

CAPS 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

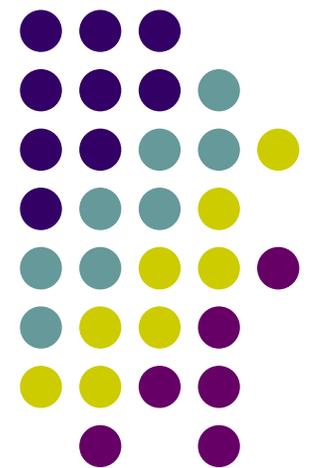
CAPS Hours Segment **Central Office (CO) Tier 3**



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** 8

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

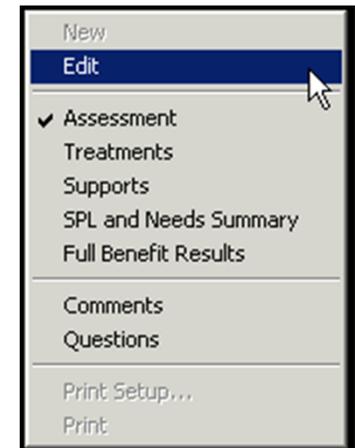
Step 2: Select Assessments from the CAPS Menu

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:

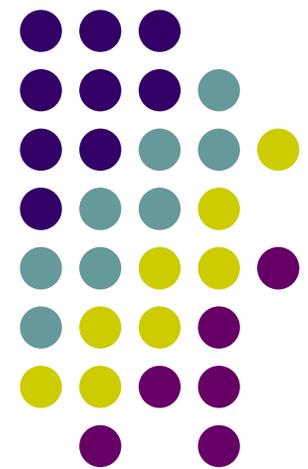
- A “status reason” must be selected 
- The “status reason” generates the length of time the CAPS service benefit can be extended.



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

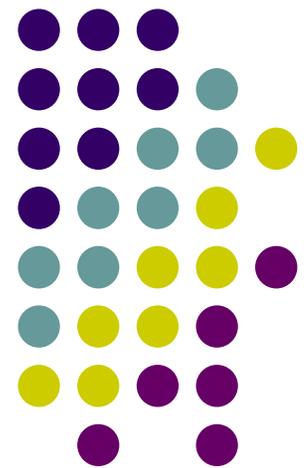
Step 5: Model the Service Benefit, Hours Segment and Plan using the dates needed to extend the service benefit.

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 1st :

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

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)**

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



Select Assessment
04/11/2013 XIX (Comp)

Assessment Type:
Title XIX

Review Date:
04/30/2014

Status:
Completed

Assessment by:
Granados, Diana

Referrals

Plan Summary

Model

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"/>

Provider Search
 Needs Association
 View/Assign Hours
 Provider Detail



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