

APD CONSUMER REPRESENTATIVE ROLES

MANDATORY WEBINAR Q & A 11/20/19

Questions	Answers
Is a client still able to verbally approve a representative to speak on their behalf and is still good for the 30 days while a 231 is being completed to be turned in?	If a case manager is given a verbal authorization, unless otherwise stated it is good for 30 days. However, the case manager should ask if the consumer is comfortable with the verbal authorization being in place for 30 days. If the 231 is not returned in 30 days, the verbal authorization expires. (Note: This answer does not apply to the 737.
Since we don't determine MAGI, do we still need an auth rep for MAGI folks who aren't on snap if they can't speak for themselves?	APD is not responsible for determining an authorized rep in this scenario.
We were told that a HCW cannot be an authorized representative.	An authorized representative (as designated on the 231) can be a homecare worker unless there is a clear conflict of interest. Please see OAR 461-115-0090 .
Can there be more than one Consumer-Employer Rep per client?	No.
Do we have confirmation that medical staff will actually acknowledge the 737, client rep as a person legally able to make decisions on behalf of the client, like will they admit the form as valid?	The 737 is not a formal legal document; therefore, there is no assumption that outside entities (such as a hospital) will recognize it as a valid instrument for articulating the consumer's preferences.
Can a Client Employer Representative be used to make a direct contact?	Yes, but it is recommended that the case manager first attempt talking with the consumer directly. If that is not successful, a Client Employer Rep may be a direct contact.
Why would someone need to be an Alternate Payee for the OSIPM benefit? Wouldn't an Authorized Rep be all that is needed to handle application/renewal of OSIPM benefits? I noticed that both Authorized Rep and Alternate Payee were used for the OSIPM medical benefit but was not clear on the difference of what each one does with respect to the OSIPM benefit.	The Authorized Rep may apply for benefits. The Alternate Payee may access (use) the benefit on behalf of the consumer. The same person may be in both roles.

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<p>Can an authorized rep as indicated on the 231 be a direct contact? Can any representative can be a direct contact? For example, client rep, auth rep, or alternate payee?</p>	<p>Not necessarily. The direct contact must be someone who is appointed or actively involved in and knowledgeable about the consumer's service plan to be a direct contact. Refer to OAR 411-028-0010(13) for more information.</p>
<p>How do we assign a representative who can be used as a direct contact?</p>	<p>Oregon ACCESS does not have a selection that specifically addresses this role so the best way to do so is to designate the person in narration. OAR 411-028-0010(13) indicates the direct contact should be a person who has been appointed by the consumer or someone who has long-standing involvement in assuring the consumer's health, safety, and welfare.</p>
<p>If a representative fills out the form and they don't comply is there any accountability on client representative process?</p>	<p>The consumer designates the Client Representative. If that person does not fulfill the role, APD will appoint the next identified individual or someone from the priority order specified on the 737.</p>
<p>If there are documented cognitive issues, is it appropriate for us to override a decision of a HCW whom we believe is exerting undue influence? At what point does a CM intervene?</p>	<p>Yes. As soon as the CM suspects a problem, the CM should intervene. Referral to APS may be appropriate as well.</p>
<p>In the "Kim" example in which the consumer had behaviors which created a hostile work environment, can we require a consumer to have a consumer employer representative as a condition to services?</p>	<p>Yes, it may be appropriate to require a consumer-employer representative. In addition, if the consumer is creating a potentially unsafe work environment for the provider (HCW or agency), a decision may be made not to authorize in-home services. These decisions must be staffed with a manager and Central Office.</p>
<p>Can we close a service case if they don't have a HCW?</p>	<p>A case can't be closed for this reason. If a consumer is not receiving in-home services for a period of time, it may be appropriate to send out a Buckley Bill notice to re-assess for</p>

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	<p>service eligibility. Also, non-MAGI consumers are eligible to receive monthly case management services.</p>
<p>To clarify, we can use someone as a Representative that the Consumer designated as a direct contact even though we have no legal/Agency form signed? But the forms that we have signed for other Representatives are not allowed to be used as a Direct Contact even though those are designated by Consumer and are listed on Agency Forms. I see possible legal ramifications as our consumers have been known to say things like “I never said that.” Case in point, is what they report for CAPS and when they are reduced in hours per their report, they request hearing and state to Judge “I never said that.” So, to clarify, we can use someone as a Representative that the Consumer designated as a direct contact even though we have no legal/Agency form signed? But the forms that we have signed for other Representatives are not allowed to be used as a Direct Contact even though those are designated by Consumer and are listed on Agency Forms. I see possible legal ramifications as our Consumers have been known to say thing.</p>	<p>We always prefer that direct contact occur with the consumer. When that is not possible, a direct contact Representative types from the 231 or 737 forms can serve as direct contacts if they meet the definition above. There is no form or option in Oregon Access to specify this except in narration.</p>
<p>What should the “representative” narrative for Direct Contacts look like?</p>	<p>“Spoke to consumer on this day who gave authorization for staff to speak with daughter Jill as her ongoing representative for direct contacts.” Or “Consumer is unable to communicate or participate in their care due to cognitive impairment. Talked with spouse who is a paid provider, so he is unable to serve as direct contact. Spouse recommended consumer’s sister, Sally,</p>

