

# CM Individually Based Limitations (IBL) Checklist

Clear Form

## Processing an IBL Request, APD 0556

### Step 1: Upon Receipt of IBL Request

- Narrate receipt of IBL request in Oregon ACCESS (OA).
- Determine if the IBL request is appropriate and complete:
  - There is a moderate health or safety risk to the individual or others.
  - The provider includes less restrictive methods that failed.
  - The provider describes ways to measure and who will measure the effectiveness of the IBL.
  - The IBL time limit is less than a year.
  - The consumer marked yes and initialed IBL.
  - The form is signed by the consumer or representative.
  - The APD 0556 is complete.

**Reject** the request if any box is not checked. See, “Reject IBL Request” on page 2.

**Continue** to Step 2 if all boxes are checked.

### Step 2: Review with Consumer and Staff with Supervisor

- Staff IBL with supervisor. Supervisors should email concerns to HCBS Oregon [hcbs.oregon@odhsoha.oregon.gov](mailto:hcbs.oregon@odhsoha.oregon.gov).
- Review the IBL request with the consumer or representative.
  - The consumer/representative understands the proposed IBL.
  - There is no indication the consumer/representative was coerced into signing the IBL request form.
  - Narrate the interview including the consumer/representative’s understanding and any concern of coercion.

**Reject** the request if all boxes are not checked. Refer to, “Interview Concerns” on page 2 if the consumer is unable to consent and has no representative.

**Continue** to Step 3 if all boxes are checked.

### Step 3: Approve IBL Request

- Add IBL to the SPA.
- Sign Case Manager Statement on page 3 of IBL Request Form.
- Mail copy of signed IBL Request to consumer/representative and provider.
- Mail SPA to consumer/representative and provider for signatures.

### Interview Concerns

#### Concerns regarding consumer's inability to understand the request:

- Request a statement from a QHP (Qualified Health Provider) regarding consumer's ability to understand the proposed IBL.  
**IBL cannot be implemented until QHP statement received.**
- Narrate request for QHP statement.
- Narrate receipt of QHP statement.

#### Concerns regarding coercion:

- Staff concerns with supervisor. Supervisor should email concerns to HCBS Oregon [hcbs.oregon@odhsoha.oregon.gov](mailto:hcbs.oregon@odhsoha.oregon.gov).

### Rejecting an IBL Request

- Contact the provider and explain why you are rejecting the request.
- Narrate actions and reason for rejection in OA.

### When an IBL is Revoked

- Narrate notification of revocation in OA.
- Request a new 0556 with revocation, if not provided.
- Remove the IBL from the SPA.
- Sign Case Manager Statement on page 3 of IBL Request Form
- Send updated SPA to consumer/representative and provider for signatures.
- Narrate completion of IBL revocation, forms sent and electronic file upload.