

# Case Manager Guide for Continuous Period of Care

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## What is Continuous Period of Care

When an individual applies for Long Term Services and Supports (LTSS) and is legally married, a Continuous Period of Care (CPC) date may need to be established. The CPC date is generally not the same as the date of request (DOR).

A CPC date is the day an individual began needing nursing facility (NF) level of care (Service Priority Level (SPL) 1-13), whether paid or unpaid. This date is used for financial eligibility. Case managers (CMs) must assist eligibility workers (EWs) in determining the CPC date when it cannot be easily determined, as discussed later in this guide.

For Oregon Project Independence – Medicaid (OPI-M) the CPC date is the day the individual began needing care that would result in an SPL 1-18.

### Why are CPC dates important?

Determining the CPC is part of the financial eligibility process for Resource Assessments (RA). Establishing the CPC date allows EWs to determine how much the community spouse (the spouse not residing in a NF or hospital) can retain in resources. If this date is determined incorrectly, the couple may spend or convert more resources than necessary to be financially eligible for services or could be determined eligible when they do not truly meet eligibility.

### How does this relate to case management?

CMs play a key role in determining the CPC date. They can gather this information while contacting the individual, their spouse or representative during the intake process. It is highly likely they will receive information related to the CPC from individuals while discussing the individual's care needs and completing the service assessment.

CMs also interact with care providers to ensure they receive payment for the services being provided. CMs may need to have discussions with facility or

hospital staff to help determine when an individual began needing assistance with Activities of Daily Living (ADLs).

## Determining the CPC Date

Rule [461-001-0030\(2\)](#) states that an individual must reside in a NF, home and community-based care (CBC), or hospital care setting or acute care hospital and will need care for at least 30 consecutive days or until death. The rule also states there must be sufficient evidence to show that individual will remain in care for least 30 consecutive days. If the need for care is interrupted for 30 days or more, a new period of care begins.

CMs may receive documentation from the individual or provider to help determine the CPC date. Consider reviewing supportive documents such as medical documents, facility care plans, hospital records, or other collateral information. Keep in mind it is not necessary to request verification unless the information is questionable.

If the CPC date is unclear or difficult to determine, CMs should use their best judgement based on the information received and the individuals best estimate to decide the CPC date.

Use the questions below to help narrow down when the CPC began:

- Was there a specific event that caused the need for care? For example, having a stroke or accident, etc.
- When did someone begin providing care for the individuals ADL needs?
- Does the individual have a progressive condition? When did the condition progress to the point of needing help with ADLs?
- When did the individual move or admit into the CBC, NF, or hospital?

## **Who is responsible for entering the CPC date?**

Collaboration between EWs and CMs is essential when determining the CPC. Service and financial eligibility must be completed within 45 days from the DOR. If a CM determines the CPC date, they must communicate this information to the EW by following branch process. Additionally, EWs may reach out to CMs to ask for assistance in determining the CPC date.

Once the CPC is determined, EWs enter the date into the ONE system for LTSS. For OPI-M, the CPC date is entered outside of ONE, on the Resource Assessment Calculator by staff determining financial eligibility.

CMs remain responsible for completing the service assessment to determine whether an individual meets SPL 1-13 for Long Term Services and Supports (LTSS) or SPL 1-18 for OPI-M.

## **Where is the CPC entered?**

For LTSS, the CPC date is in the Resource section of ONE under Resource Assessment. Select the pencil icon for more details.

For OPI-M, the CPC date is entered on the Resource Assessment Calculator.

<h2>2025 OPI-M Resource Assessment</h2>	<b>Branch</b>	05XX	<b>Clear Form</b>
	<b>Case name</b>	RICKY RICARDO	<b>ONE case number</b>
	<b>Date assessment requested:</b>	1/17/2025	<b>Worker Name</b>
	<b>Date assessment completed:</b>	1/20/2025	<b>Continuous Period of Care start date:</b>
	<b>Applicant's name:</b>	<b>DOB:</b>	<b>SSN:</b>
RICKY RICARDO	11/20/1947	XXX-XX-3932	
<b>Community spouse's name:</b>	<b>DOB:</b>	<b>SSN:</b>	
LUCY RICARDO	7/30/1947	XXX-XX-5032	
<b>Step 1: Enter the <u>countable</u> value of the below items owned by the applicant and/or spouse.</b>			
<b>1. Liquid Resources</b>	<b>On the date care started</b>	<b>Now</b>	
Bonds:			
Cash:			

## CPC Examples

### Example 1

Kyle started receiving ADL care from their spouse on 3/18/23 due to the progression of Parkinson's disease. Kyle admitted to the hospital on 2/20/25 after a stroke and discharged to a NF on 3/10/25. The married couple applied for LTSS on 2/25/25 while in the hospital. While the CM was completing the service assessment for Kyle it was determined that he met NF level of care on 3/18/23.

The CPC date is 3/18/23 because this is when Kyle began needing NF level of care and there has not been a break of care for 30 days or more.

### Example 2

Simu was in a car accident on 1/15/25 that left him paralyzed from the waist down, requiring assistance with his ADL care needs. After months of hospitalization and recovery, he started receiving care 8/15/25 from an agency. Simu can no longer privately pay for the agency and applied for LTSS with his wife on 1/10/26. It was determined by Simu's CM that he met NF level of care on 1/15/25.

The CPC date is 1/15/25 because this when Simu was in the car accident and care was needed after the event. It is not when care began with the agency because we established that his care needs started on the date of his accident.

### Example 3

Carla fell and broke her leg on 10/23/24. She required skilled nursing and then returned home where she required assistance with her ADLs until she healed eight week later. Once her leg healed, she was able to care for herself and no longer required assistance with her ADL care needs.

Six months later, on 3/25/25, Carla had a stroke that left her with partial paralysis on the right side of her body. She requires daily assistance with her ADL care needs meeting NF level of care.

Since there was a break of at least 30 days, a new CPC is required. The new CPC start date is 3/25/25.

## Additional Resources

### References

- [OEP Eligibility Guide: Resource Assessments](#)
- [Continuous Period of Care Definition: OAR 461-001-0030\(2\)](#)
- [Home and Community-Based Care Definition: OAR 461-001-0030\(4\)\(a-f\)](#)

### Contacts

- Questions regarding this guide: [Training Unit for Services and Supports](#)
- Medicaid financial eligibility questions: [APD Medicaid Financial Eligibility Policy Analyst policy inbox](#)
- OPI-M related questions: [OPI-M Questions, Support and Feedback](#)

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