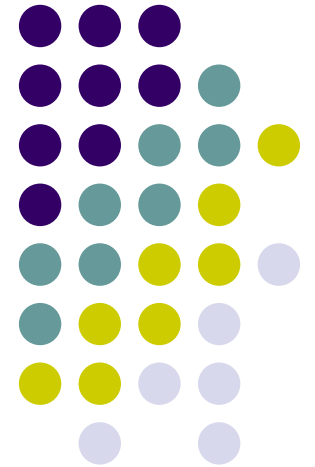


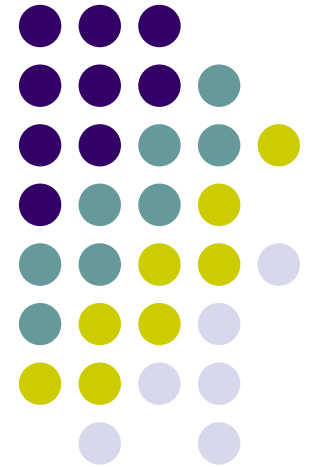
IADL Reductions



Presented by: Suzy Quinlan

Agenda

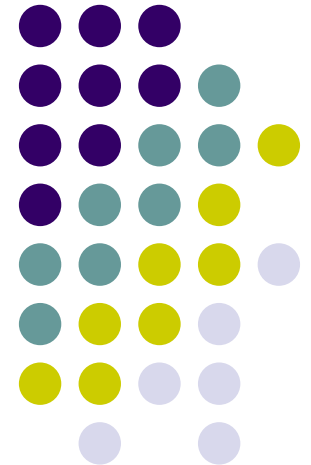
- *Reduced IADLs*
- *Clients at Risk*
- *CAPS Versioning*
- *CAPS Service Plans*
- *Client and Provider Notices*
- *More agenda items on next slide*



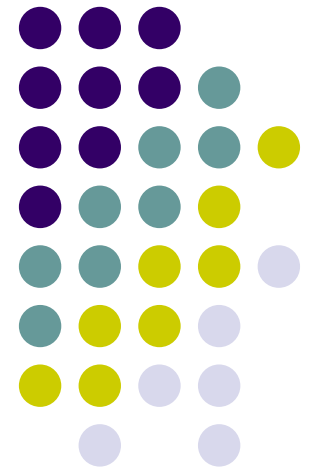
Agenda

Continued...

- *Reductions in Pay-in Amount*
- *Re-issuing Vouchers*
- *Annual Reassessments Due*
- *New Assessments Completed*
- *Narration*
- *Central Office Functions*
- *Outline of Dates*

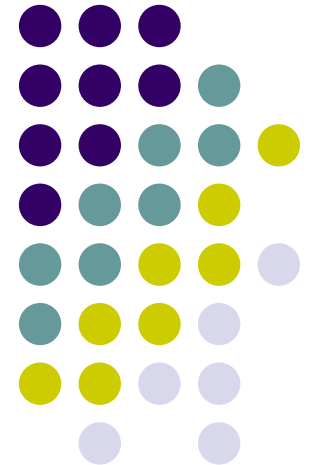


Reduced IADLs



IADL Reductions

- Department's overall mandate is to achieve a 10% IADL hours reduction
- To achieve this result, the following IADLs are being reduced:
 - Meal Preparation-Breakfast, Lunch & Supper
 - Housekeeping



IADL Reductions

Continued...

- Hours reduced will vary between clients
- No client will be reduced more than 9 hours
- Reductions are based on the Maximum Assessed hours OAR 411-030-0070(3)
- Applies to hours-based services only: APD In-home, ICP, Spousal Pay
- Does NOT apply to SPPC, OPI or Specialized Living situations

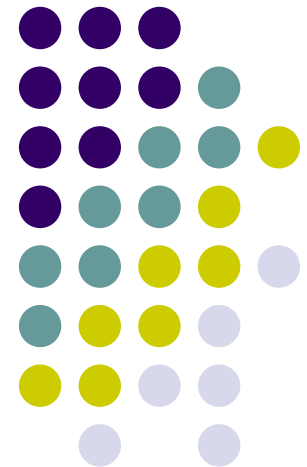
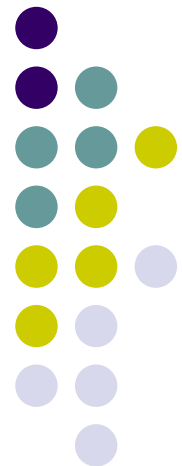
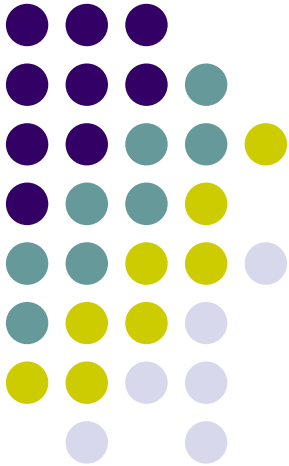


Table of Reductions based on OAR 411-030-0070(3)

<u>Reduction Levels</u> Before & After 1-1-2012	Breakfast	Lunch	Supper	Housekeeping	<u>Reduction Totals</u> Before & After 1-1-2012
Minimal Assist					
Before	4	4	8	5	21
After	3	3	7	4	17
Total Reductions	1	1	1	1	4
Substantial Assist					
Before	8	8	16	10	42
After	7	7	14	9	37
Total Reductions	1	1	2	1	5
Full Assist					
Before	12	12	24	20	68
After	10	10	21	18	59
Total Reductions	2	2	3	2	9

