AwC Office Hour Frequently Asked Questions

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Guardian Trac (GT) website

Aging and People with Disabilities (APD) Case Management Tools website

Workday

AwC website

AwC: A fourth in-home service option

Q: Who may benefit from AwC?

A: AwC may be a good option for someone who wants support from an agency-like provider while still being involved in choosing and directing their worker. This may include someone who can self-direct their services, someone who has another person in their life who can help with self-direction, or someone who wants more support with employer-related responsibilities but still wants control over their service planning.

AwC may also be helpful for someone who already has a worker and wants that person to continue providing support as a Dirst Support Worker (DSW) through GT. GT can assist with onboarding, payroll, time entry issues, communication, recruiting, backup planning, and other DSW-related supports.

Q: How is AwC different from other in-home service options?

A: AwC is a hybrid service option. It combines the individual direction and decision-making of the Consumer Employed Provider (CEP) option with the structure and support of an agency.

For case managers (CMs), AwC may look more similar to a traditional in-home care agency because GT is responsible for many agency-level requirements, including worker onboarding, payroll, time entry support, communication, backup planning support, and other DSW-related supports.

The main difference is how the worker is chosen and supported. In AwC, the individual is a co-employer. Meaning the Individual helps identify, recruit, or choose their DSW, and GT employs and supports that worker. Traditional in-home care agencies (IHCAs) also provide person-centered services and support individual preferences, but they are not structured as a co-employment model built around hiring the worker selected by the individual.

AwC has the ability to expand access in rural or underserved communities because it is not limited by the same geographic service area requirements as traditional IHCAs. AwC supports flexible scheduling. It does not have a minimum four-hour block requirement. The individual may help identify a local DSW, and work with GT to recruitment and on-boarding them.

Q: Why might someone choose AwC if they already have a caregiver or are already receiving in-home services under a different option?

A: AwC may provide additional support with employer-related responsibilities, payroll, communication, time entry issues, backup planning, and access to GT staff. It may be helpful when the individual wants to keep directing services but wants more support than CEP provides.

AwC may also be an option to discuss when someone wants to remain involved in directing services but is having difficulty managing CEP duties on their own.

Q: What types of service needs may work well with AwC?

A: AwC may be useful for individuals who want self-direction but need more support with employer-related tasks, communication, payroll, time entry, backup planning, and recruiting.

AwC supports flexible scheduling. It does not have a minimum four-hour block requirement, so the individual and DSW can work out a schedule that meets the individual's needs, including shorter visits at different times of day.

Q: How can an office request a meeting or presentation with GT?

A: Offices can contact Travis Unruh at tgunruh@gtindependence.com or the GT enrollment manager to request a meeting, Q and A, or presentation. GT also plans to reach out to local offices regularly to check in and offer support.

Self-direction

Q: What does self-directed mean in AwC?

A: In AwC, self-directed means the individual can be involved in decisions about their services. This may include sharing what support they need, identifying preferences, helping choose who supports them, and explaining how they want services provided. The Individual can do this on their own or with help from someone they trust.

Self-directed does not mean the individual has to manage everything on their own. It also does not mean the individual must be easy to serve, able to manage workers independently, or already successful in another in-home service option.

Having trouble keeping workers, having past issues with providers, having behavioral concerns, or needing a lot of support does not automatically mean the individual cannot self-direct or cannot use AwC. Those concerns should be considered as part of planning. They may help identify what additional supports are needed, such as a communication plan, backup plan, risk planning, or more discussion during service options counseling.

Direct Support Workers (DSWs)

Q: Can a current Home Care Worker (HCW) also work as a DSW through AwC?

A: Yes, someone can be an HCW and also be employed through AwC as a DSW.

GT Independence will have a single provider number, same as traditional IHCAs. Each DSW will not receive a provider number, they will be an employee of GT. A DSW will only have a provider number for the work they provide as an HCW. Work completed through AwC is handled through GT Independence's employment process.

Time worked through AwC must be entered through the AwC platform because GT Independence is responsible for payroll for DSWs.

Q: Can a providers working for a traditional IHCA leave that agency and apply to work for GT as a DSW?

