APD SERVICE DECISION NOTICE PREPARATION TIPS

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1. **Not OSIPM or MAGI eligible**
   Notes:
   - Use SDS 540, not SPAN.
   - If the OSIPM eligibility is based on receiving services and the consumer is not MAGI eligible, a separate notice will be sent from the ONE system for medical denial/closure. Case managers (CMs) should notify an eligibility worker about the service denial/closure when appropriate.

   Notice rules and reasons:
   - To be eligible for long-term care services or State Plan Personal Care, you must be eligible for either Oregon Supplemental Income Program-Medical (OSIPM) or a Modified Adjusted Gross Income (MAGI) Medicaid program (also known as Medicaid OHP Plus benefit). You are not eligible for these programs and will receive a separate notice regarding that decision. Because you are not eligible for OSIPM or MAGI, you are not eligible to receive Medicaid funded long-term care services.
   - OARs 411-015-0015(1)(a); 411-015-0005(31); 411-015-0100(1)(b); 411-034-0030(1)(c); 410-200-0435; 461-001-0030; 461-101-0010(17).

2. **Individual no longer meets SPL and is not eligible for EWE or SPPC**
   Notes:
   - Use the SPAN to close services, deny SPPC, and deny EWE.
   - If the OSIPM eligibility is based on receiving services and the consumer is not MAGI eligible or not EWE eligible, a separate notice will be sent from the ONE system for medical denial/closure. CMs should notify an eligibility worker about the service denial/closure when appropriate.

   Notice rules and reasons:
   - Found on the SPAN.

3. **Not eligible as service needs are driven by a mental or emotional disorder (MH)**
   Notes:
   - Use SDS 540, not SPAN.
   - If the OSIPM eligibility is based on receiving services and the consumer is not MAGI eligible, a separate notice will be sent from the ONE system for medical denial/closure. CMs should notify an eligibility worker about the service denial/closure when appropriate.
   - Email: MED.SPD@odhsoha.oregon.gov with questions and/or concerns.

   Notice rules and reasons:
   - The MED team will provide the specific language to use on the decision notice.
   - OARs 411-015-0005 (32) and (41), 411-015-0008(1), 411-015-0015 (2) and (5), 411-034-0010; 411-034-0030; 411-034-0035(1).

4. **Not eligible for SPPC – no need for personal care cervices**
   Notes:
   - None

   Notice rules and reasons:
   - You are not eligible for State Plan Personal Care Services (SPPC) because you do not require assistance from another person with one or more personal care services including: basic personal hygiene, toileting, bowel and bladder care, nutrition, mobility, transfers or repositioning, medication and oxygen management, or delegated nursing tasks as described in OAR 411-034-0020. The reason you are not eligible for SPPC is based upon your identified care needs and a summary is attached as a part of this notice.
   - Copy synopsis summary from the SPPC assessment.
   - OARs 411-034-0010(5)**,**(34)**,**(39), and (42); 411-034-0020(1)(a), (2)**,(**3); 411-034-0030(1)**;** 411-034-0070(1)(a).

5. **Not eligible for SPPC – due to natural supports**
   Notes:
   - Use SDS 540, not SPAN.
   - Individuals receiving SPPC services are not eligible for waivered case management services.

   Notice rules and reasons:

- You are not eligible for State Plan Personal Care Services because your natural support system (family, friends, neighbors, or community resources) is meeting all your assessed service needs. The Department can only authorize payment when the natural support system is unavailable, insufficient, or inadequate to meet your service needs. This decision is based on the information gathered during your assessment and interview with you on mm/dd/yy. The Department has reviewed your eligibility and you do not qualify for the Medicaid long-term care service program.

- OARs 411-015-0005(4) and (33); 411-015-0006; 411-015-0007; 411-015-0008(1)(a)(C),(1)(c),(2)(a), (2)(b), and (2)(d); 411-015-0015(6); 411-027-0005(13) and (24); 411-027-0020(1), (2)(a), and (2)(b); 411-034-0010(15) and (31); 411-034-0020(1)(a) and (b); 411-034-0030(1) and (2)(c); 411-034-0070(1), (2)(d)(B) and (2)(e).

6. **Not eligible for SPPC – without a provider for 30 days or longer**

Notes:

- Use SDS 540, not SPAN.

Notice rules and reasons:

- You are not eligible for State Plan Personal Care Services because you have failed to receive personal care from a qualified provider paid by the Department for 30 continuous calendar days or longer.

