Long-Term Services and Supports (LTSS) Service Plan Authorization and Notice (SPAN) Guidance

Aug. 4, 2026

Before sending SPAN:

- Use the Long-Term Care Services Required Forms tool to determine when other decision notices are required.
- Review Decision Notice Tips on CM Tools for decision rules and reasons.
- Consult with an eligibility specialist, when needed.

New assessment

- Send SPAN for all care settings and outcomes.

Reassessment

- Send SPA **only** when the individual remains eligible in Community Based Care (CBC), Nursing Facility (NF), or Program for All-Inclusive Care for the Elderly (PACE).
- Send SPAN for all other situations including In-Home Care.

Note: Individual meets Service Priority Level (SPL) but are not financially eligible, send SDS 540 (no SPAN). Review Decision Notice Tips for language and rules.

Oregon Project Independence-Medicaid (OPI-M) uses different forms and processes for intakes and reassessments. For OPI-M decision notices, review the OPI-M Decision Notices and Hearings training, the Eligibility Case Manager (ECM) Checklist and the Service Case Manager (SCM) checklist.

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