

Policy Transmittal Aging and People with Disabilities



Jane-ellen Weidanz

Authorized signature

Number: APD-PT-24-001

Issue date: 1/11/2024

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 | |

Policy/rule title:	Home and Community-Based Services (HCBS) Process Updates		
Policy/rule number(s):		Release number:	
Effective date:		Expiration date:	
References:	See also APD-AR-24-002		
Web address:			

Discussion/interpretation:

In April 2023, the federal Centers for Medicare & Medicaid Services (CMS) visited Oregon to review the state’s implementation of Home and Community-Based Services and Settings (HCBS). Oregon was found to be out-of-compliance with HCBS requirements. In June 2023, Oregon submitted a Corrective Action Plan (CAP), which CMS approved. Oregon now has until June 30, 2024, to come into full compliance with all HCBS requirements.

The Aging and People with Disabilities (APD) remediation plan included process updates for documenting an individual’s choice of setting, and for processing HCBS Individually-Based Limitations (IBL).

Implementation/transition instructions:

a. Choice of Setting

Per the federal Centers for Medicare & Medicaid Services (CMS), Case Managers must document the **specific** provider chosen by the individual on their person-centered service plan. Currently, the Case Manager documents the individual’s choice of setting on the SPA (within the SPAN; ODHS 2780N)), by selecting the “Community Based Care” box.

Effective immediately, Case Managers will also need to select the “Other” box and add the **name** of the actual provider when the consumer chooses an AFH, ALF, Memory Care Community, or RCF to the right of that box; such as “Liberty AFH.” This should be the name of the facility or home that is authorized in the service plan and payment s Example:

Service Plan Agreement

Consumer: Prime:

<input type="checkbox"/> Waivered Case Management Services	<input type="checkbox"/> Nursing Facility
<input type="checkbox"/> Independent Choices Program	<input type="checkbox"/> PACE Program
<input type="checkbox"/> Homecare Worker*	<input type="checkbox"/> Natural Support
<input type="checkbox"/> In-Home Care Agency*	<input type="checkbox"/> Long-Term Care Community Nursing
<input type="checkbox"/> Home Delivered Meals	<input type="checkbox"/> Emergency Response System
<input type="checkbox"/> Adult Day Services	<input type="checkbox"/> Community Based Care
<input type="checkbox"/> Specialized Living	<input checked="" type="checkbox"/> Limitation(s) to your HCBS Rights
<input checked="" type="checkbox"/> Other: <input type="text" value="ABC Assisted Living"/>	

b. Criteria providers use to determine if they should request an IBL

Starting April 1, 2024, the IBL request process will be simplified, as the requirements around cognition and behaviors will no longer be a consideration. The actual IBL request form (APD 0556) has not changed.

Current criteria (all three must be true)

- A cognitive deficit or behavior is causing the need for the IBL;
- There is a moderate health or safety risk to the individual or others; and
- The cognitive deficit/behavior makes it difficult for the individual to understand the health or safety risk

New criteria (effective 04/01/24)

- There is a moderate health or safety risk to the individual or others

c. Case Manager IBL Process

For individuals receiving Medicaid, providers will submit the IBL request to the Case Manager, who will review it to ensure it is appropriate and complete. Case Managers will need to meet with the individual to obtain consent or refusal to the IBL, as well as the individual's initials/signature. Next, the Case Manager must update the Service Plan Agreement (SPA) (page 6 in the Service Plan and Notice (SPAN); ODHS 2780N) will be updated accordingly [see *image below*], and send copies to the individual and provider. Case Managers must narrate the IBL actions and status in Oregon ACCESS (OA).


Service Plan Agreement

Consumer: Prime:

<input type="checkbox"/> Waivered Case Management Services	<input type="checkbox"/> Nursing Facility
<input type="checkbox"/> Independent Choices Program	<input type="checkbox"/> PACE Program
<input type="checkbox"/> Homecare Worker*	<input type="checkbox"/> Natural Support
<input type="checkbox"/> In-Home Care Agency*	<input type="checkbox"/> Long-Term Care Community Nursing
<input type="checkbox"/> Home Delivered Meals	<input type="checkbox"/> Emergency Response System
<input type="checkbox"/> Adult Day Services	<input type="checkbox"/> Community Based Care
<input type="checkbox"/> Specialized Living	<input checked="" type="checkbox"/> Limitation(s) to your HCBS Rights
<input type="checkbox"/> Other: <input type="text"/>	

Individually-Based Limitation(s)

The following limitation(s) was agreed to as part of the service planning process. The purpose is to protect the health and safety of you and others. You are not bound by the limitation(s) and can revoke your consent at any time by talking to your services provider or by calling your case manager.

HCBS Right:	Reason for limitation:
Choose one 	
Limitation(s) to this HCBS Right:	
Remove this HCBS limitation (above)	
Add another HCBS limitation	

Signing your service plan means you have received and reviewed the provided information. It is important for you to sign this page and return it to the case manager as soon as possible.

The step-by-step process will be provided at the upcoming HCBS webinars for Case Managers.

d. Deadline for IBLs

Providers and Case Managers have until June 30, 2024, to ensure all IBLs are documented in the person-centered service plan (via the SPA), and the provider's care plan (via the IBL request form; APD 0556).

Training/communication plan:

Training for Case Managers will be accomplished via two methods: (1) Mandatory online HCBS-IBL training – **by Mar. 31, 2024**; and (2) CM webinars for step-by-step processes – Mar. 2024 (and Apr. 2024, if needed).

Documents specific to Case Manager HCBS-IBL actions will be posted on the Case Manager Tools - HCBS webpage at , to include:

- HCBS Q&A: Staff may submit HCBS questions about the online training, webinars and/or HCBS-IBL updates using an online form found at: <https://forms.office.com/g/LYTQx8432Y>. Questions and answers will be posted regularly on the Case Manager Tools - HCBS webpage: <http://www.dhs.state.or.us/spd/tools/cm/hcbs/index.htm>.
- CM IBL Process Flowchart
- CM IBL Approval Process checklist
- CM IBL OA Narrative Template

Local/branch action required:

1. Use additional process to document individual's choice of provider;
2. Use updated process when processing IBLs
3. Take mandatory, online HCBS-IBL training by 3/31/24;
4. Attend CM webinar in Mar. 2024;
5. Ensure IBLs are in place for all appropriate individuals by 6/30/24.

Central office action required:

Present CM webinar in Mar. 2024 and provide updated CM tools, as outlined above.

Field/stakeholder review: Yes No

If yes, reviewed by: APD Policy Review

Filing instructions:

If you have any questions about this policy, contact:

Contact(s): Chris Angel	
Phone: 971-332-0416	Fax:
Email: chris.s.angel@odhs.oregon.gov	