- OARs 411-034-0010(35); 411-034-0020(1), (2), and (3); 411-034-0030(1), (2), (3), and (5); and 411-015-0015(1) and (2).

7. **Determined eligible by Developmental Disability Program**

Notes:

- Use SDS 540, not SPAN.

- If the OSIPM eligibility is based on receiving services and the consumer is not MAGI eligible, a separate notice will be sent from the ONE system for medical denial/closure. CMs should notify an eligibility worker about the service denial/closure when appropriate.

Notice rules and reasons:

- Persons under age 65 who are determined eligible for developmental disability services are not eligible for Aging and People with Disabilities (APD) Home and Community-Based Services under the K-State Plan. You were determined eligible by Developmental Disabilities Services on mm/dd/yy; therefore, you are not eligible for

Home and Community Based Services. The Department has reviewed your eligibility and you do not qualify for any of the APD funded Medicaid long-term care service programs.

- OARs 411-015-0005(29); 411-015-0015(1)(a-c)(2)(a)(b)(3)(4)(5)(a-c); 411-320-0080(4); 411-320-0080(2)(a)(A-B)(i-vii)(C)(D)(4)(a)(A-E)(b)(c)(5)(a)(A-B)(b)(c); 411-034-0035(2).

8. **Failure to participate in annual service assessment**

Notes:

- Use SDS 540, not SPAN.
- If the OSIPM eligibility is based on receiving services and the consumer is not MAGI eligible, a separate notice will be sent from the ONE system for medical denial/closure. CMs should notify an eligibility worker about the service denial/closure when appropriate.

Notice rules and reasons:

- On mm/dd/yy, we informed you that we needed to reassess your service eligibility as part of your annual review. We have made attempts to schedule this assessment with you on enter in the specific attempts that have been made, including dates, and how the attempts were made however, you have failed to cooperate with these efforts. We have been unable to meet with you to complete your assessment for continued service eligibility, therefore, your services are closed effective mm/dd/yy.
- OARs 411-015-0008(1)(j); 461-115-0020; 461-115-0190(1); 461-135-0726; 461-135-0750.

9. **Failure to provide information for service assessment**

Notes:

- Use SDS 540, not SPAN.
- If the OSIPM eligibility is based on receiving services and the consumer is not MAGI eligible, a separate notice will be sent from the ONE system for medical denial/closure. CMs should notify an eligibility worker about the service denial/closure when appropriate.

Notice rules and reasons:

- On mm/dd/yy, we requested specify the information requested. This information was due ton mm/dd/yy. To date, we have not received the requested information. Because of your failure to provide the required information, your services are closed

effective mm/dd/yy.

- OARs 411-015-0008(1)(j); 461-115-0010(1), (2), (3), and (6); 461-115-0020; 461-115-0190(1); 461-115-0610(1); 461-115-0700(1), (3), and (4); 461-135-0726.

10. MAGI consumer left a CBC or NF care setting and is not receiving other services

Notes:

- Use SDS 540, not SPAN.

Notice rules and reasons:

- Effective mm/dd/yy, you are no longer eligible for long-term care services because you have left the choose one: assisted living facility, residential care facility, adult foster home, or nursing facility where you were receiving care services. Currently, you are not receiving other services and individuals receiving MAGI medical benefits are not eligible to receive case management services.

- OARs 411-015-0100; 411-028-0030; 411-027-0020(1) and (2); 411-027-0020(8)(a); 411-027-0025(1) and (2); 411-070-0010.

11. No longer an Oregon resident

Notes:

- Use SDS 540, not SPAN.

- A separate notice will be sent from the ONE system for medical denial/closure. CMs should notify an eligibility worker about the service denial/closure when appropriate.

Notice rules and reasons:

- To receive services from the State of Oregon, you must be living in Oregon. According to the information we received, you no longer reside in Oregon. Your services are closed effective mm/dd/yy.

- OAR 461-120-0010.

12. Unable to manage consumer-employer responsibilities

Notes:

- Staff issue with Central Office (CO) for appropriate language.

Notice rules and reasons:

- OARs 411-030-0020(13) and (14); 411-030-0040(4)(a) – (f).

13. Unable to safely deliver/provide services

Notes:

- Staff issue with CO for appropriate language.

