



# State Plan Personal Care Services (SPPC)

**OAR Training Guide and SPPC Exception Criteria**

**Revised May 2015**



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# State Plan Personal Care

- The state plan personal care program is known by many different names:
  - SPPC – Acronym
  - PC20 – Personal Care 20 hours/month



# What is SPPC (PC20)?

## OAR 411-034-0000 through 411-034-0090

- **OAR 411-034-0030**
  - Must have a Medicaid OHP Plus benefit package
- **OAR 411-034-0030(7)**
  - SPPC is available for individuals who require assistance with Personal Assistance Services but are not served by Medicaid K-Plan, waived or other services. No duplication of services
- **OAR 411-034-0030(3) – Natural supports**
  - Does not replace Natural Supports
  - SPPC paid hours must only supplement natural supports for unmet needs



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# Eligibility Criteria

- OAR 411-034-0030
  - Receive a comprehensive Medicaid plan
    - OHP Plus benefit package
    - QMB/SMB/SMF **excluded**
  
- OAR 411-034-0020(2)
  - Must require and receive an SPPC paid assistance with personal assistance activities



# Who Cannot Receive SPPC?

## SPPC does **not** serve individuals:

- Receiving services, such as:
  - K-Option: In-home, ALF, RCF, AFH, RAFH
  - ICP
  - PACE (ElderPlace)
  - Nursing Facility
  
- Receiving care in Medical institutions: Hospital, Sub-acute care, Nursing Facilities
  
- In Jail or Prison



# Personal Assistance Services: Requirement of SPPC

- OAR 411-034-0020(2)(a-f)
  - Individual *must* require *and* receive a paid personal assistance service
- OAR 411-034-0040
  - Employer/employee relationship with HCWs
- OAR 411-034-0050
  - Provider must be qualified to be paid by the Department
- Payment must be in accordance with an authorized service plan
- Services must meet an unmet need not provided by Natural Supports



# Where Individuals are Served?

**Individuals must apply for SPPC services through the:**

**□ Local APD/AAA offices**

- If eligible for or receiving case management services from an APD or AAA office serving seniors or persons with physical disabilities
- If receiving benefits through Self-sufficiency Programs, APD is responsible for the CAPS assessment, service planning & payment authorization

**□ Local Community Developmental Disability Program**

or through the local support service brokerage if eligible for or receiving DD case management services or other DD services

**□ AMHD on next slide**



# Where AMHD Individuals are Served?

**Individuals must apply for SPPC services through the:**

## □ **Local Community Mental Health Program**

- Individuals eligible for SPPC services as described in OAR 309-016-0690 must apply through the local community mental health program or agency contracted with AMHD
- OAR 309-016-0690 was amended in 2010 to include AMHD's PC program.
  - Clarification in PT-11-003
  - **AMHD PC Coordinator: Noel Suarez - (503) 945-9708**
- OAR 309-016-0690 states a person must require assistance from a qualified provider due to a disabling mental health condition with one or more Personal Assistance Services identified in OAR 411-034-0020(2)(a-f)



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# Personal Assistance

## To qualify:

Must need & receive at least one of these service by a Medicaid paid provider:

- OAR 411-034-0020(2)
  - Basic personal hygiene
  - Toileting, bowel & bladder Care
  - Mobility, transfers & repositioning
  - Nutrition
  - Medication and O2 Management
  - Delegated Nursing Tasks



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# Basic Personal Hygiene

- Bathing (tub, bed bath, shower)
- Washing hair
- Grooming, shaving, nail care, foot care, skin care, mouth care & oral hygiene
- Dressing



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# Toileting, Bowel & Bladder

- ❑ To & from bathroom
- ❑ On & off the toilet, commode, bedpan, urinal or other assistive device used for toileting
- ❑ Changing incontinence supplies
- ❑ Following a toileting schedule
- ❑ Cleansing the individual after toileting
- ❑ Adjusting clothing for toileting
- ❑ Emptying catheter drainage bag or assistive device
- ❑ Ostomy care
- ❑ Bowel care



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# Mobility, Transfers & Repositioning

- Assisting with Ambulation or Transfers with or without assistive devices
- Turning the individual or adjusting padding for physical comfort or pressure relief
- Encouraging or assisting with ROM exercises



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# Nutrition

- Preparing meals & special diets assisting with adequate fluid intake or nutrition
- Assist with food intake (feeding)
- Monitoring to prevent choking or aspiration
- Assist with special utensils
- Cutting food
- Placing food, dishes & utensils within reach for eating



