

ONA In Home Hours Exceptions

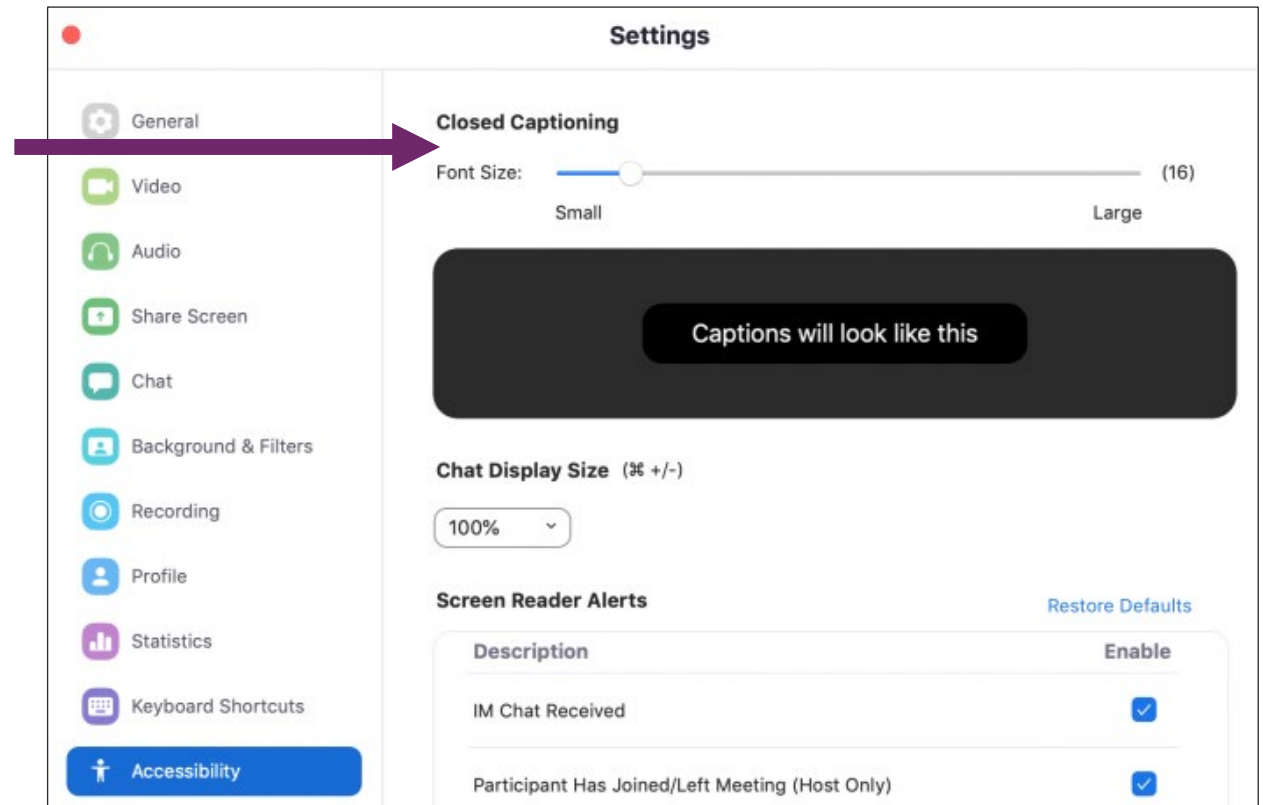
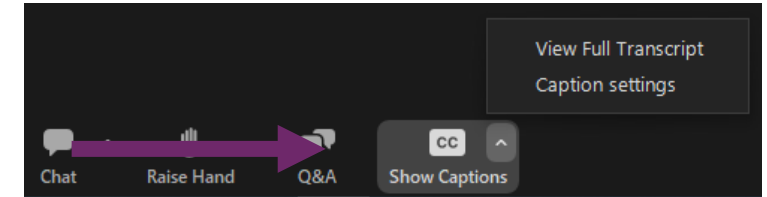


The Compass Project

Your choice. Your path. Your future

Accessing & Customizing Captions

1. Click on the CC icon (Show Captions) in the toolbar to enable real-time captions.
2. Click “Caption settings”.
3. Move slide bar to adjust caption



Chrissy Fuchs and Abby Koehnke



In Home Hours Exceptions Overview

- Staffing ratios – 2:1 and higher levels of staffing
 - Local level approvals
 - ODDS level approvals
 - Example
- Hours over the maximum amount in the service group (SG)
 - Overview
 - Criteria with examples

Staffing Ratios

- All staffing amounts over 1:1 are considered exceptions.

2:1 Exceptions

Local – CDDP or Brokerage Approval

- Has specific coding requirements in the ONA
- Within an amount based on the person's service group
- Complete 2:1 form and upload to eXPRS POC
- Approved by a supervisor

ODDS Approval

- Does not have the required coding in the ONA
- Is above the amount allowable locally
- Complete the exceptions form and submit documentation
- Approved by the exceptions committee

