AAA MONITORING 2018

Oregon Project Independence Program

The Department of Human Services (DHS) and Area Agencies on Aging (AAAs) have agreed to approach the Older Americans Act program monitoring through a self-assessment framework this includes OPI.

Program Monitoring: DHS will conduct periodic monitoring and evaluation of performance management system for program activities and administrative practices conducted in accordance with Section 307(a)(4) of the Older Americans Act and OAR 411-032-0015.

WHY

2

SELF-MONITORING

1

AAAs have in-depth, expert knowledge of state requirements for service delivery and fiscal control of the OPI program they administer.

2

AAAs take responsibility of doing regular and thorough monitoring of their OPI program and operational systems.

3

SUA believes that a largely self-reported monitoring system will produce factual data and honest self-reflection.

3

OPI OVERVIEW
two part review

One tool will look at the AAA OPI program for specific information

The other tool is an OPI consumer review, that will be done on SurveyMonkey.

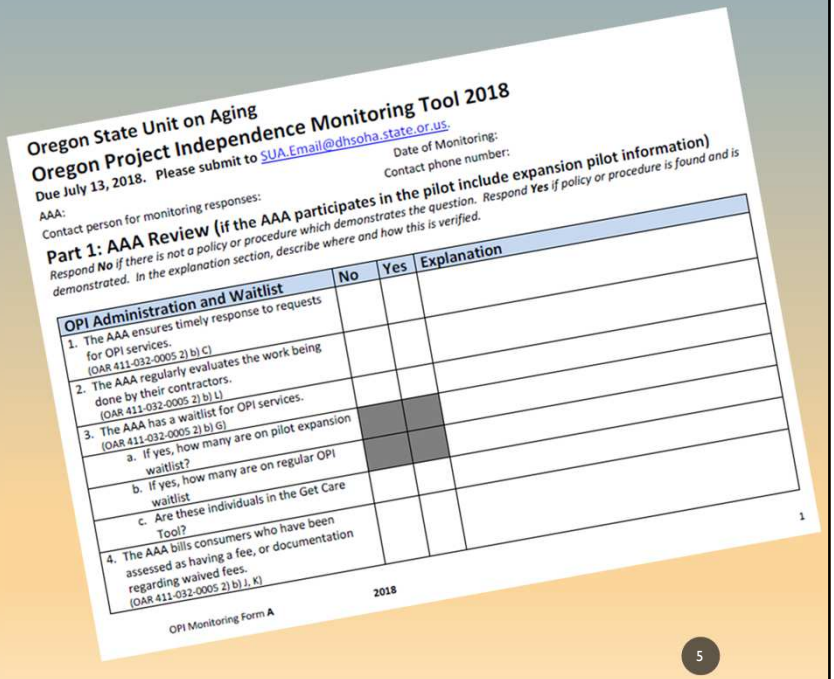
Completed self-assessments must be submitted electronically by email to the State Unit on Aging **by July 13, 2018**

4

OPI MONITORING TOOL FORM A OVERVIEW

two part review

- OPI Monitoring Form A will specifically ask the AAA to look at:
  - Timely response to requests
  - OPI Contractor evaluation
  - OPI Waitlist
  - OPI Consumer Billing.



Oregon State Unit on Aging

Oregon Project Independence Monitoring Tool 2018

Due July 13, 2018. Please submit to SUA.Email@dhsoha.state.or.us.

AAA: Date of Monitoring:

Contact person for monitoring responses: Contact phone number:

Part 1: AAA Review (if the AAA participates in the pilot include expansion pilot information)

*Respond **No** if there is not a policy or procedure which demonstrates the question. Respond **Yes** if policy or procedure is found and is demonstrated. In the explanation section, describe where and how this is verified.*

OPI Administration and Waitlist	No	Yes	Explanation
1. The AAA ensures timely response to requests for OPI services. (OAR 411-032-0005 2) b) C)			
2. The AAA regularly evaluates the work being done by their contractors. (OAR 411-032-0005 2) b) L)			
3. The AAA has a waitlist for OPI services. (OAR 411-032-0005 2) b) G)			
a. If yes, how many are on pilot expansion waitlist?			
b. If yes, how many are on regular OPI waitlist			
c. Are these individuals in the Get Care Tool?			
4. The AAA bills consumers who have been assessed as having a fee, or documentation regarding waived fees. (OAR 411-032-0005 2) b) J, K)			

OPI Monitoring Form A 2018 1

5

MONITORING TOOL A

Respond **No** if there is not a policy or procedure which demonstrates the response to the question.

