

# Policy Transmittal Aging and People with Disabilities



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**Authorized signature**

**Number:** APD-PT-24-007

**Issue date:** 4/4/2024

**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>	Person Centered Service Plan		
<b>Policy/rule number(s):</b>	<a href="#">411-051-0120</a> , <a href="#">411-054-0036</a> , and <a href="#">411-004-0030</a>	<b>Release number:</b>	
<b>Effective date:</b>	Immediately	<b>Expiration date:</b>	
<b>References:</b>			
<b>Web address:</b>	<a href="https://www.oregon.gov/odhs/rules-policy/apdrules/411-051.pdf">https://www.oregon.gov/odhs/rules-policy/apdrules/411-051.pdf</a>  <a href="https://www.oregon.gov/DHS/SENIORS-DISABILITIES/SPPD/APDRules/411-054.pdf">https://www.oregon.gov/DHS/SENIORS-DISABILITIES/SPPD/APDRules/411-054.pdf</a>  <a href="https://www.oregon.gov/DHS/SENIORS-DISABILITIES/SPPD/APDRules/411-004.pdf">https://www.oregon.gov/DHS/SENIORS-DISABILITIES/SPPD/APDRules/411-004.pdf</a>		

**Discussion/interpretation:**

As a reminder, case managers must discuss and document an individual’s strengths, preferences, risks, and goals as a part of developing a person-centered service plan (PCSP) for individuals receiving Long Term Services and Supports (LTSS). This is a requirement in federal law.

This information is captured during a new intake assessment, reassessment, and anytime new information or a change is reported. The documentation is then sent to the individual by sending out form SDS 003N, Client Details.

Per OAR 411-051-0120, 411-054-0036, and 411-004-0030 Aging and People with Disabilities (APD) and Area Agencies on Aging (AAA) staff must provide the PCSP to all licensed community-based care (CBC) providers (including Adult Foster Homes (AFHs), Assisted Living Facilities (ALFs), and Residential Care Facilities (RCFs)).

**Training/communication plan:** Post a Policy Transmittal and update the Medicaid APD Services and Supports Form Requirements Tool posted to the CM Tools website to communicate the requirement to local office staff.

**Local/branch action required:** Effective immediately local office APD/AAA staff must print and send the SDS 003N Client Details form to all CBC providers when completing a service intake or reassessment for all Medicaid eligible individuals. The form can be sent to providers via secure email, USPS, or fax.

**Central office action required:** Updated Medicaid APD Services and Supports Form Requirements Tool

**Field/stakeholder review:**  Yes  No

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

**Filing instructions:**

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

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