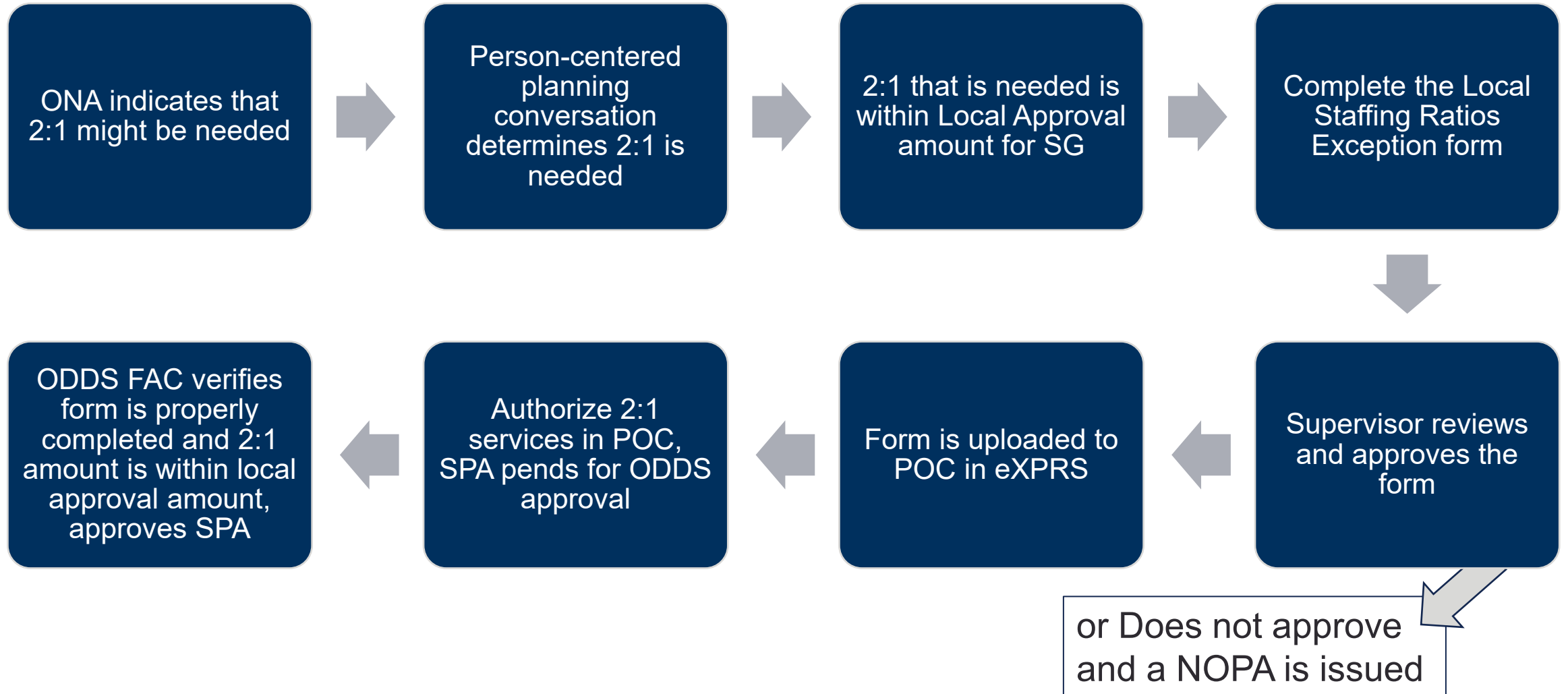
Local Staffing Ratio Exceptions form

Quick overview

Local authorization limits

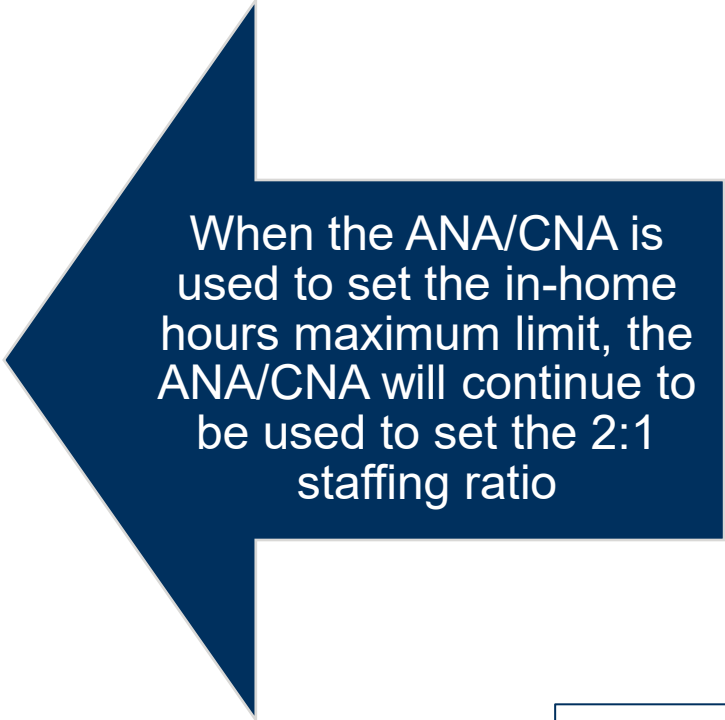
ONA Age Group	Service Group	Maximum local 2:1
Adult (18 and over)	Very low/ Low/ Moderate	30
	High	60
	Very High	90
Adolescent (12 – 17)	Very low/ Low/ Moderate/ High	30
	Very High	60
Child (4 – 11)	Moderate / High/Very High	30
Infant/Toddler (0 – 3)	Infant/Toddler	30

Local approval process

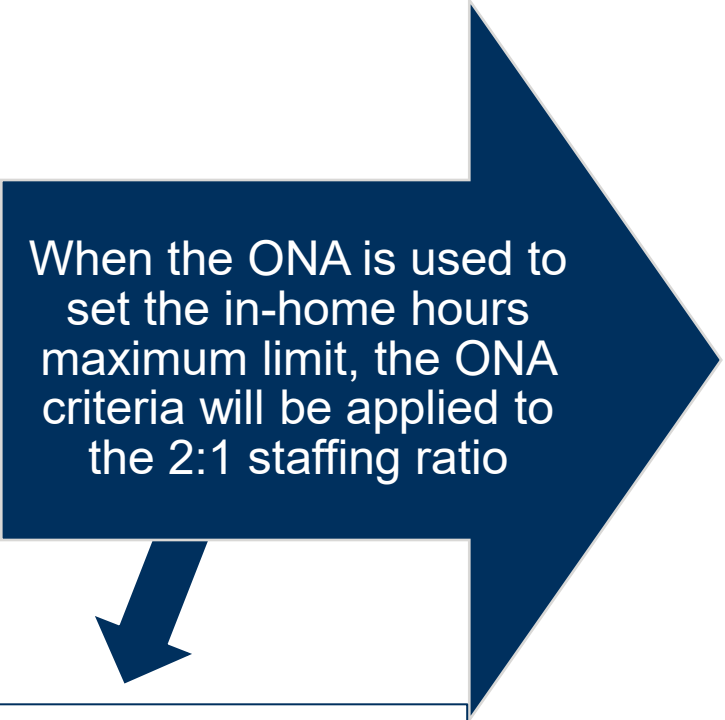


2:1, in home hours transition, and MOE?


