

Policy Transmittal Aging and People with Disabilities



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Number: APD-PT-18-042

Issue date: 10/17/2018

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: 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 (please specify): |
| <input type="checkbox"/> Child Welfare Programs | |

Policy/rule title:	When to use SPAN (Service Plan and Notice)		
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		
Web address:			

Discussion/interpretation:

This transmittal outlines updated requirements on when it is required to send the SPAN (Service Plan and Notice) form, the Assessment Summary (SDS 002N) and when to send the Service Plan Agreement. Changes in the use of these forms are intended to reduce the new workload associated with the SPAN notice. This information replaces previous policy transmittals and trainings.

When the SPAN form and SDS 002N is required:

A SPAN form and 002N is needed when an assessment has been completed and one of the following applies:

- Consumer is newly approved for TXIX services or NF services
- Consumer is denied services when SPL ineligible
- Consumer services are closing when SPL ineligible
- Consumer is on an In-Home plan, has been reassessed, and **any** of the following is true:
 - SPL changed;
 - Hours have changed (either up or down);
 - A service option has been requested and a decision is needed (i.e. an exception, spousal pay, shift services, etc.); or
 - Consumer has never received a SPAN, 2780, 2781, 2782, or 2783 forms

The 002N form must be sent in each of the above situations.

As a reminder, all other forms are still needed except the SDS 914 and SDS 001N form.

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

CBC or NF consumer that remains SPL eligible - a SPAN form and the SDS 002N are not needed.

- If the SPL changes, the SDS 002N and cover letter are required. The cover letter is available at this link on CM Tools: [cover letter](#).
- Send the Service Plan Agreement portion of the SPAN to the consumer 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, and/or upon the discretion of the case manager.
- Send any other required forms to the consumer.

In-Home Services consumer - a SPAN form and the SDS 002N are **not** needed after a re-assessment when **all** of the following are true:

- SPL stayed the same;
- Hours have **NOT** changed;
- Consumer did not request an hourly exception, spousal pay services or shift services; **and**
- Consumer has previously received at least one of the following: SPAN, 2780, 2781, 2782, or 2783.

Other information:

- In-Home consumers will need the Service Plan Agreement portion of the SPAN and any other required forms mailed to them.
- The SDS 002N can be shared with In-Home Care Agencies, if requested, and/or upon the discretion of the case manager.

Other Examples of when the SPAN and 002N are not needed:

- Use MSC 457D when consumer voluntarily waives right to 10-day notice, and services are reduced or closed; SPAN **does not** provide this option.
- MED decisions: send SDS 540 instead. Notice language will be provided by MED team.
- Use SDS 540 and SDS 541 for all financial Medicaid eligibility decisions.
- Use SDS 540 to close/deny services that are **not** related to SPL (i.e. consumer is no longer eligible for services because they lost OSIPM eligibility).
- The only change is a pay-in/liability amount.

When sending the SDS 002N form to the consumer without the SPAN form, a cover letter must be attached, explaining the reason for the form. The [cover letter](#) is posted to the Case Management Tools page.

Service Plan Agreements

When the Service Plan Agreement is required:

- Consumer is newly approved for TXIX services or NF services
- When an annual reassessment is completed
- Consumer changes his/her care setting with the exception of the following:
 - The changing of a care setting within PACE services
 - Moving from an in-home setting to another in-home setting
 - The consumer receives skilled care in a nursing facility

Implementation/transition instructions: Local offices should review the SPAN policy clarification and begin implementing the changes immediately.

Training/communication plan:

The form number assigned to SPAN is **SDS 2780N**. The new notice has been loaded on to the forms server and is accessible through Oregon ACCESS. Translations are in process. Communication of any changes will be communicated as they occur. [A SPAN form flow chart](#) is found in Case ManagementTools.

Local/branch action required: Actions are stated above.

Notice Review: With the changes in using the SPAN notice, a total of two cases are still required for review by local office leadership. Reviews that were approved prior to this change will still count.

For example, if a case manager had one case reviewed and approved prior to these changes, he/she only needs to have one more case reviewed and approved. If two cases were already reviewed and approved prior to these changes, additional review will not be required.

Central office action required: Technical assistance as needed. Instructions for PACE will be forthcoming soon.

Field/stakeholder review: Yes No

If yes, reviewed by: Policy Team; District Managers; Program Managers

Filing instructions: None

If you have any questions about this policy, contact:

Contact(s): Medicaid Long Term Services & Supports Unit	
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Email: APD Decision Notices APD.DecisionNotices@dhsosha.state.or.us	