

WAIVERED CASE MANAGEMENT (WCM)
DIRECT & INDIRECT CONTACT INFORMATION
BEST PRACTICE TIPS FOR SUCCESS

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Oregon Administrative Rule for Case Management Services for Older Adults and Adults with Disabilities

- [Chapter 411, Division 028](#)

Waiver Case Management (WCM) Tools Webpage

- <http://www.dhs.state.or.us/spd/tools/cm/waivered%20cm/index.htm>
 - On this page you will find the following tools –
 - This *WCM Best Practice Tips for Success*
 - WCM Case Manager Statistics Tracking Spreadsheet (for local management)
 - Ongoing Monthly/Yearly WCM Statistics by Branch
 - WCM No Contact Letter Template Form DHS 2504
 - Waiver Case Management PowerPoint
 - WCM Definitions and Examples
 - Transmittals related to WCM contacts

Waiver Case Management (WCM) Background and Overview

- WCM services are a component of an individual's comprehensive, person-centered plan for services.
- Direct and Indirect contacts are mandatory and are required each month to maintain Medicaid eligibility.
- WCM contacts are intended to help ensure individuals are receiving quality services and their safety and well-being is being protected.
- WCM contacts can be the only service an LTSS Consumer receives.
- WCM contacts are not simply a contact with a Consumer but a service provided to consumers that adds value to their plan.

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Two Types of Waivered Case Management Services

- **Direct Contacts (DC) –**
 - Contact is with the Consumer, their Client Representative as designated on the APD 0737, or their representative as defined in OAR 411-028-0010(13).
 - *"Representative" is a person either appointed by an individual to participate in service planning on the individual's behalf or a person with longstanding involvement in assuring the individual's health, safety, and welfare.*
 - When contact is with one of the representatives listed above rather than directly with the Consumer, be sure to include the name of the representative.
 - Priority is to always speak directly with the Consumer, when possible.
 - Must be completed at least once every calendar quarter in which LTSS are received.
 - These are not 'rolling' but are calendar quarters (see chart below).
 - A DC may count as an Indirect.
 - Contacts with Providers may **not** be used for DCs.
 - An Authorized Representative assigned on MSC 0231 is **not** a DC unless they also meet one of the definitions in the first bullet above.
- **Indirect Contacts (IDC) –**
 - Contact is with a collateral contact (e.g. family member or provider)
 - Must be completed at least once every month and can be replaced with a DC.
 - An IDC does not count as a Direct.

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EXAMPLES	1 ST QUARTER			2 ND QUARTER			3 RD QUARTER			4 TH QUARTER		
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
#1	DC	DC	DC	IDC	IDC	DC	IDC	DC	IDC	DC	IDC	IDC
#2	IDC	IDC	DC	DC	DC	IDC	IDC	DC	IDC	DC	IDC	IDC
#3 - High Risk	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
#4 - Not OK	IDC	IDC	IDC	DC	*DC	IDC	DC	IDC	**DC	IDC	IDC	IDC
NOTE:	*A missed Direct Contact cannot be made up the following quarter **An extra DC in a quarter does not eliminate the need for a DC the following quarter											

This is only an example to demonstrate possible distribution of contacts.

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WCM Reports

- CM Service(s) Due and Coming Due report is viewed in Oregon ACCESS by selecting the [CM Alerts] button on the Oregon ACCESS Main Menu screen.
 - Alerts will continue to appear on the report until the service is completed and logged on the CM Service(s) screen.
 - Direct CM Service alerts will begin to appear on the 20th day of the 3rd month of the quarter.
 - Indirect CM Service alerts will begin to appear on the 20th day of each month.
- CM Service(s) Due report includes service contacts that are past due from previous months.
 - Tier 1 users (Case Managers) may only run this report for their own caseload.
 - Tier 2 users (Managers/Supervisors/Lead Workers) may run this report for any Case Manager in their branch.
- APD-1034 Waivered Case Management Statistics
 - This report is sent to leadership in each branch at the beginning of every month and includes any contacts that were missed the previous month. This report is intended to:
 - Allow CMs the opportunity to capture any contacts made the previous month that have not yet been logged in OA.
 - Track why contacts were not completed during that month as required.

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CAPS Benefit / Category Types Requiring WCM Services

- APD – Residential
- APD – In Home
- ICP – Independent Choices
- APD-SPH – Spousal Pay
- MAGI –
 - DCs are required quarterly for Risk Assessment/Monitoring unless the Consumer is assessed as High Risk.
 - If assessed as a High Risk, DCs are required monthly.
 - Monthly IDCs are not required.

