

Topic:	State Plan Personal Care Services
Date Issued/Updated:	

Overview

Description: State plan personal care (SPPC) is a State and federally funded program for individuals of all ages with varying abilities and chronic conditions. SPPC services are available to individuals who require assistance to accomplish activities of daily living/ADL (i.e., eating, bathing) or other complex life activities/IADL (i.e., meal preparation, grocery shopping) which they would normally do for themselves, if they did not have a disability (mental, physical or developmental) or chronic condition, to live independently at home and in the community.

Under the Medicaid State Plan option, SPPC services are available to individuals served by different offices under the Department of Human Services/DHS (i.e., Developmental Disabilities/DD, Child Welfare/CW, Self Sufficiency/SS, Aging and People with Disabilities/APD) and the Oregon Health Authority/OHA (i.e., Behavioral or Mental Health/MH) – implemented under different rules.

Purpose: To provide guidance for a CDDP/Brokerage/CIIS case manager to implement SPPC services under the new ODDS personal care program rules Chapter 411 division xxx [\[hyperlink\]](#).

Procedures that apply

SPPC services are available to eligible individuals – up to 20 hours each month – as stand-alone attendant/personal care services and related supports, or in combination with the Community First Choice Option/K Plan services. In general, when the individual has minimal support needs and most of those needs are being met with alternative resources, including natural support, and only need minimal hours of paid-support, SPPC services may be an appropriate option.

For individuals served under the DD service system, there are 6 main steps for case managers to assist with accessing SPPC services, and to ensure qualified providers are paid for authorized services.

Step 1: Verify OHP enrollment

Verify [eXPRS](#) for OHP status. The individual must be currently enrolled in OHP through OSIPM or the OCCS Medical Program, including CHIP ([OAR 411-317-0000](#)), except for Cover All Kids ([OAR 410-200-0015](#)). Proceed to step 2 once the individual's current OHP enrollment is confirmed.

Step 2: Assess personal care needs and prior authorize, or deny if not qualified

Individuals must have a current assessment (within 12 months) indicating unmet needs for personal care, and for those needs to be provided by a qualified provider – before a CME can authorize SPPC services. Assessment tool may be the ONA or SPPC form.

- **If SPPC services will be used in combination with Community Living Supports (CLS), an *Oregon Needs Assessment* (ONA) must be completed by an *assessor* as required to determine that the individual meets ICF/IID level of care/LOC ([OAR 411-415-0060](#)). All the same service eligibility requirements using the [ONA/ANA/CNA](#) to access Community Living Supports ([OAR Chapter 411, division 450](#)), and Children's Intensive In-Home Services ([OAR Chapter 411, division 300](#)) apply.**
 - Community Living Supports OAR 411-450-0020(16) specifies that SPPC hours must be drawn down from the service level. The total hours for *personal care* (SPPC) and *attendant care* (CLS) must not exceed the total ANA/CNA assessed hours.
 - As part of choice advising and service plan development – case managers should inform individuals that having both SPPC and CLS would introduce more administrative work for the provider and employer. A PSW who provide both types of service will have to claim each separately, and the employer will have to track and approve each separately.
- **If SPPC services will be used as stand-alone services, an *SPPC Needs Assessment and Service Authorization Plan* (form #[\[hyperlink\]](#)) must be completed by a *case manager*. SPPC services require the individual to have ADL/IADL support needs – but does not require an institutional LOC – lives at home, and is not receiving 24-hour support through any DD Medicaid Waiver services.**

Assess the individual's ADL/IADL support needs, and determine how those needs are being met/unmet through paid/unpaid supports available to the individual. SPPC services can be utilized to support the individual's unmet needs. Conversations with the individual, and their designated representative as applicable, must be in accordance with the principles of self-determination and person-centered practices. Some basic questions to keep in mind, with regards to personal care support needs, are as follows:

- Does the individual need assistance to complete ADL/IADL tasks?
- How much assistance is needed for each task, and are the support needs being met/unmet through any available resources?