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# Medication & O2 Mgmt

- Assisting with ordering, organizing & administering O2 or prescribed medications
  - Includes pills, drops, ointments, creams, injections, inhalers & suppositories
- Monitoring for choking while taking meds
- Assisting with administration of O2
- Maintaining clean O2 equipment
- Monitoring for adequate O2 supply



# Delegated Nursing Tasks

## What is RN Delegation?

- **Task Delegation occurs when a Nurse**
  - Instructs a “lay” person on performing a task otherwise done by an RN
  - Observes the proficiency of the trainee on the task before delegating
  - Reassesses the effectiveness of the delegation within 6 months of initial delegation and every year thereafter
- OAR 411-034-0010(7) has definition



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# Additional Supportive Services

- If the person qualifies for SPPC based on receiving a paid Personal Assistance service, may qualify to receive the following:
  - Housekeeping
  - Scheduling of medical appointments
  - Observation & reporting of status: physician or other designated person
  - Emergency medical supports & First Aid
  - Cognition supports



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# Not covered under SPPC

- ❑ Shopping
- ❑ Transportation or Mileage Reimbursement
- ❑ Money Management
- ❑ Social companionship
- ❑ Adult Day Services
- ❑ Respite
- ❑ Home Delivered Meals
- ❑ Care of pets or other animals
- ❑ Yard work, gardening or home repair



# Requirements for Payment

- Homecare Workers must have:
  - A current, valid provider number
  - A current, valid voucher authorizing work
    - Cannot work without a system generated voucher in hand
    - Past payments are made only for plans “authorized” through the voucher system
- SPPC clients do not have a service pay-in



# Employer (Consumer) Responsibilities

**OAR 411-034-0040**

- To be eligible for SPPC services, the individual or their representative must demonstrate the ability to:
  - Locate, screen, and hire a provider meeting the requirements in OAR 411-034-0050;
  - Supervise and train a provider;
  - Schedule work, leave, and coverage;
  - Track the hours worked and verify the authorized hours completed by a provider;
  - Recognize, discuss, and attempt to correct any performance deficiencies with the provider and provide appropriate, progressive, disciplinary action as needed; and
  - Discharge an unsatisfactory provider.



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# Where are the Rules?

- Personal Care Services

- 411-034-0000 to 0090

[http://www.dhs.state.or.us/policy/spd/rules/411\\_034.pdf](http://www.dhs.state.or.us/policy/spd/rules/411_034.pdf)

# Where are SPPC Assessments Completed?

- SPPC has it's own separate assessment tool in CAPS

Create Assessment Action

Create A New Assessment

Create A New State Plan Personal Care Assessment

Client Eligibility

Next Cancel

**Assessment based on SPPC rule**  
- do not use SPL type assessment

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

### SPPC - State Plan Personal Care - Assessment Wizard

SPPC Assessment  
 Interview Questions  
 Synopsis  
 Results

**Assessment specific to SPPC eligibility**

Does the individual need assistance from another person in any of the following areas (pick all that apply):

SPPC Eligibility Criteria	Answer	Help	Support	Paid / Unpaid
Basic personal hygiene	<input checked="" type="radio"/> Yes <input type="radio"/> No	?	Unmet	
Toileting, bowel/bladder care	<input type="radio"/> Yes <input checked="" type="radio"/> No	?		
Mobility, transfers, repositioning	<input checked="" type="radio"/> Yes <input type="radio"/> No	?	Unmet	
Nutrition	<input type="radio"/> Yes <input checked="" type="radio"/> No	?		
Medication and Oxygen	<input type="radio"/> Yes <input checked="" type="radio"/> No	?		
Delegated nursing tasks	<input type="radio"/> Yes <input checked="" type="radio"/> No	?		

Will any of these services be provided by a HCW or in-home service agency as part of a service plan authorized by SPD / AAA?

