

APD MEDICAID LONG TERM SERVICES AND SUPPORTS FORM REQUIREMENTS

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State Plan Personal Care (SPPC – BPA/BPO)								
Consumer, F	X	X	X				002N	<b>Assessment Summary</b> – Required if the individual waives their right to a Title XIX assessment, the 002N is not required.
Consumer*, F	X			X			354	<b>Workers’ Compensation Agreement and Consent</b> – Required if using a CEP.
Consumer, F		X		X			541	<b>Notice of Eligibility and Responsibility</b> – Required at redet. when a Title XIX assessment has not been completed.
Consumer*, Provider, F, SS	X	X		X			546PC	<b>SPPC Service Plan and Task List</b>

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Consumer*, F	X	X		X			737	<b>Representative Choice Form</b> – Consumer-employer rep. section is not required with IHCA only. The form must be reviewed at each Redet. If there are no changes, it must be narrated. It's not necessary to complete a new form each year when there are no changes.
Consumer, F	X	X		X			2780N	<b>Service Plan and Notice (SPAN)</b> – Required at intake when the individual doesn't meet SPL and redet. a full Title XIX assessment must be done unless the consumer signs a 457D.
Provider, F	X	X		X			4105	<b>Homecare Worker Notice of Authorized Hours and Services</b> – Required with new service plans and/or when a HCWs hours or services being provided have changed.
Consumer*, F	X			X			7210	<b>Application for Oregon Health Plan (OHP) Benefits</b> – Only required if paper application is requested. Replaces 539A. Must be uploaded to ONE electronic file.
TN, F	X	X			X		Referral Form	<b>Tribal Navigator Referral</b> – Required if the consumer claims affiliation with a Native American Indian Tribe.

**Consumer**=Consumer or Rep. | **Provider**=Provider | **F**=EDMS/AAA file | **CM**=Case manager | **SS**=Support staff | **CO**=Central Office | **CMU**=Client Maintenance Unit | **O**=Other | **TN**=Tribal Navigator | \*=Signature Required

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In-Home Services (APD In-Home)								
Consumer, F	X	X	X				002N	<b>Assessment Summary</b>
Consumer, F	X	X	X				003N	<b>Client Details</b>
Consumer*, F	X			X			354	<b>Workers' Compensation Agreement and Consent</b> – Required if using a CEP.
F, SS	X	X	X				546N	<b>In-Home Service Plan</b>
Consumer*, F	X	X		X			737	<b>Representative Choice Form</b> –Consumer-employer rep. section is not required with IHCA only. The form must be reviewed at each Redet. If there are no changes, it must be narrated. It's not necessary to complete a new form each year when there are no changes.
Consumer*, Provider, F	X	X	X				598N	<b>Task List</b>
Consumer*, CM*, F	X	X		X			SPA	<b>Service Plan Agreement (SPA)</b> – Included as part of the SPAN and needs to be updated if the consumer goes to/from a NF ICF level of care to another living situation. The SPA is required every time.
Consumer, F	X	X		X			2780N	<b>Service Plan and Notice (SPAN)</b> – Every time.
Consumer	X	X		X			2794	<b>Exception Process for Consumers</b>
Provider, F	X	X		X			4105	<b>Homecare Worker Notice of Authorized Hours and Services</b> – Required with new service plans and/or when a HCWs hours or services being provided have changed.

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Form Goes to: (legend at end of each section)	Intake	Redet.	OA Form	Web Form	CM Tools Form	ONE Form	Form #	Form Name / Notes
Consumer	X	X		X			5139	<b>What to Expect from Your Assessment for Long-term Services and Supports</b>
Consumer*, F	X			X			7210	<b>Application for Oregon Health Plan (OHP) Benefits</b> – Only required if paper application is requested. Replaces 539A. Must be uploaded to ONE electronic file.
Consumer	X			X			8958	<b>Medicaid In-home Service Options brochure</b>
TN, F	X	X			X		Referral Form	<b>Tribal Navigator Referral</b> – Required if the consumer claims affiliation with a Native American Indian Tribe.

