

## Aging and People with Disabilities

Mike McCormick  
Authorized Signature

**Number:** APD-PT-17-011  
**Issue date:** 4/21/2017

**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):**

- |                                                                        |                                                                              |
|------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> All DHS employees                             | <input type="checkbox"/> County Mental Health Directors                      |
| <input checked="" type="checkbox"/> Area Agencies on Aging             | <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"/> ODDS Children’s Residential Services          | <input type="checkbox"/> Other (please specify):                             |
| <input type="checkbox"/> Child Welfare Programs                        |                                                                              |

Policy/rule title:	Chapter 411, Division 030 In-Home Services		
Policy/rule number(s):	411-030-0050(2) & 411-032-0005(3)(a)(C) & (3)(b)(C)	Release no:	
Effective date:	4/21/17	Expiration:	n/a
References:			
Web address:	<a href="http://www.dhs.state.or.us/policy/spd/rules/411_030.pdf">http://www.dhs.state.or.us/policy/spd/rules/411_030.pdf</a>		

**Discussion/interpretation:** Changes have been made for both Medicaid and OPI in the CA/PS Service Planning Hours Segment to the ‘Reason’ list when the number of Allowed Hours are being reduced on the Hours Authorization screen in the Allowed Hours column. The goal of these changes is to more accurately reflect the reason why case managers reduce hours.

We cannot remove reasons that are no longer valid, but have added the word ‘OBSOLETE’ to those reasons. Reasons that are marked OBSOLETE may no longer be used for new assessments and reassessments moving forward.

**The update will take place in Oregon ACCESS on Friday 4/21/17 at 3:30 p.m. PDT.**  
 You do not have to check in your Oregon ACCESS cases.

When copying a previous Hours segment case managers should select the more appropriate reason from the new drop down list when an OBSOLETE reason was previously selected. The updated list will include the following changes (new selections indicated with a \* next to the reason):

Reason	Description
2 Consumer Household	To be used when reducing hours due to 2 or more consumers living in the household
Based on reported freq & dur *	To be used when reducing hours based on reported frequency and duration
CM Determination OBSOLETE	OBSOLETE – Please do not select
Consumer Preference *	To be used when the consumer prefers to have less hours for a specific need
Declined	To be used when the consumer declines all hours for the need
Declined due to pay-in	To be used when reducing hours due to pay-in cost of care
DME/Home mod. red. Need *	To be used when reducing hours due to having DME and/or a home modification that reduces the need for more hours
Natural Support	To be used when reducing hours due to an hourly natural support
Natural Support Live-in	To be used when reducing hours due to a live-in natural support
Not available OBSOLETE	OBSOLETE – Please do not select
Prev. hrs. meet the need *	To be used when reducing hours due to the previous service plan hours meeting the need
Provided by another agency	To be used when reducing hours due to another agency or provider meeting the need
Prov. unable to support need *	To be used when reducing hours due to the paid provider not being able to support the need
Small living space *	To be used when reducing hours due to the consumer living in a small living space
OPI Program *	To be used when choosing hours for the OPI Program only

Case managers must continue to narrate the reasons hours have been reduced in the Oregon ACCESS Case narrative.

Due to limited space some of the text had to be reduced and some text will be cut off on the screen. Please see below for a sample screen shot.

Type	Need	Assist level	Asmt Hrs	Alwd Hrs	Rem Hrs	Excp Hrs	Reason
Live-In	Live-In Services	Indep	0	0	0	0	
ADL	Bath/Personal Hygiene	Full	25	0	25	0	Based on reported freq & dur
	Bowel/Bladder	Full	25	0	25	0	CM Determination OBSOLET
	Cognition	Full	20	0	20	0	DME/Home mod. reduces ne
	Dressing/Grooming	Full	20	0	20	0	Previous hours meet the nee
	Eating	Substantial	20	0	20	0	Provided by another agency
	Mobility	Full	25	0	25	0	Provider unable to support nc
I/ADL	Breakfast	Substantial	8	0	8	0	
	Dinner / Supper	Substantial	16	0	16	0	
	Housekeeping	Full	20	0	20	0	
	Lunch	Substantial	8	0	8	0	

**Implementation/transition instructions:** Reasons to be updated for new assessments and reassessments.

**Training/communication plan:** n/a

**Local/branch action required:** Update Reasons on new assessments and reassessments.

**Central office action required:** None

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:** APD Operations & APD Policy Groups

**Filing instructions:**

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

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