

AGING AND PEOPLE WITH DISABILITIES (APD)

State Plan Personal Care Services General Information

Definition:

State Plan Personal Care (SPPC) services are intended to be essential services performed by a qualified provider which enable an individual to move into or remain in his or her own home.

SPPC Services	
1. Must require & receive at least one paid Personal Assistance service in the first column. 2. Supportive Services can be added to the plan as long as #1 above is met. 3. This list includes many SPPC services, but is NOT an all-inclusive description. For a complete and detailed description of items listed below, see OAR 411-034-0020 .	
Personal Assistance (PA) Services	Supportive Services
Must require & receive at least (1) paid PA service	
Basic personal hygiene - includes needs such as bathing, grooming & dressing	Housekeeping/Laundry
Toileting, bowel & bladder care	Arranging medical appointments, arranging medical transportation & assist with mobility during the ride & at appointment
Mobility, transfers, repositioning - includes mobility needs such as ambulation/ transfer & range-of-motion exercise	Observe & report health status
Nutrition - includes needs such as meal prep, eating tasks, nutrition, choking, aspiration, placing dishes/utensils, cutting food	First aid & handling emergencies, unscheduled needs
Medication & O2 Management - includes needs such as order, organize, administer, monitor to prevent choking, maintain/clean O2 equipment	Cognitive & emotional support
Delegated nursing tasks - tasks defined in OAR 411-034-0010(7)	

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Services NOT covered by SPPC – OAR 411-034-0020(4)	
Shopping	Day care, adult day services, respite, or baby-sitting
Transportation	Care, grooming or feeding of pets or other animals
Money management	Yard work or gardening
Mileage reimbursement	Home repair
Social companionship	
Home delivered meals	

To be eligible for SPPC services, an individual must:

- ▶ Be a current recipient of one of the following - [OAR 411-034-0030\(2\)](#):
 - (a) Extended Medical (EXT)
 - (b) Medical Assistance Assumed (MAA)
 - (c) Medical Assistance to Families (MAF)
 - (d) Oregon Health Plan (OHP)
 - (e) Oregon Supplemental Income Program Medical (OSIPM)
 - (f) Temporary Assistance to Needy Families (TANF)
 - (g) Refugee Assistance (REF)
- ▶ Require and receive a personal assistance service described in [OAR 411-034-0020\(2\)](#) from a Medicaid paid HCW or in-home agency.
- ▶ Not be receiving Title XIX 1915(c) waived home & community based service or Independent Choice service [OAR 411-034-0030\(7\)](#).
- ▶ Not be receiving services through the Program of All-inclusive Care for the Elderly (PACE) [OAR 411-034-0030\(9\)](#).
- ▶ Not be in a prison, hospital, sub-acute care facility, nursing facility or other medical institution [OAR 411-034-0030\(4\)](#).
- ▶ Additional criteria located in OAR [411-034-0030](#).

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Where individuals are served – [OAR 411-034-0035](#):

1. **Aging and People with Disabilities (APD) serves these individuals and:**
 - ▶ Must apply through the local APD/AAA office if:
 - a. Eligible for or receiving case management services from an APD or AAA office serving seniors and persons with physical disabilities.
 - b. Receiving benefits through Self-Sufficiency programs.**Note:** APD/AAA are responsible for CAPS assessments, service plans and payment authorization.
2. **Addictions and Mental Health Division (AMHD) individuals:**
 - ▶ Must apply through AMHD if the individual has a disabling mental health condition as described in OAR [309-016-0690](#).
3. **Developmental Disabilities (DD) individuals:**
 - ▶ Must apply through the local community development disability program or support service brokerage if eligible for or receiving DD case management services.

Provider Information:

- ▶ For APD clients, the provider must be a Homecare Worker (HCW) or a Contracted In-Home Care Agency - [OAR 411-034-0050\(6\)](#)
- ▶ Can NOT be the spouse, the guardian, or the parent or step-parent of a minor child - [OAR 411-034-0050\(3\)](#)
- ▶ Contract RN may be referred for nursing assessment, delegation and monitoring [OAR 411-034-0070\(1\)\(f\)](#)
- ▶ Additional provider information located in [OAR 411-034-0050](#)

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Procedure:

- ▶ Service eligibility is determined by conducting a CAPS SPPC assessment in Oregon ACCESS.
Note: To be eligible, the individual must require and receive at least one Medicaid paid Personal Assistance service.
- ▶ Case managers set-up and approve an OACCESS CAPS BPO or BPA Service Category/Benefit and plan.
 - Approve a maximum of 20 total hours per month to all provider(s) combined in the plan in the CAPS View/Assign Hours section of the plan:
Note: At least one hour must be a Personal Assistance service.
- ▶ Case managers complete a 546PC State Plan Personal Care-Service Plan and Task List form.
 - The 546PC form is used to authorize hours for a HCW or in-home agency through the mainframe CEP voucher system. This form is used for both HCWs or contracted in-home agencies.
Note: A few in-home agencies are not using the voucher system for authorizing and paying hours and will use the 599 Agency Provider Invoice form.
- ▶ A CMS case for each client is required. This should be done by integrating the OACCESS case to the CMS mainframe.
- ▶ Payment for HCWs and most in-home agencies is made through the mainframe screens.

