

Seniors and People with Disabilities

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Authorized Signature

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Topic: Long Term Care

Subject: Revised CA/PS practice scenarios and web information announcement

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:

PRACTICE SCENARIOS

The CA/PS Training Team has written some practice scenarios to assist staff to learn the use of the revised CA/PS tool. The team strongly recommends that staff use the scenarios to practice in the Access training database before the CA/PS Training Team arrives for the local on-site training. This will assist workers to be more familiar with the tool and to identify questions for the team. The practice scenarios are attached to this transmittal.

When using the practice scenarios, the Training Team suggests that workers begin with the attachment on creating a client in Oregon Access (remember to do this in the training database), then the PAS/ Four ADL scenario, then the Full Title XIX assessment scenario and finally State Plan Personal Care (SPPC) exercise as time allows. Oregon Project Independence (OPI) workers may wish to concentrate their practice on the Full Title XIX assessment as this is the best practice tool for them.

When practicing with the scenarios, staff should focus on the Assessment and Client Details sections. Service Planning will be fully demonstrated during the on-site training sessions.

Please note: the Access training database will be available with the revised CA/PS tool on Monday, August 4th. Staff may use the training database after their security rights for the revised tool have been entered. [AR 08-049](#) has further information about security rights for the revised tool.

WEB INFORMATION

The Case Management web site has been updated with tools about the revised CA/PS tool. The web site link can be found at:

<http://www.dhs.state.or.us/spd/tools/cm/index.htm>

in the “Latest News” box near the top right side of the page, or by scrolling to “Other Links & Tools”, selecting “Assessment Narration and CA/PS Tools” and selecting “Revised CA/PS Tools.”

Manuals on the Assessment Wizards, Client Details and Service Planning sections of the tool will be available on the web site on Wednesday, August 6, 2008. While this web material is under final review and construction, workers will see placeholders for the manuals.

If you have any questions about this information, contact:

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Creating a Client in OACCESS Training Region:

Logon = hstrng4 Password = access15

- Person Search on Name, made up SSN and DOB. Search all the way to 'CIS'
- Click "Create New Person" in OACCESS and add to database if person doesn't already exist
- On Person Detail screen, add Sex and Marital Status
- Select "Case-Assign New" and add person to CIS (person must be registered to create a new CAPS)
- On next screen (Persons and Contacts in the Case) select Case Details

In OACCESS case:

- Choose a living situation
- MMA flag = No
- Enter an address
- Enter one contact in the contact tab –name, relationship & role of Emergency Contact
- Go to Benefits icon on toolbar and assign worker MFTRAININGID, MFTRAININGID with roles of Eligibility and Service worker
- Application Date 08/01/08
- Assign as Primary Applicant for Medical and Services benefits

Click on CAPS icon on toolbar to begin entering assessment

PAS/4 ADL Assessment Exercise Complete w/Pending Service Plan

Client is currently in a nursing facility after having hip replacement surgery. He is not receiving skilled PT but is still having great difficulty transferring and walking. His cognition is good although he is requiring much additional support as he feels he should be making a quicker recovery. Plan is for him to remain in NFC until stronger.

Part I – 4-ADL Assessment Wizard

Perform the following actions:

1. Click the CAPS icon on the toolbar and select Assessments, Next.
2. Select “Create a New Assessment” PAS type, Next. Verify all information on the “Assessment Wizard Entry” screen is correct. Back-date the assessment date to 8/1/08 for training purposes. Leave the “Valid Until” and “Review Before” dates at the system default. Click Next.
3. Complete the question wizard for the four critical ADLs.
****Answers begin on page 4**** Click into the ADL title bar to view Help. Reminder - in Ambulation, must select ‘Both Inside and Outside’ assistance dropdown. Enter Comments in some ADLs.
4. Enter Treatments: Medication: Routine medications 2X day
Mobility: Range of Motion 2X day
View the “Summary” screen (lower right hand button)
5. Show Needs are currently being Met or Partially Met, by Paid or Paid/Unpaid caregivers.
6. Click the “Supports/Contacts” button. View the contact that was previously entered. Enter client’s son as a new contact (using New Record button at top left of screen). Select roles of Natural Support and Money Management (right center screen, using the New Record button in Contact Roles to add more than one role). Click OK button, then Next.
7. Type pertinent details in Synopsis. Use Spellcheck, Next.

