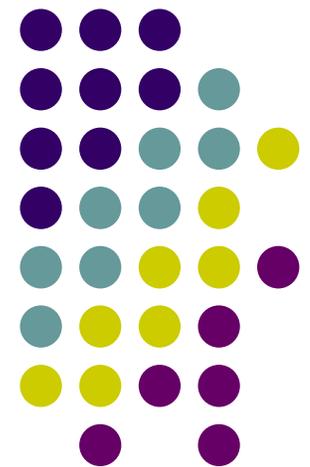


# *CAPS Basics*

---

*Presented by: Suzy Quinlan*



# Agenda - Table of Content



## 1. Overview of CAPS Components

- a. CAPS Overview
- b. Assessment Wizards
- c. Client Details
- d. Service Planning

# Agenda - Table of Content



## 2. Basic Navigation

- a. Navigating into CAPS
- b. CAPS Menu
- c. Assessment Navigation Tree
- d. Client Details Navigation Tree
- e. Navigating to Client Details Comments
- f. Navigation Tips
- g. Launching a New Assessment
- h. Navigation using Assessment Decision Points

# Agenda – Table of Content



## 3. Assessment

- a. Assessment Date
- b. Review Before Date
- c. Valid Until Date
- d. Status Reasons
- e. Assessment Quick Help
- f. Night Batch Process
- g. Support/Contacts screens
- h. Synopsis
- i. Assessment and Comments
- j. Steps to View Completed Assessments
- k. CAPS Versioning
- l. Comparing Assessment Results
- m. Treatment Consideration: Sliding Scale Insulin

# Agenda – Table of Content



## 4. Client Details

- a. Expectations
- b. Medication
- c. Strengths and Preferences
- d. Diagnosis
- e. Goals
- f. Risks – List of links

## RISK Links

- Case Mgrs Role in Risk Mgmt
- Risks that CANNOT Mitigated
- CAPS Plan/Comments
- Emergency Concerns Report
- Risk Process Graph
- Monitoring Requirement – frequency
- CAPS Risks Upgrade
- Order for completing the 3 sections of CAPS
- Risks screen print examples
- Risk Assessment Worksheet and Guideline

# Agenda - Table of Content



## 5. Service Planning

- a. Date Parameters for Service Planning
- b. Hours Segment
  - Hours Authorization information
  - Hours Authorization Terminology and Definitions
- c. Three Action Screens
- d. Hours Segment Tiers of Security Rights
  - 3 Tiers for Approval of Hours
  - Tier 1 – Basic Level of Security
  - Tier 2 – Higher Local Office Level of Security
  - Tier 3 – Central Office Level of Security

# Agenda - Table of Content



## 5. Service Planning – continued.....

- e. Needs Association
- f. Task List
- g. In-home Agency Plans
- h. Invalidation
  - Invalidating a Benefit
  - Invalidating an Hours Segment
  - Invalidating a Plan
  - Invalidating a Service in a Plan

# Agenda - Table of Content



## 5. Service Planning – continued.....

- i. Extending a benefit/plan with Admin Status
  - Steps to extend a service benefit/plan
  
- j. Modeling Service Plans (copying a plan)
  - Example of Modeling a Service Benefit/Plan
  - Steps to change out providers through Modeling
  
- k. Problem-solving Over-lapping Dates

# Agenda - Table of Contents



## 6. State Plan Personal Care (SPPC)

- Assessment and Service Planning info
- Forms used

## 7. 70B Buckley Bill Notice and Reports used for Reassessments Due

- 70B Buckley Bill Notice
- View Direct Report for reassessments

# Agenda - Table of Contents



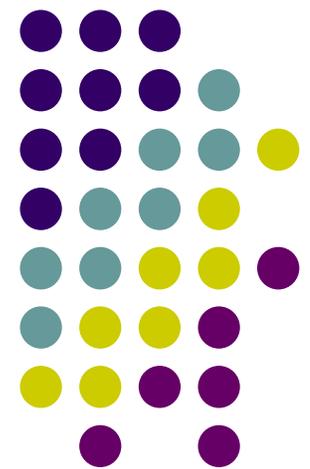
## 8. Tier 2 Local Office Override Functions

- Three Tiers of Security
- Tier 2 Assessment Override Functions
- Steps to Override an Assessment Status
- Extending the Benefit/Plan based on Admin Status
- Invalidating Service Benefits
- NEW – Approving Service Benefits
- OAR pertaining to reasons to approve a benefit backdate

## 9. Contacts and Resources

---

# *Overview of CAPS Components*



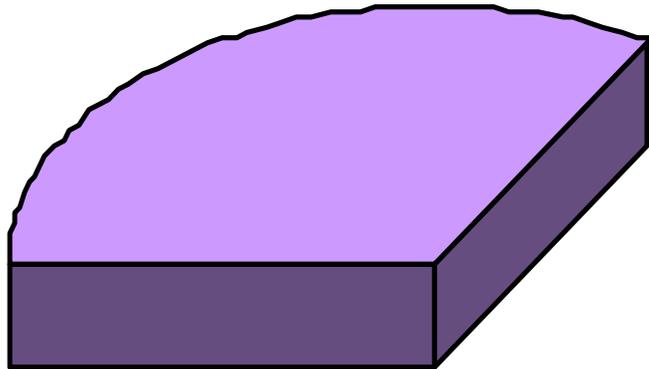
# CAPS Overview



## Holistic Assessment



# Assessment Wizard: Composition



## 2 Assessment Wizards:

1. Wizard for SPL
2. State Plan Personal Care (SPPC) wizard

# 1. SPL Assessment Wizard



## □ Four ADL Assessment

Minimum eligibility criteria to determine SPL 1-13

- Mobility
- Eating
- Elimination
- Cognition/ Behavior

Also, included in this section is:

- Treatments, Supports, Synopsis

## □ Full Assessment

- Includes 4 ADLs
- Additional ADLs/IADLs
- Used for Title XIX, OPI
- Determines remaining SPL through 18
- Maximum in-home hours
- ALF Rates
- AFH/RCF Rates

## 2. State Plan Personal Care (SPPC) Assessment Wizard



- ❑ **Do not use SPL assessments for determining SPPC eligibility**
  
- ❑ **SPPC is a Rule based assessment based on OAR:**
  - 411-034-0000 through 411-034-0090

# Client Details

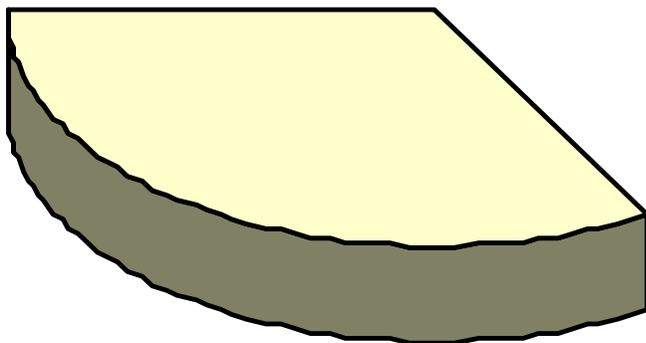


## Why are Client Details needed:

- K-Plan Requirement
- Part of Holistic Assessment

## Updating Client Details:

- May update anytime, but must update no less than annually !!!
- May add new comments as needed, but must add no less than annually



## Client Detail Components:

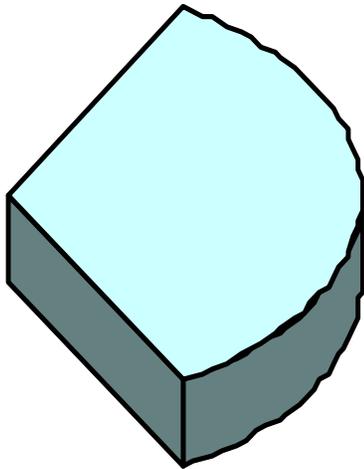
- Medications - PT 09-022
- Diagnosis
- **Strengths/Preferences**
- **Risks** – PT-12-007
- **Goals**
- Equipment
- Personal Elements

# Service Plan: Composition



## Eligibility Benefit/Service Category for:

- Assessment types of TXIX, PAS, OPI
- State Plan Personal Care

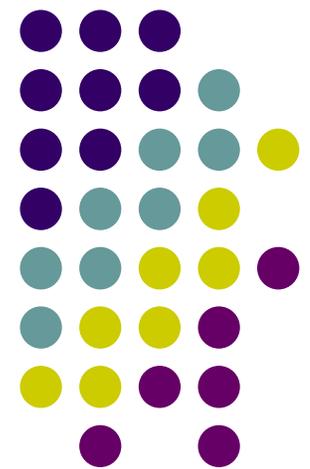


## Service Plans:

- Identifies services
- Identifies providers
- Authorize & Assign Hours
- In-home Task List

---

# *Basic Navigation*



# Navigating into CAPS



- The CAPS ‘book’ icon  (located in the OACCESS toolbar) brings up the CAPS Menu for:  
(see example of CAPS Menu on next slide)

1. Assessment Wizards
2. Client Details
3. Service Planning

3 parts of current CAPS

4. Original CAPS used prior to August 2008

# Example of CAPS Menu

A screenshot of a software dialog box titled "CAPS Menu". The dialog box has a standard Windows-style title bar with a close button (X) in the top right corner. The main content area is divided into four sections, each with a radio button and a text box:

- Assessments**: Radio button is selected. Text box contains "Service Eligibility Determination".
- Client Details**: Radio button is unselected. Text box contains "Additional Holistic Assessment Details".
- Service Planning**: Radio button is unselected. Text box is empty.
- CAPS**: Radio button is unselected. Text box contains "Original Client Assessment and Planning System prior to 8-1-08".

At the bottom of the dialog box, there are two buttons: "Next" and "Cancel".

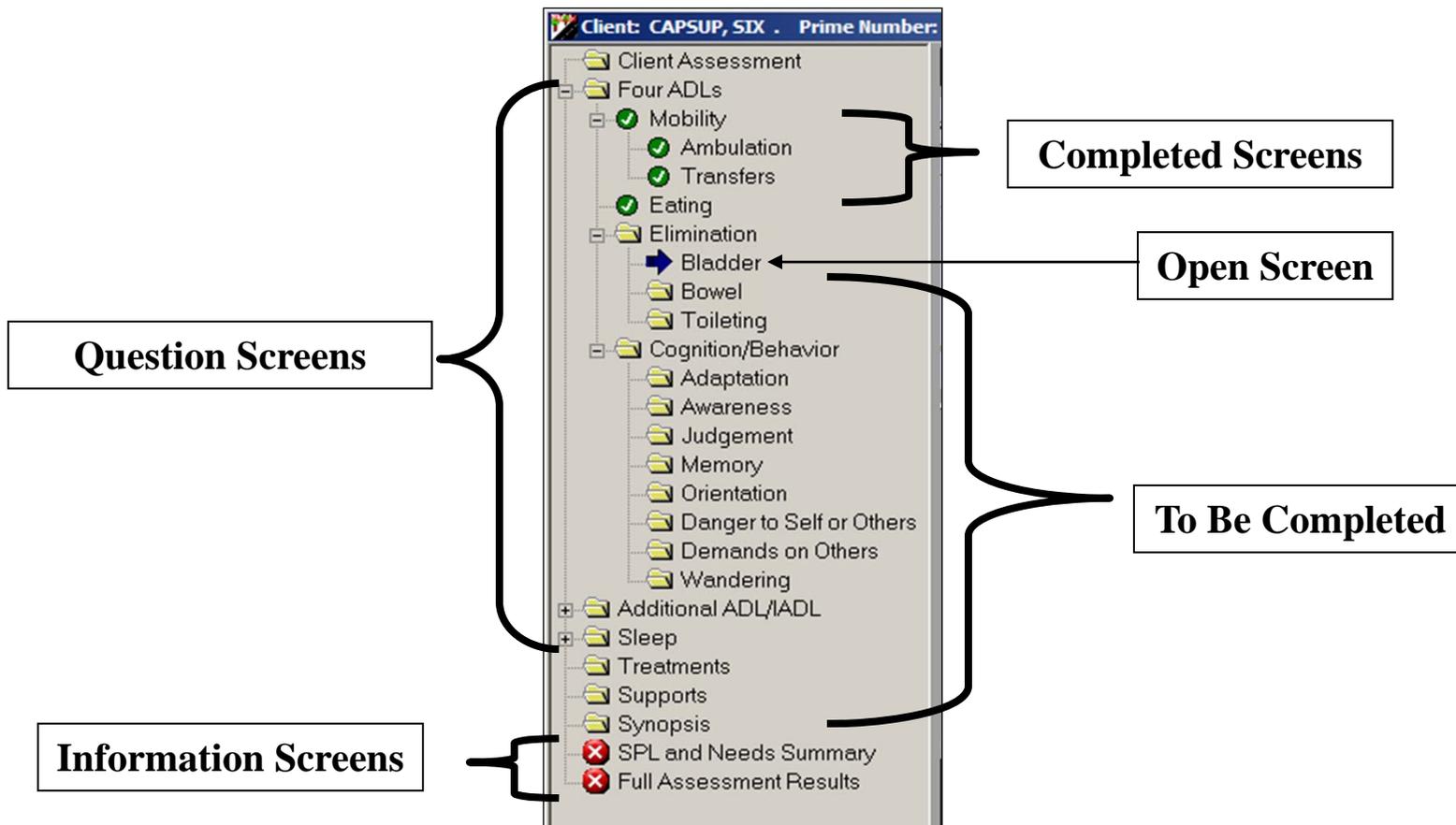
Current CAPS

CAPS prior to 8-1-08

# Assessment Wizard Navigation Tree



Navigation “tree” within assessment wizard



# Wizard Navigation Tree Definitions



## Open Folder indicates:

- One or more questions need to be answered **and/or**
- Treatments, Supports and/or Synopsis are not completed



## Blue Arrow indicates:

- The screen currently opened



## Green Check Mark indicates:

- Information required on the screen is completed



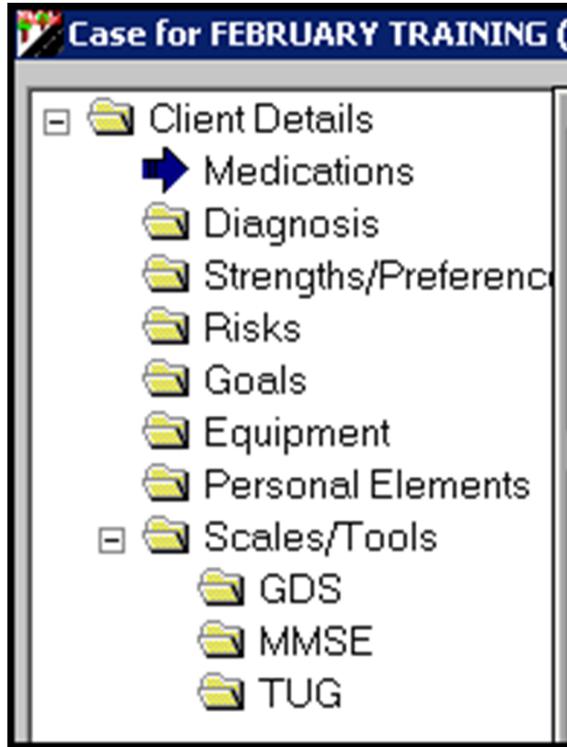
## Red X indicates:

- Summary screen unavailable because questions are not fully answered and completed