Applied Rules for State Plan Personal Care services:

[411-034-0000 through 411-034-0090](#)

State Plan Personal Care Services

Forms and Systems

Eligibility

CAPS Assessment:

- ▶ Use the CAPS SPPC assessment to determine SPPC service eligibility.
- ▶ Since SPPC does not have a place to enter comments, it is necessary to document all service eligibility information for the Personal Assistance and Supportive Service needs in the Synopsis.
- ▶ The SPPC Assessment Results screen will display which item(s) qualified the individual for SPPC services.

CAPS Service Planning:

- ▶ CAPS Benefits – approving the Benefit will send a service eligibility record to the SELG mainframe record.
- ▶ Do NOT use the CAPS Hours Segment for SPPC plans.
- ▶ CAPS Plan and Services within the plan – this section is used to approve providers and assign hours to the providers.
- ▶ Do NOT complete the CAPS Needs Association and the Task List.
- ▶ Do NOT use the 546N Service Plan form:
-- SPPC uses the 546PC form for authorizing voucher hours & Task Lists.

SELG Mainframe and the CAPS Service Category/Benefit:

- ▶ The Service Category/Benefit (Svc Cat) on SELG is created by approving the CAPS Benefit section of the Service Plan.
- ▶ SELG displays the CAPS assessment eligibility with a BPA or BPO service category/benefit begin and end dates, as well as a Y (for Yes) to demonstrate this person met SPPC service eligibility criteria.

Forms and Authorization

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| <ul style="list-style-type: none">▶ UCMS, PCMS▶ SDS 546PC
▶ SDS 598B▶ SDS 599A▶ SDS 541▶ SDS 737▶ SDS 354 | <p>Financial</p> <p>State Plan Personal Care - Service Plan and Task List form – must be signed</p> <p>CEP voucher/invoice form</p> <p>Agency Provider Invoice In-home Service form</p> <p>Notice of Eligibility and Responsibility form</p> <p>CEP Program Participation Agreement</p> <p>Workers' Comp Agreement and Consent</p> |
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Forms and Systems continued...

Authorization and Payment

Mainframe screens:

- ▶ Homecare Worker: HATH, HPAY
- ▶ In-home Agency: AATH, APAY

Provider Information

- ▶ OACCESS Prov Search Oregon ACCESS is used to search for provider information
- ▶ HINQ,p,provider # Displays voucher information for a specific provider
- ▶ HINQ,r,prime # Displays voucher information for a specific client
- ▶ HINQ,v,voucher # Displays voucher information for a specific voucher

OACCESS/CAPS and Mainframe Coding:

For OSIPM, Aged and Physically Disabled

CAPS Service Category/Benefit	BPA
Program Codes	_1, A1, _3, B3, _4, D4, _5
Case Descriptors	BPA (Aged and Disabled) - do not use IHC
Need/Resource Codes	No corresponding N/R code - do not use HK

For OHP Standard

CAPS Service Category/Benefit	BPO
Program Codes	P2
Case Descriptors	BPO - do not use IHC
Need/Resource Codes	No corresponding N/R code - do not use HK

State Plan Personal Care Services **Forms and Systems** continued...

For SSI, physically disabled children (non MR/DD)

CAPS Service Category/Benefit	BPA
Program Codes	_4, D4, _3, B3
Case Descriptors	BPA - do not use IHC
Need/Resource Codes	No corresponding N/R code - do not use HK

For TANF, MAA, MAF, EXT, REF (authorized at APD/AAA office)

CAPS Service Category/Benefit	BPO
Program Codes	_2, 82, _5, M5, P2
Case Descriptors	BPO - do not use IHC
Need/Resource Codes	No corresponding N/R code - do not use HK

For Developmental Disabilities clients (authorized at DD services offices)

CAPS Service Category/Benefit	None (authorized at DD services offices)
Program Codes	_1, A1, _3, B3, _4, D4, _5
Case Descriptors	BPD - do not use IHC
Need/Resource Codes	No corresponding N/R code – do not use HK

For Mental Health Services clients (authorized at AMHD services offices)

CAPS Service Category/Benefit	None (authorized at AMHD services offices)
Program Codes	_1, A1, _3, B3, _4, D4
Case Descriptors	BPM
Need/Resource Codes	MVC-foster home, MRF-residential care, No PC N/R code – do not use HK