

Policy Transmittal Aging and People with Disabilities



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Issue date: 7/23/2021

Topic: Long Term Care

Due date:

Transmitting (check the box that best applies):

- New policy
 Policy change
 Policy clarification
 Executive letter
 Administrative Rule
 Manual update
 Other:

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: Types A and 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 (please specify): |
| <input type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Policy/rule title:	OR PTC DCI Policies and Procedures		
Policy/rule number(s):		Release number:	
Effective date:	Upon OR PTC DCI Implementation	Expiration date:	
References:			
Web address:			

Discussion/interpretation:

This transmittal will primarily focus on policies and procedures for Oregon Provider Time Capture. Processes, how to utilize the new system, etc. is/will be covered in other trainings and publications.

The [Oregon Provider Time Capture \(OR PTC\) Project](#), which is being utilized for Home Care Workers (HCWs) and PCAs (Personal Care Attendants, authorized though Health Systems Division), begins with a pilot on August 1, 2021. The PTC Project will implement statewide on September 12, 2021. The system that is being utilized for

provider time capture is referred to as OR PTC DCI, which stands for Oregon, Provider Time Capture, Direct Care Innovations.

The OR PTC DCI is designed to:

- Meet Federal [Electronic Visit Verification](#) (EVV) requirements;
- Replace the current paper voucher process; and
- Increase accuracy and efficiency by moving to a modernized system.

What this means:

Pilot: Starting with the August 1 through August 14, 2021 pay period, HCWs working for individuals whose cases are held at pilot offices will no longer receive paper vouchers. The authorization will occur through OR PTC DCI. This means HCWs serving individuals from pilot offices will receive their last paper voucher during the pay period of July 18 through July 31, 2021.

Pilot offices will include:

- 0411-Warrenton NorthWest Senior and Disability Services (NWSDS)
- 0911-Bend APD
- 0912-Bend Central Oregon Council on Aging OPI
- 0913-LaPine APD
- 0914-Redmond APD
- 1611-Prineville APD
- 1612-Madras APD
- 2911-Tillamook NWSDS

Statewide: Starting with the September 12 through September 25, 2021 pay period, all HCWs and PCAs will no longer receive paper vouchers. All authorizations will occur through OR PTC DCI. This means providers will receive their last paper voucher during the pay period of August 29 through September 11, 2021.

The following is a summary of changes and information to be aware of with the implementation of OR PTC DCI. Each section will have additional details by clicking on the appropriate link.

- [New or updated authorizations](#) will be completed in the mainframe (MF) (per usual business process). Updated authorizations will need to be manually updated in OR PTC DCI (new business process).
- [Providers will enter their time and mileage](#) into the OR PTC DCI system.
- [Valid claims](#) (which is defined as one specific shift that is entered into the

system) will be downloaded from OR PTC DCI into the Punch Entries Report (Payroll Batch) for input into the MF (the process to enter claims into the MF is not changing).

- [Pended claims](#): Claims that do not pass established business rules will be auto pended by the system. Those that are pended (i.e. go over authorized hours) will need to be reviewed to determine if it is accurate or needs modifications.
- [Miscellaneous policy scenarios](#)

Any authorizations for pay periods prior to the go-live date will still be issued and processed as paper vouchers. Paper vouchers will continue to be accepted and processed if they are received within 365 days from the date of service.

New or Updated Authorizations

The process for creating or updating authorizations in the MF remains the same.

All new or ONGO generated authorizations will be automatically sent to OR PTC DCI.

Any authorizations that must be updated or changed after it was sent to OR PTC DCI must be manually updated in OR PTC DCI and in the MF. **It is important to ensure that updated authorizations in OR PTC DCI match the MF record.** For example:

- The HCW is not authorized to work for the entire pay period. The authorization must be deleted in OR PTC DCI and in the MF.
- The authorized hours/mileage is increased or decreased for any reason. The OR PTC DCI authorization is modified, and a new authorization is created in the MF.
- The authorization needs to end prior to the end of the pay period. The OR PTC authorization end date is modified. The end date authorization in the MF is also modified.

Policy considerations when increasing hour authorizations

Hours may be increased for one HCW if another HCW's hours are decreased within the same pay period, resulting in staying within the total hour authorization.

Authorizations resulting in an increase to the total amount of authorized hours for the consumer must be prior authorized.

In emergent situations, HCWs are still required to notify the local office within two business days if an emergent need occurs, requiring the HCW to work above their authorized hours. A prior authorization is not required in this scenario. Please review OAR 411-030-0070(7) for more information.

Providers will enter their time and mileage into the OR PTC DCI system

Note: Centers for Medicare and Medicaid Services (CMS) has been clear that exceptions to EVV time capture are not allowed. One of the 3 options provided is required for the provider to capture their time.

The Department has developed three time capture options that are EVV compliant*:

- OR PTC DCI Mobile App – This is an application the HCW may download on their smart phone. *The Department recommends that all HCWs utilize the OR PTC DCI mobile app to capture their time whenever possible.*
- OR PTC DCI Landline –The HCW calls the OR PTC DCI system by the individual’s verified landline.
- Fob Device – This is a remote device that is issued to the individual. The HCW presses a button on the fob when they begin and end their shift, which generates a unique code that the HCW enters OR PTC DCI web portal when entering the start and end of their shift.

