

DeAnna Hartwig

**Authorized Signature**

**Number: SPD-IM-06-020**

**Issue Date: 02/28/2006**

**Topic:** Systems Issues

**Subject:** Oregon ACCESS Release 21.10.08

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

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

**Message:**

This release contains several enhancements and fixes related to various Modules and Screens within Oregon ACCESS. The changes are related to the items listed below. For more detailed information on a particular item, look at the attached document for corresponding section.

- CIS Registration: Requirement & Edits
- CA/PS: Service Records Start and End Date Edits
- CA/PS: Service Records Start and End Date Conversion
- CA/PS: 24 Hour Availability
- Maintain Provider & Provider Search/Select: Merge Record
- Maintain Provider: Credential End Date
- Reassign Caseload
- Oregon ACCESS Password
- Tickler: OMAP Number
- Provider Search/Select Edits
- Forms: CA 458A, CA 546, SDS 458I, CA 595, SDS 540a, and SDS 540
- Medicare Modernization Act: Part D MIB Mapping on CMNEW
- Medicare Modernization Act: Medicare Part D Check Box
- OAA: "Apply For"
- OAA: Service End Date
- Update Help Windows

As of 02/27/2006 a few issues were reported related to this release, most have been resolved in production.

- 1) The CA 546 records would print for one provider only would not print any other providers that had CA 546 Details in the same assessment. **(Resolved)**
- 2) The CA 546 records would not print if a future effective Start Date was entered on the Service Summary Screen in CA/PS. **(Resolved)**
- 3) The SDS 540/ 540a was missing the Hearing Rights DHS 447 from the Preview and Printed form version created in Oregon ACCESS. **(Resolved)**
- 4) The placeholder provider "To Be Determined" could not be added to a CA/PS Assessment, due to an error. **(Resolved)**
- 5) The Assign New Action Screen located in CA/PS on the Needs Summary Node has an issue with the position of the window. The Search and Remove Buttons on the far right side of the screen do not display. To view the buttons click on the window's title bar and drag it to the left so you can see the entire screen. **(Cannot be fixed until next release)**

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	Service Desk		
<b>Phone:</b>	503-945-5623	<b>Fax:</b>	
<b>E-mail:</b>	<a href="mailto:SERVICEDK@DHS.STATE.OR.US">SERVICEDK@DHS.STATE.OR.US</a>		

# **Oregon ACCESS Release 21.10 Effective 02/27/06**

## **Overview**

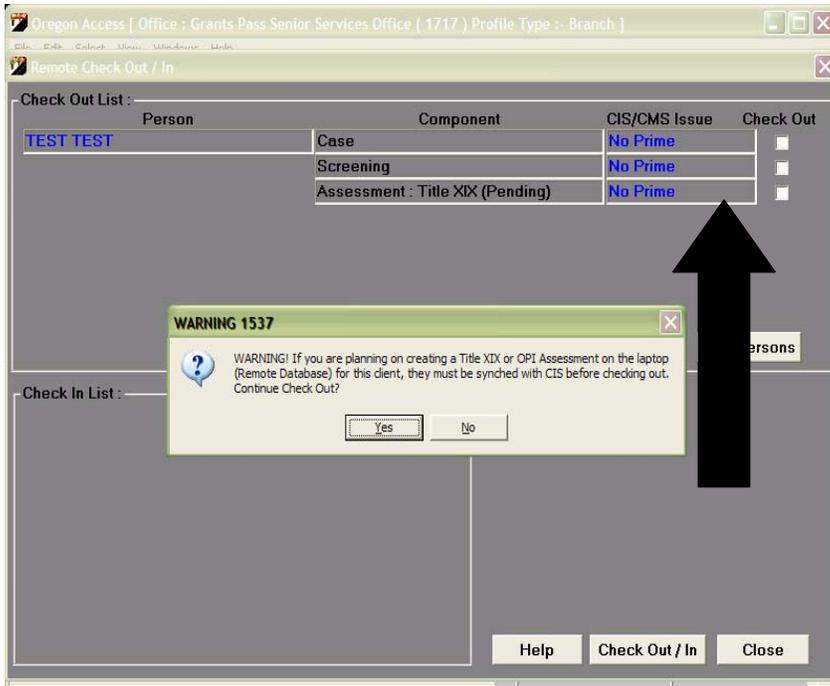
This release contains several enhancements and fixes related to various Modules and Screens within Oregon ACCESS. The changes are related to the items listed below. For more detailed information on a particular item, look for the corresponding section.

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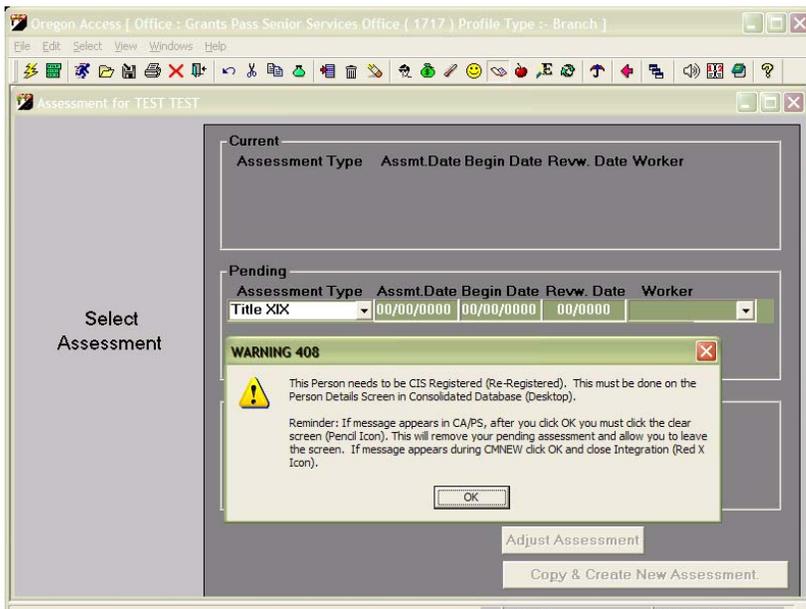
## **CIS Registration: Requirements & Edits**

This enhancement was implemented to assist in reducing the number of duplicate person records that are inadvertently created. These duplicate records generally result in Service Desk Requests to “Move” data from a duplicate to a primary Person Record. The clean up process is very labor intensive and extremely risky. It can also result in delays in providing services to clients. By reducing the chances of creating the duplicate person records, valuable resource time will be freed up for the Users, Service Desk, and Business/OIS to enhance the system.

In Remote Database (Laptop), edits have been added to alert the User that a person being checked out has not been CIS Registered or has a mismatch with CIS.



An Edit will not allow the creation of a pending Title XIX or OPI Assessment if No Prime Number is entered on the person's record. This edit will occur in both the Remote and Consolidated database. All other Assessment Types can be created in Remote with out a Prime Number.

