

Seniors and People with Disabilities

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Authorized Signature

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Topic: Systems Issues

Subject: Upcoming Mainframe Changes and Oregon ACCESS Release 21.20

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 | <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 Oregon ACCESS (OA) release contains several enhancements and fixes related to various Modules and Screens within OA. These changes are related to the following categories:

- Support for Homecare Worker Wage Increase 7/1/2006 – detailed information in the attached document;
- Oregon ACCESS Forms Support, Oregon ACCESS Remote Application Support, and Miscellaneous Oregon ACCESS Updates – detailed information in the attached document;
- Older Americans Act Support – information will be sent under separate cover.

Note: The software used for changing (adding, deleting, modifying) Help Windows in Oregon ACCESS has failed. Revised versions of the CAPS help windows for Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) will be posted on the web.

These revised help windows have information updated to reflect the rule changes effective 6/1/06. The CAPS help windows that remain in CAPS will not have this information. Case Managers will find the updated help windows available Monday, 6/19/06, on the Case Management web site under Other Links & Tools/Assessment,

Narration & CA/PS tools in the CA/PS section under the heading Help Screens. The Case Management web site address is: www.dhs.state.or.us/spd/tools/cm/index.htm

Help windows for the following have been updated and will be posted:

- ADL (and also sleep) -- eating, ambulation, transfers, cognition, behaviors, toileting, bowel, bladder, bathing, personal hygiene, dressing, grooming;
- IADL -- laundry, housekeeping, meal preparation, medication management, shopping, transportation, and telephone.

We would like every problem/issue reported to the Service Desk. By doing this, we will be able to track changes needed, ensure bugs are documented for future fixing, and help plan for and staff the next release.

If you have any systems questions/issues, contact:

Contact(s):	Service Desk		
Phone:	503 945-5623	Fax:	
E-mail:	dhs.servicedesk@state.or.us		

*If you have any questions about **Forms**, contact:*

Contact(s):	Jennifer de Jong		
Phone:	503 945-5856	Fax:	
E-mail:	jennifer.d.dejong@state.or.us		

*If you have any questions about **OAA**, contact:*

Contact(s):	Lynda Dyer		
Phone:	503 945-5734	Fax:	503 947-4245
E-mail:	lynda.dyer@state.or.us		

Support for HCW Wage Increase 7/1/2006 – Mainframe and Oregon ACCESS Modifications

July 2006 Homecare Worker Wage Increase

The changes described below will be implemented over the weekend of June 16th. With this implementation, the July 2006 HCW wage increase will be handled automatically. Branch offices will not be required to update HCW rates in Oregon ACCESS and the mainframe payment systems will know when to use which rates. The mainframe will use the current rate through June and will automatically begin using the increased wage for July vouchers. (Screen samples are at the end of this document.)

Background

The Collective Bargaining Agreement (CBA) between the Home Care Commission and SEIU contains provisions regarding HCW rates of pay. The rate that a HCW is paid for a particular task depends upon three factors:

- 1) Need Type - Activities of Daily Living tasks, Self Management tasks, and 24 Hour Availability tasks.
- 2) Need Level - Full Assist, Substantial Assist, Minimal Assist.
- 3) Service Arrangement - Hourly, Live-in, Spousal Pay, etc....

Different hourly rates may apply depending upon the type and level of need and service arrangement. The HCW CBA governs wages in each of these categories.

In the past, due to system constraints, we have only been able to capture a single rate of pay when authorizing vouchers in the Client Employed Provider (CEP) System. The rate was a “blended” rate that represented an average rate of pay. Capturing only a blended rate caused difficulties in accurately reflecting the client care plan, applying rate increases, processing adjustments, and enforcing contracted wage agreements.

Oregon ACCESS (OA) already used multiple rates and now the CEP Payment system has been modified to support the use of the multiple rate structure. It will no longer be necessary to convert the OA service plan to a blended rate for use on the mainframe payment system. Staff will be able to create HCW authorizations on the mainframe that align with the plan details on the SDS 546 form generated from OA. Oregon ACCESS has been modified to display rate information for specific periods of time within the service plan.

NOTE: We have developed a conversion strategy that will allow local offices to migrate to the new process over the next calendar year, as cases come due for reassessment. Details on the conversion strategy are described later in this document.

Overview

Mainframe Changes

Many of the screens in the CEP Payment system have been modified to accommodate the multiple rate structure. Most significant changes are to HATH, HPAY, OATH, and OPAY screens. Copies of the new screens, along with a brief description of the changes are included at the end of this document.

The payment voucher has been redesigned. Vouchers issued or reprinted after June 16th will use the new format.

The remittance advice (RA) will now show each detailed rate and can still be seen in View Direct.

Oregon ACCESS changes

Oregon ACCESS already identifies the hours authorized in each wage category on the Service Plan and SDS 546 and SDS 546IC forms. However, some changes have been made to the care planning section and associated forms.

What is the Multiple Rate Structure?

The HCW Collective Bargaining Agreement lists specific rates for each of the following categories:

Hourly

- ADL Full Assist
- ADL Substantial Assist
- ADL Minimal Assist
- Self Management tasks

Live-In (which includes Spousal Pay)

- ADL Full Assist
- ADL Substantial Assist
- ADL Minimal Assist
- Self Management Tasks
- 24 Hour Availability

Live-in Relief (formerly known as Live-In Respite)

- Initial Hours Rate

Additional Hours Rate Non-Medical Transportation

In the past, when using a HCW, the rates allocated in each category had to be averaged for data entry on the CEP payment system. This was known as the “blended” rate. With the changes that we are making, staff will create vouchers on the CEP payment system that reflect the number of hours authorized in each of the categories. For example, a client might be eligible for:

- 10 hours of ADL care at a Full Assist level
- 5 hours of ADL care at a Minimal Assist level
- 20 miles of non-medical transportation

Each of these will be specifically indicated on the vouchers.

Conversion Strategy

A process has been developed so the transition to the multiple rate structure can be made as clients are reassessed or as providers are added or changed.

A new centralized rate table has been developed. Both OA and the mainframe CEP system will get rate information from the new table. The table has been updated to store all of the standard rates, as described in the HCW Agreement. We also added “blended” rate information to the table so that staff are not required to transition everything to the multiple rate structure at once.

