

Information Memorandum Transmittal Aging and People with Disabilities



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Number: APD-IM-25-025

Issue date: 3/6/2025

Topic: Long Term Care

Due date:

Subject: HCBS IBL Service Plan Agreement (SPA) (DHS 2780A)

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 Case Managers (CM) are notified that an individual has revoked their Home and Community Based Services (HCBS) Individually-Based Limitation (IBL), the CM should complete the standalone [Service Plan Agreement Form \(DHS 2780A\)](#), which can be found on the forms server and on the HCBS and IBLs page on the CM Tools website.

The DHS 2780A should be used to remove IBL(s) that are no longer in place; and identify IBL(s) that will remain in place. There is no need for a new Service Plan and Notice form (DHS 2780N).

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

If you have any questions about this information, contact:

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