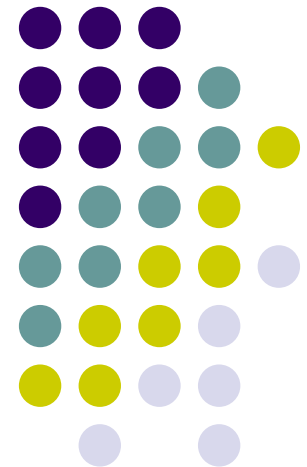


Clients at Risk



Case Manager's Role in Risk Management

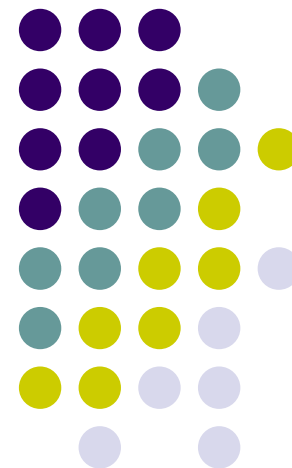
- Identify individuals who are at greatest risk due to IADL reductions
- Identify the risk factors
- Work with individual to minimize the risks
- Monitor & continue to offer options over time and assist the individual in evaluating risks and developing a plan



CMS Requirement

Transition Planning for clients at Risk

- Transition assistance may be needed when IADLs are reduced for some clients
- Offer community resources that may eliminate or reduce risks, such as:
 - Home Delivered Meals
 - Natural supports (daughter, neighbor, etc...)
 - Church, Veterans programs, etc...

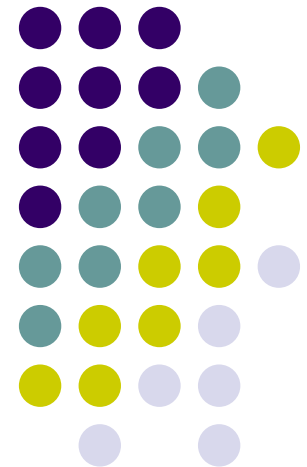


CMS Requirement

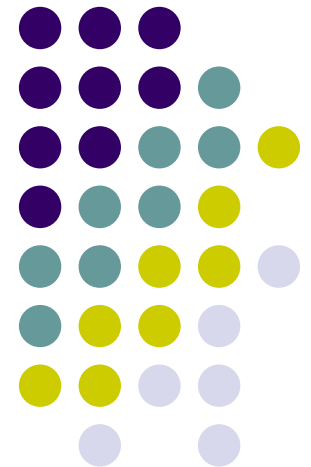
Transition Planning for clients at Risk

Continued...

- Document risks in the Client Details RISK section of CAPS for each client at risk
- Tool options for assessing & documenting Risks (discussed in February 2011 Netlink):
 - Risk Assessment Tools located on the CM Website
 - Risk Assessment Tool that your SPD/AAA local office recommends
 - Directly enter info into the Client Details Risks section of CAPS – required for all clients identified as at risk



CAPS Versioning



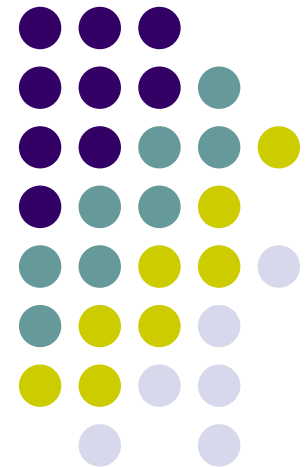
Assessment Full Benefit Results

- **Version 1**

- Full Benefit Results through 12-31-11
- Use for CAPS Service Benefit/Plans ending 12-31-11

- **Version 2**

- Full Benefit Results starting 1-1-12
- Use for CAPS Service Benefit/Plans beginning 1-1-12



Version 1 - Full Benefit Results

Valid through 12-31-2011

Case for JANUARY VERSIONING (Case Branch : Beaverton SPD)

Full Benefit Results
Based on Assessment 09/15/2011 and Benefit Version # 1

Benefit Version Dates

Version	Begin Date	End Date	Description
2	01/01/2012	12/31/9999	IADL Cut for Specific Benefits
1	08/08/2008	12/31/2011	Original CAPS2 version

In-Home Maximum Hours

Need	Assist	Hours
ADL		
Bath/Personal Hygiene	Minimal	10
Cognition	Minimal	5
Elimination	Substantial	20
Dressing/Grooming	Full	20
Mobility	Full	25
IADL		
Housekeeping	Substantial	10
Transportation	Substantial	3
Breakfast	Full	12
Dinner / Supper	Full	24
Lunch	Full	12
Shopping	Full	6
24 Hour Availability		
24 Hour Availability	Substantial	110

Additional Benefit Results
Prev Next

Version 1 IADL Maximum Assessed Hours allowed thru 12-31-11

Proceed to the Assessment Decision Point **Next**

Version 2 - Full Benefit Results Valid beginning 1-1-2012

Case for JANUARY VERSIONING (Case Branch : Beaverton SPD)

Full Benefit Results
Based on Assessment 09/15/2011 and Benefit Version # 2

Benefit Version Dates

Version	Begin Date	End Date	Description
2	12/09/2011	12/31/9999	IADL Cut for Specific Benefits
1	08/08/2008	12/08/2011	Original CAPS2 version

In-Home Maximum Hours

	Need	Assist	Hours
ADL			
Bath/Personal Hygiene	Minimal		10
Cognition	Minimal		5
Elimination	Substantial		20
Dressing/Grooming	Full		20
Mobility	Full		25
IADL			
Housekeeping	Substantial		9
Transportation	Substantial		3
Breakfast	Full		10
Dinner / Supper	Full		21
Lunch	Full		10
Shopping	Full		6
24 Hour Availability			
24 Hour Availability	Substantial		110

Additional Benefit Results
Prev Next

Version 2
IADL Maximum
Assessed Hours allowed
starting 1-1-2012

Proceed to the Assessment Decision Point **Next**



CAPS Service Plans

Must complete actions prior to 1-1-2012



- ❖ Complete CAPS service plans with effective date of 1-1-12, which include:
 1. Service Benefits
 2. Hours Segment
 3. Enter providers and natural supports into the plan
 4. Complete Needs Association for each provider in plan
 5. Assign hours to providers in the plan

(continued on next slide)

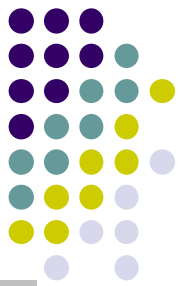
Must complete actions prior to 1-1-2012

Continued...