8. Verify assessment results (SPL3). Try re-sorting the order by clicking in the headers of “Level” “Status” or “Provider. Next.
9. The box that appears is titled “4-ADL Assessment Decision Point.” Select ‘Assessment Complete,’ Next. A pop-up window requires you to verify this is what you wish to do. Read the message carefully and answer Yes.

Part II – Client Details

1. Click the CAPS icon on the toolbar and select Client Details, Next.
2. Enter several Medications - for example:
Atenolol oral tablets 50 mg 1X day
Celebrex oral tablets 100 mg 2X day
Theodur oral tablets 200 mg X day
While entering meds, “accidentally” choose Theo 24 Capsule, which is not one of client’s medications, and save. Then mark as Invalid Entry and save. It will disappear from the list. Medications can no longer be deleted. Enter a comment about Medication.
3. Enter diagnoses – for example:
By name: Hypertension
By code: 715 Arthritis
4. Go back to Medication screen and type additional information in Comments, or change the existing comment in some way, to see that it is editable.
5. Click the New Comment button. Prior comments were locked and disappeared from Medications screen because they can no longer be edited. Only new information entered will now display. All Client Detail Comments with date & time stamps can be viewed on a different screen.
6. Enter some Strengths and Preferences. Note the selections change depending on what ADL “Group” is selected. Practice selecting multiple entries at once (highlight several items and drag them all together to the “Selected” boxes on the right). Select a wrong preference, then remove it from the list (drag it back to the left). View the Summary.

- For example: Mobility Strengths: Balance, Cooperative
Preference: Direct Own Care
Personal Care - Strength: Able to Summon Help
Preferences: Shower, Specific
Clothing, Familiar Caregiver
7. Enter Risks and appropriate Risk-Reducing factors. Note that the list of risk-reducing factors does not change no matter which Risks are selected. View the Summary.
 8. Enter Equipment. Use the New Record button on the OACCESS toolbar to add several items. Remove an item using the Delete button on toolbar.

For example, client HAS a walker and scooter and NEEDS a lift chair.

9. Other Client Details screens: Enter other Details as desired and to view how information prints on new Client Details form. For training purposes, this step can be omitted as screens function the same as current CAPS. When assessing SPD/AAA clients, these items are to be completed as per current requirements to document a holistic assessment.
10. To exit screen, go to CAPS icon or another section on the OACCESS toolbar. All entries are saved. Using the red X to close out will close the case.

Part III – Service Planning

1. Click the CAPS icon on the toolbar. Select Service Planning, Next. This assessment (SE) is displayed in the navigation tree. Only Completed assessments can be used to create a service plan.
2. Click into Service Category/Benefit field. Select the applicable category of benefits (NFC is the only choice for a 4-ADL assessment) and enter begin date for the benefit category.
3. Click into Services field in Plan #1, Row #1 at bottom of screen (only Nursing Facility services may be chosen for 4-ADL assessment) and enter begin date for this service.

4. Click Provider Search button and add a provider (only certain provider types are available depending on the type of Service chosen) or a “placeholder” provider may be designated.
5. Click Needs Association button. The list will be short since only the four critical ADLs were assessed. For NFC, all needs are generally met by the nursing facility.
6. The Plan Summary button can be selected to display details, dates and status of the service benefit and plan just entered.

DO NOT USE “PERFORM AN ACTION” FUNCTIONS AT THIS TIME. The button may be pressed to view possible choices, but use Cancel to close the screen, which leaves the plan in pending status.