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Independent Choices Program (ICP)								
Consumer, F	X	X	X				002N	<b>Assessment Summary</b>
Consumer, F	X	X	X				003N	<b>Client Details</b>
Consumer*, F, CO	X			X	X		353	<b>Workers' Compensation Consent and Agreement</b> – Must email to CO within one week of start date.
Consumer, F, CO	X	X			X		546ic2wk Use version on CM Tools ICP page	<b>Independent Choices Benefit Calculation</b> – Must email to CO within one week of start date, at intake, at redetermination, when there is a change in authorized hours or a change in the hourly rate paid out.
Consumer*, Provider*, F, CO, Acumen	X	X			X		548	<b>Independent Choices Program Employee Provider(s) Information</b> – Must email to CO and Acumen at intake and when there is a change to the provider information such as who is providing care and the hourly rate.
Consumer*, F	X	X		X			737	<b>Representative Choice</b> – Must be reviewed at redet. If there are no changes, it must be narrated. (not used for the ICP Representative).
Consumer*, F	X	X		X			SPA	<b>Service Plan Agreement (SPA)</b> – Included as part of the SPAN and needs to be updated if the consumer goes to/from a NF ICF level of care to another living situation. The SPA is required every time.
Consumer, F	X	X		X			2780N	<b>Service Plan and Notice (SPAN)</b> – Every time.
Consumer	X	X		X			2794	<b>Exception Process for Consumers</b>
Consumer*, F	X			X	X		2876	<b>ICP Participation Agreement</b> – Required for initial eligibility and must be signed and received before ICP start date.

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Consumer	X	X		X			5139	<b>What to Expect from Your Assessment for Long-term Services and Supports</b>
Consumer*, F	X			X			7210	<b>Application for Oregon Health Plan (OHP) Benefits</b> – Only required if paper application is requested. Replaces 539A. Must be uploaded to ONE electronic file.
Consumer*, CO or OFS	X				X		Direct Deposit Request	<b>Request for Direct Deposit</b> – Must email to CO or OFS or mail hardcopy to OFS address on form within one week of start date with a voided check.
Consumer	X			X			8958	<b>Medicaid In-home Service Options brochure</b>
Consumer*, F, CO, O	X	X			X		Budget Worksheet	<b>ICP Budget Worksheet</b> (ICP BW) - Must be sent to CO. Must also email to Acumen if referred for payroll services any time there is a change to the monthly budget.
Consumer*, F	X			X	X		ICP Rep. Agreement	<b>ICP Representative Agreement</b> – Required at intake or within one week when it is determined an ICP Rep. is necessary.
F		X			X		Budget Review Checklist	<b>Budget Review Checklist</b> – Used as a tool to aid CMs at each six-month budget review.
Consumer*, CO, O	X	X			X		Auto Withdrawal Auth.	<b>Acumen Auto Withdrawal Authorization</b> – Required at intake and when there is a change to the ICP cash benefit, if the participant is enrolled in payroll services with Acumen. Requires a ‘wet signature’.
F, CO, O	X				X		Referral Form	<b>Acumen Referral</b> – Must email to CO and Acumen within one week of start date or anytime the participant’s service option changes.

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TN, F	X	X			X		Referral Form	<b>Tribal Navigator Referral Form</b> – Required if the consumer claims affiliation with a Native American Indian Tribe.

**Consumer**=ICP Participant or ICP Rep. | **Provider**=Provider | **F**=EDMS/AAA file | **CM**=Case manager | **SS**=Support staff | **CO**=Central Office | **CMU**=Client Maintenance Unit | **O**=Other | **TN**=Tribal Navigator | **\***=Signature Required

CO email address: [icp.spd@odhsoha.oregon.gov](mailto:icp.spd@odhsoha.oregon.gov)  
Acumen email address: [enrollment@acumen2.net](mailto:enrollment@acumen2.net)  
Office of Financial Services (OFS) email address: [ofs.clientservicesdirdep@odhsoha.oregon.gov](mailto:ofs.clientservicesdirdep@odhsoha.oregon.gov)

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### Community Based Care (ALF, AFH, RCF – APD Residential)

