

# Policy Transmittal Developmental Disabilities Services



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**Number:** APD-PT-18-028  
**Issue date:** 6/28/2018

**Topic:** Developmental Disabilities

**Due date:**

**Transmitting (check the box that best applies):**

- New policy   
  Policy change   
  Policy clarification   
  Executive letter  
 Administrative Rule   
 Manual update   
 Other:

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees                               | <input type="checkbox"/> County Mental Health Directors   |
| <input type="checkbox"/> Area Agencies on Aging: {Select type}           | <input type="checkbox"/> Health Services  |
| <input type="checkbox"/> Aging and People with Disabilities              | <input checked="" type="checkbox"/> Office of Developmental Disabilities Services (ODDS)  |
| <input type="checkbox"/> Self Sufficiency Programs                       | <input checked="" type="checkbox"/> ODDS Children’s Intensive In Home Services  |
| <input checked="" type="checkbox"/> County DD program managers           | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)   |
| <input checked="" type="checkbox"/> ODDS Children’s Residential Services | <input checked="" type="checkbox"/> Other (please specify): Support Service Brokerages; CDDP services coordinators; Brokerage Personal Agents |
| <input type="checkbox"/> Child Welfare Programs                          |   |

<b>Policy/rule title:</b>	Case Management activities and the ONA		
<b>Policy/rule number(s):</b>		<b>Release number:</b>	
<b>Effective date:</b>	7/1/18	<b>Expiration date:</b>	
<b>References:</b>			
<b>Web address:</b>			

**Discussion/interpretation:**

The Oregon Office of Developmental Disabilities Services is adopting a new assessment tool known as the Oregon Needs Assessment (ONA). It is available to function as a Functional Needs Assessment and ICF/IID Level of Care determination tool as of July 1, 2018. It will be required to be used as the Functional Needs Assessment and Level of Care determination tool as of July 1, 2018, except as described in the worker’s guide.

The ONA will have impacts on the role of a Services Coordinator and Personal Agent. Those impacts are described in the attached Worker's Guide, also available on the Staff Tools page.

**Implementation/transition instructions:** Personal Agents, Services Coordinators, supervisory and other appropriate employees of CDDPs and Brokerages to review and implement the contents of the worker's guide.

**Training/communication plan:** Monthly Transmittal call-in. Individualized technical assistance from ODDS as requested.

**Local/branch action required:** Review Case Management activities and the ONA Worker's Guide

**Central office action required:** n/a

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:** Multiple stakeholders via the Innovation and Engagement website

**Filing instructions:**

*If you have any questions about this policy, contact:*

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<b>Topic:</b>	Case Management activities and the ONA
<b>Date Issued/Updated:</b>	7/1/18

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## Overview

**Description:** This guide describes the impact of the Oregon Needs Assessment (ONA) on the delivery of case management services.

**Purpose/Rationale:** The Oregon Needs Assessment has been added to Oregon's Functional Needs Assessment (FNA) and Level of Care for ICF/IID (LOC) tools and is required as of July 1, 2018, except as described below. As of October 1, 2018, it is the only tool permitted to act as a FNA or LOC when a FNA or LOC is required to be conducted. Everyone whose services require an FNA or LOC must have an ONA by June 30 of 2019. A FNA and LOC is required:

- Within the initial ISP planning period and prior to the authorization of the initial plan (i.e. New to Service). The initial LOC determination must be made by an assessor using the ONA;
- No more than 12 months from the last FNA or LOC;
- At times or ages as determined by ODDS;
- When an individual's support needs seem to have changed; and
- When requested by the individual or the individual's representative.

The ONA will also establish whether an individual has support needs that permit a qualified PSW to be paid an enhanced or exceptional wage (defined by the current Collective Bargaining Agreement). The ONA will NOT establish service levels (hours), tiers, or rates at this time.

The role of a case manager has been impacted with the use of this new assessment tool.

**Applicability:** Services Coordinators, Personal Agents, Assessors.

## Procedure(s) that apply:

### **Transition:**

Beginning July 1, 2018, the ONA is the required tool for assessing functional needs and determining ICF/IID Level of Care.