- If it is a child or infant, to what extent is the care typically provided by a parent regardless of disability?
- Would SPPC services meet the individual's ADL/IADL support needs? (If not, discuss the K Plan-Waiver service option with the individual.)

When an individual is determined not eligible for SPPC services, a case manager must provide a *Notification of Planned Action* ([APD 0947](#)). The individual has hearing rights and must be informed of other program services they may qualify for.

When an individual is determined eligible for SPPC services, proceed to Step 3 to assist the individual with obtaining and enrolling provider(s) of the individual's choice.

Step 3: Assist in obtaining and enrolling a qualified provider

Individuals may choose to use a *PSW* or an *In-Home Care Agency (IHCA)* as a provider for SPPC services.

- For PSWs: [Enrollment process](#) is the same as for *Community Living Supports*.
- For IHCA: These agencies are licensed under OHA/Public Health Division ([OAR chapter 333, division 536](#)), and does not need to be certified or endorsed by ODDS. Email a request to ODDS.providerenrollment@state.or.us for a copy of the *Medicaid Provider Enrollment Application and Agreement* to complete and return a signed copy to ODDS provider enrollment unit.

As required under the *Community Living Supports* program, a provider for SPPC services must not be a legal or designated representative of an individual. This means a parent or step-parent, or a legally responsible person (i.e., guardian) of an individual under 18 years old. For an individual 18 years old and over, this means an individual's spouse or a legally responsible person (i.e., guardian).

The same payment rates apply for PSWs and IHCAs providing personal/attendant care services through SPPC or CLS program, in accordance with the [Expenditure Guidelines](#).

When the provider(s) chosen by the individual, or designated representative as applicable, is/are enrolled, proceed to step 4 to authorize and enroll the individual in SPPC services.

Step 4: Authorization and enrollment in personal care services

When an individual is determined eligible, authorize SPPC services on an *ISP* or the *SPPC Service Authorization Plan* (form #[\[hyperlink\]](#)) for up to 20 hours per month. Keep in mind that personal care is only one type of services that an individual may need. Development of a full ISP/Annual Plan is still a requirement. Follow the SPPC Exception rules [\[hyperlink\]](#) if more than 20 hours per month of SPPC is needed.

An individual may be eligible for SPPC through different DHS/OHA service systems, when

they have a need for personal care services to supplement their personal abilities and resources. In general, the office that is responsible for case management of long-term care services must carry the SPPC service cases. As the case manager identifies various paid/unpaid services available to the individual during the service planning process, it is expected that the case manager will connect with other service systems case manager to ensure services are coordinated and not duplicative. Below is some guidance for those who are co-case managed by different offices.

- **DD-CW:** Children under 18 residing in a CW-paid foster care home may be served through both CDDP and CW, refer to this [Technical Guide](#) [need updating and correct hyperlink].
- **DD-MH:** Children or adults may qualify for SPPC services through the [Behavioral Health Personal Care Attendant Program](#). SPPC service codes for MH to look for are: BPM [other?]
- **DD-SS:** Children or adults case managed through both SS and DD systems, may request for SPPC services through either office. The SS office would refer requests to the [CDDP](#), [brokerage](#), or [CIIS](#). SPPC service codes for MH to look for are: BPD [other?]
- **DD-APD:** Children or adults who have medical or food benefit assistance through APD and other services through DD system should request for SPPC services through the Case Management Entity (CME) where they are receiving DD services. It is the DD-CME that must determine SPPC service eligibility according to DD's SPPC program rules [hyperlink] and carry opened SPPC service cases. SPPC service codes for APD to look for are: BPA [other?]

