

In-Home Care Exceptional Needs Calculator Form Directions

- The In-Home Care Exceptional Needs Calculator was created to in calculating the number of exceptional hours needed for consumers. The following is a detailed explanation of how to use the tool.

1. You will need to determine the duration in minutes and frequency per day for each need. The Calculator will calculate the number of hours per day and per month needed to meet each need.

- Only include hours needed for paid supports

2. Once the duration and frequency information is entered on the Calculator you will then need to enter the number of Allowed Hours under the 'Allowed Hours' column. This information is found in the 'Hours Authorization Segment' in OA.

	A	B	C	D	E	F	G
1	In Home Care Exceptional Needs Calculator						
2	Client Name:	John Doe			Prime #:	AB235C6D	
3		Duration (Minutes)	Frequency per day	Hours	Hrs. per month	Allowed Hours	Exception Hrs.
4	Bath	20	1	0.3333	10.333		10
5	Oral Care	5	2	0.1667	5.1667		5
6	Shaving	10	0.14	0.0233	0.7233		1
7	Total	35	3.14	0.5233	16.223	25	0
8	Bowel	15	2	0.5	15.5		16
9	Bladder	10	4	0.6667	20.667		21
10	Toileting	10	4	0.6667	20.667		21
11	Total	35	10	1.8333	56.833	25	32
12	Cognition	5	10	0.8333	25.833		26
13	Total	5	10	0.8333	25.833	20	6

Note: For frequency per day, use 0.5 for every other day; 0.28 for twice per week, and 0.14 for once per week. Only enter data in the YELLOW fields.

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3. The Calculator shows under the 'Exception Hrs.' column the number of exceptional hours needed for each need. You do not need to request all hours if there are other supports available or mitigating factors (i.e., natural supports or assistive technology).

Hours Authorization Segment							
In Home Hours		Status: Pending	Begin Date: 04/01/2015		End Date: 03/31/2016		
Type	Need	Assist level	Asmt Hrs	Alwd Hrs	Rem Hrs	Excp Hrs	Reason
24-hour	24 Hour Availability	Full	159	0	159	0	Declined
ADL	Bath/Personal Hygiene	Full	25	25	0	6	
	Bowel/Bladder	Full	25	25	0	32	
	Cognition	Full	20	20	0	6	
	Dressing/Grooming	Full	20	20	0	1	

➤ The bottom of the form indicates the total calculated hours which should match the time requested in the Hours Segment in OA.

31	Total	20	3	0.5	15.5	20	0
32	Med Mgmt	5	3	0.25	7.75		8
33	Shopping	60	0.14	0.14	4.34		4
34	Transportation	15	0.14	0.035	1.085		1
35	Total	80	3.28	0.425	13.175	17	0
36	IADL Total	135	9.28	1.5083	46.758	85	0
37	Total Hrs. Needed	300	53.56	9.5433	295.84	230	113

38 **NOTE:** For frequency per day, use 0.5 for every other day; 0.28 for twice per week, 0.14 for once per week. Only fill in the YELLOW areas.

Hours Segments						
Hours #	Begin Date	End Date	Status	Alwd	Excp	
1	04/01/2015	03/31/2016	Pending	230	113	View Dtl Hrs Act

Plans For APD-In Home Benefit (Read Only)

Please send all Requests for Exceptions to spd.exceptions@state.or.us.