

3-28-18 Sandy Abrams, OPI Program Analyst

March OPI Power Hour

2

Agenda

- Review of IM 17-090
 - CAPS **do not** have to be done early
- Treatments in CAPS
- Add Natural Supports in OPI CAPS Service Plans



Information Memorandum Transmittal
Aging and People with Disabilities

DHS | Oregon Department of Human Services

Jane-ellen Weidanz
 Authorized signature

Number: APD-IM-17-090
 Issue date: 3/2/2018
 Due date: **CORRECTED**

Topic: Long Term Care

Subject: Service plan update for In-Home Services

Applies to (check all that apply):

All DHS employees
 Area Agencies on Aging: Types A and B
 Aging and People with Disabilities
 Self Sufficiency Programs
 County DD program managers

County Mental Health Directors
 Health Services
 Office of Developmental Disabilities Services (ODDS)
 ODDS Children's Intensive In Home Services
 Stabilization and Crisis Unit (SACU)
 Other (please specify):

Message:
 This Information Memorandum is being updated to provide some additional clarity. The changes noted will be in red.

Oregon ACCESS will undergo an update to the Benefit Eligibility and Service Planning screen that will be available for staff use on December 18, 2017.

When completing a re-assessment that included a HCW (for In-Home Medicaid Services, Spousal Pay, State Plan Personal Care, or Oregon Project Independence), it was previously trained in webinars and trainings that these re-assessments needed to be done early in the month due to ensure that vouchers were not delayed. With the change that is explained below, early reviews for this reason are no longer necessary.

The HCW Payroll Calendar has been updated in CM Tools. Use this tool to assure service benefits/plans are updated and vouchers will go out to the HCWs timely through the ONGO system.

In the benefit portion, a new "Pay Date" will display (see example below). The indicated date is the last day in a pay period immediately past the "Valid Until" date or "Admin End" date (if the assessment is in Admin status). When creating a new benefit

MSC 0080 (rev. 11/17)

IM 17-090

- Originally issued in December and corrected 3-2-18
- IM 17-090 Corrected In-Home Services
- Assessments do NOT need to be done early
- Service Plan dates extended

that is In-Home, Spousal Pay, State Plan Personal Care (SPPC), or Oregon Project Independence (OPI), the benefit will default to the pay period end date. The purpose of making this change is to have the ability to create a benefit that ends at the end of a pay period instead of the end of a month to help ensure vouchers are issued timely.

Assmt Date:	Valid Until:	Pay Date:
12/12/16	12/31/17	01/06/18

Service Category/Benefit	Begin Date	End Date	Status
APD in Home	01/01/2017	12/31/2017	Approved
APD in Home	01/01/2018	01/06/2018	Pending

If a current authorization for In-Home services, Spousal Pay, SPPC, or OPI ends at the end of the month, you may add a new benefit line that extends the individual's benefit through the pay period end date. The intent of the OACCESS Benefit section is to assure an individual's benefit dates in CA/PS are contiguous between assessments for ongoing authorizations.

When a new benefit is created, the benefit end date will default to the end of a pay period for In-Home Services, Spousal Pay, SPPC, or OPI authorizations. The benefit end date will default to the Valid Until date or the Admin End Date for all other benefit types.

Authorizations for Adult Day Services and Home Delivered Meals remain as a monthly authorization.

Please note that with this Oregon ACCESS update, the treatment end dates in the assessment will always default to the pay period end date. This is to ensure that qualifying homecare workers are paid at the enhanced rate. The end date should be modified for individuals receiving services in a community based or nursing facility setting.

If you have any questions about this information, contact:
 Contact(s): Mat Rapoza, In-Home Policy Analyst
 Phone: 503-945-6985 Fax:

IM 17-090

- Auto fills with the end date being the end of the pay period
- End Date prior to October, updated to end of pay period in ONGO
- Updated HCW payroll calendar

5

HCW Payroll Calendar (Post 10/1/17 Changes)