# Client Details Navigation Tree



**Client Details:**  
Click on the folder to navigate & update an area



**Scales/Tools:**  
Click on the folder to navigate to each tool. Do NOT use unless trained in tool usage

 **Open Folder:**  
For Client Details, this simply indicates a screen

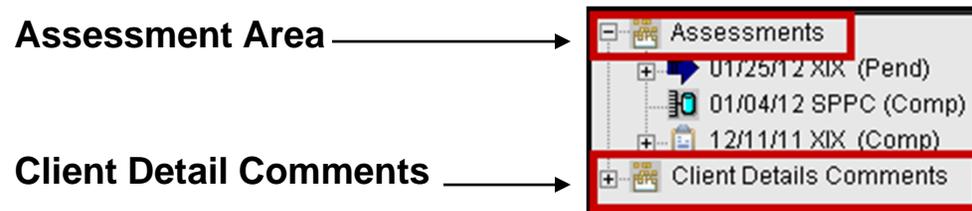
 **Blue Arrow:**  
Indicates the screen currently opened

# Navigating to Client Detail Comments

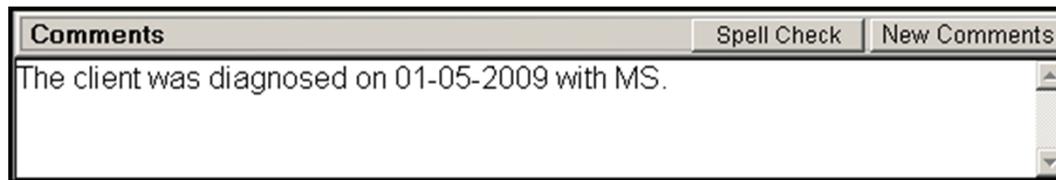


## Two ways to view “Client Detail” Comments:

1. All comments can be viewed on the Client Details Comments section by entering the Assessment through the CAPS Menu



2. The most current comment can also be viewed directly on each Client Detail screen



- These comments are not locked and can be edited
- When the New Comments button **New Comments** is clicked, the comment is sent to the Assessment area (#1 above) and is locked

# Navigation tips



- Changes in assessment wizards (ADLs, IADLs, treatments, comments) can only be made while assessments are in “pending” status
- Changes can be made at anytime in Client Details
- Can Service Plan using a complete or admin status assessment only
- CAN NOT service plan from pending, incomplete or invalid status assessments

# Launching a New Assessment

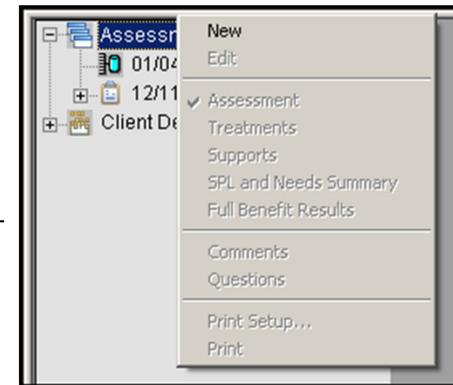


**Step 1:** Click on the CAPS Book  icon from the toolbar

**Step 2:** Select “Assessments” from the CAPS Menu

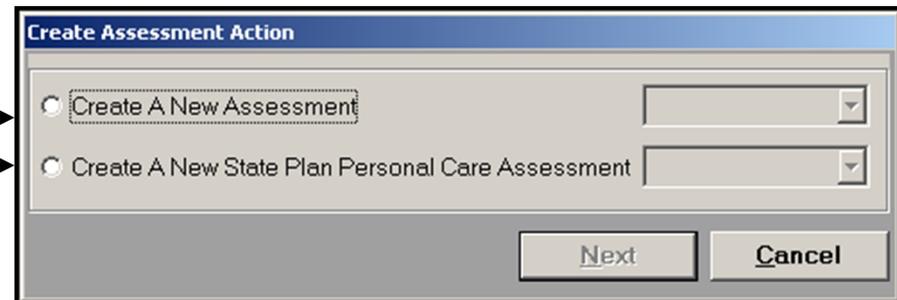
**Step 3:** Highlight and right click on the word “Assessment” and

- Select the word “New” from the pop-up menu
- **Note:** grayed out selections are disabled and can't be used



**Step 4:** Select one of the two assessment types:

- SPL type assessment →
- SPPC assessment →



# Navigation using Assessment Decision Points



## 4 ADL Assessment Decision Point

4 ADL Assessment Decision Point

Select Action

- Go To ADDITIONAL ADL/IADL
- ASSESSMENT COMPLETE - Go To SERVICE PLAN - NURSING FACILITY ONLY
- ASSESSMENT COMPLETE
- Go To SPPC - State Plan Personal Care

## Full Assessment Decision Point

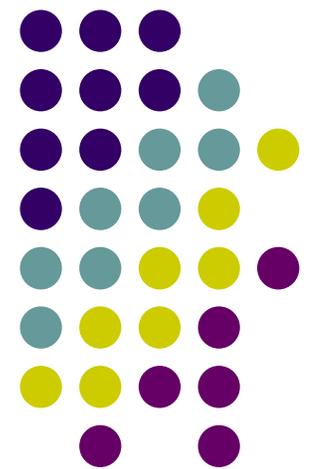
Full Assessment Decision Point

Select Action

- ASSESSMENT COMPLETE - Go To SERVICE PLAN
- ASSESSMENT COMPLETE
- Go To SPPC - State Plan Personal Care

---

# Assessment



# Assessment Date



(see screen print example, following the next slide)

- The assessment date is the actual date the assessment was performed
- CAPS system will allow entry of today and up to 31 days prior to today's date
- Cannot be changed by a case manager once the assessment is set to Completed Status
  - Under certain circumstances, local office Tier 2 staff can change the assessment back to Pending Status to correct the assessment date – note bullet #2 date parameter

# Assessment Review Before Date

(see screen print example on the next slide)



- Defaults to the same date as the **Valid Until** date
- This date appears on the CAPS2 Assessment Review Report
  - This report is inaccurate *and* must not be used
- A View Direct Report has replaced the CAPS report
  - **Transmittal: SPD-IM-10-021**
  - **SJC3080R-A Assessments Due and Past Due**
  - **SJC3080R-B Assessments Coming Due**

# Example



Assessment Status Overview				
<b>Assessment Status:</b>	Pending	<b>Type:</b> Title XIX	<b>SPL:</b>	
<b>Worker:</b>	Training, almighty			
<b>Assessment Date:</b>	12/11/2011	<b>Assessment Date</b> is the actual date the assessment is completed. If necessary, the date entered can be up to one month prior to today's date.		
<b>Valid Until:</b>	12/31/2012			
<b>Review Before:</b>	12/31/2012	<b>Review Before</b> date defaults to one year from the assessment date. <u>Note:</u> This date no longer carries over to the assessment due report in OACCESS.		
<b>Status Reason:</b>				
<b>Details:</b>				

# Valid Until Date



- The Valid Until date is not editable
- Valid Until date defaults to one year (to the end of the month) from the assessment date
- This date is always at least 12 months, and less than 13 months from the assessment date

**For example:**

**Assessment Date** 12/11/2011 is valid until 12/31/2012

<b>Assessment Date:</b>	12/11/2011
<b>Valid Until:</b>	12/31/2012

# Assessment Status Reasons



## Statuses for Tier 1 staff (case managers):

- Did Not Meet Application Timeframe
- Client Withdrew Request

## Admin Statuses for Local Office Tier 2 staff only:

- **Untimely Reassessment**

Allows extension of Service Benefit for 1 month beyond Assessment Valid Until date

- **10 day Notice Period**

Allows extension of Service Benefit for 1 month beyond Assessment Valid Until date

- **Hearing Request With APP (APP=Aid Paid Pending)**

Allows extension of Service Benefit for up to 6 months beyond Assessment Valid Until date



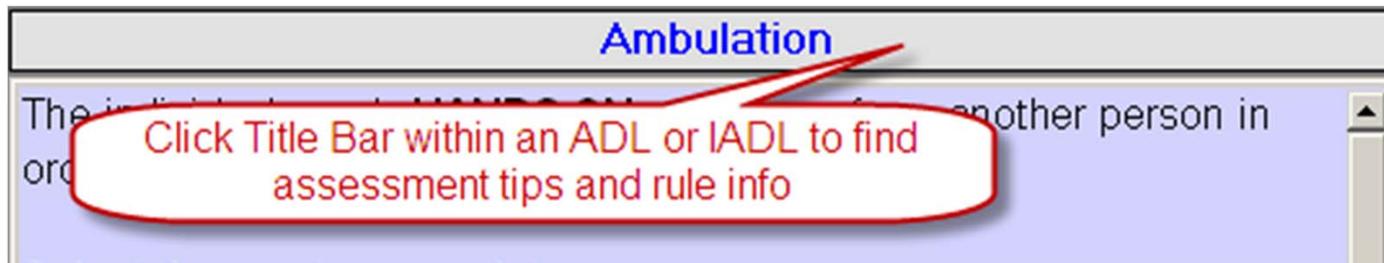
# Assessment Quick Help

- Each ADL and IADL contains OAR definitions to assist in answering the series of rule-based questions

**Note:** Quick help is not intended to replace using OAR

- To open and view the Quick Help definitions:

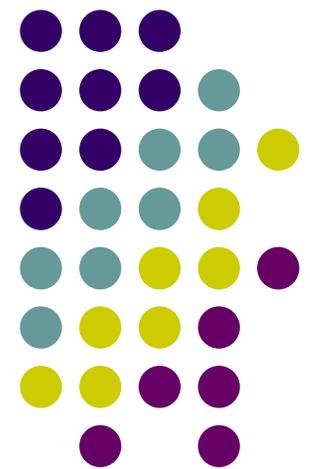
**Click on the Title Bar of the specific ADL or IADL needed**



**Click anywhere to close the Quick Help window**

---

# *Night Batch Process*



# Night Batch Process - Pending



## Pending Status assessments:

- Automatically changes to **Incomplete Status** after 60 days
  - To prevent this auto-change - recommend moving assessment to 'Completed' status as soon as Pending assessments are final
- **Incomplete status** can be changed back to 'Pending' status by a local office staff person with Tier 2 override security rights

# Night Batch Process - Completed



## Completed Status assessments:

- Automatically changes to **Invalid Status** after 90 days
  - To prevent this auto-change – pend or approve a Service Benefit/Plan based on the completed assessment
- Invalid status assessments without a pending or approved Service Benefit/Plan can be changed back to ‘Completed’ status by a local office staff person with Tier 2 override security rights

---

# *Supports/Contacts* *Screens*



# Supports/Contacts Screens



- **Accessed from these 3 areas:**

1. Assessment Wizard,
2. Service Planning and
3. Contacts tab in OACCESS

**Note:** SPPC can only be accessed through the Contacts tab

- **Contact Roles box is used to record many roles, such as:**

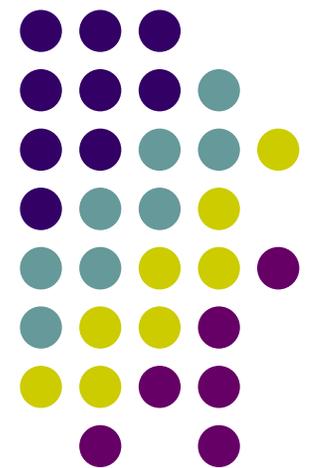
- Natural Supports
- Money Management

- **New record icon  appears within the screen, not on the toolbar**

- **“Lives with Primary Applicant” will change contact’s address to the individual’s address in OACCESS**

---

# Synopsis



# Synopsis



- Captures information about the assessment in a more protected narrative space
- No need to repeat information already captured in comments
- Has spell check
- Will be locked when assessment is set to “Completed” status
- Usage is not mandatory, but recommended

# Synopsis



- **Use for documenting the following:**
  - General statement of age, health, physical & mental status
  - Recent events that might affect the individual's functioning
  - Important interests, motivators, family or other significant supports
  - Significant changes in any of the above (if re-assessment)
  - Quick summary of major issues, individual preferences or needs (may reference other sections if more info there)
  - Quick summary of service needs or plan
  - Other issues such as: tobacco, alcohol use, pets, etc.
  - Information to support Exceptional Rate requests

# SPPC Synopsis



Case for FEBRUARY TRAINING ( Case Branch : Multnomah ADS Nursing Facility )

SPPC Assessment  
Synopsis  
Results

## SPPC - State Plan Personal Care - Synopsis

Because the SPPC assessment does not have a place to add comments, it is necessary to document all service eligibility information for both the Personal Assistance and Supportive Services for the individual being assessed in the SPPC Synopsis.

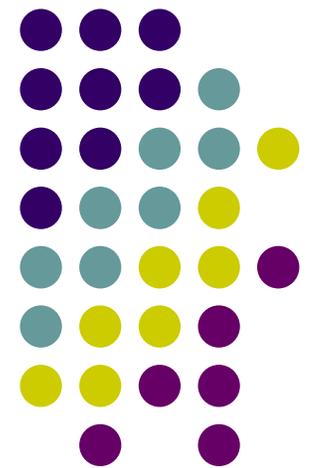
The SPPC Synopsis can also be used for documenting the following:

- General statement of age, health, physical & mental status
- Recent events that might affect the individual's functioning
- Important interests, motivators, family or other significant supports
- Significant changes in any of the above (if re-assessment)
- Quick summary of major issues, individual preferences or needs (may reference other sections if more info there)
- Quick summary of service needs or plan
- Other issues such as: tobacco, alcohol use, pets, etc.

Spell Check

---

# *Assessment and Comments*



# Assessment and Comments



## CAPS Assessment

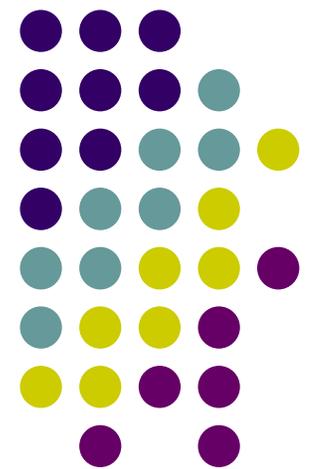
- Displays assessment statements with rule-based multiple choice selections

## Comments:

- Are locked in Assessment Wizard when assessment is set to complete
- View by selecting Assessments in the CAPS Menu
- Are locked in Client Details once the 'New Comments' button is clicked
  - Date stamps new comments
  - Comments can be seen by individual ADL or IADL or all at once

---

*Steps to View  
Completed  
Assessments*



# Steps to view a Completed Assessment



**Step 1:** Click on the CAPS Book  icon from the toolbar

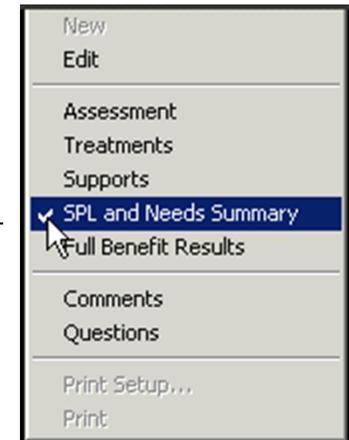
**Step 2:** Select Assessments from the CAPS Menu

**Step 3:** Highlight to select the assessment you wish to view

**Step 4:** Right click on the highlighted assessment

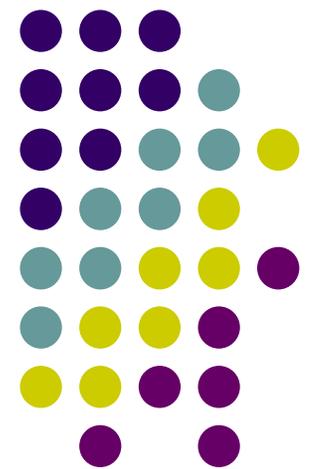
- This brings up a pop-up menu of items to select
- Note: grayed out selections are disabled and can't be used

**Step 5:** To view an item from the list, left click and add a check mark to the item



---

# *CAPS Versioning*



# Assessment

## Full Benefit Results



### Version 1

- Full Benefit Results through 12-31-11
- Use for CAPS Service Benefit/Plans ending 12-31-11

### Version 2

- Full Benefit Results starting 1-1-12
- Use for CAPS Service Benefit/Plans beginning 1-1-12

