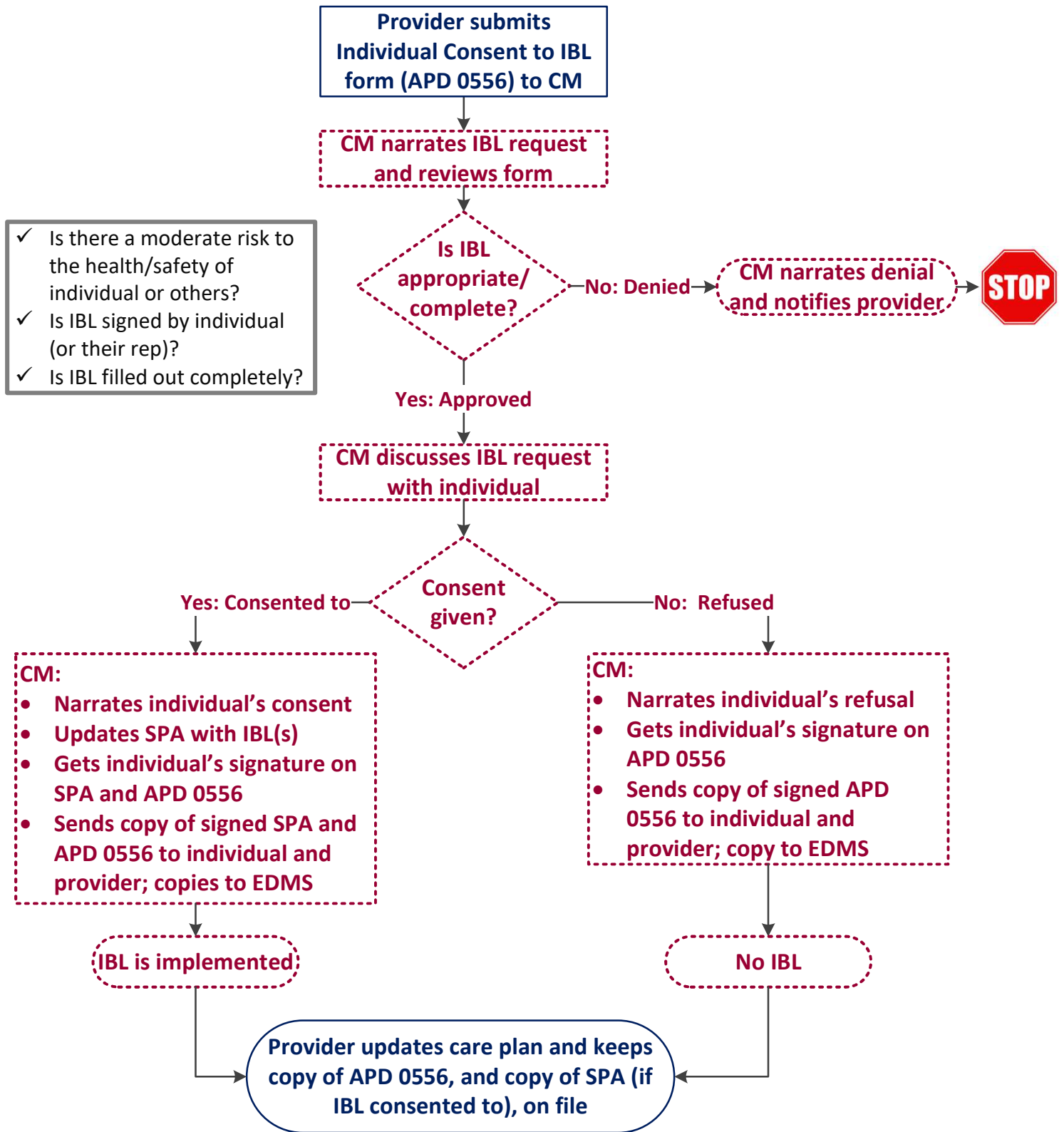


# HCBS IBL - APD Case Manager Process - Chart 1

## Individual (Legal Representative/Other Designee) is able to consent



- ✓ Is there a moderate risk to the health/safety of individual or others?
- ✓ Is IBL signed by individual (or their rep)?
- ✓ Is IBL filled out completely?

