

James Toews
Authorized Signature

Number: SPD-AR-05-041
Issue Date: 07/05/05

Topic: Developmental Disabilities

Due Date: 07/05/07

Subject: State Plan Personal Care (PC-20), Support Service Brokerages, "Stop Services Form"

Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS employees | <input checked="" type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input checked="" type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): DD Service Coordinators, Support Service Brokerage Directors |

Action Required:

Effective July 1, 2005 a "Stop Services Form For 20 Hour Personal Care" is immediately required under the following circumstances:

1. When a person is receiving PC-20 services, AND
2. The person is referred for enrollment into a Support Service Brokerage, AND
3. A Title XIX Waiver Form has been submitted in conjunction with the person's enrollment into a Support Service Brokerage or the person is already a Home and Community-Based waiver service recipient.

This form is due at least 10 days prior to the individual's Brokerage enrollment date. The form is to be submitted via mail or fax to the SPD Provider Payments Unit. The mailing address, fax number and other contact information is on the form.

A copy of the "Stop Service Form For 20 Hour Personal Care" is attached to this transmittal. Additional copies of the form if needed can be obtained by contacting the Provider Payment Unit.

Submitting the stop service form in this particular situation is an allowable administration contact billing. If you have questions about this matter s a billable administrative contact, please contact Marilee Bell at 503-947-5262 or marilee.bell@state.or.us

Reason for Action: In general, DD Service Coordinators have the responsibility to stop State Plan Personal Care services (PC-20) for recipients when circumstances warrant. More specifically, effective July 1, 2005 individuals receiving PC-20 services cannot be jointly receiving Support Services Waiver services and the State Plan Personal Care services.

Failure to submit the "Stop Service" form on a timely basis could result in a delay in an individual's enrollment into a Brokerage, a delay in their enrollment on the Support Service Waiver (possibly negatively impacting the benefit level), or an inadvertent duplicate payment to the PC-20 provider. Any of these consequences would cause a hardship for the service recipient or an unnecessary administrative or procedural problem for staff.

Field/Stakeholder review: Yes No

If yes, reviewed by:

If you have any questions about this action request, contact:

Contact(s):	Diana Buell		
Phone:	503-945-9822	Fax:	503-947-4245
E-mail:	Diana.buell@state.or.us		

STOP SERVICES FORM FOR 20 HOUR PERSONAL CARE

Clients name _____

Medicaid number _____

Providers name _____

Last day providing services _____

If services are stopped before the last day of the month, then please provide the number of hours the provider worked in that month. _____

Reason _____

Case manager's signature _____

County of Client _____

PLEASE MAKE SURE THAT YOU HAVE NOTIFIED THE PROVIDER THAT THERE WILL BE NO SERVICES BILLED AFTER THE DATE ABOVE.

If you have any questions at all call Teresa Snook @ 503-947-5427 or Shannon Stamps @ (503) 945-5820

Send to:

Seniors and People with Disabilities (SPD)

Provider Payments Unit

ATTN: Teresa Snook or Shannon Stamps

PO BOX 14990

Salem, OR 97309-5083

Or fax to Teresa Snook @ (503) 947-5357 or Shannon Stamps @ (503) 947-5357