ADRCS, IN-HOME CARE CONTRACT AGENCIES AND ADULT DAY SERVICES MANDATORY WEBINAR Q & A 4/13/17

ADRC Questions?	ADRC Answers
So APD is only serving 4%?	We need to recalculate that number, but many seniors access OAA and community based services, many more than Medicaid services.
Are all these services available in every county?	Service are available in every county. You can be connected directly by visiting adrcoforegon.org and going to connect. Click on the county you are looking or and an email and phone number will pop up.
What value can people get out of calling the 211 line that are not necessarily available when calling the ADRC?	For anyone over 60, families and caregivers and anyone with a disability should come to the ADRC as the staff are experts in information and services for these populations. For children and young families, should be directed to 211.
What non-Medicaid in-home supports does the ADRC offer?	OPI, Options Counseling can help folks get connected to community based services. There are some services through OAA and also the Family Caregiver Support Program.
IHCA Questions?	**IHCA Answers**
In our area most IHCA are reporting that due to costs they are not providing nursing delegations so they will just refuse a consumer who needs a delegation, is this changing?	According to Public Health licensing rules (OAR 333-536) and the Medicaid contract, the comprehensive license classification requires the IHCA to ensure personal care services are provided that shall include: medication reminding, medication assistance, medication administration and nursing services. The OARs also require the IHCA to complete an initial assessment to determine if they can meet the person's care needs.
If agencies delegate nursing tasks why are we hearing nurses will not pickup meds or fill a med box/pill reminder box?	In accepting the individual, the IHCA is indicating their ability to meet the person's care needs including medication management. If the IHCA is not able to meet

	the care needs, the goal would be to plan how the care needs will be meet. If the IHCA is not still not able to meet the care needs, rule requires the IHCA to give the consumer a 30 day notice to discontinue the service.
Is the 30 day written notice something that we will be able to push back on per these rule changes?	Yes, the goal would be to meet the person's care needs through a person-centered process.
Regarding the non-compete clause, if a caregiver breaks the contract it is considered an issue between the IHCA and the employee and DHS staff do not get involved, correct?	Yes, the employee is aware of the agreement with their employer. This is not an issue between the IHCA, the consumer and the CM.
Are there requirements around the training that is provided to IHCA caregivers?	Licensor approved training requirements and training program, as well as sufficient training to meet the individuals care needs OAR 333-536-0070.
The agency nurses do not provide the same services as the LTCCNs. Even the IHCA nurses tell us that. So consumers who use an agency do not get the same level of health support that our consumers who use HCWs.	If an agency has been approved to provide nursing services, the services must be provided by an Oregon-licensed registered nurse employed by the agency and provided only to a client whose medical condition and health status is stable and predictable. The services shall be provided as requested by a client or a client's representative and shall be in accordance with these rules, the applicable administrative rules of the Oregon State Board of Nursing (OAR chapter 851, division 047), and the service plan. (OAR 333-536-0080).
Can we give medical or HIPPA information to IHCAs without a signed 2099?	Yes, HIPAA Health Insurance Portability & Accountability Act: Individually Identifiable Health Information relating to specific individuals may be exchanged between Contractor and DHS for purposes directly related to the provision of services to Clients which are funded in whole or in part under

	this Contract. To the extent that Contractor is performing functions, activities, or services for, or on behalf of DHS, in the performance of any Work required by this Contract, Contractor shall not use or disclose any Individually Identifiable Health Information about specific individuals in a manner that would violate DHS Privacy Rules, OAR 407-014-0000.
We have agencies wanting to go out and do an initial assessment prior to accepting the client. Are we able to open the plan for one day to allow them to do the assessment? What if they end up deciding not to take the client? What if the client is not even in the home and has open NH or facility case?	Licensing rules require the IHCA to conduct an initial screening to evaluate a prospective client's service requests and needs prior to accepting the individual for service. The IHCA should not conduct the initial screening without receiving a referral to provide in home services from the CM. The IHCA is allowed to bill for up to three hours for the initial screening (procedure code T2024)
If the IHCA denies taking the client's case, how does the IHCA get reimbursed for the screening? Are case managers to set up a POC in MMIS?	When the IHCA accepts the referral and completes the required initial screening, the IHCA can bill for reimbursement. CM will need to set up a POC in MMIS allowing the IHCA to bill up to three hours for the initial screening. This billing is separate from the person's service plan.
In our area we see some of the IHCA advertise that they provide free screening for non-Medicaid consumers yet they will bill screenings for Medicaid, is this a problem?	Thank you for this information. I have seen this advertisement on websites and discussed with the IHCA concerns in relations to Medicaid reimbursement.
We have IHCAs who want a 546 with 1st of the month to the end of the month, even when the need is for specific dates, such as 15-18. How do we address this? This opens us up for errors and fraud.	The IHCA should provide services and bill according to the individual's service plan and MMIS plan of care.