6. Task List must be validated, but doesn't need to be sent to the client, as the hours have changed, not the tasks
7. Other miscellaneous service planning tasks specific to the services the client is receiving, such as HDM
8. Case manager approves the Benefit, Hours Segment and Plan areas
9. SPD/AAA Tier 2 staff will need to approve local office exception Hours Segments
 - Hour approval cannot have any ADL or IADL hours increased.
 - The only change must be to the IADL hours being reduced.

Version 1 - Service Plans auto-end effective 12-31-2011



Benefit Eligibility and Service Planning

Assmt Date: 08/15/2011 Valid until: 08/31/2012

Select Assessment

08/15/2011 XIX (Comp) ▼

Assessment Type:

Title XIX

Review Date:

08/31/2012

Status:

Completed

Assessment by:

Test3, Test3

Referrals

Plan Summary

Model

Benefits Ben Act

Service Category/Benefit	Begin Date	End Date	Status
APD-In Home ▼	08/15/2011	12/31/2011	Approved

Hours Segments

Hours #	Begin Date	End Date	Status	Alwd	Exp	View Dtl
1	08/15/2011	12/31/2011	Approved	115	0	Act

Plans For APD-In Home

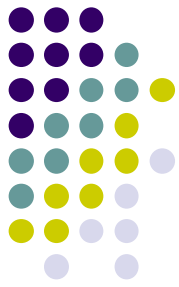
Plan #	Begin Date
1	08/15/2011

Services For Plan #1

Row #	Services	Provider Name	Begin Date	End Date	Invalid Entry
1	In-Home Care (HCW) Hou	TO BE SELECTED	08/15/2011	12/31/2011	<input type="checkbox"/>

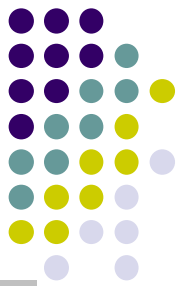
Provider Search
Needs Association
View/Assign Hours
Provider Detail

Version 1 - auto-ends 12-31-2011:
 CAPS hours-based service plans, such as APD In-Home will automatically end effective 12-31-11.
Note: no system or case manager actions are needed for non-hour benefit types, such as APD-Residential, as these plans do not have hours.



Admin Status Service Plans

- **Service Plans in Admin Status:**
 - Will NOT automatically end (follow bullets below)
- **Case manager must:**
 - Manually end the Service benefit/plans effective 12-31-11 if the Admin Status is because of:
 - Untimely Reassessments or
 - To Provide Adequate Notice
 - Do not end benefit/plans for: Hearing/APP unless instructed by Central Office
 - Set-up and approve the benefit/plans effective 1-1-2012 using the processes described on this Netlink
 - Follow all other service planning, notice, voucher requirements described in this Netlink



Version 2 - Manually approve Service Plans effective 1-1-2012

Benefit Eligibility and Service Planning

Assmt Date: 08/15/2011 Valid until: 08/31/2012

Benefits Ben Act

Service Category/Benefit	Begin Date	End Date	Status
APD-In Home	08/15/2011	12/31/2011	Approved
APD-In Home	01/01/2012	08/31/2012	Pending

Hours Segments

Hours #	Begin Date	End Date	Status	Alwd	Excp	View Dtl
---------	------------	----------	--------	------	------	----------

Plans

Plan #	Begin Date	End Date	Status
--------	------------	----------	--------

Services Pln Act

Row #	Services	Provider Name	Begin Date	End Date	Invalid Entry
-------	----------	---------------	------------	----------	---------------

Provider Search Needs Association View/Assign Hours Provider Detail

Left Panel:

Select Assessment: 08/15/2011 XIX (Comp)

Assessment Type: Title XIX

Review Date: 08/31/2012

Status: Completed

Assessment by: Test3, Test3

Buttons: Referrals, Plan Summary, Model

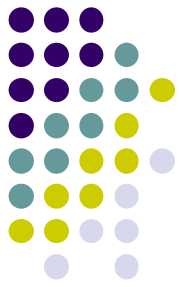
Version 2 - manually approved effective 1-1-2012:
All hours-based service plans will need to be manually set up & approved by the case manager.



Do NOT shift IADL hours

between Needs in the Hours Segment when setting up & approving the IADL Reduction Hours

- ❖ This is critical to ensure cost savings based on the IADL reductions
- ❖ DO NOT increase hours for any ADL or IADL need above the hours that the client is already receiving for each need
- ❖ This means the allowed hours (Alwd Hrs) column in the CAPS Hours Segment can NOT be increased in any area



Use a guide to enter reduced hours

Options to use as a guide for entering hours:

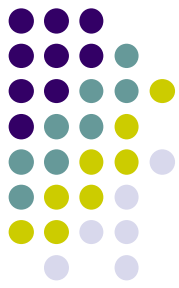
- 1. Open 2 OACCESS programs simultaneously:**
 - For those with dual monitors, view version 1 while entering version 2 information on each monitor
 - For those with single monitors, toggle between version 1 and 2 while entering version 2 information
- 2. Make a screen print of Version 1 service plan information, such as:**
 - Hours Segment
 - Assignment of hours screen

How to Make a screen print: - example of making an Hours Segment screen print:

- From the CAPS Hours Segment of the service benefit/plan ending 12-31-2011, click on the [View Dtl] button.
- Using your keyboard, simultaneously select the keys [Alt] and [PrtScr].
- Open Word and type client's name and paste (Control V or right click to paste) the screen print into Word.

