

Topic:	Case Management activities and the ONA v.3
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Overview

Description: This guide describes the impact of the Oregon Needs Assessment (ONA) on the delivery of case management services.

Purpose/Rationale: The Oregon Needs Assessment is the only tool permitted to act as a Functional Needs Assessment (FNA) or Level of Care for ICF/IID (LOC) when a FNA or LOC is required to be conducted. A FNA and LOC is required:

- Within the initial ISP planning period and prior to the authorization of the initial plan (i.e. New to Service). The initial LOC determination must be made by an assessor using the ONA;
- No more than 12 months from the last FNA or LOC;
- At times or ages as determined by ODDS (see below for details);
- When an individual's support needs seem to have changed; and
- When requested by the individual or the individual's representative.

The ONA will also establish whether an individual has support needs that permit a qualified PSW to be paid an enhanced or exceptional wage (defined by the current Collective Bargaining Agreement). The ONA will NOT establish service levels (hours), tiers, or rates at this time.

The role of a case manager has been impacted with the use of this new assessment tool.

Applicability: Services Coordinators, Personal Agents, Assessors.

Procedure(s) that apply:

Assessment Using the ONA:

Conducting an ONA has three components which do not have to occur at the same time or in a prescribed sequence. They are:

- a face to face observation of the individual (the individual must be seen);
- a record review;
- interview(s).

Completion of the ONA may not take more than 30 calendar days. An ONA is "completed" upon successful submission into eXPRS after all three components have been conducted. This means that if the record review is completed on June 6, 2018, the face to face observation occurs on June 30, 2018 and the interview with others is on July 1, 2018, the ONA must be then submitted in eXPRS no later than July 5, 2018. More detailed information on the tool and how to use it can be found in the [ONA Manual](#).

An ONA is valid for up to 12 months, meaning, for example, that an ONA completed any date in November of 2018 is valid through November 30, 2019. The timeframe for completing an ONA is independent of the ISP dates, it can be completed at any point during an ISP year, as long as not more than twelve months have passed since the last one.

An **Assessor** (not a case manager) must conduct the ONA:

- For an initial ONA.
- When a case manager suspects the individual's needs have changed for the long term (for next several months) in a way that would require a change to an ONA.
- Not more than 60 months from the last time an assessor conducted an ONA for an adult.
- When a child is 3, 4, 5, 8, 12, 15, and 18 years old. This assessment may not be completed more than 60 calendar days prior to the birthdate, and not more than 12 months from the most recently completed ONA. For example, a child turning 8 on August 26th, whose last ONA was completed February of the previous year, must have an assessor complete an ONA between June 27th and the end of the next February. It is not required to be before the birthdate.
- When a reassessment is requested by the individual or the individual's representative.
- When an individual does not have an ICF/IID LOC (such as a child turning 18 who has been enrolled in the MFW/MICW). This assessment must occur within 60 days before enrollment into the new waiver.

It is expected that a case manager will work closely with the assessor to get the ONA completed. If the case manager has reason to believe the face to face and/or interview will be more productive with their being present, the case manager should be there, but it is not a rule requirement. There may be times where the individual does not want the case manager present or there may be an extenuating circumstance preventing the case manager's attendance. The assessor will interview the case manager while conducting the ONA. If needed, the case manager can assist the assessor to locate appropriate records and identify potential interviewees who may contribute to the assessment.

The assessor must submit an initial or updated ONA, scored using their best judgement. Their training and expertise qualifies them to ultimately settle on how the ONA is scored. A case manager may discuss an assessor's scoring in order to get to the correct scoring as intended in the manual and consistent with Department policy.

The following may be billable CM activities when the case manager can adequately document them:

- Gathering information during the interview that leads to ISP development (be specific, what was learned and how it will contribute)
- Preparing the individual for the interview by describing the assessment process, its function, and how they can help make it an accurate reflection of support needs (be specific, what did you tell the person).
- Assisting the individual to identify and invite the people in her/his life that can contribute to the assessment by being interviewed.

The following are not billable CM activities:

- Merely providing information TO an assessor about the individual needs being assessed. (i.e. a progress note that says "participated in an ONA" would not support a claim.
- Scheduling a time and place for ONA activities.