To exit screen, go to CAPS icon or another section on the OACCESS toolbar. All entries are saved. Using the red X to close out will close the case.

PAS (4-ADL) Assessment Exercise – Questions/Answers

Mobility

Ambulation

Does the individual have a history of falls while ambulating inside the home or care setting during the assessment time frame resulting in negative physical health consequences or the inability to rise without the assistance of another person? Do not consider the need for prevention of falls alone, even if recommended by medical personnel.

No

Even with assistive devices, does the individual need assistance from another person inside or outside of his/her home or care setting?

Both Inside and Outside

Even with assistive devices, does the individual always need hands-on assistance from another person throughout all phases of ambulation?

No

Transfers

Does the individual have a history of falls while transferring inside the home or care setting during the assessment time frame resulting in negative physical health consequences or the inability to rise without the assistance of another person ? Do not consider the need for prevention of falls alone, even if recommended by medical personnel.

No

Even with assistive devices, does the individual need assistance from another person to transfer inside his/her home or care setting at least four days during a month?

Yes

Even with assistive devices, does the individual always need assistance from another person throughout all phases of transferring while inside his/her home or care setting?

Yes

Eating

When eating, does the individual require another person on a daily basis to be immediately available and within sight for hands-on feeding, or hands-on assistance with special utensils, or cueing during the act of eating, or monitoring to prevent choking or aspiration?

No

Does the individual's medical condition fluctuate significantly during a one-month period which would require another person to be immediately available and within sight for hands-on feeding, or hands-on assistance with special utensils, or cueing during the act of eating, or monitoring to prevent choking or aspiration?

No

Elimination**Bladder**

At least monthly, even with assistive devices or supplies, does the individual need assistance from another person to accomplish some of the tasks of bladder, such as catheter care, a toileting schedule, monitoring for infection, ostomy care and changing incontinence supplies?

No

Bowel

At least monthly, even with assistive devices or supplies, does the individual need assistance from another person to accomplish some of the tasks of bowel care, such as digital stimulation, a toileting schedule, suppository insertion, ostomy care, enemas and changing incontinence supplies?

No

Toileting

At least monthly, even with assistive devices or supplies, does the individual need assistance from another person to accomplish some of the following tasks: getting to and from, or on and off the toilet (including bedpan, commode or urinal), cleansing after elimination or adjusting clothing, cleaning and maintaining assistive devices, or cleaning the toileting area after elimination because of unsanitary conditions that would pose a health risk?

Yes

Does the individual always need assistance from another person through all phases of toileting?

Yes

Cognition/Behavior

Adaptation

Does the individual require reassurance from another person to cope with or adjust to major life changes such as a change in living situation or a loss, for example, health, close relationship, pet, divorce or a death? (Assistance involves multiple occurrences less than daily)

Yes

Does the individual require constant, daily and on-going assistance for emotional support and reassurance by another person in order to respond, cope and adjust to major life changes such as a change in living situation or a loss?

No

Awareness

Does the individual require assistance from another person to understand basic health and safety needs, such as the need for food, shelter and clothing?

No

Judgement

At least weekly, does the individual lack the ability to understand the choices, benefits, risks and consequences in decision making, resulting in the need for protection, monitoring and guidance from another person to make decisions? This does not include what others might deem a poor choice.

No

Memory

Does the individual have difficulty remembering and using current information that impacts health and safety and does the individual require reminding from another person?

No

Orientation

Does the individual become disoriented to person, or place or time and require the assistance of another person? If so, these occurrences must be at least episodic during the week but less than daily.

No

Danger to Self or Others

Does the individual have behavioral symptoms, other than wandering, that are hazardous to the individual (including self-injury), or harmful or disruptive to those around the individual?

No

Demands on Others

Does the individual have behavioral symptoms, other than wandering, that negatively impact and affect living arrangements, providers or other residents?