Respond **Yes** if policy or procedure is found and demonstrated.

In the explanation section, describe where and how this is information was made known. If applicable, when was this last updated.

6

MONITORING TOOL A

1. Timely response to requests for OPI services – Identify a policy regarding intakes. Are there clear expectations for staff as to consumer contacts?
OAR 411-032-0005 2) b) C

Identify an Agency policy concerning intakes. Are there clear expectations for staff as to consumer contacts?

2. The AAA regularly evaluates the work being done by their contractors. *OAR 411-032-0005 2) b) L*

Evaluation and monitoring of contractors of OPI services. Monitoring may be an activity of staff or Agency advisory council/volunteers.

7

MONITORING TOOL A

3. The AAA has a waitlist for OPI services. *OAR 411-032-0005 2) b) G*

Identify Agency policy on the topic of the OPI waitlist.

4. The AAA bills consumers who have been assessed as having a fee, or documentation regarding waived fees.
OAR 411-032-0005 2) b) J, K

Look for a policy or procedure that speaks to this situation? Look for clarity when OPI fees are waived.

8

OPI CONSUMER MONITORING REVIEW
on SurveyMonkey

- Review of 15% of February 2018 OPI caseload, randomly drawn and given a new identifying number. Mix of OPI consumers (including the expansion pilot) minimum of 2 cases to review.
- The consumer lists were sent to the AAAs on 3-9-18.
- The review will be of the case in OACCESS, paper file and CAPS that was completed between March 2017 and April 2018.
- The consumer monitoring review **cannot** be completed by the person who did the CAPS or is the Case Manager/Service Coordinator.

9

SurveyMonkey
Consumer Monitoring Review

- The link to get to the survey is: https://www.surveymonkey.com/r/KBD79PY
- Complete one survey at a time. Cannot come back to complete the 22 questions.
- The first 5 questions pertain to the AAA.
- Question 3, the sample number is found on the AAA list.

2018 OPI Consumer Monitoring Review

1. AAA:

2. Branch Office Number where case is currently held:

3. Sample/Random Number (NOT PRIME):

4. OPI Case Manager / Service Coordinator Name (who is assigned to the case):

5. Reviewer's Name and Phone Number:

Name

10

OPI CAPS Assessment in OACCESS

(OAR 411-032-0020 1) a) C; OAR 411-032-002- 2) d) B)

6. What is the individual's SPL? (1-18 or 99)

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	99	

7. What month was the current OPI assessment completed.
(OAR 411-032-0020 1) a) C - OAR 411-032-0020 2) d) B)

March 2017	April 2017	May 2017	June 2017	July 2017
August 2017	September 2017	October 2017	November 2017	December 2017
January 2018	February 2018	March 2018	April 2018	

OPI Client Details in CAPS/OACCESS

8. Does the consumer have at least one diagnosis on diagnosis list in CAPS client details?
(OAR 411-032-0020 (2)b)

yes no

9. Comments regarding OPI Client Details in CAPS

SurveyMonkey
Consumer Monitoring Review

- Questions in the review tool cover the OACCESS (OA) CAPS assessment
  - Looking at the SPL
  - Date the assessment was completed
  - Confirming that the OA client details has at minimum one diagnosis listed
- Areas for comments are available for the AAA reviewer to note any comments to note either successes or gaps