Notice rules and reasons:

- OARs 411-030-0040(4)(a)(G); 411-030-0050(2)(b)(A-H), and (2)(c)(A-D); and 411-034-0070(5)(a)(A-C).

14. Close in-home services with a HCW due to credible allegations of fraud

Notes:

- Staff issue with CO for appropriate language.

Notice rules and reasons:

- OARs 411-030-0040(1), (2)(a-c) (4)(a)(A-G)(4)(b)(A-B), and (4)(d-f).

15. Close services due to non-participation of Waivered Case Management Service contacts

Notes:

- Use SDS 540, not SPAN.
- The OSIPM eligibility is based on receiving services and the consumer is not MAGI eligible, a separate notice will be sent from the ONE system for medical denial/closure. CMs should notify an eligibility worker about the service denial/closure when appropriate.

Notice rules and reasons:

- For you to be eligible for Long-Term Services and Supports, you must be eligible for Oregon Supplemental Income Program-Medical (OSIPM) Medicaid program (also known as Medicaid OHP Plus benefit). Long-Term Services and Supports are the services that pay for your (Select 1: In-Home Care, Adult Foster Home, Assisted Living, Residential Care Facility). To remain eligible for Long-Term Services and Supports, you must comply with the eligibility requirements of the program. This means you must participate in regular contact with your Case Manager (CM). We call these contacts Waivered Case Management Services. To meet your eligibility requirements, you and your CM must talk or see each other at least every (CM to choose month or quarter). The purpose of Waivered Case Management Services is to ensure your ongoing health, safety, and well-being. This is a chance for you to address any concerns about your service plan with your CM. The department has made multiple attempts to contact you, as well as sent you a

letter about the need to provide this service. However, since you have chosen to not participate in Waivered Case Management Services, the Department must close your Long-Term Services and Supports.

- OARs 461-105-0020(1) thru (7); 411-028-0030(1) thru (3); and 411-028-0050(1) and (2); 411-028-0020(1)(a- h) and 411-028-0020(2)(a-h).

16. EWE – Failure to comply at the 6-month review or reassessment

Notes:

- Use SDS 540, not SPAN.

Notice rules and reasons:

- For individuals who are reassessed and found to meet Service Priority Level (SPL) 14-18 the Department can continue to pay your provider in limited circumstances, called "Extended Waiver Eligibility" (EWE). We reviewed your eligibility for EWE services and have determined you are no longer eligible. Here is why you are not eligible for EWE services:
- Enter reasons supported by rule here.
- Please note that OAR 411-015-0010, SPL eligibility for Long Term Care Services is primarily determined by the level of assistance needed in Mobility, Eating, Elimination, and Cognition. Assistance needs for Bathing, Personal Hygiene, and Grooming currently only impact SPL 14-18 and EWE.
- Your eligibility for the Medicare Savings Program and the Oregon Health Plan has been reviewed. If there is a change, you will receive a separate notice regarding your eligibility.
- OARs 411-015-0030; 411-015-0030(4)(a) and (b); 411-015-0030(6); and 411-015-0010.

17. EWE – Assessed higher than SPL 18; Not eligible for SPPC

Notes:

- Use SDS 540, not SPAN.

Notice rules and reasons:

- For individuals who are reassessed and found to meet SPL 14-18 the Department can continue to pay your provider in limited circumstances, called "Extended Waiver Eligibility" (EWE). We reviewed your eligibility for EWE services and have determined you are no longer eligible. You do not meet EWE eligibility criteria.

- Please note that OAR 411-015-0010, SPL eligibility for Long Term Care Services is primarily determined by the level of assistance needed in Mobility, Eating, Elimination, and Cognition. Assistance needs for Bathing, Personal Hygiene, and Grooming currently only impact SPL 14-18 and EWE.
- Your eligibility for the Medicare Savings Program and the Oregon Health Plan has been reviewed. If there is a change, you will receive a separate notice regarding your eligibility.
- OARs 411-015-0030; 411-015-0030(1); and 411-015-0010.

18. EWE – Transition from long-term care services; Not eligible for SPPC

Notes:

- Use SDS 540, not SPAN.