A number of IHCAs will not accepts a referral without a copy of a 546 first. Is this allowed?	We know the 546 as an authorization of services. They may believe this is an agreement to a number of service plan hours. I would rather the IHCA be comfortable with a verbal agreement with the CM who has identified the service plan-cares and allowed hours in the plan.
With the new revised rules will there be timeframes involved (i.e. quarterly reports and signed task list to be returned to the CM)?	The requested information shall be submitted to DHS or the AAA within five business days of the request. However, if the requesting DHS or AAA office indicates the request involves individual safety, well-being, or a protective service investigation, the information must be submitted within 24 hours of the request.
Is there a timeline for requirement that an IHCA must notify the individual of any changes in the service plan? Prior notice? Day of?	The IHCA must ensure the individual is notified of any changes in the delivery of the IHCA's service plan, such as a change in the personal care aid who provides the in-home service, the frequency of the service and the day and time when of the services will be provided. Expectation would be notification is provided prior to the change occurs.
Will staff receive a transmittal after the rules have been finalized and are effective?	Yes.
What will be on the quarterly report?	The administrator or designee must determine and document during a monitoring visit: (a) Whether appropriate and safe techniques have been used in the provision of care; (b) Whether the service plan has been followed as written;(c) Whether the service plan is meeting the needs or needs to be updated;(d) Whether the caregiver has received sufficient training for the client; (e) Whether the individual is satisfied with his or her relationship with the

	caregiver(s); and (f) whether appropriate follow-up is necessary for any identified issues or problems.
What information is supposed to be contained in the report sent to CMs by IHCAs on a quarterly basis? What guidance have they been given and what can we expect?	The administrator or designee must determine and document during a monitoring visit: (a) Whether appropriate and safe techniques have been used in the provision of care; (b) Whether the service plan has been followed as written;(c) Whether the service plan is meeting the needs or needs to be updated;(d) Whether the caregiver has received sufficient training for the client; (e) Whether the individual is satisfied with his or her relationship with the caregiver(s); and (f) whether appropriate follow-up is necessary for any identified issues or problems. This information is stated in licensing rules and required in the new IHCA rules. The agency has been informed during the rule writing process and through their receiving a copy of the rules.
CMs report concerns that IHCAs are instructed their caregivers to stay for the full 4 hour minimum regardless if the client has task list related needs to be completed during that time.	Medicaid reimburses the IHCA for tasks authorized and provided according to the service plan. CM may want to be assured through conversation with the individual or representative the service plan is being met by the IHCA.
To clarify, an IHCA can make the decision that certain nursing tasks disqualify a client from their services, but they must provide nursing services? We have an IHCA that will not inject insulin, is that considered their business decision?	It is believe the business decision revolves around the number of hours and cost required to provide the medication and nursing services. If the IHCA determines through their assessment, they can meet the person's