Yes

Can these behavioral symptoms, habits and emotional states be modified with individualized routines, changes to the environment (such as roommates or noise reduction) or general training for the provider that is not specific to the individual?

Yes

Do these behaviors pose a risk to the individual or to others and must the provider constantly intervene to supervise or redirect?

No

Can these behavioral symptoms, habits and emotional states be modified only with a 24-hour specialized care setting or an individualized behavioral care plan that all staff are trained to deliver and that has been reviewed by a Department/AAA representative?

No

Wandering

Does the individual jeopardize safety while aimlessly moving about or eloping?

No

Does the individual wander inside the home or care setting? **No**

Full Title XIX Assessment Exercise

– Pending Assessment w/No Service Plan

Scenario: This person with MS is being assessed for waived services. The son is a natural support who can bring supper twice a week and help with shopping and laundry, but a paid provider is needed for all other care.

Applicant was falling often about 6 months ago, so began using a walker inside the apartment and has a scooter for going out. There are still several times a week where her legs just won't support her and someone has to help her with walking and transfers. During these episodes she needs help toileting but she also self-catheterizes (able to do this herself) four times a day to prevent UTIs. Speech and swallowing have been slightly affected but she needs no help eating. She needs help with a shower 4X a week, despite having a shower chair and hand-held shower, help dressing when she can't stand up, and she is not able to do her own nail care. She would prefer to have a female caregiver for her personal care.

Mental status and mood are usually good; however she needs assistance with Memory, Judgment and Adaptation in this scenario. She needs help setting up medications and monitoring that she's taken them. (Her medications are Baclofen and Cimetidine, both taken 2X a day. She also has an injection for MS at the doctor's office once a month.) She needs assistance with housekeeping and cannot do any part of laundry. She needs minimal help with breakfast and with transportation since she only occasionally needs help into a vehicle. She needs substantial assistance with other IADLs.

Please note: This practice scenario is 13 pages. Please complete all sections.

Part I – Assessment

Perform the following actions:

1. Click the CAPS icon on the toolbar and select Assessments.
2. Create a new Title XIX assessment. If there is a previous assessment in new CAPS, the list of assessments displays on the navigation tree. Right-click on the word Assessment and select “New.” Choose “Create a new Assessment” radio button in the Create Assessment Action window.
3. Verify information on the Assessment Wizard Entry screen, change dates if needed, and click Next.
4. Complete the questions wizard for the four critical ADLs. Read all questions carefully and click into the ADL title bar to view Help. Answer questions per the above scenario, or use answers attached.
****Answers begin on page 4****
5. Add Treatments of:
 - Medication: Intramusc injections 1X month (less than weekly)
 - Bladder: Intermittent Catheterization 4X day
 - Skin/Nails: Maintenance nail care 1X week
Application of lotion 4X week after bathView Summary and click Next.
6. On Supports screen, enter that all needs are unmet or partially met by unpaid provider. Click the Supports/Contacts button and assure that at least one contact is entered with a role of natural support. Use the New Record button in the upper left corner of the screen to add a new contact; use the New Record button next to Contact Roles to add a role.
7. For training purposes, skip Synopsis and click Next to view “SPL Result and Needs Summary” screen. Should be SPL 7.
8. Click Next. In the decision box, choose ‘Go to Additional ADL/IADLs.’ Continue answering questions as per scenario, or **answers that begin on page 7**. Use Quick Help as needed.
9. On the Supports screen, cognition needs, laundry and shopping are Met by Unpaid provider, and Supper is Partially Met. Other needs are Unmet. Click Next to view/edit Synopsis. Click Next.

10. View information on SPL Result and Needs Summary screen. Note that all needs now display with scroll bars enabled to view all needs. Try re-sorting the Need Level, Status and Provider columns.
11. Click Next and view the Full Assessment Results.

