

Information Memorandum Transmittal Aging and People with Disabilities



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Number: APD-IM-25-024

Issue date: 3/4/2025

Topic: Long Term Care

Due date:

Subject: Individually-Based Limitation (IBL) checkbox in Oregon ACCESS

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:

When an individual has an Individually-Based Limitation (IBL) to their Home and Community-Based Services (HCBS) rights or freedoms, the Medicaid Case Manager narrates the IBL in Oregon ACCESS (OA). Because it can be time consuming to scroll through narratives to find the history of whether an IBL is still in effect, a new checkbox was created on the individual's Person screen in OA, underneath the Prime Number. This will help Case Managers easily identify individuals with an IBL during caseload changes or when working on cases from a vacant caseload.

Case for MINNIE J MOUSE Case Branch : Aging & Disability)

Person Address Vet/Nat Amer Contacts Prev Asst Education CM Service(s)

Person List	Last Name	First Name	M.I.	Role	Verified
1	MOUSE	MINNIE	J	Primary Applicant	No

Person Detail


SSN: 999-99-9999 DQB: 01/01/1941 Prime Nbr: ABC1234D

Citizenship: US Citizen Legal Alien Other Sex: Male Female Disabled: IBL: Blind:

Live in: House Death Date: 00/00/0000 Stay in Oregon:

Marital: Separated Lang Spoken: English Spouse is or was a vet:

Race: White Lang Read: English Unpaid medical bills:



When a Case Manager approves an IBL, they will check the IBL checkbox. IBLs expire on the date indicated within the IBL, or at one year, whichever is sooner. If the individual revokes consent to the IBL, or if the IBL has been in place for over one year, the Case Manager will uncheck the IBL box.

Questions may be sent to hcbs.oregon@odhs.oregon.gov.

If you have any questions about this information, contact:

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Phone: 971-332-0416	Fax:
Email: chris.s.angel@odhs.oregon.gov	