

Information Memorandum Transmittal Aging and People with Disabilities



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Topic: Long Term Care

Subject: Assistance with HCBS IBL Reviews

Number: APD-IM-24-036

Issue date: 4/5/2024

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:

After having completed the mandatory, online Home and Community-Based Services (HCBS) Individually-Based Limitation (IBL) training, providers will now be submitting proposed IBLs for their residents whenever there is a moderate risk to the health and/or safety of the resident or others.

Case Managers (CM) should staff all proposed IBLs with their supervisors to ensure all agree that the proposed IBL is appropriate and complete. If the supervisor has any concerns, they can email it to HCBS Oregon at: hcbs.oregon@odhsoha.oregon.gov. They will be reviewed by a workgroup and returned with suggestions and feedback. (Refer to the [CM Tools – HCBS](#) website for general information on the IBL process and an updated IBL Process Flowchart.)

APD is also planning a webinar for early May to provide CMs with step-by-step training on HCBS updates and IBLs.

FYI only: A new process has been developed for providers submitting proposed IBLs for privately-paid residents. Providers must email them to HCBS Oregon to be

reviewed by a workgroup. This part of the process will be in place for three (3) months. The need for continued review will be reassessed at that time.

Provider-specific questions may be referred to:

APD AFHTeam: apd.afhteam@odhsoha.oregon.gov

CBC Team: cbc.team@odhsoha.oregon.gov

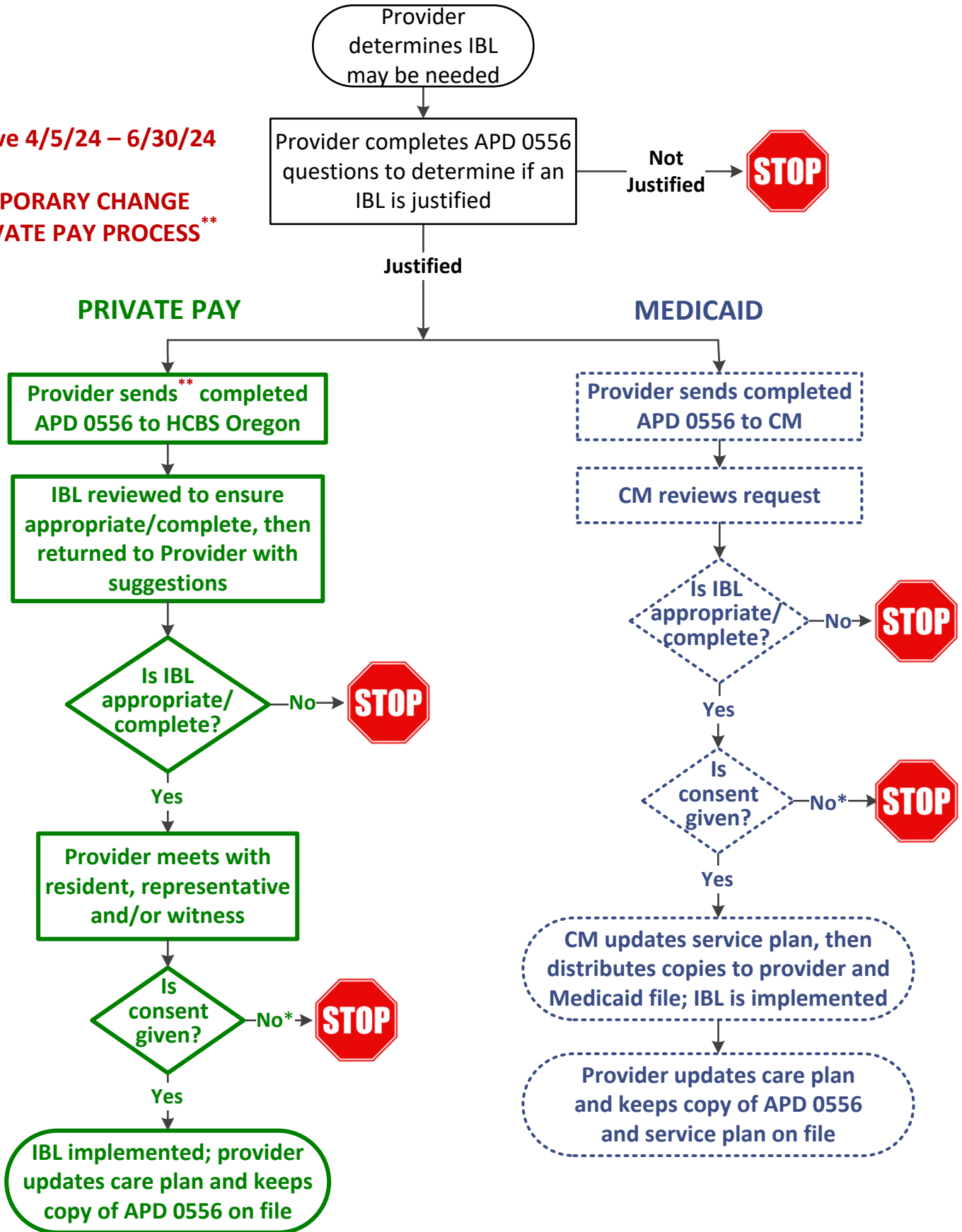
If you have any questions about this information, contact:

Contact(s): Chris Angel	
Phone: 971-332-0416	Fax:
Email: chris.s.angel@odhs.oregon.gov	

APD HCBS IBL Process - Chart 1

Individual (Legal Representative/Other Designee) is able to consent*

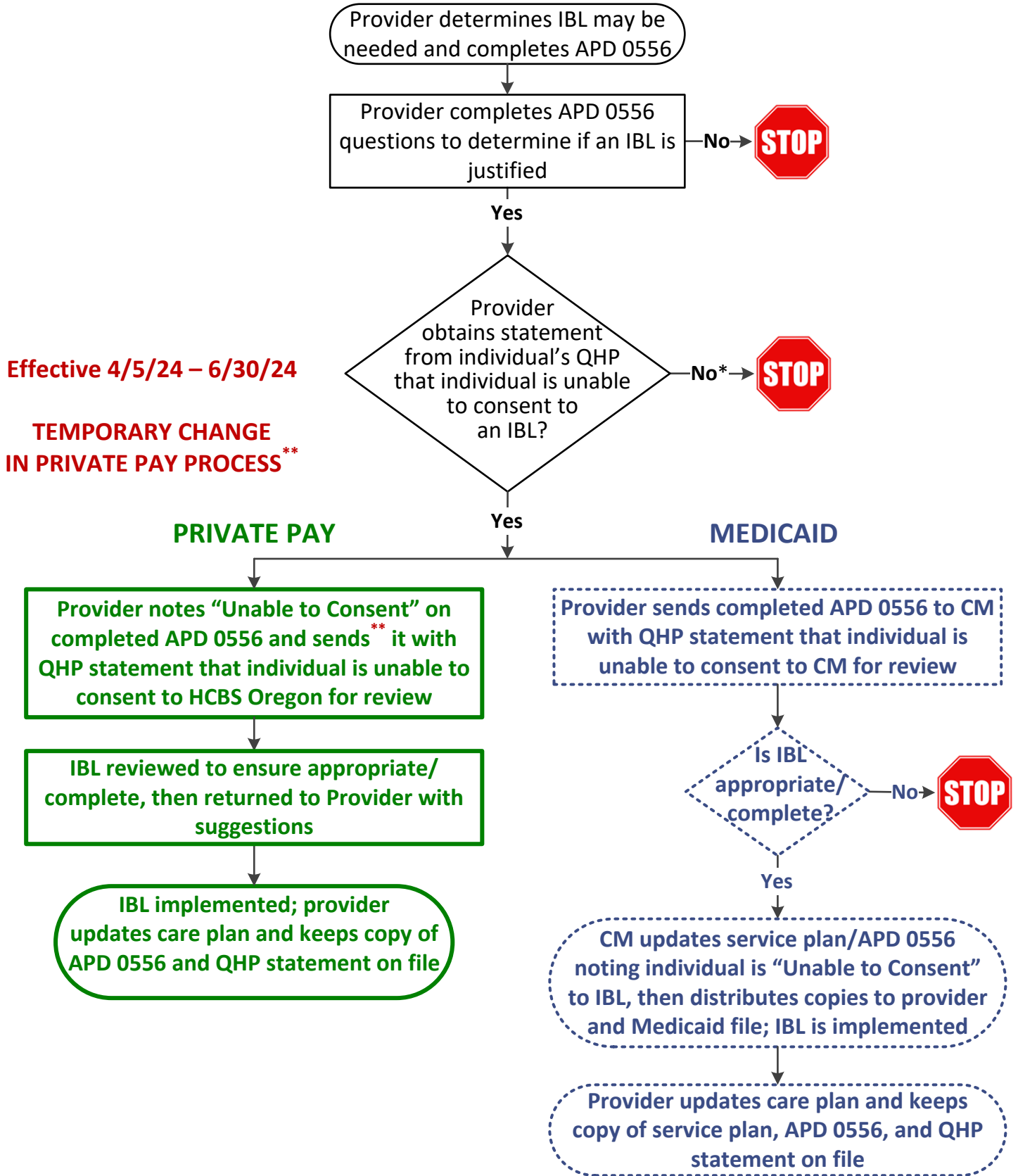
Effective 4/5/24 – 6/30/24
**TEMPORARY CHANGE
IN PRIVATE PAY PROCESS****



