

Policy Transmittal Developmental Disabilities Services



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Authorized signature

Number: APD-PT-20-042

Issue date: 5/15/2020

UPDATED #2

Topic: Developmental Disabilities

Due date:

Transmitting (check the box that best applies):

- New policy
 Policy change
 Policy clarification
 Executive letter
 Administrative Rule
 Manual update
 Other:

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: {Select type} | <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 type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input checked="" type="checkbox"/> Support Service Brokerage Directors | <input type="checkbox"/> Other (please specify): |
| <input checked="" type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Policy/rule title:	Service authorization changes due to COVID-19		
Policy/rule number(s):	411-415-0030(5)(b)(C, F, G) 411-415-0070(2)(c) 411-415-0070(6)(a)(B) 411-415-0070(8)(b, e, f)	Release number:	3
Effective date:		Expiration date:	
References:			
Web address:			

UPDATED

Update #1 added detail around terminations

Update #2 adds detail around signature requirements.

Discussion/interpretation:

The COVID-19 pandemic is impacting case management entities (CME) ability to authorize services within timelines established in Oregon Administrative Rules. Individuals, families and case managers have decreased ability to meet and discuss services. Therefore, ODDS is immediately making changes to existing expectations for certain situations. Please note that these changes do not represent best case management practices. They should be used only when necessary, only to the extent necessary, and only when due to the present emergency.

No reduction of services:

For the duration of the declared emergency no person receiving developmental disabilities services should experience a reduction or termination of services for any reason other than establishing residency in another state. Any Notices of Planned Action to reduce or terminate services that have not reached their effective date should be rescinded. The Department is withdrawing from most contested case hearings and reinstating services. You will be notified of these as they are processed.

Individuals who require a monthly waiver service for continued Medicaid eligibility (e.g. the “300% group” and those eligible through PMDDT) will not lose eligibility if a monthly waiver service is not delivered. Medicaid eligibility terminations are being suspended through the end of the month in which the Novel Coronavirus/COVID-19 emergency ends, details can be seen in [PT-20-034](#).

Extended ISP dates:

In the case of staffing shortages at a CME, or documented unavailability of an individual/guardian/designated representative to participate in discussions leading up to ISP authorization, the authorization period of an existing ISP may be extended, and existing services may continue for up to one year. This applies to service agreements (SA) with a person’s existing providers as well.

The month when the ISP ends will not change even though the renewal ISP date may be changed based on the extension. This means that when an ISP that has been extended is finally renewed, the start date will be the date the case manager signs the ISP, and the individual/guardian/designated representative approves it, but the end date of the ISP will not be changed. For example, if an ISP that is set to expire on 4/30/20 needs to be extended, it will not expire on 4/30/20. The case manager is able to complete the renewal on 7/15/20. The start date of the new ISP will be 7/15/20 and the end date will be 4/30/21.

Signatures:

A written signature on a document is the preferred way to demonstrate

acknowledgement of, or agreement to, the document's content. However, for the duration of the emergency, verbal agreement can substitute for a written signature. This applies for any document where ODDS requires a signature. Documentation that agreement was given must be maintained in the progress notes. Whenever possible, the documents should be available to the person prior to the discussion about them. The progress note must identify each document discussed, the name of the person giving the agreement and their role (if not the individual) and that the effective dates and any service limits (e.g. hours per month) were acknowledged.

When a provider gives verbal agreement to implement an approved ISP documentation must reflect that the provider was informed of the content, preferably by being given a copy (paper or electronic) of the ISP or SA, including all known risks that are required to be disclosed and any service limits. This may be done by phone when necessary.

The actual documents that were verbally agreed to should be filed wherever they are typically filed, noting the agreement was verbal and the date each was agreed to.

The Freedom of Choice form is the only form that will require a written signature. During the emergency CMEs need to document verbal agreement in the progress notes. However, in the future a CME will be expected to obtain written signature when it is safe to do so, ODDS will issue further guidance about timelines at a later date. CMEs are advised to get them as soon as feasible, and to track those individuals who will need to sign.

In the unlikely event a CME staff member is unable to sign the annual Mandatory Abuse Reporting acknowledgement form in time, it may be signed at a later date, as soon as practical. Note the reason the signature is late.

Retroactive revisions to ISPs

ISPs may be revised retroactive to a documented date of request for a service change when the service is needed to mitigate harm or risk directly related to COVID-19 impacts for eligible individuals. Provider enrollment will not be retroactive. Reimbursement to individuals or families for their expenses will continue to be disallowed.

Initial ISPs

Access to services is important, initial ISPs should be prioritized. However, if circumstances prevent an initial ISP from being authorized within 90 days of a completed application, this will not be considered as out of compliance. The efforts to get services authorized and the barriers must be documented in progress notes.

Training/communication plan: Question sent to ODDS.FieldLiaison@dhsoha.state.or.us will be addressed during regularly scheduled webinars for CMEs and COVID-19.

Field/stakeholder review: Yes No

If yes, reviewed by:

Filing instructions:

If you have any questions about this policy, contact:

Contact(s): ODDS COVID-19 Team	
Phone:	Fax:
Email: ODDS.questions@dhsoha.state.or.us	