Any client/provider pairs for whom a voucher was issued or paid in the last two months was added to the table with a “blended” rate. We took the rate from the most recently created voucher for the client/provider pair, and added it to the table. We created an entry for the period before the July increase that is exactly the same as the blended rate we found on the last voucher issued. Then, we created a July 2006 “blended” rate record on the table for that client/provider pair that reflects the .25 wage increase.

These blended rates are valid until the end of the current assessment record. When the current assessment is ended due to reassessment, closure, or expiration, the blended rate will be terminated. Once the “blended” rate is terminated for a client/provider pair, vouchers must be created using the multiple rate structure.

NOTE: Any vouchers for client/provider pairs for whom we have no “blended” rate on the table, must use the multiple rate structure.

Highlights -- 6/19/06 Mainframe Changes

Modified CEP Payment system screens

The HATH, HPAY, OATH, and OPAY screens have been modified to allow staff to record authorization and payment data in a way that better aligns with the HCW CBA and the SDS 546. Staff will be able to authorize and pay hours in each of the multiple rate categories.

Live-In Relief Time Accrual

We have added a place to mark the number of days a week a Live-In Provider is working. This allows multiple Live-In providers to be coded and the system will properly calculate the accrued leave. Staff should carefully check situations to ensure that all Live-In/24 Hour situations are marked properly. Spousal pay providers will automatically earn the full monthly leave.

New Payment Voucher Format

The new payment voucher will be able to accommodate one rate line or many. It is designed so that all the information you need for data entry is on one side of the form.

Improved Voucher Re-print Capabilities

Staff may request a re-print of a previously issued voucher from the HATH and OATH screens. Bring up the screens by typing HATH, voucher number or OATH, voucher number. A question will display on the screen asking if you want to reprint the voucher. Mark a Y in the answer field to generate the reprint. When you request a reprint, the system will:

- Refresh the addresses
- Run edits to retrieve any updated rates

Security and the Service Worker Table

We have changed the security so that they system uses the RACF information for the person who is doing the data entry. This person's RACF ID and name will be attached to each record when it is created and updated. We will no longer use the daily security code or the worker ID information for security. Staff now have two options for what is printed on the voucher:

- 1) Staff may continue to enter the worker ID to print worker specific information on the ATTN line on the printed voucher.
- 2) Staff may leave the worker ID field blank to print branch specific information on the printed payment voucher. At this time, the branch name will display as it is listed on the SPD Branch Listing document.

Highlights -- 6/19/06 Oregon ACCESS Changes

- The Standard HCW rates will display in OA. Staff will have the ability to enter the rate for Contract Providers.
- When adding an in-home provider to an assessment, the worker will be required to select the appropriate provider category in order for the system to retrieve and display the correct rates. The provider category can be changed in the 546 Details section.
- A provider may be added to an assessment as a live-in relief provider. The 546SF/Live-in Relief tab in the 546 Details section may be used to record the number of relief hours assigned in each rate category. The SDS 546SF may be printed with the Relief provider information on the form.
- Rates will no longer display on the In-home Service leaf of the Care Plan. Detailed date information will display to view historical information about the manner in which the client's needs were met throughout the life of the plan.
- The Calculate Total Cost button is now "Calc Total Auth Wage". The user will be required to enter the date to calculate the total auth wage calculated.
- A new provider Type of R will display on the Service Summary screen if the provider is identified as a relief provider. Relief provider's wages do not pull to the Client Pay In worksheet, nor are they included in the Total Auth Wage calculation.
- The system will no longer calculate a "blended" rate.
- The 546 Details screen has been modified to display rate information for specific periods of time within the service plan.
- Staff may elect to print all service plans and associated rate data for an assessment, only those service plans and rate data that are currently in effect, or service plans and rate information valid for the current and future dates.
- Rates will no longer display in the Remote application.

- The Pay-In worksheet is not available in Remote. The Pay-In worksheet in Consolidated will work as it does now, and calculate pay-in information based on the services that are valid as of the date the form is printed or previewed.

Mainframe Data Entry Information

Screen Sample: HATH screen for a provider/client pair with a blended rate

Enter information in the top portion of the screen, identifying the service situation (e.g. hourly, live-in, spousal, mileage, etc...). In this example, there is an hourly service situation, as indicated by the Y in the Hrly/Hrly Paid Leave field.

Note: In live-in service situations, it will be required to indicate if the provider is a 7, 6, 5, 2, or 1 day per week provider. This will be used to apply the proper pro-ration when relief hours are accrued.

HATH,AB11111A,699999		In-home Service Authorization		06/08/2006	
Trans Typ I	Upd Date	06/06/2006	Upd RACF	HSVZP00 PROCESSOR, VOUCHER	
Vch Nmbr	Prct Tran				
Prim Id	AB11111A	Recip	TEST, RECIPIENT		
Prov Nmbr	699999	Prov Name	TEST, PROVIDER	City/St ALBANY, OR	
Service Auth Beg	06/07/01	Auth End	06/07/15		
Contact Br	2211	Auth Wkr	HGA	WORKER, TEST	
Hrly/Hrly Paid Leave (Y/N)	Y	Spousal Pay (Y/N)	N		
Live-in (Y/N)	N	Days work per wk:	7	6	5 2 1
Live-in Relief Wkr (Y/N)	N	Reg Live-in Prov Nmbr			
MHD/DD Pers Care Prov (Y/N)	N	MHD/DD Medically Fragile (Y/N)	N		
Mileage (Y/N)	N	Pub Trans Allowance (Y/N)	N		
Proc	Description	Hrs/Mil	Rate	Line Tot	
		Tot Svc Hrs	Auth Clm		
Err Code:					
Msg:					

Once the questions have been answered in the top portion of the screen, press enter to be given a list of categories to enter hours. In this example, we have a provider/client pair with a blended rate. Enter the number of service hours authorized. The rate will be added, and does not need to be typed in the field. In this example, 69 hours are authorized at the blended rate of \$9.41 per hour.