Until October 1, 2018, when exceptional circumstances prevent the use of the ONA for the timely completion of a Functional Needs Assessment, functional needs assessments may be completed using the ANA/CNA, SIS or the SNAP if required.

Also, until October 1, 2018, when exceptional circumstances prevent the use of the ONA for the timely determination of the need for ICF/IID Level of Care, the determination may be made by a SC, PA or assessor using the Level of Care form (APD0520). The LOC review date is the date on which the SC/PA/Assessor signs. The paper form must be added to the individual client file.

During this period and on-going, the requirement to conduct a FNA or LOC within 60 days prior to an ISP no longer applies. A FNA and LOC must be completed within 12 months of the last time one was completed.

Individuals who need an initial LOC must be assessed by an assessor using the ONA.

### **Assessment Using the ONA:**

Conducting an ONA has three components which do not have to occur at the same time or in a prescribed sequence. They are:

- a face to face observation of the individual (the individual must be seen);
- a record review;
- interview(s).

Completion of the ONA may not take more than 30 calendar days. An ONA is "completed" upon successful submission into eXPRS after all three components have been conducted. This means that if the record review is completed on June 6, 2018, the face to face observation occurs on June 30, 2018 and the interview with others is on July 1, 2018, the ONA must be then submitted in eXPRS no later than July 5, 2018. More detailed information on the tool and how to use it can be found in the [ONA Manual](#).

An ONA is valid for up to 12 months, meaning, for example, that an ONA completed any date in November of 2018 is valid through November 30, 2019. The timeframe for completing an ONA is independent of the ISP dates, it can be completed at any point during an ISP year, as long as not more than twelve months have passed since the last one.

An **Assessor** (not a case manager) must conduct the ONA:

- For an initial ONA.
- When a case manager suspects the individual's needs have changed for the long term (for next several months) in a way that would require a change to an ONA.
- Not more than 60 months from the last time an assessor conducted an ONA for an adult, or 36 months for a child.
- When a child is turning 4, 12, and 18 years old. This assessment may not be completed more than 60 calendar days prior to the birthdate, and not more than 12 months from the most recently completed ONA.
- When a reassessment is requested by the individual or the individual's representative.
- When an individual does not have an ICF/IID LOC (such as a child turning 18 who has been enrolled in the MFW/MICW).

It is expected that a case manager will work closely with the assessor to get the ONA completed. If the case manager has reason to believe the face to face and/or interview will be more productive with their being present, the case manager should be there, but it is not a rule requirement. There may be times where the individual does not want the case manager present or there may be an extenuating circumstance preventing the case manager's attendance. The assessor will interview the case manager while conducting the ONA. If needed, the case manager can assist the assessor to locate appropriate records and identify potential interviewees who may contribute to the assessment.

The assessor must submit an initial or updated ONA, scored using their best judgement. Their training and expertise qualifies them to ultimately settle on how the ONA is scored. A case manager may discuss an assessor's scoring in order to get to the correct scoring as intended in the manual and consistent with Department policy.

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The following may be billable CM activities when the case manager can adequately document them:

- Gathering information during the interview that leads to ISP development (be specific, what was learned and how it will contribute)
- Preparing the individual for the interview by describing the assessment process, its function, and how they can help make it an accurate reflection of support needs (be specific, what did you tell the person).
- Assisting the individual to identify and invite the people in her/his life that can contribute to the assessment by being interviewed.

The following are not billable CM activities:

- Merely providing information TO an assessor about the individual needs being assessed. (i.e. a progress note that says "participated in an ONA" would not support a claim.
- Scheduling a time and place for ONA activities.

### **LOC Using the ONA:**

Completion of an annual ICF/IID LOC redetermination with the ONA does not occur as a standalone activity. When an ONA is completed, the LOC is automatically re-determined as part of that process. It does not require a signature by the individual, the guardian nor the case manager. Successful submission of the ONA into eXPRS is affirmation that the LOC was determined. The ODDS Technical Assistance Unit will reject paper versions of the LOC completed after 7/1/18. The ONA is the only tool that can establish initial LOC after 7/1/18, and the only tool to make an annual redetermination as of 10/1/18.

