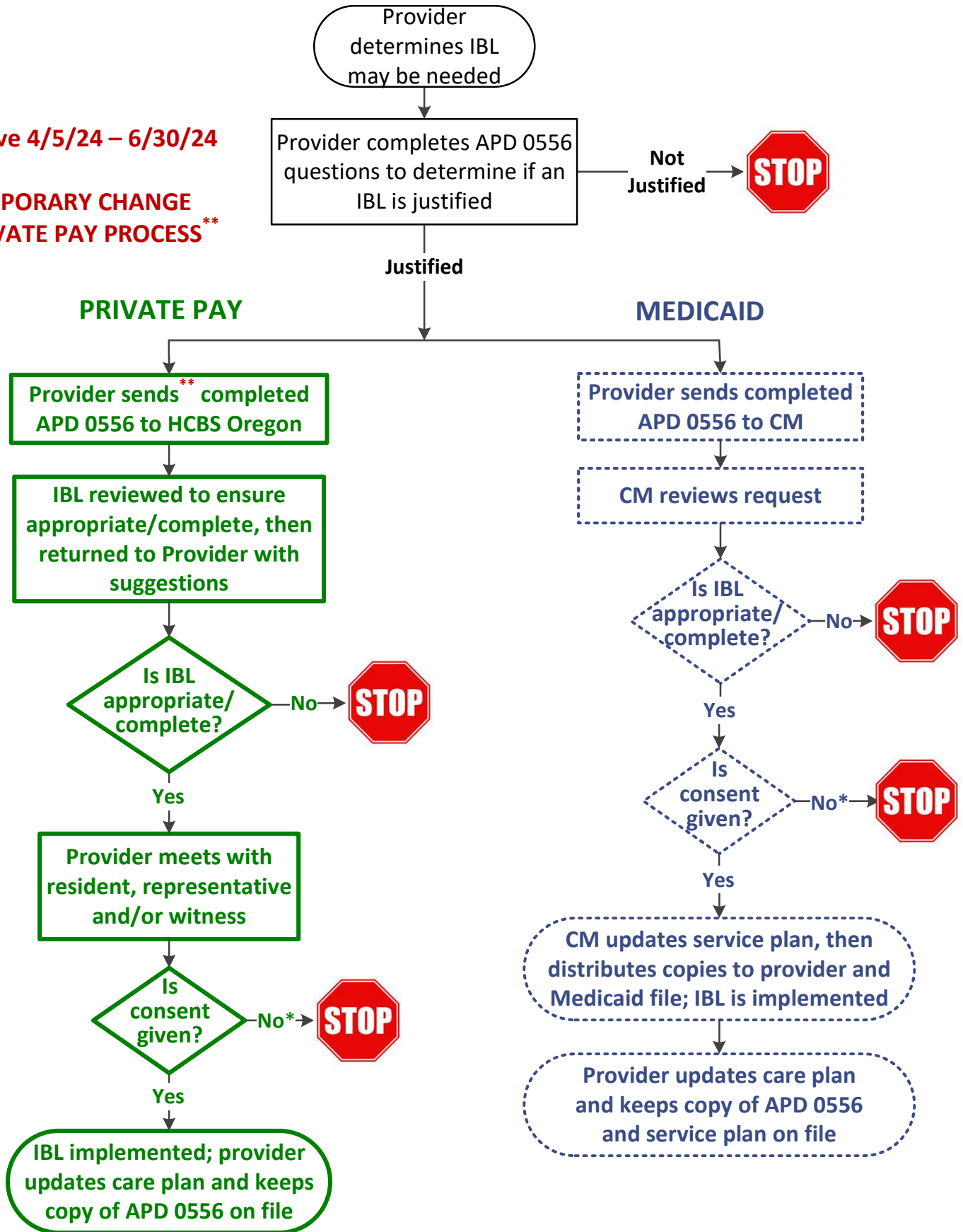


# APD HCBS IBL Process - Chart 1

Individual (Legal Representative/Other Designee) is able to consent\*

