

# Policy Transmittal Aging and People with Disabilities



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**Authorized signature**

**Number:** APD-PT-23-006

**Issue date:** 3/29/2023

**Topic:** Long Term Care

**Due date:**

**Transmitting (check the box that best applies):**

- New policy   
  Policy change   
  Policy clarification   
  Executive letter  
 Administrative Rule   
  Manual update   
  Other:

**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                        |   |

<b>Policy/rule title:</b>	Voluntary Action for Long-Term Services and Supports		
<b>Policy/rule number(s):</b>	461-175-0340, 461-175-0200(8), 461-115-0010(6)(7), 410-120-0006	<b>Release number:</b>	
<b>Effective date:</b>	Upon Release	<b>Expiration date:</b>	
<b>References:</b>	461-175-0340 Notice Situation; Voluntary Action		
<b>Web address:</b>	<a href="https://sharingsystems.dhsoha.state.or.us/caf/arm/B/461-175-0340.htm">https://sharingsystems.dhsoha.state.or.us/caf/arm/B/461-175-0340.htm</a>		

**Discussion/interpretation:**

This transmittal replaces all previously released communication for case manager (CM) actions and notice criteria pertaining to a consumer’s voluntary withdrawal of a request for long-term services and supports (LTSS), or a consumer’s voluntary reduction or closure of existing LTSS benefits.

This transmittal will provide the following guidance:

- When form MSC 457D (Voluntary Agreement to Take Action on Case) should be used
- Accepting an oral request for voluntary action, and
- Using provided decision notice language in lieu of the 457D.

### **Implementation instructions:**

#### **Consumers who withdraw a new request for LTSS\*:**

Form MSC 457D is not required for a consumer to withdraw a new request for LTSS benefits. When a CM receives an oral request from a consumer or their representative to withdraw the request for LTSS benefits, the CM should take these actions:

- Narrate the oral request in Oregon ACCESS (OA) and the date it was received.
- Create and send a SDS 540 **basic decision notice**, with the following language:
  - *The Department received your oral request to voluntarily withdrawal your application. This notice provides confirmation of your requested action. OAR 461-175-0340, 461-175-0200(8), 461-115-0010(6), 461-115-0010(7) and 410-120-0006.*
- CM must add notice to EDMS and may close out the service case according to local office procedure.

Note: Should the consumer or their representative contact the office or CM within 45 days from the initial date of request (DOR) for LTSS benefits, their request for LTSS should be reinstated as an existing request. If it is more than 45 days from the DOR, it should be treated as a new request.

\*A request for LTSS may occur during the ONE application process or at any point the individual expresses interest in LTSS. Individuals should not be screened out, however they may withdraw their LTSS request at any time, following the above procedure. Additional information on this process will be described in a future transmittal.

#### **Consumers who request to reduce or close their LTSS benefits:**

##### In-person request:

The CM may use the 457D when the request to reduce or close LTSS benefits is made in-person and the form can be completed immediately. The CM should take these actions:

- If requested, the CM may assist the consumer with completing form MSC 457D.
- CM must supply the consumer or their representative a copy of the signed MSC 457D.
- Scan signed MSC 457D into EDMS.

- The CM completes the actions required to reduce or close the service case
- Narrate all actions taken
- For closures, after the above steps are taken, the CM can remove their name from the case.

Note: No additional notice is required if the consumer **and** CM have a copy of the signed MSC 457D.

Form MSC 457D is required for the following situations:

- If an individual receiving State Plan Personal Care (SPPC) services specifically requests waiving their evaluation for Title XIX (see [APD-PT-18-058](#)).
- If an individual specifically requests Oregon Project Independence-Medicaid (OPI-M) or Family Caregiver Assistance Program (FCAP) services (more information will be provided after these programs become available).

### Oral Request

If a CM receives an oral request from a consumer or their representative to reduce or close their LTSS benefits and form MSC 457D has not been received, the CM should take the actions listed below:

- Narrate specifically what was requested and the date it was received.

For a reduction in benefits:

- Create and send a **timely decision notice**, form SDS 540, with the following language:
  - *The Department received your oral request to voluntarily reduce your long-term services and supports benefits. You have requested to **(insert the specific service plan reduction being requested by the consumer)**. You will receive separate service plan documentation reflecting the changes requested. This notice provides confirmation of your requested action. OAR 461-001-0000(67), 461-175-0050, 461-175-0340, 461-175-0200(8), 461-115-0010(6), 461-115-0010(7) and 410-120-0006.*
- Notice must be sent at least 10 calendar days before the effective date of the reduction.
- The CM will make the appropriate updates to the service plan, send out the related forms, and narrate actions taken.

For a closure in benefits:

- Create and send a **timely decision notice**, form SDS 540, with the following language:
  - *The Department received your oral request to voluntarily close your long-term services and supports benefits. This notice provides confirmation of your requested action. OAR 461-001-0000(67), 461-175-0050 461-175-0340, 461-175-0200(8), 461-115-0010(6), 461-115-0010(7) and 410-120-0006.*

- Notice must be sent at least 10 calendar days before the effective date of the closure.
- The CM will need to complete the actions required to close a service case, and narrate actions taken.
- CM must add notice to EDMS and may close out the service case according to local office procedure.

**Training/communication plan:**

**Local/branch action required:** Review this policy update with case managers.

**Central office action required:** Provide technical assistance as needed.

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:** Operations Review

**Filing instructions:**

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

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