A: Any support provider can apply to work for GT as a DSW. However, if the support provider is currently employed by a traditional IHCA, they may need to review any employment agreement or agency policy that applies to their employment through the IHCA.

Q: Who manages the DSW hiring and onboarding process?

A: DSWs are hired directly through GT Independence's process and do not need a state provider number to work through AwC. GT will complete an initial assessment and enrollment process with the individual and DSW. GT uses a platform called GT Enroll, which walks the individual and selected DSW through required forms, documents, training, and onboarding steps.

If a current HCW becomes a DSW, background check and training information may be portable, but the worker will still need to complete GT Independence's orientation and onboarding process. If a current HCW is already an active provider and has completed the state background check process, GT will complete their background check process but will get an instant confirmation from the background check unit. The background check unit can send an instant approval confirmation to GT, which should make the process faster.

A DSW must complete GT's enrollment and hiring process before services can begin. The timeline is expected to be like the current HCW or IHCA onboarding process. If the person is new and does not already have a completed

background check, the background check will likely be the longest part of the process and may take approximately three to five weeks.

GT Independence will manage the tracking of training for AwC DSWs and provide support to help DSWs and individuals navigate the system. GT provides orientation and training on its tools and processes.

Q: What should someone do if they are interested in becoming a DSW?

A: A person applying to become an HCW could also be encouraged to apply with GT if they are interested in AwC or want that option available later. The DSW application is available online through GT's website at gtindependence.com/oregonjobs.

Q: Are CMs responsible for gathering forms or explaining the onboarding process for potential DSWs?

A: No, CMs are not expected to gather forms from potential DSWs, explain GT's onboarding process, or answer employment-related questions about working for GT. If a CM refers someone who is interested in applying as a DSW, GT will provide information about the application, onboarding, employment requirements, and next steps.

CMs who would like to learn more about the DSW onboarding process may request additional information or ask for GT to attend a local office or team meeting.

Q: What basic information is available about DSW wages and union representation?

A: DSW wages must be comparable to HCW wages through the Oregon Home Care Commission (OHCC). The wage cannot be below the comparable HCW wage.

DSWs are not unionized yet. GT must first hire DSWs, and then there is a process for DSWs to unionize. GT is already in conversation with the union, and more information is expected after the first DSWs are hired and the required timeline has passed.

Q: How will GT support recruiting and worker availability?

A: GT is required to provide staffing support statewide and will recruit in rural areas. The registry can be searched by zip code and distance, including broader search distances when needed. GT is also doing recruitment and public relations efforts to recruit DSWs and other staff, including as-needed DSWs who may be available when individuals do not already have workers.

GT Independence portal

What to Know About the GT Portal

The GT portal is not a two-way communication tool.

The portal is best used to support tracking enrollment status, reviewing hours and shifts worked by the DSW, running reports, and setting pre-selected alerts so CMs can receive email notifications when an alert is triggered.

Case-specific communication with GT should still happen by email and phone.

The GT portal gives CMs access to information about individuals who are linked to them in GT's system. Standard CM access is expected to show the individuals tied to that CM.

The portal includes reports, notifications, and CM alerts. Reports can help CMs review information such as submitted time, shift status, service use, and possible gaps in service.

Q: How will CMs get access to the GT portal?

A: CMs will not have access to the GT portal until they have at least one individual enrolled in AwC and assigned to them in GT's system.

When requesting portal access, CMs should provide their name, email address, branch information, and the name of an individual they have referred to AwC.

Once the CM is linked to an individual, GT creates an IT ticket that generates an e-mail to the CM. The CM will use that email to activate the account and reset their password.

Q: What information will CMs be able to access through the GT portal, and how will access work for coverage situations?

A: Standard CM access will only show the individuals tied to that CM. CMs can run reports in the portal for their assigned caseload. Reports include information about submitted time, shift status, service use, and gaps in service.

The process for full portal access during coverage situations is still being worked through. One option being considered is assigning branch-level access so designated employees can view individuals assigned to that office or branch.

Because shared or lead access is different from individual CM access, APD/Oregon Department of Human Services (ODHS) and local offices may need to determine how coverage access will be managed, who should have access, and how that access will be monitored.

Q: What is the difference between portal notifications and CM alerts?

A: Portal notifications and CM alerts are different.

