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

- **Chapter 411, Division 028**

Waivered Case Management Tools Webpage:

- **http://www.dhs.state.or.us/spd/tools/cm/waivered%20cm/index.htm**
  - On this page you will find the following tools and more are being added –
    - This WCM Direct & Indirect Contacts Information Best Practice Tips for Success tool
    - Monthly/Yearly WCM Statistics by Branch
    - WCM No Contact Letter Template
    - Waivered Case Management Power Point
    - WCM Definitions and Examples
    - Transmittals related to WCM contacts

**Background:**

- Direct and Indirect contacts are mandatory and are required each month to maintain Medicaid eligibility.
- Waivered Case Management contacts are intended to help ensure that individuals are receiving quality services and that their safety and well-being is being protected.

**Two types of Waivered Case Management Services:**

- **Direct (D)** – Contact is with the consumer (or their designated decision-maker)
  - Must be completed at least once every quarter. These are not ‘rolling’ calendar quarters.
  - A Direct may count as an Indirect.
  - Providers may not be used for direct contacts.
- **Indirect (ID)** – Contact is with a collateral contact (i.e., family member or provider)
  - Must be completed at least once every month.
  - An Indirect does not count as a Direct.
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 include service contacts that are past due from the previous months.
  - Tier 1 users (case managers) may only run this report for their own case load.
  - Tier 2 users (managers/supervisors/lead workers) may run this report for any case managers in their branch.

**CA/PS Benefit / Category Types:**

- APD-Residential
- APD-In Home
- ICP (Independent Choices)
- APD-SPH (Spousal Pay)
Direct CM Service Definitions:
Crisis Response & Intervention – This means assisting and individual with problem resolution. “Consumer called with concerns that her power was going to be shut off in a few days if she doesn’t pay her bill that she is unable to afford. Provided information on how to contact utility company to discuss her situation, possibly a payment play, as well as provided resource information on various energy assistance programs.”

Diversion Activities – This means assistance an individual with finding alternatives to nursing facility admission. “Consumer has expressed concern that she is unable to have her needs met at home. Sher believe that she must now go to a nursing home. Discussed options for increasing her in-home hours as well as provided her with a list of CBC facilities in the area that can meet her needs. Offered to assist her with calling, but she said she was comfortable with making those calls on her own.”

Face-to-Face – This means 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 that 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 6/1/17. 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.”

Other Program Coordination – This means 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 stairs outside 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, 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 – This means assisting the individual with understanding all available Medicaid home and community based service options. “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 were no longer working for him.”

Svc Plan Development & Review – This means 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.”

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 that if he has concerns he should call his case manager. He indicated that he is satisfied with how his care is being received and appreciates the level of care that the HCW provides to him.”

Service Provision Issues – This means 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 to make a decision in finding a new HCW. I also offered her services with an IHCA. She wishes to
give the HCW one more chance in coming during her scheduled times. Consumer agreed to a STEPS referral to learn how to best manage her HCW schedule and concerns.”
In-Direct CM Service Definitions:
APS Referral – APS referral including a collateral contact. “Spoke with consumer’s daughter. Based upon what she reported, as APS referral has been completed on this day.”

Diversion Activities – This means finding alternatives to nursing facility admission. This does not include transition activities. “Called multiple AFHs to see who can meet the consumer’s needs in order to provide alternative placements to a NF. I provided this information to the consumer’s daughter for continued follow-up.”

Monitoring Svc Plan Implementation – This means either 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. Note that only a case manager or a manager/supervisor are permitted to 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 occur by the case manager. If a case aide does speak with a consumer about their service plan, it does not count as an indirect contact 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 them LTCCN that was previously 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.”

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 – This means 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** – This includes 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 in regards to checking in on the consumer each evening. She agreed to do this in an effort to ensure the consumer’s not left alone for extended periods of time.”

**Svc. Opt. Choice Counsel** – This means 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** – This means assisting with problem solving issues that occur with providers, services, or hours that do not meet an individual’s needs. “I discussed 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.”

**Best Practice Tips for Organizing and Completing Contacts & Helpful Information:**

- Print your case load list at the beginning of each month.
  - Take your total case load and divide it by the number of days you’re working that month. For example 110 consumers in your case load divided by 22 days you’re working that month = 5 contacts per day. If you want to get ahead of the game double that and get done early.
- Identify those consumers with High Risks and contact them first.
- Identify those 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 and you may either see them all during one trip, call them individually, or schedule time to speak with facility staff to discuss their care plans during the same trip.
• Determine if you have consumers that live in the same area when home visits are needed. Especially if you have to travel long distances and need to schedule them during the same trip.
• **Don’t put them off until the last part of the month. It is best to get started on them early in the month.**
• Designate one or more specific day(s) each week to check for transfer in’s (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.
• **Always log each contact as soon as it is completed.** If you don’t log it, it didn’t happen and 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.
• 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 direct contacts the first month of each quarter. That way you get all of your direct contacts completed early and the following two months of the quarter you only have to worry about indirect contacts (except for those consumers with high risks who still have to be contacted monthly).
• If you are transferring a case to another APD/AAA office, and the consumer will continue to receive LTC services, you should complete a WCM contact and log it before you transfer the case to the new branch. Also, if 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.
• If a consumer passes away and you communicated with a provider or family member, be sure to log that indirect contact for the month before taking the DEATH action.
• If you missed logging a WCM contact that you did complete, Tier 2 users may back date 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.
• If you are in a County that uses PreManage and you receive notification of admission or discharge which are viewed in PreManage, if you as the CM then considers the
consumer’s situation and if any service plan changes or intervention is required, this can be counted as an Indirect Contact.

- Email contacts – WCM contacts can also take place via email communication, so be sure to update the email addresses for those consumer and/or contacts that like to communicate via email. For consumers, you can find the email text box on the ‘Person’ tab and for case contacts you can find the email text box on the ‘Contacts’ tab.

![Email contact screenshot]

**Instructions on How to Log WCM Service(s):**

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

![Person tab screenshot]

- On the CM Service(s) page click on the New Record icon the add a new service, enter the date the service was completed, select who the service was performed by, select

![New CM Service tab screenshot]
the type of service (Direct or Indirect), highlight the specific services that were provided and move them over to the Selected Service(s) column.

1. Enter Service Date & the "Direct CM" services will appear below.

2. Highlight services provided & click ➔ to select service(s)
• How to unselect services:

• You must narrate each time you enter a WCM service and will be automatically directed there after entering a CM Service.
**Sample narration:**

**INDIRECT**

Received monthly report from the ALF which shows consumer had an ER Visit 3/2/18. Report indicates that he was experiences heart palpitations and was held overnight for monitoring. No change in service care needs at this time, but facility staff will report back to this CM if his service needs change as a result of this recent medical event.