11

OPI Case Narration/OACCESS

10. Does narration verify that the CAPS was completed face-to-face in the consumer's home?
(OAR 411-015-0008 1) f & g)

yes no

11. Was the narration completed at the time of contact/activity, or within 3 business days?
(Agreed-upon professional standard and used in training)

yes no

12. Comments regarding OPI Case Narration

Show : Case From Date : 03/14/2017 To Date : 03/14/2018 Retrieve

OPI Reassessment completed on 10/13/17 in client's home. Present were client and CM [redacted]

10/18/2017 14:01:11

Template Print Save Close Only Narrative entered in the past 365 days is displayed

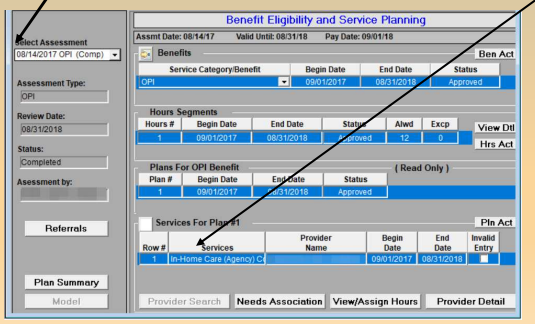
SurveyMonkey
Consumer Monitoring Review

- Reviewing information in the OA Case Narration to look for comments on location (Question 10) .
- Look for the date completed (in example 10-13-17) and date narrated. Looking at a calendar10-18-17, this was done in 3 business days due to weekend.

12

SurveyMonkey
Question 13

- Specifically looking at the OPI service plan associated with the assessment you noted earlier on questions 6 & 7



OPI Service Plan in CAPS/OACCESS

13. The paid OPI services in the service plan are: (check all that apply)

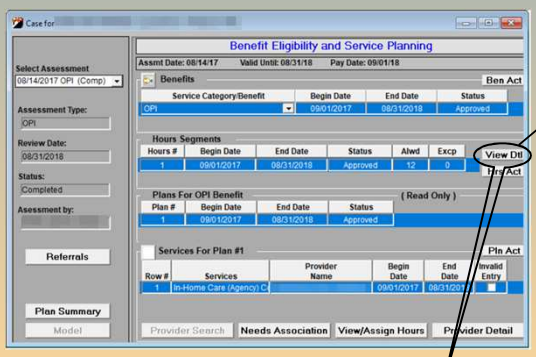
- In-home Care (HCW) hourly
- In-home care (Agency)
- Adult Day Services
- Home Delivered Meals
- Chore
- Transportation
- Misc. OPI Services

14. Are the needs identified in the CAPS assessment addressed in the service plan? (AR 17-041, OAR 411-032-0010 1) c, d, e and OAR 411-031-0015 1) a)

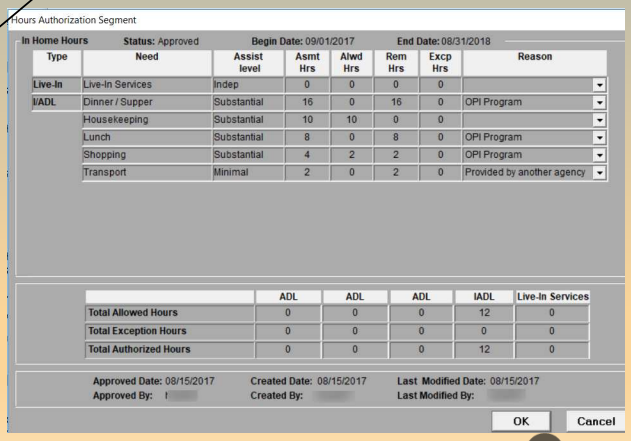
- yes
- no

13

SurveyMonkey
Question 14



View Details shows need areas and actual hours used in the plan. In this example it does not show who is assisting the consumer with housekeeping.