# Version 1 - Full Benefit Results

Valid through 12-31-2011



Case for FEBRUARY TRAINING ( Case Branch : Multnomah ADS Nursing Facility )

### Full Benefit Results

Based on Assessment 01/25/2012 and Benefit **Version # 1**

**Results**

ALF Rates: Level 4

RCF/AFH Rates: Base + 1

R-AFH Rates: Base + 1

Spousal Pay

**In-Home Maximum Hours**

Need	Assist	Hours
<b>ADL</b>		
Bath/Personal Hygiene	Minimal	10
Dressing/Grooming	Minimal	5
Elimination	Full	25
Mobility	Full	25
<b>IADL</b>		
Breakfast	Minimal	4
Housekeeping	Substantial	10
Medication Management	Substantial	4
Dinner / Supper	Full	24
Lunch	Full	12
Shopping	Full	6
Transportation	Full	5
<b>24 Hour Availability</b>		
24 Hour Availability	Substantial	110

**Benefit Version Dates**

Additional Benefit Results

Prev Next

**Benefit Version Dates**

Version	Begin Date	End Date	Description
2	01/01/2012	12/31/9999	IADL Cut for Specific Benefits
1	08/08/2008	12/31/2011	Original CAPS2 version

Proceed to the Assessment Decision Point

Next

**Version 1**  
IADL Maximum Assessed Hours allowed through 12-31-11

# Version 2 - Full Benefit Results

## Valid beginning 1-1-2012



Case for FEBRUARY TRAINING ( Case Branch : Multnomah ADS Nursing Facility )

### Full Benefit Results

Based on Assessment 01/25/2012 and Benefit **Version # 2**

**Client Assessment**

- ✓ Four ADLs
  - ✓ Mobility
  - ✓ Eating
  - ✓ Elimination
  - ✓ Cognition/Behavior
- ✓ Additional ADL/IADL
- ✓ Sleep
- ✓ Treatments
- Supports
- ✓ Synopsis
- SPL and Needs Summary
- ➔ Full Benefit Results

**Results**

ALF Rates	Level 4
RCF/AFH Rates	Base + 1
R-AFH Rates	Base + 1
Spousal Pay	

**Benefit Version Dates**

**Additional Benefit Results**

Prev Next

**In-Home Maximum Hours**

	Need	Assist	Hours
<b>ADL</b>			
Bath/Personal Hygiene	Minimal		10
Dressing/Grooming	Minimal		5
Elimination	Full		25
Mobility	Full		25
<b>IADL</b>			
Breakfast	Minimal		3
Housekeeping	Substantial		9
Medication Management	Substantial		4
Dinner / Supper	Full		21
Lunch	Full		10
Shopping	Full		6
Transportation	Full		5
<b>24 Hour Availability</b>			
24 Hour Availability	Substantial		110

**Benefit Version Dates**

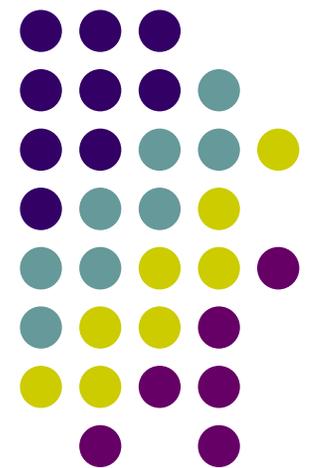
Version	Begin Date	End Date	Description
2	01/01/2012	12/31/9999	IADL Cut for Specific Benefits
1	08/08/2008	12/31/2011	Original CAPS2 version

**Version 2**  
IADL Maximum Assessed Hours allowed starting 12-31-11

Proceed to the Assessment Decision Point Next

---

# *Comparing Assessment Results*



# Comparing Assessments



## Comparing Assessments -

1. Right click on an assessment date to get a pop-up menu.
2. To view, select the item to be viewed & add a check mark.
3. To compare, select another assessment date. This will allow a comparison of the selected screen based on the previous check marked item.



Case for INTERMEDIATE TRAINING ( Case Branch : Medford Senior Services Office )

**Assessments**

- 08/23/11 XIX (Pend)
- 07/31/11 XIX (Comp)
- 07/23/11 XIX (Comp)**
- Client Details Comments

### Full Benefit Results

Based on Assessment 07/23/2011 and Benefit Version # 1

**Results**

ALF Rates	Level 3
RCF/AFH Rates	Base
R-AFH Rates	Base
Spousal Pay	

**In-Home Maximum Hours**

	Need	Assist	Hours
<b>ADL</b>			
Bath/Personal Hygiene	Minimal		10
Dressing/Grooming	Minimal		5
Elimination	Minimal		10
Mobility	Minimal		10
<b>IADL</b>			
Breakfast	Minimal		4
Dinner / Supper	Minimal		8
Lunch	Minimal		4
Housekeeping	Substantial		10
Shopping	Substantial		4

**Benefit Version Dates**

**Additional Benefit Results**

Prev Next

**Full Benefit Results based on 7/23/11 Assessment**



Case for INTERMEDIATE TRAINING ( Case Branch : Medford Senior Services Office )

Assessments

- 08/23/11 XIX (Pend)
- 07/31/11 XIX (Comp)**
- 07/23/11 XIX (Comp)
- Client Details Comments

### Full Benefit Results

Based on Assessment 07/31/11

**Results**

ALF Rates	Level 5
RCF/AFH Rates	Base + 2
R-AFH Rates	Base + 2
Spousal Pay	

**ADL**

Bath/Personal Hygiene	Minimal	10
Elimination	Substantial	20
Dressing/Grooming	Full	20
Mobility	Full	25

**IADL**

Housekeeping	Substantial	10
Transportation	Substantial	3
Breakfast	Full	12
Dinner / Supper	Full	24
Lunch	Full	12
Shopping	Full	6

**24 Hour Availability**

24 Hour Availability	Substantial	110
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**Benefit Version Dates**

**Additional Benefit Results**

Prev Next

**Full Benefit Results based on 7/31/11 Assessment**

**The AFH & ALF Payment Level based on the results of the 7/31/11 assessment**



Case for INTERMEDIATE TRAINING ( Case Branch : Medford Senior Services Office )

Assessments

- 08/23/11 XIX (Pend)
- 07/31/11 XIX (Comp)
- 07/23/11 XIX (Comp)
- Client Details Comments

### Full Benefit Results

Based on Assessment 08/23/11

**Results**

ALF Rates	Level 3
RCF/AFH Rates	Base
R-AFH Rates	Base
Spousal Pay	

**ADL**

Bath/Personal Hygiene	Minimal	10
Dressing/Grooming	Minimal	5
Elimination	Minimal	10
Mobility	Minimal	10

**IADL**

Breakfast	Minimal	4
Dinner / Supper	Minimal	8
Lunch	Minimal	4
Housekeeping	Substantial	10
Shopping	Substantial	4

**Benefit Version Dates**

**Additional Benefit Results**

Prev Next

**Full Benefit Results based on 8/23/11 Assessment**

**The AFH & ALF Payment Level has DECREASED based on the results of the new assessment**

# Full Benefit Result Changes



## Minimize CBC facility and client confusion when provider payment level changes:

- Explain level changes to providers and clients during the assessment (while at the client's home or care setting).  
The following are examples:

### 7/31/11 assessment

RCF/AFH	Rate
Base:	\$1,249.00
ADL Dependency Add-On:	\$242.00
Complex Needs Add-on:	\$242.00
<b>Total:</b>	<b>\$1,733.00</b>

Previous AFH level = BASE  
+ 2 add-ons

### 8/23/11 assessment

RCF/AFH	Rate
Base:	\$1,249.00
<b>Total:</b>	<b>\$1,249.00</b>

New Decreased AFH level =  
BASE only

# Eligibility for Add-on Payments 411-027-0025(2)(c)



## Three Add-on payments for AFH, RAFH or RCF:

### 1. ADL Add-on:

- Full assist in mobility or eating or elimination

### 2. Behavior Add-on:

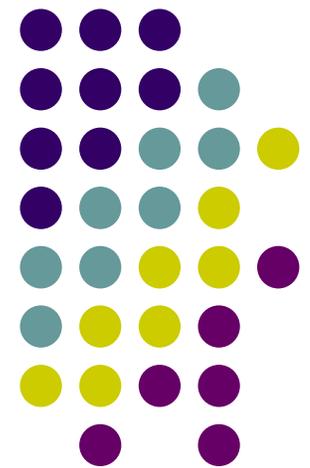
- Behaviors that pose a risk to the individual or to others & the provider must consistently intervene to supervise or redirect

### 3. Complex Medical Add-on

- Medical Treatments (per CAPS) *and*
- Requires daily observation & monitoring with oversight by a licensed healthcare professional, no less than quarterly AND the facility has trained staff to provide the service AND does provide the service

---

*Treatment consideration*  
*Sliding Scale Insulin*



# Special considerations for CAPS entry of Sliding Scale Insulin



1. Ensure the Complex Medical Add-on criteria is met for sliding scale insulin (described on slide 58)

*and*

2. Enter the following CAPS Treatment combination to generate the complex medical add-on:

Must enter both to get the add-on

1. Insulin Injections (sliding scale) *and*
2. Medications requiring skilled assessment/judgment/monitoring

See PT-08-012 Payment Limitations in CBC Services

---

# *Client Details*



# Expectations for Client Details



- K-Plan Requirement
- Holistic part of the Assessment
- Update anytime, but no less than annually !!!
- At annual review, add a dated comment for each Client Detail – this will demonstrate that each item has been addressed

# Medications



- Entry of Medications **not** required unless requested for:
  - MED Referrals
  - Active APS Investigations
  - Exceptional Rate Requests

(see PT-09-022) for additional details
- Documentation is captured in Medication/O2 Management of the CAPS Assessment

# Diagnosis



- Diagnoses (DX) must still be entered
- End any DX that no longer apply to the client
- Add a date stamped comment in DX
  - Document when changes are done
  - Document anytime, but must document at the Annual Review
  - If no changes, document this in the comment box

# Strengths and Preferences



- Update both Strengths & Preferences at least annually (or more frequently)
- Even if no change happened, add a date stamped comment annually to show that this has been addressed
- Add all strengths & preferences applicable for this individual
- Select the preference of 'Unable to Articulate' if the individual is not able to give a preference

# Goals



- Annually (or more frequently) update Goal and date stamped comment
- Goal should be in the client's own words
- Indicate if client is unable to articulate a Goal

# Steps to add a Goal



## How to add the initial goal:

1. Select the new record icon in the toolbar and add the new goal
2. Complete all the 'Goals Detail' and 'Actions' sections

## How to add another goal when the goal has changed:

1. Enter the end date to the previous goal
2. Select the new record icon in the toolbar to add the new goal
3. Complete all the 'Goals Detail' and 'Actions' sections

# Steps for Goals remaining unchanged



## **If the goal is unchanged at annual review:**

1. Copy the previous year's goal
2. Enter the end date to the previous year's goal using the last day the previous assessment was valid
3. Select the new record icon in the toolbar and paste the new goal into the Goal section
4. Complete all the 'Goals Detail' and 'Actions' sections
5. Add the status of 'Ongoing'

---

# RISKS



# Case Manager's Role in Risk Mgmt



- Identify individuals at risk
- Identify what risk factors the individual has
- Work with individual to eliminate or minimize the risks
- Monitor & continue to offer options over time, to assist the individual in evaluating risks and developing a plan

# Risks that cannot be mitigated



- Continue periodic monitoring
- Continue to offer interventions and solutions to minimize the risk
- Discuss the risks with the individual

# CAPS Risks Plan/Comments



- Document the overall risk level and the monitoring plan for the client  
Eg, the overall risk is high and the monitoring plan is monthly in-person or phone contact (assessed as high risk in 3 areas)
- Identify risks needing clarification
- If no Risk Reducing Factor or additional info is needed, identify how each risk is or is not going to be resolved
- Explain solutions offered to minimize the risk
- **Document the individual's ability to understand and accept or decline any plan or intervention**
- Enter the name, address & phone number of person that is assisting with the risk and how this person will assist the individual
- Plan/Comments is used for CAPS2 Emergency Concerns Report – next slide

# CAPS2

## Emergency Concerns Report



- High Risk Level for Power Outage or Natural Disaster/Extreme Weather
- Develop contingency plans for in-home plans
- CBC or nursing Facilities are responsible to develop contingency plans for emergencies
- Document in the CAPS Risks Plan/Comments

# Risk Process Graph



# Monitoring Requirements



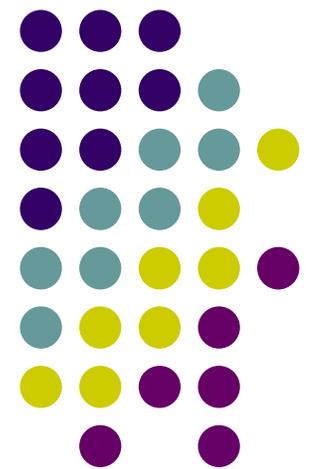
**Monitoring** contacts must be documented in the OACCESS narrative. Use “Monitoring” as the 1<sup>st</sup> word in the narrative and then explain the contact information

**NOTE: This can be used as a CM direct contact**

1. Client with **NO HIGH RISK** levels:
  - Must have at least 2 contacts per year
2. Clients with **1 or 2 HIGH RISK** categories:
  - Must have quarterly contact
3. Clients with **3 or more HIGH RISK** categories:
  - Must have monthly contact

---

# *CAPS Risks*



# CAPS Risks Upgrade

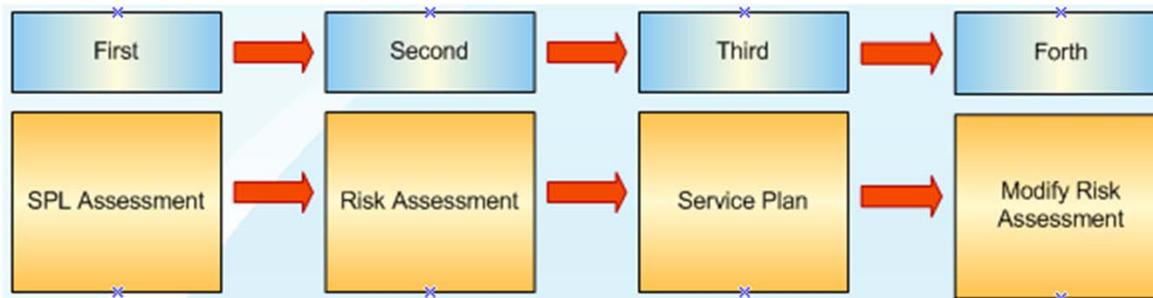


- New risk assessment process required for new CAPS and re-assessments completed 7-16-12 or later
- All Client Details are required for all service types
- Cannot create in-home service benefit/plans unless the Risk Assessment is completed for:
  - **APD In-home**
  - **ICP**
  - **Spousal Pay**

# Order for completing the 3 sections of CAPS



- 1<sup>st</sup>** Complete the SPL Client Assessment
- 2<sup>nd</sup>** Complete the Risk Assessment
- 3<sup>rd</sup>** Complete the Service Plan
- 4<sup>th</sup>** Modify completed Risk Assessment if necessary



# CAPS Risks

## Screen print examples



Case for RISK ASSESSMENT ( Case Branch : Beaverton Senior Resource Center )

Risks	Risk Level	Risk Reducing Factor	Selected Factors
Power Outage		Assistive Devices	
Natural Disasters/Extreme weather		Back-up worker or faci alternative	
Physical Functioning		Clothing Assistance	
Mental/Emotional Functioning		Education/Information	
Cognitive Functioning		Emergency Response	
Behavioral Issues		Energy assistance pro	
Income/Financial Issues		Facility Responsibility	
Safety/Cleanliness of Residence/Facility		Food assistance progr	
		Gatekeeper/Telephone Reassurance	

Client Details

- Medications
- Diagnosis
- Strengths/Preference
- Risks**
- Goals
- Equipment
- Personal Elements

Scales/Tools

- GDS
- MMSE
- TUG

Completed Data

Current Living Situation

Plan/Comments

**INFORMATION 1705**

The Risk Assessment cannot be modified. Please create a new Risk Assessment.