HATH 06999999	In-home Service Authorization		06/08/2006	
Trans Typ I	Upd Date	06/06/2006	Upd RACF	HSVZP00 PROCESSOR, VOUCHER
Vch Nbr	06999999	Prcls Tran	30	
Prim Id	AB11111A	Recip	TEST, RECIPIENT	
Prov Nbr	699999	Prov Name	TEST, PROVIDER	City/St ALBANY, OR
Service	Auth Beg	06/07/01	Auth End	06/07/15
	Contact Br	2211	Auth Wkr	HGA WORKER, TEST
Hrly/Hrly Paid Leave (Y/N)	Y	Spousal Pay (Y/N)	N	
Live-in (Y/N)	N	Days work per wk:	7	6 5 2 1
Live-in Relief Wkr (Y/N)	N	Reg Live-in Prov Nbr		
MHD/DD Pers Care Prov (Y/N)	N	MHD/DD Medically Fragile (Y/N)	N	
Mileage (Y/N)	N	Pub Trans Allowance (Y/N)	N	
Proc	Description	Hrs/Mil	Rate	Line Tot
OC111	Hrly ADL Blended	69.0	9.4100	649.29
Tot Svc Hrs		69.0	Auth Clm	649.29
Err Code:				
Msg:				

The system will then edit the data entered and save the voucher if all the edits are passed. Answer “yes” to save the voucher. The voucher number will be generated.

Screen Sample: HPAY screen that shows a client/provider pair with a blended rate

Enter the Recipient and Provider signature information. The HPAY screen will show the number of authorized units/hours in the Adjudicated column. Payment can be made for fewer hours than were originally authorized, but you cannot pay for more hours. Overtyping the Adjudicated hours field with the lower number to make a change.

When the correct number of hours is displayed, press enter. The system will edit the data, and if all edits are passed, the system will ask you if you want to pay the voucher. Say "yes", and the voucher will be placed in a ready to pay status and paid in the next payment cycle.

HPAY 06999999		In-home Service Payment			06/08/2006		
Trans Type I		Upd Date 06/06/2006		Upd RACF HSVZP00			PROCESSOR, VOUCHER
Vch Nbr 06999999		Prce Trans 30 EOB					
Prime # AA11111A		Prov Nbr 699999					
Recip Name TEST, RECIPIENT		Prov Name		PROVIDER, TEST			
		Prov Str		2070 QUEEN AVENUE SE D10			
Recip Sign/Date N 00/00/00		Prov City/ST		ALBANY, OR			
Prov Sign/Date N 00/00/00		Prov Zip		97322-0000			
		Authorized			Adjudicated		
		Beg 06/05/01		End 06/05/15	Beg 06/05/01		End 06/05/15
Proc Desc	Units	Rate	Total		Units	Rate	Total
OC111 Hrly ADL Blended	69.0	9.4100	\$649.29		69.0	9.4100	\$649.29
Err Cd:		Tot Auth		\$649.29	Tot Clm		\$649.29
Msg:							
Msg:							

Once the questions have been answered in the top portion of the screen, press enter to be given a list of categories to enter hours. In this example, we have a provider/client pair using the multiple rate structure. Enter the number of service hours authorized in each category, as indicated on the SDS 546 form.

```

HATH,BB11111B,698888  In-home Service Authorization                                06/08/2006
Trans Typ I          Upd Date 06/06/2006  Upd RACF HSVZP00 PROCESSOR, VOUCHER
Vch Nmbr          Prcs Tran 30
Prim Id   BB11111B  Recip      TEST, RECIPIENT
Prov Nmbr 698888   Prov Name TEST, PROVIDER                City/St BEAVERCREEK, O
Service Auth Beg 06/01/01          Auth End 06/01/31
Contact Br 3518                    Auth Wkr WKR TEST, WORKER
Hrly/Hrly Paid Leave (Y/N) Y      Spousal Pay (Y/N)      N
Live-in (Y/N)                N      Days work per wk:    7  6  5  2  1
Live-in Relief Wkr (Y/N)    N      Reg Live-in Prov Nmbr
MHD/DD Pers Care Prov (Y/N) N      MHD/DD Medically Fragile (Y/N) N
Mileage (Y/N)                N      Pub Trans Allowance (Y/N)  N
  Proc  Description  Hrs/Mil  Rate  Line Tot
  OC111 Full Assistance  15.0    9.5100  142.65
  OC111 Substantial Asst  10.0    9.2800   92.80
  OC111 Minimal Assist   10.0    9.2800   92.80
  OC111 Self Management  10.0    9.2800   92.80

Tot Svc Hrs  45.0  Auth Clm  421.05

Err Code:
Msg:

```

The system will then edit the data and save the voucher if all edits are passed. Answer “Yes” to save the voucher. The voucher number will be generated.

Screen Sample: HPAY screen for a provider/client pair with the new multiple rate structure

Enter the Recipient and Provider signature information. The HPAY screen will show the number of authorized units/hours in the Adjudicated column. Payment can be made for fewer hours than were originally authorized, but cannot pay for more hours. Overtyping the Adjudicated hours field with the lower number to make a change.

When the correct number of hours is displayed, hit enter. The system will edit the data that you have entered, and if all edits are passed, the system will ask you if you want to pay the voucher. Say "yes", and the voucher will be placed in a ready to pay status and paid in the next payment cycle.

HPAY 06999999		In-home Service Payment		06/08/2006		
Trans Type I	Upd Date	06/06/2006	Upd RACF	HSVZP00	PROCESSOR, VOUCHER	
Vch Nnbr	Prcs Trans	30	EOB			
Prime #	BB11111B	Prov Nnbr	698888			
Recip Name	TEST, RECIPIENT	Prov Name	TEST, PROVIDER			
		Prov Str	PO BOX 891			
Recip Sign/Date	N 00/00/00	Prov City/ST	BEAVERCREEK, OR			
Prov Sign/Date	N 00/00/00	Prov Zip	97004-0000			
		Authorized		Adjudicated		
		Beg 06/01/01	End 06/01/31	Beg 06/01/01	End 06/01/31	
Proc Desc	Units	Rate	Total	Units	Rate	Total
OC111 Full Assistance	15.0	9.5100	\$142.65	15.0	9.5100	\$142.65
OC111 Substantial Asst	10.0	9.2800	\$92.80	05.0	9.2800	\$46.40
OC111 Minimal Assist	10.0	9.2800	\$92.80	05.0	9.2800	\$46.40
OC111 Self Management	10.0	9.2800	\$92.80	05.0	9.2800	\$46.40
Err Cd:		Tot Auth	\$421.05	Tot Clm	\$281.85	
Msg:						
Msg:						