For the initial Level of Care (i.e., anyone who does not have a current D&E approved LOC due to a lapsed LOC, or an individual who is newly eligible) the eligibility information must be entered in eXPRS. Additionally, the ONA must be completed and submitted for the LOC to be complete.

In the event that the LOC summary indicates that the individual is not eligible, contact the D&E Coordinator immediately. Include the name and prime of the individual. If you do not know which D&E to contact, please reach out to the Eligibility Specialist at the individual's enrolled CDDP.

The ONA will not determine LOC for a child in the Medically Fragile Children or Medically Involved Waiver program. The tools and processes for establishing hospital and nursing facility LOC will continue to be required, as will the Behavior Conditions Criteria for entry into the CIIS Intensive Behavior Program. When a child in one of these programs is approaching their 18<sup>th</sup> birthday it is important to establish DD eligibility (if applicable) and conduct an ONA. This last ONA prior to

T18 will establish ICF/IID LOC for a child who will be entering adult DD services.

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The following may be billable CM activities when the case manager can adequately document them:

- See above under “Assessment.” When an ONA is completed, so is the LOC. The SC/PA’s role is the same.
- For a child leaving the MFW or MICW program, an explanation of why they may or may not qualify for adult DD services, and other options available to them.

### **Offer of Choice:**

The offer of choice does not have a relationship to the LOC. The Freedom of Choice form (DHS [2808](#)) will be the document that demonstrates this choice has been offered and the choice that was made. When completed for a child, it must be retained until the individual turns 25. For an adult, it must be permanently maintained in the individual’s file.

The offer of choice of services delivered in an ICF/IID or through Home and Community Based Services must be given to:

- Every individual with an ISP. Must be done prior to June 30, 2019, but on no particular schedule;
- Every person initially entering DD services or about to have an initial ISP. Must be done before the initial ISP; and
- Every individual entering a new waiver, including a child who will be transitioning to the adult waiver when turning 18 years of age, or a child entering or leaving a CIIS program. Must be done before entering a new waiver.

It is not required annually.

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The following may be billable CM activities when the case manager can adequately document them:

- Explaining the difference between institutional and Home and Community

Based Settings (HCBS)

- Describing options within HCBS

## **Tiers and service levels:**

The ONA will not set rates, tiers, or service levels (hours) when initially released in July 2018. The rate setting tools will remain and are:

- SE49/145/149/151: The ANA/CNA will continue to be used to set service levels for people living in their own or family homes.
- SE51: The ANA will be used for building a budget in Supported Living.
- SE50: The SIS will be used for setting rates in 24-hour residential programs for adults.
- SE158/258: The SNAP will be used for setting rates in Foster Care.

Rate and service level setting activities do not need to be completed annually.

Rate and service level setting activities only need to occur when:

- An individual is new to the service element;
- There is a significant change in the individual's support needs;
- There is a request for a review of the service level/rate/tier; or
- A SNAP is required based on a review schedule.

When these activities do need to occur, they do not substitute for the ONA. An assessor does not necessarily have to do these activities, but may. The ANA/CNA may be conducted by a case manager who is trained to use those tools.

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The following may be billable CM activities when the case manager can adequately document them:

- Completing an ANA/CNA in order to set a service level;
- Gathering information that leads to the development of an ISP, identification of a risk, updates to person centered information, etc.

## **Customer Service:**

Individuals and their legal guardians must be offered a copy of their ONA. If needed, it must be provided in a language or format that is preferred by the individual. The individual or guardian may choose to share their ONA with others as they desire.



If an individual disputes an area of the assessment and shares this with the case manager, please see [this document](#).

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## **ONA and CM Billing:**

As stated, an ONA is comprised of multiple activities. However, it is considered as one task for the purposes of making a claim for the service in eXPRS.

