

OPI POWER HOUR

November 29, 2017

Sandy Abrams, OPI Program Analyst

AGENDA

- **SDS 737 for OPI consumers**
- **Cognition Changes in the SPL and CAPS**
 - **Next Power Hour Wednesday, December 20th at 1:30**

REPRESENTATIVE CHOICE FORM³

Why: APD updated the form to prepare for compliance with the Federal expectations from the Home and Community Based Services Waiver.

Focus: For the Medicaid population to increase awareness, understanding and knowledge regarding new and emerging rights for the consumers receiving Home and Community –Based Services. Relates to Person-Centered Planning for Medicaid.

The Client Representative section of the form is needed for Medicaid consumers. But is **optional** for the OPI consumer.

See AR-17-041 for details.

“CLIENT REPRESENTATIVE”

At intake and reassessment, request “**Client Representative**” information for:

1. Guardian
2. Spouse
3. Adult Child(ren)
4. Parent(s)
5. Adult Sibling(s)
6. Other Relative(s)
7. Adult Friend(s)

New Policy: Get as many as possible!



CLIENT REPRESENTATIVE OPI INFORMATION

- Not required for OPI
- If known this could be helpful information for the OPI Case Manager to have.
- This form gives you the prompt to have the conversation about who would represent the consumer if they cannot make a decision.
- It is not a legal designation, just informational for the purpose of the OPI program and other OAA programs they may be participating in.
- APD will not appoint someone for an OPI consumer.

737 FORM

Complete the consumer information on the right side and cross out the sections that do not apply.

Representative Choice Form



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.

I may revoke or change my chosen client representative(s) at any time.

Client

Sally

DOB

Date comp.

11/28/17

Case number

Prime number

XXX 000 A1

Date of birth

01-01-29

SSN (last 4)

Branch code

5509

Worker

S Abrams

Worker phone

503-947-2391

I understand:

I do not have to choose a client representative. If I do not choose a client representative and my health or safety is at risk, APD may appoint one for me.

- The use of a client representative:
- Does not mean I am incompetent
 - Does not take away my legal and civil rights

- I do not want to choose a client representative.
- I do want a client representative, but cannot identify anyone at this time.
- I do not choose a client representative; see page 3.

Consumer employer representative

I understand that if I choose to receive in-home services provided by a homecare worker:

- I must be able to manage the employer duties listed below or
- I must choose someone to manage them for me

No one paid to provide me services can be my consumer employer representative. If it is determined that my consumer employer representative cannot perform the duties I must choose a new one.

Employer duties include:

- Locate, screen and hire a qualified homecare worker
- Supervise and train the homecare worker
- Schedule the homecare worker's work, leave and coverage
- Track the hours worked and verify the authorized hours completed by the homecare worker
- Recognize, discuss and try to correct any work problems with the homecare worker and
- Terminate an unsatisfactory homecare worker.

I understand that if I select a consumer employer representative, any decisions should still be made with me.

- I choose to manage my own employer duties.
- I choose to have a consumer employer representative; see page 4.

737 FORM

- Update annually, signing the bottom of page 3.
- If employer representative is chosen, they sign on page 4.
- Add information to contacts tab in OACCESS.

Client representative information

In the future decision-making, I choose the following persons to make long-term care decisions for me if I am unable:

My first choice is:

Name: _____ (first, middle, last)
Date of birth: _____ Relationship to me: _____
Street address: _____
City, state, ZIP: _____
Phone number(s): _____ (specify type: cell, work, home)

My second choice is:

Name: _____ (first, middle, last)
Date of birth: _____ Relationship to me: _____
Street address: _____
City, state, ZIP: _____
Phone number(s): _____ (specify type: cell, work, home)

My third choice is:

Name: _____ (first, middle, last)
Date of birth: _____ Relationship to me: _____
Street address: _____
City, state, ZIP: _____
Phone number(s): _____ (specify type: cell, work, home)

Signature _____ Date _____

For APD office use only

No client representative identified. APD will appoint one if needed.

Consumer employer representative information

Name: _____ (first, middle, last)
Date of birth: _____ Relationship to me: _____
Street address: _____
City, state, ZIP: _____
Phone number(s): _____ (specify type: cell, work, home)

By signing below, I accept responsibility, on behalf of the client, for the consumer employment duties listed above under "consumer employer representative." If I cannot, or choose not to continue these duties, I will notify the person I have been helping and that person's case manager.

Signature of consumer employer representative, if any _____ Date _____

You can get this document in other languages, large print, braille or a format you prefer. Contact the APD forms coordinator at 503-945-6484 or email dhs.forms@state.or.us. We accept all relay calls or you can dial 711.

