OCTOBER OPI POWER HOUR

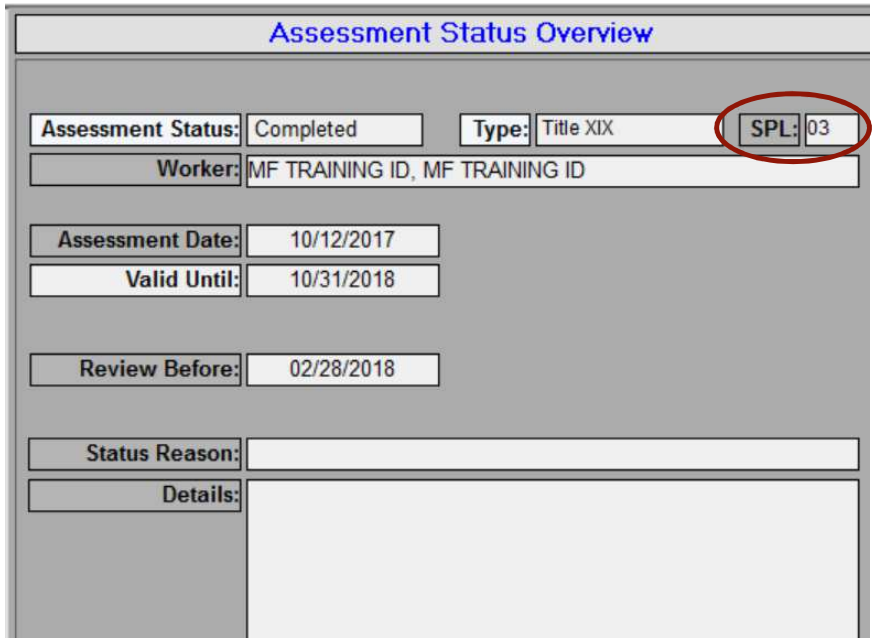
October 18, 2017

Sandy Abrams

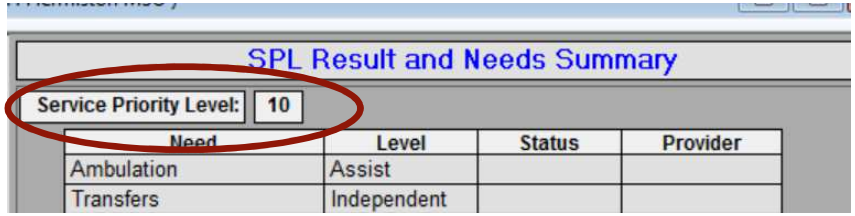
OCTOBER CHANGES

- Service Priority Level and CAPS assessment changes
  - IM 17-077
  - Using the new assessments and OAR 411-015
- OPI Service Planning
  - 14 day plans and hours reductions
  - OPI forms
- 14 day pay period for HCWs
  - Voucher related issues
- Closing OPI cases due to October changes AR 17-065

OACCESS SPL DISPLAY ISSUE



Correct SPL



Incorrect SPL

In some instances OA is incorrectly displaying the individual's SPL Level.

This impacts both XIX and OPI Assessments.

Although OA may not be properly displaying the individual's determined SPL level, it is correctly determining the SPL for eligibility and service planning purposes.