Hours Segment - Version 1

Hours prior to IADL reductions valid through 12-31-11



Hours Authorization Segment

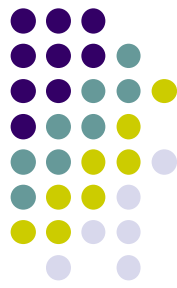
In Home Hours Status: Pending Begin Date: 00/00/0000 End Date: 07/31/2012

Type	Need	Assist level	Asmt Hrs	Alwd Hrs	Rem Hrs	Excp Hrs	Reason
ADL	Bath/Personal Hygiene	Minimal	10	5	5	0	Natural Support
	Bowel/Bladder	Substantial	20	15	5	0	CM Determination
	Cognition	Minimal	5	5	0	0	
	Dressing/Grooming	Full	20	20	0	0	
	Mobility	Full	25	25	0	0	
I/ADL	Breakfast	Full	12	12	0	0	
	Dinner / Supper	Full	24	24	0	0	
	Housekeeping	Substantial	10	5	5	0	Natural Support
	Lunch	Full	12	2	10	0	Provided by another agency
	Shopping	Full	6	0	6	0	Natural Support
	Transport	Substantial	3	0	3	0	Natural Support

**Version 1
IADL Maximum
Assessed Hours
allowed thru 12-31-11**

ADL Min	ADL Sub	ADL Full	IADL	24 Hour
10	15	45	43	0
0	0	0	0	0
10	15	45	43	0

Approved Date: 00/00/0000 Created Date: 10/15/2011 Last Modified Date: 10/15/2011
 Approved By: Created By: hstrng2 Last Modified By: hstrng2



Hours Segment - Version 2

Hours used for IADL reductions valid beginning 1-1-2012

Hours Authorization Segment

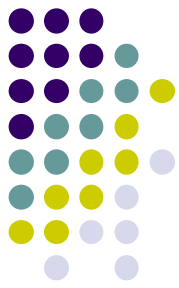
In Home Hours Status: Pending Begin Date: 12/09/2011 End Date: 09/30/2012

Type	Need	Assist level	Asmt Hrs	Alwd Hrs	Rem Hrs	Excp Hrs	Reason
ADL	Bath/Personal Hygiene	Minimal	10	5	5	0	Natural Support
	Bowel/Bladder	Substantial	20	15	5	0	CM Determination
	Cognition	Minimal	5	5	0	0	
	Dressing/Grooming	Full	20	20	0	0	
	Mobility	Full	25	25	0	0	
IADL	Breakfast	Full	10	10	0	0	
	Dinner / Supper	Full	21	21	0	0	
	Housekeeping	Substantial	9	5	4	0	Natural Support
	Lunch	Full	10	2	8	0	Provided by another agency
	Shopping	Full	6	0	6	0	Natural Support
	Transport	Substantial	3	0	3	0	Natural Support

	ADL Min	ADL Sub	ADL Full	IADL	24 Hour
Version 2	10	15	45	38	0
IADL Maximum	0	0	0	0	0
Assessed Hours allowed starting 1-1-2012	10	15	45	38	0

Approved Date: 00/00/0000 Created Date: 10/15/2011 Last Modified Date: 10/15/2011
 Approved By: Created By: hsint03 Last Modified By: hsint03

OK Cancel



Do NOT increase CAPS “Alwd Hrs” for any ADL or IADL need

BEFORE Reductions

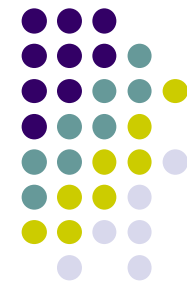
Asmt Hrs	Alwd Hrs	Rem Hrs
10	5	5
20	15	5
5	5	0
20	20	0
25	25	0
12	12	0
24	24	0
10	5	5
12	2	10
6	0	6
3	0	3

AFTER Reductions

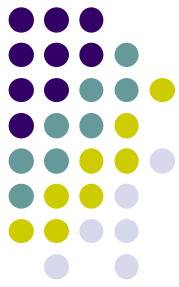
Asmt Hrs	Alwd Hrs	Rem Hrs
10	5	5
20	15	5
5	5	0
20	20	0
25	25	0
10	10	0
21	21	0
9	5	4
10	2	8
6	0	6
3	0	3

Example #1:

Previously reduced ADL hours based on a Natural Support



- Bathing/Personal Hygiene assess as needing a maximum of 10 minimal assist hours
 - Natural support provides for these needs $\frac{1}{2}$ of the time
 - Because of Natural Supports, case manager previously reduced the Bathing/Personal Hygiene hours to 5 hours
 - During IADL reductions, the client will be reduced some IADL meal prep and housekeeping hours
 - DO NOT increase Bathing or Personal Hygiene hours to compensate for the IADL hours reduced
 - ❖ **In other words, Bathing and Personal Hygiene hours must remain at 5 hours**



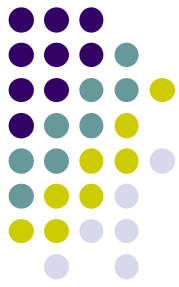
Example #2:

