

Guidelines and Instructions for In-Home Service Authorization

District Center Case Managers are to use the OPI Services Authorization Form (CTS106) to authorize in-home, adult day care, respite and shopping services.

INSTRUCTIONS

1. Action: Check the appropriate action. If copies of the original authorization are used for new actions, number (1, 2, 3, etc.) the action.
 - a. New refers to a client new to in-home services (mark one time only).
 - Complete entire Authorization Form.
 - Enter assessment data in CAPS.
 - b. Re-open refers to a client who once received in-home service, was closed to OPI, but now needs services again.
 - Complete entire Authorization Form.
 - Reopen case in CAPS.
 - c. Reauthorize refers to a client who is currently receiving services and is being reauthorized to continue services. Complete appropriate section on the Authorization Form.
 - d. Add Service means a new service is being authorized for a client who is currently receiving in-home services. Complete the appropriate section on the Authorization Form.
 - e. Stop Service refers to the stoppage of one of the in-home services authorized; the other services will continue. If all services are being stopped, mark the Close box. Write in the end date on the appropriate section and check "Stop".
 - f. Close means the case is being closed to all in-home services.
 - Write in the effective date of closure and check "stop" under the appropriate service(s) section.
 - Close case in CAPS.
 - g. Transfer Prime refers to the transfer of responsibility for authorizing services for a client. This will be checked when a client moves. Transfer Prime in CAPS as well.
2. District Center: Refers to the center maintaining primary responsibility for the client. Only one District Center may have prime on a client at any one time.



3. Client Data: Complete this section with the information requested.
 - The Prime Number assigned to the client.
 - SS# refers to Social Security Number.
 - All demographic data listed on the Authorization Form
4. Type of Service: Complete the appropriate section(s) for the service(s) being authorized. For Other In-Home Services (Day Care, Respite, Chore or Shopping) check the appropriate box.
5. Provider: Write in which provider is authorized to provide the service.
6. Fee Assessed: Complete the fee assessment schedule and write in the total amount to be collected by the in-home provider. If no fee assessed, write "0".
7. Service Authorizations:
 - a. Authorization Period - Begin and End Date: The date a phone call is made to the provider to order services, or the date an Authorization Form is sent ordering services is the begin date. The end date refers to the period ending no later than the reassessment due date for services, i.e., three months for personal care or six months for home care.
 - b. Start/Decrease/Increase/Hold/Stop: Check the appropriate box that reflects the type of change to the original authorization you are now authorizing.
 - c. Units per Month: Multiply the hours or days of service authorized by 5 for weekly service or by 3 for services every other week to obtain the maximum per month.
 - d. Frequency: Indicate the frequency of service, i.e., weekly, every other week.
 - e. Contact From/To: Write in the name of the District Center staff person authorizing services and whom he/she talked to at the in-home service provider agency.
 - f. RN Assessment: Check if an RN Assessment is needed for the client. This pertains only to authorizations for personal care. If RN Assessment is ordered, the three (3) hours for the assessment *should not* be included in the total hours per month.
8. Notes: Use this section to note any additional information essential to the authorization but not covered on the form.

9. Signatures: The Case Manager signs in the space designated. The Supervisor (or Program Manager) signs the form after it has been reviewed.

10. Contact Information: Include Case Manager phone and email.

11. Distribution:

- The original form is sent to the in-home service provider to authorize or confirm the authorization of service. If other services are added, clear and legible copies may be sent, as appropriate.
- One copy is kept in the client's file at the District Center.

CONTACT INFORMATION

Central ADS Contract Liaison or Fiscal Specialist

503-988-3620

503-988-3656 FAX

Interoffice Mail: B167/1/510

421 SW Oak Street, ste. 510

Portland OR 97204