Benefit Approval Deadline	Pay Period Start and End Dates	Voucher Submission Deadline	State Deadline	Pay Processing Date	10-Day Notice Deadline
9/22/17	10/1/17 - 10/14/17	10/18/17	10/27/17	10/30/17	10/18/17
10/20/17	10/15/17 - 10/28/17	11/1/17	11/13/17	11/14/17	11/1/17
11/15/17	10/29/17 - 11/11/17	11/15/17	11/28/17	11/29/17	11/15/17
12/12/17	11/12/17 - 11/25/17	11/29/17	12/8/17	12/11/17	11/29/17
1/19/18	11/26/17 - 12/9/17	12/13/17	12/22/17	1/26/18	12/13/17
2/16/18	12/10/17 - 12/23/17	1/10/18	1/19/18	1/23/18	1/10/18
3/13/18	12/24/17 - 1/6/18	1/24/18	2/2/18	2/5/18	1/24/18
4/10/18	1/7/18 - 1/20/18	2/7/18	2/16/18	2/20/18	2/7/18
5/7/18	1/21/18 - 2/3/18	2/21/18	2/28/18	3/5/18	2/21/18
6/4/18	2/4/18 - 2/17/18	3/7/18	3/16/18	3/19/18	3/7/18
7/1/18	2/18/18 - 3/3/18	3/21/18	4/1/18	4/16/18	4/1/18
7/29/18	3/4/18 - 3/17/18	4/4/18	4/13/18	4/30/18	4/4/18
8/26/18	3/18/18 - 3/31/18	4/18/18	5/1/18	5/14/18	5/1/18
9/23/18	4/1/18 - 4/14/18	5/2/18	5/25/18	6/12/18	6/12/18
10/20/18	4/15/18 - 4/28/18	5/16/18	6/11/18	7/10/18	6/27/18
11/17/18	4/29/18 - 5/12/18	6/13/18	6/22/18	7/23/18	7/11/18
12/14/18	5/13/18 - 5/26/18	7/11/18	7/29/18	8/6/18	7/25/18
1/11/19	5/27/18 - 6/9/18	8/8/18	8/31/18	9/4/18	8/22/18
2/8/19	6/10/18 - 6/23/18	8/22/18	9/17/18	10/1/18	9/5/18
3/5/19	6/24/18 - 7/7/18	9/6/18	9/28/18	10/29/18	10/17/18
4/2/19	7/8/18 - 7/21/18	9/19/18	10/15/18	11/13/18	10/31/18
4/30/19	7/22/18 - 8/4/18	9/30/18	10/26/18	11/29/18	11/14/18
5/27/19	8/5/18 - 8/18/18	10/3/18	11/9/18	12/10/18	11/28/18
6/24/19	8/19/18 - 9/1/18	10/17/18	11/28/18	12/24/18	12/12/18
7/21/19	9/2/18 - 9/15/18	10/31/18	11/15/18	1/9/19	1/26/19
8/18/19	9/16/18 - 9/29/18	11/13/18	12/7/18	1/22/19	
9/15/19	9/30/18 - 10/13/18	11/27/18	12/21/18		
10/12/19	10/14/18 - 10/27/18	12/12/18	1/8/19		
11/9/19	10/28/18 - 11/10/18	12/27/18	1/18/19		
12/6/19	11/11/18 - 11/24/18	1/10/19			

HCW Payroll Calendar

To have the system send out the new vouchers without interruption it must be completed with in **6 business days** of start of the pay period.

6

- CAPS Benefit now indicates the end of the pay period for the In-Home plan

Use the beginning and end dates from the payroll calendar to show continuity in the service planning.

In this example, plan ends on 11-10-18 the benefit will need to be updated by 11-02-18, 6 business days prior to the beginning of the next pay period.

Hours #	Begin Date	End Date	Status	Alwd	Excp	View Dtl
1	10/01/2017	11/10/2018	Approved	5	0	Hrs Act

Plan #	Begin Date	End Date	Status
1	10/01/2017	11/10/2018	Approved

Row #	Services	Provider Name	Begin Date	End Date	Invalid Entry
1	In-Home Care (HCW) Hou	Cassidy, Jennifer	10/01/2017	11/10/2018	
2	Home Delivered Meals (L)	FRIENDS OF CANBY ADULT	10/01/2017	11/10/2018	
3	Natural Support	OPI, KIDDO	10/01/2017	11/10/2018	

7

Why and How to add to the CAPS Treatments

8

Treatments Management

Case for (Case Branch : Hermiston MSO)