Portal notifications are general messages that may appear on the portal dashboard. These may be used for broader updates, such as program updates, weather-related information, emergency events, or other information that needs to be shared with a larger group.

CM alerts are managed separately in the CM portal under “Manage Alerts.” The two current CM alerts are the caregiver clock-in alert and the missed visit alert.

The CM chooses which alerts they want to receive. If the CM does not set up alerts for an individual, they will not receive alert emails for that individual.

Q: How will GT communicate case-specific information to CMs?

A: Case-specific communication from GT to CMs will generally come by email. This includes communication about forms, enrollment documentation, representative information, or other case-specific follow-up.

GT does not house enrollment documentation in the portal. Enrollment documentation is stored in GT's document management system and can be provided to the CM when requested.

Q: Are assessments, backup plans, case notes, and plan-related documents available in the GT portal?

A: No, GT does not house enrollment documents, assessments, backup planning documents, case notes, or other plan-related documents in the portal. These documents are stored in GT's document management system and can be provided to the CM when requested.

Q: How is the DSW registry used, and what is the CMs role?

A: The DSW registry is housed in the GT portal and can be used to help identify available DSWs when an individual does not already have someone in mind or needs additional support.

The registry is accessible to CMs, but it is primarily a tool for GT and the individual. Individuals will receive training on how to access and use the registry. Individuals can also ask their Self-Directed Support Specialist (SDSS) for help using the registry or looking for available DSWs.

Q: Who should an office contact when portal access, CM assignments, or coverage access needs to be changed?

A: GT primary contact number is 1-877-659-4500. This number serves as the central point of contact for AwC inquiries. When someone calls, either an individual, CM or a DSW, they will be direct to the appropriate GT staff member based on the nature of their inquiry. This may include assistance with portal access, service coverage, referrals, scheduling, or other AwC program related support, ensuring callers are connected with the appropriate resource to address their needs.

Referral process

Q: How will CMs refer someone to AwC?

A: For Long-Term Care Support Services (LTCSS), the CM starts the GT referral process by submitting the SDS 002N CA/PS Assessment Summary form. For State Plan Personal Care (SPPC), the CM starts the referral process by submitting a 546PC.

Additional guidance can be found in transmittal APD-IM-26-073 and the Additional Referral Guidance Resource on the Case Management staff tools page.

Q: How does an individual moves through GT?

A: An individual may connect with GT in more than one way. This may include a CM connection, the Individual contacting GT directly, or another person requesting that GT follow up with the individual. Once contact is made, the individual is entered into GT's system and is first assigned to the enrollment area.

Under GT's structure, the enrollment manager oversees enrollment specialists who are responsible for the front-end enrollment process. Once the individual is entered into GT's system, an enrollment specialist is assigned. The enrollment specialist serves as the primary contact during the enrollment phase and is responsible for communicating with the CM until the individual has a DSW in place and ready to move to ongoing program support.

Each enrollment specialist will have a direct contact email address and phone number. GT is creating a contact list as enrollment specialists are hired.

Once the individual is enrolled, a DSW is assigned, and services are ready to begin, the enrollment team's work is complete.

At that point, the individual moves from the enrollment area to GT's program team, where ongoing support is managed through a pod structure made up of six to eight SDSS staff.

Once the individual is receiving ongoing support, CMs should contact GT through the customer service email or phone number. GT has identified customer service as a priority and will provide live answering when available, along with timely follow-up when a return response is needed.

GT toll free number: 877-659-4500

GT customer service email: customerservice@gtindependence.com.

Q: Should CMs make referral to AwC if the individual does not have a DSW of choice and there are none on the registry?

A: Yes, if an individual chooses the AwC model, but does not have a DSW of their choosing and there are no available DSW on the registry, the CM may still make a referral to the GT Independence. One of the responsibilities of GT Independence is to recruit, hire, and support qualified DSWs.

Upon receiving the referral, the provider will work with the individual to identify staffing needs, recruit potential DSWs, and assist in developing a backup plan while recruitment efforts are underway.

AwC and other in-home service options

Q: Can someone use AwC along with other in-home service options?

A: An individual may have both HCWs through CEP and DSWs through AwC. Services would need to be planned and authorized appropriately.