OK



Case for RISK ASSESSMENT ( Case Branch : Beaverton Senior Resource Center )

Client Details

- Medications
- Diagnosis
- Strengths/Preference
- Risks
- Goals
- Equipment
- Personal Elements
- Scales/Tools
  - GDS
  - MMSE
  - TUG

Risks	Risk Level	Risk Reducing Factor	Selected Factors
Power Outage		Assistive Devices	
Natural Disasters/Extreme weather		Back-up worker or faci alternative	
Physical Functioning		Clothing Assistance	
Mental/Emotional Functioning		Education/Information	
Cognitive Functioning		Emergency Response	
Behavioral Issues		Energy assistance pro	
Income/Financial Issues		Facility Responsibility	
Safety/Cleanliness of Residence/Facility		Food assistance progr	
		Gatekeeper/Telephone Reassurance	
		Home Delivered Meals	

Completed Date: Pending    Complete    Modify    Create

Current Living Situation:    Print    Summary    History

Plan/Comments    Spell Check    New Comments

# Risk Levels



Risks	Risk Level	Risk Reducing Factor
Power Outage		Assistive Devices
Natural Disasters/Extreme weather	None	Back-up worker or facility alternative
Physical Functioning	Low	Clothing Assistance
Mental/Emotional Functioning	Medium	Education/Information
Cognitive Functioning	High	Emergency Response
Behavioral Issues		Energy assistance program
Income/Financial Issues		Facility Responsibility
Safety/Cleanliness of Residence/Facility		Food assistance program
		Gatekeeper/Telephone Reassurance
		Home Delivered Meals

- Every Risk must have a Risk Level selected  
*and*
- At least one Risk Reducing Factor selected
- Note: Risk Level of **NONE** will auto-select the Risk Reducing Factor of **None/Not at Risk**



Risks	Risk Level	Risk Reducing Factor	Selected Factors
Power Outage		Assistive Devices	
Natural Disasters/Extreme weather		Back-up worker or faci alternative	
Physical Functioning		Clothing Assistance	
Mental/Emotional Functioning		Education/Information	
Cognitive Functioning		Emergency Response	
Behavioral Issues		Energy assistance pro	
Income/Financial Issues		Facility Responsibility	
Safety/Cleanliness of Residence/Facility		Food assistance progr	
		Gatekeeper/Telephone Reassurance	
		Home Delivered Meals	

<b>Completed Date:</b>	Pending	<b>Complete</b>	<b>Modify</b>	<b>Create</b>
<b>Current Living Situation:</b>		<b>Print</b>	<b>Summary</b>	<b>History</b>

<b>Plan/Comments</b>	<b>Spell Check</b>	<b>New Comments</b>



Risks	Risk Level	Risk Reducing Factor	Selected Factors
* Power Outage	High	Assistive Devices	Identify in Plan
* Natural Disasters/Extreme weather		Back-up worker or faci alternative	
* Physical Functioning		Clothing Assistance	
* Mental/Emotional Functioning		Education/Information	
* Cognitive Functioning		Emergency Response	
* Behavioral Issues		Energy assistance pro	
* Income/Financial Issues		Facility Responsibility	
* Safety/Cleanliness of Residence/Facility		Food assistance progr	
		Gatekeeper/Telephone Reassurance	
		Home Delivered Meals	

**Completed Date:** Pending **Complete** [Modify](#) [Create](#)

**Current Living Situation:** [Print](#) [Summary](#) [History](#)

**Plan/Comments** [Spell Check](#) [New Comments](#)

Client is a person with quadriplegia and is on a ventilator. In the event of a power outage, natural disaster or extreme weather, his generated will automatic be turned on. The neighbor, Jane Doe will check on him. Her address



Risks	Risk Level	Risk Reducing Factor	Selected Factors
* Power Outage	High	Assistive Devices	Identify in Plan
* Natural Disasters/Extreme weather		Back-up worker or faci alternative	
* Physical Functioning		Clothing Assistance	
* Mental/Emotional Functioning		Education/Information	
* Cognitive Functioning		Emergency Response	
* Behavioral Issues		Energy assistance pro	
* Income/Financial Issues		Facility Responsibility	
* Safety/Cleanliness of Residence/Facility		Food assistance progr	
		Gatekeeper/Telephone Reassurance	
		Home Delivered Meals	

**Completed Date:** 06/14/2012 03:46:04 pm Complete Modify Create

**Current Living Situation:** Print Summary History

**Plan/Comments** Spell Check New Comments

Client is a person with quadriplegia and is on a ventilator. In the event of a power outage, natural disaster or extreme weather, his generated will automatic be turned on. The neighbor, Jane Doe will check on him. Her address

# Risk Assessment Summary



6/14/2012

**Risks** Page 1

**Client:** RISK.ASSESSMENT **Completed**  
**CAPS Assmt:** 6/14/2012 Title XIX Pending **Completed By**  
**Last Changed:**

<u>Risk</u>	<u>Risk Level</u>	<u>Risk Reducing Factor</u>
Income/Financial Issues	Low	Food assistance programs Home Delivered Meals
Safety/Cleanliness of Residence/Facility	Low	Supports
Service Plan meets Physical/Medical Needs	Low	Back-up worker or facility alternative Emergency Response System
Service Plan meets Mental/Emotional/Behavior	None	None/Not at Risk
Adequacy/Availability of Natural Supports	Low	Supports
Access to Care/Services	Low	Home Delivered Meals Referral to CRN
Other - Identify in plan	None	None/Not at Risk

**Comments:** Client is a person with quadriplegia and is on a ventilator. In the event of a power outage, natural disaster or extrem automatic be turned on. The neighbor, Jane Doe will check on him. Her address

# Risk Assessment History



Risk Assessment History

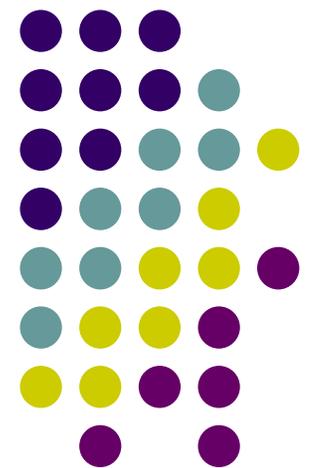
Risk Assessment History

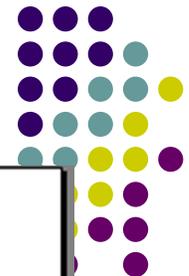
Risk Assmt Created	Risk Assmt Status	Risk Assmt Completed	CAPS Date	Type	Status
6/14/2012 04:48 PM	Completed	6/14/2012 04:49 PM	6/14/2012	Title XIX	Pending
6/14/2012 12:44 PM	Completed	6/14/2012 03:46 PM	6/14/2012	Title XIX	Pending

Preview    Print    Close

---

# *Risk Assessment Worksheet and Guidelines*





### RISK ASSESSMENT WORKSHEET and GUIDELINES

Case Manager's Name: \_\_\_\_\_

Individual's Name: \_\_\_\_\_

Prime # \_\_\_\_\_

RISK CATEGORIES	H	M	L	N	Risk Reducing Factors
Power Outage					1. Assistive Devices
Natural Disaster/Extreme Weather					2. Back-up worker or facility alternative)
Physical Functioning					3. Clothing Assistance
Mental/Emotional Functioning					4. Education/Information
Cognitive Functioning					5. Emergency Response System
Behavioral Issues					6. Energy assistance programs
Income/Financial Issues					7. Facility Responsibility
Safety/Cleanliness of Residence/Facility					8. Food assistance programs
Service Plan Meets Physical/Medical Needs					9. Gatekeeper/Telephone Reassurance
Service Plan Meets Mental/Emotional/Behavioral Needs					10. Home Delivered Meals
Adequacy/Availability of Nat. Supports					11. Home/environmental modifications
Access to Care/Services					12. Identify in Plan
Other – Identify in Plan					
					13. Law enforcement
					14. Mental Health Referral
					15. None/Not at Risk
					16. Referral (Identify in Plan)
					17. Referral to APS
					18. Referral to CRN
					19. Referral to I & A
					20. Refuses at this time
					21. Supports
					22. Training
					24. Unresolved—CM Follow-up

- Monitoring:**
1. All clients must have at least two contacts per year. This is clients without High risk levels in any risk category.
  2. Clients with 3 or more **High** risk categories, must have contact at least monthly.
  3. Clients with 1 or 2 **High** risk categories, must have contact at least quarterly.

**Plan/Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



# Level of Risks

RISK CATEGORIES	H	M	L	N
Power Outage				
Natural Disaster/Extreme Weather				
Physical Functioning				
Mental/Emotional Functioning				
Cognitive Functioning				
Behavioral Issues				
Income/Financial Issues				
Safety/Cleanliness of Residence/Facility				
Service Plan Meets Physical/Medical Needs				
Service Plan Meets Mental/Emotional/Behavioral Needs				
Adequacy/Availability of Nat.Supports				
Access to Care/Services				
Other – Identify in Plan				

- **H** - High Risk
- **M** - Moderate Risk
- **L** - Low Risk
- **N** - No Risk



# 22 Risk Reducing Factors

Risk Reducing Factors	
1. Assistive Devices	13. Law enforcement
2. Back-up worker or facility (alternative)	14. Mental Health Referral
3. Clothing Assistance	15. None/Not at Risk
4. Education/Information	16. Referral (Identify in Plan)
5. Emergency Response System	17. Referral to APS
6. Energy assistance programs	18. Referral to CRN
7. Facility Responsibility	19. Referral to I & A
8. Food assistance programs	20. Refuses at this time
9. Gatekeeper/Telephone Reassurance	21. Supports
10. Home Delivered Meals	22. Training
11. Home/environmental modifications	24. Unresolved—CM Follow-up
12. Identify in Plan	



## RISK ASSESSMENT WORKSHEET and GUIDELINES

Case Manager's Name: \_\_\_\_\_  
 Individual's Name: \_\_\_\_\_

Prime # \_\_\_\_\_

RISK CATEGORIES	Risk Level				Risk Reducing Factors	
	H	M	L	N		
Power Outage	22				1. Refuses at this time	12. Assistive devices
Natural Disaster/Extreme Weather	22				2. Referral (Identify in Plan)	13. Food assistance programs
Physical Functioning	15, 10, 6, 12				3. Referral to I & A	14. Energy assistance programs
Mental/Emotional Functioning				X	4. Referral to CRN	15. Home/Environment modifications
Cognitive Functioning				X	5. Unresolved-CM Follow-up needed	16. Education/Information
Behavioral Issues				X	6. Supports	17. Training
Income/Financial Issues			6		7. Home Delivered Meals	18. Gatekeeper/Telephone Reassurance
Safety/Cleanliness of Residence/Facility			6		8. Emergency Response System	19. Clothing Assistance
Service Plan Meets Physical/Medical Needs				X	9. Facility Responsibility	20. Mental Health Referral
Service Plan Meets Mental/Emotional/Behavioral Needs				X	10. Back-up worker or facility alternative	21. Referral to APS
Adequacy/Availability of Nat. Supports		6			11. Law enforcement	22. Identify in Plan
Access to Care/Services			7 13			
Other – Identify in Plan				X		

- Monitoring:**
1. All clients must have at least two contacts per year. This is clients without High risk levels in any risk category.
  2. Client with 3 or more **High** risk categories, must have contact at least monthly.
  3. Clients with 1 or 2 **High** risk categories, must have contact at least quarterly.

Plan/Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Risk Level Descriptions



⊕ **RISK FACTOR DESCRIPTIONS** - Descriptions are examples and are not intended to be all-inclusive

	<b>HIGH RISK</b>	<b>MODERATE RISK</b>	<b>LOW RISK</b>	<b>NO RISK</b>
<b>POWER OUTAGE</b>	No alternative heat source for life/safety. Dependent on consistent power &/or no alternative heat source/power source & no back-up plan.	Can withstand a limited power outage. Would result in health/safety issues after 3 or more days.	Has emergency preparedness plan <b>or</b> supports in place.	Has emergency preparedness plan <b>and</b> supports in place.
<b>NATURAL DISASTER – EXTREME WEATHER</b>	No plan in place & dependent on others, but no supports available.	Has a plan in place, but is dependent on others & supports are not immediately available.	Has a plan in place, but is dependent on others & supports are immediately available.	Has a plan in place & are able to vacate home/area without supports.
<b>PHYSICAL FUNCTIONING</b>	Has a progressive, debilitating condition or has a permanent impairment and is incapable of most or all ADLs. No supports or inadequate supports.	Moderate physical challenges	Minimal physical challenges	No physical challenges.
<b>MENTAL and EMOTIONAL FUNCTIONING</b>	Mental/emotional functioning severely impacts health & safety issues of self & others.	Mental/emotional functioning impacts health & safety issues of self & others.	Mental/emotional functioning may result in limited health & safety issues that are reduced through intervention.	No apparent mental or emotional challenges.
<b>COGNITIVE FUNCTIONING</b>	Confusion. Disoriented to person, place or time. Unable to make decisions. Forgets to do things that meet their basic needs (ie: food, shelter & clothing).	Periodic confusion. Impaired reasoning ability. Makes decisions with assistance. Periodic forgetfulness that over time negatively impacts basic needs.	Mild forgetfulness. Can meet basic needs.	No apparent cognitive impairment. No confusion.

# Risk Level Descriptions



	<b>HIGH RISK</b>	<b>MODERATE RISK</b>	<b>LOW RISK</b>	<b>NO RISK</b>
<b>BEHAVIORAL ISSUES</b>	Severe problem behaviors that place the client at high risk, e.g., wandering, current substance abuse/ addiction, or life-threatening medical non-compliance.	Moderate problem behaviors, e.g., intermittent meds, non-compliance, or occasional failure to make Doctor's appointments. Occasional substance abuse.	Minor problem behaviors, e.g., history of substance abuse but no current abuse.	No problem behaviors or indication of substance abuse.
<b>INCOME / FINANCIAL ISSUES</b>	Unable or unwilling to provide for life's necessities.	Barely able to provide for life's necessities. Sometimes must choose between necessities, e.g., medicine or food.	Adequate income for necessities only. No safety net.	Financially independent & has adequate income for necessities. Has safety net.
<b>SAFETY/ CLEANLINESS OF RESIDENCE/ FACILITY</b>	Residence poses problems that place client at immediate high risk, e.g., no heat or water, caved-in ceiling. Eviction in progress.	Safety or cleanliness poses a degree of risk e.g., interruption of utilities, access issues or threat of eviction.	Ongoing minor maintenance &/or cleanliness issues. May have threat of eviction.	No apparent safety or cleanliness risks.
<b>SERVICE PLAN MEETS PHYSICAL/ MEDICAL NEEDS</b>	Client has unmet, critical physical/ medical needs.	Service plan fails to meet some of client's medical or physical needs.	Some minor or occasional issues with service provision, but client's basic medical/physical needs are met.	Service plan meets all client's needs.