The Maintenance of Effort (MOE) does not apply to 2:1 staffing ratios



When the ANA/CNA is used to set the in-home hours maximum limit, the ANA/CNA will continue to be used to set the 2:1 staffing ratio



When the ONA is used to set the in-home hours maximum limit, the ONA criteria will be applied to the 2:1 staffing ratio



NOPAs must be issued if the approved 2:1 amount is reduced – submit any reduction for ODDS exception review

Local approval criteria

Increased staffing ratio for the following reasons:

- To support a challenging behavior
- Need for intensive focus related to a challenging behavior
- To support medical treatments and therapies
- To support ADLs requiring two staff
- Training of supporters by specialized professionals

Behavior Criteria

- The person has a Positive Behavior Support Plan; and
- The Positive Behavior Support Plan includes safeguarding interventions (SIs); and
- One or more of the following behaviors present in the last year:

A diagnosis of PICA; or

Leaving supervised areas; or

Property destruction; or

Sexual aggression or assault; or

Aggressive or combative; or

Injurious to animals; or

Injurious to self

ONA Indicators for Behavior Criteria

	Criteria	ONA question	ONA coding
BOTH:	Positive Behavior Support Plan	39a	Yes
	PBSP includes safeguarding interventions	39d	Yes
At least one:	Injurious to self	18	Yes, present in past year
	Aggressive or combative	19	Yes, present in past year
	Injurious to animals	20	Yes, present in past year
	Sexual aggression or assault	23	Yes, present in past year
	Property Destruction	24	Yes, present in past year
	Leaving supervised areas	25	Yes, present in past year
	Diagnosis of PICA	26	Yes, present in past year

Behavior Criteria – Intensive Focus

The person has a Positive Behavior Support Plan; and

One or more of the following behaviors present in the last year:

- A diagnosis of PICA; or
- Leaving supervised areas; or
- Injurious to self; AND

The person's challenging behavior requires the caregiver to continuously attend to the person to keep the person healthy and safe and another caregiver is needed to complete necessary IADLs

ONA indicators for Behavior Criteria

	Criteria	ONA question	ONA coding
BOTH:	Positive Behavior Support Plan	39a	Yes
At least one:	Injurious to self	18	Yes, present in past year
	Leaving supervised areas	25	Yes, present in past year
	Diagnosis of PICA	26	Yes, present in past year

Behavior Staffing Exception Documentation

Traditional documentation:

- Description of the challenging behavior
- Frequency and duration of the challenging behavior(s)
- Doesn't take into consideration the proactive supports that are being provided that reduce the frequency and duration of the challenging behavior

Better documentation:

- Describe how the increased staff provides behaviors supports in all phases of the behavior cycle.
- Describe the frequency and duration of the need for the increased staff.
- Doesn't tie the need for the staff only to the frequency of the challenging behavior
- Encourages fading supports when the person is ready

Medical Criteria

The person has at least one medical treatment or therapy that needs to be performed five or more times per day by a caregiver.

All of these are present	
Item 46a	Yes
Item 46b – first column	Any treatment/monitoring/therapy type
Item 46b – second column	Receives 5 or more times per day
Item 46b – third column	Support person performs checked

ADL criteria

Two-person assist is needed for at least one ADL activity

	ONA question	Coding	Guidance
Dressing	3a or 3b	Dependent	Two-person assist
Transferring	4a, 4b, or 4c	Dependent	Two-person assist
Mobility	5b, 5c, 5d, or 5f	Dependent	Two-person assist
Eating/tube feeding	6b or 6c	Dependent	Two-person assist
Elimination	7a or 7b	Dependent	Two-person assist
Shower/ bathing	8a	Dependent	Two-person assist

Paid supports training

The person has:

- Positive Behavior Support Plan; or
- Nursing Care Plan

and the person has supports in those plan that require the paid supporters to receive training from:

- Behavior Professional; or
- LTCCN

and it is more cost-effective to for the supporters to receive the instruction from the professional together.

May be authorized at a ratio of more than 2:1 not to exceed the number of hours available in the service group

What number to authorize?

The person-centered planning process will guide the number of hours that the person needs to meet their 2:1 needs.

Most people will need an amount of 2:1 that is able to be authorized by the CME

Some people will need to have their request for additional staffing sent to ODDS for review when:

- Need more can be authorized by the CME or
- Has a need that doesn't fit within the criteria.

If a decision has not been made by ODDS before the ISP starts, the plan can be approved with the available 2:1 at the local level. When there is an approval, a change form can be used to increase the staffing ratio allocation in the ISP.

Documenting approval

All staffing ratios above 1:1 are exceptions, even when they can be approved by the CME

Exceptions, like all decisions about services, need to be administered equitably.

Case managers' role

- Clearly describe how the need for increased staffing presents for the person, how frequently that need for increased staffing occurs, and how much time the increased staffing is needed to meet that need. It is important that the supporting documents like the ISP, behavior plan, ONA, nursing plan, etc also support that the increased staffing is needed.

CME supervisors' role

- Approve or deny increased staffing based on an evaluation the request, determination if the request meets the criteria, and documentation demonstrating the need.

ODDS approval

When a person needs increased staffing and:

- Does not have the required coding in the ONA; or
- Is above the amount allowable locally; or
- Needs a ratio above 2:1

Complete the exceptions form (SDS 0514DD) and submit documentation to support the need for the increased staffing

What number to authorize pending ODDS approval?

If the person meets the criteria for a local exception but need exceeds what can be approved by the CME, an ISP can include up to the amount allowed locally. If ODDS approves additional staffing, a change form can be used to increase the allocation of hours.

Include documentation with the exception request that supports the number of hours that are being requested.

An hour allocation or staffing ratio that requires approval cannot be included on an authorized ISP before it is approved.

Start planning early. When possible, submit the exception request at least 45 days prior to the ISP start date.

Staffing Ratio

Shawna's Plan



Staffing ratios in the ISP – Desired Outcomes

The center of any ISP is the person's desired outcomes.

When planning, keep in mind the life that the person wants to live and how the supports that are being planned for help the person to achieve that life, including staff ratios.

*Not every need must be related to a desired outcome.

