

Topic:	State Plan Personal Care Services
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Overview

DESCRIPTION: State plan personal care (SPPC) is a State and federal-funded program for individuals of all ages with varying abilities and chronic conditions. SPPC services are available to individuals who require assistance to accomplish activities of daily living (i.e., eating, bathing) or other complex life activities called instrumental activities of daily living (i.e., meal preparation, grocery shopping) to live independently at home and in the community. Services provide support to individuals in their everyday functional activities which they would normally do for themselves if they did not have a disability (mental, physical or developmental) or chronic condition.

Under the Medicaid State Plan, SPPC services are available to individuals served by different offices under the Department of Human Services (i.e., Developmental Disabilities, Child Welfare, Self Sufficiency, Aging and People with Disabilities) and the Oregon Health Authority (i.e., Behavioral or Mental Health) – implemented under different rules.

PURPOSE: To provide guidance for a CDDP/Brokerage/CIIS case manager to implement SPPC services under the new ODDS personal care program rules [Chapter 411 division 455](#).

Procedures

SPPC services are available to eligible individuals – up to 20 hours each month – as stand-alone attendant/personal care services and related supports, or in combination with the Community First Choice Option (K Plan) services. In general, when the individual has minimal support needs and needs 20 hours or fewer of paid supports per month, SPPC services may be an appropriate option.

For individuals served under the DD service system, there are 6 main steps for case managers to assist with accessing SPPC services, and to ensure qualified providers are paid for authorized services.

STEP 1: Verify OHP enrollment

Verify [eXPRS](#) for OHP status. The individual must be currently enrolled in OHP through OSIPM or the OCCS Medical Program, including CHIP ([OAR 411-317-0000](#)), except for Cover All Kids ([OAR 410-200-0015](#)). Proceed to step 2 once the individual's current OHP enrollment is

confirmed.

STEP 2: Assess personal care needs and prior authorize, or deny if not qualified

Individuals must have a current SPPC needs assessment (within 12 months) indicating unmet needs for personal care, and for those needs to be provided by a qualified provider – before a CME can authorize SPPC services. Assessment tool may be the ONA or SPPC Needs Assessment form ([form 2796](#)) depending on the requirements described below:

- **If SPPC services will be used in combination with Community Living Supports (CLS),** an *Oregon Needs Assessment* (ONA) must be completed by an *assessor* as required to determine that the individual meets ICF/IID level of care/LOC ([OAR 411-415-0060](#)). All the same service eligibility requirements using the ONA/ANA/CNA to access CLS ([OAR Chapter 411, division 450](#)), and CIIS ([OAR Chapter 411, division 300](#)) apply.
 - ✓ Community Living Supports OAR 411-450-0020 specifies that SPPC hours must be drawn down from the *service level*. The total hours for *personal care* (SPPC) and *attendant care* (CLS) must not exceed the total ANA/CNA assessed hours.
 - ✓ As part of choice advising and service plan development – case managers should inform individuals that having both SPPC and CLS would introduce more administrative work for the provider and employer. A PSW who provides both types of service will have to claim each SPPC or CLS service hour separately, and the employer will have to track and approve each type of service hour separately.

- **If SPPC services will be used as stand-alone services,** an *SPPC Needs Assessment and Service Authorization Plan* ([form 2796](#)) must be completed by a *case manager*. SPPC services require the individual to have ADL/IADL support needs – but does not require an institutional LOC – lives at home, and is not receiving 24-hour support through any DD Medicaid Waiver or State Plan Option services.

Assess the individual’s ADL/IADL support needs, and determine if and how those needs are being met/unmet through paid/unpaid supports available to the individual. SPPC services can be utilized to support the individual’s unmet needs. Conversations with the individual, and their designated representative as applicable, must be in accordance with the principles of self-determination and person-centered practices. Some basic questions to keep in mind, with regard to personal care support needs, are:

- ✓ Does the individual need assistance to complete ADL/IADL tasks?
- ✓ How much assistance is needed for each task, and are the support needs being met/unmet through any available resources?
- ✓ If it is a child or infant, to what extent is the care typically provided by a parent regardless of disability?
- ✓ Would SPPC services meet the individual’s ADL/IADL support needs? (If not, discuss the K Plan-Waiver service options with the individual.)