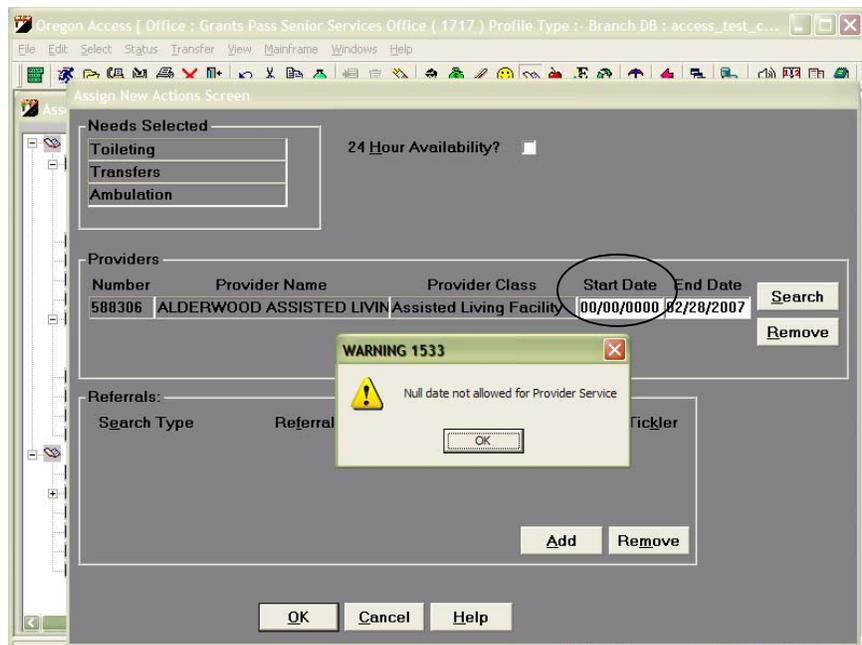


## CA/PS: Service Records Start and End Date Edits CA/PS:

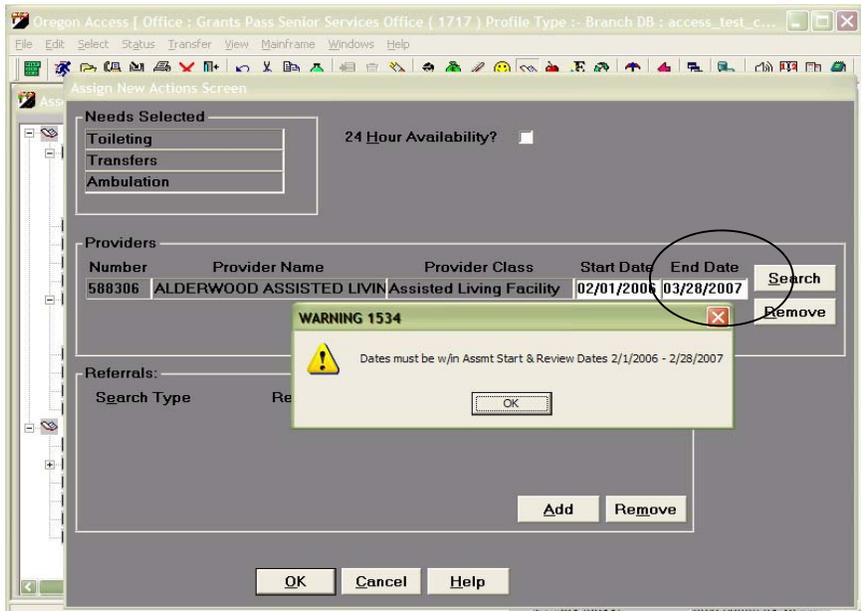
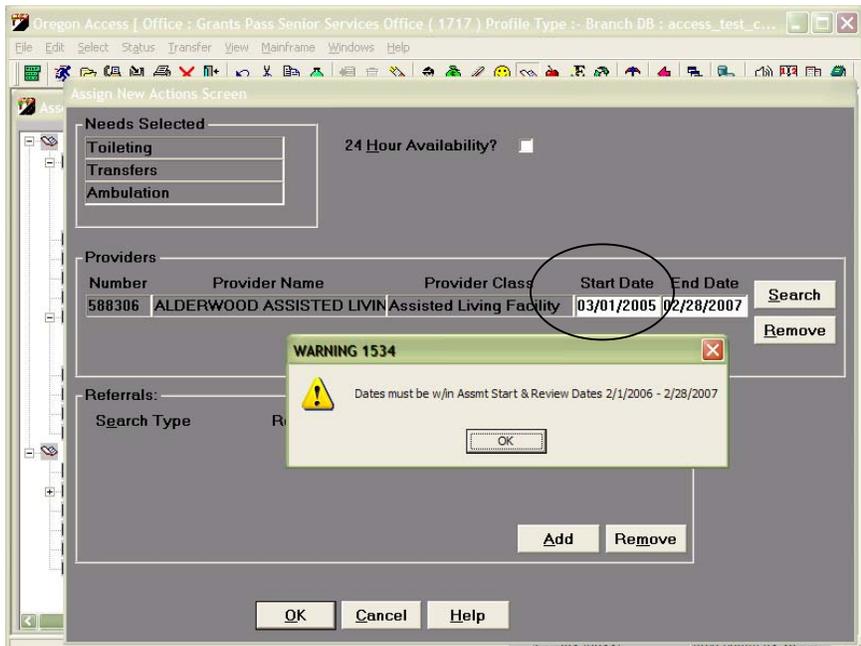
CA/PS has not historically required that workers enter Begin and End Dates on service records. There are several upcoming changes that will require that we better identify the period during which a particular service plan is valid. Entering begin and end dates on service records will allow us to properly apply provider rate changes and to keep better historical data on the service plans associated with a client for worker's compensation claims. Also, the lack of history has caused difficulties with audits and legislative reporting.

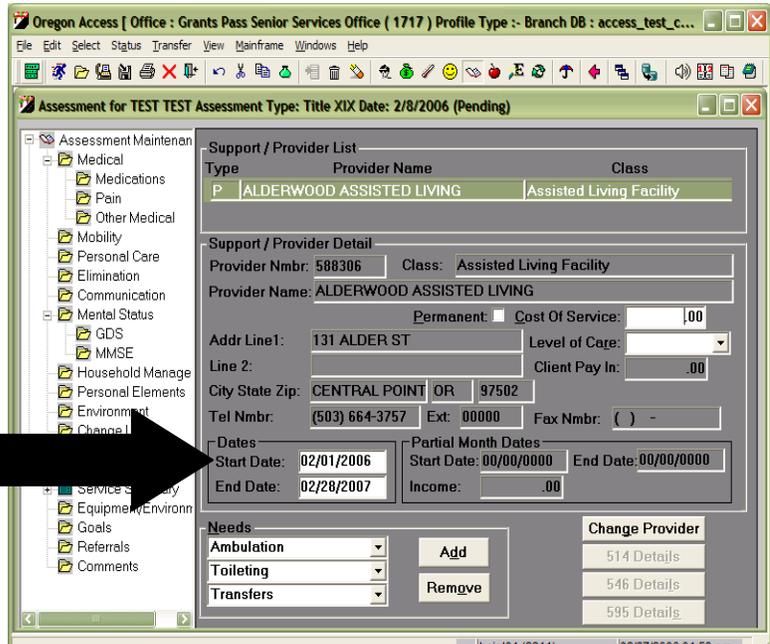
All Assessment types in Oregon ACCESS will require the Service Record to have a Start and End Date effective 02/27/2006.

The Start and End Dates must be within the date range of the assessment (Begin and Review Date). There are two new edits 1533 and 1534 that will ensure the dates are entered.

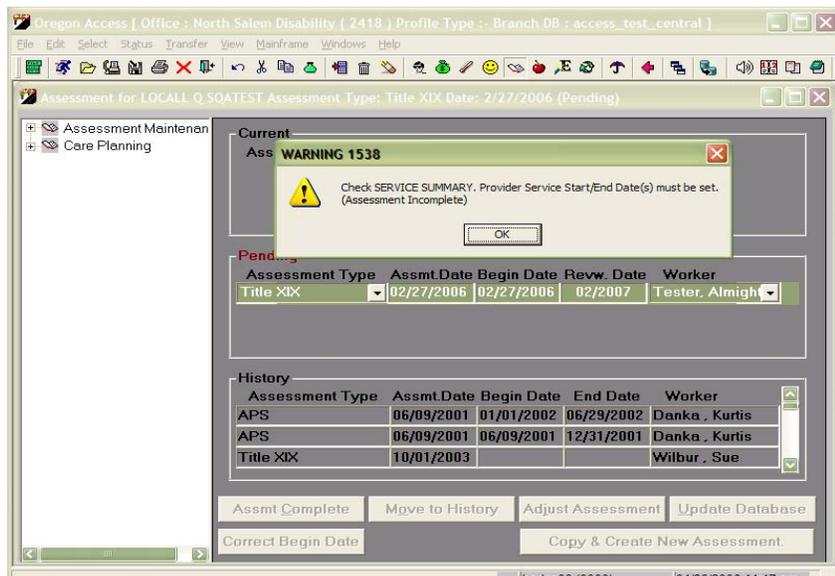


**NOTE:** If the Assign New Action Screen is missing the far right side, click on the window's title bar and drag it to the left.