Conducting any of the three required components and entering information into the tool are not separate case management activities, even when a case manager is doing them. Only the completion of an ONA is billable as a case management activity. However, conducting a component of an ONA does not preclude the possibility of a billable case management activity from occurring on the same day, regardless of who conducts the ONA (assessor or case manager).

If an assessor completes the ONA on a date (i.e. submits it to eXPRS), and the case manager delivers a case management service on the same date, then the assessor can make a claim for completing the ONA, and the case manager can make a claim for delivering a different case management service. This is the only circumstance where two case management claims may be made for same individual on the same day.

A case manager who has been adequately trained to do so may conduct an ONA when an assessor is not required to conduct it. If the case manager conducts all the components of the ONA and determines that the individual's functional needs have not changed, and completes the ONA, the case manager can make a case management claim for that date. On that same day, the case manager who competes the ONA may not make a claim for an additional case management service.

If, on the other hand, while conducting an ONA, the case manager determines that the individual's functional needs *have* changed and that an assessor is required to complete the ONA, then that determination will be considered a case management service and may be claimed as such, but a claim for an ONA completion cannot be made by the case manager.

A progress note is required to support a claim for completing an ONA. The progress note must meet all the requirements of a progress note that supports any other case management service claim. The CME can establish internal

practices for how an assessor's documentation gets into the individual case record. A qualifying progress note could read, with appropriate editing:

“ASSESSOR NAME submitted an ONA into eXPRS for NAME on DATE. This was following a review of available documentation, a face to face encounter with NAME on DATE at PLACE, as well as interviews with NAME, NAME, and NAME. See the completed ONA in eXPRS for the assessment outcomes.”

### **Definition(s):**

“Assessor” means a person who meets the qualifications described in 411-425-0040, who has been trained by ODDS to conduct an Oregon Needs Assessment.

"Case Manager" means a person who delivers case management services or person-centered service planning for and with individuals, meets the qualifications of OAR 411-415-0040, and is employed as one of the following --

- (a) A personal agent by a Brokerage.
- (b) A services coordinator by a CDDP.
- (c) A services coordinator by the Department.

"Initial ISP" means the first ISP --

- (a) For an individual who is newly entered into case management services;  
or
- (b) Following a period when the individual did not have an authorized ISP.

"Initial Oregon Needs Assessment" means the first ONA --

- (a) For an individual who is newly accessing Community First Choice state plan or waiver services; or
- (b) Following a period when the individual was not determined to meet level of care

"Functional Needs Assessment" means the comprehensive assessment or reassessment appropriate to the specific program in which an individual is enrolled that documents physical, mental, and social functioning as determined by a Department approved tool.

(a) The functional needs assessment tool is the Oregon Needs Assessment; or --

(A) For community living supports as described in OAR chapter 411, division 450, the Adult Needs Assessment or Children's Needs

Assessment.

(B) For 24-hour residential programs settings as described in OAR chapter 411, division 325, the Supports Intensity Scale, Adult Needs Assessment, or Children's Needs Assessment.

(C) For supported living programs as described in OAR chapter 411, division 328, the Adult Needs Assessment.

(D) For adult foster homes as described in OAR chapter 411, division 360, the Support Needs Assessment Profile, Adult Needs Assessment, or Children's Needs Assessment.

“Successful Submission” means the ONA is in completed status in eXPRS and is not in draft or pending.

### **Frequently Asked Questions:**

Q: How do I know if someone might be able to have a qualified PSW paid at the enhanced or exceptional rate?

A: The information will be viewable on the ONA Comprehensive review page (the final page of the ONA in eXPRS). More information is available in the Enhanced/Exceptional Worker Guide.

Q: When someone transfers to a new CME, can the new CME see an ONA conducted by the previous CME?

A: Yes, a CME with a case management CPA for the individual will be able to see the completed ONA.

Q: During the first year of the ONA, will an ONA be required for a child turning 4, 12 or 18 around the time of their birthdate if they don't already have an ONA completed?

A; No, the requirement for conducting an ONA at those birthdates only applies when the child has had an initial ONA, which may occur any time between July 1, 2018 and June 30, 2019, as long as it's within a year of the most recent FNA and LOC.

### **Contact(s):**

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