Treatments Management

Type	Description	Start Date	End Date
1 Mobility	Cast or Brace Care	03/26/2018	04/13/2019
2 Medication	Diabetic Monitoring (Blood sugar)	03/26/2018	04/13/2019
3 Medication	Insulin Injections (Sliding Scale)	03/26/2018	04/13/2019
4 Skin/Nails	Nail Care (Diabetic)	03/26/2018	04/13/2019
5 Medication	Routine/Regularly Scheduled Medication	03/26/2018	04/13/2019
6 Medication	Topical Medications/Treatments	03/26/2018	04/13/2019

Start Date: 03/26/2018 End Date: 04/13/2019

Type: Mobility Description: Cast or Brace Care

Frequency: 2xDay(BID) Invalidate:

Sync Status: Pass Clear

Status Reason:

Comments Spell Check Sync MF

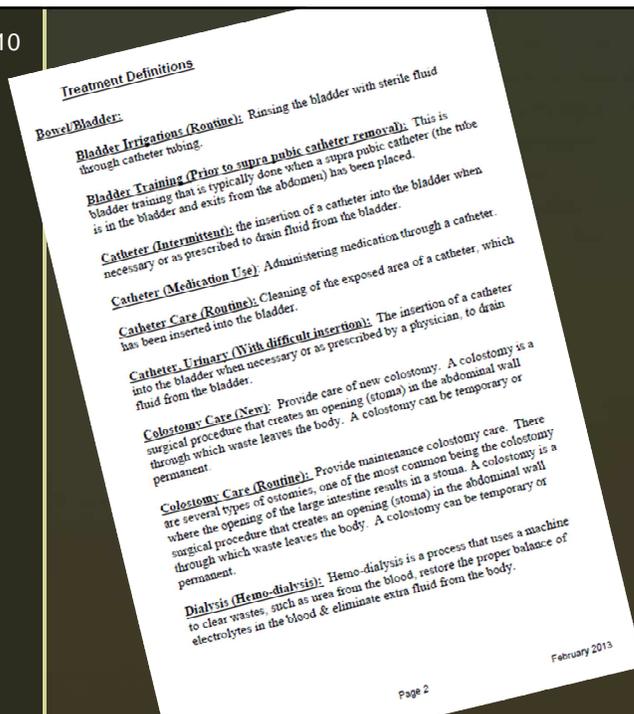
Blood sugars vary greatly during the day, caregiver is checking it 5-8 times a day. Insulin is given 4-5 times a day, calls to MD occur 2-3 times a week to have the amount of insulin updated. Wears a left leg brace needs hands on assist from another person to put it on, adjust the velcro, remove wrinkles and take

History Next

9

- ▶ Treatment means the activities of treatment. Includes the act of getting in and out of the treatment or treatment facility.
- Only enter Treatments that being supported by the **HCW**,
 - Example - Feeding Tube, (maintenance care): RN or MD places it, changes it as prescribed. HCW assists with the feeding/liquid and the skin around the tube entrance, flushing it with water.
 - Adding treatments can only be done when the assessment is in the pending status.
 - Later we will see more about treatments that effect the HCWs wages, Enhanced Homecare Worker (EHCW)

10



Treatment Definitions

See the handout for treatment definitions also they are found at

http://www.dhs.state.or.us/spd/tables/cm/capstools/txs_defs.pdf

11

Treatment Definitions

Medication:
Aerosol Therapy: Complex aerosol therapies do not include hand-held nebulizers or inhalers. Complex aerosol treatments consist of treatments delivered through the respiratory tract and tracheostomy utilizing humidification devices. These treatments consist of humidification or medication. Requires monitoring throughout the treatment.
CADD Pumps (If not self-administered/Requires assist): A small device located externally under the skin that delivers medication.
Central IV Line (Medication Admin): Flexible tubing that is surgically inserted to obtain continuous access to a central vein (usually around the heart) for administering fluids and/or medication.
Diabetic Monitoring (Blood sugar): Using a device that pricks the finger for measuring the amount of sugar in the blood.
Dialysis (Peritoneal Dialysis): A process that replaces normal kidney function for people with chronic kidney disease or kidney failure. A thin internal membrane is used as a filter to remove excess fluid and waste from the blood without the use of a dialysis machine, and can be done at home.
Feeding Tube (Medication Admin): Medication administered through a feeding tube.
Hypohydration: The administration of fluid under the skin for treatment of dehydration. This is used only in hospitals or nursing facilities.
Insulin Injections (Not Sliding Scale): A routine dosage of prescribed insulin that regulates blood sugar levels.
Insulin Injections (Sliding Scale): A pre-set dosage of insulin, which is prescribed and requires frequent physician assessments for dose adjustments. This is not a routine dosage. If **Insulin Injections (Sliding Scale)** is selected as a CAPS treatment, then the selection of **Medications requiring skilled assessment/judgment/monitoring** also needs to be selected.

