

Homeworker (HCW) Authorizations

Aging and People with Disabilities – Long-Term
Services and Supports (Updated March 2025)

HCW Authorization Overview and Purpose



Oregon Administrative Rule (OAR): Review of In-home Services rule, OAR 411-030-0070 Maximum Hours of Service, which governs HCW hours authorizations

HCW Collective Bargaining Agreement (CBA): Article 14 – Service Payments and the requirements that must be met for a HCW to be authorized to work

Communicating Authorizations

Effective dates: When can an HCW begin working for a consumer and what is required for them to start

OAR 411-030-0070 Maximum Hours of Service

- (8) A provider may not receive payment from the Department for more than the total amount authorized by the Department on the service plan authorization form under any circumstances. All service payments must be **prior-authorized** by a case manager. **This section shall be waived if the criteria in (7) are met.**
 - HCWs should be paid up to the hours they have authorized and worked.
 - What does it mean to be prior-authorized?
 - When can a prior-authorization be exceeded?

Maximum Hours of Service Continued

- (7) In an emergency or unanticipated situation where the homecare worker **must provide critical care to ensure the health or safety** of the individual and the Department is unavailable to provide prior-authorization, the following shall be permitted if the homecare **worker or individual notifies the Department within two business days** of the date the additional hours were first:
 - (a) Worked to meet an ADL need totaling more than the hours established by section (6)(a) and (b) of this rule. (AKA a HCWs hourly CAP)
 - (b) Worked to meet an ADL need that exceed the total amount authorized by the Department on the service plan authorization.
 - (c) Totaling more than the hours established by section (6) of this rule if an unanticipated need arises that requires the homecare worker to remain awake to provide necessary ADL care.

Emergency Examples

- Examples when an increased prior-authorization is not feasible but increased care is required:
 - A consumer with significant cognitive impairment loses their only natural support abruptly over the weekend.
 - A consumer requiring significant physical assistance had a HCW call out sick Saturday morning. The consumer found another HCW off the registry who was able to immediately cover the shifts. Monday morning the consumer contacted their case manager (CM) to let them know what happened. The CM completes the necessary paperwork and emails the HCW the required documentation to authorize the hours worked.

HCW CBA – Article 14

Prior-Authorizations

- HCWs may not be paid for hours that are not prior-authorized.
- Authorization for an HCW is the following:
 - a. Authorization in the OR PTC DCI system **or** written notice of authorized hours and services; **and**
 - b. Task list
- APD-IM-20-007 provides clarification on what other documentation should be utilized for prior-authorization:
 - This includes the use of form SDS 4105.
 - A 4105 should be used anytime a HCW starts working for a consumer, experiences a change in hours or change in service provided.

Communicating Authorization

- HCWs can only be prior-authorized to work with written communication. Once OR PTC DCI shows the HCW is authorized, they must also receive the Task list and form 4105 either by:
 - Mail; or
 - Using secured email sent by the local office
- CMs must provide the HCW a task list within 7 days once the consumer notifies them the HCW was hired or within 7 days from the date the HCW receives their provider number.

Communicating Authorization - Continued

- HCWs **cannot** be prior-authorized to work:
 - Verbally

HCW Authorization Effective Dates

- How does prior-authorization impact a HCWs effective date for their pay?
 - HCWs cannot be paid for hours they have not been prior- authorized to work. This means their pay **cannot** be back-dated. Medicaid funding does not allow for retroactive payments.
 - For hourly exceptions, HCWs may not work the requested hours until approval has been received from Central Office and the CM has prior-authorized the hours.

HCW Authorization Effective Dates - Continued

- The exception to when a HCW can receive back-dated pay for consumer **already** receiving services:
 - When there is an emergent or unanticipated situation, as discussed on slide 4. The HCW or consumer must notify the Department (CM) within 2 business days

HCW Authorization vs Benefit Start Dates

- Sometimes a Case Manager may need to approve a Benefit line in OA back to the DOR or assessment so the SELG record can be identified by the ONE system and authorize a medical benefit.
- This does not mean that the HCW or IHCA can be authorized to work hours retroactively.
- A HCW or IHCA should not begin working until prior authorized and this is reflected in Oregon ACCESS (OA) on the Service Plan line.

HCW Authorization vs Benefit Start Dates – Cont.

- Example:
 - The medical benefit needs to start 1/1/2025
 - The HCW was not prior-authorized until 3/9/2025.

Benefit Eligibility and Service Planning

Benefits

Service Category/Benefit	Begin Date	End Date	Status
APD-In Home	01/01/2025	04/04/2026	Approved
APD-Residential	02/01/2024	12/31/2024	Ended

Hours Segments

Hours #	Begin Date	End Date	Status	Alwd	Excp
1	01/01/2025	04/04/2026	Approved	36	0

Plans For APD-In Home Benefit (Read Only)

Plan #	Begin Date	End Date	Status
1	03/09/2025	04/04/2026	Pending

Services For Plan #1

Row #	Services	Provider Name	Begin Date	End Date	Invalid Entry
1	In-Home Care (HCW) Hol	[REDACTED]	03/09/2025	04/04/2026	<input type="checkbox"/>

Provider Search **Needs Association** **View/Assign Hours** **Provider Detail**

Discussion

Questions or comments?
