MANDATORY CM IN-SERVICE WEBINAR 4/14/16 Q & A

ONGO Portion of the Presentation	
Questions	**Answers**
When they are corrected – do vouchers automatically go out or do they need to be issued?	When an issue is corrected from SVCH the voucher should be auto-issued by the system that night. *As the system is still new it is a best practice to check the next business day to confirm the voucher was generated correctly.
Can case managers make changes to ONGO? I thought it was only CEP staff.	It depends on the rights that the case manager has. Most case manager were granted read only or inquiry only access to these screen. Some case managers have other rights packages that allow edit access to ONGO.
So we will not know that a voucher is not issued or may not be able to be issued until 6 days prior to when it is to be turned in? Can you please go over the dates issues again?	No, we will know six business days prior to the voucher being issued. That is six business days prior to the first day of the upcoming service period. The intent was to give staff a full week to address issues.
When you say end, do you mean permanently? As in the case is closed or just a new assessment?	Both, I think, this is hard to answer without more context.
If you are changing the hours as stated, will a new voucher need to be printed and used or can we correct the voucher and just put the new voucher information on the already printed voucher?	If the hours are being changed and there is not time to print and mail a new voucher, we can cross out the old voucher # on the original voucher and write in the new voucher #.
Some providers prefer getting paid 1x a month – can that be added back as a choice?	Not at this time.
I heard Ben say in the CEP Clerk Power Hour that if HCWs continue to fill in more hours than are approved, we should be looking at them for fraud. Which I get, but I also hear from HCWs that the union is telling them to	We have escalated this to our management team for further discussion.

do this. Are you all having conversations with the union about that?	
Is any talking about how much work hours/money that could be saved if HCWs were paid once a month like us?	Paying HCWs once a month was looked at, however due to collective bargaining is not an option.
It is 6 business days or 6 calendar days?	Business days.
I like the idea of being able to front load and back load hours during the month. What do we need to do a case managers to create a 546 to reflect these types of changes? Do we need to change the assigned hours in the service plan?	You would add comments instructing the Voucher Specialist how the consumer would like the hours split. You can write directly on the 546. Narration is another option. There is no additional action needed in Oregon Access.
Who has rights to end an ONGO plan? Is this the same rights as a HCW Specialist would have to create and pay vouchers?	The rights for ONGO are in the same group as the rights for authorizing and paying vouchers.

Assessment Inconsistencies Portion of the Presentation	
Questions	**Answers**
Do you suggest that we offer DME instead of putting consumers on service?	It's good practice to let consumers know of options available to them. If DME or other device will allow consumers to live a little more independently in their home environment, then case managers should do due diligence in giving the consumer that information. DME doesn't always replace assistance from a person; a consumer can still be assessed for assistance and receive assigned hours but maybe not all of the allowable hours for a particular task because of the supportive device. Also, consumers have the right to know they have a choice – receive assistance through Medicaid services or purchase a supportive device that may give them the same help as IH services.

Can you clarify what you meant by stand by assistance being intermittent hands on assist?	Stand by assistance is considered in the tasks of bathing, dressing, grooming, or eating. Basically, the consumer wants to participate in the task but may not be able to complete the task in its entirety due to unpredictable physical impairments (weakness, shakiness, cramping of hands/fingers, etc.) (the impairment is predicted to occur but not on a regular basis – i.e., hands cramp up or fingers swell due to arthritis). For example, the consumer may need assistance when attempting to tie his/her shoes; buttoning a shirt or putting his/her arms through the sleeves; zip or belt pants; (can do most or some of the task(s) but becomes weak during the task(s) and needs assistance – no way to know how much of the task(s) can be completed before becoming too weak to finish the task(s)). For example, the consumer needs monitoring during shaving to prevent cuts due to sporadic shakiness of his/her hands during the task; can clip finger nails but not toe nails – may need monitoring to prevent cutting into the skin when attempting this task. When eating, the consumer requires another person to be within sight and immediately available. Assistance requires hands-on feeding, hands-on assistance with special utensils, and cueing during the act of eating, or monitoring to prevent choking or aspiration. **(Don't assess stand-by assistance as a preventative measure if there isn't a history of the consumer choking/aspiration).**
If a client lives in an apartment on the 2nd floor with steep stairs, but he doesn't need	Minimal assist in Ambulation. According to OAR 411-015-0006(9)(d)(A):

help inside, only on the stairs….does he qualify for assist?	"(d) Ambulation means the activity of moving around both inside and outside the home or care setting, during the assessment time frame, while using assistive devices, if needed. Ambulation does not include exercise or physical therapy. (A) Minimal Assist: Even with assistive devices, if needed, the individual can get around inside his or her home or care setting without the assistance of another person. Outside of the individual's home or care setting, the individual requires hands-on assistance of another person."
How many falls are required to establish a 'history of falls?'	There is no set number of falls in rule. A case manager should use his/her best judgment in this area. Ask questions regarding a consumer's history and the outcome of any falls in the past. Be observant – are there items that could be the cause of a fall? How did it happen? What happened? Were there mitigating circumstances that contributed to the fall (i.e., a throw carpet, medication making the consumer dizzy, etc.)? Are those circumstances still in the consumer's environment that may contribute to falls in the future? According to OAR 411-015-0006(9)(c): "A history of falls with an inability to rise without the assistance of another person, or with negative physical health consequences, may be considered in assessing ambulation or transfer if they occur within the assessment time frame. Falls prior to the assessment time frame, or the need for prevention of falls alone, even if recommended by medical personnel, is not

	sufficient to qualify for assistance in ambulation or transfer.”