LOC Using the ONA:

For the initial Level of Care (i.e., anyone who does not have a current D&E approved LOC due to a lapsed LOC, or an individual who is newly eligible) the eligibility information must be entered in eXPRS. Additionally, the ONA must be completed and submitted for the LOC to be complete.

Completion of an annual ICF/IID LOC redetermination with the ONA does not occur as a standalone activity. When an ONA is completed, the LOC is automatically re-determined as part of that process. It does not require a signature by the individual, the guardian nor the case manager. Successful submission of the ONA into eXPRS is affirmation that the LOC was determined.

In the event that the LOC summary indicates that the individual does not meet LOC, the LOC will “pend” in eXPRS. The D&E Coordinators review pending LOCs at least two times per week. The D&E Coordinator will likely request additional information from the Eligibility Specialists to determine if an exception may be granted. If an exception is granted, the LOC will be approved by the D&E coordinator. If the exception is not granted, the D&E Coordinator will notify the CME and send a notice to the individual regarding service eligibility. The ONA will not determine LOC for a child in the Medically Fragile Children or Medically Involved Waiver program, but the ONA is still required to be completed. The tools and processes for establishing hospital and nursing facility LOC will continue to be required, as will the Behavior Conditions Criteria for entry into the CIIS Intensive Behavior Program. When a child in one of these programs is approaching their 18th birthday it is important to establish DD eligibility (if applicable) and have an assessor conduct an ONA. This last ONA prior to T18 will establish ICF/IID LOC for a child who will be entering adult DD services.

The following may be billable CM activities when the case manager can adequately document them:

- See above under “Assessment.” When an ONA is completed, so is the LOC. The SC/PA’s role is the same.
- For a child leaving the MFW or MICW program, an explanation of why they may or may not qualify for adult DD services, and other options available to them.

Offer of Choice:

The offer of choice does not have a relationship to the LOC. The Freedom of Choice form (DHS [2808](#)) is the document that demonstrates that choice between HCBS and institutional has been offered and the choice that was made. It also confirms that a child who is leaving the CIIS behavior waiver or Children’s waiver

and enrolling into the Adult's waiver still meets the ICF/IDD Level of Care. When completed for a child, it must be retained until the individual turns 25. For an adult, it must be permanently maintained in the individual's file.

The offer of choice of services delivered in an ICF/IID or through Home and Community Based Services must be given to:

- Every person initially entering DD services or about to have an initial ISP. Must be done before the initial ISP; and
- Every individual entering a new waiver, including a child who will be transitioning to the adult waiver when turning 18 years of age, or a child entering or leaving any of the three CIIS waivers. Must be done before entering a new waiver.

It is not required annually.

The following may be billable CM activities when the case manager can adequately document them:

- Explaining the difference between institutional and Home and Community Based Settings (HCBS)
- Describing options within HCBS
- Assessing that a child about to turn 18 leaving the CIIS behavior or Children's waiver still meets the LOC.

Tiers and service levels:

The ONA will not set rates, tiers, or service levels (hours) at this time. The rate setting tools will remain and are:

- SE49/145/149/151: The ANA/CNA will continue to be used to set service levels for people living in their own or family homes.
- SE51: The ANA will be used for building a budget in Supported Living.
- SE50: The SIS will be used for setting rates in 24-hour residential programs for adults.
- SE158/258: The SNAP will be used for setting rates in Foster Care.

Rate and service level setting activities do not need to be completed annually. Rate and service level setting activities only need to occur when:

- An individual is new to the service element;
- There is a significant change in the individual's support needs;
- There is a request for a review of the service level/rate/tier.

When these activities do need to occur, they do not substitute for the ONA. An assessor does not necessarily have to do these activities, but may. The ANA/CNA may be conducted by a case manager who is trained to use those tools.

The following may be billable CM activities when the case manager can adequately document them:

- Completing an ANA/CNA in order to set a service level;
- Gathering information that leads to the development of an ISP, identification of a risk, updates to person centered information, etc.

