Information Memorandum Transmittal
Aging and People with Disabilities

DHS | Oregon Department of Human Services

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Authorized signature

Number: **APD-IM-21-100**
Issue date: 11/5/2021
UPDATED

Topic: Long Term Care

Due date:

Subject: SPAN Notice Updates

Applies to (_check all that apply_):

☐ All DHS employees
☒ Area Agencies on Aging: Type B
☒ Aging and People with Disabilities
☐ Self Sufficiency Programs
☐ County DD program managers
☐ Support Service Brokerage Directors
☐ ODDS Children's Residential Services
☐ Child Welfare Programs

☐ 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_):

Updates to this transmittal are in red. The updates are based upon questions that have been received on the SPAN update.

Message:

The Service Plan Authorization and Notice (SPAN), form 2780, has been revised and will be available for use on October 25, 2021. The changes include:

- Certain fields auto-populate from Oregon ACCESS data (list is below)
- Liability/pay-in section
- Language/rule citations

These revisions may be utilized on current and previous assessments.

It is important to note the SPAN form will take up to 30 seconds to generate due to the number of fields that are being auto-populated. However, the goals of having the form auto-populated are to significantly reduce staff time spent completing the SPAN and increase accuracy.
With this update, the SPAN can only be updated through Oregon Access. The SPAN form on the forms server can't be updated.

Policy reminder:

- There is no current requirement to generate the SPAN on a CBC/NF/PACE redetermination if the individual remains eligible for services. However, the Service Plan Agreement (SPA) section of the SPAN is still required. You may select the "New Intake" version of the SPAN to complete and print out the SPA section.
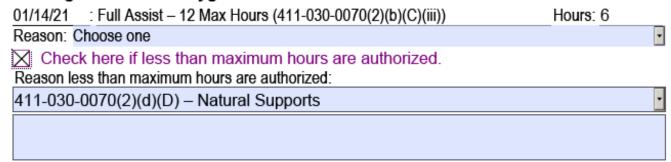
Fields that auto-populate:

- Individual demographics
- Assessment date(s)
- SPL determination
- Allowed hours
- Assessed ADL and IADL assistance levels
    - Note: The ADL component Ambulation will not auto-populate at this time when the selected assessment has option B (minimal assistance) or C (substantial assistance). Staff must manually select the correct option.
- Exception Hours table, including maximum hours, allowed hours, approved exceptional hours and total hours approved.
- Valid reasons per rule to reduce the assessed hours in the Hours Authorization Segment for less than the maximum allowed hours authorized. If an obsoleted or invalid reason is selected, the SPAN will display "Choose one" instead. Here is an example:

Need	Assist level	Asmt Hrs	Alwd Hrs	Rem Hrs	Excp Hrs	Reason
Live-In Services	Indep	0	0	0	0	
Bath/Personal Hygiene	Full	12	6	6	0	Natural Support
Bowel/Bladder	Minimal	5	3	2	0	CM Determination OBSOLET

"Natural Support" is a valid reason to reduce hours per OAR 411-030-0070 (2)(d)(D). "CM Determination Obsolete" is not a valid rule reason. The SPAN form will generate as follows:

Bathing and Personal Hygiene hours
01/14/21   : Full Assist – 12 Max Hours (411-030-0070(2)(b)(C)(iii))   Hours: 6
Reason: Choose one
☒ Check here if less than maximum hours are authorized.
Reason less than maximum hours are authorized:
411-030-0070(2)(d)(D) – Natural Supports

Elimination (*Bladder, Bowel, Toileting*) hours

01/14/21 : Minimal Assist – 5 Max Hours (411-030-0070(2)(b)(E)(i))   Hours: 3

Reason: Choose one ▾

☒ Check here if less than maximum hours are authorized.