Notice rules and reasons:

- For individuals who are reassessed and found to meet SPL 14-18 the Department can continue to pay your provider in limited circumstances, called "Extended Waiver Eligibility" (EWE). We reviewed your eligibility for EWE services and have determined you are no longer eligible. You have transitioned to independent living and do not meet EWE eligibility criteria.
- Please note that OAR 411-015-0010, SPL eligibility for Long Term Care Services is primarily determined by the level of assistance needed in Mobility, Eating, Elimination, and Cognition. Assistance needs for Bathing, Personal Hygiene, and Grooming currently only impact SPL 14-18 and EWE.
- Your eligibility for the Medicare Savings Program and the Oregon Health Plan has been reviewed. If there is a change, you will receive a separate notice regarding your eligibility.
- OARs 411-015-0030; 411-015-0030(1)(a-c); 411-015-0010.

19. EWE – Transition from long-term care services; Eligible for SPPC

Notes:

- No closure notice is needed. Send approval for SPPC services.

Service Denials

20. Not OSIPM or MAGI eligible

Notes:

- Use SDSS 540, not SPAN.
- If the OSIPM eligibility is based on receiving services and the consumer is not MAGI eligible, a separate notice will be sent from the ONE system for medical denial/closure. CMs should notify an eligibility worker about the service denial/closure when appropriate.

Notice rules and reasons:

- To be eligible for long-term care services or State Plan Personal Care, you must be eligible for either Oregon Supplemental Income Program-Medical (OSIPM) or a Modified Adjusted Gross Income (MAGI) Medicaid program (also known as Medicaid OHP Plus benefit). You are not eligible for these programs and will receive a separate notice regarding that decision. Because you are not eligible for OSIPM or MAGI, you are not eligible to receive Medicaid funded long-term care services.
- OARs 411-015-0015(1)(a); 411-015-0100(1)(b); 411-034-0030(1)(c).

21. Individual does not meet SPL; Not eligible for SPPC

Notes:

- If the OSIPM eligibility is based on receiving services and the consumer is not MAGI eligible, a separate notice will be sent from the ONE system for medical denial/closure. CMs should notify an eligibility worker about the service denial/closure when appropriate.
- SPAN should be used to deny services and to make an eligibility determination for SPPC services.
- The EWE program does not apply.

Notice rules and reasons:

- Rules and reasons are already included on the SPAN.

22. Individual does not meet SPL requirements; Is eligible for SPPC

Notes:

- Individual must be eligible for and receiving OSIPM or MAGI in the absence of services to be eligible for SPPC.
- SPAN should be used to deny services and to make an eligibility determination for SPPC services.

Notice rules and reasons:

- Rules and reasons are already included on the SPAN.

23. Service needs related to mental, emotional, or substance abuse disorder (MH)

Notes:

- Use SDS 540, not SPAN.
- If the OSIPM eligibility is based on receiving services and the consumer is not MAGI eligible, a separate notice will be sent from the ONE system for medical denial/closure. CMs should notify an eligibility worker about the service denial/closure when appropriate.

Notice rules and reasons:

- MED will provide the specific language to use on the decision notice.
- OARs 411-015-0005 (32) and (41), 411-015-0008(1), 411-015-0015 (2) and (5), 411-034-0010; 411-034-0030; 411-034-0035.

24. Not eligible for SPPC – does not need assistance with personal care services

Notes:

- SPAN should be used to deny services and SPPC.

Notice rules and reasons:

- Rules and reasons are already included on the SPAN.

25. Not eligible for SPPC due to natural supports

Notes:

- SPAN should be used to deny services and SPPC.

Notice rules and reasons:

- Rules and reasons are already included on the SPAN.

26. Determined eligible for Developmental Disability Program

Notes:

- Use SDS 540, not SPAN.
- If the OSIPM eligibility is based on receiving services and the consumer is not MAGI eligible, a separate notice will be sent from the ONE system for medical denial/closure. CMs should notify an eligibility worker about the service denial/closure when appropriate.

Notice rules and reasons:

- Persons under age 65 who are determined eligible for developmental disability services are not eligible for Aging and Disability (APD) services under the K-State Plan. You were determined eligible by developmental disabilities services on mm/dd/yy. Therefore, you are not eligible for APD home and community-based services.
- OARs 411-015-0015(1)(a-c)(2)(a)(b)(3)(4)(5)(a-c), 411-015-0005(29), 411-320-0080, 411-034-0035(2).

27. Exception hours denial for in-home services

Notes:

- Use SDS 540 for SPPC hourly exception denials.
- SPAN should be used for Title XIX in-home service hour denials or partial denials. Specific reasons for the denials should be noted on the form.