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Direct CM Service Definitions

Crisis Response & Intervention – Assisting an individual with problem resolution.

“Consumer called with concerns that her power was going to be shut off in a few days because she cannot afford to pay her bill. Provided information on how to contact utility company to discuss her situation, possibly a payment plan, and resource information on various energy assistance programs.”

Diversion Activities – Assisting an individual with finding alternatives to Nursing Facility admission.

“Consumer has expressed concern that she is unable to have her needs met at home. She believes that her only option is to go into a nursing home. Discussed options for increasing her in-home hours and provided her with a list of CBC facilities in the area that can meet her needs. Offered to assist her with calling facilities, but she said she was comfortable with making those calls on her own.”

Face-to-Face – The contact was made face-to-face with either the Consumer or their representative.

“I was unable to contact the Consumer by phone, so I did a home visit and was able to visit with her face-to-face. We discussed her service plan and she states she is very happy with her new HCW and that the number of hours she is receiving is meeting her needs.”

LOC/Assessment/Reassessment – An assessment that determines SPL.

“The service assessment has been completed at the Consumer’s home on 8/2/2021. Present for the assessment was the Consumer and his HCW. Consumer participated throughout the assessment. SPL continues at an 11; see CA/PS for details. Follow-up will occur after the service plan is completed.”

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Other Program Coordination – Helping an individual navigate or coordinate with other social, health and assistance programs.

“Consumer called to see if there are any local food box resources. I provided list of places that she can contact.”

Risk Assessment/Monitoring – This includes the following: Identifying and documenting risks; working with an individual to eliminate or reduce risks; developing and implementing a risk mitigation plan, monitoring risks over time; and making adjustments to an individual’s service plan as needed.

“I called the Consumer to follow-up on an identified issue of being unsafe while walking up and down her outside stairs by herself. She stated that she is working on getting bids to have a ramp installed. She also stated that she sometimes calls her neighbor to help her outside when her HCW is not with her; however, she would still prefer to use the stairs on her own. I encouraged her to finish getting the bids, as well as always asking for assistance while using the stairs to prevent injury. Documented continued risk concern with a plan to follow-up next month.”

Svc Options Choice Counseling – Presenting service options, resources, and alternatives to the individual and ensuring the individual understands all available Medicaid home and community-based service options to assist them in making informed choices and decisions.

“I discussed potential placement options that are available to the Consumer, which included nearby ALFs, RCFs and AFHs as well as the need to contact me should he feel his in-home service plan was no longer working for him.”

Svc Plan Development & Review – Developing or reviewing the service plan with the individual. This includes determining eligibility for specific services, presenting service options and resources, identifying goals, preferences, and risks, and assessing the cost effectiveness of the service plan.

“I discussed the service plan hours with the Consumer that she is eligible for and to confirm that this will meet her needs. We also discussed the option of signing up for home delivered meals, which she is interested in. Referral for HDMs completed on this day.”

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Service Plan Monitoring – Activities that are necessary to ensure that the service plan is effectively implemented and adequately addresses the needs of the individual.

“I called the Consumer to confirm that he is satisfied with the care that he is receiving and to see if he has any concerns regarding the services he is receiving. He indicated that he is satisfied with how his care is being received and appreciates the care that the HCW provides to him.”

Service Provision Issues – Assisting an individual with problem solving to resolve issues that occur with providers, services, or hours that don't meet the individual's needs.

“The Consumer called with concerns over the HCW not showing up at her scheduled time again. Discussed options such as having the Consumer discuss this concern with the HCW or making a decision to find a new HCW. I also offered services with an IHCA. She wishes to give the HCW one more chance in coming during her scheduled times. Consumer agreed to an ERC referral to learn how to best manage her HCW's schedule and concerns.”

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Indirect CM Service Definitions

APS Referral – APS referral including a collateral contact.

“Spoke with Consumer’s daughter. Based upon what she reported, an APS referral has been completed on this day.”

Diversion Activities – Finding alternatives to Nursing Facility admission. This does not include transition activities.

“Called multiple AFHs to see who can meet the Consumer’s needs to avoid placement to a NF. I provided this information to the Consumer’s daughter for continued follow-up.”

Monitoring Svc Plan Implementation – Reviewing and comparing authorized and billed services to ensure that adequate services are being provided or communicating with a collateral contact to ensure that the service plan is effectively implemented and addressing the needs of the individual. When reviewing and comparing services, it must include a need for the CM to determine whether there are any service provisions that require attention or intervention.