Part I – Assessment (cont'd)

12. Click Next and mark Assessment Complete at decision box. You will get a popup asking if you're **sure** you want to mark it complete, since all answers, treatments, comments and synopsis will be locked. For training purpose, choose **NO** which leaves it in pending so you can go back and make changes as needed. Closing with the red X closes the wizard and returns to Assessment Status Overview. Select another action on the ACCESS toolbar.

Part II – Client Details

Note: If Client Details were previously entered for this client, review and update as time allows for training purposes. If no details have been entered, add the following:

1. Click CAPS icon on the toolbar and go to Client Details.
2. Enter meds of Baclofen and Cimetidine, both taken orally 2X day.
3. Enter diagnosis of M.S. Practice entering a wrong diagnosis or medication and then mark invalid entry - it will disappear from the list.
4. Enter some Strengths and Preferences. Practice selecting multiple entries at once, such as Personal Care – Shower, Specific Clothing and Female Caregiver. Select a wrong Preference and then remove it from the list (drag it back to the left). View the Summary.
5. Enter Risks and Risk-reducing factors. Select Natural Disasters and enter information in Comments about what the client would do or who they would call in emergency (name and phone number so it prints on the report).
6. Enter some Equipment (HAS a walker and scooter, shower chair, hand-held shower and commode. NEEDS a lift chair).
9. Review Goals and Personal Elements screens. For training purposes, enter some information if time allows.

10. Close Details by clicking on the CAPS icon on the toolbar to perform another CAPS action.

To become comfortable with navigation, go back to the Assessments module (select from CAPS icon on toolbar) and right-click on the assessment date in the navigation tree. View all available screens (Assessments, Treatments, Questions etc) by left-clicking on the item. From the navigation tree, choose Client Details Comments to see historical display of all Comments. Also go to the print menu and Preview the SDS002N (Assessment Summary) and SDS003N (Client Details) forms. (You will not be able to print the SDS001N, as no service plan has been done.)

Full Title XIX Assessment Exercise – Questions/Answers SPL 7

Mobility

Ambulation

Does the individual have a history of falls while ambulating inside the home or care setting during the assessment time frame resulting in negative physical health consequences or the inability to rise without the assistance of another person? Do not consider the need for prevention of falls alone, even if recommended by medical personnel.
No

Even with assistive devices, does the individual need assistance from another person inside or outside of his/her home or care setting?

Inside Only

Even with assistive devices, does the individual always need hands-on assistance from another person throughout all phases of ambulation?
No

Transfers

Does the individual have a history of falls while transferring inside the home or care setting during the assessment time frame resulting in negative physical health consequences or the inability to rise without the assistance of another person? Do not consider the need for prevention of falls alone, even if recommended by medical personnel.
No

Even with assistive devices, does the individual need assistance from another person to transfer inside his/her home or care setting at least four days during a month?

Yes

Even with assistive devices, does the individual always need assistance from another person throughout all phases of transferring while inside his/her home or care setting?

No

Eating

When eating, does the individual require another person on a daily basis to be immediately available and within sight for hands-on feeding, or hands-on assistance with special utensils, or cueing during the act of eating, or monitoring to prevent choking or aspiration?

No

Does the individual's medical condition fluctuate significantly during a one-month period which would require another person to be immediately available and within sight for hands-on feeding, or hands-on assistance with special utensils, or cueing during the act of eating, or monitoring to prevent choking or aspiration?

No

Elimination

Bladder

At least monthly, even with assistive devices or supplies, does the individual need assistance from another person to accomplish some of the tasks of bladder, such as catheter care, a toileting schedule, monitoring for infection, ostomy care and changing incontinence supplies?

No

Bowel

At least monthly, even with assistive devices or supplies, does the individual need assistance from another person to accomplish some of the tasks of bowel care, such as digital stimulation, a toileting schedule, suppository insertion, ostomy care, enemas and changing incontinence supplies?

