

Mike McCormick

Authorized Signature

Number: APD-PT-15-028

Issue date: 8/26/2015

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):

- | | |
|--|--|
| <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:	Exceptions to limits on the 50 hour authorized hours a HCW may work		
Policy/rule number(s):	411-027 and 411-030	Release no:	
Effective date:	8-31-15	Expiration:	
References:	Policy Transmittal APD-PT-15-023		
Web address:			

Discussion/Interpretation:

Starting August 31, 2015, all HCWs new to a consumer’s service plan are limited to working a maximum of 50 hours per week for each consumer. Homecare workers (HCW) currently working above this amount will be limited to working 50 hours per week for each consumer when either a new assessment is completed or when a new HCW begins working for a consumer.

Central Office Approval:

Most exceptions to the 50 hour limitation will require Central Office approval. For Central Office to review the exception request, the Client Assessment/Planning System (CA/PS) must be current and represent the consumer's condition and functioning. This requires updating the hours segment with the requested exceptional hours (if applicable) and assign the hours to the specific HCWs in the Services For Plan section.

Exceptions may be granted if:

- There is an insufficient number of HCWs to provide the needed care to the consumer and no other resources, including in-home agencies, are available to meet the need; OR
- A HCW has quit or has been terminated, until a replacement can be hired (this is a temporary exception not to exceed 30 days); OR
- The individual is traveling out of town and needs just one of the HCWs to accompany them; OR
- Back-up plans that include relief or substitute caregiving when the primary or scheduled caregiver is unavailable; OR
- Substitute caregiving that exceed the 50 hour maximum should only be for needs that are time-sensitive and would jeopardize the consumer's health and safety if care is not received; OR
- Emergent/urgent need of the consumer; OR
- Unique/complex needs of the consumer requiring continuity of care.

Other reasons for an exception:

- All initial exception requests must be prior approved by Central Office;
- All on-going/permanent requests that have prior approval will be reviewed annually by Central Office using the current exceptions process of the APD/AAA local office manager sending an email to the SPD Exceptions email box so the rate table can be updated;
- If HCWs are changing, Central Office needs to be notified to re-evaluate the exception within the Services For Plan section;
- Any new assessment that is created with the requested total hours exceeding 220 hours for one HCW, Central Office approval is required even if it was previously approved by Central Office;
- If a new hours segment is created, within the same or newer assessment, Central Office will need to re-evaluate the hours.

You must document in narration that:

- Other resources or providers were researched and are unavailable; AND
- Referrals were made to appropriate resources or providers such as STEPS; AND
- No other alternatives are available that meet the consumer's needs; AND

- There is a documented effort to remain within the authorized 50 hour maximum;
AND
- If the consumer's care needs are so complex in nature, explain why multiple caregivers would jeopardize the consumer's health and safety.

In-Home Exception Request (SDS 514) form:

Effective September 1, 2015 the old SDS 514 will not be accepted. Use the new temporary In-Home Exception Request (SDS 514) form posted on the [APD Case Management Tools](#) website until this form is posted to the DHS/OHA Forms Server. The APD/AAA local offices will be notified once the form has been added to the forms server.

Implementation/transition instructions:

Emergent/urgent need:

- If this is an emergent/urgent need, the APD/AAA local office may approve up to 16 additional hours per month for no more than 1 month.
- The local office can approve emergent/urgent needs no more than 4 times per calendar year without Central Office approval.
- The consumer's critical needs must be documented in narration.

Relief or substitute need:

- If there is a need for relief or substitute care, the APD/AAA local office may approve up to 8 additional hours per month, not to exceed one time.
- The consumer's critical needs must be documented in narration.

If the emergent/urgent, relief or substitute criteria above is met:

- The case manager needs to review the need for the exception with their manager;
AND
- Before submitting the request, the CAPS Hours Segment and the Services For Plan section must be completed and left in pending status; AND
- If the manager approves the request, the manager needs to send an email with the completed (SDS 0514) In-Home Exception Request to the SPD.Exceptions email box. In the subject line of the email, please type "**50 hour exception request**" and mark it urgent. Please include the duration needed for the exception in the email.
- The effective date of the request is the date the request arrives in the email box and cannot be retroactively approved. When the exception is received, it is logged into the database and assigned to a Central Office analyst to review for approval.
- The Central Office analyst will contact the APD/AAA local office if more information is needed, missing or out of date. A decision is made on each request to approve, deny or defer the request for more information with a goal of a 48 hour turnaround from the time all complete information is received.
- Central Office will communicate the decision via email to the case manager and the

manager.

- If approved, Central Office will approve the Hours Segment and/or Services For Plan section.

Communication plan:

- A matrix with examples/scenarios is being provided with this transmittal with a detailed process for making exception requests.
- A Tier Level approval chart is also provided with this transmittal.

Local/branch action required:

- Follow the policy requirements set forth within this transmittal.

Central office action required:

- Central Office will continue to provide on-going exception’s training and technical support to APD/AAA local offices.
- Central Office is required to review all requests in a timely manner.

Questions and information:

- Oregon Access Policy Questions: Email policy and training questions related to Oregon Access releases to the following email box at OregonAccess.release@state.or.us
- Oregon Access Service Desk tickets: Email all non-policy issues, such as Oregon Access problems that require fixing, to the service desk email box at ServiceDesk@state.or.us or call (503) 945-5623.