Consumer, F	X	X	X				002N	<b>Assessment Summary</b> – Not required at redetermination if the SPL remains the same.
Consumer, F		X			X		002N Cover Letter	<b>002N Cover Letter</b> – Required at redet. if there is a change in SPL and the consumer is still eligible, but the SPAN is not sent.
Consumer, F, Provider	X	X	X				003N	<b>Client Details</b>
Consumer, F		X		X			540P	<b>Notice of Increase in Service Payment</b> – Required at redet. when no SPAN is sent and there is an increase in liability due to cost of care, a rate or provider increase. <b>Note:</b> Changes in income or deductions should trigger the eligibility worker to send notice of changes to the liability, but CMs are encouraged to confirm this occurred.
Consumer, F		X		X			541	<b>Notice of Eligibility and Responsibility</b> – Required at redet. if there is no change in SPL.
Consumer*, F	X	X		X			737	<b>Representative Choice Form</b> – Reviewed at each Redet. If there are no changes, it must be narrated. It's not necessary to complete a new form each year when there are no changes.
Consumer*, Provider*, F	X	X		X			SPA	<b>Service Plan Agreement (SPA)</b> – Included as part of the SPAN and needs to be updated if the consumer goes to/from a NF ICF level of care to another living situation. The SPA is required every time. <b>Note:</b> The SPA needs to be sent to the provider only if there is an approved IBL.



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Consumer*, F	X	X		X			2780N	<b>Service Plan and Notice (SPAN)</b> – Required at redet. when they are no longer SPL eligible, or they are EWE eligible.
Consumer	X	X		X			5139	<b>What to Expect from Your Assessment for Long-term Services and Supports</b>
Consumer*, F	X			X			7210	<b>Application for Oregon Health Plan (OHP) Benefits</b> – Only required if paper application is requested. Replaces 539A. Must be uploaded to ONE electronic file.
TN, F	X	X			X		Referral Form	<b>Tribal Navigator Referral</b> – Required if the consumer claims affiliation with a Native American Indian Tribe.

**Consumer**=Consumer or Rep. | **Provider**=Provider | **F**=EDMS/AAA file | **CM**=Case manager | **SS**=Support staff | **CO**=Central Office | **CMU**=Client Maintenance Unit | **O**=Other | **TN**=Tribal Navigator | **\***=Signature Required

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<b>Nursing Facility (NFC)</b>								
Consumer, F	X	X	X				002N	<b>Assessment Summary</b> – Not required at redetermination if the SPL remains the same.
Consumer, F		X			X		002N Cover Letter	<b>002N Cover Letter</b> – Required at redet. if there is a change in SPL and the consumer is still eligible, but the SPAN is not sent.
Consumer, F, Provider	X	X	X				003N	<b>Client Details</b>
F, CO	X			X			460	<b>Pre-Admission Screening/Resident Review (PASRR) Level 1</b>
Consumer, F		X		X			540P	<b>Notice of Increase in Service Payment</b> – To be sent at redet. when no SPAN is sent and there is an increase in liability due to cost of care, a rate or provider increase. <b>Note:</b> Changes in income or deductions should trigger the eligibility worker to send notice of changes to the liability.
Consumer, F	X Only cost of care	X		X			541	<b>Notice of Eligibility and Responsibility</b> – Required at redet. if there is no change in SPL. Staff may send when the consumer is cost of care. <b>Enter liability in notes section.</b> Do not send at intake if waiving the first month liability. Call consumer to discuss.
Consumer*, F	X		X				542	<b>Designation of Management of Personal Funds</b>
Consumer*, F	X	X		X			737	<b>Representative Choice Form</b> – Must be reviewed at each Redet. If there are no changes, it must be narrated. It's not necessary to complete a new form each year when there are no changes.

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Consumer*, P*, F	X	X		X			SPA	<b>Service Plan Agreement (SPA)</b> – Included as part of the SPAN and needs to be updated if the consumer goes to/from a NF ICF level of care to another living situation. The SPA is required every time.
Consumer*, F	X	X		X			2780N	<b>Service Plan and Notice (SPAN)</b> – Required at redet. when they are no longer SPL eligible, or they are EWE eligible.
Consumer	X	X		X			5139	<b>What to Expect from Your Assessment for Long-term Services and Supports</b>
Consumer*, F	X			X			7210	<b>Application for Oregon Health Plan (OHP) Benefits</b> – Only required if paper application is requested. Replaces 539A. Must be uploaded to ONE electronic file.
TN, F	X	X			X		Referral Form	<b>Tribal Navigator Referral</b> – Required if the consumer claims affiliation with a Native American Indian Tribe.