Previously reduced Lunch hours based on receiving HDM

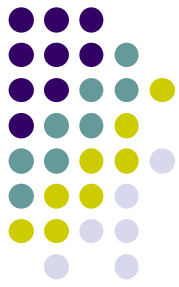
- Lunch Preparation assess as needing a maximum of 12 full assist hours
 - Home Delivered Meals (HDM) deliver lunch 5 days each week
 - Case manager previously reduced the Lunch hours to 2 hours
 - During the IADL reductions, the client must:
 - Not be reduced Lunch meal prep hours as these hours are already less than the newly reduced Lunch hours
 - Reduce the Dinner/Supper Full Assist hours from 24 to 21 hours
 - If the client were receiving the maximum Housekeeping Full Assist hours, then the hours would be reduced from 20 to 18. The screen print shows 5 hours allowed previously, so these hours must remain at 5
 - **DO NOT increase the Lunch hours above 2 hours, as this will not result in cost savings**

Example #3:

Previously reduced Housekeeping hours based on a Natural Support



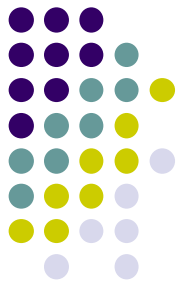
- With the IADL reductions, housekeeping assess as needing a maximum of 9 substantial assist hours (previously it was 10)
 - Natural support provides for part of the housekeeping needs & the case manager had previously reduced the hours to 5 hours
 - During IADL reductions, the client's housekeeping hours will not be reduced, as the 5 hours is already less than the reduced 9 hours
 - DO NOT increase other needs, such as Bathing or Personal Hygiene hours to compensate for the IADL hours reduced
 - ❖ **In other words, Bathing and Personal Hygiene hours must remain at 5 hours**



Voluntarily reduced hours

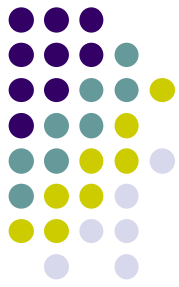
- Clients who voluntarily reduced IADL hours prior to the IADL reductions will:
 - not be required to take additional reductions unless the client is receiving more than the new maximum assessed hours in any of the IADLs being reduced
- Based on the IADL reductions:
 - the hours may be increased to the original voluntarily reduced hours amount using other unused ADL or IADL hours (if available)
 - IADLs hours must be = to or < than the new assessed hours
- Most common reason: Client Pay-in cases
 - A client who accepts less hours than is authorized because the client wants to have a lower pay-in amount

Spousal Pay Program

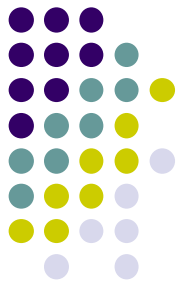


- Use same process as APD In-home cases

Independent Choice Program (ICP)

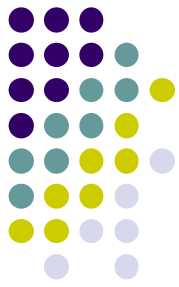


1. Complete all CAPS Service Planning areas
2. Complete a new 546IC Form with the reduced hours
3. Provide a copy of the 546IC form to the client and the SPD ICP Coordinator, Kelsey Weigel
4. The new benefit amount needs to be entered on the needs/resource details section of the CMUP/PCMS tab on the integration screen before CMS cutoff which is December 27, 2011



Client Notices

Client IADL Reduction Notice

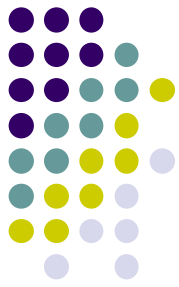


Newly designed Form:

SDS 0553 Notice of Reduction in Self Management Hours

- **OACCESS will auto-fill demographic info for forms in:**
 - English - only language in OACCESS
- **Large print and languages on the DHS/OHA Form Server:**
 - Large print
 - English
 - Spanish
 - Russian
 - Vietnamese
 - Cantonese
 - Korean
 - Laotian
 - Somali
 - Romanian
- **All other languages need to be individually translated:**
 - For details, see SPD Worker Guide A.2. "Alternate Format and Interpretation/Translation Services". Section 7
<http://www.dhs.state.or.us/spd/tools/additional/workergd/a.2.htm#07>

Steps to issue Client Notices



1. Review the CAPS Hours Segment “Alwd Hrs” column for the most recent service plan ending 12-31-11 for:
 - Breakfast, Lunch and Dinner/Supper Preparation *and*
 - Housekeeping
2. Any of the “Alwd Hrs” (from #1 above) exceeding the new “Alwd Hrs” based on the Hours Segment effective 1-1-12 must receive a reduction notice
3. The Notice must include:
 - The original “Alwd Hrs” from service plan Hours Segment ended on 12-31-11 and the new “Alwd” Hrs” from new service plan effective 1-1-12
4. Notices must go out in the mail on 12-1-11.
5. Notices sent in other languages should be sent for translation no later than 11-18-11.



Branch:	Prime:	Pgm:	DOB:
Case name:		Date of notice:	
Worker name:	ID	Phone number:	



Notice of Reduction in Self Management Hours

This notice is about an important change in your in-home services benefit. We are sorry to tell you that some of those services will be reduced beginning January 1, 2012.

The reason for this reduction is that there is less money available for important, state-funded programs. As a result, the state is unable to fully fund all the services it currently provides. This program is one of many services being reduced.

As of January 1, 2012, the total number of authorized hours you have for housekeeping services will be reduced from ____ to _____. The total number of authorized hours you have for meal preparation will be reduced from ____ to _____.

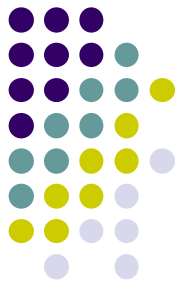
The reduction in hours for meal preparation and housekeeping services are the only in-home services being reduced in this notice. Please note the coverage you receive through your medical card will not change.