*Mileage is entered by the provider into the OR PTC DCI provider web portal.

Valid claims will be downloaded from OR PTC DCI

OR PTC DCI will evaluate each claim to determine if the claim is valid or not.

Valid claims will be made available to download from OR PTC DCI (Punch Entries Report) to input into the STIM screen. Once a claim has been downloaded, it will not be available for download again. It will be very important to properly track and process each download that is completed.

Local offices need to establish local business processes to determine:

- The frequency with which they pull the Punch Entries Report (Payroll Batch) from OR PTC DCI
- When the claims are inputted into STIM
- How the reports are saved
 - Using an agreed upon naming convention (Central Office recommends using Branch number_YYYY-MM-DD_military time)
 - Establishing an appropriate shared folder

Here are some tips as local offices establish business processes:

- Consider downloading the Punch Entries Report on a daily or near daily basis at first. This may be reduced depending on the number of claims that need to be processed.
 - Although claims may be entered into STIM for the current pay period, it is important to ensure that all claims are entered for a specific pay period prior to the payment processing date.
 - Example: A Punch Entries Report is run on August 9, 2021. OR PTC will provide all the valid claims from August 1-August 8. However, the HCW continues to work through August 14. Prior to the pay processing date, local office staff will need to run the report again after August 14 to gather the additional valid claims for August 10-14.
 - When staff enter in claims for a current pay period, however more claims are anticipated for the same period, one of two options may be utilized:
 - Submit the claim for payment (i.e. going to HPAY/OPAY screen)
 - This will pay the claims on the pay processing date. However, if more time entries are entered, it is important that HPAY/OPAY is updated to ensure accurate payment
 - Save the claim (F9) without going to HPAY/OPAY
 - This will currently not pay the claims on the pay processing date. It will be important to access (through STIQ) and complete the saved time entries and send to HPAY/OPAY prior to the pay processing date.
- Develop a system to track which entries have been entered into the MF to ensure all entries are accounted for, such as coloring the rows once they are entered or adding a column to the Excel sheet to mark when it has been entered.

[Payment processing timeframes](#) remain the same. Any claims that must be edited by the HCW should be completed by the “Voucher Submission Deadline” to guarantee payment. Any claims that are edited after the submission deadline but prior to the pay processing date should still be processed as time permits.

Pended Claims

When a HCW submits a claim, and the claim is not considered valid, OR PTC DCI will

either:

- Require the HCW to correct the claim immediately prior to submission, or
- The claim will be pended for local office review.

There are two common reasons why a claim entry may be pended:

- The HCW exceed their authorized hours
- The HCW exceeded their weekly cap

The HCW exceed their authorized hours

Local offices will need to work with providers and individuals to resolve this issue. HCWs are required to adjust claims if needed, however, as mentioned above, the local office should work with the HCW and individual to determine if the additional time should be authorized or not.

A provider may go over their hours for several reasons, such as:

- During the pay period, if the HCW did not always clock in/out at the correct times, a claim exceeding the hours by a few minutes may occur.
 - In this instance, the HCW most likely did not intend to exceed their authorized hours. HCWs should log into the OR PTC DCI web portal and edit their times after the fact. HCWs are encouraged to keep this to a minimum as it is not EVV compliant. Staff will not be required to follow up with a HCW if they did not exceed their time by more than 15 minutes, as HCWs will be expected to make the adjustment within OR PTC DCI (unless the provider contacted the local office to claim that the additional time should be paid).
- During the pay period, the HCW submitted claims that are beyond their authorized hours for non-approved reasons. This may happen for several reasons, such as:
 - The HCW stated that they agreed to work additional hours per the individual's request.
 - The HCW stated that they wanted all the hours they are with the individual reflected, even if it is for care that is not on the task list or other reasons.
 - The HCW and/or individual did not properly manage the number of allowed hours during the pay period.
 - In these scenarios, the pended claim is not approved in OR PTC DCI. Claims may need to be either adjusted to the authorized hours (if part of

the hours is within the authorization) or rejected if the entire claim exceeds the authorized hours. Local office staff must provide the reason in the claims note field describing why a claim is not fully approved or rejected within OR PTC DCI.

- During the pay period, the HCW submitted claims that are beyond their authorized hours for approved reasons, such as:
 - Staff authorized the HCW to work additional hours, however OR PTC DCI does not reflect the authorization, or
 - The HCW worked additional hours due to an emergency issue and has contacted the local office within two business days of when the emergency occurred.
- In the above scenarios, the pended claim is resolved by increasing the HCW's authorization in both the MF and OR PTC DCI. Updating the authorization will trigger a review which will clear the pended claim.

It is important to note that HCWs will get a notification when submitting a claim that exceeds the authorized hours.