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### Program for All-Inclusive Care for the Elderly (PACE)

Consumer, Provider, F	X	X	X				002N	<b>Assessment Summary</b> – Not required at redetermination if the SPL remains the same.
Consumer*, F	X	X		X			737	<b>Representative Choice Form</b> – Consumer-employer rep. section is not required with IHCA only. The form must be reviewed at each Redet. If there are no changes, it must be narrated. It's not necessary to complete a new form each year when there are no changes.
Consumer*, Provider* F	X	X		X			SPA	<b>Service Plan Agreement (SPA)</b> – Included as part of the SPAN and needs to be updated if the consumer enrolls in PACE or disenrolls from PACE and the consumer's care is provided in another LTSS program. The SPA is required every time.
Consumer*, F	X	X		X			2780N	<b>Service Plan and Notice (SPAN)</b> – Required at redet. when no longer SPL eligible.
Consumer	X	X		X			5139	<b>What to Expect from Your Assessment for Long-term Services and Supports</b>
Consumer*, F	X			X			7210	<b>Application for Oregon Health Plan (OHP) Benefits</b> – Only required if paper application is requested. Replaces 539A. Must be uploaded to ONE electronic file.
TN, F	X	X			X		Referral Form	<b>Tribal Navigator Referral</b> – Required if the consumer claims affiliation with a Native American Indian Tribe.

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<b>Oregon Project Independence (OPI)</b>								
Consumer*, F	X	X		X			287L	<b>Oregon Project Independence (OPI) Service Agreement</b>
Consumer*, F	X	X		X			287K	<b>Oregon Project Independence (OPI) Income/Fee Determination Record</b>
Consumer*, F	X			X			354	<b>Workers' Compensation Agreement and Consent</b> – Required is using a CEP.
F, SS	X	X	X				546N	<b>In-Home Service Plan</b>
Consumer, Provider, F	X	X	X				598N	<b>Task List</b>
Consumer*, F	X	X		X			737	<b>Representative Choice Form</b> – Consumer-employer rep. section is not required with IHCA only. The form must be reviewed at each Redet. If there are no changes, it must be narrated. It's not necessary to complete a new form each year when there are no changes.
F	X			X			2549	<b>Oregon Project Independence (OPI) Waitlist Tool</b> – Only required when a waitlist exists, at the time when the consumer is added to the waitlist.
Provider, F	X	X		X			4105	<b>Homecare Worker Notice of Authorized Hours and Services</b> – Required with new service plans and/or when a HCWs hours or services being provided have changed.
F	X	X					3010	<b>Authorization for Disclosure, Sharing and Use of Individual Information</b> – Required for service coordination between the AAA and other entities.
TN, F	X	X			X		Referral Form	<b>Tribal Navigator Referral</b> – Required if the consumer claims affiliation with a Native American Indian Tribe.

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### Oregon Project Independence-Medicaid (OPI-Medicaid)

Consumer*, F	X	X			X		OPI-M App	<b>OPI-M Application</b>
Consumer, F	X	X			X		OPI-M 540	<b>OPI-M 540</b> – Used to notify consumer of OPI-M approvals and denials.
Consumer, SS	X	X		X			SEL 503	<b>Voter Registration</b>
Consumer	X	X		X			9373	<b>Reporting Abuse of Older Adults and People with Physical Disabilities</b>
Consumer, F	X	X		X			457D	<b>Voluntary Agreement to Take Action on a Case</b> – Use to waive LTSS assessment when only OPI-M is requested.
Consumer*, F			X	X			231	<b>Designation of Authorized Representative or Alternate Payee</b>
Consumer*, F, O							2639	<b>Authorization for Electronic Verification of Resources</b>
Consumer, F			X	X			540T	<b>Notice of Disqualification for Transfer of Assets</b>
Consumer	X	X		X			2379	<b>Assets Verification Consumer Report Disclosure</b>
CO, F	X		X	X			620	<b>Request for Presumptive Medicaid Disability Decision</b>
CO	X			X			708	<b>SPD Disability Referral</b> – Use when the consumer needs help applying for SSD.
Consumer*, P*, F	X	X		X			SPA	<b>Service Plan Agreement (SPA)</b> – Use when a consumer doesn't complete a 457D.
Consumer, F	X	X	X				002N	<b>Assessment Summary</b> - Not required at redetermination if the SPL remains the same.