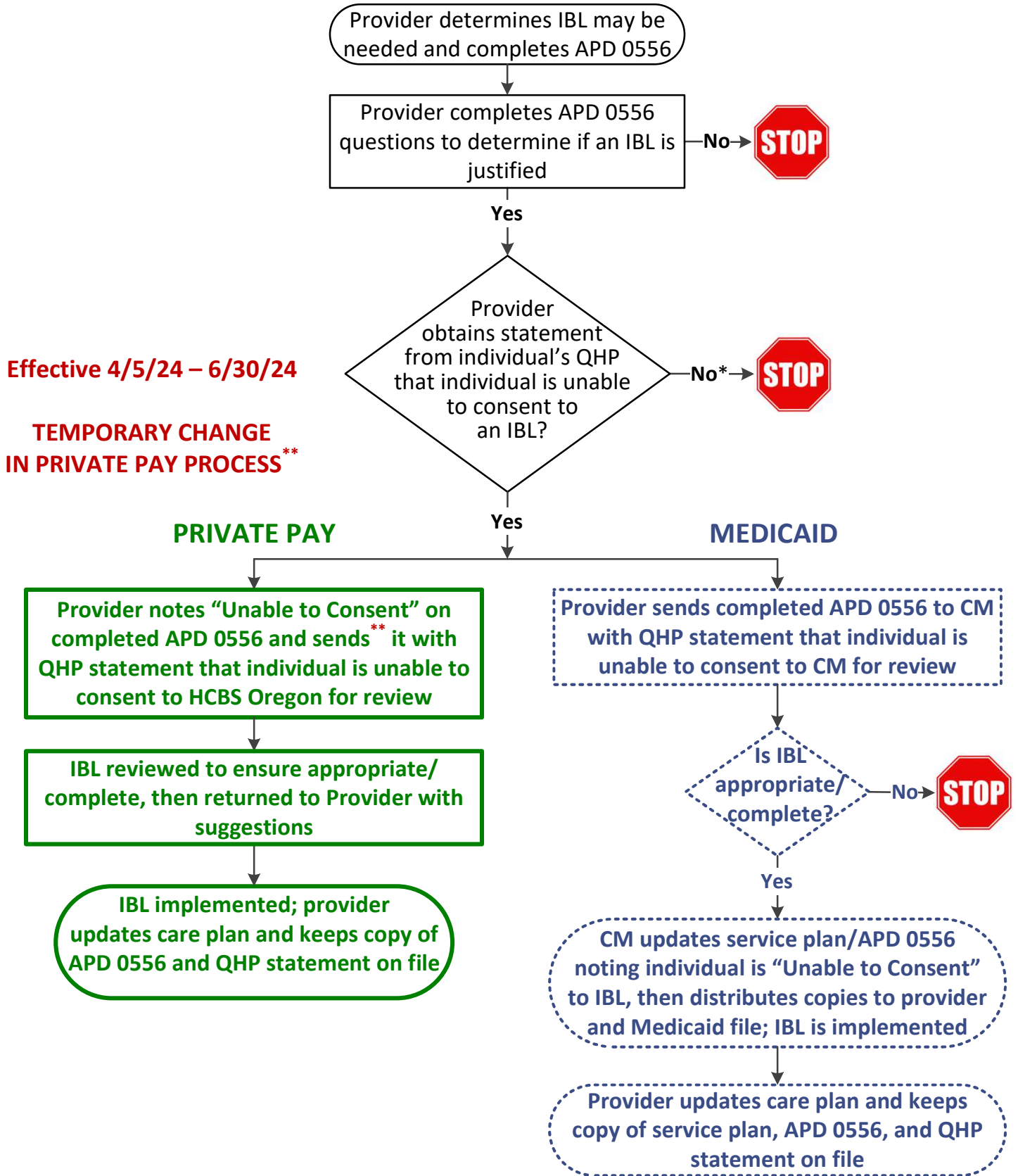
Effective 4/5/24 – 6/30/24  
**TEMPORARY CHANGE  
IN PRIVATE PAY PROCESS\*\***