Service Authorization Plan must document the following:

- ❖ **A qualified provider** (name and provider number) – PSW or In-Home Care Agency – with a *Provider Start Date* (this is the date when a provider has been determined qualified and enrolled according to PSW/provider agency procedure [hyperlink?])
- ❖ **Service Authorization Plan End Date.** This date must be within 12 months of the assessment date.
- ❖ **Authorized hours.** Enter up to 20 hours per month. If the individual qualifies for **Exception hours**, enter those hours and attach the ODDS exception approval to the authorization [consistent with existing procedure?].
- ❖ **Services Authorized.** Check all ADL and IADL and nursing delegation tasks that are identified as unmet needs, and being authorized.
- ❖ **Service Authorizing Plan Signatures.** This is the date when the case manager has determined that the individual's current personal care needs are reflected in the assessment and there is a qualified provider in place for SPPC services to start. Thus this date cannot be before the assessment date or Provider Start Date.

Refer to [How to Create Authorizations for SPPC in eXPRS Plan of Care](#) [review] to create an authorization for SPPC in eXPRS POC. Upload a signed copy of the *SPPC Needs Assessment and Service Authorization Plan* (form #[hyperlink]) to eXPRS.

After the individual has been authorized and enrolled into SPPC services [[hyperlink to in-process service enrollment worker guide](#)], refer to step 5 for monitoring and Step 6 for review and re-assessment.

Step 5: Monitor services and provider payments

Ensure that authorized SPPC services are adequately meeting the individual's needs, and that payments to providers are properly rendered.

When authorizing SPPC as stand-alone services, case managers are not expected to have a quarterly monitoring contact with the individual. Case managers are expected to monitor the service needs at a frequency determined through a person-centered service planning process, and make changes to the hours and/or identified service needs as necessary within the 12-month authorization timeframe.

Step 6: Review and re-assess at least every 12 months or when support needs have change

Case managers must conduct a reassessment for personal care support needs every 12 months, or when an individual's support needs have changed.

[Address exceptions and link to relevant transmittal, worker guide, exception form and instructions.]

Form(s) that apply:

SPPC – Needs Assessment and Service Authorization Plan (form #[\[hyperlink\]](#))

ODDS Provider Service Agreement ([DHS 4606](#))

Notification of Planned Action/NoPA ([APD 0947](#))

In Home Care Agency, Specialized Living Program, Adult Day Services Medicaid Provider

Enrollment Application and Agreement (request from ODDS.providerenrollment@state.or.us)

Funding Review and Exceptions Request (DHS 0514DD[\[hyperlink\]](#))

Definition(s):

"**Assistance**" means the help an individual requires to complete ADL and IADL tasks described in these rules. The assistance types as defined in [OAR 411-450-0060 \(2\)\(c\)](#) may include hands-on, cueing, or redirection. For individuals with cognitive impairments, assistance may include supervision along with cueing or verbal reminding to ensure that the individual performs the task properly. Supervision may be in the form of monitoring, set-up, reassurance, or stand-by.

"**Medical Assistance Benefit Package**" means the Oregon Health Plan (OHP) benefit packages provided under OAR 410-120-1210(4)(a) and (b). This includes individuals receiving [Title XXI](#) benefits.

"Personal Care Needs Assessment" means an assessment completed by a case manager to determine eligibility, the level of assistance for State Plan personal care of an individual, and available resources, using the Department's State Plan personal care needs assessment form.

"Personal Care Services" means a range of assistance for personal care provided to an individual which enables them to accomplish tasks they would normally do for themselves if they did not have a disability or chronic condition. Funding for personal care services is through the Medicaid State Plan.

"Personal Care Service Authorization Plan" means a written service prior authorized plan, based on an individual's State Plan personal care needs assessment. Authorization for State Plan personal care services requires documentation of the:

- (a) Individual's qualified provider who is to deliver the authorized services.
- (b) Date when the provision of services is to begin, which is –
 - (A) The date when the individual has been determined eligible in accordance with OAR 411-xxx-xxxx, and through the needs assessment process as described in OAR 411-xxx-xxxx; and
 - (B) When a provider has been determined qualified and enrolled in accordance to 411-xxx-xxxx to start providing authorized personal care services.
- (c) Maximum hours of personal care services per month available to meet the individual's unmet support needs.
- (d) Signature and date of the case manager authorizing the plan.
- (e) Signature and date of the individual or individual's designated representative, acknowledging the plan.