Note that it is not only the Case Manager or a Manager/Supervisor who can contact the individual or provider for monitoring purposes. However, resulting information must be passed on to the Case Manager. In all instances, all required follow-up must be completed by the Case Manager or higher-level staff. If a Case Aide does speak with a Consumer about their service plan, it does not count as an IDC until the Case Aide communicates that information to the Case Manager allowing the Case Manager to determine if there are any service provision issues that require attention or intervention.

“I reviewed notes that were provided from the LTCCN who has been authorized. Services are being provided as authorized without any further concern. Case Aide spoke with the Consumer regarding her service plan. The Consumer noted that he is thinking he may need more hours due to a change in condition. The Case Aide provided the information to me, the Case Manager, so I may follow-up with the Consumer.”

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Other Case Management – Activities not included in any criteria in this section of the rule. The activity must be a service that benefits the individual.

“Consumer called on this day stating that they were moving to a new area at the south end of town and wants to find a new doctor. She does not wish to change her HCW but requested that I send her a list of doctors in the area that are currently taking new Medicaid patients, which I have done.”

Other Program Coordination – Helping collateral contacts navigate or coordinate with other social, health, and assistance programs.

“Spoke with Consumer’s daughter regarding information on how to apply for housing assistance. Provided contact information for local housing authority.”

Risk Assessment/Monitoring – Working with a collateral contact to review and individual’s risks, eliminate or reduce risks, develop and implement a risk mitigation plan, and making adjustments to an individual’s service plan as needed.

“With permission, I spoke with the Consumer’s neighbor regarding checking in on the Consumer each evening. She agreed to do this to ensure the Consumer is not left alone for extended periods of time.”

Svc Opt Choice Counsel – Assisting an individual’s caregiver, family member, or other support person with understanding all available Medicaid home and community-based service options.

“With permission, I spoke with the Consumer’s daughter regarding what kind of services that an ALF typically offers so she can help her mom decide if she would like to tour some of the facilities in town.”

Service Provision Issues – Assisting with problem solving issues that occur with providers, services, or hours that do not meet an individual’s needs.

“I spoke with the HCW issues regarding the tasks that she is authorized to assist the Consumer with. Reminded her that she is not authorized to provide any pet or yard care.”

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General Tips

- Avoid putting off contacts until the last part of the month. It is best to get started on them early in the month.
 - It has been shown that getting contacts completed earlier in the month will substantially reduce stress. The more contacts that are left to the end of the month increase stress levels exponentially.
- You can either use the CM Services Due Report each month to determine which type of contact is required for each individual or you may find it more useful to complete DCs the first month of each quarter.
 - That way you get all your DCs completed early and the following two months of the quarter you only need to worry about IDCs (except for those Consumers with high risks who must have DCs every month).
- Always log each contact as soon as it is completed. If you don't log it, it didn't happen! Then you won't get credit for the work you've done.
 - It's OK to log multiple contacts per month. The more data, the better!
- If you missed logging a WCM contact that you did complete, Tier 2 users may backdate and log that contact for you on the CM Service(s) tab up to 365 days from the current date. But DO NOT log a contact if it did not happen.

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Best Practice Tips for Organizing and Completing Contacts

- Print your caseload list at the beginning of each month.
 - Take your total caseload and divide it by the number of days you're working that month. For example: 110 Consumers in your caseload divided by the 22 days you'll be working that month = 5 contacts per day. If you want to get ahead of the game double that to 10 per day and get done early.
 - Organize the list to prioritize:
 - Consumers with High Risks and contact them first.
 - Consumers who have a history of being difficult to contact and begin attempts at contacting them early each month.
 - Determine if you have multiple Consumers residing in the same facility. You can then either see them all during one trip (for a DC) or schedule time to speak with facility staff to discuss their care plans all at the same visit (for an IDC).
 - Determine if you have Consumers who live in the same geographical area when home visits are needed. Especially if you need to travel long distances and you will want to schedule them during the same trip.
- Designate one or more specific day(s) each week to check for transfer-ins (Email box, Un-assigned Case report, etc.).
 - Assign to a CM immediately and notify the CM so they can contact the Consumer as soon as possible.
- If you are transferring a case to another APD/AAA office, and the Consumer will continue to receive LTC services, complete a WCM contact and log it **before** you transfer the case to the new branch.
 - Also, as you narrate or take the action to transfer the case to the new branch you must notify the receiving branch so they can be aware of the transfer in order to assign the case to a new CM, as that CM will be responsible for continuing the WCM contacts.
 - Here is a link to the [Transferring Cases in Oregon ACCESS](#) instructions. Please be careful when doing a transfer that you are selecting the correct receiving branch.