If the Copy and Create function is used to create a pending assessment record, the start date field on the associated service records will be cleared. When a Review Date for the assessment is entered, the service record End Date will auto fill with the review date. Workers will be required to manually enter the service record start date. An edit has been added to prompt staff to enter the begin date before the assessment can be moved into a current status.



## CA/PS: Service Records Start and End Date Conversion

As stated above, staff will now be required to enter Begin and End Dates on CA/PS service records. The Begin and End Date on the service record cannot fall

outside of the assessment Begin and Review Dates. Later this week a conversion will be run to populate the service Begin and End Date fields. The conversion will apply to current and pending records only. It will work as follows:

- If the Begin Date field on an existing service record is blank, it will be populated with the assessment Begin Date
- If the Begin Date field on an existing service record contains a date, it will be edited to ensure that it falls within the dates of the assessment. If it does fall within the dates of the assessment, the conversion will not change it. If the date falls outside the assessment dates, it will be converted to the assessment Begin Date.
- If the End Date field on an existing service record is blank, it will be populated with the assessment End Date
- If the End Date field on an existing service record contains a date, it will be edited to ensure that it falls within the dates of the assessment. If it does fall within the dates of the assessment, the conversion will not change it. If the date falls outside the assessment dates, it will be converted to the assessment End Date.

## CA/PS: 24-Hour Availability

The Min. hours for 24-hour availability were updated to 60 hours in accordance with the Homecare Workers Collective Bargaining Agreement.

**Living Situation**

Living Situations  
 Current: Assisted Living Facility  
 Planned: Adult Foster Home  
 Desired: In-Home (alone)

WC Consent (SDS 354) Form: Refused to Signed  
 Service Eligibility Level: 3  
 State Plan Personal Care: Yes

In-Home Rec. Hours		
Need	Assist Level	Hrs.
Daily Living	Substantial	10
Mobility	Full	25

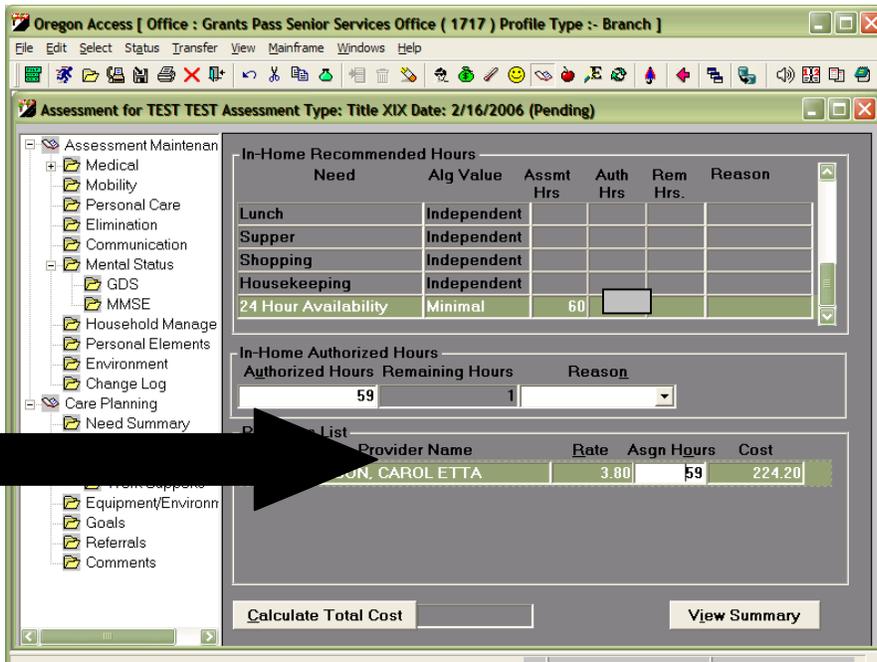
Hourly Schedule  
 Medication Man Full: 6

24 Hour Availability  
 24 Hour Availab Minimal: 60

Spousal Pay  
 ALF (Level 4): 1,574.64  
 RCF/AFH (Base): 917.00  
 R-AFH (Base): 700.00

Least costly living situation? Yes  No

Print Summary



**NOTE:** The Independent Choices Care Plans will allow the hours to be manually adjusted lower than the recommended hours on the In Home Services Screen.

## **Maintain Provider & Provider Search/Select: Merge Record**

A function has been added that allows us to “join” provider records. This will permit us to link two or more HK provider records in the event that a provider was added to the system more than once. Because it is not a true merger of records, we are calling this function Provider Join. In this process, one record is identified as the Primary record and the other record is put into an inactive status and “Joined” to the primary record.

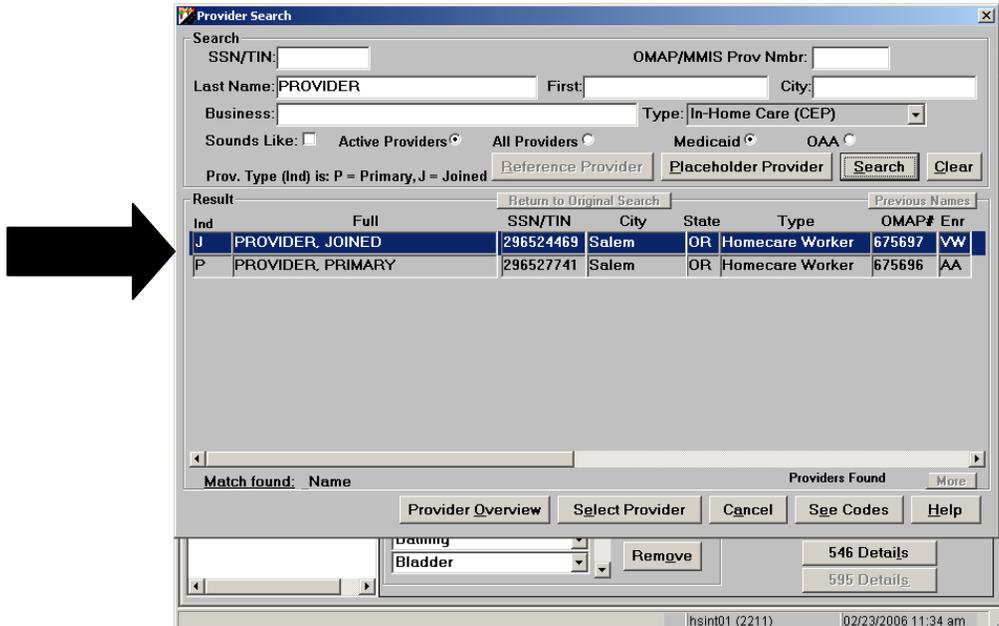
For example, if we discover that the HK provider Susan Jones is in the provider database two times – once under the name ‘Jones, Susan’ and once under the name ‘Jones, Sue’, we can join the two provider records. If we determine that ‘Jones, Susan’ is the best record, we will identify it as the Primary record. We will then inactivate the record for ‘Jones, Sue’ and join it to ‘Jones, Susan’. What we end up with is:

