Direct and Indirect Contacts

Definitions and Examples

Please note: the services listed on the following pages are in the same order as they appear in Oregon ACCESS. The definitions are found in the rule listed below. The examples are the types of services that may be documented in narration.

Please refer to *Case Management Services for Older Adults and Adults with Disabilities*, OAR 411-028

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."

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."

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."

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."

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."