COGNITION CHANGES

The former components have been replaced with 4 new components

Self-Preservation

Decision-Making

Ability To Make Self Understood

Challenging Behaviors

ELIGIBILITY BASED ON COGNITION

To meet Full Assist in cognition (SPL 3) an individual must require:

- Full assistance in one (1) component; or
- Substantial assistance in two (2) components.
- Individuals assessed as minimal assist in multiple components may receive cognition hours but do not meet eligibility criteria

COGNITION ¹⁰

- For each assist level, a history of actions or behaviors showing they need help ensuring their **health and safety**.
- The new components will focus on care required, what does the caregiver need to do for them.
- Case Managers must assess the consumer's understanding of the risks and consequences of refusing to take their medication.
- OPI was not created to serve individuals for whom mental illness is the “primary driver of need.” OPI should refer consumer to the appropriate Mental Health provider for their Mental Health needs. OPI could meet the unmet ADL and IADL needs.
- Individuals are assessed based upon their functioning on prescribed medications.



COGNITION ¹¹

OAR 411-015-0006 (3)

- Cognition refers to how the individual is able to use information, make decisions, and ensure their daily needs are met.
- Assist levels are defined within each of the four components.
- Ability to manage any component of cognition, as defined in this rule, is assessed by how the individual is able to function without the assistance of another person.
- Assessment time frame in OAR 411-015-0008 shall be expanded when assessing cognition. The need for assistance that occurred more than 30 days prior to the assessment date shall be considered if need would likely reoccur in the absence of existing supports.



THREE CORE QUESTIONS ¹²

THAT SHOULD BE ANSWERED EACH TIME IN EVERY COMMENT IN ORDER TO CLEARLY EXPLAIN THE NEED.

First, consider why the consumer requires cueing, hands-on, monitoring, reassurance, redirection or support.

1. Does the consumer have a history of actions or behaviors show the need for assistance to ensure their health and safety.
2. Are there specific situations, such as bedtime or going to the doctor, that trigger the consumers need for assistance?
3. Is there a history of the consumer forgetting to complete basic health and safety tasks such eating meals or bathing as necessary?



THREE CORE QUESTIONS¹³ THAT SHOULD BE ANSWERED EACH TIME IN EVERY COMMENT IN ORDER TO CLEARLY EXPLAIN THE NEED.

Second, consider how frequently the consumer requires assistance.

- Consider the consumers ability to be left alone, are there times that assistance is not required?
- Does the consumer need assistance on a daily basis or are symptoms episodic?

Third, consider what the provider is doing to meet the consumers need.

- For the activity of self-preservation focus on the allowed assistance types that include cueing, hands-on, monitoring, reassurance, redirection or support.
- When the provider reports they are delivering assistance describe how the assistance is delivered

SELF PRESERVATION

OAR 411-015-0006 (3)

14

means an individual's actions or behaviors reflect the individual's understanding of their health and safety needs and how to meet those needs. Self-preservation refers to an individual's ability to recognize and take action in a changing environment or a potentially harmful situation. Self-Preservation includes, but is not limited to an individual:

- Being oriented to their community and surroundings such that they can find their way to their home or care setting.
- Understanding how to safely use appliances.
- Understanding how to take their medications.
- Understanding how to protect themselves from abuse, neglect or exploitation.
- Understanding how to meet their basic health and safety needs.

SELF PRESERVATION ASSIST TYPES

- Self-preservation does not include the individual engaging in acts that may be risky or life threatening when the individual understands the potential consequences of their actions.
- Self-preservation includes the following assistance types (see OAR 411-015-0005) unless otherwise indicated in the assist level:

Cueing.

Hands-on.

Monitoring.

Reassurance.

Redirection.

Support.

SELF-PRESERVATION ¹⁶ MINIMAL

Example: John goes to a specialist doctor once per month for the past 4 months he has become lost and confused. He said he does not recall much of that day and has been brought home by law enforcement. His neighbor Alfred is now escorting him to ensure that he gets to the car, to the doctor's office and back again. Other trips and activities do not seem to be impacted, but family and neighbors are checking in on him based on conversations with his daughter Alice and neighbor during the review.

Minimal Assist: The individual needs assistance at least one day each month to ensure they are able to meet their basic health and safety needs because they are unable to act on the need for self-preservation or they are unable to understand the need for self-preservation. The need may be event specific.