Customer Service:

Individuals and their legal guardians must be offered a copy of their ONA. If needed, it must be provided in a language or format that is preferred by the individual. The individual or guardian may choose to share their ONA with others as they desire.

If an individual or their guardian disputes an area of the assessment and shares this with the case manager, please see [this document](#).

ONA and CM Billing:

As stated, an ONA is comprised of multiple activities. However, it is considered as one task for the purposes of making a claim for the service in eXPRS.

Conducting any of the three required components and entering information into the tool are not separate case management activities, even when a case manager is doing them. Only the completion of an ONA is billable as a case management activity. However, conducting a component of an ONA does not preclude the possibility of a billable case management activity from occurring on the same day, regardless of who conducts the ONA (assessor or case manager).

If an assessor completes the ONA on a date (i.e. submits it to eXPRS), and the case manager delivers a case management service on the same date, then the assessor can make a claim for completing the ONA, and the case manager can

make a claim for delivering a different case management service. This is the only circumstance where two case management claims may be made for same individual on the same day.

A case manager who has been adequately trained to do so may conduct an ONA when an assessor is not required to conduct it. If the case manager conducts all the components of the ONA and determines that the individual's functional needs have not changed, and completes the ONA, the case manager can make a case management claim for that date. On that same day, the case manager who competes the ONA may not make a claim for an additional case management service.

If, on the other hand, while conducting an ONA, the case manager determines that the individual's functional needs *have* changed and that an assessor is required to complete the ONA, then that determination will be considered a case management service and may be claimed as such, but a claim for an ONA completion cannot be made by the case manager.

A progress note is required to support a claim for completing an ONA. The progress note must meet all the requirements of a progress note that supports any other case management service claim. The CME can establish internal practices for how an assessor's documentation gets into the individual case record. A qualifying progress note could read, with appropriate editing:

“ASSESSOR NAME submitted an ONA into eXPRS for NAME on DATE. This was following a review of available documentation, a face to face encounter with NAME on DATE at PLACE, as well as interviews with NAME, NAME, and NAME. See the completed ONA in eXPRS for the assessment outcomes.”

Definition(s):

“Assessor” means a person who meets the qualifications described in 411-425-0040, who has been trained by ODDS to conduct an Oregon Needs Assessment.

"Case Manager" means a person who delivers case management services or person-centered service planning for and with individuals, meets the qualifications of OAR 411-415-0040, and is employed as one of the following --

- (a) A personal agent by a Brokerage.
- (b) A services coordinator by a CDDP.
- (c) A services coordinator by the Department.

"Initial ISP" means the first ISP --

- (a) For an individual who is newly entered into case management services;
or
- (b) Following a period when the individual did not have an authorized ISP.

"Initial Oregon Needs Assessment" means the first ONA --

- (a) For an individual who is newly accessing Community First Choice state plan or waiver services; or
- (b) Following a period when the individual was not determined to meet level of care

"Functional Needs Assessment" means the comprehensive assessment or reassessment appropriate to the specific program in which an individual is enrolled that documents physical, mental, and social functioning as determined by a Department approved tool.

(a) The functional needs assessment tool is the Oregon Needs Assessment; or --

(A) For community living supports as described in OAR chapter 411, division 450, the Adult Needs Assessment or Children's Needs Assessment.

(B) For 24-hour residential programs settings as described in OAR chapter 411, division 325, the Supports Intensity Scale, Adult Needs Assessment, or Children's Needs Assessment.

(C) For supported living programs as described in OAR chapter 411, division 328, the Adult Needs Assessment.

(D) For adult foster homes as described in OAR chapter 411, division 360, the Support Needs Assessment Profile, Adult Needs Assessment, or Children's Needs Assessment.

"Successful Submission" means the ONA is in completed status in eXPRS and is not in draft or pending.

Frequently Asked Questions:

Q: How do I know if someone might be able to have a qualified PSW paid at the enhanced or exceptional rate?

A: Information is available in the Enhanced/Exceptional Worker Guide.

Q: When someone transfers to a new CME, can the new CME see an ONA conducted by the previous CME?

A: Yes, a CME with a case management CPA for the individual will be able to see the completed ONA.

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