Notice rules and reasons:

- Title XIX denial – CO staff will provide case manager with decision notice rules and reasons.
- SPPC denial - The maximum number of hours in a service period is described in OAR 411-034-0090(1)(a). You have requested an additional XX exception hours. CO has determined that, based upon your care needs, you need an additional XX exception hours.
- OARs 411-034-0020(1)(c); 411-034-0091(1)(a); and 411-034-0010(40).

28. Spousal Pay denial due to ineligibility for SP program (still eligible for in-home services, ICP, CBC, NF, or PACE services)

Notes:

- Copy appropriate language into SPAN.
- If the OSIPM eligibility is based on receiving services and the consumer is not MAGI eligible, a separate notice will be sent from the ONE system for medical denial/closure. CMs should notify an eligibility worker about the service denial/closure when appropriate.
- If you are denying for a different reason, please insert the appropriate reason, along with OARs, or consult with CO.

Notice rules and reasons:

- You have applied for the Spousal Pay Program. You are not eligible for this program

because you do not require full assistance in four of the six activities of daily living (Mobility, Eating, Cognition, Dressing/Grooming, Elimination, and Bathing/Hygiene).

- You have applied for the Spousal Pay Program. You are not eligible for this program because you do not have a debilitating and severe medical condition with a permanent impairment such as a spinal cord injury or similar disability or a serious medical condition that interferes with your ability to function and participate in most activities of daily living.
- You are not legally married to your spouse.
- You have an acute care or hospice need that is expected to last no more than six months.
- OARs 411-015-0005(2); 411-015-0006; 411-015-0100(2); 411-030-0020(18), (47), and (53); 411-030-0080(2), and 461-001-0000(41) and (63).

29. Does not meet in-home service living arrangement rules

Notes:

- Use SDS 540, not SPAN.
- The individual must still receive Waivered Case Management Services as described in OAR 411-028 if they are not MAGI eligible.

Notice rules and reasons:

- You are currently eligible for Medicaid-funded in-home support services based on your current care needs. However, you may not currently receive these services because you do not meet the required In-home services living arrangements criteria. since you are living in a dwelling that is owned or rented by a paid provider, that is not owned or rented by a relative, that does not include your name on the property deed, mortgage, or title to the property, or it does not include your name on an informal arrangement or property manager's rental agreement.
- You currently reside in a provider owned, controlled, or operated residential setting.
- OARs 411-049-0105(1), 411-030-0020(29)(c), (36), and (47), 411-030-0033(1), (2), and (3) 411-030-0040(2)(c) and (7).

30. Failure to participate in service assessment

Notes:

- Use SDS 540, not SPAN.
- If the OSIPM eligibility is based on receiving services and the consumer is not MAGI

eligible, a separate notice will be sent from the ONE system for medical denial/closure. CMs should notify an eligibility worker about the service denial/closure when appropriate.

Notice rules and reasons:

- On mm/dd/yy we requested that you participate in an assessment and have made attempts to schedule this assessment with you on enter in the specific attempts that have been made, include dates and how the attempt was made, and you have not cooperated with these efforts. Because we have been unable to meet with you to complete your assessment, your request for services is denied.
- OARs 411-015-0008(1)(j), 461-115-0020, 461-180-0085, 461-115-0190(1).

31. Failure to provide information for service assessment

Notes:

- Use SDS 540, not SPAN.
- If the OSIPM eligibility is based on receiving services and the consumer is not MAGI eligible, a separate notice will be sent from the ONE system for medical denial/closure. CMs should notify an eligibility worker about the service denial/closure when appropriate.

Notice rules and reasons:

- On mm/dd/yy, we requested specify the information being requested. This information was due on mm/dd/yy. To date, we have not received the requested information. Because of your failure to cooperate, your request for Medicaid services is denied.
- OARs 411-015-0008(1)(j), 411-030-0100(3)(a)(A), 461-115-0010(1), (2), and (3), 461-115-0020, 461-115-0190(1), 461-180-0085,461-115-0610(1), 461-115-0700(1), (3), and (4), 461-135-0726, and 410-200-0110.

32. ICP participant does not meet initial eligibility criteria

Notes:

- Use SDS 540, not SPAN.
- If the OSIPM eligibility is based on receiving services and the consumer is not MAGI eligible, a separate notice will be sent from the ONE system for medical denial/closure. CMs should notify an eligibility worker about the service denial/closure when appropriate.

