

# Action Request Transmittal Aging and People with Disabilities



Jane-ellen Weidanz

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**Number:** APD-AR-23-024

**Issue date:** 10/04/2023

**Topic:** Long Term Care

**Due date:**

**Subject:** Service Planning in Oregon ACCESS (OA) with In-Home Care Agencies (IHCAs)

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees                             | <input type="checkbox"/> County Mental Health Directors                       |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Type B     | <input type="checkbox"/> Health Services                                      |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs                     | <input type="checkbox"/> ODDS Children's Intensive In Home Services           |
| <input type="checkbox"/> County DD program managers                    | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)                 |
| <input type="checkbox"/> Support Service Brokerage Directors           | <input type="checkbox"/> Other ( <i>please specify</i> ):                     |
| <input type="checkbox"/> ODDS Children's Residential Services          |   |
| <input type="checkbox"/> Child Welfare Programs                        |   |

**Action required:** The purpose of this transmittal is to communicate and document the requirements associated with service planning on a case where an IHCA is selected as a service provider. The intent is to ensure consistent service planning practice across the State. This transmittal replaces any previous written or verbal communication on this topic.

Effective immediately, when service planning in OA with IHCAs, staff must select "In-Home Care HK (Agency) Contract" for all Instrumental Activities of Daily Living (IADLs) and "In-Home Care PC (Agency) Contract" for all Activities of Daily Living (ADLs) when the consumer has chosen an IHCA to support their care needs. The hours should be assigned separately and must not be assigned together under one service provider. Please see screen shots below.

**Plans For APD-In Home Benefit** ( Read Only )

Plan #	Begin Date	End Date	Status
1	09/15/2023	08/10/2024	Pending

Services For Plan #1 Pln Act

Row #	Services	Provider Name	Begin Date	End Date	Invalid Entry
1	In-Home Care HK (Agency)	TO BE SELECTED	09/15/2023	08/10/2024	<input type="checkbox"/>
2	In-Home Care PC (Agency)	TO BE SELECTED	09/15/2023	08/10/2024	<input type="checkbox"/>

Provider Search Needs Association View/Assign Hours Provider Detail

**Hours Assignment** (All hours must be assigned in 1 hour increments)

	ADL	ADL	ADL	IADL	Live-In Services
Total Allowed Hours	0	0	32	8	0
Total Exception Hours	0	0	0	0	0
Total Authorized Hours	0	0	32	8	0
Total Hours Assigned	0	0	32	8	0
P TO BE SELECTED <b>HK</b>	0	0	0	8	0
P TO BE SELECTED <b>PC</b>	0	0	32		0

Clear Assigned Hours Show Me What's Left OK Cancel

**Plans For APD-In Home Benefit** ( Read Only )

Plan #	Begin Date	End Date	Status
1	09/15/2023	08/10/2024	Pending

Services For Plan #1 Pln Act

Row #	Services	Provider Name	Begin Date	End Date	Invalid Entry
1	In-Home Care HK (Agency)	TO BE SELECTED	09/15/2023	08/10/2024	<input type="checkbox"/>

Provider Search Needs Association View/Assign Hours Provider Detail

**Hours Assignment** (All hours must be assigned in 1 hour increments)

	ADL	ADL	ADL	IADL	Live-In Services
Total Allowed Hours	0	0	32	8	0
Total Exception Hours	0	0	0	0	0
Total Authorized Hours	0	0	32	8	0
Total Hours Assigned	0	0	32	8	0
P TO BE SELECTED	0	0	32	8	0

Clear Assigned Hours Show Me What's Left OK Cancel

**Reason for action:**

When creating service plans with only one IHCA provider (HK or PC) the hours are not being assigned under the correct Procedure Code in OA and therefore do not match the Procedure Codes in MMIS. This also results in inaccurate reports and mis-matched hours from OA to MMIS billing for IHCAs.

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:** Operations Review Committee

*If you have any questions about this action request, contact:*

Contact(s): Christine Maciel and Stacey Spelman - APD MSS Operations & Policy Analyst	
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Phone:	Fax:
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