Primary Provider Record → Jones, Susan  
 Joined Provider Record → Jones, Sue

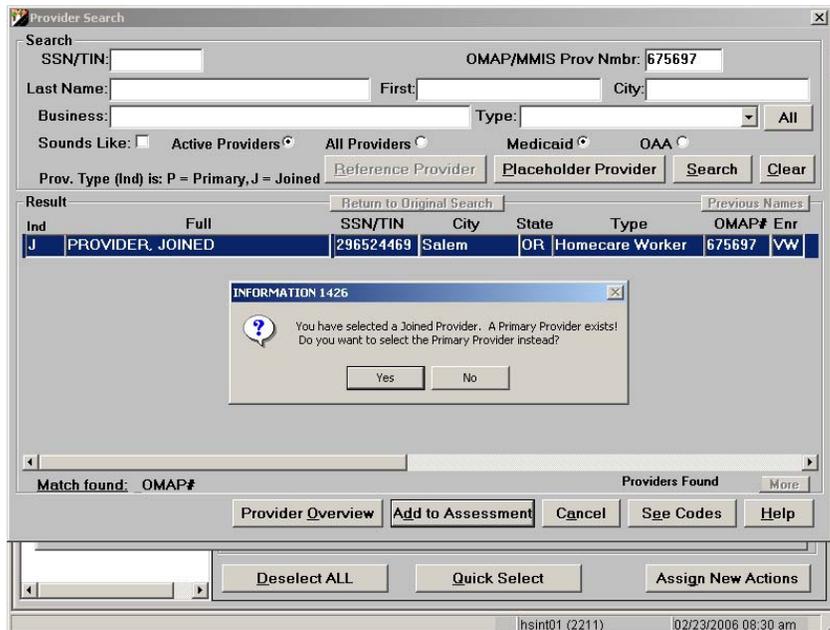
Designated SPD central office staff has the authority to Join provider records. Staff should contact the service desk if they discover that the same provider is in the provider database twice.

There are a few places where staff will see evidence of the Joined provider process:

- When searching for a provider from within a client case record, the search return window has been modified to indicate if the record is a Primary provider record or a Joined provider record.

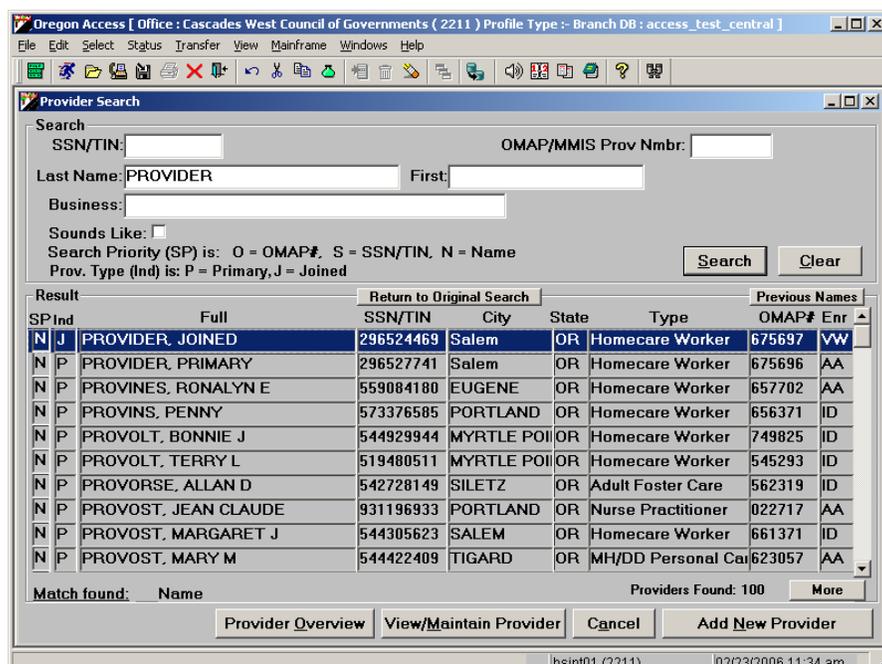


- Joined providers cannot be attached to client case records. Staff may search for joined providers from client case records, but will not be able to add the Joined provider. Instead, they will be advised that the provider they have selected is a Joined provider, and that they may attach the primary provider instead.

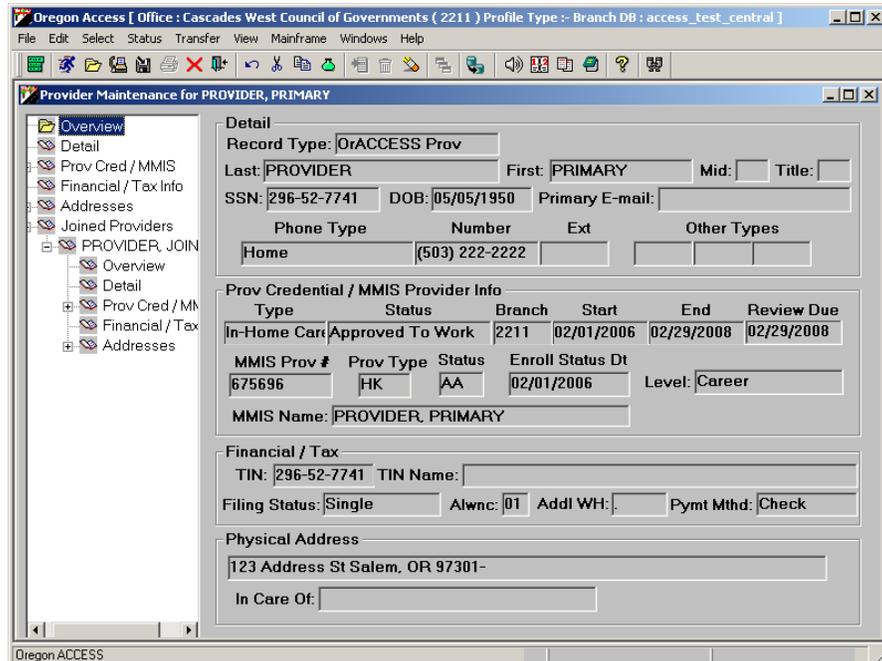


- If a provider record is attached to a client case record, and is later Joined with another provider record, the client case record will automatically update to display the information on the primary provider.
- Finally, staff with access to the Provider Maintenance screens will see a new display when any providers have been joined.

First, when searching for a provider record, the search return window has been modified to indicate if the record is a Primary provider record or a Joined provider record.



Second, the Joined provider information will be displayed at the bottom of the Primary provider's tree. The Joined provider's information is accessible, but cannot be updated.