Treatment Definitions

Some terms may not be what you could think, i.e. Aerosol Therapy does not include inhalers or nebulizers.

Insulin Injections (sliding scale) requires frequent physician assessments.

12

Treatments

- Update the "Start Date" for each treatment
- "End Date" defaults to the "Valid Until Date"
- Update the Type, Duration and Frequency of a treatment.

Treatments Management

Type	Description	Start Date	End Date
1	Mobility Cast or Brace Care	03/26/2018	04/13/2019
2	Medication Diabetic Monitoring (Blood sugar)	03/26/2018	04/13/2019
3	Medication Insulin Injections (Sliding Scale)	03/26/2018	04/13/2019
4	Skin/Nails Nail Care (Diabetic)	03/26/2018	04/13/2019
5	Medication Routine/Regularly Scheduled Medication	03/26/2018	04/13/2019
6	Medication Topical Medications/Treatments	03/26/2018	04/13/2019

Start Date: 03/26/2018 End Date: 04/13/2019

Type: Medication Description: Routine/Regularly Scheduled

Frequency: 4xDay(QID) Invalidate:

Sync Status: Pass Clear

Status Reason:

Comments Spell Check Sync MF

Blood sugars vary greatly during the day, caregiver is checking it 5-8 times a day. Insulin is given 4-5 times a day, calls to MD occur 2-3 times a week to have the amount of insulin updated. Wears a left leg brace needs hands on assist from another person to put it on, adjust the velcro, remove wrinkles and take

History Next

13

Treatments

- Insert a new treatment by clicking on the icon.
- Click on the calendar icon to use the calendar.
- Drop down for type, frequency and description to pick the treatment and details needed.

Type	Description	Start Date	End Date
1 Mobility	Cast or Brace Care	03/26/2018	04/13/2019
2 Medication	Diabetic Monitoring (Blood sugar)	03/26/2018	04/13/2019
3 Medication	Insulin Injections (Sliding Scale)	03/26/2018	04/13/2019
4 Skin/Nails	Nail Care (Diabetic)	03/26/2018	04/13/2019
5 Medication	Routine/Regularly Scheduled Medication	03/26/2018	04/13/2019
6 Medication	Topical Medications/Treatments	03/26/2018	04/13/2019

Start Date: 00/00/0000 End Date: 04/13/2019

Type: Medication Description: Topical Medications/Tr

Frequency: 2xDay(BID) Invalidate:

Sync Status: Pend

Status Reason:

Comments: Blood sugars vary greatly during the day, caregiver is checking it 5-8 times a day. Insulin is given 4-5 times a day, calls to MD occur 2-3 times a week to have the amount of insulin updated. Wears a left leg brace needs hands on assist from another person to put it on, adjust the velcro, remove wrinkles and take

14

Type	Description	Start Date	End Date
1 Mobility	Cast or Brace Care	03/26/2018	04/13/2019
2 Medication	Diabetic Monitoring (Blood sugar)	03/26/2018	04/13/2019
3 Medication	Insulin Injections (Sliding Scale)	03/26/2018	04/13/2019
4 Skin/Nails	Nail Care (Diabetic)	03/26/2018	04/13/2019
5 Medication	Routine/Regularly Scheduled Medication	03/26/2018	04/13/2019
6 Medication	Topical Medications/Tr	03/26/2018	04/13/2019

Start Date: 03/26/2018 End Date: 04/13/2019

Type: Medication Description: Topical Medications/Tr

Frequency: 2xDay(BID) Invalidate:

Sync Status: Pend

Status Reason:

Comments: Blood sugars vary greatly during the day, caregiver is checking it 5-8 times a day, calls to MD occur 2-3 times a week to have the amount of insulin updated. Wears a left leg brace needs hands on assist from another person to put it on, adjust the velcro, remove wrinkles and take

INFORMATION 1872

Are you sure you want this to be marked "invalid"?

Yes No

Invalidate/End Treatment

- Invalidate when entered in error.
- End when treatment is no longer being done by the HCW.

