

# Information Memorandum Transmittal Aging and People with Disabilities



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**Topic:** Long Term Care

**Subject:** SPAN Notice Updates

**Number:** APD-IM-23-086

**Issue date:** 9/15/2023

**Updated:** 9/20/2023

**Due date:**

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees                             | <input type="checkbox"/> County Mental Health Directors                       |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Type B     | <input type="checkbox"/> Health Services                                      |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs                     | <input type="checkbox"/> ODDS Children's Intensive In Home Services           |
| <input type="checkbox"/> County DD program managers                    | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)                 |
| <input type="checkbox"/> Support Service Brokerage Directors           | <input type="checkbox"/> Other ( <i>please specify</i> ):                     |
| <input type="checkbox"/> ODDS Children's Residential Services          |   |
| <input type="checkbox"/> Child Welfare Programs                        |   |

**Message:**

The Service Plan Authorization and Notice (SPAN), form 2780N, is being updated on September 19, 2023, and will be available for use on September 20, 2023. The updates include:

- The comments entered by the case manager in the Oregon ACCESS (OA) CA/PS assessment will auto-populate for each need on the SPAN.
  - The comment fields **will not be editable** once on the SPAN. It is important staff keep the comments person centered, concise, free from personal opinions, and include only relevant facts associated with the ADL/IADL component being addressed.
  - As a reminder, each comment should include the following:
    - Why is there a need?
    - How frequent is the need?
    - How is the assistance being provided?
  - Documenting re-assessments:
    - Answer the three questions above; and if applicable, address any changes from the previous assessment.
      - What changed?

- How did it change?
- Why did it change?
- Note: For additional information related to CA/PS assessment comments staff may refer to the Examples of Good Comments in CA/PS tool available on the [Oregon ACCESS \(OA\) and CA/PS Information](#) page on the CM Tools website.
- The “Pay-in” section will be removed from the SPAN.

The form must be accessed through OA. It is important to note the SPAN form will take 30-60 seconds to generate due to the number of fields 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.

Here is previous information that has been provided on utilizing the SPAN form:

First, select the 2780N in OA on the Print screen:

Form	Form number	Description	Prev Print	Sets Web
Case	2780N	Service Plan and Notice	<input type="checkbox"/>	<input type="checkbox"/>
	3010	Release of Health Information	<input type="checkbox"/>	<input type="checkbox"/>
	4105	HCW Notice of Auth Hrs and Srvc	<input type="checkbox"/>	<input type="checkbox"/>

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

Select Assessments and Hours

Select Type of Notice:

List of CAPSUP Assessments

- 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 Type of Notice: **New intake: NF/CBC/PACE approval**

List of CAPSUP Assessments for:

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.

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

List of CAPSUP Assessments for:

**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

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

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@odhsoha.oregon.gov](mailto:APD.MedicaidPolicy@odhsoha.oregon.gov) if there are any questions about the form or if any features do not appear to be working correctly.

*If you have any questions about this information, contact:*

Contact(s): <a href="mailto:APD.MedicaidPolicy@odhsoha.oregon.gov">APD.MedicaidPolicy@odhsoha.oregon.gov</a>	
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