When an individual is determined not eligible for SPPC services, a case manager must provide a *Notification of Planned Action* ([form 0947](#)). The individual has hearing rights and must be informed of other program services for which they may qualify.

When an individual is determined eligible for SPPC services, proceed to Step 3 to assist the individual with obtaining and enrolling provider(s) of the individual's choice.

STEP 3: Assist in obtaining and enrolling a qualified provider

Individuals may choose to use a *PSW* or an *In-Home Care Agency (IHCA)* as a provider for SPPC services.

- For PSWs: [Enrollment process](#) is the same as for the *CLS* program.
- For IHCA: These agencies are licensed under OHA, Public Health Division ([OAR chapter 333, division 536](#)), and do not need to be certified or endorsed by ODDS. Email a request to ODDS.providerenrollment@state.or.us for a copy of the *Medicaid Provider Enrollment Application and Agreement* to complete and return a signed copy to ODDS provider enrollment unit.

As is also required under the *CLS* program, a provider for *SPPC* services must not be a legal or designated representative of an individual. This means a parent or step-parent, or a legally responsible person (i.e., guardian) of an individual under 18 years old. For an individual 18 years old and over, this means an individual's spouse or a legally responsible person (i.e., guardian).

The same payment rates apply for PSWs and IHCAs providing personal/attendant care services through SPPC or CLS program, in accordance with the [Expenditure Guidelines](#).

When the provider(s) chosen by the individual, or designated representative as applicable, is/are enrolled, proceed to step 4 to authorize and enroll the individual in SPPC services.

STEP 4: Authorization and enrollment in personal care services

When an individual is determined eligible, authorize SPPC services on an *ISP* or the *SPPC Service Authorization Plan* ([form 2796](#)) for up to 20 hours per month. Keep in mind that personal care is only one type of services that an individual may need. Development of a full ISP/Annual Plan is still a requirement. Follow the SPPC Exception rules ([Chapter 411 division 455](#)) if more than 20 hours per month of SPPC services is needed.

An individual may be eligible for SPPC through different DHS/OHA service systems, when they have a need for personal care services to supplement their personal abilities and resources. In general, the office that is responsible for case management of long-term services and supports must carry the SPPC service cases. As the case manager identifies various paid/unpaid services available to the individual during the service planning process, it is expected that the case manager will connect with other service systems' case managers to ensure services are

coordinated and maximized for the individual, and not duplicative. Below is some guidance for those who are co-case managed by different offices.

- **DD-CW:** Children under 18 residing in a CW-funded foster care home may be served through both CDDP and CW; refer to this [Technical Guide](#).
- **DD-MH:** Children or adults may qualify for SPPC services through the [Behavioral Health Personal Care Attendant Program](#). An SPPC service code for MH is: BPM
- **DD-SS:** Children or adults case managed through both SS and DD systems, may request for SPPC services through either office. The SS office would refer requests to the [CDDP, brokerage](#), or [CIIS](#). An SPPC service code for DD is: BPD.
- **DD-APD:** Adults who have medical or food benefit assistance through APD and other services through DD system should request for SPPC services through the Case Management Entity (CME) where they are receiving DD services. It is the DD-CME that must determine SPPC service eligibility according to DD's SPPC program rules ([Chapter 411 division 455](#)) and carry opened SPPC service cases. An SPPC service codes for APD is: BPA.