Desired Outcome:

- Shawna gives back to her church by being a greeter for service on Sundays

Key Steps:

- Shawna is ready to go by 8:00am on Sunday morning
- Shawna has transportation to her church to arrive before 8:45am on Sunday morning

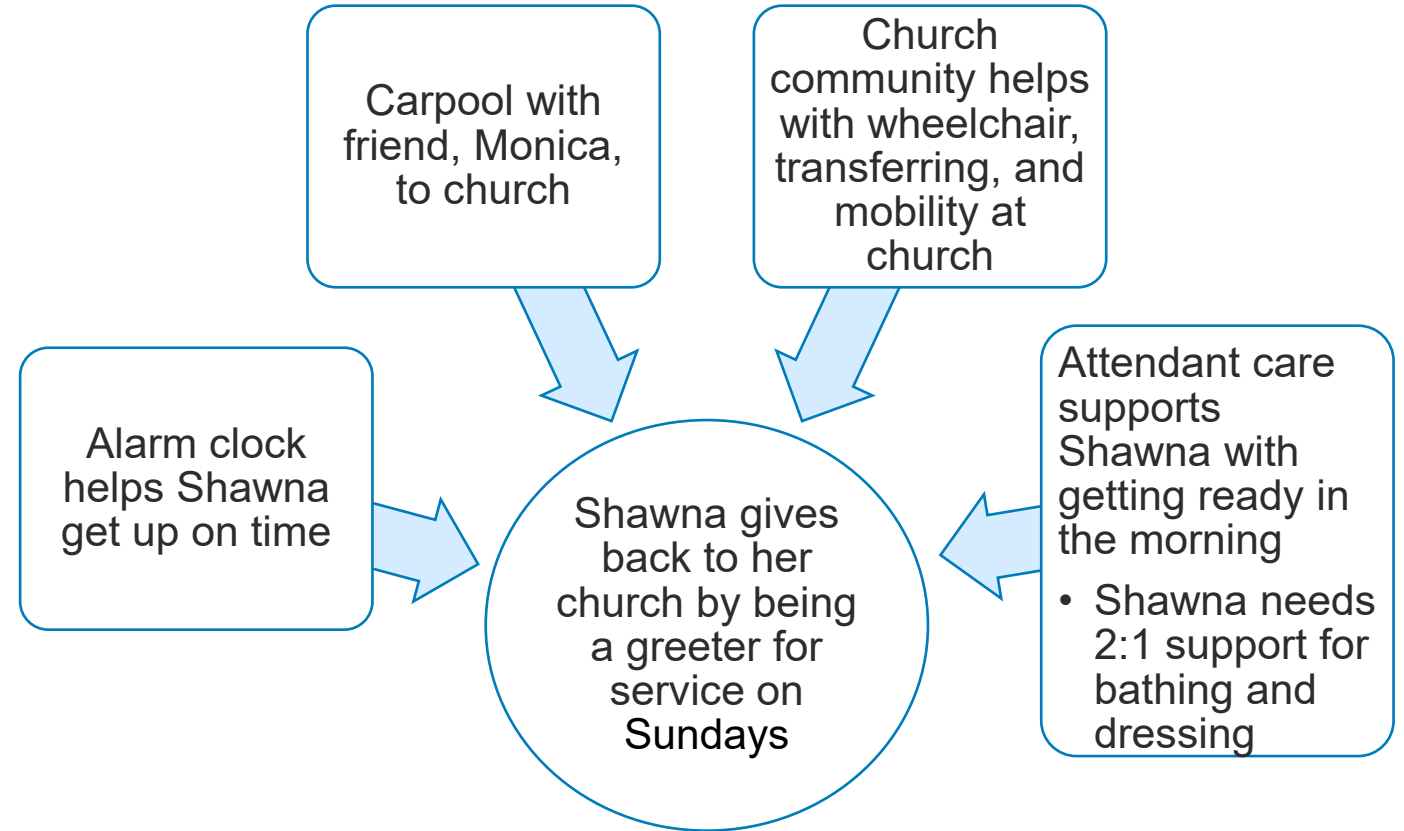
Staffing ratios in the ISP – Good life

Consider the person's full life.

Plan to have supports available in the right amount at the right times for their good life.

Use information about:

- the person's schedule,
- activities,
- resources that the person has in their life, and
- preferences



Staffing ratios in the ISP – pull it all together

Dressing: Shawna prefers to wear dressy clothes to church. Otherwise, Shawna likes comfortable clothing. Shawna will pick out her own clothing

- Need:
 - Shawna needs assistance getting her top over her head or buttoning a top. Shawna needs assistance with putting on bottoms and buttoning or zipping them
- Frequency:
 - Shawna needs help with dressing twice a day, everyday
- Duration:
 - It takes about 25 minutes to help Shawna dress per day

Bathing: Shawna prefers taking showers in the morning

- Need:
 - Shawna has a shower chair. Shawna is unstable while in her shower chair and needs stabilization from one person while another person washes Shawna's hair and body.
- Frequency:
 - Shawna takes a shower about 25 days a month
- Duration:
 - Shawna's shower takes about 25 minutes per day




Staffing ratios in the ISP - authorization

Chosen K plan services

None selected

Service element: SE49 Comp In-Home for Adults

Service code: OR526-Attendant Care support/supervision - ZE, 2:1 Staff

 Number of units: 30	Unit type: Hour(s)	Per (frequency): Month		
Authorized dates: <input checked="" type="checkbox"/> Same as plan effective dates				

Chosen provider type(s) and current rate(s) (PSW, non-PSW independent provider, provider organization, general business, etc.):

Shawna chooses to use a combination of PSWs and agency providers to meet her 2:1 needs

List needs identified by the needs assessment that this service will address:

Dressing: Shawna needs assistance getting her top over her head or buttoning a top. Shawna needs assistance with putting on bottoms and buttoning or zipping them. This usually takes two people because Shawna needs support with stability when dressing.