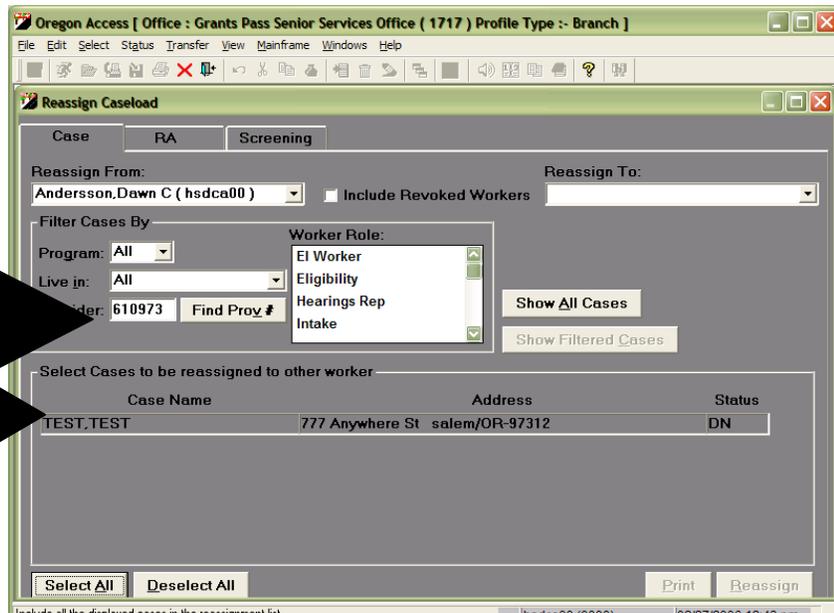
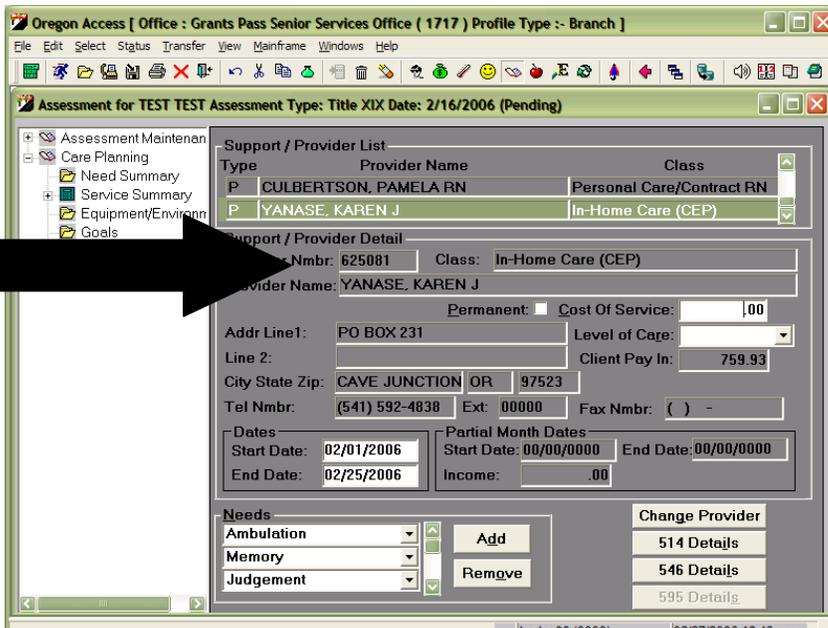


## **Maintain Provider: Credential End Date**

The End Date for Homecare Worker Credential is supposed to auto fill two years from Approval Date. It was discovered that this was not happening properly in all cases. Both the way the date is set and the files with incorrect dates will be corrected in the near future.

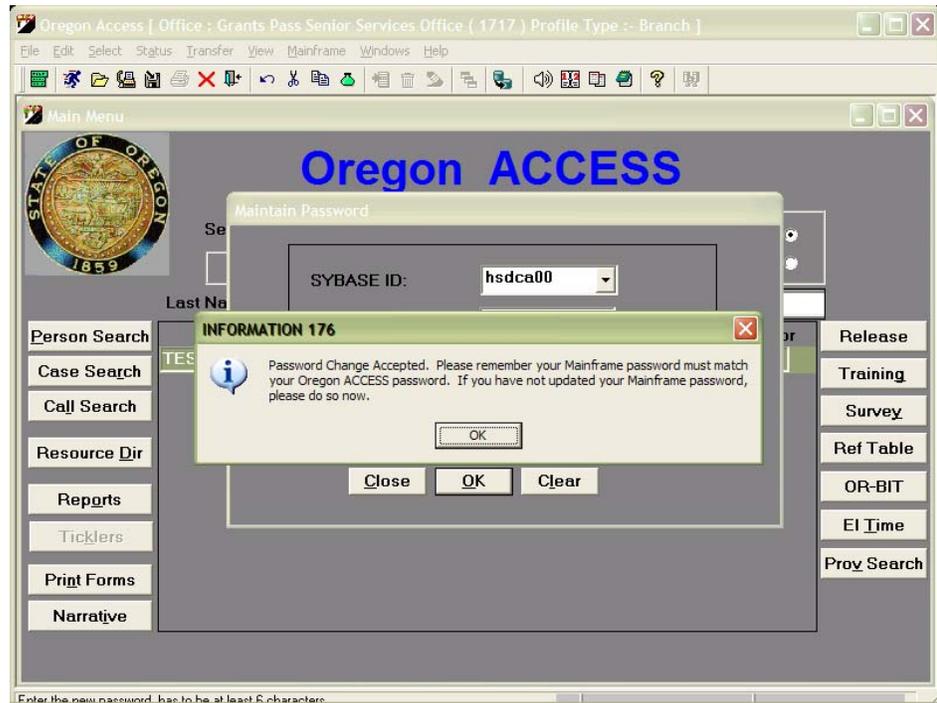
## **Reassign Caseload**

The Reassign Caseload provider number filter will now pull a worker's caseload information when the provider is located in the CA/PS Service Summary.



## Oregon ACCESS Password

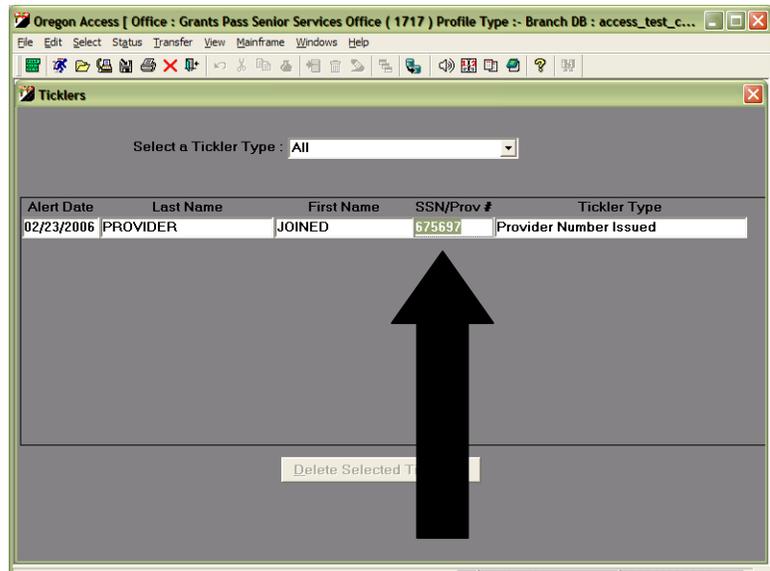
When you change your Oregon ACCESS password it is now effective immediately. You do not need to log out of Oregon ACCESS and back in for the new password to be effective. Your mainframe password needs to be the same as your Oregon ACCESS password. If your mainframe password is not the same, you will need to change it separately on the mainframe.



**Reminder:** The passwords need to be eight characters (alpha & numeric), no words found in the dictionary, and nothing used in the past.

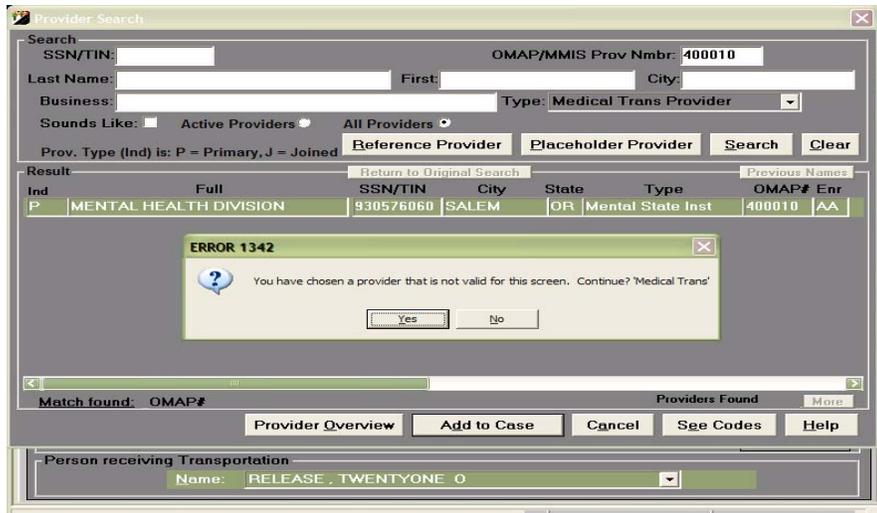
## Tickler: OMAP Number

The Tickler for Provider Number Issued will allow a User to copy and paste the Provider Number. This is helpful when doing a provider search.