An individual may use a combination of HCWs and DSWs if that is part of the person-centered service plan.

Authorized Representative terminology

Q: How is "Authorized Representative" being used in AwC, and why is clarification needed?

A: In the AwC Oregon Administrative Rules (OARs), Authorized Representative refers to a person who is designated to act on behalf of the individual in matters related to planning and implementation of an in-home service plan. Language has been updated in the referral process to reflect "Client Representative" and future OAR's, policies, and procedures will be reviewed to reflect language that aligns with terminology familiar to case managers.

Communications and escalations

Q: When will GT notify or involve the CM about DSW changes, concerns, or changes in support needs?

A: GT will notify or involve the CM when a concern affects the individual's health, safety, service delivery, support needs, or ability to continue receiving services as planned.

This may include changes in the individual's health, behavior, or living environment; abuse, neglect, exploitation, serious injury, hospitalization, medication concerns, a missing individual, law enforcement involvement, or an unexpected death. Serious events require immediate notification. Other changes must be reported to the CM within three business days.

For missed shifts, backup-plan concerns, or service gaps, GT will first determine whether the issue can be resolved through its own support process. GT will involve the CM when the issue cannot be resolved, affects continuity of services, or requires case management follow-up or changes to the service plan.

Q: How will GT communicate case-specific concerns or follow-up needs to CMs?

A: Case-specific communication from GT to CMs will happen by email or phone, not in the Portal. This includes situations where GT needs to follow up about forms, enrollment information, representative information, DSW-related concerns, or other individual-specific needs.

For individuals already receiving AwC services, GT will use its pod structure to support ongoing communication. Calls are logged so GT staff can review prior conversations and understand what has already been discussed.

Q: What happens if there is a complaint, Adult Protective Services (APS) related concern, or provider performance concern?

A: If a complaint, APS concern, or provider performance concern arises, GT is responsible for taking immediate and appropriate action to ensure the health, safety and wellbeing of the individual receiving services.

GT must investigate complaints in accordance with OARs chapter 411, division 039, contractual requirements, and GT Independence policies and procedures. Allegations involving abuse, neglect, exploitation, or other reportable incidents must be reported to the appropriate authorities, including APS, local law enforcement, as required by law.

GT performance concerns should be sent to ODHS central office at awc.info@odhsoha.oregon.gov. All performance concerns should be addressed through GT Independence quality improvement and performance management processes, including investigation, documentation, corrective planning, etc.

CMs should continue to monitor the individual's health and safety and communicate with GT regarding any concerns that may affect service delivery. If concerns cannot be resolved or the provider is unable to meet contractual or program requirements, ODHS/APD may take additional oversight actions consistent with the contract, and applicable rules.

Q: What are the expectations for DSW progress notes, including how often they must be completed and submitted to GT?

A: DSW are required to promptly report any change in an individual's condition or any reportable event to GT. Upon receiving the report, GT will assess the

information and follow up with the individual and the assigned CM. They have three days to contact the CM.

- **Change in condition**: Any significant change in an individual's health, behavior, environment, or safety status, including events identified by rule.
- **Reportable event**: Any incident requiring immediate notification to the CM and/or APS.

Q: How often will GT staff contact the individual to check whether services are working as planned?

A: GT will Evaluate everyone's person-centered service plan at least every six months, with at least one annual in-home visit.

DSW are required to promptly report any change in an individual's condition or any reportable event to GT. Upon receiving the report, GT will assess the information and follow up with the individual and the assigned CM. They have three days to contact the CM.

Q: Please provide more detail on what GT means by changes that "affect services"? What types of changes meet that threshold, and how must the individual's services be affected before the CM is notified?

A: GT must notify the individual's CM of any known changes in:

- Health status
- Behavior
- Living environment

- Any related event impacting service delivery or safety

Notification must occur within three business days of the change being identified, even if the change does not meet incident reporting thresholds.

Q: At what point will GT contact the CM when recruitment is not progressing, or the individual is not receiving care?

A: During the initial assessment GT must contact CM if they are having difficulty staffing or starting services within five business days. They must continue with communication and their strategies in recruiting, etc. GT is responsible for collaborating with the individual and assuring there is a backup plan in place.

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