Yes  No

Eligibility Status  
 Eligible

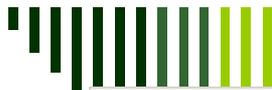
Next

**SPPC Eligibility**



# SPPC Service plans Approved in CA/PS

- Service Benefit & Plan is approved in the CA/PS service planning area
  - **Use Service Category/Benefit types:**
    - BPO – MAGI eligible
    - BPA – OSIPM eligible
- Use the 546PC from DHS/OHA Form Server for Service Plan & Task List (can not use CA/PS)



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

### Benefit Eligibility and Service Planning

Assmt Date: 10/01/2011      Valid until: 10/31/2012

Benefits Ben Act

Service Category/Benefit	Begin Date	End Date	Status
BPA	10/01/2011	10/31/2012	Pending

Hours Segments

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

View Dtl  
Hrs Act

Plans For BPA Benefit ( Read Only )

Plan #	Begin Date	End Date	Status
1	10/01/2011	10/31/2012	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	10/01/2011	10/31/2012	<input type="checkbox"/>

Provider Search    Needs Association    **View/Assign Hours**    Provider Detail

**DO NOT complete Hours Segment**

**Complete this section & [View/Assign Hours]**

Select Assessment: 10/01/2011 SPPC (Comp)

Assessment Type: SPPC

Status: Completed

Assessment by: Training, almighty

Referrals

Plan Summary

Model



# 546PC Form

## SPPC Service Plan and Task List

- 546PC form is a combination form used for the:
  - Service Plan and
  - Task List
  
- Do NOT use the 546 Service Plan Form
  
- 546PC form is NOT in OACCESS
  - Located on the DHS/OHA form server:  
[https://apps.state.or.us/cf1/FORMS/?-db=FormTbl.fp5&-lay=Main&-format=Findforms\\_FMP.htm&-findany](https://apps.state.or.us/cf1/FORMS/?-db=FormTbl.fp5&-lay=Main&-format=Findforms_FMP.htm&-findany)

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# Basic Criteria for SPPC Exceptions

May 2015



# Exception to the 20 Hour Limit

**411-034-0020 & 411-034-0090**

- ❑ CAPS SPPC assessments must reflect the consumer's current needs and be no more than 6 months old.
- ❑ Occasionally individuals need more than 20 hours per month to meet their service needs. **Central Office will review for approval** of extraordinary needs above 20 hours per month in the following

## **3 areas only:**

1. **Personal care needs**.-2 add'l hours per eligible need with hands-on assistance allowed. (**CAPS must show eligibility in the need requested**)
2. **Cognition** -5 add'l hours for on-going supervision allowed.
3. **Exceptional Housecleaning**—cannot be done by a HCW or in-home agency.

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**(A detailed description of the above are provided on the following slides)**



# #1 Personal Care Needs

**Extraordinary needs approved by CO for all SPPC exceptions**

## **1. Personal care needs - 2 add'l hours per eligible need**

**(CAPS must show eligibility in the need requested)** - Hands-on assistance required.

1. Basic Personal Hygiene
2. Toileting, Bladder and Bowel care
3. Mobility, Transfers, Repositioning
4. Nutrition
5. Medication and O2 Management
6. Delegated Nursing Tasks



# # 2 Cognition Need

**Extraordinary needs approved by CO for all SPPC exceptions**

## **2. Cognition - 5 add'l hours**- On-going supervision required.

- This is a support service need, which is not captured in the CAPS SPPC assessment:
  - It is preferable to document cognition needs in the CAPS SPPC synopsis while the assessment is in pending status. If no longer pending, the only way to document the need is in the 514PC summary.
  
- 5 hours is the maximum hours that can be approved in this category
  - Enter no more than 5 hours on the 514PC form and summarize why the extra hours are needed.

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**(This support service need is defined in OAR 411-034-0020(3))**

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# #3

## Exceptional Housecleaning Need

**Extraordinary needs approved by CO for all SPPC exceptions**

### 3. Exceptional Housecleaning need

- Purpose: To ensure the health and safety needs of the consumer
- Goal: to provide intensive cleaning for individuals to get their home in reasonable condition in order for a HCW or in-home agency to take over and provide on-going hourly housekeeping.
- Detailed criteria described in the Exception Housecleaning section toward the end of this section.

# Example of Exception for # 1 & 2 (from previous slides)

## #1 Personal Care needs and #2 Cognition

Case for MISTER SPPC ( Case Branch : Hermiston MSO )

SPPC - State Plan Personal Care - Assessment Wizard

Does the individual need assistance from another person in any of the following areas (pick all that apply):

SPPC Eligibility Criteria	Answer	Help	Support	Paid / Unpaid
Basic personal hygiene	<input checked="" type="radio"/> Yes <input type="radio"/> No	?	Unmet	
Toileting, bowel/bladder care	<input type="radio"/> Yes <input checked="" type="radio"/> No	?		
Mobility, transfers, repositioning	<input type="radio"/> Yes <input checked="" type="radio"/> No	?		
Nutrition	<input checked="" type="radio"/> Yes <input type="radio"/> No	?	Unmet	
Medication and Oxygen	<input checked="" type="radio"/> Yes <input type="radio"/> No	?	Unmet	
Delegated nursing tasks	<input type="radio"/> Yes <input checked="" type="radio"/> No	?		