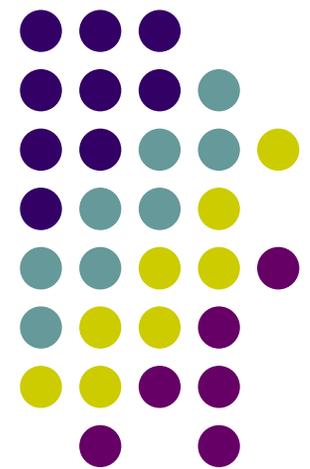
# Risk Level Descriptions



	<b>HIGH RISK</b>	<b>MODERATE RISK</b>	<b>LOW RISK</b>	<b>NO RISK</b>
<b>SERVICE PLAN MEETS MENTAL/ EMOTIONAL/ BEHAVIORAL NEEDS</b>	Client is at serious or imminent risk due to inadequacy of in-home or facility care/services to meet client's critical emotional/behavioral needs.	Service plan fails to meet some of client's mental, emotional or behavioral needs, but risk to client's health is not serious or imminent.	Some minor or occasional issues with service provision, but client's basic mental/emotional/behavioral needs are met.	Service plan meets all of client's mental/ emotional/ behavioral needs.
<b>ADEQUACY/ AVAILABILITY OF NATURAL SUPPORTS</b>	Family and/or friends interfere with client's needs being met, or are abusive/neglectful. Family members are estranged, or client has no known family/friends, is isolated.	Family and/or friends are unreliable. Provide little or no help. Express good intentions but rarely follow through.	Family &/or friends are concerned but provide only limited assistance.	Family &/or friends are actively involved to assist & client accepts assistance.
<b>ACCESS TO CARE/ SERVICES</b>	Client has significant medical/mental health needs but access to care/services is unavailable, eg, transportation, phone, EMS.	Client has medical/mental health care needs but has limited access to care/services.	Client's ability to access care/services system is occasionally problematic.	Client has unimpeded access to services.
<b>OTHER – IDENTIFY IN PLAN</b>	Does not understand the risk & refuses intervention. Other high risks not defined above.	Understands the risk & refuses intervention. Other moderate risks not defined above.	Accepts needed services & intervention. Other low risks not defined above.	Needs no intervention

---

# *Case Management (CM) Services*



# Two Types of Case Management



1. **Direct Case Management** is contact with the **consumer** at least quarterly by:
  - Phone calls
  - In-person
  - Emails
2. **Indirect Case Management** is monthly contact by:
  - Contact with “collateral” contacts (family, friends, service providers)
  - Reviewing service plans and provision of services

# CM Services Due & Coming Due Alerts



## Indirect CM Services Contacts

- Standard month, not rolling month beginning the 20<sup>th</sup> of each month.
- Alert remains until CM service is completed during the month it is due.
- When CM service is not completed for the calendar month, alert will display through the following month and then drop off.

### For example:

- For the month of July, the consumers' name appears on the alert list starting July 20<sup>th</sup> if the CM hasn't entered the Indirect CM service prior to July 20<sup>th</sup>.
- Alert will continue to appear on the list throughout the month of August if the CM did not complete the alert in July.
- Alert will not appear on the September alert list for the missing July service.

# CM Services Due & Coming Due Alerts



## Direct CM Services Contacts

- Standard month, not rolling month beginning the 20<sup>th</sup> of the 3<sup>rd</sup> month of the quarter.
- Alerts remain until CM services are completed during the month it is due.
- When CM services are not completed during the quarter, alert will display through the following month and then drop off.

### For example:

- For the quarter of July-Aug-Sept, the consumer's name appears on the alert list starting September 20<sup>th</sup> if the CM hasn't entered the Indirect CM service prior to September 20<sup>th</sup>.
- Alert will continue to appear on the list throughout the month of October if the CM did the contact in the quarter, but did not enter it. Once entered with a date within the quarter, the alert will drop off.
- Alerts not completed by CM during the quarter will display on alert list for the missing quarter's service through October, but not November.

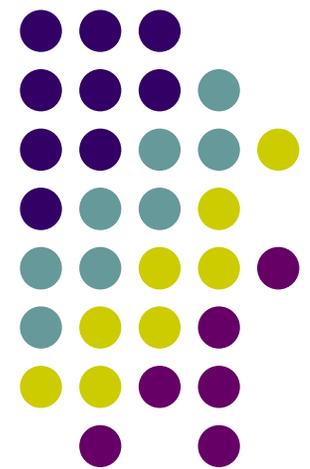


# Case Management Example

	July	Aug	Sep	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	Jan	Feb	Mar	<i>Apr</i>	<i>May</i>	<i>Jun</i>
1	D CM	ID CM	ID CM	ID CM	ID CM	D CM	ID CM	D CM	ID CM	D CM	ID CM	ID CM
2	ID CM	ID CM	D CM	D CM	D CM	ID CM	ID CM	D CM	ID CM	D CM	ID CM	ID CM
3	ID CM	D CM	ID CM	D CM	ID CM	ID CM	D CM	D CM	D CM	D CM	ID CM	ID CM

---

# *Service Planning*



# Dates parameters within the Service Plan area



## Benefit Begin Date:

- Can be up to 31 days prior to the Assessment Date
- End date cannot be past the Valid Until date of the Assessment



## Hours Segment Begin and End Dates:

- Must be within the Benefit Begin and End dates



## Plan Begin and End Dates:

- Must be within the Benefit & Hours Segment Begin dates



## Service Begin and End Dates:

- Must be within the Plan Begin and End dates



Assmt Date: 12/15/2010

**Benefits**

Service Category

APD-In Home

**Hours Segments**

Hours #	Begin Date
1	01/01/2010

**Plans For APD-In H**

Plan #	Begin Date
1	01/01/2010

**Services For Plan**

Row #	Service
1	In-Home Care P

# Service Planning – Hours Segment Component



## The Hours Segment is used to:

- Authorize hours-based in-home Service Category/Benefit types only, such as:
  - APD In-home
  - OPI
  - ICP
- Authorize hours, based on the assessed need

## The Hours Segment is NOT used:

- To assign hours to providers
  - This is done through the [View/Assign] hours button
- For non-hours service benefits/plans, such as Nursing and CBC Facilities

# Hours Authorization Screen

## (part of Hours Segment)



- Similar to the View/Assign Hours screen but this screen is used to authorize hours at the Need level & not for assigning hours to the provider
- Enter hours for “paid” needs only
- Reduce Natural Support (unpaid) hours and select the reduction reason of “Natural Support”
- Exception Hours are separate from Allowed Hours
- Screen displays the Date record & RACF of users that:
  - Create, Approve or Modify the Hours Segment

# Terminology and Definitions of the Hours Authorization Screen



## Asmt Hrs – Assessment Hours

- Assessment Hours based on the Maximum Hours  
OAR 411-030-0070

## Alwd Hrs – Allowed Hours

- Hours the case manager can enter and approve
- Hours must be less than or equal to the Asmt Hrs

## Rem Hrs – Remaining Hours

- The Asmt Hrs minus the Alwd Hrs = the Rem Hrs

## Excp Hrs – Exception Hours

- Additional Hours requested above the Asmt Hrs
- Hours must be approved by Tier 2 or Tier 3 staff

# Service Planning Screen



Case for SALLY FULQUIN ( Case Branch : Grants Pass Senior Services Office )

### Benefit Eligibility and Service Planning

Assmt Date: 05/17/2010 Valid until: 05/31/2011

Benefits Ben Act

Service Category/Benefit	Begin Date	End Date	Status
APD-In Home	05/18/2010	08/31/2010	Pending

**Hours Segments**

Hours #	Begin Date	End Date	Status	Alwd	Excp	View Dtl
1	05/18/2010	08/31/2010	Pending	0	0	Hrs Act

**Plans For APD-In Home Benefit ( Read Only )**

Plan #	Begin Date	End Date	Status
1	05/18/2010	08/31/2010	Pending

Services For Plan #1 Pln Act

Row #	Services	Provider Name	Begin Date	End Date	Invalid Entry
1	In-Home Care (HCW) Hou		05/18/2010	08/31/2010	<input type="checkbox"/>

New Hours Segment



# Hours Authorization Screen

**Hours Authorization Segment**

In Home Hours: Status: Pending Begin Date: 04/23/2010 End Date: 08/31/2010

Type	Need	Assist level	Asmt Hrs	Alwd Hrs	Excp Hrs	Reason
24		Minimal	60	60	0	
ADL		Minimal	10	10	0	
		Substantial	20	15	0	CM Determination
	Dressing/Grooming	Minimal	5	5	0	
	Mobility	Substantial	15	15	0	
I/ADL	Breakfast	Minimal	4	4	0	
	Dinner / Supper	Substantial	16	16	0	
	Housekeeping	Full	20	20	0	
	Lunch	Minimal	4	4	0	
	Shopping	Full	6	6	0	

	ADL Sub	ADL Full	IADL	24 Hour
Total Allowed Hours	30	0	50	60
Total Exception Hours	0	0	0	0
Total Authorized Hours	15	30	50	60

Approved Date: 00/00/0000 Created Date: 06/23/2010 Last Modified Date: 06/23/2010  
 Approved By: Created By: hsint03 Last Modified By: hsint03

OK Cancel

# Three Action Screens



- 1. Ben Act – Benefit Action**
  - Opens a window with Benefit Action Options
- 2. Hrs Act – Hours Action**
  - Opens a window with Hours Action Options
- 3. Pln Act – Plan Action**
  - Opens a window with Plan Action Options



# Three Action Buttons

Case for SALLY FULQUIN ( Case Branch : Grants Pass Senior Services Office )

### Benefit Eligibility and Service Planning

Assmt Date: 05/17/2010 Valid until: 05/31/2011

Select Assessment: 05/17/2010 XIX (Comp)

Assessment Type: Title XIX

Review Date: 05/31/2011

Status: Completed

Assessment by: Test3, Test3

Referrals

Plan Summary

Model

Service Category/Benefit	Begin	Status
APD-In Home	05/18/2010	Pending

1. Button used to Perform an Action in BENEFIT Section

Ben Act

Hours #	Begin Date	End Date	Excp	View Dtl
1	05/18/2010	08/31/2010		

2. Button used to Perform an Action in HOURS Segment

Hrs Act

Plan #	Begin Date	End Date	Status
1	05/18/2010	08/31/2010	Pending

3. Button used to Perform an Action in PLAN Section

Pln Act

Row #	Services	Provider Name	Begin Date	End Date	Invalid Entry
1	In-Home Care (HCW) Hou		05/18/2010	08/31/2010	<input type="checkbox"/>

Provider Search Needs Association View/Assign Hours Provider Detail



# 1. Benefit Action Screen

Benefit Actions

Assessment Begin Date 05/17/2010 Valid Until 05/31/2011

APD-In Home Pending 05/18/2010 08/31/2010

**Benefit Action:**

Approve Benefit

End Benefit, Hours, and Plan and Create a New Benefit

Current End:  New Begin:  New End:

End Benefit, Hours, and Plan

Current End:

Invalidate Benefit, Hours, and Plans

OK Cancel



## 2. Hours Action Screen

**Hours Actions**

Assessment Begin Date 05/17/2010 Valid Until 05/31/2011

APD-In Home	Pending	05/18/2010	08/31/2010
Hours Segment	Pending	05/18/2010	08/31/2010

**Hours Action:**

- Approve Hours
- Adjust Hours and Plan Begin Date  
New Begin:
- End Hours and Plan and Create a New Hours Segment  
Current End:  New Begin:  New End:
- End Hours and Plan  
Current End:
- Create Hours  
New Begin:
- Deny Hours
- Invalidate Hours and Plans

OK Cancel



# 3. Plan Actions Screen

Plan Actions

Assessment Begin Date 05/17/2010		Valid Until 05/31/2011	
APD-In Home	Pending	05/18/2010	08/31/2010
Hours Segment	Pending	05/18/2010	08/31/2010
Plan	Pending	05/18/2010	08/31/2010

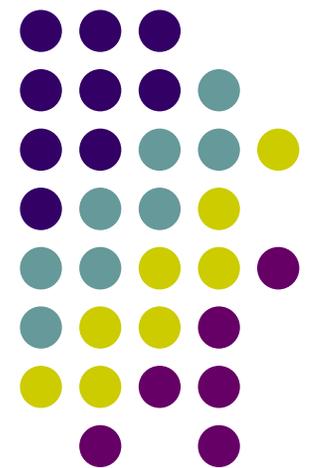
**Plan Action:**

- End Plan and Create a New Plan  
Current End:     New Begin:     New End:
- End Plan  
Current End:
- Create new Plan  
New Begin:
- Approve Plan
- Invalidate Plan

OK    Cancel

---

*CAPS Hours Segment*  
*Tiers of Security Rights*



# Security–CAPS Hours Segment

## 3 Tiers for Approval of Hours



### 1. Basic Level

- Case managers will have this level as standard security

### 2. Hours Tier 2

- Limited to Local Office Managers, Supervisors and/or Lead workers
- Complete SPD IUP form 784 for any staff using this level (must have both rights below)
  - Local office sub-administrators need to add both:
    - CAPS 2 – HR Exception T2 user group
    - CAPS 2 Asmt Stat Admin Act

### 3. Hours Tier 3

- Limited to Central Office approval of Exception Hours that exceed Hours Tier 2 Level of approval

# CAPS Hours Segment

## Tier 1 - Basic Level of Security



### Maximum Monthly Hours for ADL, IADL & 24 HR Availability

- Per OAR 411-030-0070 (2, 3 & 4)
- Hours authorized MUST be based on the service need of the client
- Case manager can authorize up to the maximum assessed hours
- Maximums are based on the assessment results (see example below)

#### Example of maximum mobility hours, based on assessment results:

- Minimal Assist Hours = max of 10 hours
- Substantial Assist Hours = max of 15 hours
- Full Assist Hour = max of 25 hours

# CAPS Hours Segment

## Tier 1 - What can this level do?



- Approve paid hours up to the maximum assessed hours by **NEED** (OAR 411-030-0070(1-8))
  - **Remember**: DO NOT enter natural support hours in the Hours Segment
- MUST approve the Benefits prior to approving the Hours Segment
- May invalidate an Hours Segment if:
  - The allowed hours are = to or > the maximum assessed hours by need
  - The begin date is a date in the future
- End or Deny an Hours Segment for Allowed or Exception hours
- Adjust Begin Date Forward for Approved or Ended Hour Segments

# CAPS Hours Segment

## Tier 2

### Higher Local Office Security



- **Purpose**: to meet documented **EXTRAORDINARY** needs for ADL, IADL & 24 Hour Availability hours (OAR 411-030-0070(9))
- Approve the Hours Segment for ADL, IADL & 24 Hour Availability hours above the Tier 1 limits (Tier 2 limits on next slide)
- Up to 85 IADL hours can be approved after considering the following:
  - Housekeeping based on a medical need (such as immune deficiency) **or**
  - Short-term extraordinary housekeeping services necessary to reverse unsanitary conditions that jeopardize the health of the individual **or**
  - Extraordinary needs in medication management or service-related transportation

# Tier 2 - What can this level do?

## - Two CAPS Override functions -



### 1. Security rights - CAPS 2 Asmt Stat Admin Act

- Update the assessment status for administrative reasons
- Approve a Benefit Segment with a begin date more than 31 days prior to the assessment date
- Invalidate an approved or ended Benefit Segment with a past begin date

( #2 on next slide )

# Tier 2 - What can this level do?

## - Two CAPS Override Functions -



### 2. Security rights - CAPS 2 – HR Exception T2 continued from previous page

- Approve Exception hours up to the Local Office Limit per OAR 411-030-0070(9) as follows:
  - 145 combined Total of ADL hours
  - 85 combined Total of IADL hours
  - 159 total maximum of 24 Hour Availability
- Approve the Hours Segment while the Benefit Segment is in Pending, Approved or Ended Status
- Invalidate an Hours Segment up to the Local Office Hours Limit (see first bullet above)
- End or Deny an Hours Segment for Allowed or Exception Hours (this is the same as the Basic Level):
- Adjust Begin Date Forward for Approved or Ended Hour Segments (this is the same as the Basic Level):

Requires Tier 3 approval if the limit is exceeded in any of these areas

# **CAPS Hours Segment**

## **Central Office (CO) Tier 3**

### **Level of Security**



### **Used for CO approval of in-home exception requests:**

- CO can approve monthly hours exceeding the Tier 2 limits of:  
(OAR 411-030-0070(9))
  - 145 - ADL Hours
  - 85 - IADL Hours
  - 159 - 24 Hour Availability Hours

# CAPS Hours Segment

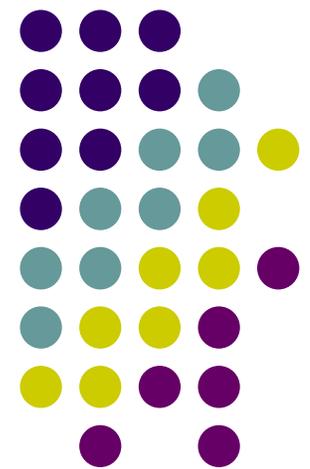
## Tier 3 - What can this level do?



