Waivered Case Management

Changes starting July 2013
K State Plan Option

- K state plan option allows states to receive an additional 6% federal match to provide supports for:
  - ADL
  - IADL
  - Health Related Tasks

- Allows APD to slowly expand some supports to individuals
Why So Fast

* DHS began discussions with CMS in June 2012
* Filed the initial State Plan Amendment in September 2012
* Began intensive negotiations with CMS in November 2012
* CMS instructions changed repeatedly from December through May
Why So Fast

- Final instruction from CMS in Mid-May about:
  - Case management
  - RAFH
  - State Plan Personal Care

- Must implement in July because the additional revenue is included in APD & DD budgets.
Consumers must receive a Waivered Case Management (CM) Service every month.

CM services will need to be documented.

Most work you are doing counts towards this new requirement.
Why are we doing this?

* All Home and Community-based Care Services are moving to the K State Plan.

* To maintain Medicaid **eligibility**, individuals must receive one waivered service each month.

* Without the case management service individuals will lose service eligibility
Why are we doing this?

- We will be able to reinvest additional federal funding into more case managers and new services for our clients.

- It helps ensure that individuals are receiving quality services and that their safety and well-being is being protected.
There are two types of CM Services:

- Direct Case management; and
- Indirect Case management.
Case Management

* Direct Case Management is contact with the consumer (or designated decision-maker) through:
  * Phone calls
  * In-person
  * Emails

* Indirect Case Management includes
  * Contact with “collateral” contacts (i.e., family or provider)
  * Reviewing service plans and provision of services
What is the expectation?

* Direct CM must occur at least every quarter.

* Indirect CM must occur at least **monthly**:
  * Direct CM counts as Indirect CM, but
  * Indirect CM does not count as Direct CM.
OACCESS Alerts: Services Due and Coming Due

* When logging into OACCESS:
  * A pop-up message displays for clients with Services Due and Coming Due

* Once logged into OACCESS:
  * Services Due and Coming Due are viewed by selecting the [CM Alerts] button on the OACCESS Main Menu screen – see example on following slide

* Alerts will continue to display until service is completed and documented
Click "CM Alerts" button from Main Menu
Benefit types for Alerts & Reports

**CAPS Benefit/Category Types**

- APD-Residential
- APD-In Home
- ICP
- APD-SPH

**Service types, such as:**

- AFH, RCF, ALF & other residential services
- In-home services
- Independent Choices Program
- Spousal Pay
When will CM Alerts appear?

* Direct CM Services:
  * Begin the 20th day of the 3rd month of the quarter

* Indirect CM Services:
  * Begin the 20th day of each month and will display until the services has been completed & documented
  * For example: 1st month alert will be July 20th. Clients name will display if services have not been completed & documented
## Case Management Example

<table>
<thead>
<tr>
<th>Person</th>
<th>July</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
</tr>
</thead>
</table>
Tier 2 & 3
OACCESS Monthly Reports

* 1st OACCESS report will be available August 5th
  * Will display July past due Indirect CM services and coming due for August

* Following months will display services past due in previous months if still not recorded
Direct Case Management

* Assessments and Reassessments
  * All annual assessments

* Service Plan Development

* Service Plan Review and Revisions
Direct Case Management

* Service Choice Counseling
  * Assisting the individual to understand all available LTC service options.

* Risk Assessment and Risk Monitoring
  * These are the same services as already required.
Diversion Activities

- Diverting an individual from NF.
- Transition from a NF does not count.
Direct Case Management

* APS Activities
  * All protective service activity directly provided to/with the individual

* Other Program Coordination
  * Assisting individuals navigate or coordinate with other programs (i.e., SNAP, LIHEAP, or housing).
Direct Case Management

* Crisis Response & Intervention
  * Calls from consumer
  * Addressing concerns/problems

* Service Provision Issues - Helping individuals problem solve issues with:
  * their long term care providers,
  * services, or
  * hours that don’t meet the individual’s needs.
Direct Case Management is not

- Does not include contact with family members, providers or people other than the individual receiving services.

- Does not include transition services provide to individuals from NF.
Indirect Case Management

- Indirect Case management includes contact with Collateral Contacts
  - to ensure safety, health and independence of the individual
  - To resolve issues.

- “Collateral contacts”
  - family members,
  - care providers,
  - medical providers,
  - friends and neighbors,
  - pharmacy staff,
  - and other professionals working with the individual
Indirect Case Management

- Monitoring Service Plan Implementation
  - Reviewing and analyzing service plan
    - i.e., Authorized vs. services being received.
      - why an individual may not be receiving all of the services authorized or working with exception requests.

- APS Referrals
  - Investigative work with collateral contacts and other witnesses.
Case monitoring services

- Are ensuring that the individual is receiving adequate LTC services to meet their specific needs.

- Monitoring activities include:
  - Reviewing services that were received
  - Comparing services to the service plan for discrepancies
Risk Monitoring

- Review of the Risk Plan with a “collateral contact”.
- Risk monitoring activities with collateral contacts
- Remember risk monitoring directly with the consumer counts as a Direct CM service
Who can provide these services?

* Case Management Services can be provided by:
  * Case managers
  * Diversion/Transition workers
  * Licensors
  * APS investigators, or
  * Management staff communicating directly with the individual who is receiving services

* Case Aids/Assistant activities cannot count as CM activities but they may do the service entry.

