

Information Memorandum Transmittal Aging and People with Disabilities



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Number: APD-IM-20-013

Issue date: 2/19/2020

Topic: Long Term Care

Due date:

Subject: New Supervisor In-Home Hourly Exceptions Review Checklist

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 | |

Message:

The new Supervisor In-Home Hourly Exceptions Review Checklist tool has been added to the [Exceptions](#) page under Case Management Tools.

The checklist is replacing the [Tier 2 Approval/Email Template](#) and [Tier Level Approvals for the Hourly Cap](#) tools.

The first portion of the new Supervisor In-Home Hourly Exceptions Review Checklist is replacing the Tier 2 Approval/Email Template. This new template will continue to be required for all renewals that exceed Tier 2 approval rights (any plan that exceeds 73 ADL and/or 35 IADL hours) and/or has a plan with total hours exceeding 108 per pay period; which requires mainframe coding. **It will now also be required for all new requests.** You can send the template by including the checklist with the request or Copy & Paste the first portion of the checklist into your email (see example of the new template below). Please continue to send these new and renewal requests to SPD.Exceptions@dhsosha.state.or.us.

CONSUMER INFORMATION FOR EXCEPTION REQUEST	
Consumer Name: Click or tap here to enter text.	Prime: Click or tap here to enter text.
Allowed Hours: Click or tap here to enter text. Exception Hours: Click or tap here to enter text. Total Hours: Click or tap here to enter text. Requested start/end dates: Click or tap here to enter text.	*Tier 2 users can approve up to 73 ADL and 35 IADL hours. Anything outside this requires CO review and approval. <i>See Footnote #1</i>
Request for VDQ Rate (see CBA): Click or tap here to enter text.	Urgent Request: <input type="checkbox"/>
Choose one of the following: <input type="checkbox"/> New Request <input type="checkbox"/> Renewal with the same or less hours <input type="checkbox"/> Renewal with an increase in hours.	* Please ensure the correct option is chosen. This will determine what forms, if any, will be required.

It is highly recommended, but not required, that all Supervisors/Managers who review exceptions locally and/or before submitting to SPD Exceptions use the entire checklist. The checklist is designed to identify areas that have historically resulted in increased communication with the local offices and consumers before a decision can be made timely. The checklist also provides guidance to the reviewer about the exception process.

If you have any questions about this information, contact:

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