View Dtl, gives you the overview of needs and what was used to create the service plan

14

SurveyMonkey
Questions 15 - 16

15. Are Natural Supports identified in the Service Plan? (OAR 411-032-0001 3), 4) If yes go to question 16

yes no

16. Are Natural Supports identified with tasks in the Service Plan? (OAR 411-032-0001 3), 4)

yes no

17. Comments regarding the OPI Service Plan

When the row for the natural support is highlighted you can look at the information for the row, by pressing the Needs Association button.

15

SurveyMonkey
OAA Service Tab Questions

OACCESS OAA Services Tab Information

18. Do the OPI services in the service plan correspond with the services listed on the OACCESS OAA SVC/FCSP tab (or in the approved alternate program for RAIN/SPR reporting)? (See Detail, Provider OAR 411-032-0015 3) C) IJ.)

yes no

19. Are units displayed for current OPI services? (any dates for the past 13 months) (See Detail, Provider Qualifier/Units OAR 411-032-0015 3) C) IJ.)

yes no

20. Comments regarding the OACCESS OAA Services Tab Information

Compare the services in the OPI service plan to these listed in the OAA Services tab. Case Management will not be listed in OPI service planning, but all other services should be.

Look for units in the Qualifiers/Units pop up, look for units added during this past year. Some AAA's use other approved systems, use those systems to check for units.

16

SurveyMonkey
OPI Form Review

Look in the consumers' desk file these forms should be present.

- 354 Workers Comp Agreement
- 0287L OPI service agreement *
- 0287K OPI fee determination*
- 0287J OPI risk assessment tool (or it could be in the Care Tool)*
- 546N, for HCW(s) and/or In-Home Care Agencies*
- 737 Program Participation Agreement or Representative Choice Form*
- * needs to be dated within the past 12 months since the benefit

OPI Form Review

1. If the approved OPI service plan includes a HCW, is the Workers' Comp agreement (354) signed by consumer a
omplete?
AR 411-032-0010-1) d, e

yes no N/A (no HCW)

2. Is the current (dated in the past 12 months) OPI Service Agreement (0287L) signed by both the consumer and O
ase Manager/Service Coordinator?
AR 411-032-0020 2) e) A, B; AR 13-005)

yes no

3. Is the OPI fee determination (0287K) current and signed by both the consumer and OPI Case Manager/Service
oordinator within the past 12 months?
AR 411-032-0044 1, 2; AR 13-005)

yes no

4. Is the OPI Risk Tool (0287J) or the version in the Care Tool current and complete in the past 12 months?
AR 13-005)

yes no

5. If a HCW or in-home care agency are listed as OPI providers on the case, is there a signed in-home service plan
546N) for the HCW and/or in-home agency for the time period?
AR 411-032-0010 1) c, d, e)

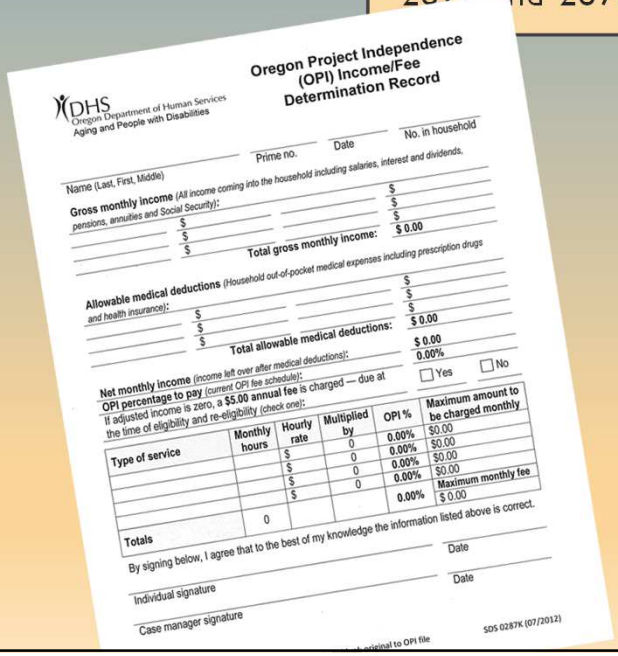
yes no N/A

6. If the service plan includes a HCW, is the CEP Program Participation Agreement or representative Choice Form
737) signed? (only required since December 2015)
PT 15-013, AR 17-041, OAR 411-032-0010 1) d, e)