We are sorry to bring this news to you, and we understand that this change may cause a hardship for you.

This notice is based on a change to Oregon Administrative Rule 411-030-0070 that reduces the maximum hours available for self-management tasks (also referred to as Instrumental Activities of Daily Living). You have a right to request a hearing. Please refer to the hearing information on page 2 of this notice. Oregon Administrative Rules 411-015-0007, and 410-120-0006 also apply to this notice.

If you have any questions or need further explanation, please contact your case manager.

Enter authorized Meal Prep and Housekeeping hours Before and After the reduction



As of January 1, 2012, the total number of authorized hours you have for housekeeping services will be reduced from _____ to _____. The total number of authorized hours you have for meal preparation will be reduced from _____ to _____.



What You Can Do When You Do Not Agree with This Decision

Please contact your local office if you need this form in another language or alternate format

- You have the right to challenge this decision by requesting a hearing. Hearings are held by the Office of Administrative Hearings, which is independent from the Department of Human Services (DHS) or Oregon Health Authority (OHA). DHS or OHA may make decisions affecting your medical benefits. **If you want a hearing, you must request it on time.** For more information, see part 1 below.
- You can also talk with a manager. Ask for a meeting by contacting your local office. To find the closest office, call **1-800-442-5238** or go online to <http://egov.oregon.gov/DHS/localoffices/localoffices.pdf>. Your deadline to request a hearing (part 1 below) does not change even if you are in contact with a manager or trying to reach one.

Part 1 — Ask for a hearing.

What must I do to get a hearing? For all benefits except Supplemental Nutrition Assistance Program (SNAP) food benefits, you must fill out an Administrative Hearing Request form (DHS 0443) and return it to a DHS or OHA office. You can get this form at a DHS or OHA office or on the web at <https://apps.state.or.us/Foms/Served/DE0443.pdf>. For food benefits, you can ask for a hearing on DHS form 0443, by phone, in writing or by asking a DHS employee in person. Your local office can help you. In most cases, DHS or OHA must receive your request within 45 days from the date identified as the sending date on the decision notice. You have 90 days for food benefits and for Temporary Assistance for Needy Families (TANF) reductions for not cooperating with your case plan. You may request a hearing at any time if you disagree with the current amount of your food benefits.

Who can help with my hearing? In the SNAP and medical programs, any adult may represent you. In all other programs, you must represent yourself or have a lawyer or a legal assistant (supervised by a Legal Aid attorney) represent you. You may call the Public Benefits Hotline (a program of Legal Aid Services of Oregon and the Oregon Law Center) at **1-800-520-5292** for advice and possible representation.

What are my other hearing rights? At the hearing, you can tell why you do not agree with the decision. You can have people testify for you. The laws about your hearing rights and the hearing process are at OAR 137-003-0501 to 0700, 410-120-1860, 410-141-0264, 461-025-0300 to 0375, ORS 183.411 to 183.470 and ORS 411.095.

What happens if there is no hearing? If you do not ask for a hearing on time, or if you withdraw the hearing request or miss your hearing, you may lose your right to a hearing. This notice will be the final DHS or OHA decision (called a “final order by default”). You will not get a separate final order by default. The case file, along with any materials you submitted in this matter, is the record. The record is used to support the DHS decision upon default. You may appeal the final order by default by filing a petition in the Oregon Court of Appeals. (ORS 183.482) If you do not ask for a hearing, this appeal must be filed within **60 days** of the date this notice becomes a final order by default. If you withdraw a hearing request or miss your hearing, the appeal deadline is set out in the dismissal order.

Part 2 — How can I keep getting benefits until my hearing?

- You can ask for your benefits to stay the same until the hearing decision (“*continuing benefits*”). In all programs other than SNAP, you must ask on the Administrative Hearing Request form (DHS 0443). For SNAP benefits, use DHS form 0443, phone, write or ask a DHS employee in person.
- You must ask your branch for continuing benefits by either the “effective date” on the notice or **10 days** after the date identified as the sending date of the notice. To keep getting benefits, you must ask by whichever date is *later*.
- If you keep getting benefits but lose the hearing, you must pay back the benefits you should not have received.
- If you don’t keep getting benefits and win the hearing, DHS or OHA will give you the benefits you should have received.

Part 3 — Can I have my hearing within five working days?

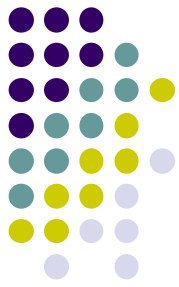
You may have the right to an “expedited hearing” for any of the following types of benefits or events:

- Expedited or emergency food benefits
- JOBS and Pre-TANF payments
- Temporary Assistance for Domestic Violence Survivors (TA-DVS) eligibility and payments
- While receiving medical benefits, you are denied a medical service for an immediate, serious threat to your life or health
- DHS or OHA denied your request to keep getting benefits until your hearing

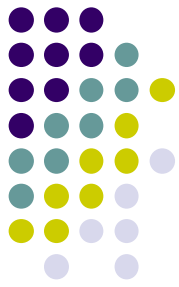
DHS will not discriminate against anyone. This means DHS will help all who qualify. DHS will not deny help to anyone based on age, race, color, national origin, sex, sexual orientation, religion, political beliefs, or disability. You can file a complaint if you think DHS discriminated against you because of any of these reasons.

