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Authorized Signature

Number: APD-PT-15-001

Issue Date: 1/9/2015

Topic: Long Term Care

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):

- All DHS employees
 County DD Program Managers
 Area Agencies on Aging
 County Mental Health Directors
 Aging and People with Disabilities
 Health Services
 Children, Adults and Families
 Other (please specify):

Policy/rule title:	Client Assessment and Planning System (CAPS) Copy and Create and Enhanced Homecare Worker (EHCW) upgrade		
Policy/rule number(s):	OAR 461-175-0230	Release no:	
Effective date:	1-12-2015	Expiration:	
References:			
Web Address:	http://www.dhs.state.or.us/spd/tools/cm/field_svcs/SEIU-HCC_final_03062014.pdf http://www.oregon.gov/dhs/spd/Pages/worker-cert.aspx http://www.dhs.state.or.us/policy/spd/transmit/pt/2013/pt13021.pdf		

Discussion/interpretation: In response to the APD/AAA local offices increased workload and to be in compliance with the [2013-2015 Homecare Worker \(HCW\) Collective Bargaining Agreement](#), effective January 12th, 2015, the Client Assessment and Planning System (CAPS) will have new functionality. This transmittal will discuss the policy surrounding the implementation of these CAPS changes, which includes:

- A new CAPS copy and create assessment function; and
- Changes to the CAPS treatment section, which will allow an enhanced HCW (EHCW) rate for eligible HCWs.

CAPS Copy and Create function

Purpose, expectations and general information:

- The purpose of the CAPS copy and create function is to streamline workflow by allowing the case manager to copy a previous existing CAPS assessment to use as a foundation for creating a CAPS re-assessment.
- Assessments may be copied from Title XIX, OPI and PAS assessment types, as long as the assessment status is not in pending status.
- When an existing assessment is copied as a foundation for a re-assessment, the case manager needs to make revisions to the newly copied re-assessment that will accurately reflect the current assessed need of the person. The copied assessment is to be used as a starting point only.
- When using the copy and create function, treatments with an assessment Valid Until Date later than 9-30-2014 will need to be manually selected from a pick list of prior treatments before they become part of the newly copied re-assessment.

When the copied assessment has a Valid Until Date of 9/30/2014 or before, the treatments will not be available for selection and must be manually entered.

Copying CAPS assessments dated 8-23-14 or later:

- When copying from an existing assessment created 8-23-2014 or later, the copy and create functionality will copy all the existing assessment information and comments.
- All assessment responses, comments and treatments must be reviewed and modified based on the current assessed need of the individual.

Copying CAPS assessments dated prior to 8-23-14:

- Prior to the 8-23-2014 CAPS upgrade, CAPS assessments were in a

“question” wizard format. All CAPS assessments created 8-23-14 or later are now in a “statement” format with multiple choice selections.

When copying existing assessments created prior to 8-23-14, the comments will be copied into the new re-assessment, but not the assessment questions and answers. This is because the copied assessment is not available in the correct “statement” format. Because the assessment information will not copy to the re-assessment, it will be necessary to complete and select the re-assessment’s multiple choice responses. Even though comments will copy to the re-assessment, it is the Department’s expectation to update the comments depending on the current assessed need of the individual.

CAPS treatments

Enhanced Homecare Workers (EHCW):

- [HCW Collective Bargaining Agreement, Article 14.1, Sections 1 and 2](#): Effective January 1st, 2015, to be eligible to receive the enhanced hourly or live-in rate of pay, the Enhanced Homecare Worker (EHCW) must be certified through an approved certified process or training program through the Oregon Home Care Commission (OHCC) and the consumer whom they are serving must require assistance with specific treatments. The HCW must provide services to a consumer who requires medically driven services and supports (based on select CAPS treatments), as assessed by the case manager.

Enhanced Homecare Worker (EHCW) Rates		
Effective 1-1-2015	Hourly	Live-in
ADL	\$14.75	\$14.75
IADL	\$14.75	\$7.38
24-hour Availability	N/A	\$7.38

- HCWs requesting EHCW information, such as available trainings, should contact the OHCC at:
 - Phone number: 877-867-0077, extension 2
 - Website <http://www.oregon.gov/dhs/spd/Pages/worker-cert.aspx>
 - Email: Training.OHCC@state.or.us
 - OHCC training newsletter
- VDQ (Ventilator Dependent with Quadriplegia): Consumers with HCWs eligible for the VDQ rate and also qualify for the EHCW rate will receive an extra \$1.00 per hour above the EHCW rate as described in EHCW rates table above. See policy transmittal PT-13-021 for detailed information on VDQ. The direct link is:
<http://www.dhs.state.or.us/policy/spd/transmit/pt/2013/pt13021.pdf>

- Consumers may begin receiving a qualifying EHCW treatment anytime throughout the assessment period. Because of this, the case manager can enter treatments into the CAPS assessment anytime a consumer begins a treatment, even after the assessment has been set to “completed” status. Treatments need to be entered and successfully Sync’d to the Mainframe so the qualifying treatments, along with the EHCW certification will trigger the EHCW hourly rate of pay.
 - Note: Sync’d means the treatment will carry over to the mainframe.
- Because the EHCW rate is partially triggered by the selection of treatments, do not select treatments for a consumer unless the consumer is unable to complete the task AND requires the HCW to perform the task for them, otherwise the HCW may receive the EHCW rate when the HCW is not providing care for the treatment.
- When the consumer is no longer receiving a treatment, the case manager must enter a treatment end date and sync the treatment to the mainframe, otherwise the HCW will continue to receive the EHCW rate when the treatment is no longer being provided by the HCW.