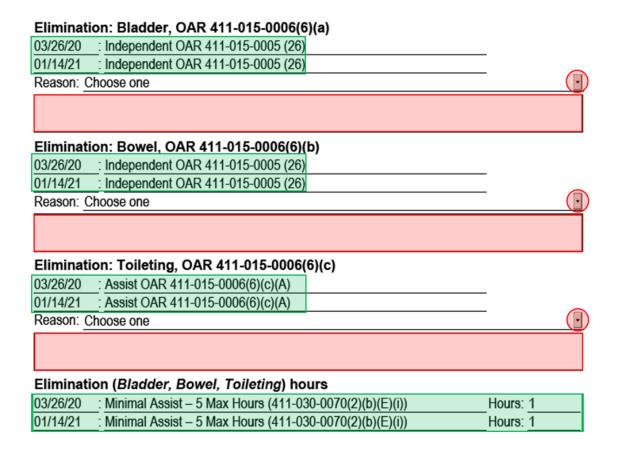Reason less than maximum hours are authorized:

Choose one ▾

Please note: The checkbox in the example above must still be manually checked when appropriate to display the reason for the reduction to appear and print on the form.

Data that do not auto-populate and must be edited by staff:
- Free-form text boxes
- Effective date of notice
- Pay-in/liability information
- Individual program determinations
  - Please note: Under "Shift Services," the reason option "There is a more cost-effective way to meet your needs…" is no longer a selectable option.
- Reason for assessment decision
- Exception decisions and the "Requested exceptional hours" column
- The Service Plan Agreement (SPA)

Drop-down fields that need to be edited will indicate "choose one" or "Please choose the best option."

Below is an example of using the activity of elimination to show what is auto-populated and what is not. The green highlights show data pulled from OA. The red highlights show fields that need to be completed by the case manager.
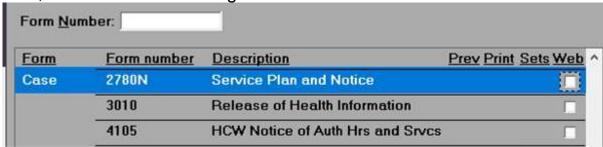
Elimination: Bladder, OAR 411-015-0006(6)(a)

03/26/20	: Independent OAR 411-015-0005 (26)
01/14/21	: Independent OAR 411-015-0005 (26)

Reason: Choose one ▾

Elimination: Bowel, OAR 411-015-0006(6)(b)

03/26/20	: Independent OAR 411-015-0005 (26)
01/14/21	: Independent OAR 411-015-0005 (26)

Reason: Choose one ▾

Elimination: Toileting, OAR 411-015-0006(6)(c)

03/26/20	: Assist OAR 411-015-0006(6)(c)(A)
01/14/21	: Assist OAR 411-015-0006(6)(c)(A)

Reason: Choose one ▾

Elimination (*Bladder, Bowel, Toileting*) hours

03/26/20	: Minimal Assist – 5 Max Hours (411-030-0070(2)(b)(E)(i))	Hours: 1
01/14/21	: Minimal Assist – 5 Max Hours (411-030-0070(2)(b)(E)(i))	Hours: 1

Below is an example of a pre-populated hours table.

- The number of hours in each column, except for "Requested exceptional hours," is based on the data in the hours segment of Oregon ACCESS. The "Requested exceptional hours" must be manually entered.
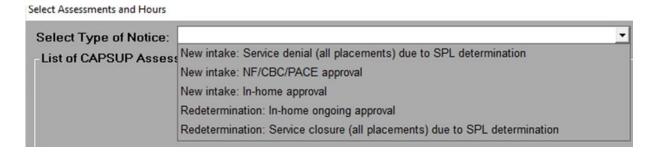
ADL/IADL	Max hours	Allowed hours	Requested exceptional hours	Approved exceptional hours	Total hours approved
Mobility	7	2		0	2
Eating	0	0		0	0
Elimination	5	1		0	1
Cognition	0	0		0	0
Bathing and Personal Hygiene	12	2		0	2
Dressing and Grooming	9	3		0	3
Housekeeping/Laundry	9	3		0	3
Breakfast	1	0		0	0
Lunch	1	0		0	0
Dinner/Supper	3	0		0	0
Medication Management	0	0		0	0
Shopping	3	0		0	0
Transportation	1	0		0	0
Totals	**51**	**11**	**0**	**0**	**11**

To utilize the automated functionality, the form must be accessed through Oregon ACCESS. The unlocked version of the form is still be available on the form server to be completed manually.