SELF-PRESERVATION SUBSTANTIAL

Example: Ms. P told me she tries to cook on the gas stove, however according to Mr. P she forgets to light the burner. She was hospitalized because of Carbon Monoxide poisoning in April 2017. She has also burned herself on the heating element. She wants to and tries to cook daily. Her spouse 'keeps an eye' on her at meal times every time she goes to the kitchen. Additionally, if she walks just a few homes away from hers, she cannot find her way home and becomes very distressed. Mrs. P according to Mr. P does not try to go out often but at least one time per day and he redirects her.

Substantial Assist: The individual requires assistance because they are unable to act on the need for self-preservation nor understand the need for self-preservation at least daily.

SELF-PRESERVATION FULL

Example: Mr. M. no longer appears to understand how to meet his needs based on this CM's observations and information from his wife and caregivers. He does not take action or communicate his need for basic life activities such as eating, drinking, cleansing and elimination. His family & caregiver must determine his needs and then offer hands on assistance and cueing throughout the activity. Mr. M. is not be left alone for even short time periods each day due to his very advanced needs related to dementia

Full Assist: The individual requires assistance to ensure that they meet their basic health and safety needs throughout each day. The individual is not able to be left alone without risk of harm to themselves or others or the individual would experience significant negative health outcomes. This does not include assistance types of support or monitoring.

FA only includes Cueing, Hands On, Reassurance, and Redirection.

DECISION MAKING

19

OAR 411-015-0006 (3)

means an individual's ability to make everyday decisions about ADLs, IADLs, and the tasks that comprise those activities. An individual needs assistance if that individual demonstrates they are unable to make decisions, needs help understanding how to accomplish the tasks necessary to complete a decision, or does not understand the risks or consequences of their decisions. An individual needing assistance with decision making demonstrates:

- They are unable to make decisions,
- Needing assistance in understanding how to accomplish the tasks necessary to complete a decision, or
- They do not understand the risks or consequences of their decisions.
- This is different than self-preservation. In this component, a consumer may know that they need to eat but they cannot think through the steps to get food.



DECISION MAKING ²⁰ ASSIST TYPES

- Decision-Making includes the following assistance types, unless otherwise indicated in the assist definitions:
 - **Cueing;**
 - **Hands-on;**
 - **Monitoring;**
 - **Redirection; or**
 - **Support.**

DECISION MAKING MINIMAL

21

Example: Mr. Smith cannot follow through on making decisions. He knows that he needs to go to the doctor but he cannot remember the steps it takes to call the doctor and schedule the appointment. His family has to schedule the appointment, keep the appointment reminder visible, cue him to get ready for the appointment and help him to get to there. Mr. Smith has COPD and sees his doctor monthly. Without support, Mr. Smith misses his critical appointments.

Minimal Assist: The individual requires assistance at least one day each month with decision-making. The need may be event specific.

DECISION MAKING SUBSTANTIAL

22

Example: Mrs. W. appears to not make decisions independently. This CM observed as her caregiver cued her through each decision, prompting her to understand the choices as we discussed living options. It is reported that Mrs. W. also forgets the steps necessary to take her medications. Her family/caregiver must cue, monitor and provide support throughout this task and will monitor her each day. She was hospitalized in June because she did not take her medications.

Substantial Assist: The individual requires assistance in decision-making and completion of ADL and IADL tasks at least daily

DECISION MAKING

FULL

23

Example: Mr. J no longer lives alone (moved to son's a year ago) due to his prior problems to pay his bills, eat, dress properly for the weather, use caution when cooking and caring for himself. His advanced dementia and ongoing confusion is impacting his decision making. The son and family caregivers must continuously redirect, explain, cue, support and provide hands-on assistance throughout the entire day. The consumer cannot be left alone as he will try to leave, cook, apply creams to his skin and eat things that are not edible. He was found in stupor from drinking cleaning fluid previous to being on services a year ago.

Full Assist: The individual requires assistance throughout each day in order to make decisions, understand the tasks necessary to complete ADLs and IADLs critical to one's health and safety. The individual may not be left alone without risk of harm to themselves or others or the individual would experience significant negative health outcomes. This does not include assistance types of support or monitoring.

FA only includes Cueing, Hands-on, Reassurance, Redirection

ABILITY TO MAKE SELF- UNDERSTOOD

OAR 411-015-0006 (3)

24

Means individual's cognitive ability to communicate or express needs, opinions, or urgent problems, whether in speech, writing, sign language, body language, symbols, pictures, or a combination of these including use of assistive technology.

An individual with a cognitive impairment in this component demonstrates an inability to express themselves clearly to the point their needs cannot be met independently.

ABILITY TO MAKE SELF-UNDERSTOOD

Does not include the need for assistance due to language barriers or physical limitations to communicate.