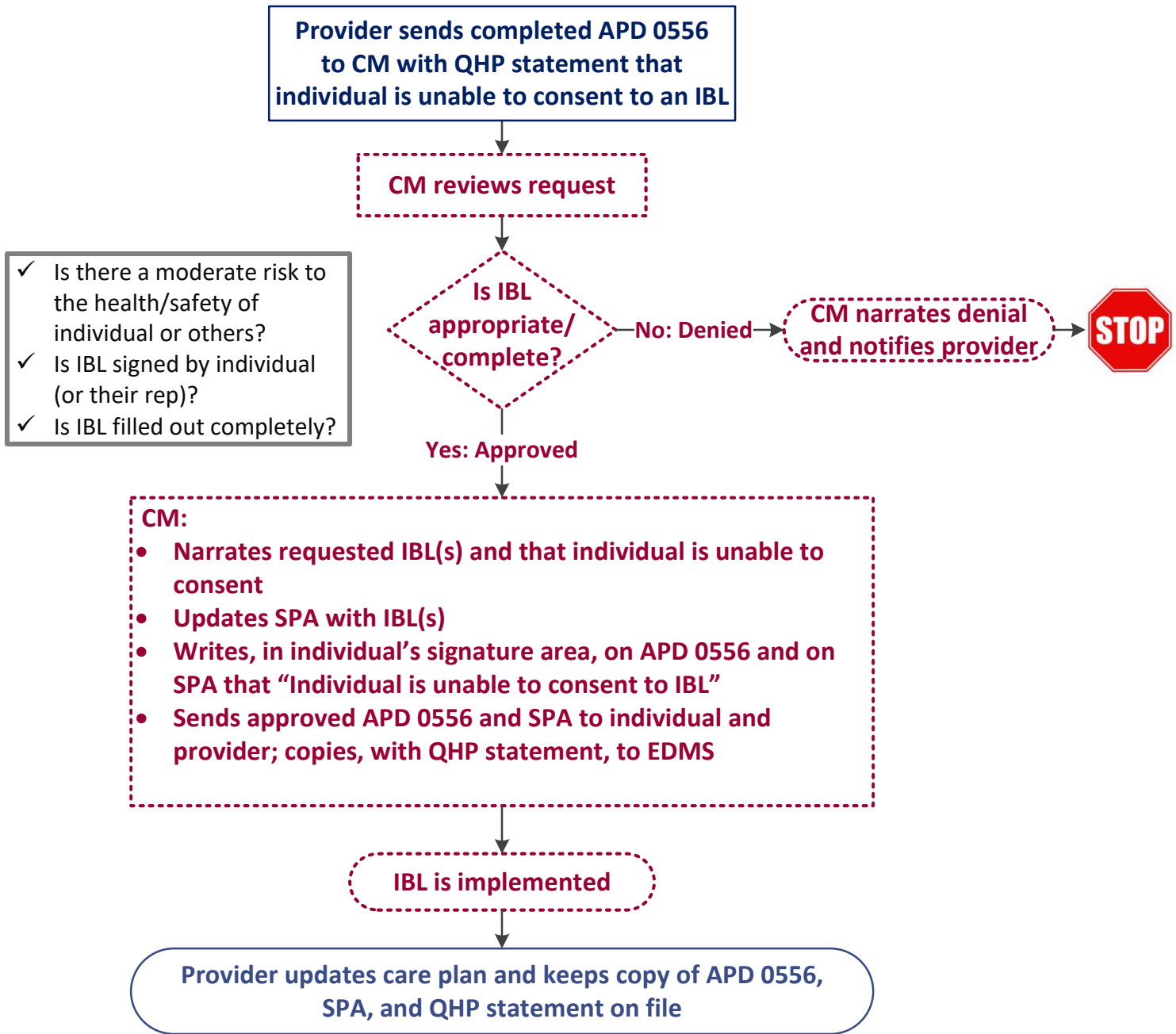
**See Terminology page for:**

- Consent
- QHP
- IS IBL APPROPRIATE/COMPLETE?

*If individual is unable to consent to IBL, and has no Legal Representative or other designee, use Chart 2*