Field/stakeholder review: Yes No

If yes, reviewed by: Operations Committee and APD Policy group

Filing instructions:

If you have any questions about this policy, contact:

Contact(s):	Kelsey Weigel		
Phone:	(503) 779-6849	Fax:	(503) 947-4245
Email:	Kelsey.C.Weigel@state.or.us		

Service Plan Hourly Cap Exceptions for Providers Serving an Individual - APD

Exception Reason	Example	Local Office Approval	Central Office Approval
<p><u>Provider Capacity Exception:</u> No contract agency or provider (both on the registry or other local resources) within 45 minutes of the consumer's service location is able to provide needed services.</p>	<p>Sue lives in a rural area and there are no agencies or HCWs that are willing accept her referral to provide the attendant care above 50 hours per week. Sue is asking for an exception to allow her current HCW to work more than 50 hours per week.</p>	<p>No local level exceptions at this time.</p>	<p>Will review all requests submitted. All requests must have documentation of:</p> <ol style="list-style-type: none"> 1. Referrals made to contract agencies or other local resources 2. An effort made by the individual/ employer to recruit additional providers
<p><u>Provider Unable to Work:</u> A provider quits, is terminated, no longer meets qualifications, or credentials have expired</p>	<p>Tom has two HCWs. HCW1 is working 30 hours per week; HCW2 is working 25 hours per week. HCW1 is terminated by APD. Tom is asking for an exception to allow the HCW2 to work all of the hours until another HCW or provider can be located.</p>	<p>No local level exceptions at this time.</p>	<p>Will review all requests submitted. All requests must have documentation of:</p> <ol style="list-style-type: none"> 1. Referrals made to contract agencies or other local resources 2. An effort made by the individual/ employer to recruit additional providers
<p><u>Out-of-Town Situations:</u> A consumer requires care to ensure their health and safety, and it is not feasible to bring additional providers</p>	<p>Tyler is going on a trip starting Monday through Saturday. He has an assessed need of support 16 hours per day. It is only feasible for Tyler to bring one of his HCWs on his trip. Tyler is asking for an exception to allow the HCW that he is bringing on his trip to work 30 hours more than the 50 hour limit during the trip.</p>	<p>No local level exceptions at this time.</p>	<p>Will review all requests submitted. All requests must have documentation of:</p> <ol style="list-style-type: none"> 1. Dates must be defined
<p><u>Relief or Substitute Care:</u> When another provider or caregiver is unavailable to provide services critical to the health and safety of the consumer.</p>	<p>HCW1 called in sick for her shift. Tiffany needs assistance with taking her medications. HCW2 has already worked 50 hours this week; however HCW2 is the identified back-up provider for Tiffany if HCW1 is unavailable. Tiffany is asking for an exception to allow HCW2 to exceed 50 hours to provide services critical to her health and safety.</p>	<p>Local offices may approve up to 8 additional hours per month* *The consumer's critical need must be documented.</p>	<p>Will review requests when there is more than 24 hours per quarter. Requests must have documentation of:</p> <ol style="list-style-type: none"> 1. Reassessment (if need is due to a change in support needs) OR 2. Referral to or development of additional resources (if need was due to not having sufficient back up providers that do not exceed the limits or increased support needs) OR 3. Counseling with employer & provider as needed (if the employer needs more

			training to manage their employer duties or the provider needs support to provide only the authorized amount of service).
<p><u>Emergent Need:</u> An urgent need for care arises and exceeding the limit is unavoidable without risking the health and safety of the consumer</p>	<p>Charles broke his leg on Friday evening; he usually does not need paid supports on the weekends. His HCW has already worked 50 hours this week. Part of Charles's back-up plan is to call his HCW in an emergency. Charles is asking for an exception to allow his HCW to work more than 50 hours to provide supports for an emergent need.</p>	<p>Local offices may approve up to 16 additional hours per month. This can be approved no more than four times per year without central office approval* *The consumer's critical need must be documented.</p>	<p>Will review requests when there is more than 48 hours per quarter. Requests must have documentation of: 1. Reassessment (if need was due to a change in support needs) OR 2. Referral to or development of additional resources (if need was due to not having sufficient back up providers that do not exceed the limits or increased support needs) OR 3. Counseling with employer & provider as needed (if the employer needs more training to manage their employer duties or the provider needs support to provide only the authorized amount of service).</p>
<p><u>Unique / Complex Needs:</u> The consumers health and safety would be compromised by adding additional providers to the service plan</p>	<p>Danielle has a fragile immune system and a complex medical regiment that requires a specially trained provider to provide services in her home. Danielle has tried to use multiple providers in the past which resulted in her contracting a serious infection and hospitalization. Danielle is asking for an exception to allow her specially trained HCW to provide all of her supports to mitigate her risks of contracting life-threatening infections and maintain her medical regiments.</p>	<p>No local level exceptions at this time.</p>	<p>Will review requests submitted. <u>All requests must have documentation of:</u> 1. Complex care needs that cannot be met by additional providers; AND 2. Back-up plan; AND 3. An effort to develop a service plan that does not exceed the limitations.</p>

Tier Level Approvals for the Hourly Cap

Initial Service Plan Segment	
	Plan Segment with one or more HCWs above 220 hours per month
Tier 3	X
Tier 2	
Tier 1	

Ongoing Service Plan Segment (HCW specific per consumer)		
	Equal to or less than previous approval (still above 220 hours per month)	Greater than previous approval
Tier 3	X	X
Tier 2	X	
Tier 1	X	

Tier 3= Central Office

Tier 2= Managers, Supervisors, Lead Workers

Tier 1= Case Managers

****If a new hours segment is created within the same or newer assessment tier 3 will need to re-evaluate the hours at that time****