* All services must be documented in ORACCESS.
What do APS and Other Staff Need To Do

- APS workers and licensing can provide details to Aids and Assistants who can enter the CM data, or enter directly themselves.
New Tab: Case Management Services
1. Enter Service Date & the "Direct CM" services will appear below.

1a. "Indirect CM" services will appear by clicking on the radio button after entering date.

2. Highlight services provided & click to select service(s)
How to select Direct CM

3. Select from list of "Direct" services

4. Click to select service(s)
5. Click to unselect service(s)
### Screen print of “Indirect CM” services (continued from previous slide)

<table>
<thead>
<tr>
<th>Service(s) List</th>
<th>Created Date and Time</th>
<th>Created By</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>06/15/2013</td>
<td>06/23/2013 11:34:26</td>
</tr>
</tbody>
</table>

### Service(s) Summary
- **Service(s) Date:** 06/15/2013
- **Performed By:** Tester3, Tester3
- **Created By:**

### Service(s) Activity
- **Direct CM**
- **Indirect CM**

### Selected Service(s)
- **Service(s)**
- **Type**

**Minimal Req:** Direct=Qrtly contact w/client; Indirect=Monthly activity w/out client contact
6. Click to save

Saved Services List

7. Summary of Saved Services

Service(s) List

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<td>06/15/2013</td>
<td>06/23/2013 11:34:26</td>
<td>hsint03</td>
</tr>
</tbody>
</table>

Service(s) Summary

- Service(s) Date: 06/15/2013
- Performed By: Tester3, Tester3
- Created By: hsint03
- Created Date and Time: 06/23/2013 11:34:26

Service(s) Activity

- Direct CM
- Indirect CM
- APS Investigation
- Diversion Activities
- LOC/Assessment/Reassessment
- Other Program Coordination
- Svc Options Choice Counseling
- Svc Plan Development & Review
- Service Plan Monitoring

Selected Service(s)

- Crisis Response & Intervention
  - Type: Dir CM
- Risk Assessment/Monitoring
  - Type: Dir CM

Minimal Req: Direct=Qrtly contact w/client; Indirect=Monthly activity w/out client contact

Services Summary
Narration requirement

<table>
<thead>
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<th>Created Date and Time</th>
<th>Created By</th>
</tr>
</thead>
<tbody>
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<td>06/15/2013</td>
<td>hsin03</td>
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<tr>
<td></td>
<td>06/23/2013 12:00:23</td>
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<tr>
<td>2 Service(s)</td>
<td>06/15/2013</td>
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<tr>
<td></td>
<td>06/23/2013 11:34:25</td>
<td>hsin03</td>
</tr>
</tbody>
</table>

Receive a warning message when attempting to leave screen to narrate

8. Click [OK] button to automatically be brought to the Narration screen
Direct Case Management Contact: Risk Assessment Monitoring completed at the client's home. Service plan continues to fully meet the needs of the client. No additional assistance needed at this time.

9. Complete a narration and you are now done :)

Only Narrative entered in the past 365 days is displayed.
Use the “new record” icon to add new service(s)
Revised 914 Service Options form

Service Options

By federal regulations, if you need services that may be offered in a nursing facility, we must inform you of other available services and give you a choice of community-based care services or nursing facility services.

I have reviewed my service needs and options with a representative of the Seniors and People with Disabilities.

I select the following services

- Home or community-based care
- Nursing facility care
- State Plan Personal Care

Signature

I have been informed of the choices available to me and have asked for the services as listed above.

Client Signature

Date

File name
MANAGEMENT, CASE

Client
MANAGEMENT, CASE

Date sent
06/24/2013

Case number
Revised 001N Service Plan form

STATE OF OREGON
DEPARTMENT OF HUMAN SERVICES
SENIORS AND PEOPLE WITH DISABILITIES

SERVICe PLAN

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Jun 24 2013

Client Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Assessment Date:</th>
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<tbody>
<tr>
<td>Address:</td>
<td>Service Review Date:</td>
</tr>
<tr>
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<td>Print Date:</td>
</tr>
<tr>
<td>Zipcode:</td>
<td>Worker:</td>
</tr>
<tr>
<td>Prime #:</td>
<td>Worker Phone:</td>
</tr>
</tbody>
</table>

Added: Agrees to have monthly CM services and assistance

I met with [Client] on 05/07/12. Care needs and options were fully discussed.

[Client] agrees to have monthly Case Management Services and assistance in the following areas:

Service Plan Results

Service Priority Level = 3

<table>
<thead>
<tr>
<th>Need</th>
<th>Need Level</th>
<th>Provider Type</th>
</tr>
</thead>
</table>


Important Reminders

* To retain eligibility, consumers must have:
  * An indirect CM service every month.
  * A direct CM service every quarter.

* Services are set on calendar months and quarters. These are not “rolling.”

* CM services must be documented in ORACCESS.

* CM services must be narrated.
Upcoming changes

* Availability of new or enhanced services
  * Chore services
  * Covered transition cost, such as:
    * 1\textsuperscript{st}/last months rent
    * furnishings
  * Technology, such as expanded ERS services
  * Consumer skills training
  * Allowing health related tasks
  * Expanding special needs
Contacts

* Jenny Cokeley  (503) 945-6985
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* Jane-ellen Weidanz  (503) 945-5977
  jane-ellen.weidanz@state.or.us