DHS 0447 (07/11), recycle prior versions

Administrative Hearing Rights

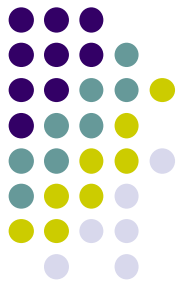


- Client reductions allow for administrative hearing rights
- Client may request Continuing Benefits
 - Hearing Reps will issue a Final Order explaining that the client is not eligible for continuing benefits based on a change in state law or policy
- Clients may dispute an assessment based on a change in condition

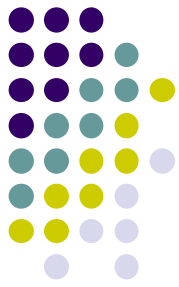


Task List

- **NOT required to re-send a new Task List** based on the IADL reductions, as HCW(s) will continue to provide the same tasks previously authorized on the Task List provided
- **However, the Task List must be validated in order to approve the services in the CAPS plan**

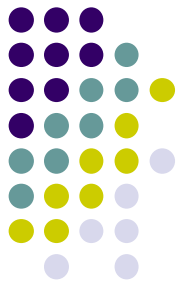


Provider Notices



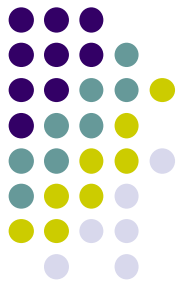
HCW Notices

- Use existing process for notifying HCWs:
 - Send Form 4105 prior to reducing hours
 - 4105 must be sent after the client notice is sent
 - Send HCW notice between 12-2-11 & 12-9-11
 - The HCW must receive notice prior to the 1-1-12 effective date
- Case managers must contact and consult with clients who employ multiple HCWs in order to determine what each provider's new hours will be prior to issuing the notice



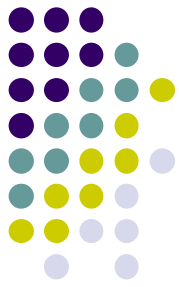
In-home Agency Notices

- Send a 546 In-home Service Plan Form to agencies providing services to clients with reduced Meal Prep and/or Housekeeping hours
- Send 546 form after the client notice has been sent
 - Ideally, send 546 a few days following client notice
 - The agency must receive notice prior to the 1-1-12 effective date



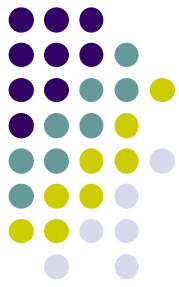
Reductions in Pay-in Amount

Decreased Cost of Care Pay-ins

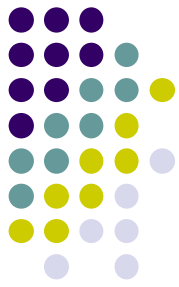


- **Per OAR 461-175-0230(3)(c):**
 - Clients must receive a basic notice of decreased pay-in prior to the effective date of change
 - The effective date of this change is 1-1-12
- **SFMU must be updated for clients paying cost of care pay-ins:**
 - Automatic system generated notices will be issued to clients prior to 1-1-12
 - See next slide for more detailed information

SFMU for Decreased Cost of Care Pay-ins continued....



- Adjust SFMU between 12-1-11 and 12-27-11 to ensure the new pay-in amount is on the system generated notice
- Do not complete SFMU prior to the month of December because:
 - The pay-in amount will be decreased for the wrong month
 - There are add'l year-end changes which may affect the calculation, such as COLA increase, elimination of the MDC need code & potential change in the Medicare part B premium
- Be sure all financial need/resource information is current and coded on the case prior to computing the new liability



Re-issuing Vouchers

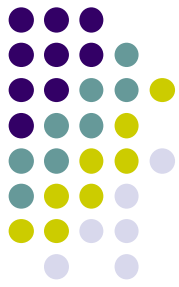
Vouchers



Case managers:

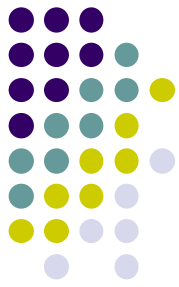
- Develop and approve a new CAPS Service Plan effective 1-1-12
- Submit a new approved 546 In-home Service Plan form to voucher clerks for each HCW and in-home agency:
 - According to the HCW Collective Bargaining Agreement, the 546 must be processed at least 7 calendars days from when the prior pay period's voucher was processed. Except for vouchers turned in prior to 12-31-11, the voucher process date will be no later than 1-7-12
- For CO exceptions, a new 546 is not needed. Use current 546 on file and provide to voucher clerk to generate a voucher

Vouchers



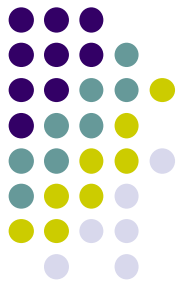
Voucher clerks:

- All vouchers will auto-end on 12-31-11
- The voucher system will not allow vouchers to be copied from previous vouchers
- 1-1-12 vouchers re-issued prior to the auto-end date must be re-issued with the corrected hours
- Re-enter all in-home service hours into the voucher system effective 1-1-12 at least 7 calendar days from when the prior pay period's voucher was processed.
- For CO exceptions, a new 546 is not needed. Use current 546 on file to generate a new voucher



Annual Reassessments Due

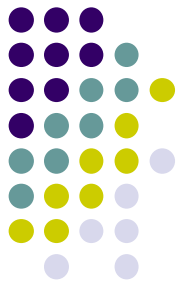
Annual Reassessments due between 11-1-11 through 12-31-11



Reassessments may be completed simultaneously with IADL reduction actions, as long as IADL reduction actions are completed no later than 12-1-2011

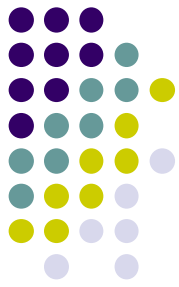
How to complete both actions simultaneously:

1. **Version #1** – Use this version for service benefits/plans with a benefit begin date of 11-1-11 or after (but prior to 1-1-12)
 - Set up and approve CAPS service benefit/plan based on the original assessment Full Benefit Results (version #1) if the CAPS service benefit begin date is 11-1-2011 through 12-31-2011. These CAPS benefits must end 12-31-2011.
2. **Version #2** - Use the new version of the assessment Full Benefit Results (version #2) for the service benefits/plans beginning 1-1-2012.

