All exceptional rate requests must be submitted by a manager in the local office to [SPD.Exceptions@odhsoha.oregon.gov](mailto:SPD.Exceptions@odhsoha.oregon.gov)

*This checklist is provided as technical support for local office staff when an in-home exceptional rate request is being prepared. It is not necessary to send this checklist with the exceptional rate request, but we strongly encourage you to use it as a tool to ensure that all issues are explored and documented prior to submission. Please review* [*OAR 411-030-0071*](https://www.oregon.gov/odhs/rules-policy/apdrules/411-030.pdf) *for further support. This checklist does not pertain to AFH or RCF exception requests.*

# Getting Started- General Process for All Requests

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|  | 1. Case manager has discussed alternative ways to meet the consumer’s needs. Please list options discussed below and the outcomes. (i.e. Natural supports, Assistive devices, AFH, Adult Day Services, etc.) | |
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|  | 1. The CA/PS assessment was completed in the past 3 months. | |
|  | 1. Waiting for a new assessment threatens the health, safety, or welfare of the individual and this is explained in the email to SPD Exceptions. | |
|  | 1. The Service Plan exceeds the local office limit of 73 ADL hours per service period, or 35 IADL hours per service period and has not previously approved by Central Office. | |
|  | 1. New request or an increase in current exception hours: an SDS 514i needs to be completed and signed by the consumer or their representative. | |
|  | 1. If this is a renewal, a narration can be added to the case noting the consumers desire to renew their exception request. A new SDS 514i is only needed for renewals if an updated one is needed for the consumer’s file. | |

# Documentation- General Process for All Requests

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|  | 1. Complete the Exception Application form ([SDS 514i](http://www.dhs.state.or.us/spd/tools/cm/exceptions/index.htm)). It must clearly describe: | |
|  | * 1. The frequency of the task that is needed, based on the number of times each task is attempted. | |
|  | * 1. The duration of the task, based on the average amount of time a task takes each time the task is attempted. | |
|  | * 1. Service needs that occur on a regular but unpredictable schedule. | |
|  | * 1. The number of providers needed for each task and an explanation of why, if applicable, the tasks take more than one provider. | |
|  | * 1. The reasons why the current hours do not meet the needs of the individual.   2. Any other information that explains the need for the exception. | |
|  | 1. This a shift service request (Total 224hrs or more) and a [3 consecutive day log](http://www.dhs.state.or.us/spd/tools/cm/exceptions/index.htm) is attached to the request. | |
|  | 1. The information in the CA/PS is consistent with the information provided in the Service Plan, narration and [SDS 514](http://www.dhs.state.or.us/spd/tools/cm/exceptions/index.htm)i. (This is very important and will speed up the request process by reducing questions the reviewer may have.) | |
|  | 1. An [Exception Calculator](http://www.dhs.state.or.us/spd/tools/cm/exceptions/index.htm) is included with this request. (This is a very helpful tool). | |
|  | 1. Time and frequency are reasonable and has been discussed with the consumer. (Choose one below, document this in the email to Central Office, not the 514). | |
|  |  | * 1. The Case Manager supports this request. |
|  |  | * 1. This request is not supported and is submitted per the consumers request. |
|  | 1. Manager reviewed and approved the exception request. | |
|  | 1. Attached is supporting documentation (i.e. medical records, care notes, collateral statements, etc.). | |

# Service Planning- General Process for All Requests

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|  | | 1. The Benefit portion of the Service Plan is set up with the correct dates and does not overlap with any other benefit plans (plans in Admin). | | | |
|  | | 1. The consumer lives with family, roommates, etc. not providing care and the full amount of IADL hours been reviewed to ensure they are warranted. | | | |
|  | | 1. The consumer is safe at home under this Service Plan. (If this is not a safe plan **STOP** and discuss the case with a Lead, Manager, or Central Office before proceeding). | | | |
|  | | 1. The consumer or their consumer employer rep can manage this Service Plan. | | | |
|  | | 1. The Hours Segment of the Service Plan is set up with the correct hours including the requested exception hours. | | | |
|  | |  | | * 1. Hours are assigned appropriately with the allowed hours per [OAR 411-030-0070](https://www.oregon.gov/odhs/rules-policy/apdrules/411-030.pdf). | |
|  | |  | | * 1. This is a two or more-consumer household. | |
|  | |  | | * 1. IADL hours been adjusted according to OAR [411-030-0070(3)(c)](https://www.oregon.gov/odhs/rules-policy/apdrules/411-030.pdf) for households with two or more eligible consumer receiving IADL task hours. | |
|  | |  | | * 1. Allowed/ Exception hours are assigned to the correct HCW’s, validated and do not exceed the hourly cap for each HCW listed. | |
|  | |  | | The 546N, 546IC 2WK or 546PC Service Plans add up to the total requested service rate on the SDS 0514 request for exceptions. | |

# Independent Choices Program

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|  | 1. Follow the General process |
|  | 1. Follow the Documentation process |
|  | 1. Follow the Service Planning process |
|  | 1. The local office has approved the individual for enrollment in Independent Choices. [Complete the ICP Screening Tool for assistance](http://www.dhs.state.or.us/spd/tools/cm/ic/index.htm). |

# Spousal Pay Program

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|  | 1. Follow the General Process |
|  | 1. Follow the Documentation Process |
|  | 1. Follow the Service Planning Process |
|  | 1. The consumer meets the criteria of fully dependent in 4 of 6 ADLs (found in the CA/PS full benefit results/SPL Summary button). |
|  | 1. The Spousal Pay provider must provide at least 51% of the care which is reflected by the total hours in the CA/PS service plan. |
|  | 1. Spousal Pay eligibility was approved by Central Office. |
|  | 1. Homecare workers who marry their consumer-employer retain the same standard of compensation if their employer meets the Spousal Pay eligibility criteria. To maintain the same standard of compensation, the procedure code OC111 remains unchanged. |
|  | 1. [OAR 411-030-0080(3)(b)](https://www.oregon.gov/odhs/rules-policy/apdrules/411-030.pdf) requires the IADLS assigned to the HCW/Spouse to be reduced by ½. This reduction occurs when using the correct procedure code SP112. |

# Adult Day Services with In-Home Services/ AFH

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|  | 1. Adult Day Services are not duplicating In-Home Plan Hours. |
|  | 1. Individuals living in an Adult Foster Home (AFH) may be eligible to attend an Adult Day Service program. [SPD PT-05-013](http://www.dhs.state.or.us/spd/tools/cm/adultday/pt05013.pdf) discusses this exception process. |

# State Plan Personal Care (SPPC)

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|  | 1. SPPC has its own exceptions process. |
|  | 1. This can be found under CM Tools>Programs- State Plan Personal Care> [Exception Process.](http://www.dhs.state.or.us/spd/tools/cm/exceptions/index.htm) |

# Notes

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| Use this section to include any additional information you find relevant. |
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