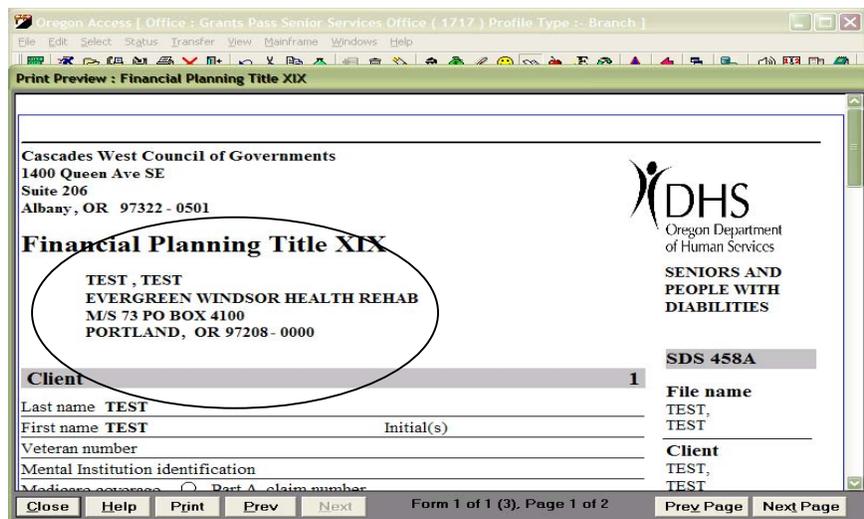
## Provider Search/Select Edits

The Med Trans Tab has a new edit that will alert a User if they have searched for a provider type that is not Medical Transportation. The edit alerts the User that provider is not classified as a Medical Transportation provider; however other types can be added if necessary. For example, some Mental Health providers offer transport services, but they are not defined in the system as transportation providers.

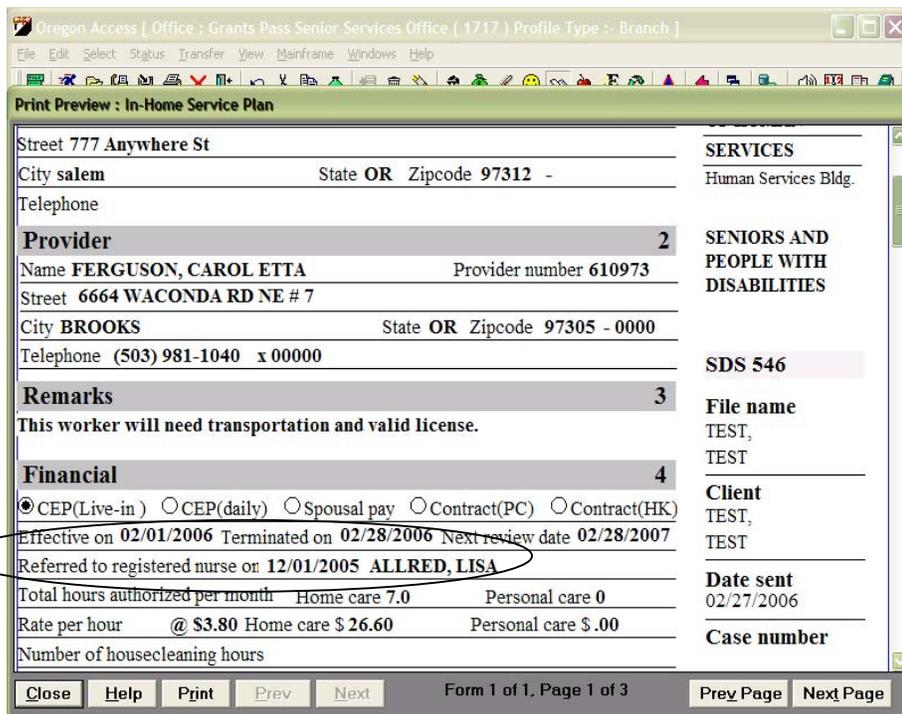
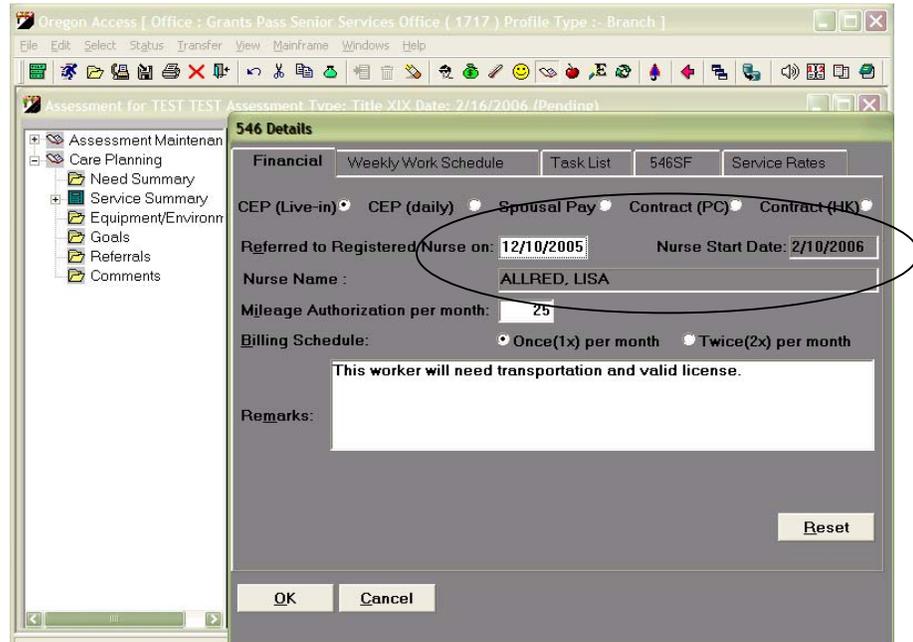


## Forms: CA 458A, CA 546, SDS 458I, CA 595, SDS 540a, and SDS 540

CA 458A will now print with the address window in alignment. The address will appear in the following order Client Name, Facility Name, Additional Address Line, Address Line, City, State, and Zip. The Client copy will now fit within the space necessary to use window envelopes.



CA 546 will now pull the Personal Care/Contract RN provider entered on the Service Summary Node in CA/PS as the Registered Nurse.



SDS 458I is the new name for the old SDS 458A (Forms Server will be updated soon) it will now pull the data entered on the Instit Tab for the following providers Mental Health Institutions, ICF/MR, and Mentally Retarded-Skilled. The Partial Month fields have been enabled, so they can be used again.

Oregon Access [ Office : Grants Pass Senior Services Office ( 1717 ) Profile Type :- Branch ]

Case for TEST TEST ( Case Branch : Grants Pass Senior Services Office )

Waiv  
 Instn  
 Supply  
 Other Needs  
 Referral  
 OAA Sumry  
 NutrRsk/ADL  
 OAA Svc/FCSP

Person	Service Class	Start Date	Verified
1 TEST, TEST	Mental Health Instit.	03/01/2006	No

Need Detail

Provider

Provider Search  
Provider ID: 400028  
Class: Mental Health Instit.