Screen Sample: OATH screen that shows a client/provider pair with a blended rate

Enter information in the top portion of the screen which identifies the service situation (e.g. hourly, mileage, live-in, etc...). This example indicates this is an hourly service situation by putting a Y in the Hrly/Hrly Paid Leave field.

```

OATH 05999999          OPI Service Authorization Detail          06/08/2006
Trans Typ I           Upd Date 07/01/2006  Upd RACF HSVZP00 PROCESSOR, VOUCHER
Vch Nmbr 05999999    Prcs Tran 30
Prim Id  CC11111C   Recip      RECIPIENT, OPI
Prov Nmbr 697777    Prov Name PROVIDER, TEST          City/St MOLALLA, OR
  Service Auth Beg 06/07/01      Auth End 06/07/31
        Contact Br 0312          Auth Wkr WKR TEST, WORKER

Hrly/Hrly Paid Leave (Y/N)  Y
Chore (Y/N)                  N
Mileage (Y/N)                N   Pub Trans Allowance (Y/N)  N
Live-in (Y/N)                N   Days work per wk:    7   6   5   2   1

  Proc      Description      Hrs/Mil      Rate      Line Tot

Tot Svc Hrs      Auth Clm

Err Code:
Msg:
  
```

After entering the answers to the questions at the top of the screen, you will be given a list of categories in which you can enter hours. This example includes a provider/client pair for whom we have issued a voucher in the last two months. So, we were able to find a blended rate for this provider and client pair. Enter only the number of hours of service authorized. The rate will be added and does not need to be typed in the field. 66 hours are authorized at the blended rate of \$9.28 per hour.

OATH 05999999		OPI Service Authorization Detail		06/08/2006	
Trans Typ I	Upd Date	07/01/2006	Upd RACF	HSVZP00	PROCESSOR, VOUCHER
Vch Nmbr	05999999	Pracs Tran	30		
Prim Id	CC11111C	Recip	RECIPIENT, OPI		
Prov Nmbr	697777	Prov Name	PROVIDER, TEST	City/St	MOLALLA, OR
Service	Auth Beg	06/07/01	Auth End	06/07/31	
	Contact Br	0312	Auth Wkr	WKR TEST, WORKER	
Hrly/Hrly Paid Leave (Y/N)	Y				
Chore (Y/N)	N				
Mileage (Y/N)	N	Pub Trans Allowance (Y/N)	N		
Live-in (Y/N)	N	Days work per wk:	7	6	5 2 1
Proc	Description	Hrs/Mil	Rate	Line Tot	
OP334	Hourly Blended	66.0	9.2800	612.48	
	Tot Svc Hrs	66.0	Auth Clm	612.48	
Err Code:					
Msg:					

The system will then edit the data and save the voucher if all edits are passed. Answer “Yes” to save the voucher. The voucher number will be generated.

Screen Sample: OPAY screen that shows a client/provider pair with a blended rate

Enter the Recipient and Provider signature information. The OPAY screen will show the number of authorized units/hours in the Adjudicated column. Payment can be made for fewer hours than were originally authorized, but you cannot pay for more hours. Overtyping the Adjudicated hours field with the lower number to make a change.

When the correct number of hours is displayed, hit enter and you will be asked if you want to pay the voucher. Say "Yes", and the voucher will be placed in a ready to pay status and paid in the next payment cycle.

OPAY 05999999		OPI SERVICE PAYMENT			06/08/2006			
Trans Type I	Upd Date	07/01/2006	Upd RACF	HSVZP00	PROCESSOR,	VOUCHER		
Vch Nbr 05999999	Prchs Trans	30	EOB					
Prime # CC11111C	Prov Nbr	697777						
Recip Name RECIPIENT, TEST	Prov Name	PROVIDER, TEST						
	Prov Str	712 AFFOLTER AVE						
Recip Sign/Date N 00/00/00	Prov City/ST	MOLALLA, OR						
Prov Sign/Date N 00/00/00	Prov Zip	97038-0000						
	Authorized			Adjudicated				
	Beg	06/07/01	End	06/07/31	Beg	06/07/01	End	06/07/31
Proc Desc	Units	Rate	Total		Units	Rate	Total	
OP334 Hourly Blended	66.0	9.0300	\$595.98		66.0	9.030	\$595.98	
Err Cd:		Tot Auth	\$595.98		Tot Clm	\$595.98		
Msg:								
Msg:								

Screen Sample: OATH screen for a provider/client pair using the new multiple rate structure.

Enter information in the top portion of the screen, identifying the service situation. This example is an hourly provider with a mileage reimbursement.

```

OATH 06999999          OPI Service Authorization Detail          06/08/2006
Trans Typ C           Upd Date 06/07/2006  Upd RACF HSVZP00 PROCESSOR, VOUCHER
Vch Nmbr             Prcs Tran
Prim Id  DD11111D  Recip  TEST, RECIPIENT
Prov Nmbr 695555   Prov Name TEST, PROVIDER          City/St THE DALLES, OR
Service Auth Beg  06/07/01          Auth End 06/07/31
Contact Br 2019          Auth Wkr WKR TEST, WORKER
Hrly/Hrly Paid Leave (Y/N) Y
Chore (Y/N)           N
Mileage (Y/N)        Y  Pub Trans Allowance (Y/N) N
Live-in (Y/N)        N  Days work per wk:    7  6  5  2  1

Proc      Description      Hrs/Mil      Rate      Line Tot

Tot Svc Hrs      Auth Clm

Err Code: A86 B02
Msg:
  
```

After entering the answers to the questions at the top of the screen, you will be given a list of categories in which you can enter hours. The rate will be added. In this example, the client is receiving services in multiple rate categories. The Oregon ACCESS SDS546 has been modified to list the number of hours authorized in each category.

OATH 06999999		OPI Service Authorization Detail		06/08/2006	
Trans Typ	C	Upd Date	06/07/2006	Upd RACF	HSVZP00 PROCESSOR, VOUCHER
Vch Nbr	06999999	Prcls Tran	30		
Prim Id	DD11111D	Recip	TEST, RECIPIENT		
Prov Nbr	695555	Prov Name	TEST, PROVIDER	City/St	THE DALLES, OR
Service	Auth Beg	06/07/01	Auth End	06/07/31	
	Contact Br	2019	Auth Wkr	WKR TEST, WORKER	
Hrly/Hrly Paid Leave	(Y/N)	Y			
Chore	(Y/N)	N			
Mileage	(Y/N)	Y	Pub Trans Allowance	(Y/N)	N
Live-in	(Y/N)	N	Days work per wk:	7	6 5 2 1
Proc	Description	Hrs/Mil	Rate	Line Tot	
OP334	Full Assist	10.0	9.5100	95.10	
OP334	Substantial Asst	15.0	9.2800	139.20	
OP334	Minimal Assist	10.0	9.2800	92.80	
OP334	Self-Management	15.0	9.2800	139.20	
OP336	Mileage/Pub Trans	50.0	0.4000	20.00	
	Tot Svc Hrs	50.0	Auth Clm	486.30	
Err Code:	A86 B02				
Msg:					

The system will then edit the data and save the voucher if all edits are passed. Answer “Yes” to save the voucher. The voucher number will be generated.

