

# Policy Transmittal Aging and People with Disabilities



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**Authorized signature**

**Number:** APD-PT-20-112

**Issue date:** 11/13/2020

**Topic:** Long Term Care

**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 checked="" type="checkbox"/> Area Agencies on Aging: Type B     | <input type="checkbox"/> Health Services                                      |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs                     | <input type="checkbox"/> ODDS Children’s Intensive In Home Services           |
| <input type="checkbox"/> County DD program managers                    | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)                 |
| <input type="checkbox"/> Support Service Brokerage Directors           | <input type="checkbox"/> Other ( <i>please specify</i> ):                     |
| <input type="checkbox"/> ODDS Children’s Residential Services          |   |
| <input type="checkbox"/> Child Welfare Programs                        |   |

<b>Policy/rule title:</b>	HCW Attendant Care During Individual Hospital Stay		
<b>Policy/rule number(s):</b>		<b>Release number:</b>	
<b>Effective date:</b>		<b>Expiration date:</b>	
<b>References:</b>			
<b>Web address:</b>			

**Discussion/interpretation:** APD has received permission from CMS to pay for HCW Attendant Care while a Medicaid in-home services recipient (which includes individuals served through State Plan Personal Care) is hospitalized during the COVID-19 emergency period. Generally, this is not allowed due to the potential overlap and duplication of services required to be provided by the hospital.

**HCW Attendant Care**

Services authorized must be exclusively for the benefit of the individual, not the hospital nor the care provider, and must not substitute for services that the hospital is obligated to provide through its conditions of participation or under federal or state

laws.

**Acceptable reasons to utilize HCW Attendant Care while an individual is hospitalized include the following:**

- Assist with communication
- Assist hospital staff in understanding the unique safety, personal care or comfort needs of the consumer
- Assist hospital staff in understanding unique approaches to cognitive and behavioral challenges
- Assist the hospital in understanding historical medical conditions that impact ADL and IADL needs
- Meet needs not met through the provision of hospital services that are identified in the individual's person-centered service plan
- Ensure smooth transitions between acute care settings and home and community-based settings
- Preserve the individual's functions
- Provide non-binding information regarding methods and preferences for care
- Participate in teaching or training that will be used post discharge
- Provide person-centered interpretation of complex medical terminology, procedures, and options in a manner the individual can understand.

Note: Due to trauma of hospitalization or a potentially changed condition, individuals may be less independent than currently assessed and temporarily needs Hospital Attendant Care. For example, a person assessed with no cognitive dependencies may benefit from Hospital Attendant Care based on any of the reasons described above.

HCW Attendant Care in a hospital setting must be authorized as a part of the service plan. This can occur during the assessment process or after receiving a request from the individual or the consumer-employer representative. The case manager may approve the request retroactively if the request is submitted within 5 business days of admission. Requests received by providers or unpaid supports must be followed up by contacting the individual or their consumer-employer representative.

Case Managers may authorize up to the current authorization for hours within the individual's plan, including any previously authorized exception hours. Daily hospital use shall not exceed the daily average of hours available for use during the pay period. For example, a person with 28 hours per pay period may have two hours a day in the hospital setting (28 hours per pay period divided by 14 days = 2 hours per day average for use in hospital setting).

The actual number of hours per day authorized for the hospital setting should be the minimum to adequately meet the needs as determined by the Case Manager. Approvals are to be narrated in Oregon Access narration and include the maximum

hours authorized per day and the acceptable tasks that will be performed by the HCW.

An exception may be requested if the individual's care needs are such that the individual needs someone at the hospital for more hours than are currently authorized. The normal exception process should be followed. If the exception requires Central Office review, please indicate the need as urgent.

**Case Managers may deny or partially deny HCW Attendant Care requests for the following reasons:**

- Hours requested were not prior-authorized;
- Hours requested are hospital responsibilities and duplicative;
- Individual can manage all tasks independently (i.e., no needs exist);
- HCW is violating hospital protocols or hospital care plan;
- Identified tasks are not at the hospital setting;
- HCW presence as determined by the attending physician is interfering with recovery; and
- Natural supports are willing and able to perform this function.

The decision to deny or partially deny HCW Attendant Care is not hearable, but is subject to an Administrative Review, outlined below.

Administrative Review Process

If a Case Manager denies or partially denies a request for HCW Attendant Care, they must notify the consumer verbally and in writing, including the reason(s) for denial from the list above, and provide 14 calendar days to provide additional information and request an administrative review. If a request for administrative review is received, the request should be forwarded within three business days to the SPD exceptions email box for Central Office review. Central Office will review the request and decide, in writing, within 14 calendar days of the day the request is received by Central Office. The Central Office decision is considered final.

Monitoring/approvals exceeding 30 days

Hospital plans are to be monitored weekly and adjusted as needed. Hospital stays over 30 days require Central Office approval through an email request to the SPD exceptions email box. The email should include a description of the hours, plan, and tasks proposed and how the plan has benefited and will benefit the consumer. Requests for extensions beyond 30 days should be made five working days before the 30<sup>th</sup> day in order to get prior authorization.

**Implementation/transition instructions:** Implement as detailed in this transmittal

**Training/communication plan:** LTSS Policy staff are available for consultation on a case-by-case basis.

**Local/branch action required:** Assess and approve/deny requests as received.

**Central office action required:** Provide technical assistance and approvals as required by this policy.

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:** Internal and stakeholder review

**Filing instructions:**

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

Contact(s): Bob Weir	
Phone:	Fax:
Email: <a href="mailto:Bob.WEIR@dhsosha.state.or.us">Bob.WEIR@dhsosha.state.or.us</a>	