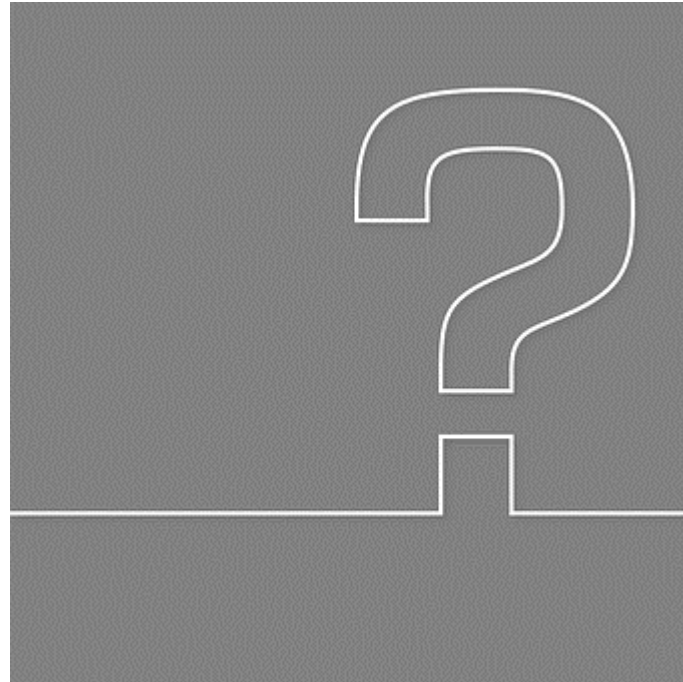
Bathing: Shawna has a shower chair. Shawna is unstable while in her shower chair and needs stabilization from one person while another person washes Shawna's hair and body.

Person's preference on how this service is delivered:

Dressing: Shawna prefers to wear dressy clothes to church. Otherwise, Shawna likes comfortable clothing. Shawna will pick out her own clothing.

Bathing: Shawna prefers taking showers in the morning. She likes to shower most days during a week

Questions



Hours over the service group limits

Exception criteria



Maintenance of Effort

Until at least March of 2025, ODDS cannot reduce the number of hours authorized in the person's ISP to less than their 2023 service level set by the most recent ANA or CNA summer hours.

If a person has a need for support above what is available from their current ANA or CNA summer hours and their ONA service group limit is lower than the ANA or CNA summer hours, an exception is appropriate to request additional needed hours

No new ANAs or CNAs need to be completed to people who are currently receiving in home services

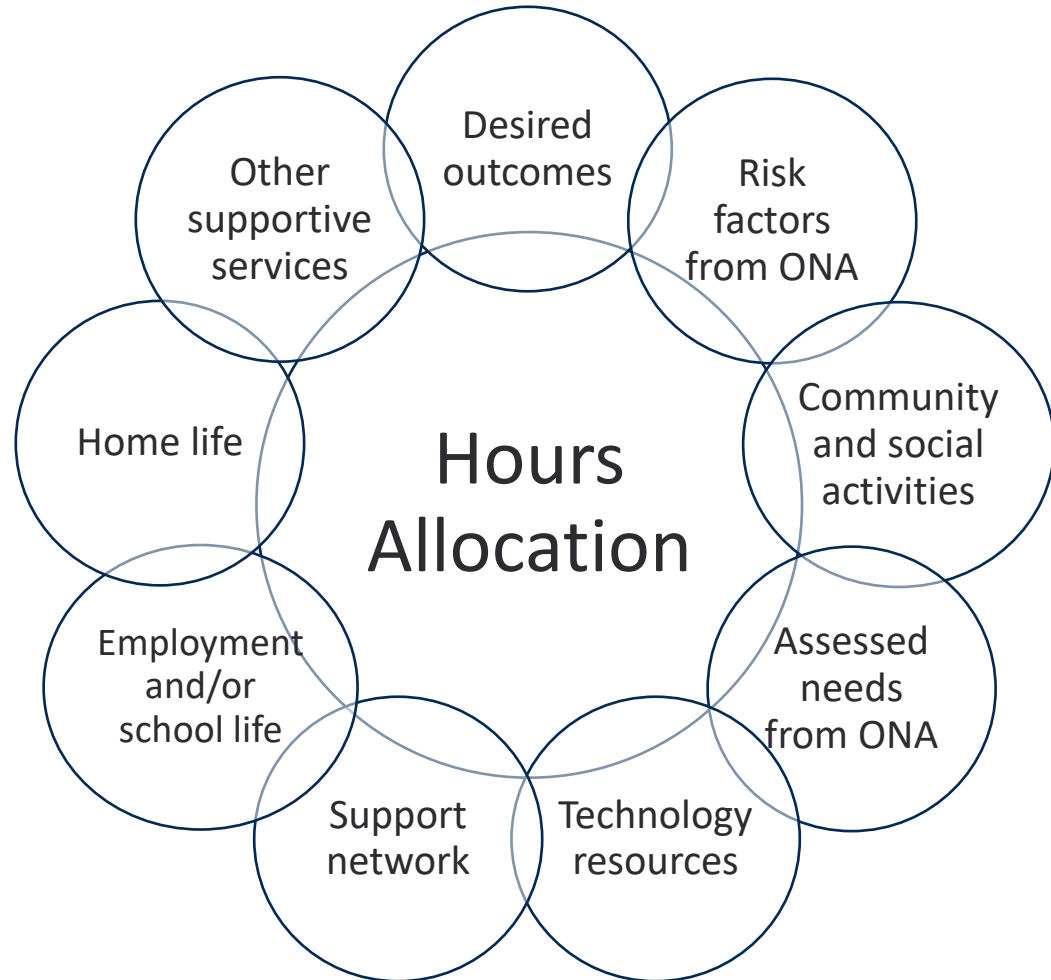
Hours over the service group range

The person-centered planning process determines the number of in-home hours a person needs to meet their needs.

A service group is a group of people who have a similar level of need.

Most people within a service group need support to meet their needs within the range of hours for that service group.

Factors that contribute to the number of hours



The specific number of hours that a person needs authorized in their ISP depends on a lot of things.

Sometimes, the number of hours a person needs exceeds the maximum amount in their service level.

This requires ODDS to approve an exception for more hours.

Increased hours above the service group limit

Exceptions can be needed for acute changes in need for time limited increases in support or for ongoing needs.

Exceptional amounts of hours are approved in 30 hour increments by ODDS.

These are entered as an “add-on” in eXPRS which will allow the service authorizations to exceed the number of hours allowed by the service group.

When a person needs more hours than is available in the ONA assigned service group, the personal agent or services coordinator must submit a request for the additional needed hours to ODDS.