Name: MENTAL HEALTH DIVISION

Address: Institutional Revenue  
Line 2: PO Box 14900

City State ZIP: SALEM  
OR  
97309  
- 5016

Tele Mnbr: 8005447078  
Ext: 59842  
Fax: 5033731414

Full Month  
Start Date: 03/01/2006  
End Date: 12/31/2006  
Permanent:   
Level Of Care:

Partial Month  
Start Date: 02/15/2006  
End Date: 02/28/2006  
Mail Inc: 15.00  
Verified:

Person With Service Need

Client Name: TEST, TEST

Oregon Access [ Office : Grants Pass Senior Services Office ( 1717 ) Profile Type :- Branch ]

Print Preview : Financial Planning Title XIX

TEST, TEST MENTAL HEALTH DIVISION Institutional Revenue PO Box 14900 SALEM, OR 97309- 5016	Human Services Bldg. SENIORS AND PEOPLE WITH DISABILITIES
--	--

Client 1  
SDS 458 I

Last name TEST  
File name TEST, TEST

First name TEST  
Initial(s)

Veteran number

Mental Institution identification

Medicare coverage  
 Part A. claim number  
 Part B. claim number  
 Part A & B. claim number  
 None

Client TEST, TEST

Date sent 02/27/2006

Case number

Money sources	Partial Month	Full Month	Prime number
Period	02/15/06 thru 02/28/06	03/01/06 thru 12/31/06	
Social Security	\$	\$ 1,650.00	
Railroad Retirement	\$	\$ 0.00	

Form 1 of 1 (3). Page 1 of 2

The Start and End Dates in CA/PS on the Services Summary Screen were being used for two things. One, to show the entire time the services were provided and second to print on the CA 595. For OMAP to process the claim they must have the actual dates of authorization on the form. This required either changing the Service Dates each month, damaging the service history and causing a lot of data entry, or manually changing the dates on the printed form.

As a workload savings the system will auto fill the Authorization Period in section 2 of the CA 595 with the month the form is being previewed/printed for when created from the Home Delivered Meals Batch printing. If created from the client's Primary Application (Case) Module the current month will always be used.

The system will always print the full month on the form. This means that you will only need to manually write dates on the form if you need to authorize less than a full month of benefits. The Home Delivered Meals Batch printing main screen shows the service dates from the service plan (CA/PS Service Summary Screen). You can look at this screen to quickly identify clients with partial month benefits.

Ex: 02/2006 selected as filter. The Authorization Period will be 02/01/2006 to 02/28/2006. The Service Summary Start and End Dates will no longer pull to this section; the two dates do not mean the same thing.



**Home Delivered Meals**

Provider Name: 203281 COMMUNITY CONNECTION NE OR INC  
 Address: LA GRANDE:SENIOR MEALS PROGRAM104 ELM ST  
 Month: March 2006

Date Sent:  
 Today's Date  
 No Date

Line	Wkr ID	Prime Number	Client Identification		Amount Authorized	Service Dates		File code from #3	Diaq_code
			Last, First, M, I			From Mo/Da/Yr	Thru Mo/Da/Yr		
1	DCA	OB000L40	TEST, TEST		10.48	02/01/2006	02/28/2007	OF222	

Buttons: Close, Preview, Print

**Note:** The Service Dates on the screen sample above will always display the actual service plan Start and End Dates from the current Title XIX Assessment in CA/PS.

**Print Preview : Home Delivered Meals**

State OR Zipcode 97312 Telephone Human Services Bld

**Authorization** 2 SENIORS AND PEOPLE WITH DISABILITIES DIVISION

You are authorized to deliver to the client home meals as listed below. The quantity and quality of the meals, time of delivery and other factors have been furnished to you. Adherence to Seniors and People with Disabilities specifications is required.

	Quantity	Unit Price	Total cost
Large Meal	2	\$5.24	\$10.48
Small Meal			
TOTAL			\$10.48

Authorization Period 03/01/2006 through 03/31/2006

Authorizing signature Date

SPD 595  
 File name TEST, TEST  
 Client TEST, TEST  
 Date sent 02/27/2006  
 Case number

Buttons: Close, Print, Prev, Next, Form 1 of 1 : Page 1 of 2, Prey Page, Next Page

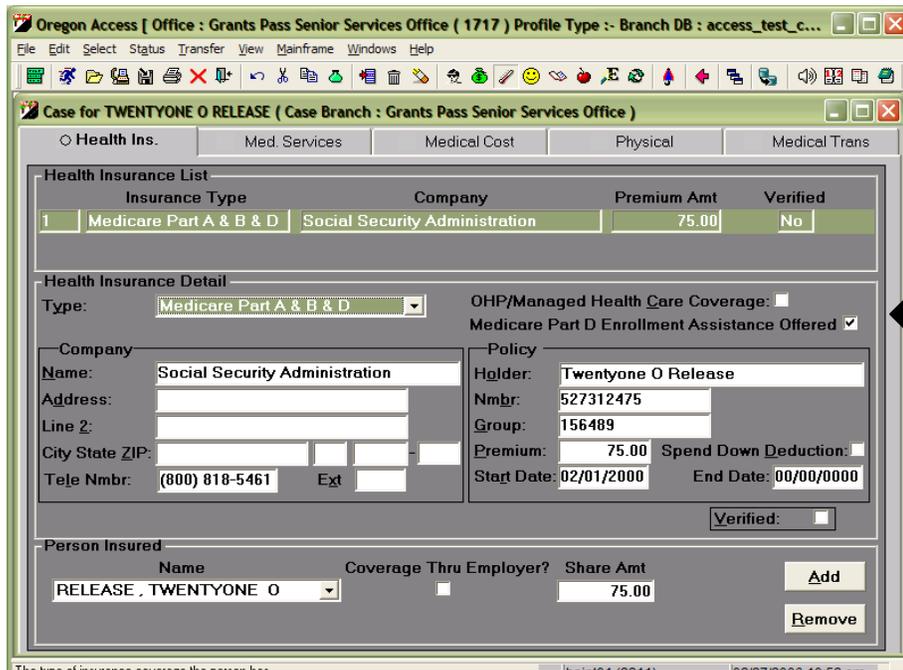
SDS 540a was updated to match the Forms Server Version.  
 SDS 540 was updated to match the Forms Server Version.

## Medicare Modernization Act: Part D MIB Mapping on CMNEW

The mapping between the Medicare D Health Insurance selections and CMNEW in the integration function, was not working properly. This has been corrected and the mapping should now work properly.

## Medicare Modernization Act: Medicare Part D Check Box

Check Box for “Medicare Part D Enrollment Assistance Offered” will only be activated if a Medicare type of insurance is selected.



The screenshot shows the 'Oregon Access' application window for 'Grants Pass Senior Services Office (1717)'. The 'Health Insurance List' table contains one entry: Medicare Part A & B & D, Social Security Administration, Premium Amt 75.00, Verified No. The 'Health Insurance Detail' section shows the 'Type' as 'Medicare Part A & B & D' and the 'Medicare Part D Enrollment Assistance Offered' checkbox checked. The 'Policy' section shows 'Holder: Twentyone O Release', 'Nbr: 527312475', 'Group: 156489', 'Premium: 75.00', 'Start Date: 02/01/2000', and 'End Date: 00/00/0000'. The 'Person Insured' section shows 'Name: RELEASE, TWENTYONE O', 'Coverage Thru Employer?': No, and 'Share Amt: 75.00'.