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- If a Consumer passed away and you communicated with a provider or family member, be sure to log that IDC for the month **before** taking the DEATH action.
- If you are in a branch that uses *Collective* (previously known as PreManage) and you receive notification of an admission or discharge viewed in *Collective*, it can be considered an IDC **if**:
 - You, as the CM, then consider the Consumer's situation **and**
 - There is a service plan change or intervention is required.

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Methods of Contact

- Contacts can be in person (face-to-face), by phone, via email, or video (Zoom, Facetime, etc).
- Contacts must involve two-way communication. For example:
 - Leaving a message is not a contact
 - Leaving a message and the Consumer calls back and leaves a message *with information*, then it is considered a contact as it is two-way communication **and** information has been exchanged.
- WCM contacts can also take place via email communication, so be sure to update the email addresses for those Consumer and/or contacts who like to communicate via email.
 - For Consumers, you can find the email text box on the 'Person' tab and for other contacts you can find the email text box on the 'Contacts' tab.

- For Consumers:

A screenshot of a software form for a consumer. It includes fields for "3. Tele Nmbr:", "4. Tele Nmbr:", "Ext:", and "Type:". Below these is an "EMail:" field with a red arrow pointing to it. To the right is a "Verified:" checkbox.

- For other contacts:

A screenshot of a software form for a contact. It includes fields for "Tele Nmbr 2:", "Ext:", and "Type:". To the right are radio buttons for "Reliable Resource", "Legal Representative", and "Don't Send". Below is an "EMail:" field with a red arrow pointing to it. At the bottom, there is a "Contact's Roles" dropdown menu with "Emergency Contact" selected and an "Add" button.

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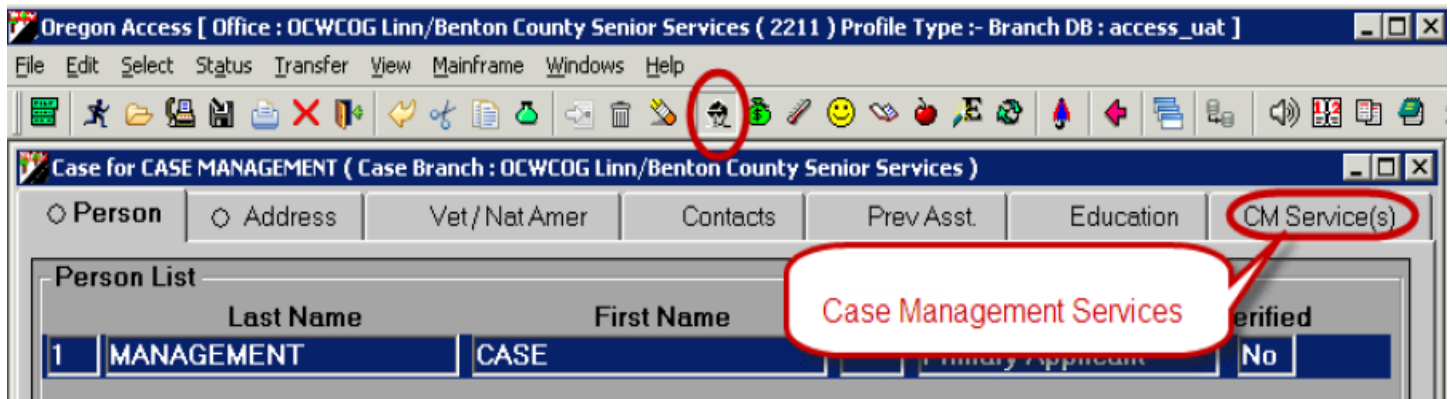
Process for Using *WCM No Contact Letter* form DHS 2504

- **Month One:**
 - When unable to make contact with a Consumer or their Representative after multiple attempts, the CM must send the “*WCM No Contact Letter*” ([form DHS 2504](#)) to request that the Consumer or their Representative contact them immediately.
 - The form DHS 2504 is available in multiple languages on the forms server at: <https://sharesystems.dhsoha.state.or.us/forms/>
- **Month Two:**
 - If there is no response to the letter by the next month, the CM must make additional attempts to contact the Consumer again, which should include visiting the Consumer in-person by the end of month two.
- **Month Three:**
 - If the Consumer or their Representative fails to respond to the letter and the in-person visit was unsuccessful, the CM must then prepare and send a timely Notification of Planned Action ([form APD 0540](#)) to close the Consumer’s Long Term Service case at least 10-days before the effective date of the action.
 - A separate notice must be sent for the Consumers medical benefits as well.
- See [APD-PT-20-013](#) for the full process and timelines to close a case for no contact.