yes no N/A

17

287L and 287K FORMS



DHS Oregon Department of Human Services
Aging and People with Disabilities

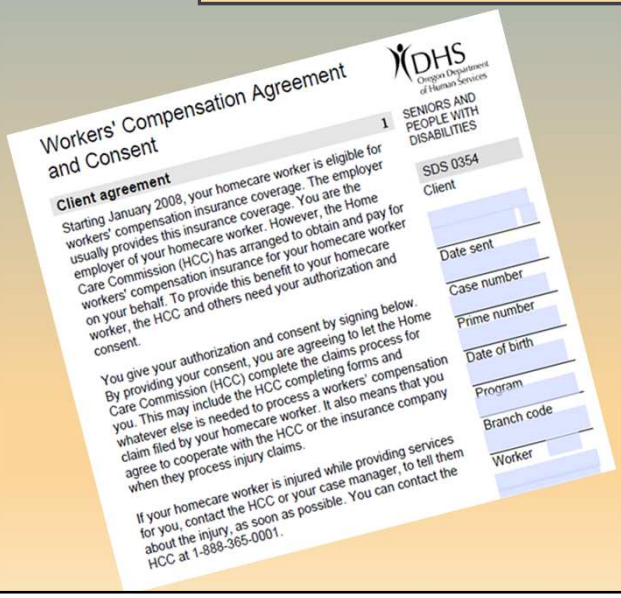
Oregon Project Independence (OPI) Income/Fee Determination Record

Name (Last, First, Middle) | Prime no. | Date | No. in household

Gross monthly income (All income coming into the household including salaries, interest and dividends, pensions, annuities and Social Security):

$ $ $ $

354 & 287J FORMS



DHS Oregon Department of Human Services

SENIORS AND PEOPLE WITH DISABILITIES

SDS 0354

Client

Date sent

Case number

Prime number

Date of birth

Program

Branch code

Worker

Workers' Compensation Agreement and Consent

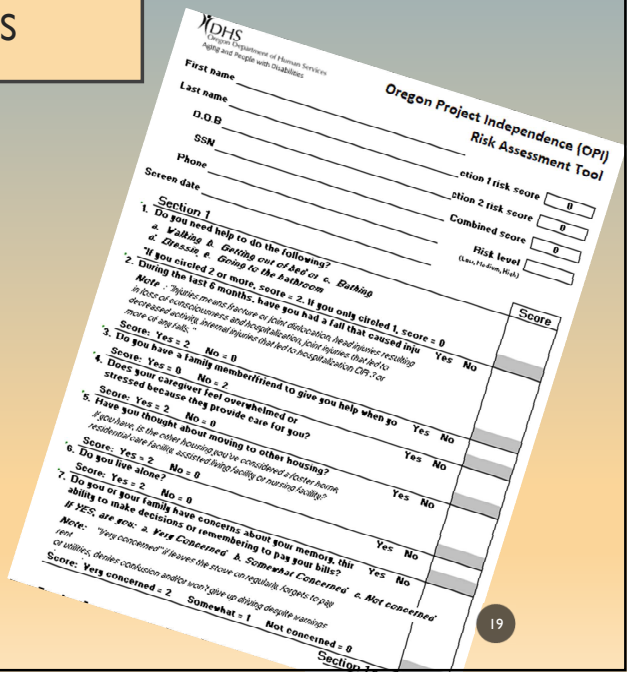
1

Client agreement

Starting January 2008, your homecare worker is eligible for workers' compensation insurance coverage. The employer usually provides this insurance coverage. You are the employer of your homecare worker. However, the Home Care Commission (HCC) has arranged to obtain and pay for workers' compensation insurance for your homecare worker on your behalf. To provide this benefit to your homecare worker, the HCC and others need your authorization and consent.