The HCW exceeded their weekly cap

Local office staff should proceed with approving these pended claims. However, if the HCW was not authorized to exceed this cap, local office staff are encouraged to determine why the cap was exceeded and to work with the HCW and individuals to ensure that the weekly cap is not exceeded again. Central Office will continue to monitor and reach out to HCWs that exceed the cap.

Important note: All pended claims should be resolved before the pay processing date so that valid claims can be entered into the STIM screen on a timely basis. However, if a pended claim is resolved by increasing the hours to the HCW after the pay processing date, an adjustment will need to be processed.

Local office staff can edit a time entry on behalf of the HCW. If this occurs, staff will need to provide a reason on why this is occurring within OR PTC DCI, which includes why the HCW is not making the edit.

All claims, whether pending or validated by the system, may be rejected by the individual or representative.

Miscellaneous Policy Scenarios:

How does a HCW track their time when they either live with the individual they work for or they are otherwise with the individual for a long period of time?

- When the HCW lives with the individual and provides care as needed around the clock:
 - In this situation the HCW and consumer should work together to develop a schedule of when primary or regularly occurring needs can be, or already are, grouped together. A way to do this is to develop a schedule of what it might look like if a HCW were to come to the home.
 - APD recognizes that in these scenarios, some assistance may still occur outside this schedule. This can be managed in a couple of different ways:
 1. Agree to provide this care as a natural support or;
 2. Clock-in and out when tasks are being performed outside of the schedule. In this scenario, it is important for enough time to be left outside of the scheduled shifts to accommodate this work each pay period.
Example: The individual is allowed 100 hours each pay period, so the schedule developed covers 45 hours each week allowing an additional 10 hours of flex time to be claimed by the HCW as needed.
- Situations where HCWs come to the individual's home throughout the day on shifts to provide services:
 - In this situation the provider will clock-in when their scheduled shift begins and clock-out at the end of their shift.
 - HCWs, during their shift, if they are relieved from providing tasks for a period of time (i.e. a break), the HCW should clock out during that time.

How are hours determined when the HCW accompanies an individual for an outing?

- If the HCW is attending an outing with the intent of providing ADL/IADL services authorized on the task list, they are paid for that time period. However, during an outing, if there are periods of time where the HCW is relieved from providing tasks, they should clock-out.
 - Example: The individual goes out to the movies that will take about 3 hours from start to finish, which requires the HCW to attend to provide ADL/IADL services.
 - The HCW assists the consumer with getting to the theater, using the restroom, and sitting onto a seat. This takes 45 minutes.
 - During the movie, the HCW is relieved from duties for 1 hour and 30 minutes.

- After the movie is finished, the HCW assists the consumer to leave the theater, use the restroom, and return home. This also takes 45 minutes.
- In the above example, the HCW is permitted to claim a total of 1 hour and 30 minutes for the time spent assisting the consumer.
- Consumers may need to adjust the HCW's schedule to accommodate these types of activities.

How will a HCW clock in and out when they accompany an individual that leaves their home for multiple days?

- HCWs may continue to clock-in and out during times where actual tasks are being performed. HCWs and individuals are encouraged to develop schedules to make it clear when the HCW is expected to work for the individual while away from home.

May HCWs start or end their shift while not in the presence of the individual?

- If the HCW is completing a task prior to coming the individual's home, such as going to the grocery store, the HCW may clock-in in advance. However, the only method to clock-in under this scenario is by using the OR PTC DCI mobile app.
- The HCW must clock-out in the presence of the individual.
- HCWs may not claim time for work they bring home from the individual's house (i.e. laundry).

How does the HCW claim time when they are working for two or more individuals in the same household?

- HCWs cannot work for more than one individual at a time. HCWs must clock-in and out for each individual to manage the authorized hours correctly.

Does the HCW have to be in the individual's home to clock-in or out?

- There is no requirement for the HCW to be in the individual's home during these times. However, if the HCW is away from the individual's home, the only EVV compliant method to track these times is by using the OR PTC DCI mobile app.

What happens if a HCW works more than 16 hours in a 24-hour period?

- At this time, OR PTC DCI will not prevent a HCW from claiming more than 16 hours in a 24-hour work period (which is not allowed per OAR 411-030-0070 (5)). If this occurs, the local office may need to work with central office to determine if the claim is appropriate to pay.

What happens if the HCW exceeds their weekly cap?

- OR PTC DCI will not prevent the HCW from exceeding their weekly cap. The HCW exceeding the cap will have their hours pended. The local office will need

to approve these hours (assuming the HCW is not also above their authorized hours), however follow-up with the HCW should occur.

- Central office will regularly run reports to determine which HCWs have exceeded the cap and if an exception has been granted. Central office also plans to follow-up with HCWs that exceed their cap.

Is reviewing information in OR PTC DCI count as an indirect contact?

- An indirect contact may be counted if the case manager reviews the recently recorded time entries in OR PTC DCI, including the tasks and when the shifts occurred, to determine if services are being provided as authorized. Staff should use this method over using the HINQ screen in the MF. Additional information on this topic may come out in a future transmittal.

Field/stakeholder review: Yes No

If yes, reviewed by: APD Policy & Operations

Filing instructions:

If you have any questions about this policy, contact:

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