

# Policy Transmittal Aging and People with Disabilities



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**Authorized signature**

**Number: APD-PT-22-020**

**Issue date: 7/1/2022**

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

<b>Policy/rule title:</b>	State Plan Personal Care (SPPC) Policy Updates		
<b>Policy/rule number(s):</b>	411-034-0000 - 411-034-0090	<b>Release number:</b>	
<b>Effective date:</b>	July 1, 2022	<b>Expiration date:</b>	
<b>References:</b>			
<b>Web address:</b>			

**Discussion/interpretation:**

**ODHS APD has made updates and changes to OAR Chapter 411, Division 034 State Plan Personal Care (SPPC) rules to align with the current language in the [Medicaid State Plan](#).**

Here is a summary of changes (additional details are provided below):

- Eligibility has been expanded to assess individual’s needs to safely navigate in their community
- Authorizations are changed to 270 hours annually
- Additional service options have been added: Home Delivered Meals (HDMs),

## Shopping and Transportation, and Money Management services

Additional training for SPPC changes is provided in this [training module](#). Staff that assess for SPPC are strongly encouraged to take this training.

Staff may also view a summary of changes on an infographic, an updated 546PC form (do not use the 546PC from the forms server until it is updated), exceptions information, and more on the CM Tools website, under the [SPPC section](#).

### **Eligibility has been expanded to assess individual's needs to safely navigate in their community**

SPPC services has been expanded to allow for an eligibility determination to be made if their care needs are in the community, not just in their own home. In addition, services are expanded to allow providers to help safely navigate individuals while in the community.

For example, an individual who experiences deafblindness who does not need assistance in their own home, but does require Mobility support while in the community, will now qualify for SPPC and can receive the assistance that is needed.

As a reminder, to qualify for SPPC, an individual must need assistance with one or more of the following: Basic Personal Hygiene, Medication and Oxygen Management, Mobility, Toileting, Nutrition or Nursing Services.

### **Authorizations are changed to 270 hours annually**

Previously SPPC had allowed for a maximum of 20 hours per month per the Medicaid State Plan. However, it was determined that sometimes this amount was exceeded due to the authorization of two-week pay periods. As a result, and in coordination with our agency partners that also operate SPPC, the Medicaid State Plan was amended to allow 270 hours annually.

For most individuals, authorizations will continue to be authorized at up to 10 hours per pay period (or approximately 260 hours per year). However, since the authorization is moving to a maximum of 270 hours annually, individuals may choose to reduce their hours for some pay periods and have increased hours in other pay periods. The 546PC form is being modified to help staff track when individuals are interested in changing their hours for different pay periods. Additional information on this topic is provided under the implementation/transition section below.

Exceptions: When an individual's assessed needs in SPPC exceed 10 hours per pay period (resulting in more than 270 hours annually) an exception is still needed. New

exception rules have been added to the SPPC rules, following the rules provided in OAR 411-030 for in-home services.

### **Additional service options have been added: Home Delivered Meals (HDMs), Shopping and Transportation, and Money Management services**

SPPC eligible individuals may now access money management, shopping, and transportation as allowed services.

- Money Management is a new Medicaid paid service option. The information on this program will be provided on a separate transmittal.
- Shopping and non-medical transportation assistance also includes the ability to authorize service-related mileage.
- HDMs are now an allowed service benefit for SPPC eligible individuals. However, a few things should be noted:
  - The mainframe will not permit staff to authorize home delivered meals to individuals.
  - HDM providers are not a selectable provide type when service planning in Oregon ACCESS.
  - Workarounds have been developed to provide authorization and payments for these services until our systems can be updated. Additional information on the workaround is in the implementation/transition section below.

### **Implementation/transition instructions:**

#### **New Questions in Oregon ACCESS**

Oregon ACCESS has been updated to include up to two new questions if an individual has been determined eligible for SPPC.

1. *Is eligibility solely due to the individual being unsafe in the community without supports?*

This question is being used for reporting purposes to help in track the impact to the DeafBlind community as well as funds provided by the American Rescue Plan Act (ARPA) that are funding this expansion.

If the individual is eligible solely based upon personal care needs that have been identified in the community (no identified personal care needs in the home), the question should be answered as “yes”. Otherwise, the question is answered as “no”.