You give your authorization and consent by signing below. By providing your consent, you are agreeing to let the Home Care Commission (HCC) complete the claims process for you. This may include the HCC completing forms and whatever else is needed to process a workers' compensation claim filed by your homecare worker. It also means that you agree to cooperate with the HCC or the insurance company when they process injury claims.

If your homecare worker is injured while providing services for you, contact the HCC or your case manager, to tell them about the injury, as soon as possible. You can contact the HCC at 1-888-365-0001.



DHS Oregon Department of Human Services
Aging and People with Disabilities

Oregon Project Independence (OPI) Risk Assessment Tool

First name
Last name
D.O.B
SSN
Phone
Screen date

Section 1 risk score 0
Section 2 risk score 0
Combined score 0
Risk level (Low, Medium, High)

Section 1

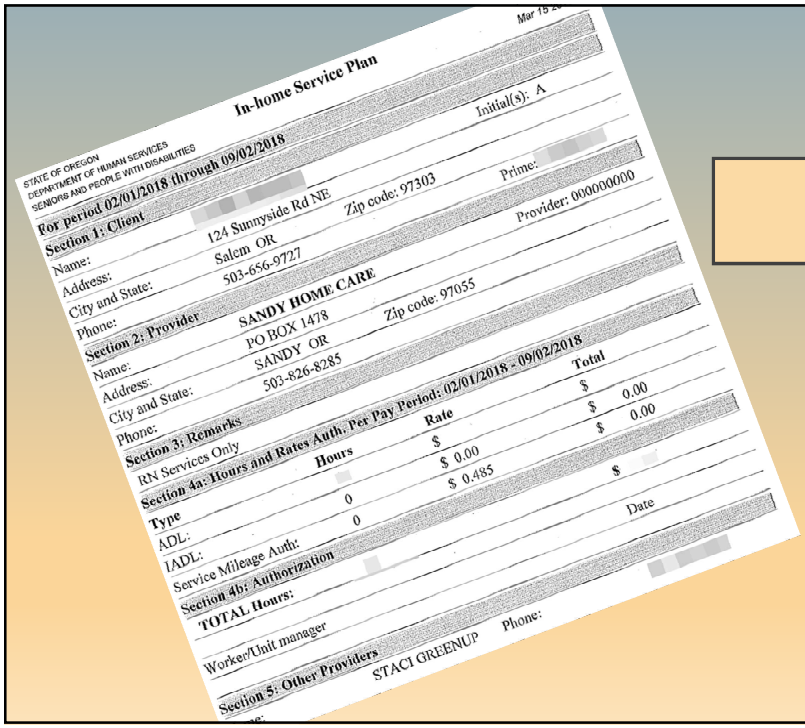
1. Do you need help to do the following?
   a. Walking b. Getting out of bed or c. Bathing
   d. Dressing e. Going to the bathroom
   If you circled 2 or more, score = 2. If you only circled 1, score = 0
2. During the last 6 months, have you had a fall that caused injury? Yes No
   Note: "Injuries" means fracture or joint dislocation, head injuries requiring loss of consciousness and hospitalization, joint injuries that lead to decreased activity, internal injuries that lead to hospitalization OR 3 or more of any kind.
   Score: Yes = 2 No = 0
3. Do you have a family member/friend to give you help when you need it? Yes No
   Score: Yes = 0 No = 2
4. Does your caregiver feel overwhelmed or stressed because they provide care for you? Yes No
   Score: Yes = 2 No = 0
5. Have you thought about moving to other housing? Yes No
   If you have, is the other housing you're considering a foster home, residential care facility, assisted living facility or nursing facility?
   Score: Yes = 2 No = 0
6. Do you live alone? Yes No
   Score: Yes = 2 No = 0
7. Do you or your family have concerns about your memory, thinking ability to make decisions or remembering to pay your bills? Yes No
   If YES, are you: a. Very Concerned b. Somewhat Concerned c. Not concerned
   Note: "Very concerned" if leaves the stove on regularly, forgets to pay rent or utilities, denies confusion and/or won't give up driving despite warnings
   Score: Very concerned = 2 Somewhat = 1 Not concerned = 0