Intermittent needs that cannot be scheduled, arises regularly, and would likely result in physical harm to the person or others if unmet

Toileting

Transfers

Mobility

Managing a recurring behavior

Uncontrolled seizures

Diabetes management that includes administration of sliding scale insulin

Airway, tracheal, or nasopharyngeal suctioning

Use of a CPAP/BiPAP or mechanical ventilator

Intermittent needs criteria

Example

Trey is 24. They live with their brother Joe in an apartment in Eugene. Trey works at a local bookstore and likes to play trivia with their friends at the bar close to their house. Trey uses an electric wheelchair to get around their home and community.

Trey had repeated UTIs several years ago due to not using the bathroom frequently enough. Trey needs help with transferring out of their chair and would sometimes have to wait a couple hours for that help.

Trey and their personal agent are getting together to come up with a plan that helps Trey work and participate in their community and stay healthy. They have invited Joe, their mom, their partner, their PSW, and their job coach to come up with a plan to support Trey

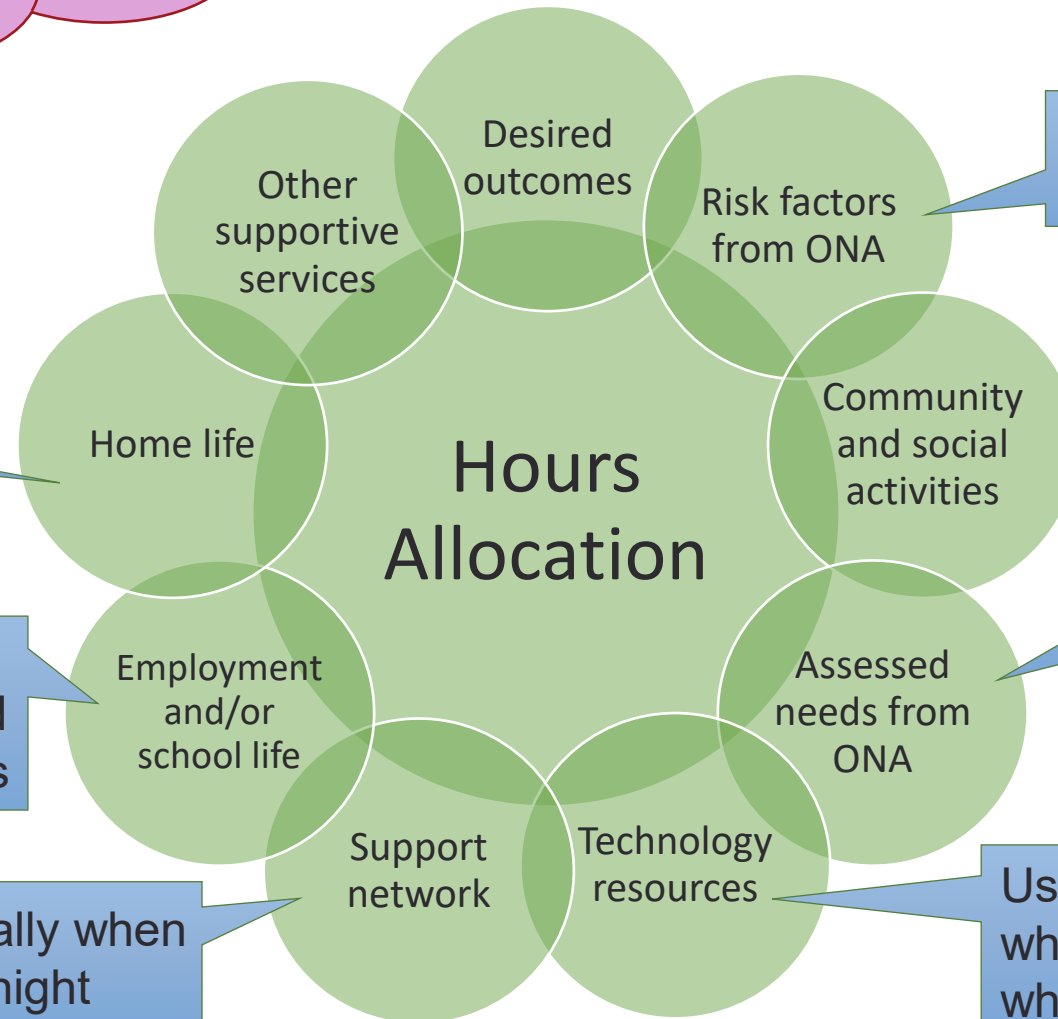
Planning with Trey

Trey wants to avoid missing work, getting sick, and burdening their friends/family

Lives in an apartment that is wheelchair accessible.

The bookstore where they work has an accessible restroom and has accommodations for breaks

Joe assists Trey occasionally when Trey needs assistance at night



Trey is at risk for UTIs requiring medical care

Trey needs substantial assistance with transfers.

Uses their phone to call Joe when at home and an electric wheelchair for mobility

Trey's request

Trey has talked to their doctor, their doctor says that Trey needs to empty their bladder when they have the need in order to prevent UTIs.

Trey doesn't want their PSW to be with them during the night, Joe has agreed to help Trey at night.

Trey needs to use the bathroom many times during the day but can have about an hour and a half between supporters a couple times a day as long as they get the opportunity to use the bathroom before their supporter leaves.

Knowing Trey's work schedule, the overnight supports from Joe, and their service level from the ONA, Trey needs about 30 hours more a month to ensure that they can use the bathroom during the day.

Trey's request

Trey's personal agent supports them in asking for an exception for 30 hours additional a month.

They include a letter from their doctor that says they need to use the bathroom when needed to prevent UTIs.

They also include information about Trey's schedule to show when they need additional support to ensure they do not have more than 90 minutes between supporters during the day.

