

Policy Transmittal Aging & People with Disabilities



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Authorized signature

Topic: Long Term Care

Number: APD-PT-24-017

Issue date: 7/8/2024

Updated date: 4/24/2025

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: Types A and 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 | |

Policy/rule title:	Service Planning & Person Led Assessment & Notice (PLAN) for Oregon Project Independence-Medicaid (OPI-M)		
Policy/rule number(s):	411-016-0010, 411-106-0020, 411-016-0025, 411-016-0030, 411-106-0040, 411-016-0050,	Release number:	
Effective date:	Upon release	Expiration date:	
References:	Oregon Project Independence – Medicaid		
Web address:	OPI-M Tools and Resources		

Discussion/interpretation:

This transmittal has been updated to reflect clarifications to saving the Person Led Assessment & Notice (PLAN), PLAN signature requirements, PLAN review dates, and OPI-M effective dates. The changes are in red.

The PLAN & Enhanced Person-Centered Service Planning:

Oregon Project Independence-Medicaid (OPI-M) pilots an enhanced person-centered service planning process. These service plans must be completed and documented using a new form unique to the OPI-M program, the PLAN. Service plans are developed annually in partnership with individuals who are eligible for OPI-M services.

This new approach to person-centered service planning is focused on the individual and strengths based. Services Case Managers (SCM) complete the PLAN in the individual's voice after discussion generated by asking open-ended questions embedded in the PLAN.

The PLAN also utilizes a new approach to identifying the service hours. In traditional Medicaid long term services and supports (LTSS) service plans, the CA/PS algorithm in Oregon ACCESS (OA) suggests maximum hours for each need. In OPI-M, the individual and SCM determine service plan hours to authorize by completing the PLAN. OPI-M plans may include up to 40 hours per pay period.

The PLAN also serves as a notice of approval. The PLAN shows the service(s) authorized and includes the individual's hearing rights.

Federal Requirements and PLAN Frequency:

Annual service plans are a federal requirement and will be a part of quality monitoring. This includes when an individual first becomes eligible for OPI-M, every 12 months from their initial **CA/PS** date for an annual PLAN review, and when requested by the individual.

Important: Individuals receiving OPI-M services who report a change in condition and request additional supports will not require a change in condition service assessment. SCMs will work with the individual to review their PLAN and make any necessary updates. **To add additional hours (up to maximum of 40) to the OA service plan not identified on the CA/PS algorithm, the SCM will add the hours in the exception area of the hours segment. A tier 2 OA user will be required to approve the hours segment. If IADL hours assigned exceed 35, a tier 3 approval with Central Office will be needed. Send requests to [OPI-M Questions, Support, and Feedback](#).**

Implementation/Transition Instructions:

Staff responsible for the PLAN:

Service plans will be developed and monitored by SCMs from Area Agency on Aging (AAA) Type A, Type B and Aging and People with Disabilities (APD) offices. The SCM is responsible for working with the eligible individual to develop the service plan and using the PLAN. The PLAN is located on the [OPI-M Tools and Resources webpage](#) only at this time.

Expectations for Completing the PLAN:

- The PLAN must be completed electronically, using Adobe Reader, not a web browser. It is designed for offline use.
- The PLAN must be completed with the individual and include input from any parties the individual wants to include in their service planning. This may include but is not limited to family, friends, neighbors, community partners, and medical providers.
- The first PLAN and subsequent annual PLAN reviews must be completed with the individual in person in their own home.
 - For example: If the Title XIX CA/PS assessment was completed in January 2024 and the PLAN was completed in July 2024, the annual in-person PLAN review is due by January 2025. An in-person PLAN update may be completed up to 60 days prior to the due date to meet this requirement.
 - Other PLAN updates throughout the year may be completed over the phone, in the local office, or community.
 - Any reduction to hours or service options on the PLAN require 10-day timely notice before the effective date. An increase to hours or added service options may take effect immediately, following prior authorization.
 - If the same CM is holding both Eligibility Case Manager (ECM) and SCM roles and completed the Title XIX CA/PS assessment used for OPI-M eligibility, an additional in-home visit is not required to complete the first PLAN and may be completed over the phone. An SCM that did not complete the CA/PS assessment must complete the first PLAN with the individual in their own home.
- The PLAN must be signed by the eligible individual or their representative. [Use this link for more information about acceptable signatures.](#) Completed PLANs and related forms will need to be printed, mailed to the individual for signature, and the signed forms returned to the SCM. A copy of the PLAN and related forms must also be provided to the individual.
- When possible, the individual must physically or electronically sign the PLAN. However, verbal signatures for the PLAN may be accepted. To document a verbal signature, staff must:
 - Review the PLAN with the individual and ensure all relevant information is captured.
 - Document the individuals consent to sign verbally in their OA case narration.
 - Document on the PLAN signature line “Verbal signature” and enter the date consent was provided in the date field.
 - OA narration example: “Completed and reviewed the PLAN with (individuals full name). (Individuals full name) agreed with PLAN details and provided verbal consent on (enter date).”
- The SCM must also sign the PLAN. The copy that is signed by all should be the one stored in Laserfiche. OPI-M related documentation must not be saved in the ONE system.

- Buckley notices are not required for PLAN updates. A Buckley notice must be sent prior to the Title XIX CA/PS service eligibility assessment. The Title XIX CA/PS service eligibility assessment for OPI-M is due every 24-months from the consumer's initial CA/PS assessment date. The Buckley Notice of Service Eligibility Review will not generate automatically for OPI-M cases and must be manually sent 45 days prior to the service and financial eligibility review date.

