

Action Request Transmittal Aging and People with Disabilities



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Number: APD-AR-23-031

Issue date: 10/20/2023

Topic: Long Term Care

Due date:

Subject: CBC Exception Request Required Documentation

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:

This AR provides clarification regarding CBC Exception requests and the documentation required. This AR replaces previous transmittals regarding CBC Exception Request/Renewal submission requirements.

Exceptions to Payment Limitations in Home and Community-Based Services, OAR 411-027-050 (7) (b) and (c) state the following:

(b) The Department and AAA local office staff shall review and approve requests for payment exception before they are transmitted to the Department's APD Central Office.

(c) Locally approved requests for payment exception must be sent to the Department's APD Central Office. The request must include:

- (A) A statement of individual needs that exceed the assessed rate or the maximum monthly hours of services; and
- (B) A statement of how the individual's needs are met and the cost involved in meeting the individual's needs.

Effective immediately, all CBC Exception requests, whether new or renewal, require a Form 514 (completed by the local office) and a Form 514a (completed by the CBC provider). The Form 514, at a minimum, shall include the information required by OAR

411-027-050 (7)(c)(A)(B) in the “Summary” open text field. All CBC staff assigned to the exception hours and their anticipated work schedules must be identified on the Form 514a.

Local office managers should review this transmittal and the attached best practices document with case managers and other impacted staff. Local offices may deny all or part of a request but may still request a review by Central Office if they are uncertain if denial is appropriate. In such situations, the exception email must clearly document the local office’s reason for their denial.

Reason for action:

To provide clarification regarding the documents required with all CBC exception requests and ensure case managers understand the purpose of CBC exceptions.

Field/stakeholder review: Yes No

If yes, reviewed by: APD Policy & Ops Review

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

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Email: Erin.L.Drake@odhs.oregon.gov	

BEST PRACTICES FOR CBC EXCEPTION REQUESTS

WHAT TO SEND IN WITH THE EXCEPTION REQUEST

- 514 (CM fills out – NEVER the Provider)
- 514a (Provider fills out and signs; CM also signs)
 - FYI: Exception Hours are not approved for licensees listed on the license or Resident Care Managers.
- 0351 (Provider fills out)
 - Needed for homes with multiple exceptions.
 - HINT: To see if there are other exceptions in the home, use SRXQ Provider # (ex: SRXQ 555555) in DHR.
- Supporting documentation, if needed - especially with increase requests.
- In the Email Subject Line: Clarify type of Exception Request (Renewal w/Increase, Renewal No Change, New Request, Urgent Hospital Discharge, Urgent NF Discharge, Urgent Home Closure). Do not use the consumer's name or prime.
- In the email body, please include both the Consumer Name and Prime # (also for any responses back to CO).
- Send the request to your manager first for review, not to the exceptions box. Your manager will email the request to CBC Exceptions after they have reviewed it for completion and appropriateness.

WHAT SHOULD BE COVERED IN THE 514?

- Explain how the provider determined the hours they are asking for.
 - i.e., The consumer requires 2-person assist Hoyer transfer, which takes 15 minutes to complete, and occurs 20 times per day because the consumer smokes 10 times per day, gets up for meals, and transfers to the commode, so the total time needed in a day for transfers is 300 minutes (5 hours).
- What do the caregivers do with the consumer?
 - i.e., The consumer has severe cognitive impairments and becomes aggressive towards staff/peers and wanders into others' rooms or exit seeks. So, the staff stay with the consumer while they are awake and within sight while they are sleeping to redirect immediately. The caregivers will redirect by asking them to help them with making lunch or folding laundry, engaging in a favorite activity like watering flowers or coloring. When awake, the provider estimates they need to redirect every 45 minutes because the consumer has short attention span and can be difficult to keep engaged.
- If an increase or decrease, explain why?
- Do you support the request? Why, why not?
- **FYI:** the local office can deny if they do not agree with some, or all, of the provider's request. If the local office is uncomfortable denying any portion of the request, CO can deny it for them but please note this request in the 514.

WHAT IS AN EXCEPTIONAL NEED?

- Any 2-person care needs
- Additional time for behavior management
- Frequent night care needs

WHAT AN EXCEPTIONAL NEED IS NOT:

- To fund providers other costs like mortgage or leases.
- To cover challenging care needs that do not require 2 caregivers or an inordinate amount of staff time.
- Consumer choices
 - Refusing to follow diets, medication prescriptions, ADL cares, etc.
- Restraining someone
 - Holding their hands or legs down so care can be completed.
 - Not letting them leave the home without a Guardian in place.

ADDITIONAL RECOMMENDATIONS

- Verify that the consumer's care plan and provider notes, as well as your observations, support the exception they are requesting.
- If the provider is asking for exceptional hours, the CA/PS comments and/or synopsis must also identify the need, reason, frequency, and duration.
- CA/PS comments, CA/PS synopsis, or 514 should not be written the same as the previous year, even if needs have not changed. The comments must reflect the consumer's current situation, as nothing is exactly the same year after year. When needs have changed, it is required to identify what changed and why.
- If behaviors are part of the exception request, submit a BSS referral. BSS will need to reengage if new or increase behaviors occur.
- Provider Notification: At this time, email notification and narration are sufficient, as there are no set forms for notifying providers of exception approval or denial.
- There are no appeal rights for providers right now. They can resubmit their request with new supporting documentation.

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Updated: 9/2023