Exceptional time needed

An ADL or health related task requires substantially more time to complete than others with similar assessed need and that additional time needed exceeds the service level

Example

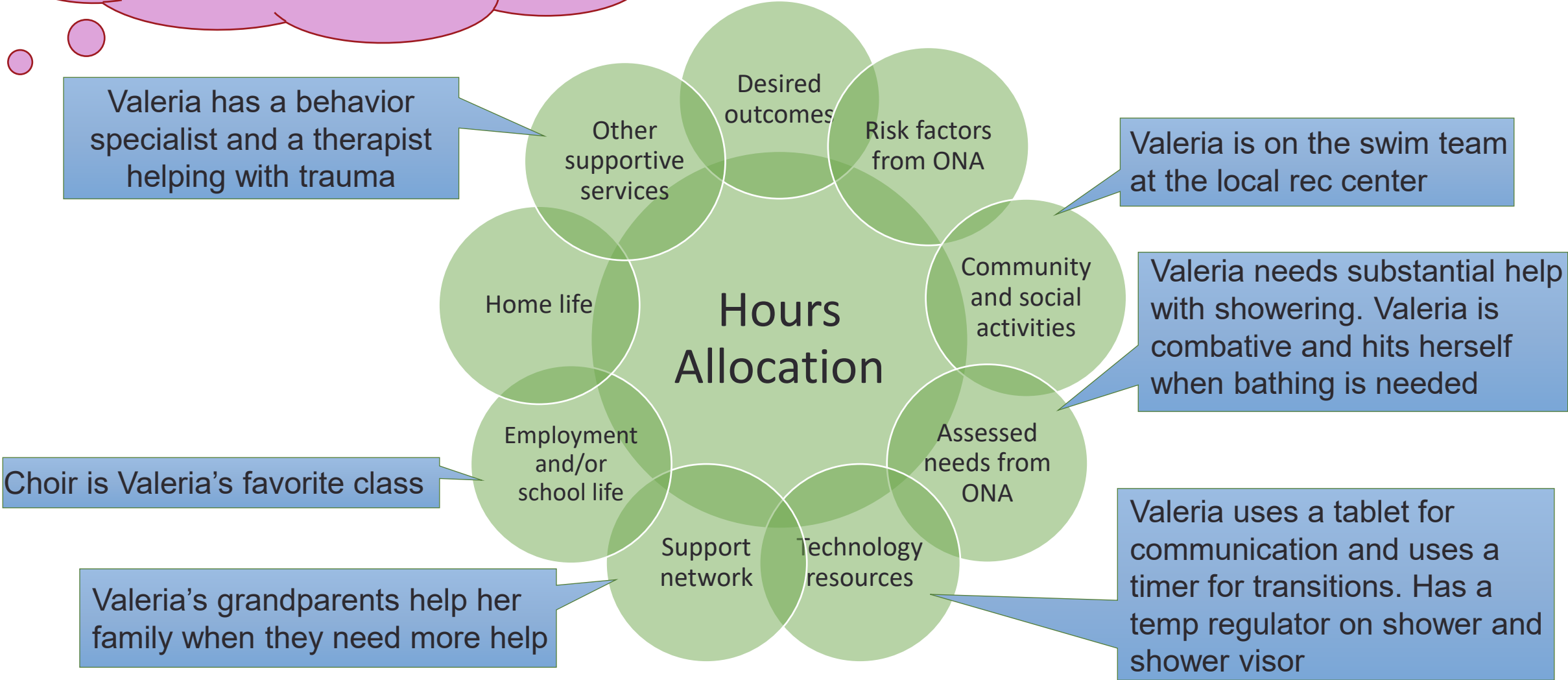
Valeria is 13 years old. She lives at home with her mom, dad, older sister, and two younger brothers. At school, she loves being in choir class. Valeria and her sister are on the swim team at the local rec center.

Valeria loves being in the pool, but she has had bad experiences with bathing at home. Valeria can often be resistive and combative when she needs to shower. Valeria's behavior specialist believes this is because she is afraid of the shower being too hot or getting soap in her eyes. Right now, it takes about 45 minutes a day to help Valeria take a shower.

Valeria, her behavior specialist, and her family meet to come up with a plan that works for Valeria to support her with bathing.

Planning with Valeria

*Valeria wants to avoid having bad experiences while showering
*based on behavior specialist's hypothesis



Valeria's request

Valeria's family, behavior specialist, and services coordinator worked together to find out how to support Valeria with bathing.

There are many ways Valeria is getting support. The behavior professional has helped Valeria's supporters help with the transition to taking a shower using her communication device and a timer. The family was also able to install a temperature regulator and get a visor to protect her eyes. Valeria is also receiving therapy each week to address trauma impacts.

These supports are helping but it is still taking about 45 minutes for Valeria to shower each day.

Valeria's request

Her family is requesting an exception for 30 hours a month to support to Valeria's extended time needed to shower.

They included the positive behavior support plan, behavior tracking, and tracking of time needed to complete bathing over the month.

Access to community

The person is unable to have regular access the community due to needing to use all available service level to meet ADL, IADL, and health related tasks

Example

Sameer is 42. He lives with his brother, his sister-in-law, and his nephew. Sameer used to work with his brother at a restaurant until his health changed.

About 5 years ago, Sameer had cancer and a large tumor removed. Sameer now uses a wheelchair and has g-tube. His family is really worried about Sameer getting ill in the community and Sameer is staying home a lot.

Sameer's brother and sister-in-law are both PSWs for Sameer. Sameer has said he misses working at the restaurant which was a hub of his Somali community.

Sameer, his brother, and his sister-in-law met with Sameer's services coordinator to help Sameer be part of his community while staying healthy.

