

# Policy Transmittal Aging and People with Disabilities



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**Authorized signature**

**Number: APD-PT-18-058**

**Issue date: 12/19/2018**

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

<b>Policy/rule title:</b>	Assessment Completion Expectations - SPPC		
<b>Policy/rule number(s):</b>	411-015-0008 & 411-034-0070	<b>Release number:</b>	
<b>Effective date:</b>	Upon release	<b>Expiration date:</b>	
<b>References:</b>			
<b>Web address:</b>			

**Discussion/interpretation:**

This transmittal is intended to clarify policy regarding expectations for completing a State Plan Personal Care (SPPC) assessment for a new applicant, when the individual requests SPPC instead of Title XIX In-Home services or any other service options.

- This policy may also be followed when completing an annual assessment and the individual chooses to waive Title XIX services.

It is critical that the individual understands all the options available to make an informed decision regarding their services.

If an individual specifically requests SPPC services, a full Title XIX assessment is not required. This includes at an annual assessment. A 457D (Voluntary Agreement to

Take Action on Case) must be completed, narrated, and saved to EDMS. To complete the 457D, mark 'Long term care services', mark 'Other, please explain', and write, "I am waiving my Title XIX assessment and associated services and rights."  
- In the 'Explain the reason for this request' field, have the consumer / rep explain why they are choosing to waive the Title XIX assessment/services.

This helps ensure there is documentation the Individual is waiving the assessment, which is indisputable at hearing, should an issue arise.

**If a Title XIX assessment is completed, the individual does not meet SPL, and service rights are not waived:**

A SPAN form is required to deny Title XIX services and provided notice of eligibility for SPPC.

In addition, the SDS 541 is required at each annual reassessment for SPPC eligible consumers.

**Implementation/transition instructions:**

Upon release begin following the process outlined above

**Training/communication plan:**

Discuss at local office case manager huddles and case manager staff meetings.

**Local/branch action required:**

**Central office action required:** Technical assistance as needed

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:** APD Policy & Ops

**Filing instructions:**

*If you have any questions about this policy, contact:*

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