

Policy Transmittal Aging and People with Disabilities



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Topic: Long Term Care

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

Number: APD-PT-18-048

Issue date: 12/3/2018

CORRECTED

Due date:

Policy/rule title:	PACE and use of the SDS 2780N (SPAN) form		
Policy/rule number(s):		Release number:	
Effective date:	Immediately	Expiration date:	
References:	APD-PT-18-031 ; Decision Notice Training_v070918; SPAN and Exception Requests webinar_080818 ; APD-PT-18-042		
Web address:	None		

Corrections have been made in sections:

When the SPAN form and SDS 002N are not required.... for In-home Services participants – Additional information. The instructions to send the SDS546N and the SDS598N are deleted.

Clarification is made to include who at Providence ElderPlace should receive the SDS 003N – in the section Service Plan Agreements – Additional reminders.

Discussion/interpretation:

This transmittal outlines updated requirements of when it is necessary to send the SPAN - Service Plan and Notice (SDS 2780N) form, the Assessment Summary (SDS 002N) and when to send the Service Plan Agreement for PACE participants. Changes regarding the use of these forms are intended to reduce the workload associated with the SPAN notice. This information is in conjunction with [APD-PT-18-042](#). These guidelines replace previous instructions regarding the use of the SPAN form for PACE participants.

PACE and the SPAN form

When the SPAN form and SDS 002N are required for PACE participants:

A SPAN form and SDS 002N are sent to the participant or the authorized representative when an assessment has been completed and one of the following applies:

- Participant is newly approved for TXIX services
- Participant is denied services when SPL ineligible
- Participant services are closing when SPL ineligible
- Participant is on an In-Home plan, has been reassessed, and **any** of the following is true:
 - SPL changed; or
 - Participant has never received a SPAN, 2780, 2781, 2782, or 2783 forms

NOTE: All other required forms should be included with the SPAN form except the SDS 914.

When completing the SPAN form for a PACE participant, please note the following:

- Use the NF/CBC/PACE options on SPAN, even if the participant is receiving in-home services.
- Complete the pay-in/liability section, if applicable. Until a free text area is available on the SPAN form, consider including the payment instructions on a separate sheet of paper and use it as an insert. Send the Pay-in Calculation Worksheet sheet for In-Home cases; send the Liability Worksheet for NF and CBC cases.
- At intake, the case manager must send to the PACE organization a copy of the SPAN form, the SDS 002N (Assessment Summary), SDS 003N (Client Details), and the pay-in/liability letter or insert. For In-Home participants, include the SDS 546N (In-Home Service Plan) and SDS 598N (Task List).

When the SPAN form or SDS 002N is NOT required for PACE participants:

CBC, NF, or PACE participant that remains SPL eligible at reassessment

The SPAN form and the SDS 002N are **not** sent to the participant or authorized representative.

Additional Information:

- If the SPL changes, the SDS 002N and cover letter should be sent to the participant or authorized representative. The [cover letter](#) is available on the [Case Management Tools](#) page.
- Send the Service Plan Agreement portion of the SPAN to the participant or authorized representative and the CBC provider (see below).
 - CBC providers must sign the Service Plan Agreement and return it to the local office.
 - The SDS 002N may be shared with the CBC provider, if requested, or at the discretion of the case manager.
 - The Service Plan Agreement may be shared with the PACE organization, if requested, or at the discretion of the case manager.
- Send all other required forms to the participant.
- Send the SDS 002N to the PACE organization social worker.
- Send the pay-in/liability calculation and payment instructions to the participant or authorized representative.

In-Home Services participant:

The SPAN form and the SDS 002N are **not** needed after a reassessment when **all** the following are true:

- SPL stayed the same; **and**
- The participant has previously received at least one of the following: SPAN, 2780, 2781, 2782, or 2783.

Additional Information:

- Send the Service Plan Agreement and all other required forms at the initial assessment and at each annual reassessment. The participant or the authorized representative must sign the agreement and return it to the case manager.
- At the annual reassessment, the case manager will send to the PACE organization a copy of the Service Plan Agreement, the pay-in/liability payment instructions, the SDS 002N (Assessment Summary), and the SDS 003N (Client Details).

Service Plan Agreements

When the Service Plan Agreement is required:

- Participant is newly approved for TXIX services;
- When an annual reassessment is completed; or
- Participant changes his/her care setting; excludes the changing of a care setting within PACE services.

The PACE organization representative does **not** need to sign the Service Plan Agreement. However, if a CBC provider contracts with the PACE organization to provide services and is not exclusive to PACE services/housing (serves PACE and non-PACE participants), the CBC provider **is** required to sign the Agreement.

Additional Reminders:

- Use the information below when providing specific information to the PACE organization Providence ElderPlace:
 - SPAN forms including all other required forms, Service Plan Agreements, SDS 003N and Pay-in letters - send to ElderPlace Social Worker
 - Requests for referral follow-up – send to ElderPlaceInfo@providence.org
 - For SDS 002N forms **ONLY** - send to PACEEligibility@providence.org or FAX to 503-215-0685
- The OHA 0097 form (DMAP Important Letter Language in Multiple Languages) form should be sent with the SPAN, the SDS 002N, and the Service Plan Agreement when the participant's first language is not English or if the case manager suspects that the participant does not speak or understand English.
- All notices and forms sent to the participant or authorized representative **MUST** be narrated in Oregon ACCESS (OA). In addition, narration in OA is required when the participant is screened for LTC programs (i.e., SPPC, Shift Services, etc.) – specifically naming each program for which the participant's eligibility was reviewed and documenting the result.
- When scanning the SPAN and accompanying forms (notice packet) into EDMS, make sure the notice packet is scanned together. When the additional forms are sent with the SPAN, they become part of the official notice to the participant.

Implementation/transition instructions:

Local offices managing PACE cases should review the policy clarification and begin implementing the changes immediately.

Training/communication plan:

The SPAN (SDS 2780N) is now accessible on the forms server and OA. Currently, the form is available in English only; translations of other languages are in process. Any changes will be communicated as they occur.

Local/branch action required:

Actions are stated above.

Central office action required:

Technical assistance as needed.

Field/stakeholder review: X Yes No

If yes, reviewed by: Policy Review team

Filing instructions: None

If you have any questions about this policy, contact:

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