- Approve Exception Hours without any limits
- Approve the Hours Segment while the Benefit Segment is in Pending, Approved or Ended Status
- Invalidate Exception Hours without any limits
- Deny any Hours Segment with any Exception Hours amount
- End or Deny Hours Segment for Allowed or Exception Hours (this is the same as the Tier 1 and Tier 2 level)
- Adjust Begin Date Forward for Approved or Ended Hour Segments (this is the same as the Tier 1 and Tier 2 level)

---

# *Needs Association*



# Needs Association



- Defaults with all the assessed Needs associated to the selected provider
- Must unselect Needs the provider will not be providing
  - Complete for each provider in the plan
  - To unselect needs, double click or highlight and drag
- Remaining Selected Needs will populate:
  - Task List
  - View/Assign Hours screen
  - Service Plan Form (SDS001N)

# Defaults to Selected Needs column



**Provider Needs Association**

Provider Name: TO BE SELECTED (In-Home Care (CEP))

Unselected Needs	Selected Needs
	Bathing Assist
	Bladder Assist
	Bowel Assist
	Breakfast Assist
	Housekeeping Assist
	Laundry Full assist
	Lunch Assist
	Medication Management Full assist
	Shopping Full assist
	Transportation Assist
	Transfers Assist

**Selected Needs**

OK Cancel

# Must Unselect Needs



**Provider Needs Association**

Provider Name: TO BE SELECTED (In-Home Care (CEP))

Unselected Needs		Selected Needs	
Ambulation	Assist	Bladder	Assist
Dinner / Supper	Assist	Bowel	Assist
Dressing	Assist	Housekeeping	Assist
Grooming	Assist	Laundry	Full assist
Personal Hygiene	Assist	Lunch	Full assist
Transportation	Assist	Shopping	Full assist
Medication Management	Assist	Transfers	Assist
Breakfast	Assist	Toileting	Full assist
Bathing	Assist		

**Unselected Needs** ← **Selected Needs**

**OK** **Cancel**

---

# *Task List*



# Task List



- Needs are pulled from the **Needs Association** screen to the Task List
- Each Need has specific Tasks associated to the need
- Must enter a check mark for all tasks approved for each provider in the plan before printing the Task List forms
- Validation Check Box must be checked before approving the plan
- **[Reset]** Button allows for editing tasks after the plan has been Approved

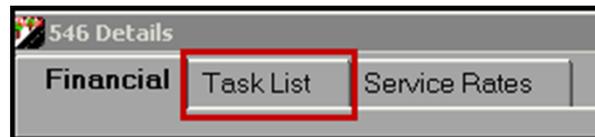


# Steps for the Task List

**Step 1:** Click on the Provider Detail button  (bottom right corner of the Service Planning screen)

**Step 2:** Click on the 546 Details button  from the Provider Detail screen

**Step 3:** Select the Task List tab from the 546 Details screen



**Step 4:** For each provider in the plan, add a check mark:

- a. For all tasks the provider will be completing for the client
- b. To the validation check box to verify all tasks have been reviewed and authorized

Click here to verify you have reviewed and authorized the Task List items.

# Screen print example of Task List Navigation



**Provider Detail**

Provider Nbr:  Class:

**Provider Name:**

Addr Line1:

Addr Line2:

City State Zip:

Tel Nbr:  Ext:

Fax Nbr:

**Dates**

Start Date:

End Date:

**Click on the 546 Details button to navigate to the Task List screen**

# Screen print example of Task List Navigation continued.....

A screenshot of a software window titled "546 Details". The window has three tabs: "Financial", "Task List", and "Service Rates". The "Task List" tab is selected and highlighted with a red box. A red arrow points from the "Task List" tab to the "Mileage Authorization per month:" field. The "Mileage Authorization per month:" field is a text input box. Below it, there is a "Frequency Schedule:" section with two radio button options: "Once(1x) per month" and "Twice(2x) per month". Below the radio buttons is a large empty text area labeled "Remarks:". At the bottom right of the window is a "Reset" button. At the bottom of the window are "OK" and "Cancel" buttons.

# Screen print example of Task List Navigation continued.....



546 Details

Financial **Task List** Service Rates

**Bladder**

- Toileting schedule
- Catheter Care
- Changing incontinence supplies
- Monitoring for infection
- Ostomy care

**Bowel**

- Digital stimulation
- Changing incontinence supplies
- Suppository insertion
- Toileting schedule
- Enemas

Click here to verify you have reviewed and authorized the Task List items.

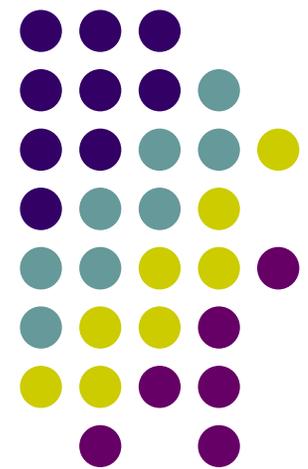
Remarks: Do not add tasks in the remarks section unless the task is supported by OAR

Reset

OK Cancel

---

*In-home*  
*Agency Plans*



# Special Consideration for In-Home Contract Agencies



To ensure agencies are paid at the correct rate, the following must be completed in the service plan:

## For IADL needs:

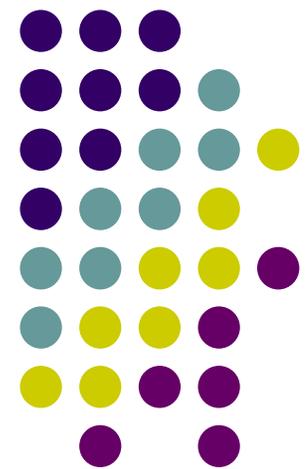
- Select the service of 'In-Home Care HK (Agency) Contract'
- Unselect unauthorized ADL needs from Needs Association
  - IADLs must be the only selected needs remaining in Needs Association
  - Exception: Med Management is paid as a PC service, not HK

## For ADL needs:

- Select 'In-Home Care PC (Agency) Contract'
- Unselect unauthorized IADL needs from Needs Association
  - ADLs must be the only selected needs remaining in Needs Association
  - Exception: Med Management is selected and paid as a **PC** service

---

# *Invalidation*



# Invalidating a “Benefit”



## Information for invalidating the service Benefits

- A “benefit” is the general service type the client is eligible to receive:

**For example:**

- APD-In Home
- APD-Residential

Assmt Date: 12/11/2011		Valid until: 12/31/2012		
Benefits		Ben Act		
Service Category/Benefit	Begin Date	End Date	Status	
APD-In Home	01/01/2012	12/31/2012	Pending	

- Invalidate the Benefit using the Ben Act button **Ben Act**. This process invalidates the Hours Segment & Plan at the same time.
- Tier 1 staff can invalidate Benefits with a **future begin date only**
- Tier 2 staff can invalidate all Benefits with a past, present or future begin date
  - Prior to invalidating a benefit, Tier 2 staff must ensure the reason to invalidate the Benefit is supported by OAR

# Invalidating an “Hours Segment”



## Information for invalidating the Hours Segment

- An “Hours Segment” is used to authorize paid hours for hours-based plans only

Hours Segments						
Hours #	Begin Date	End Date	Status	Alwd	Excp	View Dtl
1	01/01/2012	12/31/2012	Pending	103	0	Hrs Act

- Invalidate the Hours Segment using the Hrs Act button . This process invalidates the Plan section at the same time  
Note: the plan section is located below the Hours Segment section
- Tier 1 staff can invalidate an Hours Segment with these limits:
  - Up to the maximum assessed hours by need
  - Without any limit for hours with a begin date in the future
- Tier 2 staff can invalidate an Hours Segment up to the Local Office Hours Limit as follows:
  - 145 combined Total of ADL hours
  - 85 combined Total of IADL hours
  - 159 total maximum of 24 Hour Availability



# Invalidating a “Plan”

## Information for invalidating all services in a plan

- A “plan” is all the providers combined in the service plan

Plans For APD-In Home Benefit				( Read Only )	
Plan #	Begin Date	End Date	Status		
1	01/01/2012	12/31/2012	Pending		

Services For Plan #1						Pln Act
Row #	Services	Provider Name	Begin Date	End Date	Invalid Entry	
1	In-Home Care (HCW) Hou	TO BE SELECTED	01/01/2012	12/31/2012	<input type="checkbox"/>	
2	Home Delivered Meals (S	SENIOR TOWN HOUSE, H	01/01/2012	12/31/2012	<input type="checkbox"/>	
3	Natural Support - Hourly	DUCK, DONALD	01/01/2012	12/31/2012	<input type="checkbox"/>	

**Example:**  
All providers  
combined are  
considered  
Plan #1

- Invalidate all approved services in a plan at one time through the Plan Action button **Pln Act** toward the bottom of screen
- Note: This action will **not** invalidate the Benefit section (Benefit section is located in the top section of the service planning screen)
- Examples of reasons for invalidating a plan:  
(this not an all-inclusive list)
  - Inaccurate begin date for services in the plan
  - Incorrect provider name

# Invalidating a “Service”



## Information for invalidating one or more services in a plan

- A “service” is each individual provider listed in the plan

**Example:**  
Each of these 3 providers are a service in the plan

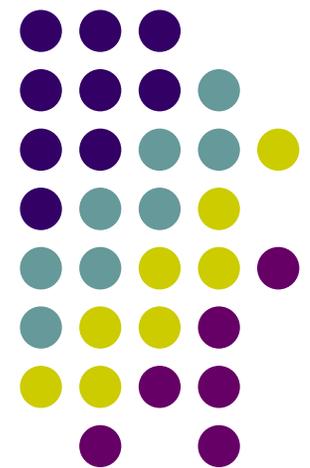
Row #	Services	Provider Name	Begin Date	End Date	Invalid Entry
1	In-Home Care (HCW) Hou	TO BE SELECTED	01/01/2012	12/31/2012	<input type="checkbox"/>
2	Home Delivered Meals (S	SENIOR TOWN HOUSE, H	01/01/2012	12/31/2012	<input checked="" type="checkbox"/>
3	Natural Support - Hourly	DUCK, DONALD	01/01/2012	12/31/2012	<input type="checkbox"/>

Invalidate a service with a check box

- Can not delete an individual service once it is selected:
  - Must “invalidate” individual services while plan is pending status, but NOT from approved plans
  - To Invalidate a specific service in a plan, select ‘Invalid Entry’
  - Narrate why service was invalidated

---

*Extending Benefits  
with Admin Status*



# Extend Service Benefit based on an Assessment in Admin Status



## After the assessment has been set to Admin Status (Don't forget to select a Status Reason)

- Extend the CAPS service benefit as follows:
  - Set up and approve a CAPS Service Plan starting at the Benefit level based on the Admin status assessment using dates necessary to extend the service plan
  - The process of approving the benefit will send an SELG record with the extended dates
  - Steps for extending the service plan are on the next slide

# Steps to Extend Service Benefits based on an Assessment in Admin Status



- Step 1:** Change assessment to Admin status following instructions in the Assessment section of these slides
- Step 2:** From the CAPS service planning area, select the Admin assessment that needs to be extended
- Step 3:** Click on the Benefits button to add a new service category/benefit type

Service Category/Benefit	Begin Date	End Date	Status
APD-In Home	05/13/2009	06/30/2010	Approved

**Note:** The Admin End Date displayed is the latest date available for extending the service plan (this date is later than the Valid Until date)

- Step 4:** Enter the Service Category/Benefit type that needs to be extended

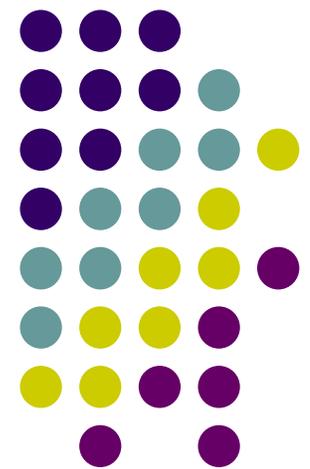
Service Category/Benefit	Begin Date	End Date	Status
APD-In Home	05/13/2009	06/30/2010	Approved
APD-In Home	07/01/2010	12/31/2010	Pending

- Step 5:** Model the Service Plan and enter the dates necessary to extend the benefit (follow instructions on slides to model a benefit)

- **Note:** The service plan may not be extended beyond the Admin End Date

---

# *Modeling Service Plans*



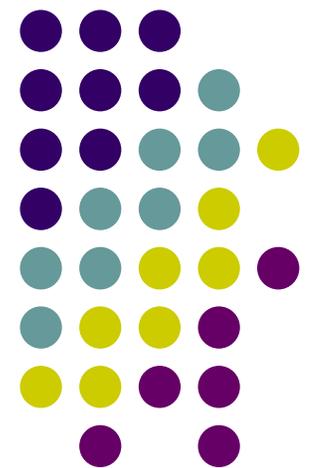
# Modeling Services



- Modeling is copying a previous plan to be used as a basis for the new plan
- Can only model plans based on the same assessment and service benefit category
  - One exception: CAN NOT model across different versions within the same assessment period
- Can model from Ended or Invalid plans
- Individual services can be deselected and not modeled

---

*Example of Modeling  
Service Benefit/Plan*



# Example of Modeling a Service Benefit and Plan



## STEP 1 – End the Benefit & Plan

**Benefit Eligibility and Service Planning**

Assmt Date: 07/24/2011

Benefits

Service Category

APD-Residential	07/31/2011	07/31/2011	Ended
APD-In Home	08/01/2011	07/31/2012	Pending

**Hours Segments**

Hours #	Begin Date	End Date	Status	Alwd	Excp	View Dtl
1	00/00/0000	07/31/2012	Pending			View Dtl

**Plans For APD-In**

Plan #	Begin Date
1	00/00/0000

Services For Plan #1

Row #	Services	Provider Name	Begin Date	Date	Invalid Entry
1				07/31/2012	<input type="checkbox"/>

**Step 2:** Client moved back home and a new service benefit type needs to be added:  
- Select "APD In-Home" from drop-down list

**Step 3:** To copy the previous APD In-home Hour Segment, Plans, Needs Assoc, Task Lists & Hours Assignment, click into & highlight each section of this screen. Do Not enter any information until after the plan has been modeled in Step 4, 5 & 6.

