Information Memorandum Transmittal Aging and People with Disabilities



<u>Number</u> : APD-IM-19-042
<u>Issue date</u> : 6/28/2019
Due date:
m 2780 SPAN
County Mental Health Directors
☐ Health Services
Office of Developmental
Disabilities Services (ODDS)
ODDS Children's Intensive In
Home Services
☐ Stabilization and Crisis Unit (SACU)
Other (please specify):

Message:

The Service Plan and Notice (SPAN, form 2780N) has been updated with several enhancements:

- The form is now in a format that can be translated much easier. With this update, the form has been submitted for translations into 8 different languages.
 Additional communication will be provided when the additional translations are available on the forms server.
- The form is now at a 14pt font minimum.
- The five notice scenarios reflow the entire form, showing only applicable content.
- The form has reduced empty pages/spaces, resulting in a shorter notice. This
 was accomplished by the following enhancements:
 - Free-entry text fields expand or shrink to the amount of free text entered
 - All purple help text disappears on print, and form is reflowed to fill those spaces
 - Non-applicable sub-sections disappear on print

- Descriptions of each service that were previously a one-page attachment now appear alongside the related ADL/IADL in the assessment pages
- The "Max Hours" column on the exception request page now populates and calculates max hours based on rule selections. The Total approved hours column will continue to populate with assigned hours entered in the hour segment. Each column also totals itself.
- A new section in the Service Plan Agreement, titled, "Limitation(s) to your HCBS rights", can be selected if applicable. Specific Individually Based Limitations (IBLs) options will be provided if this option is selected.
- Consumer data still syncs across the form
- Wording edits to enhance readability

Many of the form enhancements were based upon staff input. Additional input for future form enhancements are encouraged.

If you have any questions about this information, contact:

Contact(s): APD Medicaid Policy	
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Email: APD.MedicaidPolicy@dhsoha.state.or.us	