First, select the form in Oregon ACCESS:

Form Number:				
Form	**Form number**	**Description**	**Prev Print Sets Web**	
Case	2780N	Service Plan and Notice	☐	
	3010	Release of Health Information	☐	
	4105	HCW Notice of Auth Hrs and Srvcs	☐	

A new dialogue box will open with a drop-down list of types of notices. The five options match the options that are available on the SPAN.

Select Assessments and Hours

Select Type of Notice:
List of CAPSUP Assess
- New intake: Service denial (all placements) due to SPL determination
- New intake: NF/CBC/PACE approval
- New intake: In-home approval
- Redetermination: In-home ongoing approval
- Redetermination: Service closure (all placements) due to SPL determination

If any of the "New intake" options are selected, available assessments will be displayed in the current assessment box. Select the correct assessment, as well as the benefit and hours segment (if applicable) to populate the SPAN. Then, click OK.

Select Assessments and Hours

Select Type of Notice: New intake: NF/CBC/PACE approval

List of CAPSUP Assessments for: Consumer Name

Current Assessment:

Type	Status	Assmt.Date	Create Date	End Date	Worker	
Title XIX	Completed	01/14/2021	01/14/2021	01/31/2022	Case Manager	
		03/26/2020	03/30/2020	03/31/2021	Case Manager	

If one of the "Redetermination" options is selected, assessments will display in the current and previous assessment boxes. Select the correct current and previous assessments, as well as the benefit and hours segment (if applicable), that are being used to populate the SPAN. Then, click OK. By default, in the "Previous Assessment" section, Oregon ACCESS will highlight the most recently completed assessment. You must change the selection to the actual assessment that needs to auto-populate on the form.

In addition, assessments must be in either "Completed" or Administrative" status to be a selectable option.

Select Type of Notice:	Redetermination: In-home ongoing approval	▼

List of CAPSUP Assessments for: Consumer Name

Current Assessment:

Type	Status	Assmt.Date	Create Date	End Date	Worker	
Title XIX	Completed	01/14/2021	01/14/2021	01/31/2022	Case Manager	^
		03/26/2020	03/30/2020	03/31/2021	Case Manager	v

Benefit Type	Begin Date	End Date	Status	
APD-In Home	01/31/2021	02/12/2022	Approved	

Hours No	Begin Date	End Date	Status	
1	01/31/2021	02/12/2022	Approved	

Previous Assessment:

Type	Status	Assmt.Date	Create Date	End Date	Worker	
Title XIX	Completed	01/14/2021	01/14/2021	01/31/2022	Case Manager	^
		03/26/2020	03/30/2020	03/31/2021	Case Manager	v

Benefit Type	Begin Date	End Date	Status	
APD-In Home	04/12/2020	01/30/2021	Ended	

Hours No	Begin Date	End Date	Status	
1	04/12/2020	01/30/2021	Ended	

It is important to review the entire SPAN for accuracy.
Please email APD.MedicaidPolicy@dhsoha.state.or.us if there are any questions on how to correctly use the form or if you are unsure if the form is working correctly or not.

Please email OIS.ServiceDesk@dhsoha.state.or.us, or call 503-945-5643, if the form does not appear to be working correctly.

If you have any questions about this information, contact:

Contact(s): APD.MedicaidPolicy@dhsoha.state.or.us	
Phone:	Fax:
Email:	