*If individual is unable to consent to IBL, use Chart 2

APD HCBS IBL Process - Chart 2

Individual is not able to consent* and has no one who can assist



*If individual is able to consent to IBL, use Chart 1

APD 0556 is the Individual Consent to HCBS Limitation(s) form (also called “IBL form”)

Care Plan means the person-centered plan of care developed by the provider for their resident

CM means Medicaid Case Manager

HCBS means Home and Community-Based Services

HCBS Oregon means the State’s shared email box where HCBS questions and IBLs may be sent; the email address is: hcbs.oregon@odhsoha.oregon.gov

IBL means Individually-Based Limitation to one or more of the following HCBS freedoms, rights and protections [*refer to OAR 411-004-0020, section (1)(d)&(2)*]:

- Access to food at any time
- Control of own schedule/activities
- Decorate and furnish one’s bedroom/living unit
- Freedom from coercion and restraint
- Privacy in bedroom/living unit (i.e., lock on bedroom door/entrance door to unit)
- Roommate choice in a shared unit
- Visitors of own choosing at any time

QHP (Qualified Healthcare Professional) (Physician, Physician’s Assistant, Nurse Practitioner, Qualified Mental Health Professional, or Psychiatrist) who knows the individual, who does not work at the individual’s care home/facility, and who makes the determination on whether the individual can consent to the IBL (i.e., make this long-term care decision). (*This is not a determination of the individual’s cognitive ability.*)

Service Plan refers to the person-centered service plan developed for Medicaid eligible individuals by their case manager, service coordinator, personal agent or other person designated by ODHS or OHA to provide case management services or person-centered service planning for and with individuals

Temporary Change (4/5/24-6/30/24) refers to the new process where the provider submits the completed APD 0556 to HCBS Oregon for review. The need for continuation of this process will be redetermined closer to 06/30/24

IS IBL APPROPRIATE?

Yes, if there is a moderate health or safety risk to this individual or others.

IS IBL COMPLETE?

The proposed IBL [APD 0556] must:

- Identify a defined and specific, individualized need
- Include less restrictive methods tried that failed
- Be directly proportionate to the specific, assessed need (and not be for the convenience of the provider)
- Describe how the effectiveness will be measured, and who will monitor the effectiveness
- Have a time limit (no more than 1 year)

 ***This amended process starts 4/1/24***