Screen Sample: OPAY screen for a provider/client pair using the new multiple rate structure

Enter the Recipient and Provider signature information. The OPAY screen will show the number of authorized units/hours in the Adjudicated column. Payment can be made for fewer hours than were originally authorized, but you cannot pay for more hours. Overtime the Adjudicated hours field with the lower number to make a change.

When the correct number of hours is displayed, hit enter and you will be asked if you want to pay the voucher. Say "Yes", and the voucher will be placed in a ready to pay status and paid in the next payment cycle.

OPAY 06999999		OPI SERVICE PAYMENT		06/08/2006				
Trans Type C	Upd Date	06/07/2006	Upd RACF	HSVZP00	PROCESSOR, VOUCHER			
Vch Nmbr 06999999	Pracs Trans	30	EOB					
Prime # DD11111D	Prov Nmbr	695555						
Recip Name LNAME, FNAME	Prov Name	PROVIDER, NAME						
	Prov Str	514 LIBERTY STREET						
Recip Sign/Date N 00/00/00	Prov City/ST	THE DALLES, OR						
Prov Sign/Date N 00/00/00	Prov Zip	97058-0000						
	Authorized			Adjudicated				
	Beg	06/07/01	End	06/07/31	Beg	06/07/01	End	06/07/31
Proc Desc	Units	Rate	Total		Units	Rate	Total	
OP334 Full Assist	10.0	9.5100	\$95.10		10.0	9.5100	\$95.10	
OP334 Substantial Asst	15.0	9.2800	\$139.20		15.0	9.2800	\$139.20	
OP334 Minimal Assist	10.0	9.2800	\$92.80		10.0	9.2800	\$92.80	
OP334 Self-Management	15.0	9.2800	\$139.20		15.0	9.2800	\$139.20	
OP336 Mileage/Pub Trans	50.0	.4000	\$20.00		50.0	.4000	\$20.00	
Err Cd: A86 B02		Tot Auth	\$486.30		Tot Clm	\$486.30		
Msg: 30	VCHR IN AUTHORIZATION STATUS							
Msg:								
F3=Exit				F11=HINQ				

New Version of Payment Voucher

E MULT ADS
600 NE 8TH STREET, RM 100
GRESHAM, OR 97030-5648

COST CENTER: 3518
PHONE NUMBER: 503-988-3840
VOUCHER NO: 9999999999

LAST, FIRST NAME
PO BOX XXX
BEAVERCREEK, OR 97004-5648

PROVIDER NUMBER: 123456

After completing payment voucher, save one copy for your records and return one copy to the branch office. ATTN: Default Branch Name

PROVIDER CERTIFICATION:

I have read and fully understand the following agreement: Payment of this claim will be from federal and state funds. Any falsification or concealment of a material fact may be prosecuted under federal and state laws. I am NOT an employee of the Department of Human Services, any of its Divisions or of any Area Agency on Aging.

The Department, in consideration of the services provided, agrees to pay the employee at authorized rates, upon receipt of proper invoices(s). Payment will not be made for any hours worked over the Maximum Authorized. No additional charges shall be imposed on either the employer, or the Department, or the Area Agency on Aging under this agreement.

I will receive a net payment for gross taxable wages minus the taxes and workers' compensation deduction(WCD). The payment may be reduced by recoveries, overpayments, garnishments or other deductions.

Tasks are defined as follows:

ADL : Eating, Dressing/Grooming, Bath/Personal Hygiene, Mobility, Bowel/Bladder and Cognition

Self Management : Medication Management, Transport, Breakfast, Lunch, Supper, Shopping and Housekeeping.

SDS 598 B (Rev. 06/06)

Payment Voucher

State of Oregon
Department of Human Services
Seniors and People with Disabilities

Voucher No: 9999999999

Provider Name: LAST, FIRST NAME

Provider Number: 123456

Client Name: LAST, FIRST NAME

Client Number: AAAAAAAA

Service Period

Authorized: (01/01/2006) thru (01/31/2006)

Worked: (/ /) thru (/ /)

Services Authorized (see front of voucher for definitions): Hourly HCW

	Hr Wage:	Authorized Hours:	Hours Worked:
ADL Full Assist	\$9.76	15.00	_____
ADL Substantial Assist	\$9.53	10.00	_____
ADL Minimal Assist	\$9.53	10.00	_____
Self Management	\$9.53	10.00	_____
Total:		45.00	_____

I have read the Provider Certification statement on the front of this payment voucher. I have not worked more than the maximum hours for the service period. By signing this invoice, I certify the above information is true, accurate and complete.

Provider Signature _____ Date _____

I no longer work for this client as of ___/___/____ (Last day worked).

CLIENT CERTIFICATION: By signing this invoice, I certify that the services described above were received by me.

I hereby designate the Department an agent for the purpose of doing all that is required of myself pursuant of Section 3504 of the Internal Revenue Code. (This designation is not applicable if the payee is a private firm or agency employee.)