**SPPC - State Plan Personal Care - Assessment Wizard**

**Does the individual need assistance from another person in any of the following areas (pick all that apply):**

SPPC Eligibility Criteria	Answer	Help	Support	Paid / Unpaid
Basic personal hygiene	<input checked="" type="radio"/> Yes <input type="radio"/> No		Unmet	
Toileting, bowel/bladder care	<input type="radio"/> Yes <input checked="" type="radio"/> No			
Mobility, transfers, repositioning	<input type="radio"/> Yes <input checked="" type="radio"/> No			
Nutrition	<input type="radio"/> Yes <input checked="" type="radio"/> No			
Medication and Oxygen	<input type="radio"/> Yes <input checked="" type="radio"/> No			
Delegated nursing tasks	<input type="radio"/> Yes <input checked="" type="radio"/> No			

**Will any of these services be provided by a HCW or in-home service agency as part of a service plan authorized by SPD/AAA?**  Yes  No

**Is eligibility solely due to the individual being unsafe in the community without supports?**  Yes  No

Eligibility Status: **Eligible**

**Next**

If the first question is answered with “yes”, the second question will appear:

*2. If yes, select one of the following:*

This will open a new drop-down menu. The case manager must identify which of the following is the basis of need for the individual: Blind, Deaf, DeafBlind, Hard of Hearing, or Other (other is utilized when the sole need is not being driven by any of the other drop-down options such as mobility).

**SPPC - State Plan Personal Care - Assessment Wizard**

**Does the individual need assistance from another person in any of the following areas (pick all that apply):**

SPPC Eligibility Criteria	Answer	Help	Support	Paid / Unpaid
Basic personal hygiene	<input checked="" type="radio"/> Yes <input type="radio"/> No		Unmet	
Toileting, bowel/bladder care	<input type="radio"/> Yes <input checked="" type="radio"/> No			
Mobility, transfers, repositioning	<input type="radio"/> Yes <input checked="" type="radio"/> No			
Nutrition	<input type="radio"/> Yes <input checked="" type="radio"/> No			
Medication and Oxygen	<input type="radio"/> Yes <input checked="" type="radio"/> No			
Delegated nursing tasks	<input type="radio"/> Yes <input checked="" type="radio"/> No			

**Will any of these services be provided by a HCW or in-home service agency as part of a service plan authorized by SPD/AAA?**  Yes  No

**Is eligibility solely due to the individual being unsafe in the community without supports?**  Yes  No

**If yes, select one of the following:**

Blind

Blind

Deaf

DeafBlind

Hard of Hearing

Other

**Eligibility Status**  
Eligible

**Next**

### Service Plans that may Fluctuate

As previously mentioned, service plans are now authorized for up to 270 hours annually. For SPPC eligible individuals, whose needs fluctuate throughout the year, we are now able to adjust hours as needed. For example, an individual may require more assistance during the winter months and less assistance in the summer months.

The case manager will work with the individual or their representative to map out the 26 pay periods in the year and how many hours will be used each pay period. For easier management of the service plan, it may be recommended to develop a plan that does not fluctuate more than quarterly.

- When these plans are authorized at the local office level, the 546PC form must be sent to [SPD.Exceptions@dhsosha.state.or.us](mailto:SPD.Exceptions@dhsosha.state.or.us) for coding purposes.
- ONGO records or IHCA authorizations will need to be adjusted as needed using updated 546PCs.

Please note that if the current service plan is meeting the individual's needs, and they do not want the additional hours or a fluctuating service plan, it is not required to authorize the full 270 hours.

## **HDM Authorization and Workarounds**

If an individual wishes to receive HDMs as a part of their SPPC services, consider if service plan hours should be reduced.

### *Adding HDM as a service provider in Oregon ACCESS*

The Oregon ACCESS service plan section does not provide an HDM service option. As a temporary workaround:

- Select the 'In-Home Care (HCW)' provider option drop-down
- Click Provider Search button and find provider
- Click the clear button
- Enter in information for the HDM provider
- When the correct HDM provider is highlighted, click "Add to Assessment"
- Hours should not be assigned to the HDM provider

**Narration must document the name of the provider, provider number, the start date of meals, and the numbers of meals authorized per month.**

### *HDM Referral and payment authorization*

Vouchers cannot be issued to the HDM provider for an individual receiving SPPC services at this time. The following billing process must be utilized:

- When completing a HDM referral to the provider, complete either form 595 from the forms server or a written authorization that includes the individual information, start date, and meals per month that is being authorized. The authorization must be saved in EDMS. The authorization must clearly indicate this is for someone receiving SPPC services.
- Along with this authorization, the local office should provide the invoice template from CM Tools to the HDM provider.
- HDM providers will track the number of meals provided for each individual receiving their service.
- After the end of each month, the HDM provider submits the completed invoice to the local office.
- The local office verifies the bill by confirming the individuals were authorized to receive HDMs and that the number provided did not exceed the number authorized.
- The local office submits the bill to [APD.Invoices@dhsosha.state.or.us](mailto:APD.Invoices@dhsosha.state.or.us) for payment.

The workaround process described above will be in place until the systems can be updated to accommodate this change.

**Training/communication plan:** Please complete the SPPC training by clicking [here](#).

**Field/stakeholder review:**  Yes  No

**if yes, reviewed by:** Internal and Operations review

**Filing instructions:**

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

Contact(s): Ben Sherman, SPPC Analyst	
Phone:	Fax:
Email: <a href="mailto:Ben.C.Sherman@dhsoha.state.or.us">Ben.C.Sherman@dhsoha.state.or.us</a>	