

Nancy K Keeling
Authorized Signature

Number: CW_AR_09_001
Issue Date: 06/17/2009

Topic: Foster Care

Due Date: 06/22/2009

Subject: Update on the Department's Rate Redesign

Applies to (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Other (please specify): |

Action Required:

**Update on the Department's Rate Redesign
Enhanced Supervision and Personal Care Services**

I. Children currently receiving Special Rate/Personal Care services:

The Department is suspending the required annual review for a child **currently** receiving a special rate/personal care and the authorization is due for a review. The current Personal Care Services Authorization (172A, 172a[npc], or 172g) will remain effective and the Department will extend the current payments through August 31, 2009.

Per the Special Rate Status Report (CP1373CL) the projected end dates that fall within time period of June 1, 2009 – August 31, 2009 must be extended to August 31, 2009 to ensure there is no disruption in payment of the authorized amount.

Attached to this Action Request is a document which provides the necessary approval for the extension of the special rate or personal care authorization.

http://www.dhs.state.or.us/policy/childwelfare/ar/2009/cw_ar_09_001att.pdf

Please attach this document to the current 172A, 172A(npc) or 172G in the financial section of the case file.

II. Reviews for Enhanced Supervision and Personal Care Services (Children currently in substitute care):

In the past, the Department has used one referral form for both special rate and personal care.

However, as a result of federal guidance, and under the new design, the payments made on behalf of a child for enhanced supervision (through Title IV-E resources) are distinct and separate from personal care services to a child (through Title XIX resources).

Most of the children who currently receive a special rate are doing so because of the additional supervision required of the foster parent/relative caregiver reimbursable by IV-E. Examples would be aggressiveness, sexual reactivity, fire-setting, and other behaviors requiring extra supervision.

The Department has prepared the lists of children in substitute care who are currently receiving special rate/personal care services by branch, and personal care coordinators will refer each of those children to the designated CANS screener. These screenings will occur by August 31.

Each child currently receiving a special rate/personal care service **must** be referred for and receive a CANS screening.

The CANS referral (CF 802) is on the website and is available for use.

To complete a CANS referral:

1. Complete the referral form and assemble the additional documentation for the packet.
2. Submit the CANS referral electronically to Central Office (Tom Progin is in Groupwise), who will distribute the referral to a CANS screener for assignment. (CANS assessments are going to be conducted by 3 separate models during the first year of the new design. Some counties will be getting CANS screenings from their local Mental Health provider, some from contract RN's and some from one of the 9 SSS1's hired to do the screenings).

Some children who have identified medical needs will, additionally, need a Personal Care Nurse Assessment.

Personal Care Services available to eligible children due to a diagnosed physical or mental impairment, are well-define and include:

- (a) Mobility, transfers, repositioning – assisting the child or young adult with ambulation or transfers with or without assistive devices, turning the individual or adjusting padding for physical comfort or pressure relief, or encouraging or assisting with range-of-motion exercises;

- (b) Basic personal hygiene -- providing or assisting a child or young adult with such needs as bathing (tub, bed bath, shower), washing hair, grooming, shaving, nail care, foot care, dressing, skin care, mouth care and oral hygiene;
- (c) Toileting, bowel and bladder care – assisting to and from bathroom, on and off toilet, commode, bedpan, urinal or other assistive device used for toileting, changing incontinence supplies, following a toileting schedule, cleansing the individual or adjusting clothing related to toileting, emptying catheter drainage bag or assistive device, ostomy care or bowel care;
- (d) Nutrition – preparing meals and special diets, assisting with adequate fluid intake or adequate nutrition, assisting with food intake (feeding), monitoring to prevent choking or aspiration, assisting with special utensils, cutting food, and placing food, dishes and utensils within reach for eating;
- (e) Medication and oxygen management – assisting with ordering, organizing and administering oxygen or prescribed medications (including pills, drops, ointments, creams, injections, inhalers and suppositories), monitoring for choking while taking medications, assisting with the administration of oxygen, maintaining clean oxygen equipment, and monitoring for adequate oxygen supply; and
- (f) Delegated nursing tasks as defined in OAR 413-090-0110(3).

The Personal Care Services Referral (CF 172B) will be on the website by June 22. To complete a Personal Care Services Referral:

1. Complete the Personal Care Services Referral along with any additional medical information requested.
2. Submit to the branch personal care coordinator (who will in turn get it assigned to a contract RN for assessment).

Casework staff should consult with their supervisor if unclear on whether to refer a child for a new Personal Care Services Assessment.

Given the volume and the complexities of transitioning to a new design, these screenings and assessments will occur over a 2 ½ month period. For foster parents currently receiving special rate or personal care payments, payments under the new design will be effective September 1, along with the change in the base rate payment. All foster parents/relative caregivers will be notified, in writing, in advance of any payment changes.

III. Children Entering Substitute Care from today through September 1:

Children entering care between today and September 1 whose behaviors do not indicate a need for Enhanced Supervision or whose medical condition do not indicate a need for Personal Care Services do not need to be referred for a CANS screening or a Personal Care Nurse Assessment.

Children entering care between today and September 1, and whose behaviors indicate a need for Enhanced Supervision should be referred for the CANS screening.

The CANS referral (CF 802) is on the website and is available for use. To complete a CANS referral:

1. Complete the referral form and assemble the additional documentation for the packet.
2. Submit the CANS referral electronically to Central Office (Tom Progin is in Groupwise), who will distribute the referral to a CANS screener for assignment. (CANS assessments are going to be conducted by 3 separate models during the first year of the new design. Some counties will be getting CANS screenings from their local Mental Health provider, some from contract RN's and some from one of the 9 SSS1's hired to do the screenings).

Children entering care between today and September whose diagnosed physical or mental impairment indicates a need for Personal Care Services Assessment should be referred for the assessment.

The Personal Care Services Referral (CF 172B) will be on the website by June 22. To complete a Personal Care Services Referral:

1. Complete the Personal Care Services Referral along with any additional medical information requested.
2. Submit to the branch personal care coordinator (who will in turn get it assigned to a contract RN for assessment).

IV. Fall, 2009:

As soon as the Department has completed the CANS screenings and Personal Care Services Assessments as outlined above, the Department will assess, all children entering foster care will receive a CANS screening. Branch offices will receive a list of all children who have entered and remained in care between 14 and 20 days. These children will need a referral completed for the CANS screening, unless the caseworker

is confident that a child is returning home within the next 7 to 14 days. The results of the CANS screening will be informative in case planning, and coordinating with the foster parent/relative caregiver the supervision and services needs of the child.

Chapter 4, Section 5 of the Procedure Manual will be updated with specific procedures on these referral processes.

Other sections of the Manual will be updated to reflect procedure for addressing the results of a CANS screening or Personal Care Services Plan in the case plan.

- The Department is currently in the process of filing temporary rules which will become effective July 1.
- Additional information will be disbursed over the course of the next few weeks.
- Frequently Asked Questions will be posted on the website, so please check there frequently.

Reason for Action:

Implementation of the Department's Rate Redesign

Field/Stakeholder review: Yes No

If yes, reviewed by:

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

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