See **IM 17-077** for details,

UPDATED SERVICE PRIORITY RULE

DEPARTMENT OF HUMAN SERVICES
AGING AND PEOPLE WITH DISABILITIES
OREGON ADMINISTRATIVE RULES

CHAPTER 411
DIVISION 15

LONG-TERM CARE SERVICE PRIORITIES FOR INDIVIDUALS SERVED

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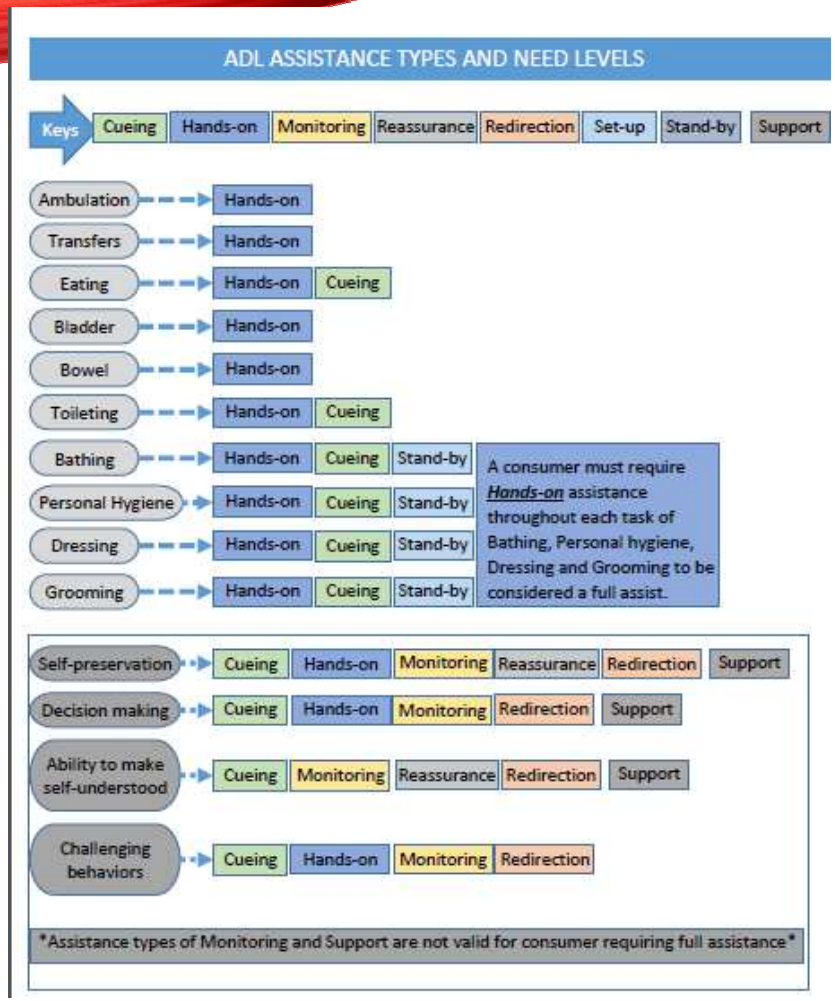
Only use these rules and definitions for any assessment done from 10/01/2017 forward.

Found at

http://www.dhs.state.or.us/policy/spd/rules/411_015.pdf

ASSIST DEFINITIONS

OAR 411-015-0005 (7



- (a) "Cueing" means giving verbal or visual clues during an activity to help an individual complete the activity without hands-on assistance.
- (b) "Hands-on" means a provider physically performs all or parts of an activity because an individual is unable to do so.
- (c) "Monitoring" means a provider must observe an individual to determine if intervention is needed.
- (d) "Reassurance" means to offer an individual encouragement and support.
- (e) "Redirection" means to divert an individual to another more appropriate activity.
- (f) "Set-up" means getting personal effects, supplies, or equipment ready so that an individual may perform an activity.
- (g) "Stand-by" means a provider is at the side of an individual ready to step in and take over the task if the individual is unable to complete the task independently.
- (h) "Support" means to enhance the environment to enable an individual to be as independent as possible.