**Step 4:** Select the [Model] button

Plan Summary  
Model

Provider Search Needs Association View/Assign Hours Provider Detail



# Modeling Steps ..... continued

**Step 5**  
**&**  
**Step 6**

**Model Services**

Benefit Type	Begin Date	End Date	Status
APD-In Home	07/24/2011	07/30/2011	Ended

**Step 5 - Starting from the top, select or unselect any items to model (copy) to the service planning screen**

Hours No	Begin Date	End Date	Status
1	07/24/2011	07/30/2011	Ended

Plan No	Begin Date	End Date	Status
1	07/24/2011	07/30/2011	Ended

Service Type	Provider	Begin Date	End Date	Status
In Home Care (HCW) Hourly	TO BE SELECTED	07/24/2011	07/30/2011	Ended
Home-Delivered Meals	SENIOR TOWN HOUSE, HDI	07/24/2011	07/30/2011	Ended

**Step 6 - Click OK when done**

OK Cancel



# Step 7 - Approve Modeled Benefit & Plan

Approve the Benefit Level 1<sup>st</sup>, then Hrs Segment & then Plan

**Benefit Eligibility and Service Planning**

Assmt Date: 07/24/2011      Valid until: 07/31/2012

**Benefits** Ben Act

Service Category/Benefit	Begin Date	End Date	Status
APD-Residential	07/31/2011	07/31/2011	Ended
APD-In Home	08/01/2011	07/31/2012	Approved

**Hours Segments**

Hours #	Begin Date	End Date	Status	Alwd	Excp
1	08/01/2011	07/31/2012	Approved	39	0

**Plans For APD-In Home Benefit** (Read Only)

Plan #	Begin Date	End Date	Status
1	08/01/2011	07/31/2012	Approved

**Services For Plan #1** Pln Act

Row #	Services	Provider Name	Begin Date	End Date	Invalid Entry
1	In-Home Care (HCW) Hou	TO BE SELECTED	08/01/2011	07/31/2012	<input type="checkbox"/>
2	Home Delivered Meals (S	SENIOR TOWN HOUSE, H	08/01/2011	07/31/2012	<input type="checkbox"/>
3	Natural Support- Hourly	NEIGHBOR, JOLENE	08/01/2011	07/31/2012	<input type="checkbox"/>

Provider Search    Needs Association    View/Assign Hours    Provider Detail

**Left Panel:**

Select Assessment: 07/24/2011 XIX (Comp)

Assessment Type: Title XIX

Review Date: 07/31/2012

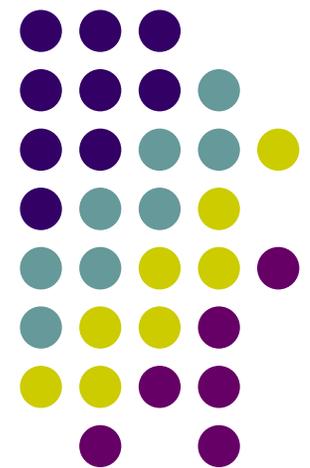
Status: Completed

Assessment by: Training, almighty

Buttons: Referrals, Plan Summary, Model

---

*Modeling Used to  
Change Providers*





# Steps for Changing Providers

**Step 1:** When changing providers, Do NOT end the Benefit Level or the Hours Segment Level

**Step 2:** From the CAPS service planning area, click on the Plan Action button



Services For Plan #1						Pln Act
Row #	Services	Provider Name	Begin Date	End Date	Invalid Entry	
1	In-Home Care (HCW) Hou	TO BE SELECTED	01/01/2012	12/31/2012	<input type="checkbox"/>	
2	Home Delivered Meals (S)	SENIOR TOWN HOUSE, H	01/01/2012	12/31/2012	<input type="checkbox"/>	
3	Natural Support - Hourly	DUCK, DONALD	01/01/2012	12/31/2012	<input type="checkbox"/>	

**Step 3:** From the Plan Actions screen, select the radio button [End Plan and Create a New Plan], enter dates and click the [OK] button

Plan Action:

End Plan and Create a New Plan

Current End: 01/15/2012      New Begin: 01/16/2012      New End: 12/31/2012



**Step 4:** Do NOT select services yet – Leave a line blank (steps continue on next slide)

Row #	Services	Provider Name	Begin Date	End Date	Invalid Entry
1			01/16/2012	12/31/2012	<input type="checkbox"/>



# Steps for Changing Providers

continued.....



**Step 5:** Click the Model button (bottom, left side of screen) This brings up the Model Services screen



**Step 6:** Starting from the top of the Model Services screen, select (or unselect) in the following order:

1. Benefits
2. Hours Segment
3. Plan
4. Services in the Plan.

Benefit Type	Begin Date	End Date	Status
APD-In Home	01/01/2012	12/31/2012	Approved

Hours No	Begin Date	End Date	Status
1	01/01/2012	12/31/2012	Approved

Plan No	Begin Date	End Date	Status
1	01/01/2012	01/15/2012	Ended

Service Type	Provider	Begin Date	End Date	Status
In Home Care (HCW) Hour	TO BE SELECTED	01/01/2012	01/15/2012	Ended
Home-Delivered Meals	SENIOR TOWN HOUSE, HD	01/01/2012	01/15/2012	Ended

**#4 Note:** ensure the provider being replaced remains selected (the provider will be changed on a later step)

**Step 7:** Click the [OK] button . This action brings your selections back to the service planning screen (steps continue on next slide)



# Steps for Changing Providers

continued.....

**Step 8:** From the service planning screen:

- Highlight the provider row that needs to be changed
- Click on the Provider Search button



Row #	Services	Provider Name	Begin Date	End Date	Invalid Entry
1	In-Home Care (HCW) Hou	TO BE SELECTED	01/16/2012	12/31/2012	<input type="checkbox"/>
2	Home Delivered Meals (S	SENIOR TOWN HOUSE, H	01/16/2012	12/31/2012	<input type="checkbox"/>
3	Natural Support - Hourly	DUCK, DONALD	01/16/2012	12/31/2012	<input type="checkbox"/>

Buttons: Provider Search, Needs Association, View/Assign Hours, Provider Detail

**Step 9:** Select the radio button [Find Provider] and click the [OK] button to enter the Provider Search screen



Provider Search

Search

SSN/TIN:  OMAP/MMIS Prov Nbr:

Last Name:  First:  City:

Business:  Type: In-Home Care (CEP)

Sounds Like:  Active Providers  All Providers

Prov. Type (Ind) is: P = Primary, J = Joined Reference Provider

Search Clear

(steps continue on next slide)



# Steps for Changing Providers

continued.....

**Step 10:** Replace the previous provider by searching for the new provider:

- Once provider is located, highlight and add the new provider by clicking on the [Add to Assessment] button 
- This action brings the new provider back to the service planning screen, as well as copied the Needs Association, assignment of hours and Task List selections from the previous provider.

Row #	Services	Provider Name	Begin Date	End Date	Invalid Entry	Pln Act
1	In-Home Care (HCW) Hou	SMITH, SARA	01/16/2012	12/31/2012	<input type="checkbox"/>	
2	Home Delivered Meals (S	SENIOR TOWN HOUSE, H	01/16/2012	12/31/2012	<input type="checkbox"/>	
3	Natural Support - Hourly	DUCK, DONALD	01/16/2012	12/31/2012	<input type="checkbox"/>	

**Step 11:** Click on the [Provider Detail] button  to enter the Provider Detail screen

(steps continue on next slide)

# Steps for Changing Providers

continued.....



**Step 12:** From the Provider Detail screen, click the [546 Details] button  to enter the 546 Detail screen

**Step 13:** From the 546 Details screen, update the information on these tabs:



**Financial tab** – this info is carried over to the 546N In-home Service Plan form

**Task List tab** – add (or delete) any tasks this provider will be completing. This carries over to the 598N Task List form

- Verify the task list has been reviewed & tasks authorized by checking the validation check box.



**Note:** this needs to be done for each HCW & agency in the plan

- Click the [OK] button  to return to the Provider Detail screen



# Steps for Changing Providers

continued.....

**Step 14:** From the Provider Detail screen, click the [OK] button  to return to the service planning screen

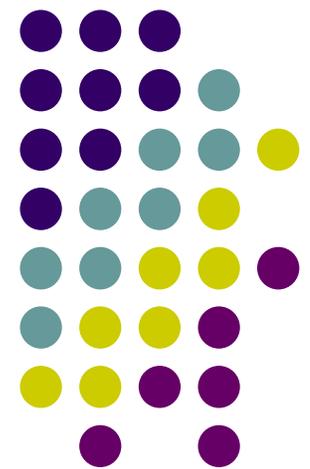
**Step 15:** To approve the plan, click on the Plan Actions [Pln Act] button  to enter the Plan Actions screen

**Step 16:** From the Plan Actions screen, click on the radio button [Approve Plan]  and click the [OK] button  to return to the approved service plan area

**You have now changed a provider through Modeling**

---

# *Overlapping Dates*



# Service Planning Overlapping Dates



## Cannot approve the following if the dates overlap:

- Benefits
  - Hours Segments
  - Plan with services
- 
- Eliminate overlapping dates by ending the previous Benefit, Hours Segment or Plan with a date prior to the new begin date.

---

*(SPPC) State Plan  
Personal Care*



# State Plan Personal Care - SPPC



- Must set up CAPS service plans based on the assessment tool specifically designed for SPPC services:
  - SPPC has it's own assessment wizard, based on SPPC OAR. Note: a different set of rules is used for the SPL assessment
- The CAPS Service Category/Benefit types are as follows:
  - BPA – use for Aged and Physically Disabled individuals
  - BPO – use for OHP only and TANF individuals

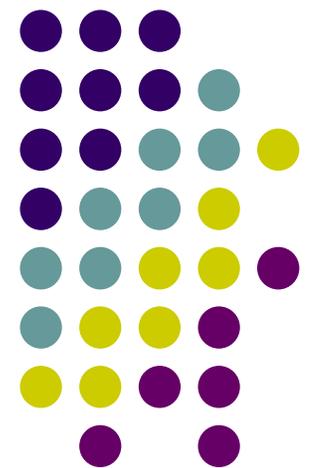
# Forms used for State Plan Personal Care – SPPC



- The State Plan Personal Care (SPPC) Service Plan and Task List 546PC form serves as both:
  - The Task List ***and***
  - For approving hours for processing HCW and in-home agency vouchers
- The 546PC form is located on the DHS form server only
- 546N form is NOT used for SPPC

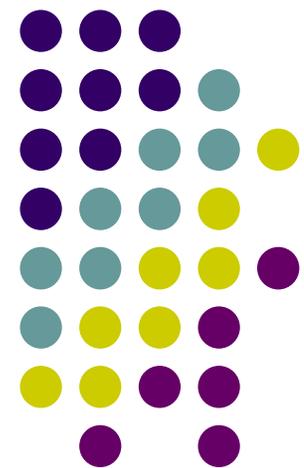
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*70B Buckley Bill Notice  
& Reports used for  
Reassessments Due*



---

# *70B Buckley Bill Notice*



# Buckley Bill Notice Requirements



## OAR 411-015-0008(1)(e) and (f):

- (e) Effective July 1, 2006, individuals will be sent a notice of the need for re-assessment a minimum of fourteen (14) days in advance. Re-assessments based on a change in the individual's condition or needs are exempt from the 14-day advance notice requirement.
- (f) The individual being assessed may request the presence of natural supports at any assessment.

## Transmittals:

- **PT-10-039** - Update on the Buckley Bill Notice Requirements and the View Direct Reports for assessments due, past due and coming due
- **PT-06-024** – Assessments

# Buckley Bill Notice Requirements

continued.....



## **General notice information:**

- Individual must receive an automatic or manually generated 70B notice at least 14 days prior to the assessment date
- Administrative Hearings – without a 70B Buckley Bill Notice, the Department may not be upheld in a hearing
- 70B notice is not required if an immediate re-assessment is needed due to a sudden, urgent increase in need. This notice is not intended to penalize the individual by having to wait 14 days

# Early Re-assessments may require a manual 70B Notice



## When are automatic system generated notices sent?

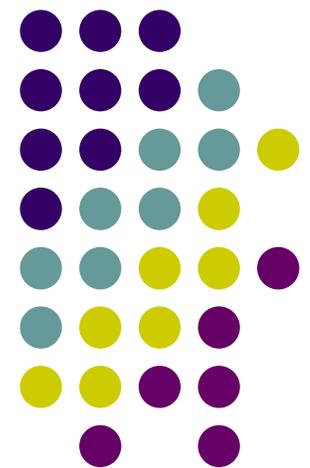
- Mid-month, the month before the CAPS service benefit category end date.

## When must a manual notice be sent?

- Case managers must send a 70B notice for clients being re-assessed prior to the automatic notice being sent.
- Reminder: Notice not required if an immediate re-assessment is needed due to a sudden, urgent increase in need. The notice is not intended to penalize the individual by having to wait 14 days.

---

*View Direct Report  
for Re-Assessments*



# Assessment Due Reports



## For information & list of assessments due:

- Transmittal: SPD-IM-10-021
  - SJC3080R-A Assessments Due and Past Due
  - SJC3080R-B Assessments Coming Due
- } View  
Direct  
Reports

## Do NOT use the CAPS2 Assessment Review Report:

- This report displays inaccurate due dates for reassessments

# Using View Direct Reports for Assessments Due



See—IM-10-024: View Direct Reports for assessments due, past due and coming due

## Two View Direct Reports

1. SJC3080R-A: Assessments Due and Past Due
  - Pulls all assessments due in the current and previous two months
2. SJC3080R-B: Assessments Coming Due
  - Pulls all assessments due in the two months following the current month

## How to Preview View Direct Reports on the mainframe

1. Type: RD2 [ENTER]
2. Next [ENTER] after inputting:
  - a. Recipient ID: Type HS and Branch # - for example HS3518
  - b. Password: Branch # - for example 3518
3. Select one of the two reports listed above

# View Direct Reports



```
COMMAND ==>                                     TIME: 110146
*** ViewDirect ***
      VIEWING MENU
RECIPIENT ID: hs3518 _____
PASSWORD:      █
ACCESS OPTIONS:  R   (R/T)           R=REPORT
                                           T=TOPIC
REPORT/TOPIC/QUEUE ID: _____
VERSION:        _____
SECTION:        _____
DISPLAY LIST OF REPORTS/TOPICS: YES (YES/NO)
DISPLAY LIST OF VERSIONS:     YES (YES/NO)
DISPLAY SECTION INDEX:       NO  (YES/NO)
PF01=HELP   PF02=PRINT   PF03=END   PF04=MENU   PF05=RFIND   PF06=MARK
PF07=UP     PF08=DOWN    PF09=      PF10=LEFT  PF11=RIGHT  PF12=QUIT
4-©         1 Sess-1     127.0.0.1          HTCP5420      7/20
```



# View Direct Reports – continued....



```
0725I-BEGINNING OF REPORTS
COMMAND ==>                                     TIME: 110525
*** REPORTS ***

OPTION REPORT ID  REPORT NAME
-----
RIN6202    DISTRIBUTION CROSS REFERENCE BY RECIPIENT
X  SJC3080R-A ASSESSMENTS DUE AND PAST DUE
X  SJC3080R-B ASSESSMENTS COMING DUE
SJC3200R-A BPD AND BPM CLIENTS SERVICES ENDING IN 60 DAYS
SJD2010E-A PROVIDER RATE TABLE LOOKUP REPORT
SJD2450R-A JD PROVIDER REMITTANCE ADVICE
SJD3020R-A EXPIRING CBC RATE EXCEPTIONS, NON RELATIVE
SJD3020R-B EXPIRING CBC RATE EXCEPTIONS, RELATIVE
SJD3250R-A 90-DAY CONTRACT RENEWAL FOR AFC PROVIDERS
SJD3510R-A CURRENT SSD 512 CLIENTS
SJD8020U-A PENDING RECORDS
SJD9020X-A PRINT RECORD SPLIT-ERROR LIST
SJD9030R-A NON-SUSPENDED CONVERTED RECORDS
SJD9030R-B SUSPENDED CONVERTED RECORDS
SJD9050R-A NON-CONVERTED RECORDS

PF01=HELP   PF02=PRINT   PF03=END     PF04=MENU    PF05=RFIND   PF06=MARK
PF07=UP     PF08=DOWN    PF09=       PF10=LEFT   PF11=RIGHT   PF12=QUIT

4-©          1 Sess-1    127.0.0.1          HTCP5420     $ 10/5
```



# Same Date used to pull View Direct Reports & the 70B Buckley Notice



Case for OCTOBER TWENTYEIGHTH ( Case Branch : Hermiston MSO )

### Benefit Eligibility and Service Planning

Assmt Date: 09/28/2010 Valid until: 09/30/2011

Select Assessment: 09/28/2010 XIX (Comp)