13

Treatments
 For each treatment Sync MF (synchronize with mainframe) and verify the Sync Status should be Pass so the CAPS will allow you to complete it.

The screenshot shows the 'Treatments Management' interface. On the left, a list of treatments is displayed with columns for ID, Type, Description, Start Date, and End Date. Two treatments are highlighted: ID 5 (Medication Routine/Regularly Scheduled Medication) and ID 6 (Medication Topical Medications/Treatments). Below the list is a form for editing a treatment, with fields for Start Date (03/26/2018), End Date (04/13/2019), Type (Medication), Description (Topical Medications/Tr...), Frequency (2xDay(BID)), Invaldate (checkbox), Sync Status (Pend), and Status Reason. A red arrow points to the 'Sync Status' field. On the right, a larger view of the selected treatment (ID 6) is shown, including a 'Comments' section with text about blood sugars and insulin, and buttons for 'Sync MF', 'History', and 'Next'. A red arrow points to the 'Sync MF' button.

16

Treatments
 The problem here...is not they only option is the "Go to SPPC" message, there is a treatment that has not been Synced MF. Another way to catch this is the treatments in the tree do not have a green check box.

The screenshot shows the 'Full Assessment Decision Point' dialog box. It has a 'Select Action' section with three radio button options: 'ASSESSMENT COMPLETE - Go To SERVICE PLAN', 'ASSESSMENT COMPLETE', and 'Go To SPPC - State Plan Personal Care'. A red arrow points to the 'Go To SPPC' option. Below this is a 'Review Before:' dropdown menu. At the bottom, there is a checkbox for 'MF TRAINING ID, N, FT' and a text box containing the message: 'Some treatments have not been synced to the mainframe.' A red box highlights this message. 'Next' and 'Cancel' buttons are at the bottom right.

The screenshot shows a tree view of a client assessment. The tree is organized into several categories, each with a green checkmark indicating completion: 'Client Assessment', 'Four ADLs', 'Mobility' (with sub-items: Ambulation, Transfers), 'Eating', 'Elimination' (with sub-items: Bladder, Bowel, Toileting), 'Cognition', 'Self-Preservation' (with sub-items: Decision Making, Make Self Understood, Challenging Behaviors), 'Additional ADL/IADL', 'Live-In Services', 'Treatments', 'Supports', 'Synopsis', 'SPL and Needs Summary', and 'Full Benefit Results'. A red arrow points to the 'Treatments' node, which does not have a green checkmark.

17

Create Assessment Action

Create A New Assessment OPI
 Copy and Create from existing
 Create A New State Plan Personal Care Assessment

Next Cancel

Assessment Status	Assessment Type	Worker	Assessment Date	Valid Until	Status Reason
Completed	OPI	RAINING ID MF TRAININ	03/21/2018	03/31/2019	
Incomplete	OPI	RAINING ID MF TRAININ	10/22/2017	10/31/2018	
Completed	OPI	RAINING ID MF TRAININ	10/02/2017	10/31/2018	

Copy Selection Screen for L

Type	Description	Start Date	End Date	Status	Sync Status
Medication	Insulin Injections (Sliding Sc	03/26/2018	4/13/2019	Verified	Pass
Medication	Diabetic Monitoring (Blood sug	03/26/2018	4/13/2019	Verified	Pass
Medication	Routine/Regularly Scheduled Me	03/26/2018	4/13/2019	Verified	Pass
Medication	Topical Medications/Treatments	03/26/2018	4/13/2019	Verified	Pass
Mobility	Cast or Brace Care	03/26/2018	4/13/2019	Verified	Pass
Skin/Nails	Nail Care (Diabetic)	03/26/2018	4/13/2019	Verified	Pass

Select All

Please select treatments to copy from

Back Next Cancel

Treatments Copy & Create

Updating and changing the treatments can only be done when the assessment is in the pending status

Select individually or check the select all check box.

18

- Client Assessment
- Four ADLs
- Mobility
 - Ambulation
 - Transfers
- Eating
- Elimination
 - Bladder
 - Bowel
 - Toileting
- Cognition
 - Self-Preservation
 - Decision Making
 - Make Self Understood
 - Challenging Behaviors
- Additional ADL/IADL
- Live-In Services
- Treatments
- Supports
- Synopsis
- SPL and Needs Summary
- Full Benefit Results

Assessment Wizard Entry

Assessment Status: Pending Type: OPI SPL:
 Worker: MF TRAINING ID, MF TRAINING ID
 Assessment Date: 03/27/2018
 Valid Until: 03/31/2019
 Review Before:
 Status Reason:
 Details:

WARNING 20673

Treatment dates may need to be adjusted to ensure the enhanced HCW rates are applied appropriately.