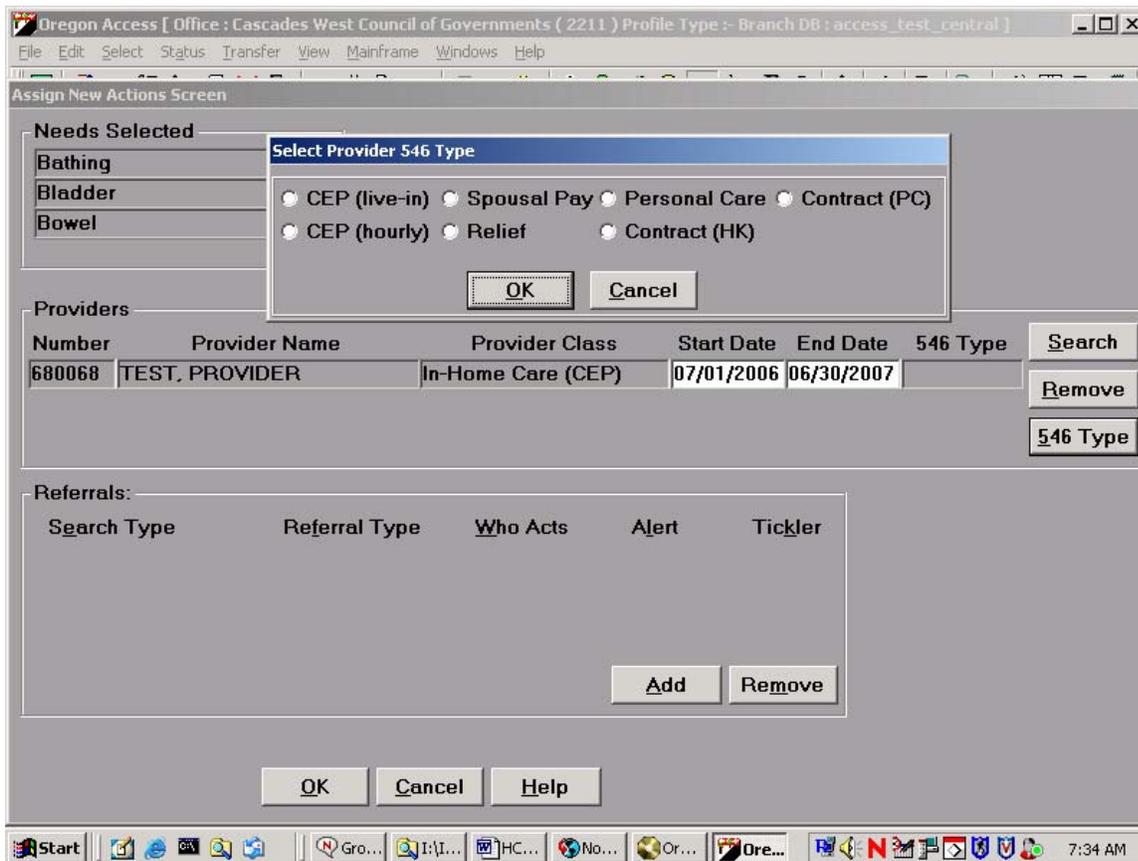
Client/Employer Signature _____ Date _____

Oregon ACCESS Data Entry Information

Screen Sample: Identifying the Service Arrangement in Oregon ACCESS

When an In-home provider is added to an assessment, the service arrangement (Provider 546 Type) will need to be identified to display the correct rates.

The Provider 546 Type can be changed on the 546 Details section.



Screen Samples: Support for Live-in Relief in Oregon ACCESS

Assign a provider to the assessment and indicate the provider category is Relief. The number of hours in each Relief category may be assigned in the 546 Details section and printed on the 546SF.

546SF/Live-In Relief

Continue Current Plan, no changes

Terminate Benefits Effective on : 00/00/0000

Six Months Review

Change Authorization to _____

Change Home Care to .0 hours maximum per month
Effective on : 00/00/0000

Change Personal Care to .0 hours maximum per month
Effective on : 00/00/0000

Relief Provider 16.0 Initial hours at \$ 0.00
8.0 Add'l hours at \$ 0.00

Remarks: _____

Reset

OK Cancel

Print Preview: Home Service Evaluation Plan

Client 1	DEPARTMENT
Last name CASE	OF HUMAN
First name TEST Initial(s) M	SERVICES
Street 123 Address st City Salem	Human Services Bldg
State OR Zipcode 97303 Telephone (503) 222-2222	
Funding resource <input checked="" type="radio"/> Title XIX <input type="radio"/> OPI	SENIORS AND PEOPLE WITH DISABILITIES
Action to be taken 2	SDS 546SF
<input type="radio"/> Continue current plan, no changes	File name
<input type="radio"/> Terminate benefits Effective on _____	CASE,
<input type="radio"/> 6 month review	TEST M
<input type="radio"/> Change authorization to _____	Client
<input type="radio"/> Change home care to _____ hours maximum per month Effective on _____	CASE,
<input type="radio"/> Change personal care to _____ hours maximum per month Effective on _____	TEST M
<input checked="" type="radio"/> Relief Provider 16.0 Initial hours at \$ 9.40	Date sent
8.0 Additional hours at \$ 4.05	06/12/2006
Remarks 3	Case number

Close Help Print Prev Next Form 1 of 1, Page 1 of 1 Prev Page Next Page

Screen Sample: New Display of In-Home Service Screen in Oregon ACCESS

Rate information no longer displays on this screen. Instead, details regarding the date ranges in which each provider is assigned to the need will display. The system has also been modified to recognize the date ranges. Only those Asgn Hours that overlap time periods will be added together when comparing against the Authorized Hours. This will allow staff to retain history regarding the providers assigned to needs over the life of the plan.

In this example, 3 hours are authorized. “Original Provider” is assigned all three hours from 6/1/2006 through 7/14/2006. Beginning 7/15/2006, “Replacement Provider” will provide the hours.

Assessment for TEST M CASE Assessment Type: Title XIX Date: 6/1/2006 (Pending)

In-Home Recommended Hours

Need	Alg Value	Assmt Hrs	Auth Hrs	Rem Hrs.	Reason
Eating	Minimal	5	3	2	CM Determination
Dressing/Grooming	Minimal	5	5	0	
Bath/Personal Hygiene	Substantial	15	15	0	
Mobility	Substantial	15	13	2	CM Determination
Bowel/Bladder	Substantial	20	20	0	

In-Home Authorized Hours

Authorized Hours	Remaining Hours	Reason
3	2	CM Determination

Providers List

Type	Provider Name	Period (From/To)	Asgn Hours
P	PROVIDER, ORIGINAL	06/01/2006 07/14/2006	3.0
P	PROVIDER, REPLACEMENT	07/15/2006 06/30/2007	3.0

Eff. Date: 00/00/0000 Calc Auth Wage View Summary

Screen Sample: 546 Details Window in Oregon ACCESS

If a service plan associated with an assessment spans more than one rate period, the 546 Details window will now display rate information appropriate to each rate period.