Notice rules and reasons:

- To be eligible for the Independent Choices Program (ICP), you must be able to manage all the requirements in Oregon Administrative Rules including (select the appropriate reason from the list below):

1. Meet all requirements for in-home services.
2. Develop a service plan and budget to meet the needs identified in your CA/PS assessment.
3. Sign and follow the ICP Participation Agreement.
4. Have or be able to establish a checking account for the ICP funds.
5. Demonstrate the ability to manage money as evidenced by timely and current utility and housing payments for the past three month or previous history before hospitalization, community-based care, or nursing facility stays.
6. Demonstrate the ability to manage and honey the employee-provider responsibilities as outlined in the ICP Participation Agreement.
7. Complete enrollment with a department contracted Fiscal Intermediary to provide the required Electronic Visit Verification (EVV) services when available and required by the Department.
8. Not have a history of misuse of the ICP cash benefit.
9. You're unable to manage the ICP cash payment payroll responsibilities and you have not selected a (select one) fiscal intermediary/ICP Representative who can manage those responsibilities for you.

- Since you're currently not meeting this criteria are not eligible to participate in the ICP. You may receive services by a Homecare Worker and/or In-Home Care Agency or a Licensed Care Setting.
- OARs 411-030-0020(32) through (35) and (40); 411-030-0040(3); 411-030-0100(3)(a) and (4)(b).

33. ICP participant is unable to manage own finances and does not have an ICP Representative to manage for them

Notes:

- Use SDS 540, not SPAN.
- The SDS 540ICP Notice of ICP Payment Ending must also be sent to end the ICP payment.
- Change the benefit and service plan from ICP to whichever new benefit type and

care setting the individual would like to receive moving forward.

Notice rules and reasons:

- To be eligible for the Independent Choices Program, you must be able to direct and purchase your own in-home services. You must be able to manage a cash payment, taxes, and payroll responsibility or have a representative that can manage these finances for you or arrange and purchase the ongoing services of a fiscal intermediary, such as an accountant, bookkeeper, or equivalent financial services. You currently do not have a representative and you are unable to insert reason here. You may receive services by a Homecare Worker and/or In-Home Care Agency or a Licensed Care Setting.

- OARs 411-030-0020(32) through (35) and (40); OAR 411-030-0100(3)(a) through (c) and (4)(b).

34. Not eligible for SPPC – needs related to mental, emotional, or substance abuse disorder (MH)

Notes:

- Use SDS 540, not SPAN.

Notice rules and reasons:

- Local offices decide for SPPC applicants who have a diagnosis of a mental or emotional disorder, or substance abuse related disorder diagnoses.

- Insert name is not eligible for SPPC through Aging and People with Disabilities because you are under 65 years of age and have a diagnosis of a mental or emotional disorder or substance abuse related disorder. Pursuant to OAR 411-015-0015(5), home and community-based services may only be authorized for individuals under 65 years of age with a diagnosis of a mental or emotional disorder or substance abuse related disorder if:

1. The individual has a medical non-psychiatric diagnosis or physical disability.
2. The individual's need for services is based on his or her medical, non-psychiatric diagnosis, or physical disability; and
3. The individual provides supporting documentation demonstrating that his or her need for services is based on the medical, non-psychiatric diagnosis, or physical disability.

- To be eligible for State Plan Personal Care services as described in OAR 410-172-0790(1) you must apply through the local community mental health program or agency contracted with Health Systems Division (HSD) (OAR 411-034-0035(1)).

Service Reductions

35. Reduction of service hours due to a household with 2 or more consumers receiving in-home services

Notes:

- Use SDS 540, not SPAN if the hours are being reduced outside of an assessment. Otherwise, use the SPAN.

Notice rules and reasons:

- Your hours of service have been reduced because you live in a household where more than one individual is receiving Medicaid funded long-term care services. Activities of Daily Living (ADL) are assessed separately for everyone receiving services in the same household. When two or more individuals living in the same household are eligible for Instrumental Activities of Daily Living (IADL) task hours, the assessed need in Medication Management and Transportation must be authorized for everyone. A payment is made for the individual with the highest number of authorized hours in housekeeping and laundry, meal preparation, and shopping. Only two additional IADL hours are allotted per service period for each additional individual receiving services in the household, to allow for the specific IADL needs of the other individuals to be addressed.
- OARs 411-015-0007, 411-030-0020(31) and (37); 411-030-0070(2)(a-e),(3)(a-e); and (4).