(Cast or Br...) (-03/31/2019)
 (Diabetic M...) (-03/31/2019)
 (Insulin In...) (-03/31/2019)
 (Nail Care ...) (-03/31/2019)
 (Routine/Re...) (-03/31/2019)
 (1 more...)

OK

Treatments Copy & Create

Warning message will alert you to update treatment dates to ensure the EHCW rates would be applied appropriately.

19

Treatment Dates that Overlap

Type	Description	Start Date	End Date
1 Medication	Diabetic Monitoring (Blood sugar)	03/28/2018	03/31/2019
2 Medication	Routine/Regularly Scheduled Medication	03/28/2018	03/31/2019
3 Mobility	Cast or Brace Care	03/27/2018	03/31/2019
4 Medication	Insulin Injections (Sliding Scale)	03/27/2018	03/31/2019
5 Skin/Nails	Nail Care (Diabetic)	03/27/2018	03/31/2019
6 Medication	Topical Medications/Treatments	03/27/2018	03/31/2019

Start Date:	03/28/2018	End Date:	03/31/2019
Type:	Medication	Description:	Diabetic Monitoring (Bld
Frequency:	Round the clock	Invalidate:	<input type="checkbox"/>
Sync Status:	Pending		
Status Reason:	20667: Treatment overlaps with another treatment. (Assessment Date - 03/21/2018 : Treatment - Diabetic Monitoring (Blood sugar): Start - 03/26/2018 : End - 04/13/2019)		

- Overlaps with the prior assessment. You will need to go into the prior assessment if there are overlapping dates and adjust the end date to the day prior.

20

Treatments
 Go back and choose the current CAPS. Then **edit** the treatments from the prior CAPS. Right click on the assessment to get the detailed list and update the end dates.

The screenshot shows a software interface with two main panels. The top panel, 'Assessment Status Overview', displays fields for 'Status' (Completed), 'Type' (OPI), 'SPL' (10), 'Worker' (MF TRAINING ID, MF TRAINING ID), 'Date' (03/21/2018), 'Until' (03/31/2019), and 'Review Before' (07/31/2018). The bottom panel, 'Assessment Wizard - Supports Update', shows 'Assessment Status' (Completed), 'Type' (OPI), 'SPL' (10), 'Worker' (MF TRAINING ID, MF TRAINING ID), 'Assessment Date' (03/21/2018), 'Valid Until' (03/31/2019), 'Review Before' (Jul 2018), and a 'Status Reason' dropdown. A right-click context menu is open over the 'Assessments' list in the top-left, with 'Edit' selected. A red arrow points from the 'Edit' option to the 'Assessment Wizard' panel.

21

➤ Update the End Date so treatments do not have overlapping dates Row by Row. Then you must re-sync the mainframe

Copy Selection Screen for []

Type	Description	Start Date	End Date	Status	Sync Status
Medication	Insulin Injections (Sliding Sc	03/26/2018	4/13/2019	Verified	Pass
Medication	Diabetic Monitoring (Blood sug	03/26/2018	4/13/2019	Verified	Pass
Medication	Routine/Regularly Scheduled Me	03/26/2018	4/13/2019	Verified	Pass
Medication	Topical Medications/Treatments	03/26/2018	4/13/2019	Verified	Pass
Mobility	Cast or Brace Care	03/26/2018	4/13/2019	Verified	Pass
Skin/Nails	Nail Care (Diabetic)	03/26/2018	4/13/2019	Verified	Pass

Select All

Please select treatments to copy from

Back Next Cancel

5 Medication Routine/Regularly Scheduled Medication 03/26/2018 04/13/2019

6 Medication Topical Medications/Treatments 03/26/2018 04/13/2019

Start Date: 03/26/2018 End Date: 04/13/2019

Type: Medication Description: Topical Medications/Tr

Frequency: 2xDay(BID) Invalidate:

Sync Status: Pending Clear

Status Reason:

22

Case for (Case Branch : Grants Pass Senior Services Office)

Treatments Management

Description	Start Date	End Date	Status	Sync Status
Diabetic Monitoring (Blood sugar)	12/01/2014	12/31/2014	Verified	Pass
Nail Care (Diabetic)	12/01/2014	12/31/2014	Verified	Pass
Routine/Regularly Scheduled Medication	12/01/2014	12/31/2014	Verified	Pass

INFORMATION 2094
Treatment records successfully updated in Mainframe.