SPPC Service Authorization Plan ([form 2796](#)) must document the following:

- ❖ **A provider type** (name and provider number) – PSW or IHCA – of the individual's choice.
- ❖ **Service Authorization Plan Start Date.** This is the date when a qualified PSW or IHCA is enrolled to begin providing SPPC services that the individual is eligible for.
- ❖ **Service Authorization Plan End Date.** This date must be within 12 months of the SPPC needs assessment date.
- ❖ **Authorized hours.** Enter up to 20 hours per month. If the individual qualifies for **Exception hours**, enter those hours.
- ❖ **Services Authorized.** Check all ADL, IADL and nursing delegation tasks that are identified as unmet needs, and are being authorized.
- ❖ **Service Authorizing Plan Signatures.** This is the date when the case manager has determined that the individual's current SPPC service needs are reflected in the SPPC needs assessment and there is a qualified provider in place to start providing authorized SPPC services. Thus, this date cannot be before the SPPC needs assessment date or the start date for a provider authorized in the Service Agreement ([form 4606](#)).

Refer to [How to Create Authorizations for SPPC in eXPRS Plan of Care](#) (POC) to create an authorization for SPPC services in eXPRS POC. Upload a signed copy of the *SPPC Needs Assessment and Service Authorization Plan* ([form 2796](#)) to eXPRS.

After the individual has been authorized and enrolled into SPPC services as outlined in the Enrollment with Eligibility in eXPRS IM transmittal ([APD-IM-18-069](#)), refer to step 5 for monitoring and Step 6 for review and re-assessment.

STEP 5: Monitor services and provider payments

Ensure that authorized SPPC services are adequately meeting the individual's assessed support

needs, and that payments to providers are properly rendered.

When authorizing SPPC as stand-alone services, case managers are not required to have a quarterly monitoring contact with the individual. Case managers are expected to monitor the service needs at a frequency determined through a person-centered service planning process, and make changes to the hours and/or identified service needs as necessary within the 12-month authorization timeframe.

STEP 6: Review and re-assess at least every 12 months

Case managers must conduct a reassessment for personal care support needs every 12 months, when an individual's support needs have changed, or when an individual, or as applicable their designated representative, requests a reassessment or an exception.

Follow the Exception section of the SPPC rule ([OAR 411-455-0040](#)) for the SPPC exception guidelines, and use the same exception form and process as outlined in the Funding Review and Exceptions AR Transmittal ([APD-AR-18-053](#)).

Forms

- SPPC Needs Assessment and Service Authorization Plan ([form 2796](#))
- ODDS Provider Service Agreement ([form 4606](#))
- Notification of Planned Action/NoPA ([form 0947](#))
- In Home Care Agency, Specialized Living Program, Adult Day Services Medicaid Provider Enrollment Application and Agreement (request from ODDS.providerenrollment@state.or.us)
- Funding Review and Exceptions Request ([form 0514DD](#))

Definitions

"**Assistance**" means the help an individual requires to complete ADL and IADL tasks described in [OAR 411-455-0050](#). The assistance types may include hands-on, cueing, or redirection. For individuals with intellectual or developmental disabilities, assistance may include supervision along with cueing or verbal reminding to help the individual know when or how to carry out the task. Supervision may be in the form of monitoring, set-up, reassurance, or stand-by to ensure the individual completes the task.

"**SPPC Needs Assessment ([form 2796](#))**" means the assessment completed by a case manager as described in OAR 411-455-0030 to determine an individual's eligibility for SPPC services, the individual's level of assistance for SPPC, and available resources meeting any of the individual's support needs, including assistive devices or assistive technology.

"**SPPC Services**" means a range of assistance for personal care, funded through the Medicaid State Plan, provided to an individual with a disability or chronic condition to enable the individual to accomplish personal care.

"**SPPC Service Authorization Plan (form 2796)**" means the prior authorized written service plan completed by a case manager as described in [OAR 411-455-0030](#), based on an individual's SPPC Needs Assessment.

"**Support Needs**" means the assistance with personal care needed by an individual receiving ODDS services.