Insurance Type	Company	Premium Amt	Verified
1 Medicare Part A & B & D	Social Security Administration	75.00	No

Health Insurance Detail

Type: Medicare Part A & B & D

OHP/Managed Health Care Coverage:

Medicare Part D Enrollment Assistance Offered

Company: Social Security Administration

Policy: Holder: Twentyone O Release

Nbr: 527312475

Group: 156489

Premium: 75.00 Spend Down Deduction:

Start Date: 02/01/2000 End Date: 00/00/0000

Verified:

Person Insured

Name	Coverage Thru Employer?	Share Amt
RELEASE, TWENTYONE O	<input type="checkbox"/>	75.00

## OAA: “Apply For”

The OAA Benefits problem is fixed. The problem occurred when trying to detach a Filing Group Member from a Primary Application (Case Module). The benefits table thought the FGM had OAA benefits, even if they did not this edit would prevent the action ” Please delete Benefits for the Person before detaching person from Case.”

Oregon Access [ Office : Grants Pass Senior Services Office ( 1717 ) Profile Type :- Branch DB : access\_test\_c...

Persons and Contacts in the Case for : TWENTYONE O RELEASE

Case Name

Last Name: RELEASE First Name: TWENTYONE MI: O

Persons in the Case and their Role

Last Name	First Name	MI	SSN	Prime Nmbr	Relationship	Role
RELEASE	TWENTYONE	O	527-31-2475	OB000L4M	Self	Primary Applicant
RELEASE	SPOUSE		--		Spouse	Filing Group / Relevant Person

WARNING 183  
Please delete Benefits for the Person before detaching person from Case.

Contacts in the Case

Last Name	First Name	MI	SSN	Prime Nmbr	Relationship	Role
RELEASE	CONTACT				Not Related	Emergency Contact

CMS CMNEW Case Details Case Search Narrative

Oregon Access [ Office : Grants Pass Senior Services Office ( 1717 ) Profile Type :- Branch DB : access\_test\_c...

Case for TWENTYONE O RELEASE ( Case Branch : Grants Pass Senior Services Office )

Case Overview Medical Assistance Foodstamps Service General Assistance

Case

Initial Appl Date: 00/00/0000  
Signed Date: 00/00/0000  
Date of Request: 02/01/2006  
Case #:  
Medical Prog: D4  
FS Case #:  
FS Filing Date: 00/00/0000  
Total Income: 1,601.00  
Branch Code: 1717

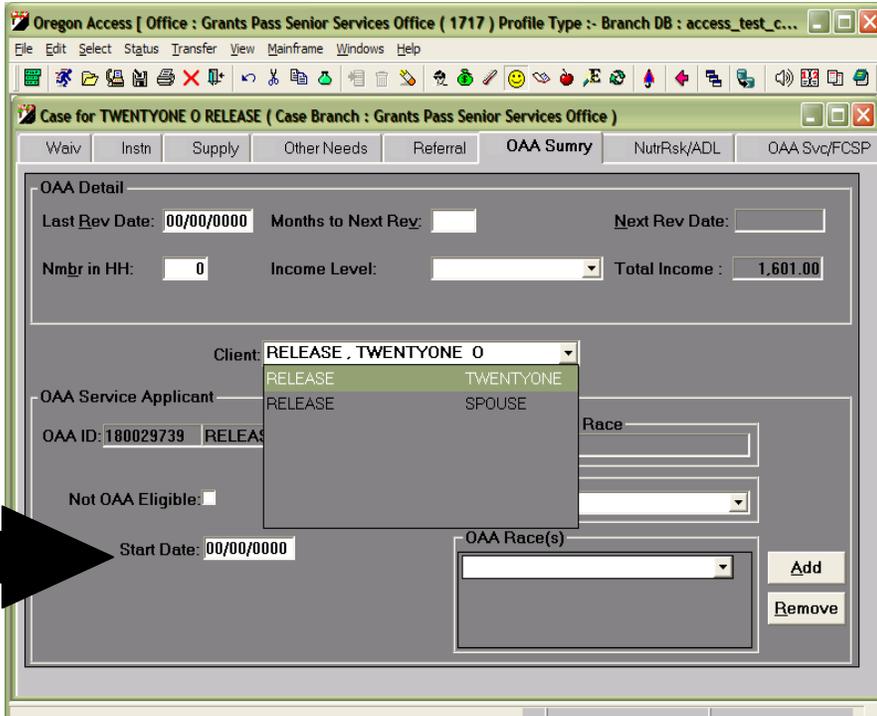
Workers

Role	Name
Eligibility	Andersson, Dawn C ( hsdca00
Service	Andersson, Dawn C ( hsdca00

Applying For

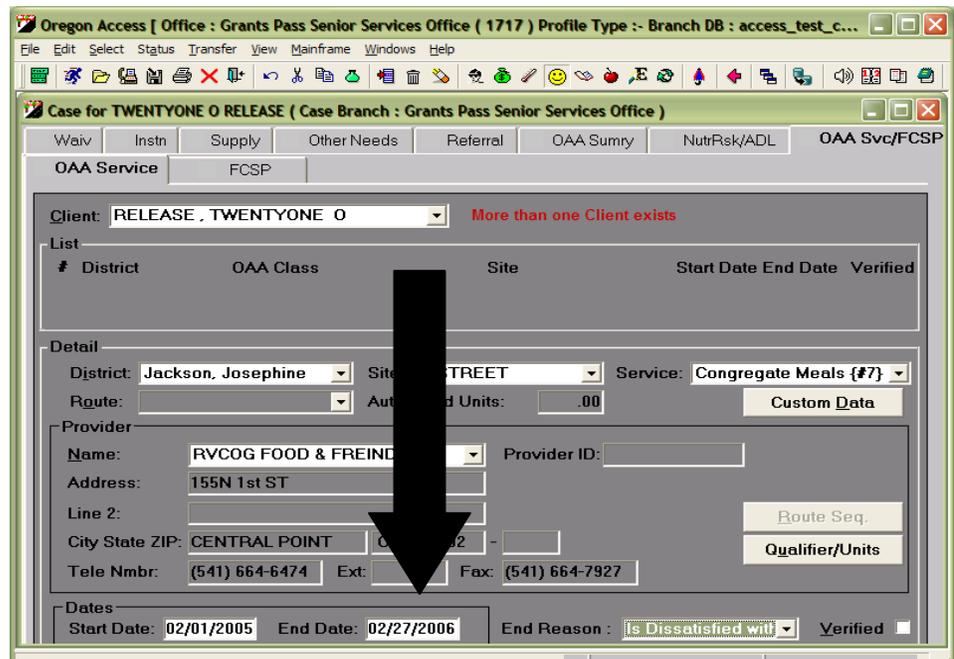
Person	SSN	DOB	Prime Nmbr	MED	FS	SVC	GA	MN	OAA	EI
RELEASE, TWENTYO	527-31-2475	02/01/1956	OB000L4M	PA	NREL	NREL	NREL	NREL	NA	NREL
RELEASE, SPOUSE		02/01/1965		NREL	NREL	NREL	NREL	NREL	NA	NREL

Assign



## OAA: Service End Date

The OAA Service End Date problem is fixed. Now an End Date can be added to all appropriate records on the OAA Service Tab.



## **Update Help Windows**

### **Help from Topic**

Screening Address Tab  
Screening Financial Tab  
Screening Medical Tab  
Screening Person Tab  
Screening Spouse/Contact Tab  
EPD Tab  
Waiv Tab  
Instit Tab  
OAA Sumry Tab  
Provider Search Select Screen  
CA/PS Needs Summary Assign New  
Action Screen  
CA/PS Service Summary Screen

### **Help from Index**

Medl Elig Code  
Medl Elig Date  
MIB CODES  
Password  
Security  
Check In/Out  
Income Codes  
Remote  
Tickler, Person Reaching Age 18  
Tickler, Person Reaching Age 65  
Active, Inactive, Archive  
Print  
Preview  
Forms Packet List  
Print Pay-in Calculation Worksheet  
Print Task List (SPD 598)  
Print Request for Exception (SPD  
514)