- Form 598 - Task List
- Form 4105 – HCW Notice of Authorization and Services

Please refer to the training on OPI Forms & Fees, available on the SUA website, for a full discussion on forms.
Some CMs wonder about what to do in Service Planning for one-time services that are offered through the OPI Program, such as chore services or technology, etc.

- In those cases we would need to approve the **Hours Segment**, as previously shown, and assign **one** hour (because the system will not allow a Service Plan without at least one hour in a completed Hours segment).
Then we would create a **Service Plan** and select **Misc OPI Services**, from the drop down list as shown above. We do the normal **Provider Search** for that line and would select “**Placeholder, To Be Selected**.” Under the **Begin Date** we would enter the date the one-time service was authorized.
• You will need to address the **Provider Detail** button prior to approval of the Service Plan. To do that you would **assign at least one task** on the task list (even if no HCWs are to be assigned to the case) and check the “**verify**” button. Then you would be able to approve the Service Plan, using the Plan Action button.

• Be sure to **Narrate** and explain what the **Misc. OPI Services** are, who is providing the service, the cost of the service, and why the individual is eligible for that service under you Area Plan.
Having a Service Plan approved for a One-Time service, allows the OPI assessment to remain active and avoids the scenario of the OPI CAPS assessment becoming “Invalid” due to lack of a benefit & plan.

Please remember, one-time services under OPI do require a CAPS assessment, appropriate SPL result, and the individual must meet all eligibility requirements.
CAPS Service Planning

END

Address questions to the State Unit on Aging

Thank You!