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Consumer*, F	X	X		X			2780N	<b>Service Plan and Notice (SPAN)</b> – Use when a consumer doesn't complete a 457D.
Consumer, F				X	X		4234	<b>APD LTSS Notice of Request for Information or Verification Needed -</b> Should be used when needed to make LTSS determinations, special needs, or when changes are reported or discovered. It can be found on the Client Details, Treatment, Forms, and Misc. LTC Information page on the CM Tools website and on the Form Server.
Consumer	X	X		X			5139	<b>What to Expect from your Assessment for Long Term Services and Supports</b>
Consumer	X			X			8958	<b>Medicaid In-Home Service Options Brochure</b>
Consumer*, F				X			3010	<b>Authorization for Disclosure</b> – Use when doing an MED Referral.
Consumer*, F, CO				X			443	<b>Administrative Hearing Request</b> – Use when consumer requests a hearing.
Consumer	X	X		X			447	<b>Your Hearing</b>
Consumer, F				X			851	<b>Verification of Earnings</b> – Use when consumer is unable to verify their earned income.
Consumer, F	X				X		OPI-M RA	<b>OPI-M Resource Assessment</b> – Required for married couples at intake.
Consumer, F	X				X		OPI-M 3403	<b>OPI-M Notification of Excess Resources</b>
F				X			752	<b>Long Term Care Community Nursing Services Summary</b>
Provider, SS				X			753	<b>Long Term Community Nursing Program Client Referral</b>

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F				X			754	<b>Long Term Care Community Nursing Service Plan</b>
Provider, SS				X			4102	<b>Prior Authorization for APD LTCCN</b>
Consumer*, F	X	X			X		PLAN	<b>Person Led Assessment and Notice</b> – Use to service plan OPI-M.
Consumer, F	X	X	X				003N	<b>Client Details</b>
Consumer*, F	X		X	X			354	<b>Workers' Comp. Agreement and Consent</b>
Consumer, F				X			540	<b>Notification of Planned Action</b> - Use when denying or closing an OPI-M service case for reasons other than financial or service eligibility reasons.
SS, F, Provider	X	X	X				546N	<b>In Home Service Plan Authorization</b> – Send to IHCA providers, not HCWs.
SS, F, Provider				X			595	<b>Home Delivered Meals</b>
Consumer*, Provider*, F	X	X	X				598	<b>Task List</b>
Consumer*, F	X	X		X			737	<b>Representative Choice</b> – Consumer-employer rep. section is not required for IHCA only. It must be reviewed at Redet. If there are no changes, it must be narrated. It's not necessary to complete a new form each year when there are no changes (not used for the ICP Representative).
CO, F					X		3406	<b>Request for K-Plan Ancillary Services</b>
Provider, F	X	X		X			4105	<b>Homecare Worker Notice of Authorized Hours and Services</b> – Required with new service plans and/or when a HCWs hours or services being provided have changed.
Provider, SS, F					X		ERS PA	<b>Emergency Response System Prior Authorization</b>

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TN, F	X	X			X		Referral Form	<b>Tribal Navigator Referral</b> – Required if the consumer claims affiliation with a Native American Indian Tribe.

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Additional Forms (Used when needed) and Information About ONE Forms								
Consumer, F				X	X		4234	<b>APD LTSS Notice of Request for Information or Verification Needed –</b> Replaces DHS 210 and DHS 210A. It should be used when needed to make LTSS determinations, special needs, or when changes are reported or discovered. It can be found on the Client Details, Treatment, Forms, and Misc. LTC Information page on the CM Tools website and on the Form Server.
Consumer*, F			X	X			231	<b>Designation of Authorized Representative or Alternate Payee</b>
Consumer, F				X			457D	<b>Voluntary Agreement to Take Action on a Case</b>
F, CO				X			514	<b>Request for Exception –</b> For in-home service requests
Provider, F, CO				X			514A	<b>Exception Request Worksheet –</b> for CBC requests
Consumer, F				X			540	<b>Notification of Planned Action –</b> For SPPC and general Medicaid financial eligibility decisions.
F, O			X	X			647	<b>Real and Personal Property –</b> Send to EAU
Provider, F, SS				X			753	<b>APD Long Term Care Community Nursing (LTCCN) Program Client Referral</b>
Consumer, F	X	X		X			2379	<b>Asset Verification Consumer Report Disclosure –</b> To be used when Medicaid benefits are denied, reduced, or closed due to AVS results (i.e. when an individual is over the resource limit for Medicaid, and the resource was discovered via AVS and not disputed).
Consumer, SS						X	ONE 120	<b>Voter Registration Card</b>