No

Toileting

At least monthly, even with assistive devices or supplies, does the individual need assistance from another person to accomplish some of the following tasks: getting to and from, or on and off the toilet (including bedpan, commode or urinal), cleansing after elimination or adjusting clothing, cleaning and maintaining assistive devices, or cleaning the toileting area after elimination because of unsanitary conditions that would pose a health risk?

Yes

Does the individual always need assistance from another person through all phases of toileting?

No

Cognition/Behavior

Adaptation

Does the individual require reassurance from another person to cope with or adjust to major life changes such as a change in living situation or a loss, for example, health, close relationship, pet, divorce or a death? (Assistance involves multiple occurrences less than daily)

Yes

Does the individual require constant, daily and on-going assistance for emotional support and reassurance by another person in order to respond, cope and adjust to major life changes such as a change in living situation or a loss?

No

Awareness

Does the individual require assistance from another person to understand basic health and safety needs, such as the need for food, shelter and clothing?

No

Judgement

At least weekly, does the individual lack the ability to understand the choices, benefits, risks and consequences in decision making, resulting in the need for protection, monitoring and guidance from another person to make decisions? This does not include what others might deem a poor choice.

Yes

Does the individual require daily intervention by another person to understand choices or potential risks and consequences with decision-making? This does not include what others might deem a poor choice.

No

Memory

Does the individual have difficulty remembering and using current information that impacts health and safety and does the individual require reminding from another person?

Yes

Is the individual unable to remember or use information that impacts health and safety and does the individual require assistance beyond reminding from another person?

No

Orientation

Does the individual become disoriented to person, or place or time and require the assistance of another person? If so, these occurrences must be at least episodic during the week but less than daily.

No

Danger to Self or Others

Does the individual have behavioral symptoms, other than wandering, that are hazardous to the individual (including self-injury), or harmful or disruptive to those around the individual?

No

Demands on Others

Does the individual have behavioral symptoms, other than wandering, that negatively impact and affect living arrangements, providers or other residents?

No

Wandering

Does the individual jeopardize safety while aimlessly moving about or eloping?

No

Does the individual wander inside the home or care setting?

No

Remaining ADLs:

Bathing

Even with assistive devices, does the individual need hands-on assistance for part of the activity of bathing, cueing during the activity of bathing or stand-by presence from another person during the activity of bathing?

Yes

Even with assistive devices, does the individual always require hands-on assistance from another person for all phases of bathing every time the activity is attempted? **No**

Personal Hygiene

Even with assistive devices, does the individual need hands-on assistance for part of the activity, cueing during the activity or stand-by presence from another person during the activity of personal hygiene?

No

Dressing

Even with assistive devices, does the individual need hands-on assistance, cueing during the activity or stand-by presence from another person for some parts of dressing and undressing?

Yes

Even with assistive devices, does the individual always require hands-on assistance from another person to accomplish all phases of dressing or undressing every time the activity is attempted?

No

Grooming

Even with assistive devices, does the individual need hands-on assistance for part of the activity, cueing during the activity or stand-by presence from another person during the activity of grooming?

Yes

Even with assistive devices, does the individual always require hands-on assistance from another person for all phases and all tasks of grooming every time the activity is attempted?

No

IADLs

Housekeeping

Even with assistive devices, for the purposes of health and safety, does the individual need assistance from another person to accomplish some tasks of housekeeping? (Does not include pet care, home repair or housekeeping activities related to other household members)

Yes

Does this individual always require assistance from another person for all phases of housekeeping, every time the activity is attempted?

No

Laundry

Even with assistive devices, does the individual need assistance from another person to accomplish some tasks of laundry?

Yes

Does this individual always require assistance from another person for all phases of laundry every time the activity is attempted?

Yes

Meal Preparation:

Breakfast

Even with assistive devices, in order to safely prepare food meeting basic nutritional requirements, does the individual need any assistance from another person to prepare breakfast?

Yes

Does this individual always need assistance from another person for all phases of breakfast preparation every time the activity is attempted?

No

How much assistance from another person does this individual need?