546 Details

Financial Weekly Work Sched Task List 546SF/Live-In Relief **Service Rates**

Daily Living Self Management 24 Hour Availability

Assistance	Minimal	Substantial	Full
Eating	3.0		
Dressing/Grooming	5.0		
Bath/Personal Hygiene		15.0	
Mobility		13.0	
Bowel/Bladder		20.0	
Cognition		10.0	
Total Hours Authorized	8.0	58.0	0
Rate	9.28	9.28	9.51
Totals	74.24	538.24	0.00
Effective: 6/1/2006			Subtotal \$ 612.48
Rate	9.53	9.53	9.76
Totals	76.24	552.74	0.00
Effective: 7/1/2006			Subtotal \$ 628.98

Reset

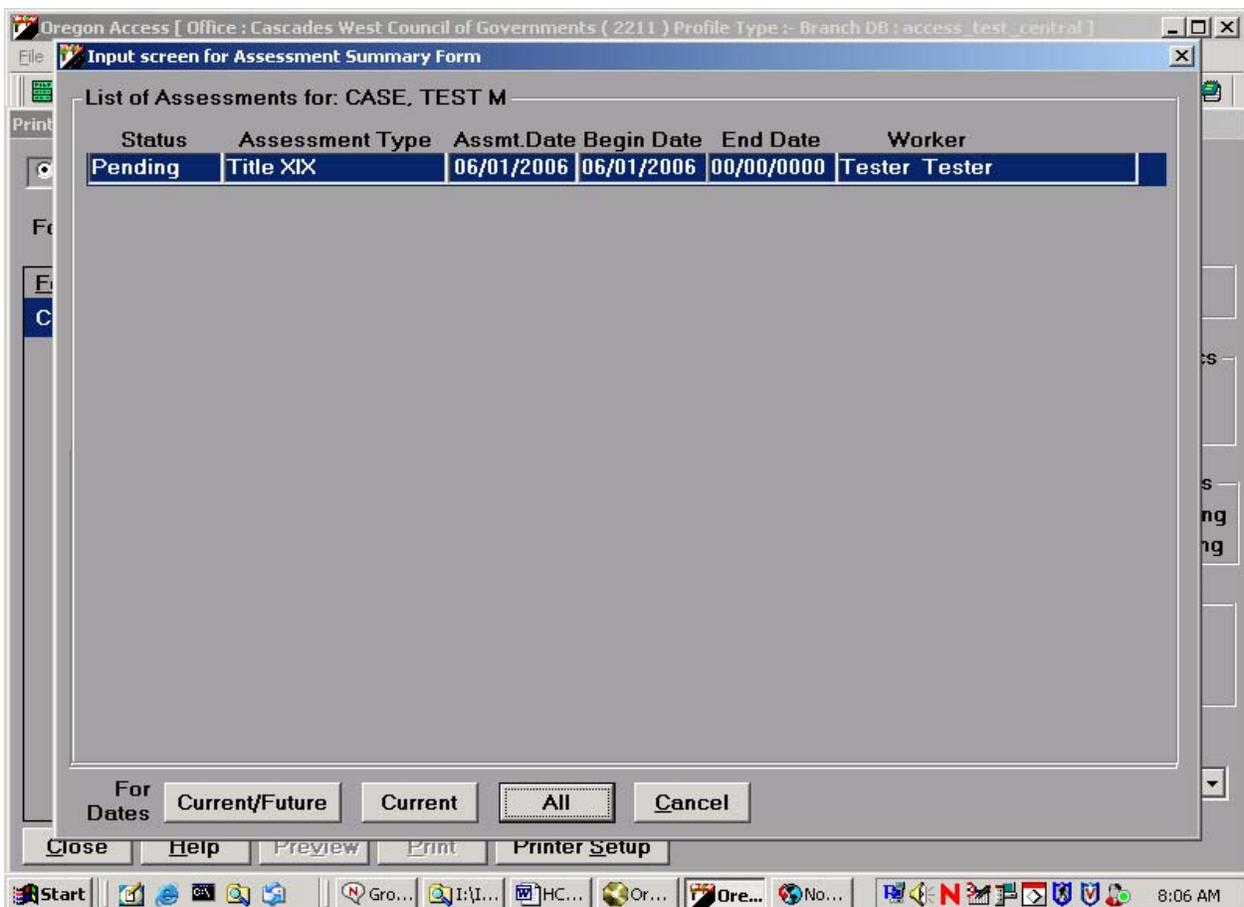
OK Cancel

Screen Sample: SDS 546 Print Instructions Window in Oregon ACCESS
Staff will be able to specify which printed copies they would like. The selections function as follows:

Current/Future – This option will print SDS 546 forms for all currently active and future effective service plans associated with the chosen assessment. It will print both current and future rate information, as applicable.

Current – This option will print SDS 546 forms for all currently active service plans associated with the chosen assessment. It will print current rate information only.

All – This option will print SDS 546 forms for all currently active, previously active and future effective service plans associated with the chosen assessment. It will print both current and future rate information, as applicable.



Screen Sample: SDS 546 Print from Oregon ACCESS showing multiple rate periods

If a service plan associated with an assessment spans more than one rate period, AND the worker makes a print selection other than Current, the printed SDS 546 form will display rate information appropriate to each rate period.

Below is the front page of the form, which may be used for data entry into the new mainframe CEP payment system screens.

Print Preview : In-Home Service Plan

Telephone (503) 222-2222

Remarks	3
Financial	4

CEP (daily) Start 06/01/2006 End 07/14/2006 Assmt Review 06/30/2007

Referred to registered nurse on _____

Housecleaning hours _____ Billing schedule

OPI \$ _____ Pay-in \$ _____ Cost of Service \$ _____

Rate effective 6/1/2006 through 6/30/2006

Daily Living - Full Assist	@	\$9.51	=	\$0.00
Daily Living - Substantial Assist	58 @	\$9.28	=	\$538.24
Daily Living - Minimal Assist	8 @	\$9.28	=	\$74.24
Self Management	29 @	\$9.28	=	\$269.12
24-Hour Availability	@	\$3.80	=	\$0.00

Rate effective 7/1/2006 through 7/14/2006

Daily Living - Full Assist	@	\$9.76	=	\$0.00
Daily Living - Substantial Assist	58 @	\$9.53	=	\$552.74
Daily Living - Minimal Assist	8 @	\$9.53	=	\$76.24
Self Management	29 @	\$9.53	=	\$276.37
24-Hour Availability	@	\$0.00	=	\$0.00

Mileage allowance 0 @ .40 = \$0.00 6/1/2006 thru 6/30/2006

Mileage allowance 0 @ .40 = \$0.00 7/1/2006 thru 7/14/2006

DISABILITIES

SDS 546

M

Client
CASE,
TEST M

Date sent
06/12/2006

Case number

Prime number
DI11111

Date of birth
05/05/1950

Program
4

Branch Code
2211

Form 1 of 1 (1), Page 1 of 5

The detailed hourly schedule will also display information regarding the discreet rate periods.

