

Lilia Teninty

Authorized signature

Number: APD-AR-17-039

7/21/17

Issue date: **UPDATED**

Topic: Developmental Disabilities

Subject: Revised ICF/IID level of care form; Q&A call

Applies to (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Aging and People with Disabilities | <input checked="" type="checkbox"/> Office of Developmental
Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input checked="" type="checkbox"/> ODDS Children's Intensive
In Home Services |
| <input checked="" type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input checked="" type="checkbox"/> ODDS Children's
Residential Services | <input checked="" type="checkbox"/> Other (<i>please specify</i>): Brokerage
directors, personal agents, services
coordinators, and eligibility specialists |
| <input type="checkbox"/> Child Welfare Programs | |

Informational call on revised level of care form:

ODDS will host a call to answer questions about the form and the contents of this transmittal at 9 A.M. on Tuesday, August 1. Please call 877-873-8017 and enter 772325#.

Action required:

ODDS has posted a revised form (APD 0520) as well as a separate annual review signature form (APD 0520a) on the [DHS forms website](#). The form (APD 0520) is used to evaluate an individual's need for the level of care (LOC) historically provided in an intermediate care facility for individuals with intellectual disabilities (ICF/IID).

The version of the LOC form posted on 6/28/17 contained an incorrect answer on page 4 under the question titled "observed behavior supports". The mistake was fixed and a new form was posted. We also added a "check all that apply" notice to the choice

section on page 6. Please download form APD 0520 again and use the version that was posted on 7/12/17.

Initial evaluations. Case managers must use the new form for all initial LOC evaluations beginning immediately (July 1, 2017). ODDS will accept the older version of the form through **September 30, 2017** for evaluations that have already been completed **and for individuals who were sent an eligibility notice before July 1 (i.e., if LOC was already started by on the older version of the form).** ODDS will also accept forms if you completed an evaluation on the form with the typo on page 4 because the correction is so minor that the use of that form does not invalidate the LOC evaluation.

As described in OAR 411-415-0060 and the LOC Technical Guide (APD 0520i), case managers must submit all initial LOC evaluations to DHS for approval and signature within 30 days of completion. Federal regulations require DHS to make the final determination as to whether the individual requires ICF/IID LOC before the individual accesses Community First Choice state plan or 1915(c) waiver services.

The corrected form has the same date in bottom right corner of the page (06/17) as the form with the mistake. The CME's responsibility is to submit the form and retrieve it after DHS signs it. If the case manager uses either of the forms dated 06/17 and DHS approves the form, it will not have implications for audits.

The LOC Technical Guide (APD 0520i) remains the comprehensive "desk reference" for case managers. The document includes examples and frequently asked questions.

Annual reevaluations. The customer's annual signature, alongside the case manager's signature, will now go on a separate one-page form (form APD 0520a). Case managers may use the new annual form (form APD 0520a) immediately and must begin using it for all annual LOC signatures by September 1, 2017.

Per Federal regulations, case managers must review an individual's need for institutional LOC on an annual basis for as long as the individual continues to utilize Community First Choice state plan or 1915(c) waiver services (see 411-415-0060 and the form instructions).

Case managers are not required to submit the annual review signature page to DHS for the Diagnosis and Evaluation Coordinators' signature; rather, case managers must review the answers provided on the initial LOC form and note any changes in functioning in progress notes (see pages 49-45 of the instructions). The annual review page must be attached to the DHS-approved evaluation and kept together with all previous LOC evaluations. The ODDS Quality Assurance team will continue to review and verify annual signatures during audits.

The new annual review form (APD 0520a) contains two new boxes. The first box is titled “date of initial LOC evaluation”. This refers to the date the case manager first met with the individual to review the questions that appeared on the 09/14 version of the LOC form (and which are unchanged on the 06/17 version). The second box is titled “date of DHS approval”. This is the date of the LOC determination that is available on the eXPRS view client screen (commonly called the D&E approval date). The dates that are entered on the top of form APD 0520a could be vastly different, particularly if an individual entered services many years ago.

The purpose of the first box is to identify the reference form (the form that contains the questions and answers that the case manager is reviewing with the individual at the annual review). When DHS released the LOC form in 2014, the transmittal instructed case managers to fill out the case manager section of the form, even for individuals already in services. This current transmittal does not require the case manager to complete that step because the case manager’s portion of the form did not change. However, since form APD 0520a is now a standalone form, it is necessary for the case manager to identify the DHS-approved LOC form with the questions and answers that are being reviewed. Therefore: for individuals already in services, enter the date of the individual’s first signature on the 09/14 version of the form; for individuals entering services now, enter the date of the individual’s signature date on the 06/17 version of the form.

The purpose of the second box is to ensure the case management entity confirms (before conducting the annual review) that the individual has a DHS-approved LOC form in the individual’s file, which is required for DHS to receive federal funds for providing HCBS. This ensures statewide compliance with federal LOC rules.

HCBS enrollment date. An individual may not receive paid developmental disability services until: (1) an eligibility specialist determines the individual has an intellectual or developmental disability under 411-320-0080; (2) a case manager completes a LOC evaluation using the prescribed form; (3) the individual exercises his or her freedom of choice and elects to receive home and community-based services instead of institutional services; (4) the individual has been determined to meet the Medicaid financial eligibility criteria; and, (5) an individual support plan has been developed that includes one or more k-plan or waiver services. Therefore, *enrollment to the waiver or k-plan may only begin on the date of the case manager’s face-to-face evaluation if there is also an authorized individual support plan with the same start date as the LOC evaluation.* If the ISP start date is later than the date of the LOC evaluation, the enrollment date (DHS 337) should coincide with the ISP start date and not the date of the LOC evaluation.

General fund requests. If HCBS services are delivered prior to the completion of any of the five steps above—or if there is a lapse in eligibility and services are provided

during the lapse—the case management entity must submit a request for general funds.

Reason for action:

ODDS revised the LOC form (form APD 0520) to:

1. Include a notice to individuals that they may choose between Community First Choice or Waiver home and community-based services, in addition to the freedom to choose between institutional and home and community-based services. Case managers are required to provide information about these choices at LOC evaluations.
2. Modify the formatting on the form to make it more user-friendly (turn it into a fillable pdf form).
3. Restate that the earliest HCBS enrollment date, as well as the requirement to request general funds if the HCBS enrollment requirements are not met, or if the individual's eligibility lapses.

Field/stakeholder review: Yes No

If yes, reviewed by:

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

Contact(s):	Mike Paul		
Phone:	503-945-5865	Fax:	503-373-7274
Email:	michael.p.paul@state.or.us		
Contact(s):	Rebecca Smallwood		
Phone:	503-947-2353	Fax:	503-373-7274
Email:	rebecca.smallwood@state.or.us		