Start Date: 12/01/2014 Type: Medication Frequency: 2xDay(BID) Sync Status: Pass

Now that the existing assessment treatments are in 'Pass Sync Status', you must go back to the new re-assessment & sync there

Sync MF History Next

23

Treatment History

Treatments Records Across all Assessments

Select by Description

 Select by Dates 01/01/2014 01/02/2015

 Include Invalid

If you change the Selection options you will need to click 'Filter' to prompt the search

Type	Description	Frequency	Assessment Date	Start Date	End Date	St
Medication	Diabetic Monitoring (Blood sug	2xDay(BID)	12/31/2014	1/1/2015	12/31/2015	Veri
Skin/Nails	Nail Care (Diabetic)	1 Xweek	12/31/2014	1/1/2015	12/31/2015	Veri
Medication	Routine/Regularly Scheduled M	3xDay(TID)	12/31/2014	1/1/2015	12/31/2015	Veri
Medication	Diabetic Monitoring (Blood sug	2xDay(BID)	12/01/2014	12/1/2014	12/31/2014	Veri
Skin/Nails	Nail Care (Diabetic)	1 Xweek	12/01/2014	12/1/2014	12/31/2014	Veri
Medication	Routine/Regularly Scheduled M	3xDay(TID)	12/01/2014	12/1/2014	12/31/2014	Veri
Medication	Diabetic Monitoring (Blood sug	1xDay(QD)	10/22/2013	10/1/2014	11/30/2014	Veri
Medication	Routine/Regularly Scheduled M	3xDay(TID)	10/22/2013	10/1/2014	11/30/2014	Veri

You can print this screen. You can change this history filter to select by 'Description', by 'Dates', & you can also choose to 'Include Invalid' treatments

Print Close

24

Full Benefit Results and Treatments

In the CAPS that you are creating, update all the dates that were copied. Sync MF and confirm they are in Pass not Pend status.

Case for (Case Branch : Grants Pass Senior Services Office)

Full Benefit Results

Full Assessment Decision Point

Select Action

ASSESSMENT COMPLETE - Go To SERVICE PLAN

 ASSESSMENT COMPLETE

 Go To SPPC - State Plan Personal Care

Tester4, Tester4

I acknowledge that the assessment, treatments and comments are complete and accurate.

Next Cancel

Prev Next

24 Hour Availability

Dinner / Supper	Full	24
Housekeeping	Full	20
Lunch	Full	12
Medication Management	Full	6
24 Hour Availability	Substantial	110

Proceed to the Assessment Decision Point Next

Once you have made it to the Full Benefits Results screen & you click 'Next' you will have to click on the check box to confirm that the assessment, treatments and comments are complete and accurate.

25

EHCW & Treatments

Enhanced HCW

26

EHCW Definition

- The EHCW must be certified through a certification process/training program approved by the Homecare Commission to be eligible for the enhanced hourly wage.
- An EHCW provides services to consumers who require medically driven services & supports as defined by DHS & assessed by the CM during the assessment process;

EHCW certification is intended to recognize that some consumers have higher needs and require more skilled providers and to ensure those providers are paid for their skills.

27

EHCW Hourly Rate

2017-19 CBA with the HCWs the rate of pay is increasing on April 1, 2018 from \$15.50 to \$15.65 an hour, a dollar more an hour.

Certification for EHCWs is for 2 years but is dependent on the worker keeping their CPR current during that time.

- The EHCW will get the enhanced rate for all hours worked with that consumer.
- The designation of EHCW will be tied to their provider number and will show on the registry.