Will any of these services be provided by a HCW or in-home service agency as part of a service plan authorized by SPD / AAA?

Yes  No

Eligibility Status  
Eligible

Next

Example of SPPC Exception Eligibility in 3 Personal Care Needs. Must have assessed need to qualify for exception

# Example of page 1 - top portion of 514PC form

continued.....



Branch/CDDP/Brokerage: 0101	Prime number: 0030005S
Individual's name: Mister SPPC	
Case manager name: Sally Smith	
Case manager phone: (503)555-5555	Worker email: Sally.smith@state.or.us

## Request for State Plan Personal Care (SPPC) Exception

### Services

Effective date: 04-01-2015 Most recent assessment date: 03-10-15

Request: New

Supervisor name: Gene Smitherly

Supervisor email: Gene.Smitherly@state.or.us

# Example of page 1 - mid portion of 514PC form

continued.....

## Reasons for exceptions

1. Which areas does the individual require **hands-on** assistance (except supervision for cognition) every time the activity occurs?

Cognition

Extra hours: 5

Nutrition

Extra hours: 2

Basic personal hygiene

Extra hours: 2

Toileting, bowel and bladder

Extra hours: [ ]

Mobility, transfers, or repositioning

Extra hours: [ ]

Medication and oxygen management

Extra hours: 2

Delegated nursing tasks

Extra hours: [ ]

2. Is exceptional housecleaning needed to ensure the health and safety of the individual?

Yes

No

Eg: Maximum exception hours based on the CAPS SPPC assessment results

Note: Mark yes for requesting exceptional housecleaning



# Example of page 1-bottom portion of 514PC form

continued.....

## Other considerations

- |   |   |                             |
|---|---|-----------------------------|
| Have you discussed other resource or service options? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have natural supports been discussed?                 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have assistive devices been explored?                 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Page 1 of 2

SDS 0514PC (04/14)



## Example of page 2 of 514PC form - Summary of Service Needs

### Summary of service needs

Please use the space below to summarize client service needs or to add additional information. You may include a separate sheet if necessary. Include the following:

- What is the change in the service needs?
- What is the reason for any increase or decrease in the service hours?
- Additional information about service needs that may not be documented in the assessment or service plan (e.g., *reasons for needing more than 20 hours, other resources/strategies considered*).

*(Complete summary of service needs below)*

Mr SPPC's memory and decision making is affecting him, which requires on-going supervision when family is not available to help out. Family is very involved, but due to their employment needs and taking care of their children, they cannot provide all the care Mr. SPPC needs. Mr. SPPC has been assessed for K-plan but doesn't qualify (he is an SPL 15), as he doesn't have 3 full assists in cognition and the other ADLs do not qualify him either. His cognition needs are mainly at an assist need level.

Mr. SPPC's cognition needs have resulted in the need for hands-on assistance with medication management and hands-on and cueing assistance throughout the task of bathing. He is on a special diet for his diabetes and his meal preparation needs require additional preparation time to meet the nutritional requirements of his diabetes.



# Special Considerations for Exceptional Heavy Housecleaning



# Heavy Housecleaning Exception Details

## Extraordinary needs approved by CO for all SPPC exceptions

- Purpose: To ensure the health and safety needs of the consumer
- Goal: to provide intensive cleaning for individuals to get their home in reasonable condition in order for a HCW or in-home agency to take over and provide on-going hourly housekeeping
- Need must be above and beyond typical housekeeping provided by a HCW or in-home agency
- Because this is not an hourly service, this need cannot be provided by a HCW or in-home agency. **See slide - Provider Qualifications**



# Heavy Housecleaning Consumer Consent Form

## **SDS 0343 Consumer Consent form:**

- Consumers must give permission to have a vendor clean their home and haul off agreed upon items that may pose a health and safety risk to the consumer or others.
- Do not authorize the service unless the consumer signs the SDS 0343 Consumer Consent In-home Chore and SPPC Exceptional Housecleaning Service SDS 0343 form.
- Review and sign the SDS 0343 form with the consumer.
- Keep a copy of the signed form in the case file.