Minimal Assistance

Lunch

Even with assistive devices, in order to safely prepare food meeting basic nutritional requirements, does the individual need any assistance from another person to prepare lunch?

Yes

Does this individual always need assistance from another person for all phases of lunch preparation every time the activity is attempted? (Enter the need for the individual's main meal of the day on the Dinner/Supper screen)

No

How much assistance from another person does this individual need?

Substantial Assistance

Dinner / Supper

Even with assistive devices, in order to safely prepare food meeting basic nutritional requirements, does the individual need any assistance from another person to prepare dinner?

Yes

Does this individual always need assistance from another person for all phases of dinner preparation every time the activity is attempted?

No

How much assistance from another person does this individual need?

Substantial Assistance

Medication Management

Even with assistive devices, does the individual need assistance from another person to accomplish any of the following tasks of medication or oxygen management: order, organize or administer prescribed medications (this includes reminding, checking for effect and monitoring for choking while taking medications, assisting with the administration of oxygen, monitoring the equipment and assuring adequate supply)?

Yes

Does this individual always need assistance from another person for all phases of medication/oxygen management every time the activity is attempted?

No

How much assistance from another person does this individual need?

Minimal Assistance

Shopping

Even with assistive devices, for the purposes of health and safety, does the individual need any assistance from another person to shop? Shopping must be related to service plan needs such as food (meal preparation), clothing (dressing) and medicine (medication management).

Yes

Does this individual always need assistance from another person through all phases of shopping, every time the activity is attempted?

No

How much assistance from another person does this individual need?
Substantial Assistance

Transportation

Even with assistive devices, assuming transportation is available, does the individual need any assistance from another person for transportation? Transportation means the ability to arrange rides, the ability to get in or out of a vehicle, and the need for assistance during a ride. The need for assistance during a ride means assistance for a physical or cognitive need such as spasticity (uncontrollable movements & muscle spasms), memory impairment, aspiration, choking or seizure.

Yes

Does this individual always need assistance from another person through all phases of transportation, every time the activity is attempted?

No

How much assistance from another person does this individual need?
Minimal Assistance

Sleep

During a 24-hour work period, do the individual's care needs limit the provider from getting 5 continuous hours of sleep in an 8 hour period?

No

State Plan Personal Care - SPPC Exercise w/Pending Service Plan

This person is being assessed for State Plan Personal Care. He needs someone to assist with outdoor mobility but gets around in his apartment without help. He requires some assistance with medication and oxygen management, and becomes very weak when bathing. He cannot complete mopping or vacuuming, cleaning the bathroom, or changing and laundering his sheets. He also needs to have some foods prepared that he can reheat for supper a few nights a week. His neighbor does his weekly shopping and picks up medications. Otherwise he has no one to help him. He is able to meet all remaining personal and housekeeping activities himself, but is requesting a paid caregiver to assist with the above tasks.

Part I- SPPC Assessment Wizard

Perform the following actions:

1. Launch a SPPC Assessment. Click the CAPS icon on the toolbar and select Assessments, then Next.
 - If there is no previous assessment for this person, choose “Create a new State Plan Personal Care Assessment” radio button in the Create Assessment Action window that appears.
 - If there is a previous assessment in new CAPS, the list of assessments displays on the navigation tree. Right-click on the word ‘Assessment’ and select ‘New’ then “Create a new State Plan Personal Care Assessment” radio button.

Verify all information on the SPPC Assessment Wizard Entry screen is correct and click Next.

2. Record answers as follows. Review Help (red question mark) definitions:

Question #1: Does the individual need assistance with any of the following areas (pick all that apply):

- | | |
|---------------------------------------|------------|
| a) Basic personal hygiene: | Yes |
| b) Toileting, bowel/bladder care: | No |
| c) Mobility, transfer, repositioning: | No |
| d) Nutrition: | Yes |
| e) Medication and Oxygen: | Yes |
| f) Delegated nursing tasks: | No |

3. Mark the three enabled Supports as Unmet. [*Note: If Supports are marked ‘Met’ or ‘Partially Met’ the ‘Paid/Unpaid’ dropdowns will become enabled to input how needs are being met.*]

At this point, the Eligibility Status in bottom left corner of screen will say **Ineligible**. A second question will display.

