# OPI Power Hour 9/8/16

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# Evaluation of ADL/IADL

411-015-0006(2) and 411-015-0007(2)

OPI eligibility relies on using the same service eligibility process as Medicaid recipient, with the exception of allowing SPL 1-18 to be served (Medicaid is SPL 1-13).

Determination of eligibility is based on:

- The individual's **ABILITIES** rather than the services provided

  *and*

- How the individual functioned during the assessment time frame (typically 30 days)

  *and*

- Evidence of the **ACTUAL** or **PREDICTED** need for assistance of another person.

Do **NOT** consider based on **possible or preventative needs**

# Documentation

Comments should be about what the individual needs, not what the provider is doing for the person.

## ❖ Why is there a need?

- It may not be necessary to describe this in each ADL/IADL, however the “why” needs to be clear in the assessment, synopsis, diagnosis tab, etc.

## ❖ How frequent is the need?

- Be specific. Words or phrases, such as, ‘occasionally’, ‘at times’, ‘only on bad days’, are not specific enough.

## ❖ How is the assistance being received?

- Try to describe what the provider is doing instead of just stating the assist type (hands on assistance, stand-by assistance, cueing, etc.).

# Documentation Example (Bathing Assist)

- **Good Comment**

**“The consumer needs someone to physically help her in and out of bathtub each time due to limited strength in her legs. Once in the shower, she is able to wash her hair. However, due to her strength and range of motion limitation, she requires someone to wash her body about 5 times a week.”**

- **Bad Comment**

**“The consumer needs help getting in and out of the bathtub. At times, she also needs help washing her body.**

# Documentation

- **Documenting Cognition**
  - **Provide an example of the need that ties to health and safety (do not use the diagnosis in itself)**
  - **Explain how the provider is assisting the individual with the above example**
  - **Describe the frequency whenever applicable**

# Documentation Example (Memory Assist)

## ❖ Good Example

**“Due to the progression of Alzheimer’s, the consumer is now having difficulty remembering  when to take her medications or her appointments, even when it is written down. The provider will remind her when it is time to take her medications or when appointments are scheduled.**

## ❖ Bad Example

**“Consumer needs help remembering things such as appointments, medications, etc.”**

# APD-PT-16-031 Medicaid and OPI In-Home service payments highlights:

- If a HCW works more hours than they are prior authorized, we will only continue to pay what they are authorized. In emergent situations, you may approve above what they are authorized, however they need to contact the local office within 2 business days.
- Furthermore, if the hours submitted are 10% or more than what they are authorized, they must be sent a warning letter (letter is in the transmittal) with a copy also sent to Central Office. A third violation results in provider termination, as well as the consumer not being eligible for OPI.

# APD-PT-16-032 Operationalizing HCW Overtime Agreement highlights:

- HCWs that are were eligible for overtime payments from Jan 1-Aug 31 2016 will be retroactively sent checks by Sept 30. HCWs are being notified of this payment.
- Any HCW enrolled on or after July 1, 2016 has a 40 hour cap across all consumers (when one of the consumers is assessed).
- Any HCW that was working more than 40 hours per week as averaged in the months of March, April, and May 2016 has a 50 hour per week cap. All others have a 40 hour per week cap. The list of HCWs that are eligible under the 50 hour cap has been distributed. This also takes effect when one of the consumers has been assessed.

FYI: 40 per week=176 per month. 50 per week=220 per month.

# APD-PT-16-032 Operationalizing HCW Overtime Agreement highlights:

| Mo/Yr | Auth | Worked | Curr Month | Prev Month |
|---|---|---|---|---|
| 201608 | 10.00 | 10.00 | 0.00 | 0.00 |
| 201607 | 0.00 | 20.00 | 0.00 | 0.00 |
| 201606 | 0.00 | 20.00 | 0.00 | 0.00 |
| 201605 | 0.00 | 20.00 | 0.00 | 0.00 |
| 201604 | 0.00 | 20.00 | 0.00 | 0.00 |
| 201603 | 0.00 | 20.00 | 0.00 | 0.00 |

CAP verification process:

1. Before completing a service plan after an assessment is completed, check the 50 hour cap list to see if the HCW is on it (Control F and use the provider number).
2. In the Mainframe, type in “SHHW,” then enter in the provider number. Add up the total amount of hours for the previous month that are in the “Auth” and “Worked” column. Subtract out the previous authorization the HCW has from this amount.
3. If that number is below their limit, great! If not, the authorization should not occur. Ultimately, the HCW is responsible for ensuring the cap is not exceeded.