Per [OAR 461-175-0230](#)(3), a timely continuing benefit decision notice must be issued to the consumer when the discontinuation of a treatment results in a reduction in hours.

- **Pay-in increases**: With the EHCW rate increase, some consumers may be required to pay an increased pay-in amount for their in-home services.

As soon as the case manager is aware that the HCW is receiving the EHCW rate for a consumer, per [OAR 461-175-0230](#)(3), a continuing benefit decision notice must be issued to the consumer before their pay-in can be increased.

- **Pay-in reductions**: When a treatment ends and the consumer no longer is receiving care for a treatment that qualified the HCW at the EHCW rate, please ensure the pay-in is reduced. Per [OAR 461-175-0230](#), issue a basic decision notice to notify the consumer of this reduction.
- **CAPS Hours Segment and Narration**: Treatment hours are not directly entered as part of the CAPS service plan, but are authorized by entering hours through qualifying ADLs or IADLs that most closely relate to the treatment being provided.

Two Examples:

1. Hours for the treatment selection of “G-Tube Feed” may be entered in the

“Eating” section of the CAPS Hours Segment.

2. Hours for the treatment selection of “Ventilator Dependent” may be entered in the “Medication/Oxygen Management” section of the CAPS Hours Segment.

Please narrate when these treatments begin and end in the CAPS narration, as well as all other actions taken on the case, such as increased or reduced pay-in amounts.

Adult Foster Home (AFH)/Residential Care Facility (RCF) Complex needs Add-on:

- As stated in the last section, treatments can be entered into the CAPS assessment at any time throughout the assessment period. However, CAPS treatments entered while the assessment is in “completed” status will not trigger an AFH or RCF complex needs add-on. **The CAPS treatments must be entered into a “pended” status assessment or re-assessment** and then moved to “completed” status. Once this has been done, approval of the CAPS service benefit will then trigger a complex needs add-on.

Note: This is not a change. It is the same as how the complex needs add-on has been triggered in CAPS previous to this OACCESS release.

- When a treatment does not need to be administered by the AFH or RCF provider, do not select that treatment for the consumer. This will prevent the provider from receiving the complex needs add-on payment when the provider is not performing the task for the consumer.
- When the consumer is no longer receiving a treatment, using the CAPS copy and create function, the case manager must end the CAPS treatment by completing a new face-to-face re-assessment with the consumer, end the CAPS treatment and develop and approve a new CAPS service benefit and plan.

Oregon ACCESS Policy Questions:

Email policy and training questions related to OACCESS releases to this newly created email box at OregonAccess.release@state.or.us.

Oregon ACCESS Service Desk Tickets:

Email all non-policy issues, such as OACCESS problems that need to be fixed to the service desk email address at: ServiceDesk.DHS or ServiceDesk@state.or.us or phone 503-945-5623.

Implementation/transition instructions: Implement as needed starting 1-12-15, with an effective date no earlier than 1-1-15.

Training/communication plan: Provide technical support as needed. Also, Netlink

training sessions are being offered January 2015 as described in [APD-IM-14-076](#).

Local/branch action required: Use the upgraded CAPS tool and application of policy described in this transmittal effective 1-12-15.

Central office action required: Provide technical support as needed.

Field/stakeholder review: Yes No

If yes, reviewed by: **Operations Committee and APD Policy Workgroup**

Filing Instructions:

If you have any questions about this policy, contact:

Contact(s):	Suzy Quinlan and Christine Maciel, Operations and Policy Analysts		
Phone:	(503) 947-5189 and 945-5690	Fax:	(503) 947-4245
E-mail:	Suzy.Quinlan@state.or.us and Christine.C.Maciel@state.or.us		

CAPS Enhanced Homecare Worker (EHCW) Treatments

Behavior	Eating	Medication
Behavior (Documented Plan)	Aspiration of stomach contents prior to feeding	Aerosol Therapy Dialysis (Peritoneal Dialysis)
Bladder/Bowel	Feeding Tube (Maintenance Care)	Feeding Tube (Medication Administration)
Bladder Irrigations (Routine)	G-Tube Feed (All Fluids/Nutrition)	Intravenous Injections/ Infusions
Catheter (Intermittent)	G-Tube Feed (Supplemental)	Insulin Injections (Sliding Scale)
Catheter Care (Routine)	J-Tube Feed (Supplemental)	
Catheter, Urinary (With difficult insertions)	Nasogastric Tube Feed (All Fluids/Nutrition)	
Colostomy Care (New)	Nasogastric Tube Feed (Supplemental)	
Colostomy Care (Routine)	Peripheral Intravenous Fluids	
Ileostomy Care (New)	Syringe Feedings (All Fluids/Nutrition)	
Ileostomy Care (Routine)		
Impaction Removal	Oxygen	Skin/Nails
Urostomy Care (New)	Respirator Dependent (See Ventilator Dependent)	Decubitus Ulcers (Stage III or IV)
Urostomy Care (Routine)	Ventilator Dependent	Stasis Ulcers (Deep or Infected)
	Tracheostomy	Wounds (Open)
	Nasopharyngeal Suctioning	Wounds/Lesions (Care, non-infected)
	Oral Suction by Suction Machine	
	Stoma Care	
	Stoma Dressing Changes	
	Tracheal Suctioning	
	Tracheostomy (Care & maintenance)	
	Tracheostomy Cuff Inflation	