Planning with Sameer

Sameer wants to stay out of the hospital

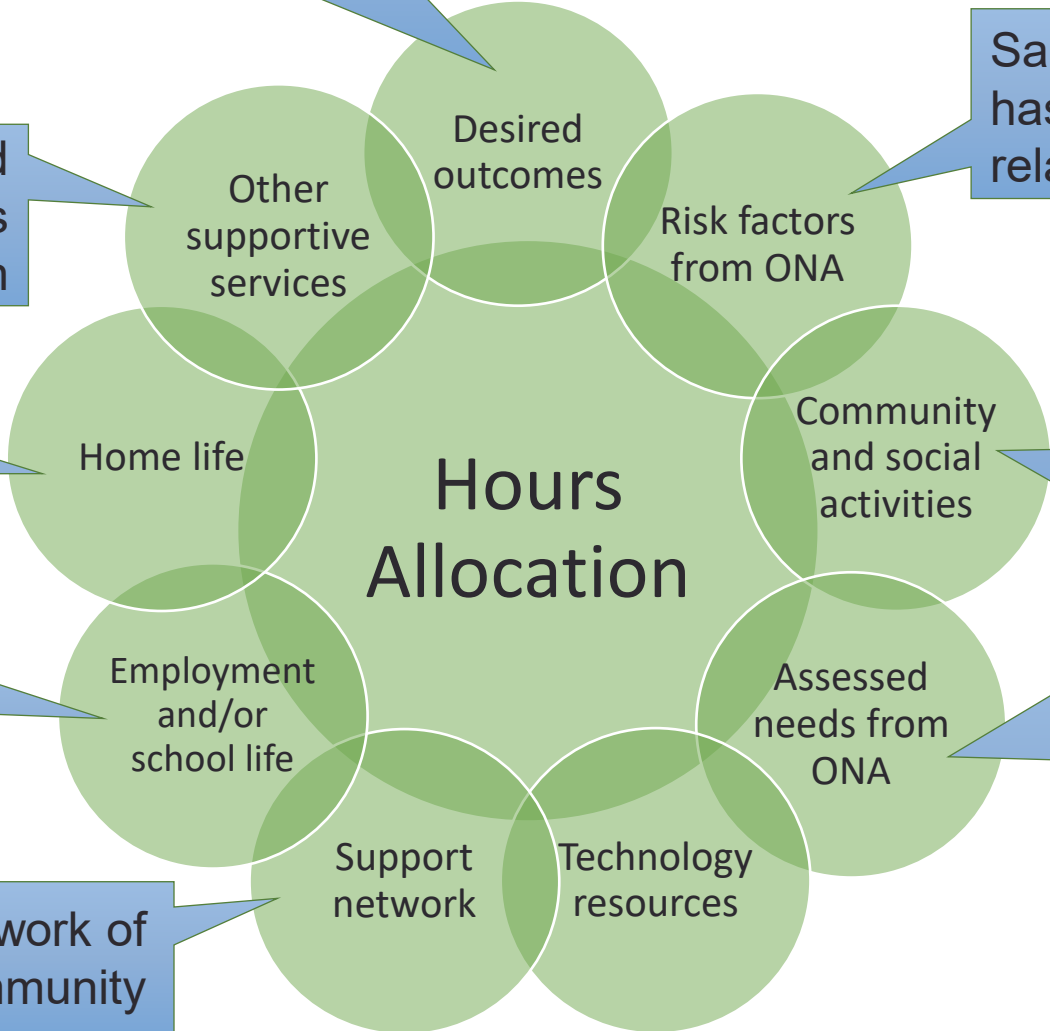
Sameer wants to spend time with his friends and community

Sameer's family is connected with refugee services and has a nursing care plan

Sameer's home is set up with all the treatments he needs to stay healthy

Sameer has not been working since he was sick

Sameer has a strong network of friends in the Somali community



Sameer is at risk of infection and has had aspiration and pneumonia related to his cancer.

Sameer used to be active in his Somali community. The family has a restaurant that is a community hub.

Sameer needs help with his g-tube and many ADL/IADLs that he used to do independently.

Sameer's request

Sameer's family has learned a lot about how to support Sameer since he was sick. Sameer's health is stable now.

Sameer's care takes a lot of time to complete. Sameer's friends would come to the home when he was first sick but now, they don't come by very often.

Sameer feels like he is stuck at home because he always has to depend on someone else and has to take medicine and feedings on a strict schedule.

He wishes he could go to the restaurant and community center, but it takes a lot of preparation and equipment to support him outside of the house.

Sameer's request

Sameer and his services coordinator are requesting an exception for 60 hours per month to allow Sameer to access the community so his supporters can do the preparation and support in the community.

They include information about the medical treatments, a sample schedule of the time it takes to complete Sameer's care at home, and the amount of time it takes to prepare Sameer for the community and the additional supports he needs outside the home.

**Documentation
needed for
requests**

Description of the need for increased hours

Reasons driving the increased duration and/or frequency

Frequency the need arises and needs support

Duration of the care need

Complexity of the care needs including the intersection with other ADL, IADL, health tasks

ISPs pending ODDS exception approval

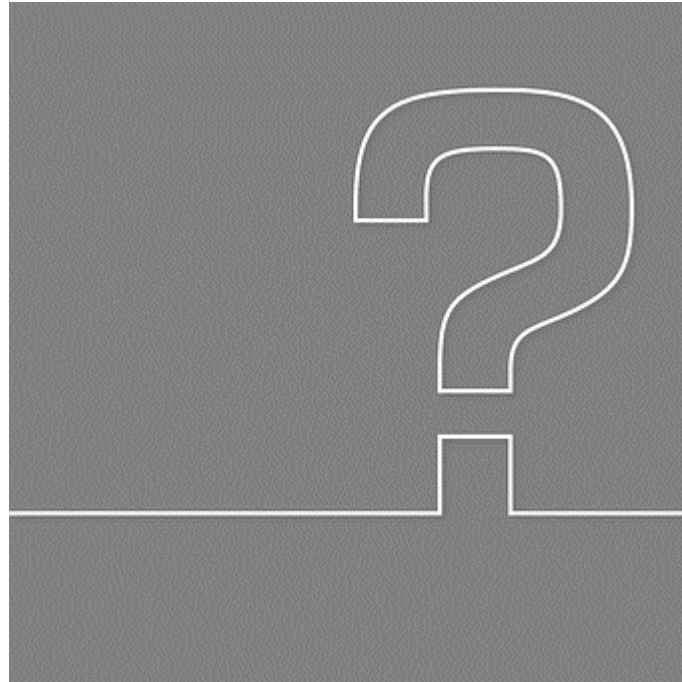
An hour allocation or staffing ratio that requires approval cannot be included on an authorized ISP before it is approved.

Start planning early, when possible, submit the exception at least 45 days prior to the ISP start date.

If a decision has not been made by ODDS before the ISP starts, the plan can be approved with the available service level. When there is an approval, a change form can be used to increase the hour allocation in the ISP.

When an exception is urgently needed, that can be indicated in the exception request for an expedited decision.

Questions



Coming soon

In Home Exceptions Worker Guide

Local Staffing Ratio form to replace ANA/CNA 2:1 page

Updated exceptions form

- Additional training on the exceptions process during the Maintenance of Effort period and beyond

Please direct any questions to:

General In-Home Hours Questions:

<https://www.surveymonkey.com/r/TWCG68F>

Specific, Detailed Questions and Other Questions:

ODDS.Questions@odhsoha.oregon.gov