Print Preview : In-Home Service Plan

Hourly schedule for daily living (per month)				10
Assistance	Minimal	Substantial	Full	
Eating	<input checked="" type="radio"/> 3	<input type="radio"/>	<input type="radio"/>	
Dressing/Grooming	<input checked="" type="radio"/> 5	<input type="radio"/>	<input type="radio"/>	
Bath/Personal Hygiene	<input type="radio"/>	<input checked="" type="radio"/> 15	<input type="radio"/>	
Mobility	<input type="radio"/>	<input checked="" type="radio"/> 13	<input type="radio"/>	
Bowel/Bladder	<input type="radio"/>	<input checked="" type="radio"/> 20	<input type="radio"/>	
Cognition	<input type="radio"/>	<input checked="" type="radio"/> 10	<input type="radio"/>	
Total Hours Authorized	8	58		66 hrs
Rate	9.53	9.53	9.76	
Totals	76.24	552.74	0.00	
7/1/2006 thru 7/14/2006			Subtotal	\$628.98
Total Hours Authorized	8	58		66 hrs
Rate	9.28	9.28	9.51	
Totals	74.24	538.24	0.00	
6/1/2006 thru 6/30/2006			Subtotal	\$612.48
Hourly schedule for self management (per month)				11
Assistance	Minimal	Substantial	Full	Live-in
Medication Management	<input checked="" type="radio"/> 2	<input type="radio"/>	<input type="radio"/>	
Transport	<input checked="" type="radio"/> 2	<input type="radio"/>	<input type="radio"/>	
Breakfast	<input checked="" type="radio"/> 4	<input type="radio"/>	<input type="radio"/>	

Form 1 of 1 (1). Page 1 of 5

OA Release V21.20

Forms, Remote Upgrade, and Misc OA changes

Oregon ACCESS Forms Support

SPD is currently working on the Oregon ACCESS forms project in an effort to update the forms list and the form revisions that are needed for eligibility and case management. Following is a brief summary of the changes that have been made to the system and the forms for phase 1. In addition to the forms, the packets were reviewed and some changes were implemented. Many of the changes were based on form revisions that went through the SPD Forms Committee. Phase 2 will include additional updates to forms and packets, and other system upgrades.

Along with changes to the forms, the sort or display order of the forms has been revised. Forms are listed numerically, regardless of the Division header (DHS, OMAP, OHP, etc.). You can still key in a forms' number to find it in the list.

More information for each form affected is listed below (listed in numeric order):

SDS 001 Client Plan

- Form number changed from CA 001 to SDS 001.

SDS 002 Assessment Summary

- Form number changed from CA 002 to SDS 002.
- Printing errors corrected.
- Added client's DOB.

DHS 170 Client Complaint or Report of Discrimination

- New form; replaces the SDS 0474.

SDS 354 Workers' Compensation Agreement and Consent

- Added to Oregon ACCESS.

SDS 458A & 458I Financial Planning Title XIX

NOTE: The 'A' version of this form pulls from CAPS; the 'I' version pulls from the Inst Tab.

- Form number changed from CA 458A/I to SDS 458A/I.
- Added the ability to capture Medicare Part D.
- Three columns for financial calculation: partial month, full month, and ongoing.
- Existing calculation issues were not addressed in this release.

SDS 474 Senior & Disabled Services Division Consumer Complaint

- Deleted – form is obsolete. Use the DHS 0170.

SDS 538A Referral to Social Security Administration

- Printing errors corrected.

SDS 539B Initial Contact

- Printing errors corrected.

SDS 540 Notification of Planned Action

- Hearing Rights updated.

SDS 540A Agreement to Take Action

- Hearing Rights updated.

SDS 541 Notification of Approval

- Hearing Rights updated.

SDS 546 In-Home Service Plan

- Form number changed from CA 546 to SDS 546.
- The worker will have three options - Current/CurrentFuture/All.
The field worker should have the option when printing the form to choose whether they would like to print all the services (including the past services), or to print only the current services (those that have not ended).

SDS 546IC Independent Choice Benefit Calculation

- Form number changed from CA 546IC to SDS 546IC.
- Printing errors corrected.
- Existing calculation issues were not addressed in this release.

SDS 598 Task List

- Form number changed from CA 598 to SDS 598.
- Signature line added.

SDS 708 Referral/SSI Liaison

- Updated to most current version.

OMAP 729 Admin Medical Exam

- Printing errors corrected.

SDS 1238MN Pending Status for Medically Needy

- Deleted.

DHS 2090 DHS Notice of Privacy Practices

- New form to use at initial application.

DHS 2092 DHS Notice of Privacy Practices Acknowledgement of Receipt

- New form to use at initial application.

DHS 2098 Release of Non-Health Information

- Deleted.

DHS 2099 Authorization for Use & Disclosure of Information

- Updated to most current version.

DHS 3400 Resource Guide for Low-Income Families

- Brochure added to Oregon ACCESS to use with foodstamp application.

DHS 9001 Client Discrimination

- Updated to most current version.

Packets

- Removed forms that are now obsolete.
- Added applicable new forms.

Remote Synchronization Upgrades and Miscellaneous Oregon ACCESS

This release contains a variety of updates and “fixes” to the Oregon ACCESS system. Some highlights include:

- The software that supports remote access has been upgraded to a newer version that provides more support.
- Changes that allow staff to update their “remote” passwords by docking the laptop and updating the password in the “consolidated” environment. This will then allow the user access to the cases in remote.
- Do not reinitialize/reload the Oregon ACCESS application, as this will cause you to lose your data on the laptop. Contact the Service Desk if you are having problems.
- Miscellaneous improvements to the Provider component.