Assessment Type: Title XIX

Review Date: 09/30/2011

Status: Completed

Assessment by: Training, almighty

Referrals

Plan Summary

Model

Service Category/Benefit	Begin Date	End Date	Status
APD-Residential	09/28/2010	03/30/2011	Approved

Both the View Direct Reports & the 70B Buckley Notice (for Assessments Due) use the End Date from the CAPS Benefit & SELG mainframe record

Status	Alwd	Excp
N/A	0	0

Plans For APD-Residential Benefit ( Read Only )

Plan #	Begin Date	End Date	Status
1	09/28/2010	03/30/2011	Approved

Services For Plan #1

Row #	Services	Provider Name	Begin Date	End Date	Invalid Entry
1	Adult Foster Care (AF001)	HENDERSHOT, NINA	09/28/2010	03/30/2011	<input type="checkbox"/>

Provider Search Needs Association View/Assign Hours Provider Detail

# CAPS Benefit eligibility carries over to SELG Mainframe Screen



```

SELG TG700N4G          CAPS and Non-CAPS Service Eligibility Query      10/28/2010
Prime #  TG700N4G  Recip: TWENTYEIGHTH, OCTOBER
                               Svc Bnft                               Cor
Sel   Beg Date  End Date  Cat Plan  Lst Update  Racf Id   Rsn Branch  Source
-     09/28/2010 03/30/2011 APD      10/28/2010 HSTRMG2  INL  3013  CAPS
    
```

Both the View Direct Reports & the 70B Buckley Notice (for Assessments Due) use the End Date from the CAPS Benefit & SELG mainframe record

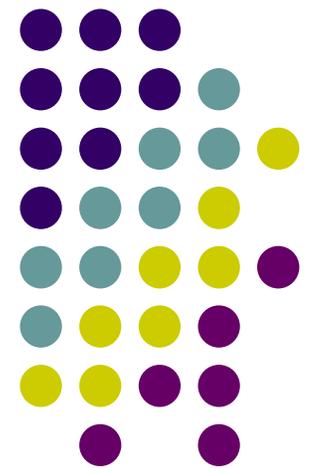
```

Msg
F1=HELP      F2=SSEQ      F4=SL01      F14=SSQ1     F16=SL04
F5=SL03 add  F6=SSEU add   F10=Update   F11=SL06/SSER F12=SLTC
4-©          1 Sess-1     170.104.128.11  HTCP1490     1/7
    
```

---

*Tier 2 – Local Office*

*Override Functions*



# Tiers of Security



## Tier 1:

- Basic Level – all case managers have this level as standard security

## Tier 2:

- Limited to Local Office Managers, Supervisors and/or Lead workers
- Complete SPD IUP form # 784 for any staff using this level

Local office sub-administrators must add both of the following to have all Tier 2 rights:

1. CAPS 2 – HR Exception T2 user group
2. CAPS 2 Asmt Stat Admin Act

## Tier 3:

- Limited to Central Office for approval above Tier 2 Level

# CAPS Hours Segment

## Tier 2

### Higher Local Office Security



- **Purpose**: to meet documented **EXTRAORDINARY** needs for ADL, IADL & 24 Hour Availability hours (OAR 411-030-0070(9))
- Approve the Hours Segment for ADL, IADL & 24 Hour Availability hours above the Tier 1 limits (Tier 2 limits on next slide)
- Before approving extraordinary IADL hours, consider whether the IADL need is:
  - A housekeeping based on a medical need (such as immune deficiency) **or**
  - A short-term extraordinary housekeeping services necessary to reverse unsanitary conditions that jeopardize the health of the individual **or**
  - Extraordinary needs in medication management or service-related transportation

# Tier 2 - What can this level do?

## - Two CAPS Override functions -



### 1. Security rights - CAPS 2 Asmt Stat Admin Act

- Update the assessment status for administrative reasons
- Approve a Benefit Segment with a begin date more than 31 days prior to the assessment date
- Invalidate an approved or ended Benefit Segment with a past begin date

( #2 on next slide )

# Tier 2 - What can this level do?

## - Two CAPS Override Functions -



### 2. Security rights - CAPS 2 – HR Exception T2

- Approve Exception hours up to the Local Office Limit per OAR 411-030-0070(9) as follows:
  - 145 combined Total of ADL hours
  - 85 combined Total of IADL hours
  - 159 total maximum of 24 Hour Availability
- Approve the Hours Segment while the Benefit Segment is in Pending, Approved or Ended Status
- Invalidate an Hours Segment up to the Local Office Hours Limit (see first bullet above)
- End or Deny an Hours Segment for Allowed or Exception Hours (this is the same as the Basic Level):
- Adjust Begin Date Forward for Approved or Ended Hour Segments (this is the same as the Basic Level):

Requires Tier 3 approval if the limit is exceeded in any of these areas

# **CAPS Hours Segment Central Office (CO) Tier 3**



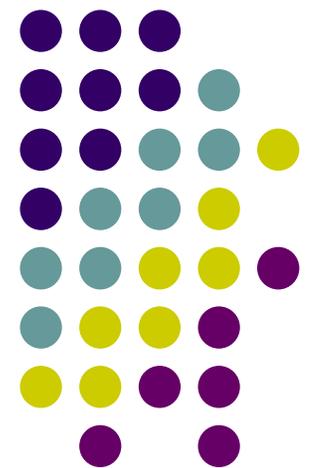
## **Used for CO approval of in-home exception requests:**

- CO can approve monthly hours exceeding the Tier 2 limits of:  
(OAR 411-030-0070(9))
  - 145 - ADL Hours
  - 85 - IADL Hours
  - 159 - 24 Hour Availability Hours

---

# *Tier 2 - Assessment*

## *Override Functions*



# Tier 2 Assessment Override functions *and* Status Reasons



- **Must have Tier 2 security rights to override assessment statuses as follows:**
  - Incomplete → Pending → Complete or Incomplete
  - Completed → Pending → Complete or Incomplete
  - Invalid → Complete → Pending or Invalid
  - Administrative - see next slide on administrative status
- **Prior to overriding the assessment status, invalidate service benefits attached to the assessment**
- **Tier 2 local office staff have rights to invalidate all CAPS service benefits:**
  - This includes
    - Pending
    - Ended
    - Approved
  - **Ensure all OAR criteria is met before invalidating service benefit/plans<sup>178</sup>**

# Tier 2 Assessment Override for Administrative Status



## Purpose of Administrative Status:

To extend expired or ending “Valid Until” dates for service planning purposes only

## Three Admin Status Reasons:

- One of these reasons must be selected in order to extend the service plan

### **1. Untimely Reassessment**

allows extension of Service Benefit for 1 month beyond Assessment Valid Until date

### **2. 10 day Notice Period**

allows extension of Service Benefit for 1 month beyond Assessment Valid Until date

### **3. Hearing Request With APP (APP=Aid Paid Pending)**

allows extension of Service Benefit for up to 6 months beyond assessment Valid Until date

# Steps to override an Assessment Status



**Step 1:** Click on the CAPS Book  icon from the toolbar

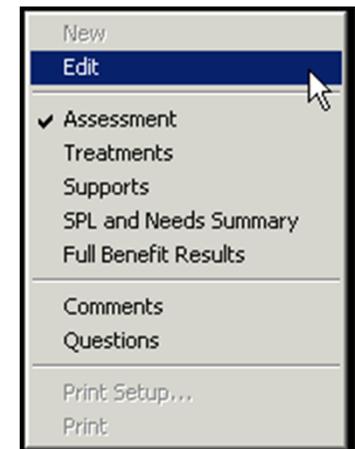
**Step 2:** Select Assessments from the CAPS Menu

**Step 3:** Highlight to select the assessment you wish to edit



**Step 4:** Right click on the highlighted assessment

- This brings up a pop-up menu of items to select – Click on “Edit”



**Step 5:** Select the status needed from the “Assessment Status” drop-down menu

**Note:** It may be an indicator that a service plan exists if the status is not available in the drop-down list.



**Note:** Steps for Admin status only are continued on next slide

# Override Steps for Admin Status only continued.....



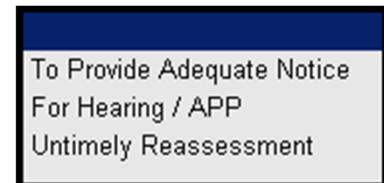
**Step 6:** Follow Steps 1 - 5 from previous slide

**Step 7:** Select “Administrative Status” from drop-down menu (see step 5)

**Step 8:** Select “Status Reason” from the drop-down menu

## IMPORTANT:

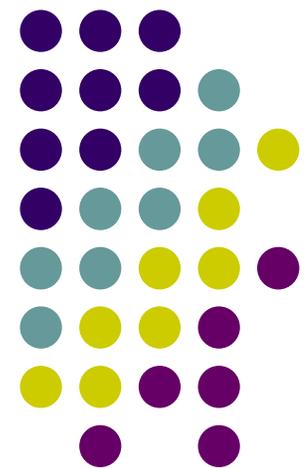
- A “status reason” must be selected →
- The “status reason” generates the length of time the CAPS service benefit can be extended.



# *Tier 1 – Extending the Service Benefit/Plan*

*(typically completed by the Tier 1 case manager staff)*

*based on  
Administrative Status  
Assessment*



# Steps to Extend Service Benefits based on an Assessment in Admin Status



**Step 1:** Change assessment to Admin status following instructions in the Assessment section of these slides

**Step 2:** From the CAPS service planning area, select the Admin assessment that needs to be extended (left side of screen)

**Step 3:** Click on the Benefits button to add a new service category/benefit type

Select Assessment  
06/13/2009 XIX (Admin) ▼  
Step 2: Select the Admin Assessment needed

Benefit Eligibility and Service Planning  
Assmt Date: 06/13/2009 Valid until: 06/30/2010 Admin End Date: 12/31/2010  
Benefits Step 3: Click on Benefits button Ben Act

Service Category/Benefit	Begin Date	End Date	Status
APD-In Home ▼	05/13/2009	06/30/2010	Approved

**Note:** The Admin End Date displayed is the latest date available for extending the service plan (this date is later than the Valid Until date)

**Step 4:** Enter the Service Category/Benefit type that needs to be extended

Service Category/Benefit	Begin Date	End Date	Status
APD-In Home ▼	05/13/2009	06/30/2010	Approved
APD-In Home ▼	07/01/2010	12/31/2010	Pending

**Step 5:** Model the Service Benefit, Hours Segment and Plan using the dates needed to extend the service benefit.

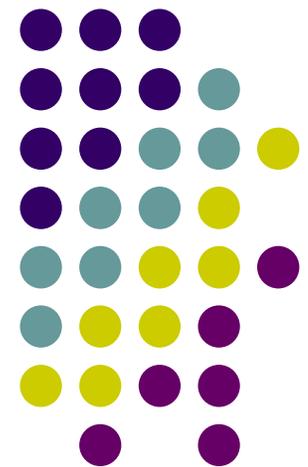
**Step 6:** Approve the Benefit section – this action will send assessment & service benefit information to the SELG mainframe screen.

**Step 7:** Approve the Hours Segment and the Plan section

## *Tier 2*

---

# *Invalidating Service Benefit Override Functions*



# Invalidating a “Benefit”



## Information for invalidating the service Benefits

- A “benefit” is the general service type the client is eligible to receive:

**For example:**

- APD-In Home
- APD-Residential

Assmt Date: 12/11/2011		Valid until: 12/31/2012	
Benefits		Ben Act	
Service Category/Benefit	Begin Date	End Date	Status
APD-In Home	01/01/2012	12/31/2012	Pending

- Invalidate the Benefit using the [Ben Act] button **Ben Act**. This process invalidates the Benefit, Hours Segment & Plan at the same time.
- Tier 1 staff can invalidate Benefits with a **future begin date only**
- Tier 2 staff can invalidate all Benefits with a past, present or future begin date
  - Prior to invalidating a benefit, Tier 2 staff must ensure the reason to invalidate the Benefit is supported by OAR

# OAR 411-027-0025(2)(c) for AFH, RAFH & RCF Add-ons



When invalidating a service benefit for the purpose of adding new information to the assessment, ensure correct application of OAR 1<sup>st</sup> :

## 1. ADL Add-on:

- Full assist in mobility or eating or elimination

## 2. Behavior Add-on:

- Behaviors that pose a risk to the individual or to others & the provider must consistently intervene to supervise or redirect

## 3. Complex Medical Add-on

- Medical Treatments (per CAPS) *and*
- Requires daily observation & monitoring with oversight by a licensed healthcare professional, no less than quarterly **AND** the facility has trained staff to provide the service **AND** does provide the service

*Tier 2*

---

***NEW***

***Approving Benefits***

***effective 5-6-13***



# Date Parameter Benefit Approval Limits



## Tier 1 Benefit Approval

- Authorized to approve using a begin date up to 30 days prior to the Assessment date

## Tier 2 Benefit Approval

- Authorized to approve using any begin date in the past (ie, no limitations)

**Prior to approving any BENEFITS, ensure all OAR requirements are met  
(See following slides with OAR criteria that must be met)**

# NEW to Tier 2 - Benefit Approval using a Begin Date before the Assessment Date



**Benefit Eligibility and Service Planning**

Assmt Date: 04/11/2013 Valid until: 04/30/2014

**Benefits** Ben Act

Service Category/Benefit	Begin Date	End Date	Status
APD-Residential	03/01/2013	04/30/2014	Approved

**Hours Segments**

Hours #	Begin Date	End Date	Status	Alwd	Excp
1	00/00/0000	00/00/0000	N/A	0	0

**Plans For APD-Residential Benefit** (Read Only)

Plan #	Begin Date	End Date	Status
1	03/01/2013	04/30/2014	Approved

**Services For Plan #1** Pln Act

Row #	Services	Provider Name	Begin Date	End Date	Invalid Entry
1	Assisted Living Facility (LF	GREENRIDGE ESTATES A	03/01/2013	04/30/2014	<input type="checkbox"/>



# OARs pertaining to approving a benefit using a “Begin Date” prior to the Assessment Date

1. **OAR 461-135-0750 - Eligibility for Individuals in Long-Term Care or Waivered Services; OSIPM**
2. **OAR 461-180-0040(2)(b) – Effective dates for individuals residing in, or will reside in a CBC facility or nursing facility is the *later* of the following:**
  - The date of request for services; or
  - The date the individual begins residing in the community-based facility setting or nursing facility.
3. **OAR 461-180-0040(2)(a) and 411-030-0040 – Effective dates for In-home services**
  - **OAR 461-180-0040(2)** - For in-home services the effective date is the date the Department authorizes the service plan. An authorized service plan must:
    - Specify the date when services will begin (this date cannot be prior to the date that the service plan is completed) and the maximum number of hours authorized; and
    - Identify the enrolled homecare worker or contracted in-home care agency the client has *employed* to provide the authorized services. For the purposes of this paragraph, *employed* means that the homecare worker or agency has agreed to provide the services as authorized by the service plan.
  - **OAR 411-030-0040** - To be eligible for the Home and Community-Based Services Waivered In-Home Services Program, an individual must:
    - Employ an enrolled homecare worker or contracted in-home care agency to provide the services prior authorized and paid for by APD. To be eligible for the Independent Choices Program, participants must employ an employee provider or contracted in-home care agency.
    - Initial eligibility for waived in-home services or the Independent Choices Program may not begin until a service plan has been authorized. The service plan must identify the provider who delivers the authorized services, and must include the date when the provision of services begins and the maximum number of hours authorized.

# Contacts & Resources



- **DHS Service Desk**
  - (503) 945-5623
- **CAPS Tools**
  - Located on the APD Case Management Website at:
  - <http://www.dhs.state.or.us/spd/tools/cm/index.htm>
- **Suzy Quinlan, Operations & Policy Analyst**
  - APD Medicaid LTC Systems Unit
  - (503) 947-5189