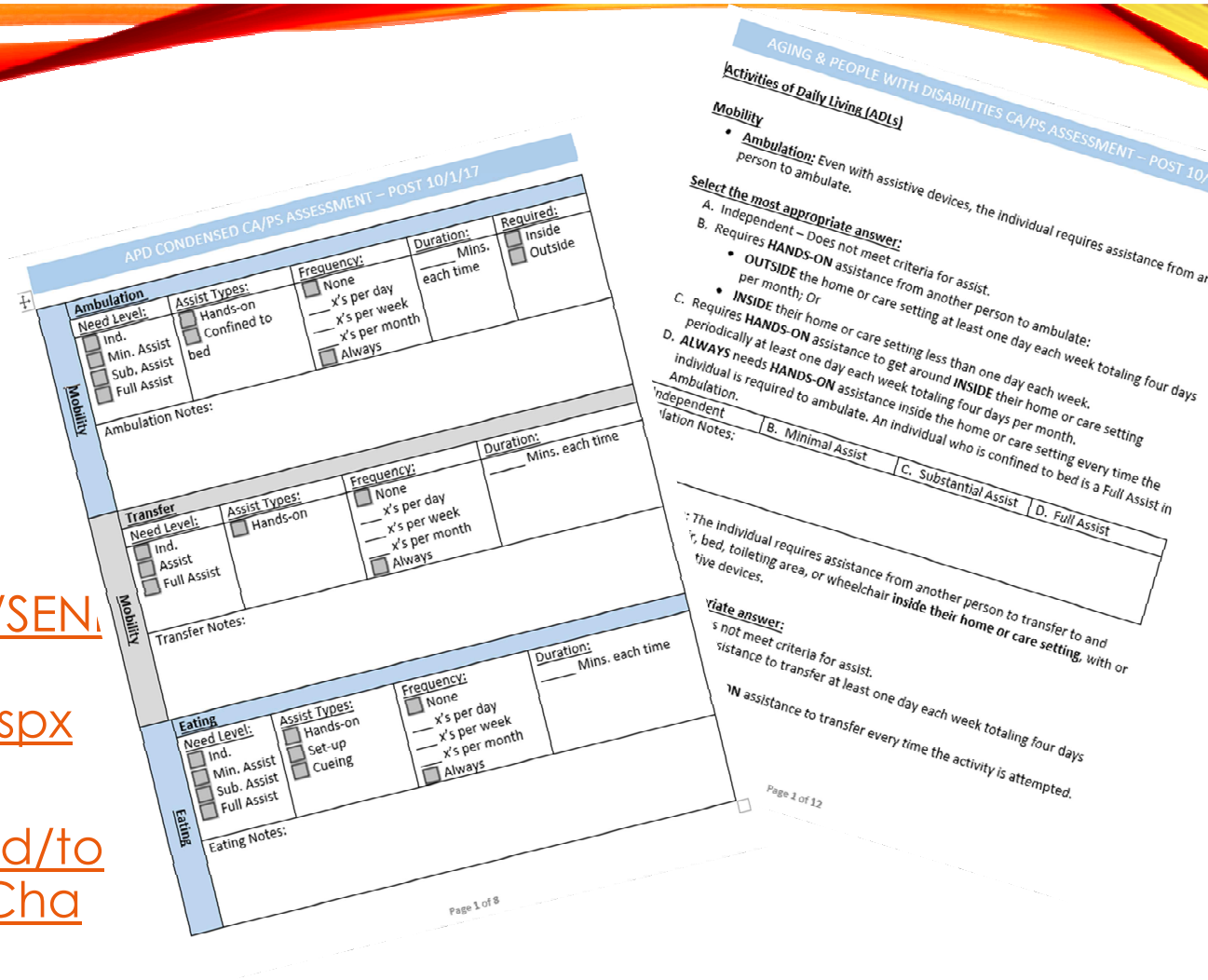
Using the new full Assessment or the Condensed Assessment Tools

Available on the websites:

http://www.oregon.gov/DHS/SENIORS-DISABILITIES/SUA/Pages/OPI.aspx

or

http://www.dhs.state.or.us/spd/tools/cm/October%202017%20Changes/index.htm


APD CONDENSED CA/PS ASSESSMENT – POST 10/1/17

Mobility

Ambulation

Need Level: Ind. / Min. Assist / Sub. Assist / Full Assist

Assist Types: Hands-on / Confined to bed

Frequency: None / x's per day / x's per week / x's per month / Always

Duration: Mins. each time

Required: Inside / Outside

Ambulation Notes:

Mobility

Transfer

Need Level: Ind. / Assist / Full Assist

Assist Types: Hands-on

Frequency: None / x's per day / x's per week / x's per month / Always

Duration: Mins. each time

Transfer Notes:

Eating

Need Level: Ind. / Min. Assist / Sub. Assist / Full Assist

Assist Types: Hands-on / Set-up / Cueing

Frequency: None / x's per day / x's per week / x's per month / Always

Duration: Mins. each time

Eating Notes:

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AGING & PEOPLE WITH DISABILITIES CA/PS ASSESSMENT – POST 10/

Activities of Daily Living (ADLs)

Mobility

- Ambulation: Even with assistive devices, the individual requires assistance from a person to ambulate.