## APD MEDICAID LONG TERM SERVICES AND SUPPORTS FORM REQUIREMENTS

Form Goes to: (legend at end of each section)	Intake	Redet.	OA Form	Web Form	CM Tools Form	ONE Form	Form #	Form Name / Notes
Consumer, F						X	Liability Summary	<b>Liability Summary</b> – ONE Sends out the Liability Summary with the Notice of Eligibility.
Consumer						X	MED 062	<b>Estate Administration Program</b> – ONE sends this when a service TOA is approved and authorized.
Consumer, F						X	ONE 001	<b>Notification of Pending Status</b>
Consumer, F	X	X		X			450	<b>Liability Worksheet</b> – This form is NOT required unless specifically requested by the consumer when they don't understand the liability amount on the notice sent from ONE. It must be filled out manually and is used for NF and CBC care settings.
Consumer*, F	X		X				542	<b>Designation of Management of Personal Funds</b> – This form is primarily listed under the NF section but can be utilized for consumers in CBC care settings when they would like their designation in writing. Otherwise, it is not required for consumers in CBC settings.

**Consumer**=Consumer or Rep. | **Provider**=Provider | **F**=EDMS/AAA file | **CM**=Case manager | **SS**=Support staff | **CO**=Central Office | **CMU**=Client Maintenance Unit | **O**=Other | **TN**=Tribal Navigator | **\***=Signature Required

APD MEDICAID LONG TERM SERVICES AND SUPPORTS FORM REQUIREMENTS

Form Goes to: (legend at end of each section)	Intake	Redet.	OA Form	Web Form	CM Tools Form	ONE Form	Form #	Form Name / Notes
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Updates

- NOTE:** Email [apd.medicaidpolicy@odhsoha.oregon.gov](mailto:apd.medicaidpolicy@odhsoha.oregon.gov)
- 7/26/19: Added under ‘Additional Forms’ form # DHS 2379.
  - 12/8/20: Removed APD 9377A ‘Why Should I Care About Elder Abuse?’ form and added DHS 9373 ‘Reporting Abuse of Older Adults and People with Physical Disabilities’ as indicted for each program area listed above.
  - 2/18/21:
    - Removed the following:
      - OHP 0097 Important Letter Language in Multiple Languages (no longer needed now that all medical programs are in ONE)
      - SEL 503 Voter Registration Card (replaced by ONE 120)
      - SDS 539A Application (replaced by OHP 7210, Applicant Portal, Worker Portal)
      - SDS 539R Rights and Responsibilities (attached to the OHP 7210, the AP and the WP and is signed electronically)
      - DHS 9001 Client Discrimination Complaint Information (attached to the OHP 7210, the AP and the WP)
      - SDS 450N Liability Worksheet for LTC or CBC (ONE sends out the Liability Summary with the Notice of Eligibility)
      - SDS 458AN Financial Planning Title XIX (ONE sends out the Liability Summary with the Notice of Eligibility)
      - SDS 458P Financial Planning Title XIX (providers can look in MMIS to determine how much to bill consumers)
      - SDS 539H Notification of Pending Status (use 210 or 210A to pend for non-financial service-related information. Replaced by form ONE 001)
      - DHS 2379 Asset Verification Consumer Report Disclosure (ONE will automatically include this information)
      - DHS 9093 Estate Administration Program (EAU brochure. ONE form MED 062 gets sent when a service TOA is approved and authorized)

# APD MEDICAID LONG TERM SERVICES AND SUPPORTS FORM REQUIREMENTS

Form Goes to: (legend at end of each section)	Intake	Redet.	OA Form	Web Form	CM Tools Form	ONE Form	Form #	Form Name / Notes
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- SDS 287J Oregon Project Independence (OPI) Risk Assessment
- Added the following:
  - OHP 7210 Application for Oregon Health Plan (OHP) Benefits (replaces SDS 539A)
  - DHS 210 Notice of Pending Status (replaces SDS 539H)
  - DHS 210A Additional Information or Verification Needed (replaces SDS 539H)
  - ONE 001 Notification of Pending Status
  - ONE 120 Voter Registration Form (replaces SEL 503)
  - Liability Summary (replaces 458N, SDS 458AN)
  - MED 062 (replaces DHS 9093)
  - DHS 2549 Oregon Project Independence (OPI) Waitlist Tool
- 3/2/21: Removed SDS 450N form
- 5/18/21: Added the SDS 541 to NF to be sent at redet. when the SPAN is not being sent due to no change in SPL and the consumer has received a SPAN in the past and at intake when the consumer is cost of care. Add the SDS 540P for all care settings to be sent at redet. when no SPAN is sent and there is an increase in liability due to cost of care, a rate or provider increase.
- 12/2/21: OPI section – Removed requirement to complete the Waitlist Tool at redetermination. Added form MSC 3010 Authorization for Disclosure, Sharing and Use of Individual Information. This is required at intake and at redetermination.
- 3/28/22: Removed the following –
  - SDS 540P from the In-home service programs and PACE sections.
  - Pay-inN Pay-in Calculation Worksheet from the In-Home service programs and PACE sections.

