Patrice Botsford

Authorized Signature

Number: APD-AR-13-057

Issue Date: 7/30/2013

Due Date: 8/1/2013

Topic: Developmental Disabilities

Subject: Level of Care Assessment

Applies to (check all that apply):
- All DHS employees
- Area Agencies on Aging
- Children, Adults and Families
- County DD Program Managers
- County Mental Health Directors
- Health Services
- Seniors and People with Disabilities
- Other (please specify): Brokerage Directors, ODDS Central office staff, CIIS staff

Action Required: CDDPs, brokerages and other Developmental Disabilities case managers who assess or review for Level of Care (LOC) are to begin using the updated LOC form DHS 0520 (dated 07/13). The updated Level of Care Assessment with instructions is available on the DHS website at: https://apps.state.or.us/cf1/FORMS/. As of 8-01-13, only this new Level of Care Assessment will be accepted. CDDP, brokerage and Department staff involved in establishing or reviewing Level of Care must review the Level of Care instructions which begin on page 5 of the updated Level of Care form.

There are several changes to the LOC form to aid in its completion, including the auto-fill feature for the individual’s name and date of birth as well as the ability to save electronically if using the word format. Further, the form is designed to print to letter size paper rather than legal paper.

Initial Determinations of Level of Care:

1) For all initial determinations of level of care, the CDDP must ensure the Eligibility Specialist completes the “Eligibility Specialist” section of the Level of Care Assessment based on the individual’s reason for eligibility and per OAR 411-320-0080.

2) The remainder of the Level of Care Assessment will then be completed by a qualified case manager. The case manager may be a Services Coordinator, Personal Agent, other CDDP or brokerage employee, or DHS employee who meets...
the qualifications of a case manager.
3) The case manager must assure that the individual or the individual’s representative understands and is offered choice of services. Please see instructions for additional details.
4) The new form replaces the old form. All other procedures related to processing and routing it to DHS and back should not change as a result of this new form.

Level of Care Reviews:

1) The Level of Care Assessment should be reviewed by a case manager not less than annually via face-to-face interaction.
2) For individuals whose level of care was documented on the previous Title XIX LOC form, when a review of the LOC occurs after 8/01/2013, the case manager must use the new Level of Care Assessment (SE 0520), which must be attached to the old Title XIX Waiver (DE 0520). The Client Information section at the top of page one of the updated Level of Care Assessment is the only portion that should be filled out on the new Level of Care Assessment. Specifically the following sections do not have to be complete upon review:

- The Eligibility Specialist does not need to confirm DD eligibility or complete the “Eligibility Specialist” section of the Level of Care Assessment.
- The offer of choice does not have to be made here again and the individual does not need to sign the new form.
- The Department’s Diagnosis and Evaluations Coordinator does not have to confirm the LOC on this new form. When a brokerage is reviewing the LOC, a copy need not be sent to the CDDP unless case management is transferring to the CDDP.

If there are general questions in regards to these forms, please submit them to Acacia McGuire Anderson at acacia.mcguireanderson@state.or.us. You may also submit questions regarding the Level of Care Assessment for the bi-weekly call-ins regarding the K-plan which began 7-17-13 and will occur every other Wednesday.

There will be an Eligibility Specialist call-in on July 29th at 3:00pm to discuss the time-frames regarding the Eligibility Specialist section of the form as well as to review any questions there may be. Program Directors, Managers and Supervisors are welcome to join this call. If you would like to join this call please dial 1-877-336-1831 and enter participant code 230706. This call pertains to many different items related to eligibility but the Level of Care Assessment will be addressed promptly at 3:00pm.

During this transition period ODDS staff will provide field training, develop necessary policies and review the Level of Care for accuracy. ODDS will continue to partner with stakeholders in implementation, training and policy, and will continue to provide
updates to our consumers and stakeholders regarding the implementation. A Standards and Procedures document expanding on the LOC process can be found on the DHS website. For additional information regarding the K-plan please visit:

DHS K plan website - [http://www.oregon.gov/dhs/k-plan/Pages/index.aspx](http://www.oregon.gov/dhs/k-plan/Pages/index.aspx)
or

**Reason for Action:** Before an individual can have access to waiver or Community First Choice (K plan) services, the state must demonstrate that the individual would be eligible for care in a certain institutional setting and the basis for that eligibility. Following an audit of Oregon’s waiver program by the Centers for Medicare and Medicaid Services (CMS), the previous form was found to be inadequate. This new form corrects the identified deficiencies.

**Field/Stakeholder review:** ☑ Yes ☐ No

**If yes, reviewed by:**

If you have any questions about this action request, contact:

| **Contact(s):** | Acacia McGuire Anderson  
Mike Parr |
|-----------------|--------------------------------------------------|
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503-945-6109 |
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