"Relative" means a family member, excluding an individual's spouse or parent who is related to the individual by blood, marriage, or adoption.

"Respite" means services provided on a periodic or intermittent basis for the short-term relief of a primary caregiver from the demands of providing the ongoing care for an individual with a disability or chronic condition.

"Support Needs" means the assistance with personal care needed by an individual receiving Department services.

Reference(s):

- [OAR 410-200-0015](#) Client and Community Services – Medical Program
- [OAR chapter 411, division 034](#) State Plan Personal Care Services for Aging and People with Disabilities
- OAR chapter 411, division xxx State Plan Personal Care Services for Individuals with Intellectual or Developmental Disabilities

- [OAR chapter 411, division 450](#) Community Living Supports
- [OAR chapter 411, division 415](#) Case Management Services
- [OAR chapter 411, division 375](#) Independent Providers Delivering Developmental Disabilities Services
- [OAR chapter 411, division 370](#) Developmental Disabilities Services Provider Enrollment, Service Billing, and Service Payment
- [OAR chapter 411, division 323](#) Agency Certification and Endorsement to Provide Developmental Disabilities Services in Community-Based Settings
- [OAR chapter 411, division 317](#) General Definitions and Acronyms
- [How to Create Authorizations for SPPC in eXPRS Plan of Care](#)

Frequently Asked Questions:

Q1: I've completed an ANA/CNA and the service level is less than 20 hours, can the individual access SPPC services instead of Community Living Supports?

A: Individuals are entitled to access the amount of support based on their assessed needs, and resources available to them. They, or as applicable their designated representative, have the rights to choose to access *SPPC services* or *Community Living Supports* that would best meet their support needs, preferences, goals and outcomes. Case managers are expected to assist with the choice based on the person-centered service planning with the individual, or as applicable their designated representative.

Q2: If SPPC services will be used in combination with K Plan, does the individual have the SPPC hours in addition to K Plan hours?

A: No, using SPPC service hours, under ODDS or any DHS/OHA program rules, *in addition to* K Plan hours would be considered duplication of services. *Personal care* and *attendant care* essentially have the same meaning, that is – the supports for basic everyday functional activities (i.e., eating, bathing) the individual requires for well-being, health and safety. While it is the choice of the individual/designated representative, case managers may want to point out that having both services can introduce more administrative work for provider and employer. A PSW who does both types of service will have to claim each separately, and the employer will have to track and approve each separately.

Q3: Are there SPPC services that were not available in the previous rules? If so, what are they?

A: Under the previous rules that ODDS shared with APD ([411-034](#)), some ADLs and IADLs were combined and defined differently than the actual language in the State Plan Amendment/SPA. The additional types of SPPC services available in ODDS new rules (411-xxx, [hyperlink](#)) are: Money Management, Grocery Shopping, and Using the Telephone.

Q4: If an individual has assessed hours of 7/9 on an ANA/CNA and they have decided to access SPPC because then they would be eligible for 20 hours a month instead of the lower ANA/CNA hours, can we add the SPPC into a k-plan for 20 hours a month and be able to

access assistive technology?

A: As stated above, individuals are entitled to access the amount of support based on their assessed needs, and resources available to them. SPPC and K Plan services follow their own sets of rules. If the individual qualifies to access K Plan services, they have the option to access services through that route – when meeting all requirements for K Plan services. Same for SPPC services, go that route – when meeting requirements for SPPC services – for up to 20 hours. Both program services are based on assessed needs and service planning process for the individual’s met/unmet support needs.

Q5: Are contracting agencies permitted to provide services and bill a client that has PC20?

A: A qualified provider for SPPC/PC20 services can be a PSW or an in-home care agencies that are licensed in accordance with [OAR chapter 333, division 536](#) per SPPC rules (411-xxx, [hyperlink](#)). These agencies must submit a signed provider enrollment agreement to ODDS.providerenrollment@state.or.us prior to providing authorized SPPC services.

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