	needs, medication and nursing services will be a part of the service plan
So what are we supposed to do with our consumers that aren't able to manage a HCW and don't have an Authorized Rep. that can assist, and the agencies won't accept them?	In home services may not be appropriate for someone who does not have these supports.
An agency accepts a client (i.e. No delegation) however they would really benefit from nursing monitoring. I have had trouble with the vast majority of agencies providing this vital service.	During the in-home quarterly reviews, the IHCA will determine whether the service plan is meeting the needs or needs to be updated. Because of the licensing classification and receiving a Medicaid contract, medication and nursing services should be a part of that review. The CM can request this information.
Many IHCAs in this area refuse nail care (non-diabetic) can they refuse this service?	This refusal should be made during the initial assessment.
Some IHCAs are saying they just need a 598, so just want to confirm it doesn't matter what they say and that we must give both a 598 and a 546.	Upon accepting the individual for service, the new rules (June 2017) require the "task list" to be signed by the IHCA and returned to the CM. It was pointed out, the 546N is intended to be an internal document. A policy will need to be written re: this exchange of forms.
For delegation, is there a conflict of interest?	Delegation of specific tasks of nursing care to unlicensed persons shall be conducted and documented by the registered nurse as required by the Oregon State Board of Nursing administrative rules chapter 851, division 047. A client's record shall contain documentation that all requirements within those rules have been met, including but not limited to: assessment, instruction, observation, supervision, and re-evaluation
What is the timeframe for notifying CM of changes?	The CM should determine this time frame.
When will IHCAs be forced to send their hours to the consumer to have the consumer	The individual or representative should be monitoring hours authorized and worked.

approve the hours provided to the consumer? Currently there is no accountability to the consumer or agency when an agency is in use.	Concerns of misused should be discussed with management.
Can an IHCA provide services to 2 clients at the same time?	When two or more individuals eligible for IADL task hours live in the same household, the assessed IADL need of each individual must be calculated. Payment is made for the highest of the allotments and a total of four additional IADL hours per month for each additional individual to allow for the specific IADL needs of the other individuals.
Are the rules for IHCAs still going to be only service within 60 miles?	A licensing requirement states the branch office shall be located within the parent agency's geographic service area at a distance from the parent agency that generally does not exceed one hour's travel time.
Have we considered a special rate for agencies who work with challenging consumers, kind of like special rate AFH?	Thank you.
In an IHCA claims an unsafe situation for their workers, can they stop care without notice? How must notice are they required to give?	The individual's right to immediate oral or written notice of termination of services by the agency at the time the agency determines that the safety of its staff or the client cannot be ensured. If oral notice is given, the agency must also subsequently provide the client a written confirmation of the oral notice of termination of services.
Regarding IHCA and NF, agencies will not meet with residents in a NF due to billing issues. This delays when caregiving can start and is a real obstacle.	Thank you for this information.

If we are using an IHCA, can we still assign one of our LTCCNs for this case?	LTCCN can only train or delegated to homecare workers. The IHCA nurse can only train or delegate to their employee.
I keep hearing 'they should not' who is responsible for teaching for training them?	Providing information regarding licensing is provided by OHA/Public Health. Information regarding the Medicaid policy is provided by DHS/APD.
Can the IHCA refuse to go into a home solely because the plan includes a CEP/HCW?	Both provider types can be involved in the same plan.
The IHCA can bill for the initial assessment without the CM having to change the service plan. If that's not happening, do we report these issues to Darwin?	Yes, report to DHS/APD/ Medicaid long term care policy unit.
Who trains the IHCA?	Providing information regarding licensing is provided by OHA/Public Health. Information regarding the Medicaid policy is provided by DHS/APD.
ADS Questions?	**ADS Answers**
A while back there used to be a dollar limit on how much the state would spend on the combination of in-home care and ADSs, so wondering if that dollar limit still exists?	The dollar limit or hourly limit does not exists.
Will you support an ADS in ACH if there is an exception in ACH for example 2 person needs or 1 on 1 care; sometimes ADS would be vital but provider may put up roadblock due to finances (i.e. client with stroke and behaviors).	Adult Day Services cannot be provided within an adult foster home. A person who lives in an adult foster can attend adult day services when the "special needs" criteria in APD-PT-15-026 is met.
Do you have a list of specialized ADS providers and their specializations?	The list of ADS providers is on CM Tools website.
Can you clarify how payments work with a person in a CBC facility that is using ADS?	A person who lives in an AFH can attend adult day services when the "special needs" criteria in APD-PT-15-026 is met. This is billed and paid in the same manner as someone who lives in their own home. This program is

	not an option for residents of a residential or assisted living facility.