# APD MEDICAID LONG TERM SERVICES AND SUPPORTS FORM REQUIREMENTS

Form Goes to: (legend at end of each section)	Intake	Redet.	OA Form	Web Form	CM Tools Form	ONE Form	Form #	Form Name / Notes
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- The Transmittals previously mentioned at the top of the PACE section.
- 4/12/22:
  - Added the following:
    - Newly created **APD LTSS Notice of Request for Information or Verification Needed** form under the Additional Forms section.
  - Removed the following:
    - DHS 210 Notice of Pending Status
    - DHS 210A Additional Information of Verification Needed
- 8/12/22: Removed wording about the 002N which caused confusion. Note that the 002N is required at every intake and redetermination.
- 9/15/22: Added note for the ICP to more clearly indicate when the SDS 548 ICP Employee Provider(s) Information form is required to be submitted to the ICP Policy Analyst.
- 9/22/22:
  - Added wording to indicate for CBC, NF, and PACE benefits that the SDS 002N is not required at redetermination if the SPL remains the same from the previous assessment. For In-home cases the SPAN and 002N are always required. Added clarifying notes for the SPPC SPAN requirements.
  - Added the form # DHS 4234 now that the form # has been assigned for the LTSS Notice of Request for Information of Verification Needed listed under the Additional Forms section.
- 11/9/22: Updated the language for the SDS 737 form to read “Consumer-employer rep. section is not required with IHCA only. The form must be reviewed at each Redet. If there are no changes, it must be narrated. It’s not necessary to complete a new form each year when there are no changes.”
- 2/21/23: Removed form DHS 9373 “Reporting Abuse of Older Adults and People with Physical Disabilities” brochure (see [APD-AR-23-004](#)).



## APD MEDICAID LONG TERM SERVICES AND SUPPORTS FORM REQUIREMENTS

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- 2/23/23: Added a note for SPPC program related to the Assessment Summary for SDS 002N stating that if the individual waives their right to a full Title XIX assessment the 002N is not required.
- 3/14/24: Updated SPA note requirement to read as follows - **Service Plan Agreement (SPA)** – Included as part of the SPAN and needs to be updated if the consumer goes to/from a NF ICF level of care to another living situation. The SPA is required every time. Updated the ICP section to remove the requirement to send the 546ic2wk form to Acumen as it is no longer required (the ICP BW is used in lieu of the 546ic2wk form for Acumen).
- 3/19/24: Added the requirement to send the SDS 003N Client Details form to CBC providers following each intake and redetermination.
- 3/28/24: Corrected form number 540N to 546N in the OPI section.
- 4/24/24: Added 003N to be saved to consumer's file in ICP, CBC, and NFC sections and sent to the provider in the NFC section.
- 5/31/24: Removed the following statement from CBC and NF benefit sections - Consumer-employer rep. section is not required with IHCA only.
- 8/14/24: Added form APD 542 under the Additional Forms section with the following clarification - **Designation of Management of Personal Funds** – This form is primarily listed under the NF section but can be utilized for consumers in CBC care settings when they would like their designation in writing. Otherwise, it is not required for consumers in CBC settings.
- 11/04/24: Added the **Tribal Navigator Referral** form as a new form which is required for all care settings if the consumer claims affiliation with a Native American Indian Tribe. The form can be found on the Tribal Navigator page on the CM Tools website. Also added the OPI-M forms requirements section.
- 12/17/24: Updated the ICP section, regarding the Direct Deposit Request form which has been updated and is now sent to OFS and not CMU. Also added the ICP email address and Acumen enrollment email address at the bottom of the ICP section.
- 12/19/24: Removed the \* for the consumer to sign the 2780N for SPPC as it is not generated when denying Title XIX and approving SPPC.