4. **Question #2: Will any of these services be provided by a HCW or in-home service agency as part of a service plan authorized by SPD/AAA?** Answer: **Yes**.

5. Verify Eligibility Status as now **Eligible** (lower left corner of screen) and click Next.

6. It is not necessary to enter information on the Synopsis screen for training purposes. Since there are no Comments in the SPPC wizard, this is where any supporting documentation, including the need for Supportive Services, can be captured. Click Next.

7. The SPPC Assessment Results screen displays indicating the basis for eligibility. [*Note: If you wish to return to the Interview Questions before moving on, use the navigation tree on the left side of the screen. The blue arrow indicates the screen you are viewing.*]

8. From the Results screen, after clicking Next, the Decision Box appears. Select “Assessment Complete.” A pop-up window requires confirmation this is the action you wish to take (the service needs, supports and synopsis will now be locked). Read message carefully and answer Yes.

[Note: Selecting ‘NO’ at this point takes you back to the Assessment Status Overview screen, where this assessment will remain in pending status. Use the navigation tree to right click on this assessment and choose “Edit” to make changes to the questions, supports or synopsis. Navigate down to the Results screen where you will select “Next” when ready to mark the assessment as ‘Complete.’ Or close out of the assessment module which leaves all information pending, to be edited and completed at a later time.]

9. To view a summary of this assessment, right-click on the SPPC type and date under “Assessments” in the navigation tree. The Assessment Status Overview screen displays. Right-click again on the navigation tree; choosing “Questions” displays an overview of

the answers to all questions and supports. This information may be printed by pasting a screen print into a word document, if needed.

Part II – Client Details

- Client Details may be viewed, added, or updated at any time.
- Many Details are related to waiver requirements, but would be gathered about a State Plan client to capture important holistic information.
- Click the CAPS icon on the toolbar and select Client Details to view or update this individual's personal details.

Part III – Service Planning

Perform the following actions:

1. Click the CAPS icon on the toolbar and choose Service Planning.
2. Highlight the SPPC assessment in the navigation tree. If this is the most recent completed assessment it will be at the top of the list. Only Completed assessments can be used to create a service plan.
3. Click into Service Category/Benefit field. For SPPC, the only choices are BPA (Aged or Disabled) and BPO (OHP Standard). Choose BPA. Enter a begin date.
4. Click into Services area at bottom of screen. The only types of service available for SPPC are:
 - In-home Care (HCW) Hourly
 - In-Home Care (Agency) Contract PC
 - In-Home Care (Agency) Contract HKSelect HCW Hourly. Enter a begin date for this service.
5. Click Provider Search and add a provider, or a “placeholder” provider may be designated.
6. Select View/Assign Hours. Screen displays:
 - Upper left corner: needs that qualified the individual for the program. Clicking the red Help question mark provides definition of the need per SPPC rules.
 - Upper right corner: total hours to be authorized for Personal Care (worker determines)

- Upper right corner: total hours to be authorized for Supportive Services (worker determines)
- Bottom middle of screen: Assign hours to one or more providers totaling the full number of hours authorized.

7. Authorize 10 hours Personal Care and 10 hours Supportive Services for this person.

8. Assign 10 hours Personal Care and 10 hours Supportive Services to this provider. Click OK.

9. Press Plan Summary button to view details that have been entered.

DO NOT USE “PERFORM AN ACTION” FUNCTIONS AT THIS TIME. The button may be pressed to view possible choices, but use Cancel to close the screen, which leaves the plan in pending status. Use the red X to close the case, or navigate to another section on the OACCESS toolbar.