36. Reduction of service hours

Notes:

- SPAN should be used.

Notice rules and reasons:

- Rules and reasons are already included on the SPAN.

37. Reduction of service hours due to being eligible for EWE

Notes:

- SPAN should be used.
- Send the Notice of Eligibility and Responsibility form SDS 541 to inform consumers of their approved hours for EWE, in conjunction with the SPAN.

Notice rules and reasons:

- Rules and reasons are already included on the SPAN.

38. Reduction from Waivered or K-Plan Services to SPPC

Notes:

- SPAN should be used.

Notice rules and reasons:

- Rules and reasons are already included on the SPAN.

39. Reduction of SPPC hours due to reduced personal care needs

Notes:

- Use SDS 540, not SPAN.
- Individual must be eligible for and receiving OSIPM or MAGI in the absence of services to be eligible for SPPC.

Notice rules and reasons:

- An assessment and interview were conducted in your residence on mm/dd/yy. The authorized hours for State Plan Personal Care Services will be reduced from xx hours to xx hours per service period because your ability to meet your needs in insert ADL(s) has improved.
- OARs 411-034-0000, 411-034-0010(15); 411-034-0020(1)(a-c);, 411-034-0070(1)(2)(3)(4); and 411-034-0090(1).

40. Reduction of SPPC hours due to natural supports

Notes:

- Use SDS 540, not SPAN.
- Individual must be eligible for and receiving OSIPM or MAGI in the absence of services to be eligible for SPPC.

Notice rules and reasons:

- Effective mm/dd/yy, your State Plan Personal Care Services will be reduced from xx hours to xx hours per service period because your natural support system (i.e., family, friends, neighbors, or community resources) are helping with the following needs: insert activities. The Department can only authorize payment when natural supports are unavailable, insufficient, or inadequate to meet your care needs. This decision is based on the information gathered during the assessment and interview with you on mm/dd/yy.

- OARs 411-034-0000, 411-034-0010(15), 411-034-0020(1)(a-c), 411-034-0070(1)(2)(3)(4), 411-034-0090(1).

41. Service transportation reduction – rides reduced (contracted transportation provider)

Notes:

- Use SDS 540, not SPAN.

Notice rules and reasons:

- Service transportation can only be authorized in accordance with an individual's assessed ADL or IADL needs and for reasons related to an individual's safety or health when other resources, such as natural supports, volunteer transportation, or mail order and delivery, are not available. Your eligibility for service transportation was reviewed as a part of the recent assessment conducted with you on mm/dd/yy. Based on Oregon Administrative Rules, rides to the following locations can no longer be provided to insert location(s). Therefore, the number of rides authorized per month through contracted transportation provider name is being reduced from xx rides to xx rides per month.
- OARs 411-015-0007(1), 411-030-0055(1) through (6).

42. Reduction in the number of exception hours approved and denial of request and/or denial of exception hours

Notes:

- SPAN should be used. Include an explanation for the reduction and/or denial of in-home reduction hours.

Notice rules and reasons:

- Exception hours reduction - CO staff will provide CM with decision notice rules and reasons if SPAN drop downs don't provide enough information.

43. Increase in liability for CBC facility or NF

Notes:

- Use SDS 540P if no SPAN is sent.

Notice rules and reasons:

- You are responsible for contributing to the cost of your long-term care services. The Department found that your insert reason: (insert type of income) increased from $xx to $xx per month or the amount of income diverted to your spouse has decreased from $xx to $xx per month. The new amount of your liability is $xx per month.

- OARs 461-160-0610 and 461-160-0620.

44. Reduction of eligible shift service hours

Notes:

- Use SPAN Shift Services section.

Notice rules and reasons:

- CO staff will provide CM with decision notice rules and reasons.

45. Reduction from Spousal Pay to regular in-home services (still eligible for in-home, ICP, CBC, NF, or PACE services)

Notes:

- SPAN should be used

Notice rules and reasons: (if you are reducing for a different reason, please insert the appropriate reason along with OARs or consult with CO)

- You have applied for the Spousal Pay Program. You do not require full assistance in four of the six activities of daily living (Mobility, Eating, Cognition, Dressing/Grooming, Elimination, and Bathing/Hygiene). Therefore, you are not eligible for this program.