Score

Section 2

19

546 N FORM



STATE OF OREGON
DEPARTMENT OF HUMAN SERVICES
SENIORS AND PEOPLE WITH DISABILITIES

In-home Service Plan

Mar 15

For period 02/01/2018 through 09/02/2018 Initial(s): A

Section 1: Client
Name: [redacted] Prime:
Address: 124 Sunnyside Rd NE Zip code: 97303
City and State: Salem OR
Phone: 503-656-9727

Section 2: Provider Provider: 000000000
Name: SANDY HOME CARE
Address: PO BOX 1478 Zip code: 97055
City and State: SANDY OR
Phone: 503-826-8285

Section 3: Remarks
RN Services Only

Section 4a: Hours and Rates Auth. Per Pay Period: 02/01/2018 - 09/02/2018

Type	Hours	Rate	Total
ADL:	0	$	$
IADL:	0	$ 0.00	$ 0.00
Service Mileage Auth:		$ 0.485	$ 0.00

Section 4b: Authorization
TOTAL Hours: $

Worker/Unit manager Date

Section 5: Other Providers
STACI GREENUP Phone:

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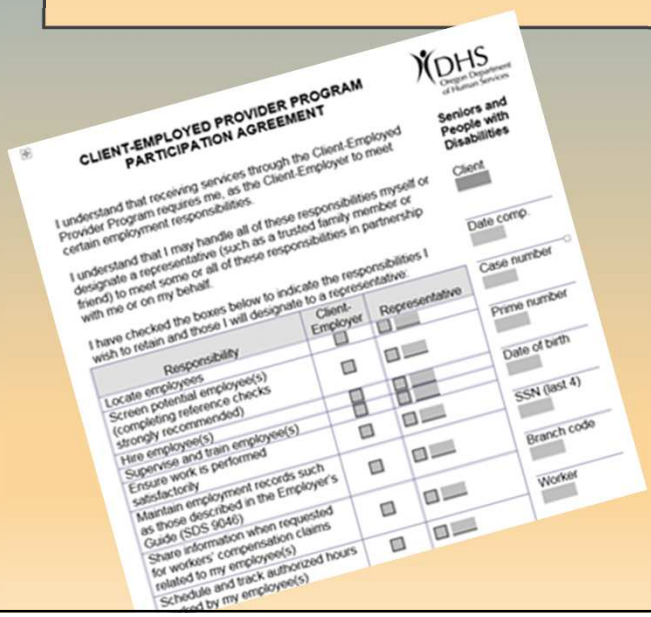
737 FORM (either are acceptable)



DHS Oregon Department of Human Services

CLIENT-EMPLOYED PROVIDER PROGRAM PARTICIPATION AGREEMENT

Seniors and People with Disabilities

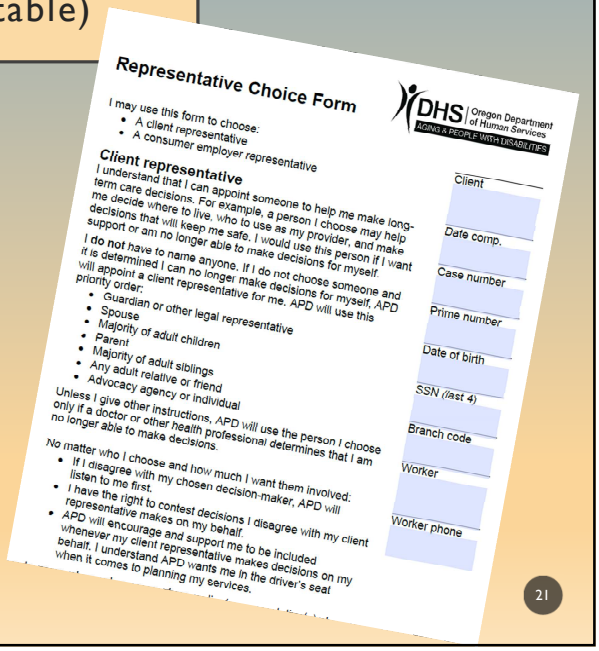
I understand that receiving services through the Client-Employed Provider Program requires me, as the Client-Employer to meet certain employment responsibilities.