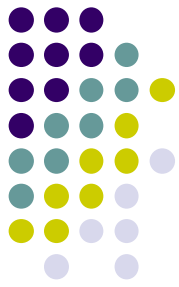


New Assessments completed in December

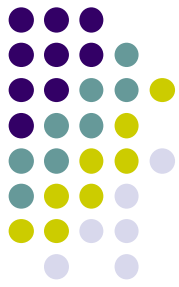
New Assessments completed in December



1. New service clients with their 1st assessment effective before 1-1-2012 must have all IADL reduction actions completed **and**
2. During new assessment interview, explain to the client that the December hours will be reduced effective 1-1-2012 and they will be getting a notice on this.
 - For notices in this situation, enter the date the notice is mailed
3. Make sure to follow the IADL reduction processes to ensure all IADL reduction actions are completed for the new clients too **and**
4. **Version #1** – Use this version for service benefits/plans with a benefit begin date of 12-1-11 or after (but prior to 1-1-12)
 - Set up and approve CAPS service benefit/plan based on the new assessments Full Benefit Results (version #1) if the CAPS service benefit begin date is 11-1-2011 through 12-31-2011.
 - These CAPS benefits must end 12-31-2011. **and**
5. **Version #2** - Use the new version of the assessment Full Benefit Results (version #2) for the service benefits/plans beginning 1-1-2012.

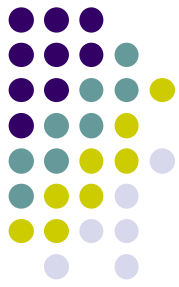


Narration

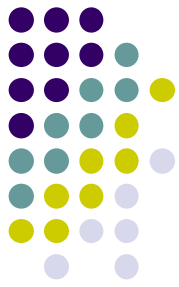


Narration

- **Narrate in OACCESS:**
 - Information about resources & services offered to individuals
 - All other IADL actions taken based on these IADL reductions

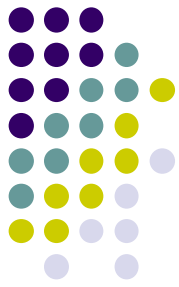


SPD Central Office Functions

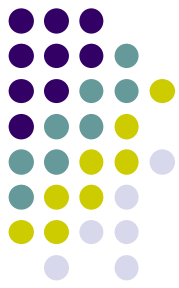


CO Functions

- Revised OAR 411-030-0070 to the reduced Assessed Hours for:
 - Breakfast, Lunch and Dinner/Supper Preparation
 - Housekeeping
- Created and Implemented Assessment Versioning which will end Version #1 on 12-31-11 & begin Version #2 Full Benefit Results 1-1-12
 - These results carry over to the service planning area
- Auto-close the CAPS service plans effective 12-31-11 based on the original (version 1) results
- Designed Form SDS 0553 Notice of Reduction of Self Management Hours for OACCESS (English only) and the DHS Form Server for other languages
- Will review, set-up and approve all existing CO exceptions:
 - The SPD/AAA local office will not take any actions on CO Exceptions

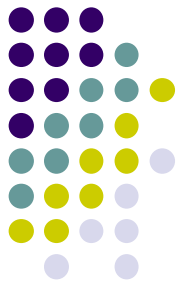


Outline of Dates



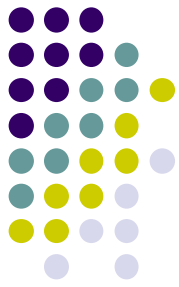
Outline of Important Dates Requiring Local Office Action

11/4/11	OACCESS conversion runs CAPS versioning and ends CAPS service plans effective 12-31-11(available on 11-7-11)
11/7/11 - 11/30/11	Create new CAPS benefits and service plans with an effective date of 1-1-2012
11/7/11 - 12/19/11	Print 546's for CEP clerks so that January vouchers can be created
11/18/11	Due date to send notices requiring individual translation or alt. formats to the Office of Communication Resources (they will mail out 12/1/11)
12/1/11	Mail client reduction notices
12/2/11 - 12/9/11	Mail reduction notices to homecare workers (4105's)
12/27/11	Due date to update case coding for pay-in changes and ICP benefits for January
Prior to 12/31/11	Send 546's to In-Home Agencies
1/1/12	IADL Reductions take effect
1/7/12	January vouchers must be issued by this date



Websites

- SPD Case Management Tools
<http://www.dhs.state.or.us/spd/tools/cm/index.htm>
- Assessment, Narration & CAPS Tools
<http://www.dhs.state.or.us/spd/tools/cm/capstools/index.htm>
- **Risk Assessment section with:**
 - Generic Risk Assessment Tool
 - Generic Risk Assessment Tool Guidelines
 - NWSDS Risk Assessment Tool
 - NWSDS Service Review, Client Monitoring & Risk Assessment Policy
- **Assessing Natural Supports**
http://www.dhs.state.or.us/spd/tools/cm/capstools/natural_supports.pdf
- ADRC-Aging & Disability Resource Connection
www.ADRCoforegon.org



Contact Information

- Suzy Quinlan (503) 947-5189
- Darwin Frankenhoff .. (503) 947-5162
- Kelsey Weigel (503) 945-6413
- Selina Hickman (503) 945-6414
- Jenny Cokeley (503) 945-6985