## HCBS IBL - APD Case Manager Process - Chart 2

### Individual is not able to consent and has no one who can assist

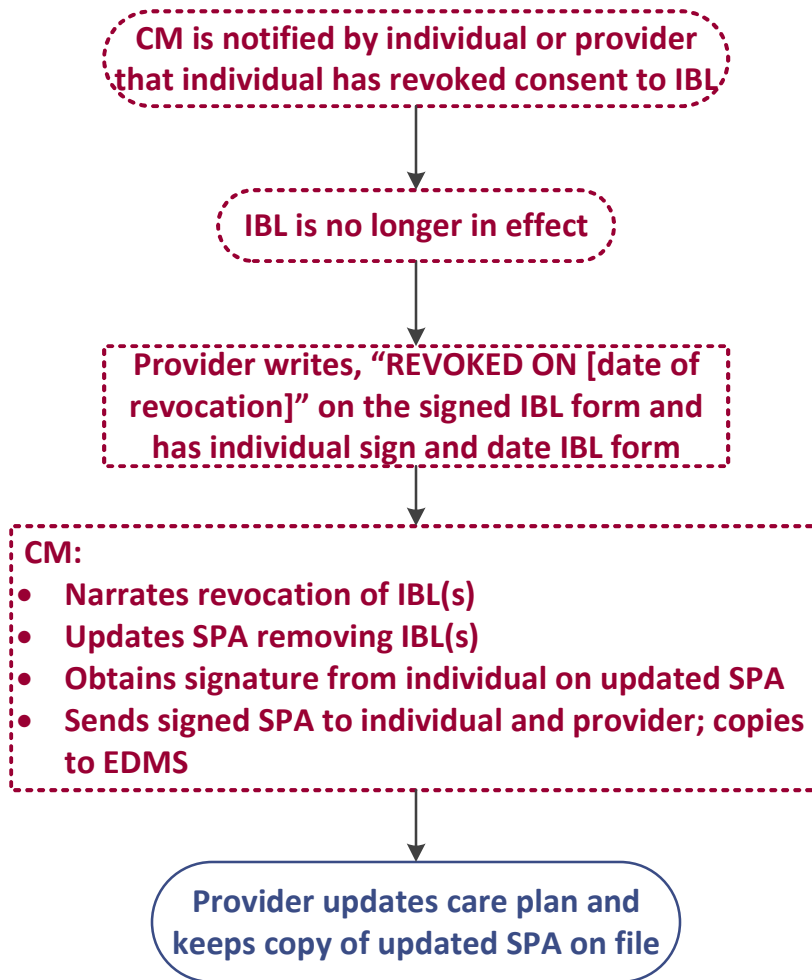


See Terminology page for:

- Consent
- QHP
- IS IBL APPROPRIATE/COMPLETE?

If individual (Legal Representative or other designee) is able to consent to IBL, use Chart 1

**HCBS IBL - APD Case Manager Process - Chart 3**  
**Individual (Legal Representative/Other Designee) revokes consent**



## HCBS/IBL – APD/AAA Case Manager IBL Process Flowcharts – Terminology

If the individual is unable to consent to an IBL, but has a legal representative or other designee, the IBL process can move forward. Contact anyone already designated in writing first. Otherwise, the following order should be used:

- Guardian or other legal representative
- Spouse
- Majority of adult children
- Parent
- Majority of adult siblings
- Any adult relative or friend

**Refer to APD-AR-17-041** for more information on representative types and the form(s) to be used.

Note: The legal representative/other designee can never be the individual's paid provider.

### IS IBL APPROPRIATE?

Yes, if there is a moderate health or safety risk to this individual or others.

### IS IBL COMPLETE?

The proposed IBL [APD 0556] must:

- Identify a defined and specific, individualized need
- Include less restrictive methods tried that failed
- Be directly proportionate to the specific, assessed need (and not be for the convenience of the provider)
- Describe how the effectiveness will be measured, and who will monitor the effectiveness
- Have a time limit (no more than 1 year)
- Be signed by the individual (or their designated representative)

### KEY TERMS

**APD 0556** is the Individual Consent to HCBS Limitation(s) form (also called "IBL form")

**Care Plan** means the person-centered plan of care developed by the provider for their resident

**CM** means Case Manager

**IBL** means Individually-Based Limitation to one or more of the following [*refer to OAR 411-004-0020, section (1)(d)&(2)*]: access to food at any time; control of own schedule/activities; decorating and furnishing one's bedroom/living unit; freedom from coercion and restraint; privacy in bedroom/living unit (i.e., lock on bedroom door/entrance door to unit); choice of roommate in a shared unit; and/or visitors of own choosing at any time

**QHP (Qualified Healthcare Professional)** (Physician, Physician's Assistant, Nurse Practitioner, Qualified Mental Health Professional, or Psychiatrist) who knows the individual, who does not work at the individual's care home/facility, and who makes the determination on whether the individual can consent to the IBL (i.e., make this long-term care decision). (*This is not a determination of the individual's cognitive ability.*)

**Service Plan** refers to the person-centered service plan developed for Medicaid eligible individuals by their case manager, service coordinator, personal agent or other person designated by ODHS or OHA to provide case management services or person-centered service planning for and with individuals

**SPA** is the Service Plan Agreement within the SPAN (Service Plan and Notice; DHS 2780N) used by the Medicaid Case Manager when updating an individual's person-centered service plan