

Information Memorandum Transmittal Aging and People with Disabilities



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Number: APD-IM-17-094

Issue date: 12/28/2017

Topic: Long Term Care

Due date:

Subject: Updated 546PC Posted

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"/> ODDS Children's Residential Services | <input type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> Child Welfare Programs | |

Message:

The 546PC has been updated to reflect the change from a monthly authorization to a 2 week or 14-day authorization period.

- The updated version is currently only available on the [Case Management Tools](#) website under the [State Plan Personal Care](#) link.
- The form updated has been submitted to publications. When the forms server is updated this IM will be reissued to reflect that.

Reminder:

- The maximum allowed hours per period is 10.
- If the consumer has an extraordinary service need that cannot be met with 10 hours per period an exception may be requested.
 - o See [OAR 411-034 State Plan Personal Care](#) for more detail
- Use the 514PC to request an exception to the 10-hour maximum.
 - o Be sure to document how the 10 hours are being used as well why the exceptional services are required.
 - o Whenever possible capture the duration and frequency of need.

If you have any questions about this information, contact:

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