Ability to make self-understood includes the following assistance types, unless otherwise indicated in the assist definitions:

- **Cueing.**
- **Monitoring.**
- **Reassurance.**
- **Redirection.**
- **Support.**

ABILITY TO MAKE SELF-UNDERSTOOD MINIMAL

26

Example: The consumer, dx with dementia, is unable to tell her family/caregiver when she is hungry or when she needs her pain medications. CM observed consumer struggling to find the words to explain to her caregiver that she was thirsty. The caregiver must try to interpret what the consumer says and needs or cue the consumer with appropriate words regarding her needs and expressions. This happens one or two times a month according to the family. Word Salad issues.

Minimal Assist: The individual requires assistance at least one day each month in finding the right words or in finishing their thoughts to ensure their health and safety needs. The need may be event specific.

ABILITY TO MAKE SELF-UNDERSTOOD SUBSTANTIAL

27

Example: The consumer has changed and is not able to express his needs, including asking for food or water. Family/caregiver interprets sounds and facial expression to determine if the consumer needs something. The CM saw the caregiver provide reassurance while the consumer tried to express himself. He can be left alone for short period of times without endangering his safety. He does at times use a communication board depending on his fatigue.

Substantial Assist:

The individual requires assistance to communicate their health and safety needs at least daily.

ABILITY TO MAKE SELF-UNDERSTOOD

28

Example: The consumer is non verbal and is not using a communication device. She is not left alone because she cannot alert anyone she is in pain or has a need. The CM saw the consumer become agitated and cry out wordlessly when the caregiver left the room, the caregiver helped the consumer through hands-on assistance to adjust her position and get a drink of water. Family and caregivers help the consumer communicate non-verbally.

Full Assist: The individual requires assistance throughout each day to communicate and is rarely or never understood and cannot be left alone without risk of harm to themselves or others or the individual would experience significant negative health outcomes. Full assist includes hands on assistance in addition to the assist definition included in paragraph (c). **This does not include assistance types of support or monitoring.**

CHALLENGING BEHAVIORS

OAR 411-015-0006 (3)

Challenging Behaviors means an individual exhibits behaviors that negatively impact their own or others' health or safety. An individual who requires assistance with challenging behaviors does not understand the impact or outcome of their decisions or actions.

CHALLENGING BEHAVIORS

Challenging behaviors include, but are not limited to, those behaviors that are verbally or physically aggressive and socially inappropriate or disruptive.

Does not include the individual exhibiting behaviors when the individual understands the potential risks and consequences of their actions.

Challenging behaviors includes the following assistance types, unless otherwise indicated in the assist definitions:

**Cueing,
Hands-on,
Monitoring or
Redirection**

CHALLENGING BEHAVIORS

MINIMAL

31

Example: The consumer has Huntington's Disease. He becomes agitated and disruptive to others. He has a history of shoving and kicking his caregivers and family members when doing personal care or startled. The caregiver must provide cues, verbal calm reassurance and monitoring when doing personal care. He can be redirected and is able to "get back in control "with reassurance or cueing. This often occurs at least three days per week but not daily.

Minimal Assist: The individual requires assistance at least one day each month dealing with a behavior that may negatively impact their own or others' health or safety. The individual sometimes displays challenging behaviors, but can be distracted and is able to self-regulate behaviors with reassurance or cueing. Minimal assist includes reassurance assistance.

CHALLENGING BEHAVIORS SUBSTANTIAL

32

Example: The consumer has a history of significant challenging behaviors since her stroke and fall. She strikes out at others at least daily. She has been hospitalized 5 times this past year because she hurt herself while in a behavioral outburst. She appears to not self-regulate her behaviors and in conversation she does not understand the consequences of her actions. The caregiver must provide reassurance, redirection, monitoring, cueing and hands-on support, when needed.

Substantial Assist: The individual requires assistance in managing or mitigating their behaviors at least daily. The individual displays challenging behaviors and assistance is needed because the individual is unable to self-regulate the behaviors and does not understand the consequences of their behaviors.

CHALLENGING BEHAVIORS FULL

33

Example: The individual has a significant TBI and demonstrates he cannot manage his emotions or behaviors. Every awake hour he must have one on one support. The caregiver provides redirection, reassurance and hands on support. The consumer can never be left alone because of the significant danger to others based on his history from family. It is reported that he will throw items, bite himself, kick, scream and hit anything he can reach.

Full Assist: The individual displays challenging behaviors that require additional support to prevent significant harm to themselves or others. The individual needs constant assistance to the level that the individual may not be left alone without risk of harm to themselves or others or the individual would experience significant negative health outcomes. **This does not include assistance types of monitoring.**