I understand that I may handle all of these responsibilities myself or designate a representative (such as a trusted family member or friend) to meet some or all of these responsibilities in partnership with me or on my behalf.

I have checked the boxes below to indicate the responsibilities I wish to retain and those I will designate to a representative:

Responsibility	Client-Employer	Representative
Locate employees		
Screen potential employee(s) (completing reference checks strongly recommended)		
Hire employee(s)		
Supervise and train employee(s)		
Ensure work is performed satisfactorily		
Maintain employment records such as those described in the Employer's Guide (SDS 9046)		
Share information when requested for workers' compensation claims related to my employee(s)		
Schedule and track authorized hours [illegible] by my employee(s)		

Client
Date comp.
Case number
Prime number
Date of birth
SSN (last 4)
Branch code
Worker



Representative Choice Form

DHS Oregon Department of Human Services
AGING & PEOPLE WITH DISABILITIES

I may use this form to choose:
- A client representative
- A consumer employer representative

Client representative

I understand that I can appoint someone to help me make long-term care decisions. For example, a person I choose may help me decide where to live, who to use as my provider, and make decisions that will keep me safe. I would use this person if I want support or am no longer able to make decisions for myself.

I **do not** have to name anyone. If I do not choose someone and it is determined I can no longer make decisions for myself, APD will appoint a client representative for me. APD will use this priority order:
- Guardian or other legal representative
- Spouse
- Majority of adult children
- Parent
- Majority of adult siblings
- Any adult relative or friend
- Advocacy agency or individual

Unless I give other instructions, APD will use the person I choose only if a doctor or other health professional determines that I am no longer able to make decisions.

No matter who I choose and how much I want them involved:
- If I disagree with my chosen decision-maker, APD will listen to me first.
- I have the right to contest decisions I disagree with my client representative makes on my behalf.
- APD will encourage and support me to be included whenever my client representative makes decisions on my behalf. I understand APD wants me in the driver's seat when it comes to planning my services.

Client
Date comp.
Case number
Prime number
Date of birth
SSN (last 4)
Branch code
Worker
Worker phone

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PLANS TO ADDRESS ANY IDENTIFIED GAPS

Part 3: Plans to Address Any Identified Gaps

Please identify any areas where your AAA or program partners are not fully meeting the standards, need assistance to meet the standards, or need to take further steps to reach a program goal.

Issue where AAA is not yet meeting standards, or facing challenges	Proposed plan or steps the AAA will take.	Lead or responsible person	Goal date for completion
1.			
2.			
3.			

Based on the monitoring and consumer monitoring reviews what areas are not meeting the standards, or need assistance to meet the standard, or needs further steps to reach the standard.

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SUCCESSES

Please Identify any areas where your AAA has been successful in achieving or exceeding its goals while fully meeting the standards, and identify the main factor(s) in achieving success.

Part 4: Areas of Program Success

Please identify any areas where your AAA has been successful in achieving or exceeding its goals while fully meeting the standards, and identify the main factor(s) in achieving success.

Area of success	Brief description of particular program success and sustainability	Main factor(s) leading to particular success (be brief and specific)
1.		
2.		
3.		

Due July 13, 2018. Please submit only to SUA.Email@ state.or.us. Thank you!

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Questions and Technical Assistance

Email questions to: sandy.h.abrams@state.or.us or call at 503-947-2391

Monitoring tools are posted on the State Unit on Aging website under AAA monitoring and tools:

http://www.oregon.gov/DHS/SENIORS-DISABILITIES/SUA/Pages/Area-Agency-Aging.aspx

ADRC Aging and Disability Resource Connection of OREGON

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