28

Treatments EHCW Treatment List

29

CA/PS Enhanced Homecare Worker (EHCW) Treatments

Bladder/Bowel	
Bladder Irrigations (Routine)	Ileostomy Care (New)
Catheter (Intermittent)	Ileostomy Care (Routine)
Catheter Care (Routine)	Impaction Removal
Catheter, Urinary (With difficult insertions)	Colostomy Care (New)
Colostomy Care (Routine)	Colostomy Care (Routine)
Urostomy Care (New)	Urostomy Care (Routine)

Feeding/Eating	
Feeding Tube (Maintenance care)	Nasogastric Tube Feed (All fluids/nutrition)
G-Tube Feed (All fluids/nutrition)	Nasogastric Tube Feed (Supplemental)
G-Tube Feed (Supplemental)	Syringe Feedings (All fluids/nutrition)
J-Tube Feed (Supplemental)	Aspiration of Stomach Contents Prior to Feeding
Peripheral Intravenous Fluids	

Skin/Nails	
Wound (Open)	Stasis Ulcer (Deep or infected)
Wounds/Lesions (Care, non-infected)	Decubitus Ulcers (Stage III or IV)

Oxygen	
Respiratory Dependent (See Ventilator Dependent)	Ventilator Dependent

Tracheostomy	
Tracheostomy (Care and maintenance)	Nasopharyngeal Suctioning
Tracheostomy Cuff Inflation	Oral Suctioning by Suction Machine
Tracheal Suctioning	Stoma Care
Stoma Dressing Changes	

Behavior	
Behavior (Documented plan)	

Updated 1/22/15

CA/PS Enhanced Homecare Worker (EHCW) Treatments

Mobility	
Hooyer Lift	Stump Care (New)

Medication	
Aerosol Therapy	Feeding Tube (Medication administration)
Dialysis (Peritoneal Dialysis)	Insulin Injections (Sliding scale)
Intravenous Injections/Infusions	

Treatment Definitions Link:
http://www.dhs.state.or.us/spd/tools/cm/capstools/txs_defs.pdf

Oregon HCC Link:
<http://www.oregon.gov/dhs/spd/Pages/worker-cert.aspx>

Page 2

Updated 1/22/15

30

Supports Case Management/Service Coordination
Natural Support in CAPS Service Plan

31

Natural Supports

Hours Authorization Segment

In Home Hours Status: Pending Begin Date: 03/18/2018 End Date: 04/13/2019

Type	Need	Assist level	Asmt Hrs	Alwd Hrs	Rem Hrs	Excp Hrs	Reason
Live-In	Live-In Services	Indep	0	0	0	0	
ADL	Bath/Personal Hygiene	Substantial	5	1	4	0	Natural Support
	Cognition	Substantial	6	2	4	0	OPI Program
	Dressing/Grooming	Minimal	1	0	1	0	Natural Support
	Mobility	Minimal	2	1	1	0	OPI Program
I/ADL	Dinner / Supper	Minimal	2	0	2	0	Natural Support
	Housekeeping	Substantial	5	1	4	0	OPI Program
	Lunch	Minimal	1	1	0	0	
	Medication Management	Substantial	2	0	2	0	Natural Support
	Shopping	Substantial	2	0	2	0	Natural Support
	Transport	Minimal	1	0	1	0	Natural Support

	ADL	ADL	ADL	IADL	Live-In Services
Total Allowed Hours	0	0	4	2	0
Total Exception Hours	0	0	0	0	0
Total Authorized Hours	0	0	4	2	0

Approved Date: 00/00/0000 Created Date: 03/28/2018 Last Modified Date: 03/28/2018
 Approved By: Created By: hstrng4 Last Modified By: hstrng4

OK Cancel

Consumer has SEL 10 Who is natural support, what other services are meeting needs when 6 hours a month

32

Natural Supports

Referrals

Plan Summary

Model

Services For Plan #1 Pln Act

Row #	Services	Provider Name	Begin Date	End Date	Invalid Entry
1	In-Home Care (Agency) Co	ADDUS HEALTHCARE INC	03/18/2018	04/13/2019	<input type="checkbox"/>
2	Natural Support	OPI, SPOUSE	03/18/2018	04/13/2019	<input type="checkbox"/>
3	Natural Support	OPI, KIDDO	03/18/2018	04/13/2019	<input checked="" type="checkbox"/>

Provider Search Needs Association View/Assign Hours Provider Detail

Add the natural supports that are meeting the consumers needs. Assign the specific tasks and if clarification is needed, add to case narration or synopsis.

Natural Support could include private paid services, not paid by OPI.

▸ Questions and ideas for future webinars



▀ Sandy Abrams,
sandy.h.abrams@state.or.us
phone 503-947-2391