\*If individual is unable to consent to IBL, use Chart 2

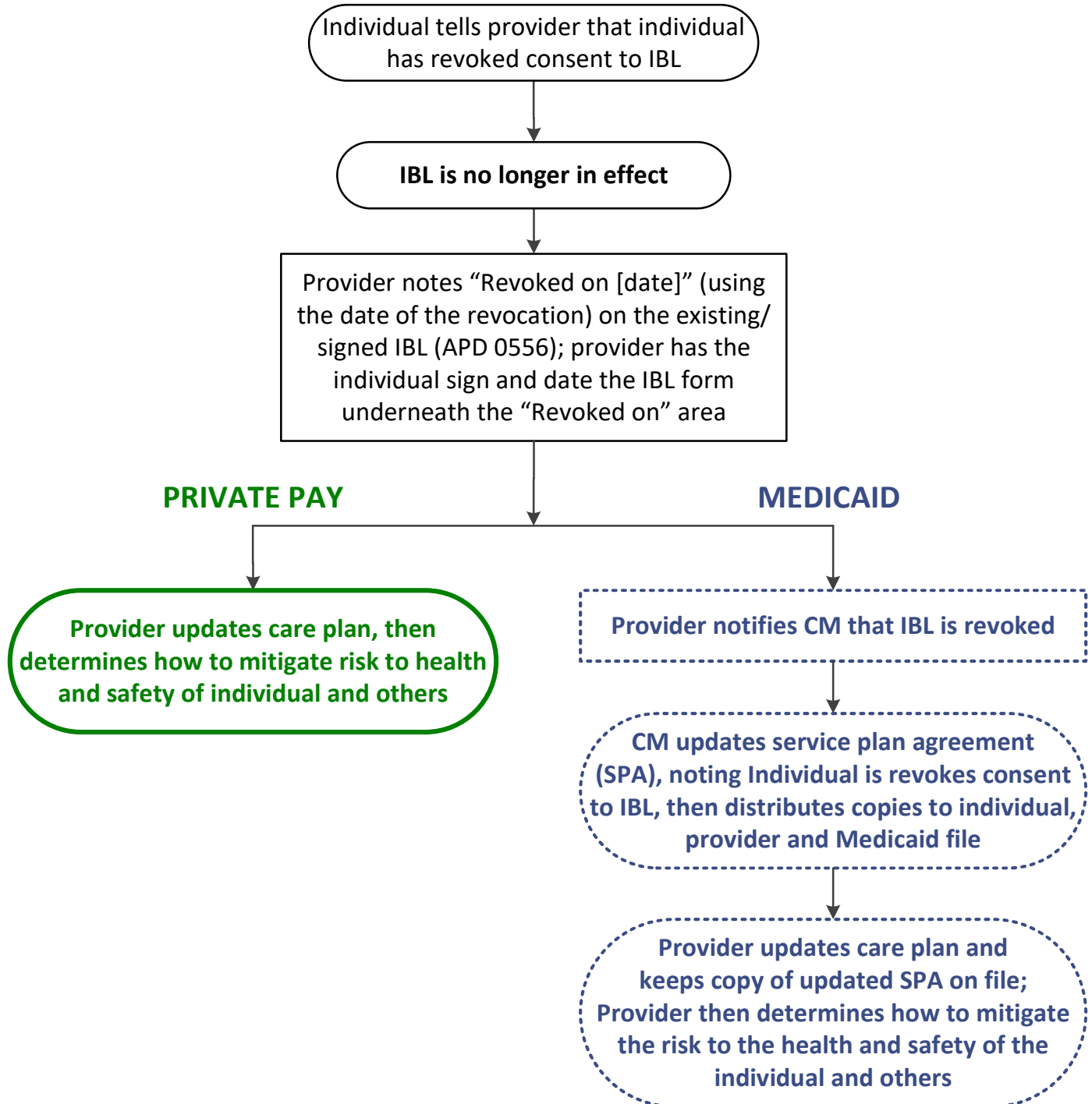
## APD HCBS IBL Process - Chart 2

Individual is not able to consent\* and has no one who can assist



## APD HCBS IBL Process - Chart 3

### Individual revokes consent to IBL



**APD 0556** is the Individual Consent to HCBS Limitation(s) form (also called “IBL form”)

**Care Plan** means the person-centered plan of care developed by the provider for their resident

**CM** means Medicaid Case Manager

**HCBS** means Home and Community-Based Services

**HCBS Oregon** means the State’s shared email box where HCBS questions and IBLs may be sent; the email address is: [hcbs.oregon@odhsoha.oregon.gov](mailto:hcbs.oregon@odhsoha.oregon.gov)

**IBL** means Individually-Based Limitation to one or more of the following HCBS freedoms, rights and protections [*refer to OAR 411-004-0020, section (1)(d)&(2)*]:

- Access to food at any time
- Control of own schedule/activities
- Decorate and furnish one’s bedroom/living unit
- Freedom from coercion and restraint
- Privacy in bedroom/living unit (i.e., lock on bedroom door/entrance door to unit)
- Roommate choice in a shared unit
- Visitors of own choosing at any time

**QHP (Qualified Healthcare Professional)** (Physician, Physician’s Assistant, Nurse Practitioner, Qualified Mental Health Professional, or Psychiatrist) who knows the individual, who does not work at the individual’s care home/facility, and who makes the determination on whether the individual can consent to the IBL (i.e., make this long-term care decision). (*This is not a determination of the individual’s cognitive ability.*)

**Service Plan** refers to the person-centered service plan developed for Medicaid eligible individuals by their case manager, service coordinator, personal agent or other person designated by ODHS or OHA to provide case management services or person-centered service planning for and with individuals

**Temporary Change (4/5/24-6/30/24)** refers to the new process where the provider submits the completed APD 0556 to HCBS Oregon for review. The need for continuation of this process will be redetermined closer to 06/30/24

### IS IBL APPROPRIATE?

**Yes, if there is a moderate health or safety risk to this individual or others.**

### IS IBL COMPLETE?

The proposed IBL [APD 0556] must:

- Identify a defined and specific, individualized need
- Include less restrictive methods tried that failed
- Be directly proportionate to the specific, assessed need (and not be for the convenience of the provider)
- Describe how the effectiveness will be measured, and who will monitor the effectiveness
- Have a time limit (no more than 1 year)
- Be signed by the individual (or their designated representative)

 ***This amended process starts 4/1/24***