Embedded Forms:

The PLAN document includes the Unpaid Caregiver Assessment Tool (used in determining eligibility for unpaid caregiver services) and the Detailed Care Plan (used to document caregiver assistance). Instructions for the use of these forms will be provided in a future Quick Reference Guide or transmittals. Please see [APD-PT-24-014](#) for instructions on documenting services that are not yet available when completing a PLAN.

Storing the PLAN:

Signed copies of the PLAN (and associated forms such as the 737, the Unpaid Caregiver Assessment Tool (UCAT), the Detailed Care Plan (DCP) and others) must be kept and stored in the individual's **Laserfiche** file.

When new service plans are due or changes are needed to existing service plans, a new PLAN may be used, or the existing PLAN may be updated. If updating an existing PLAN, it must be saved under a new name reflecting the new effective date. There must be an ongoing record showing current and all prior PLAN versions.

To update an existing PLAN rather than completing a new form, a digital **unsigned** version of the PLAN may be saved outside of **Laserfiche**. Digital versions must be in a secure location that is also accessible to managers and other staff that may need access to the information.

Note: It's important to save both a signed and unsigned version of the PLAN because Adobe PDF updates prevent a user from updating a signed document. Saving an unsigned version will allow you to make updates to the document later.

Use these naming conventions for the PLAN and embedded documents:

Form:	Name:
Person Led Assessment and Notice (PLAN)	PLAN_Prime#_EffectiveDate_ Signed .pdf
Person Led Assessment and Notice (PLAN)	PLAN_Prime#_EffectiveDate_ Unsigned .pdf
Unpaid Caregiver Assessment Tool (UCAT)	UCAT_Prime#_EffectiveDate_ Signed .pdf
Unpaid Caregiver Assessment Tool (UCAT)	UCAT_Prime#_EffectiveDate_ Unsigned .pdf
Detailed Care Plan (DCP)	DCP_PR1M35N_08.01.2024_ Signed .pdf
Detailed Care Plan (DCP)	DCP_PR1M35N_08.01.2024_ Unsigned .pdf

Example: PLAN_PR1M35N_08.01.2024_Signed.pdf

or

PLAN_PR1M35N_08.01.2024_Unsigned.pdf

Note: The DCP is an extension of the PLAN when more space is needed. It must be saved with the PLAN and should always have the same effective date.

PLAN, OA Service Plan and Risk Assessment

The SCM must also complete the OA risk assessment and the service plan in OA for the services authorized in the PLAN. The SCM does not need to complete the OA Client Details section as the PLAN replaces it.

PLAN As Notice and Service Effective Date:

The ECM sends the OPI-M Decision Notice when eligibility (service and financial) has been approved. However, the PLAN serves as the Notice of Approval of services, which is sent by the SCM.

If requested services are denied the OPI-M Decision Notice will be sent by the ECM for service denial reasons or will be sent by the Central Office Financial Eligibility (CO FE) Team related to financial denials for APD offices. Type B AAA offices will follow their local process.

The effective date of the PLAN must not be any sooner than the date the PLAN is completed with the individual. This date is also the OPI – Medicaid Service Category/Benefit begin date in the OA service plan. (See Figure 1)

Service Category/Benefit	Begin Date	End Date	Status
OPI - Medicaid	08/11/2024	08/09/2025	Approved

Figure 1

Note: When coordinating a closure from another service program (OPI, LTSS, or SPPC), the OPI-M begin date may be future effective to meet required closure notice requirements from the previous service program. Example: If the consumer receives notice their LTSS services are closing effective 4/30/25, then the OPI-M benefit may be approved beginning 5/1/25. The PLAN may be completed prior to this date to help prevent any lapse in services.

The begin date for OPI-M service options is the latter of the following (see Figure 2):

- The date the case manager prior authorizes the service in OA, MMIS, or Mainframe, as applicable.
- The date the service is available and prior authorized.

Hours Segments					
Hours #	Begin Date	End Date	Status	Alwd	Excp
1	08/11/2024	08/09/2025	Approved	40	0

View Dtl
Hrs Act

Plans For OPI - Medicaid Benefit				(Read Only)
Plan #	Begin Date	End Date	Status	
1	08/11/2024	08/09/2025	Approved	

Services For Plan #1 Pln Act

Row #	Services	Provider Name	Begin Date	End Date	Invalid Entry
2	Natural Support - Hourly		08/11/2024	08/09/2025	<input type="checkbox"/>
3	Case Management	Case Manager	08/11/2024	08/09/2025	<input type="checkbox"/>
4	Emergency Response Sys	TO BE SELECTED	08/11/2024	08/09/2025	<input type="checkbox"/>

Provider Search Needs Association View/Assign Hours Provider Detail

Figure 2

Note: OPI-M services may not be retroactively approved and the begin date for services must be on or after the benefit begin date.

Training/communication plan:

See the [ODHS- APD/AAA - OPI-M Training Series](#) in Workday and the [OPI-M Manuals, guides, and tools](#) webpage for current OPI-M material.

Local/branch action required: Staff must familiarize themselves with this policy and other tools available on the [OPI-M Manuals, guides, and tools](#) webpage on the Case Management Tools website.

Central office action required: Central office staff is available for technical support. Questions, requests for support, or feedback specific to OPI-M can be submitted [here](#).

Field/stakeholder review: Yes No

If yes, reviewed by: Ops review

If you have any questions about this policy, contact:

Contact(s) [Oregon Project Independence - Medicaid \(OPI-M\) Questions, Support and Feedback \(office.com\)](#)