- You have applied for the Spousal Pay Program. You are not eligible for this program because:

1. You are not assessed as a full assist in Mobility, Elimination, or Cognition; and
2. You do not have a debilitating medical condition, a spinal cord injury or similar disability or serious medical condition with permanent impairment; or
3. An acute care or hospice need that is expected to last no more than six months.

- OARs 411-015-0005(2); 411-015-0006; 411-015-0100(2); 411-030-0020(53); 411-030-0080(2).

46. ICP participant is no longer OSIPM eligible, and you are disenrolling from ICP and ending the ICP payment

Notes:

- Use SDS 540ICP for ending the ICP payment.
- MAGI recipients are NOT eligible to participate in ICP.
- SPAN should also be sent for SPL related information. If SPL related, the EWE Program does not apply.
- Select the second bullet down for the 'Involuntary disenrollment'. For the drop-

down selection on the form, you will need to print it and write in 'See reason in comments below'. In the comment section include the rules and reasons indicated in the next column. Send copy of the 540ICP notice to ICP.SPD@odhsoha.oregon.gov.

- If the OSIPM eligibility is based on receiving services and the consumer is not MAGI eligible, a separate notice will be sent from the ONE system for medical denial/closure. CMs should notify an eligibility worker about the service denial/closure when appropriate.

Notice rules and reasons:

- To be eligible for long-term care services, including the Independent Choices Program (ICP) you must be eligible for the Oregon Supplemental Income Program-Medical (OSIPM) (also known as Medicaid OHP Plus benefit). You are not eligible for these programs and will receive a separate notice regarding that decision. Because you are not eligible for OSIPM you are not eligible to receive Medicaid funded long-term care services and are not eligible to participate in the ICP. If you are only eligible for MAGI medical, MAGI recipients are not eligible to participate in the ICP.

- OARs 411-015-0015(1)(a); 411-015-0005(39); 411-015-0100(1)(b)(A)(c); 411-034-0030(1); 410-200-0435.; 461-001-0030; 461-101-0010(17)(e); 461-135-0010; 461-135-0745; 461-135-0750; 461-135-0771; 461-135-0790; 461-135-0800; 461-135-0820; 461-135-0830; 411-030-0040(3).

Voluntary Actions

47. Consumers who withdraw a new request for LTSS benefits

Notes:

- Use SDS 540, not SPAN.

- When a CM receives an oral request from a consumer or their representative to withdrawal the request for LTSS benefits, the CM should take these actions -

1. Narrate the oral request in Oregon ACCESS (OA) and the date it was received.
2. CM must save notice to EDMS and may close out the service case according to local office procedure.

Notice rules and reasons:

- The Department received your oral request to voluntarily withdrawal your application. This notice provides confirmation of your requested action.

- OARs 461-175-0340, 461-175-0200(8), 461-115-0010(6), 461-115-0010(7), and 410-

120-0006.

48. Consumers who request to reduce their LTSS benefits

Notes:

- If no 457D is signed, use the SDS 540.
- The CM may use the 457D when the request to reduce LTSS benefits is made in-person and the form can be completed immediately.
- If a signed 457D is received, no additional notice is required.
- If an oral request is received from a consumer or their representative to reduce their LTSS benefits, a timely decision notice is required.

Notice rules and reasons:

- The Department received your oral request to voluntarily reduce your long-term services and supports benefits. You have requested to (insert the specific service plan reduction being requested by the consumer). You will receive a separate service plan documentation reflecting the changes requested. This notice provides confirmation of your requested action.
- OARs 461-001-0000(67), 461-175-0050, 461-175-0340, 461175-0200(8), 461-115-0010(6), 461-115-0010(7), and 410-120-0006.

49. Consumers who request to close their LTSS benefits

Notes:

- If no 457D is signed, use the SDS 540.
- The CM may use the 457D when the request to close LTSS benefits is made in-person and the form can be completed immediately.
- If a signed 457D is received, no additional notice is required.
- If an oral request is received from a consumer or their representative to reduce their LTSS benefits, a timely decision notice is required.

Notice rules and reasons:

- The Department received your oral request to voluntarily close your long-term services and supports benefits. This notice provides confirmation of your requested action.
- OARs 461-001-0000(67), 461-175-0050, 461-175-0340, 461-175-0200(8), 461-115-0010(6), 461-115-0010(7), and 410-120-0006.