# Heavy Housecleaning Provider Qualifications

## ■ Provider Qualifications:

- Collect 3 bids if possible.
- All bids must be from local companies / vendors.
- Comparative pricing from the internet is not acceptable.
- If it is not possible to gather 3 bids, explain why when submitting the request to Central Office.
- If the case manager is unaware of vendors who might provide the service, contact Central Office for suggestions.
- If preferred, case managers may request a preliminary review of the exceptional housecleaning service request from Central Office before collection of bids.



# Heavy Housecleaning Local & CO Provider Process

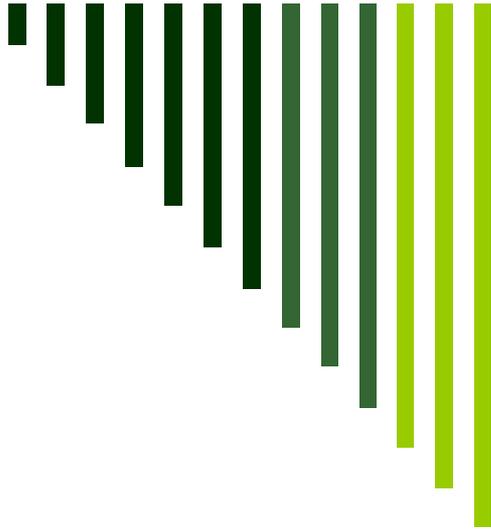
1. Once bids are received by CO, the most cost-effective and appropriate bid will be selected.
  - ❖ Prior to CO final approval of the provider bid, provider must have an active Medicaid provider # for heavy housecleaning/chore services.  
(This can be checked out by emailing the SPD Exceptions email box)
2. If selected bid does not have an active Medicaid provider #, the provider must complete a Provider Enrollment Agreement (PEA) and submit it to the case manager.  
(PEA can be requested by emailing the SPD Exceptions email box)
3. CM then submits the completed PEA to the SPD Exceptions email box.



# Heavy Housecleaning Local & CO Provider Process

continued....

4. CO will submit the PEA to the Payment Support and Provider Relations unit to complete the PEA approval process.
5. CM will authorize the vendor to begin work once the CM receives an email of the PEA approval.
6. After the work is complete, the CM will verify that the vendor has completed the heavy housecleaning as agreed, and then email SPD exceptions email box that the work has been completed along with an invoice from the provider.
7. CO will then release of payment to the vendor.



Pre-Approval by  
APD/AAA Local Office  
and  
Final CO Approval



# Local Office Supervisor Pre-approval of exceptions

- APD/AAA local office supervisor or managers:
  - Reviews the 514PC, SPPC assessment and any other supporting documentation for necessity; and
  - Submits the above to the SPD Exceptions email box.
  - The direct email link is: [SPD.Exceptions@state.or.us](mailto:SPD.Exceptions@state.or.us)
  - Please write “**SPPC Exception**” in the subject line of the email.



# Central Office

## Final Approval and Denial Note

Central Office (CO) has up to 45 days to process SPPC exception requests

- Note: If all the information is accurate on the 514PC form and matches the CAPS assessment results, approval is usually a quick turn-around



# CO Approval & Denial of Increased Hours Exceptions

## Exceptional hours approval and denials

Sent to case manager from the SPD Exceptions email box

### ❖ Approval email for hours will include:

- The dates approved. The dates approved cannot exceed the annual Valid Until date of the SPPC assessment.
- Which services have been approved; and
- Total # of hours approved above the 20 hour limit.

### ❖ Denial email will state the reason for the denial.

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# Case Manager Actions following Hourly Approvals



# Case manager Actions after Exception Hour Approvals

- The CAPS Service Plan system was not revised to permit more than 20 hours. Because of this, enter and approve only 20 hours in the CAPS Service Plan. To accommodate this:
  - Hours exceeding 20 hours need to be entered on the 546PC form;
  - The 546PC is used as authorization to generate a voucher for HCWs or for authorization of in-home agency hours;
  - Keep a copy of the 546 PC and 514PC forms in the case file; and
  - Narrate



# Exception to the 20 Hour Limit

**411-034-0020 & 411-034-0090**

□ SPPC exception process is in the APD Case Management Tools website.

■ Direct Link is:

[http://www.dhs.state.or.us/spd/tools/cm/sppc/sppc\\_exception\\_process.pdf](http://www.dhs.state.or.us/spd/tools/cm/sppc/sppc_exception_process.pdf)



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# SPPC Contacts

- APD Coordinator
  - Suzy Quinlan: (503) 947-5189
  
- AMHD Coordinator
  - Noel Suarez: (503) 945-9708
  
- DD Coordinator
  - May Martin: (503) 947-2318