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	would be appropriate as she is very involved in consumer's care. CM will plan to use Sally as representative for direct contacts."
Who can we talk to on the phone about service issues? Family calls, caregivers call, etc.	Without a release of information, we are allowed to receive any information that is provided to us, however we are unable to disclose any information in response unless the information is directly related to treatment, payment and healthcare operations. Refer to APD-IM-18-089 for more information.
How does a CM contact an individual without a client's permission (in Sally's example) without violating the client's confidentiality?	It is permissible to share the minimum information necessary to coordinate care for the consumer. This is similar to contacting an adult foster home for placement for an individual. Refer to APD-IM-18-089 for more information.
Is the signature spot on the HCW voucher, which currently says "Authorized Representative," going to be changed to Client Employer Rep?	Thank you for sharing this. We will look into the possibility of making this change, however currently IT resources are limited to making a change to the voucher at the moment.
If someone is a money manager they should be listed as an authorized rep?	No. Oregon ACCESS has a contact role for money manager.
How does one find a CE Rep through the Department? Is there an agency or a list of approved folks to be assigned this role?	If there are no natural supports, friends, or relatives who can serve as a client employer representative, an in-home agency may be more appropriate to meet the consumer's needs. In lieu of that, a different service setting may be needed.
Am I able to use the Consumer-Employer Representative as a "representative" for direct contacts?	Yes, if that person meets the definition specified in OAR 411-028-0010(13) which indicates the direct contact should be a person who has been appointed by the consumer or someone who has long-standing involvement in assuring the consumer's health, safety, and welfare.

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<p>What is the process for consumers who are cognitively unable to participate in reviews and have no one to be an Auth Rep?</p>	<p>The Department may appoint an Authorized Representative.</p>
<p>Since there is no form for a “representative” for direct contacts, can we use the HCW or the AR if the consumer stated at some point that this person is their “representative” for contacts?</p>	<p>A homecare worker can never be a direct contact. An Authorized Representative who is not a paid provider may serve as a direct contact if they meet the criteria stated in OAR 411-028-0010(13).</p>
<p>When a cognitively unaware person is assigned an Authorized Rep by the Department is there a form to be completed?</p>	<p>Yes, the 231.</p>
<p>Are there restrictions on who to assign as the Auth. Rep. on the 231?</p>	<p>Yes, there are several examples of individuals who cannot serve in this role, such as a person who may cause harm to the consumer, Department employees, retailers, and others. For additional details, please refer to OAR 461-115-0090(9).</p>
<p>What happens when the Department can't find anyone agreeable to be an Authorized Rep?</p>	<p>If the person who is at imminent risk of harm without services, case managers and/or eligibility workers should assist the person with completing the application. Additionally, a referral to APS may be appropriate.</p>
<p>For consumers that want to appoint a rep but only want it used in the event they can't make decisions can we add a role to OA like "Future rep"?</p>	<p>The Client Representative role is for future decision making when the consumer is unable to make their own decisions. That person can be designated on the 737 form and narrated in Oregon ACCESS.</p>
<p>Please clarify, what type of Representatives count as a direct contact?</p>	<p>A person meets the definition specified in OAR 411-028-0010(13) which indicates the direct contact should be a person who has been appointed by the consumer or someone <u>who has long-standing involvement</u> in assuring the consumer's health, safety, and welfare. Cannot be a paid Medicaid provider.</p>

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<p>Another scenario: client is non-verbal due to TBI and signed Auth Rep form and Client Rep and those titles are not able to be used as a Direct Contact, so as CMs do we have to do a face-to-face visit every month or can we appoint the individual that is the Auth Rep/Client Rep as the Representative?</p>	<p>A client representative and an Authorized Representative can potentially be the direct contacts. The client representative is, by definition, not a paid Medicaid provider and the Authorized Representative might not be a paid Medicaid provider. If either person meets the definition specified in OAR 411-028-0010(13) which indicates the direct contact should be a person who has been appointed by the consumer or someone who has long-standing involvement in assuring the consumer's health, safety, and welfare, they can be a direct contact. If neither meets this definition the client representative may be able to identify someone that can act in this role. If no one can act in this role a Face-to Face may be needed for Direct contacts and would happen at a schedule based on the risk assessment.</p>
<p>Can a flow chart be provided for quick reference?</p>	<p>A chart that compares the roles was offered as part of the training. If a local office has developed a tool to help understand and wants to share, Central Office would be happy to review and post as a tool for others to use.</p>
<p>Would a LTCCRN be adequate to determine capacity for a consumer who is experiencing cognitive decline?</p>	<p>Yes, as they would be considered a health professional.</p>
<p>What is the difference between a Client Representative and a Consumer Employer Rep? And, do we need to have a new signed 737 at each redetermination when nothing has changed from the previous review?</p>	<p>The Client Representative helps with future life decisions like what program services are best, where to live, whether to consent to proposed limitation so rights, etc. The Consumer Employer Representative assists in the Homecare Worker and Spousal pay programs within the in-home program options with the screening, hiring, scheduling, monitoring, discharging,</p>

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approving hours, and maintaining a safe work environment.

The same person can be in both roles.

The 737 is required to be reviewed and at each annual review. If there are no changes then it must be narrated. It's not necessary to complete a new form each year when there are no changes.