Select the most appropriate answer:

A. Independent – Does not meet criteria for assist.
B. Requires HANDS-ON assistance from another person to ambulate:
- OUTSIDE the home or care setting at least one day each week totaling four days per month; Or
- INSIDE their home or care setting less than one day each week.

C. Requires HANDS-ON assistance to get around INSIDE their home or care setting periodically at least one day each week totaling four days per month.
D. ALWAYS needs HANDS-ON assistance inside the home or care setting every time the individual is required to ambulate. An individual who is confined to bed is a Full Assist in Ambulation.

Independent | B. Minimal Assist | C. Substantial Assist | D. Full Assist

lation Notes:

: The individual requires assistance from another person to transfer to and r, bed, toileting area, or wheelchair inside their home or care setting, with or tive devices.

riate answer:

s not meet criteria for assist.
sistance to transfer at least one day each week totaling four days
N assistance to transfer every time the activity is attempted.

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SPL ELIGIBILITY LEVELS

Changed and updated with new definitions

http://www.dhs.state.or.us/spd/tools/cm/ServicePriorityLevelInfo/1-18%20SPL%20Chart%20Eff.%2010-1-17.pdf

411-015-0010 Priority of Paid Services
Service Eligibility Levels – Effective 10/1/17

1	Requires Full Assist in Mobility (Ambulation or Transfer); & Eating; & Elimination; & Cognition (Need 1 Full Assist or 2 Substantial Assist)
2	Requires Full Assist in Mobility (Ambulation or Transfer); & Eating; & Cognition (Need 1 Full Assist or 2 Substantial Assist)
3	Requires Full Assist in Mobility (Ambulation or Transfer); or Eating; or Cognition (Need 1 Full Assist or 2 Substantial Assist)
4	Requires Full Assist in Elimination
5	Requires Substantial Assist in Mobility (Ambulation inside or Transfer); & Assist with Eating; & Assist with Elimination (Toileting or Bowel or Bladder)
6	Requires Substantial Assist with Mobility (Ambulation inside or Transfer); & Assist with Eating
7	Requires Substantial Assist with Mobility (Ambulation inside or Transfer); & Assist with Elimination (Toileting or Bowel or Bladder)
8	Requires Minimal Assist in Mobility (Ambulation only); & Assist with Eating; & Assist with Elimination (Toileting or Bowel or Bladder)
9	Requires Assist with Eating & Elimination (Toileting or Bowel or Bladder)
10	Requires Substantial Assist with Mobility (Ambulation inside or Transfer)
11	Requires Minimal Assist in Mobility (Ambulation only); & Assist with Elimination (Toileting or Bowel or Bladder)

SPL ELIGIBILITY LEVELS

Changed and updated with new definitions

http://www.dhs.state.or.us/spd/tools/cm/ServicePriorityLevelInfo/1-18%20SPL%20Chart%20Eff.%2010-1-17.pdf

11	Requires Minimal Assist in Mobility (Ambulation only); & Assist with Elimination (Toileting or Bowel or Bladder)
12	Requires Minimal Assist in Mobility (Ambulation only); & Assist with Eating
13	Requires Assist with Elimination (Toileting or Bowel or Bladder) (13 is current cutoff for Medicaid)

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14	Requires Assist with Eating
15	Requires Minimal Assist in Mobility (Ambulation only)
16	Requires Full Assist in Bathing; or Dressing
17	Requires Assist in Bathing; or Assist with Dressing; or Full Assist with Grooming or Full Assist with Personal Hygiene
18	Independent SPL 1-17 & Requires structured living for supervision for complex medical problems or a Complex medication regimen

SERVICE PLANNING DATES

- End the current Benefit Plan effective the day before the change is occurring and begin a new Benefit Plan effective the day the change is effective.
  - For example, a new provider is starting for the consumer on October 15. In this case, the following action would be taken:

Benefit Eligibility and Service Planning

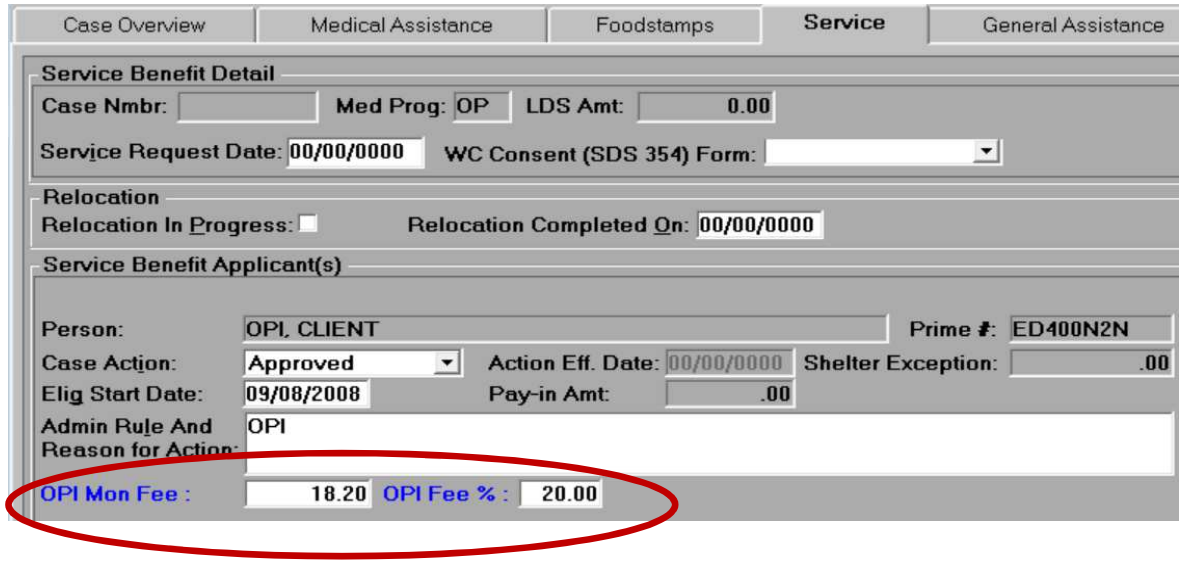
Assmt Date: 08/01/2017 Valid until: 08/31/2018

Benefits Ben Act

Service Category/Benefit	Begin Date	End Date	Status
OPI	08/01/2017	10/14/2017	Approved
OPI	10/15/2017	08/31/2018	Pending

MONTHLY HOURS FOR OPI FORMS AND OPI CONSUMER FEES

Continue to use the OPI Service Agreement (SDS 0287L) and the OPI Income/Fee Determination Record (SDS 0287K). The monthly tool can be used to calculate the monthly hours from the 14 day plan to determine consumers monthly OPI cost. The total monthly cost should be updated on the OACCESS Benefits, Service tab in the OPI Mon Fee and the OPI Fee % boxes



VOUCHER RELATED ISSUES

If local resources have exhausted what to do to for creating, fixing and printing voucher. Call the DHS service desk to start a ticket, to track and resolve issues.

DHS.ServiceDesk@state.or.us or call 503-945-5623

OPI CONSUMERS LOSING OPI ELIGIBILITY

See AR 17-065

During the next 12 months October 1, 2017 to September 30, 2018

OPI case is closed due to changing to a Service Priority Level (SPL) of 99, or a level the local AAA does not serve, APD needs the Case Manager to complete a Survey Monkey questionnaire

The survey will gather the following baseline information:

1. AAA where the consumer is served,
2. Year of Birth of the consumer
3. What is the last month the consumer received OPI services
4. Current OPI Risk combined score from the 287i, updated at closure of OPI services
5. Prior SPL from CAPS assessment previously used for OPI Benefits
6. Total OPI service plan monthly hours prior to closure
7. New SPL from CAPS assessment done with the updated SPL rules
8. Is the consumer considering leaving their home due to the ending of OPI Services?
9. List of OPI Services the consumer used

https://www.surveymonkey.com/r/YJFCSPW