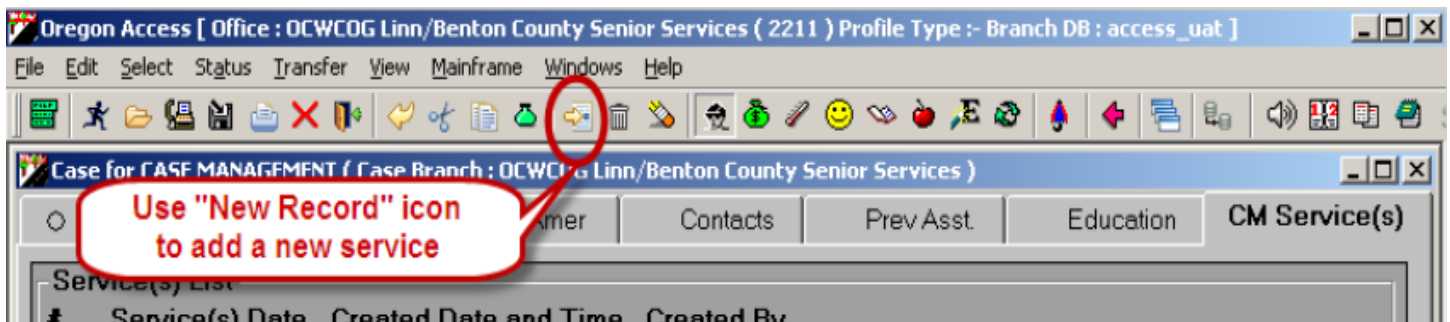
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Instructions on Logging WCM Service(s)

- On the Person page in Oregon ACCESS click on the CM Service(s) tab.



- On the CM Service(s) page click on the New Record icon to add a new service.



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The screenshot shows the 'CM Service(s)' form with the following sections and callouts:

- Service(s) List:** A table with columns for Service(s), Date, and CM. Callout 1: "1. Enter Service Date & the 'Direct CM' services will appear below."
- Service(s) Summary:** Fields for Service(s) Date (06/15/2013), Invalidate Service(s) (checkbox), Performed By (Tester3, Tester3), and Created By.
- Service(s) Activity:** Radio buttons for Direct CM (selected) and Indirect CM. Callout 1a: "1a. 'Indirect CM' services will appear by clicking on the radio button after entering date."
- Service Selection:** A list of services on the left and a 'Selected Service(s)' table on the right. Callout 2: "2. Highlight services provided & click >> to select service(s)".
- Service(s) Activity (Bottom):** Similar to the top section, but with Callout 3: "3. Select from list of 'Direct' services" pointing to the service list.
- Service Selection (Bottom):** Similar to the top section, but with Callout 4: "4. Click >> to select service(s)" pointing to the right arrow button.

- Enter the date the service was completed,
- Select who the service was performed by,
- Select the type of service (Direct or Indirect),
- Highlight the specific services that were provided and move them over to the Selected Service(s) column.

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- How to unselect services:

Service(s) Summary
 Service(s) Date: 06/15/2013 Invalidate Service(s):
 Performed By: Tester3, Tester3
 Created By: Created Date and Time:

Service(s) Activity

Direct CM Indirect CM

Service(s)	Type
Crisis Response & Intervention	Dir CM
Risk Assessment/Monitoring	Dir CM

5. Click to unselect service(s)

Selected Services

- You must narrate each time you enter a WCM service
 - You will be automatically directed to a new narrative screen after entering a CM Service.

Service(s) List

#	Service(s) Date	Created Date and Time	Created By
1	06/15/2013	06/23/2013 12:00:23	hsint03
2	06/15/2013	06/23/2013 11:34:26	hsint03

Service(s) Summary
 Service(s) Date: 06/15/2013 Invalidate Service(s):
 Performed By: Tester3, Tester3
 Created By: hsint03

WARNING 2082

⚠ Please enter at least 10 characters for the Direct or Indirect CM Service(s) narration.
 Case for CASE MANAGEMENT (Case Branch : OCWCOG Linn/Benton County Senior Services)

8. Click [OK] button to automatically be brought to the Narration screen

Receive a warning message when attempting to leave screen to narrate

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Sample narrations

Direct Contact: PC from Mary. She stated that she is in pain every day but is doing well. She loves living at Evergreen and is so very happy she moved in there. She doesn't have any questions or concerns. She is looking forward to the time when CM can visit the facility.

03/20/2021 Indirect Contact

Per email from RCM Rheanon, "Darleen is doing good and has been coming to eat breakfast more often in the mornings. Usually she refuses. She has not had any recent medication changes. No increase/decrease in needs, no sp updates, no recent falls, and overnight absences. No major treatments coming up. Stable at this time."