References

- [OAR 410-200-0015](#) Client and Community Services – Medical Program
- [OAR chapter 411, division 034](#) State Plan Personal Care Services for Aging and People with Disabilities
- [OAR chapter 411, division 455](#) State Plan Personal Care Services for Individuals with Intellectual or Developmental Disabilities
- [OAR chapter 411, division 450](#) Community Living Supports
- [OAR chapter 411, division 415](#) Case Management Services
- [OAR chapter 411, division 375](#) Independent Providers Delivering Developmental Disabilities Services
- [OAR chapter 411, division 370](#) Developmental Disabilities Services Provider Enrollment, Service Billing, and Service Payment
- [OAR chapter 411, division 323](#) Agency Certification and Endorsement to Provide Developmental Disabilities Services in Community-Based Settings
- [OAR chapter 411, division 317](#) General Definitions and Acronyms
- [How to Create Authorizations for SPPC in eXPRS Plan of Care](#)
- [APD-AR-18-053](#) Funding Review and Exceptions AR Transmittal

Frequently Asked Questions

Q1: I've completed an ANA/CNA and the service level is less than 20 hours, can the individual access SPPC services instead of Community Living Supports?

A: Individuals are entitled to access the amount of support based on their assessed needs, and resources available to them. They, or as applicable their designated representative, have the rights to choose to access *SPPC services* or *Community Living Supports* that would best meet their support needs, preferences, goals and outcomes. Case managers are expected to assist with the choice based on the person-centered service planning with the individual, or as applicable their designated representative.

Q2: If SPPC services will be used in combination with K Plan, does the individual have the SPPC hours in addition to K Plan hours?

A: No, using SPPC service hours, under ODDS or any DHS/OHA program rules, *in addition to* K Plan hours would be considered duplication of services. *Personal care* and *attendant care* essentially have the same meaning, that is – the supports for basic everyday functional activities

(i.e., eating, bathing) the individual requires for well-being, health and safety. While it is the choice of the individual/designated representative, case managers may want to point out that having both services can introduce more administrative work for provider and employer. A PSW who provides both types of service must claim each SPPC or CLS service hour separately, and the employer must track and approve each type of service separately.

Q3: Are there SPPC services that were not available in the previous rules? What are they?

A: Under the previous rules that ODDS shared with APD ([411-034](#)), some ADLs and IADLs were combined and defined differently than the actual language in the State Plan Amendment/SPA. The additional types of SPPC services available in ODDS new rules ([411-455](#)) are: Money Management, Grocery Shopping, and Using the Telephone.

Q4: If an individual has ANA/CNA assessed 7/9 hours and decided to access SPPC because then they would be eligible for 20 hours a month instead of the lower ANA/CNA hours, can we add the 20 SPPC hours a month into a k-plan and be able to access assistive technology?

A: As stated above, individuals are entitled to access the number of hours of support based on their assessed needs, and resources available to them. SPPC and K Plan services follow their own sets of program rules. If the individual is eligible to access K Plan services, they have the choice to receive services through that authority – when meeting all requirements for K Plan services. The same is true for SPPC services – when eligible for SPPC services, individuals may receive services based on their assessed needs up to 20 hours. Both program services are used to meet an individual’s assessed needs and require a person-centered service planning process for the individual’s met/unmet support needs.

Q5: Are contracting agencies permitted to provide services and bill a client that has PC20?

A: A qualified provider for SPPC/PC20 services can be a PSW or an in-home care agency (IHCA) that is licensed in accordance with [OAR chapter 333, division 536](#) (public health), per SPPC rules ([Chapter 411, division 455](#)). The IHCA must submit a signed provider enrollment agreement to ODDS.providerenrollment@state.or.us prior to providing authorized SPPC services.

Q6: A child went through the PMDDT process to get K plan supports, and was approved. CNA/ONA hours came out to be 15/18 per month. Can the family use SPPC services for the 20 hours per month and then also access K plan relief care, family training, etc.?

A: No, the child is qualified to receive only up to the amount of hours they are assessed for, and resources available to them. The child is also required to have a monthly waiver service (i.e., waiver case management) to keep the OSIPM eligibility.

Contact

Name: May Martin

Email: may.martin@state.or.us