

Cathy Cooper  
Authorized Signature

Number: SPD-AR-08-041  
Issue Date: 6/23/2008

Topic: Medical Benefits

Due Date:

Subject: Change in Implementation and Management of the State Plan Personal Care Program (PC-20).

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 Services Coordinators, Support Services Brokerage Directors, SPD Provider Payment Unit, AMH Case Managers |

**Action Required:** An audit of the State Plan Personal Program by the Centers for Medicare and Medicaid Services (CMS) has resulted in changes in how the State Plan Personal Care Program (PC-20) is implemented and monitored across the State of Oregon. The purpose of this document is to inform Community Developmental Disabilities Programs (CDDP's) and Addictions and Mental Health Division (AMH) offices of changes in implementation and management of the PC-20 program as required by CMS.

**Priority Changes in Implementation and Management of the PC-20 Program.**

**1.) Notification of Planned Action Required for PC-20 Services:** When an applicant for PC-20 services is determined not eligible the CDDP or AMH must send the "**Notification of Planned Action**" form # **SPD 0947** or # **0540** to the individual applicant/client when a decision to **deny, suspend, reduce or terminate** PC-20 services is made *based* on eligibility for services determined by the Services Coordinator (SC), Case Manager (CS) or Personal Agent (PA). **CDDP's are directed to use form # DHS 0947. AMH offices are directed to use form #0540.** When loss of eligibility is related to the medical card, notification is the responsibility of the Medicaid office. An individual may receive two notifications of planned action forms when both the eligibility for the Medicaid card and eligibility for services through the CDDP or AMH are affected. To obtain forms from the DHS

forms server enter form number DHS 0974 or SDS 0540 at;  
[http://dhsforms.hr.state.or.us/forms/databases/FMPRO?-db=FormTbl.fp5&-lay=Main&-format=Findforms\\_FMP.htm&-findany](http://dhsforms.hr.state.or.us/forms/databases/FMPRO?-db=FormTbl.fp5&-lay=Main&-format=Findforms_FMP.htm&-findany)

2.) **Required to meet in person:** The SC, CM or PA is required to **meet in person** with the individual to complete the service eligibility assessment and re-assessment at least every 365 days (OAR 411-034-0070).

3.) **Identify Employer of Record:** To receive State Plan Personal Care services the individual must be able to meet the employer responsibilities or designate a natural support as a representative who will handle the responsibilities (OAR 411-034-0040).

4.) **Legal Guardian cannot be the Provider of Services:** A qualified provider paid by the Department must not be the parent, or stepparent of an eligible minor child, the eligible individual's spouse or another legally responsible person. (Personal Care Attendant Enrollment Standards, OAR 411-034-0055 and Qualified Provider, 411-034-0050.)

5.) **Do Not Sent Criminal History Check (CHC) Documents to the Provider Payment Unit:** CHC documents/forms are not to be sent to the SPD Provider Payment Unit but are to be kept on file at the CDDP/AMH office.

6.) **Use of Probationary Status in Lieu of an Approved Fitness Determination:**

- Use of Probationary status, in lieu of an approved fitness determination, cannot be used for a provider serving children.
- PC-20 plans for adults cannot exceed 2 months in duration when a provider is allowed to work under a criminal records check probationary status pending a final fitness determination. A new plan must be submitted to continue eligibility for services with verification of an approved final fitness determination.
- Criminal History Request (DHS 0301HR) and Hearing Request (DHS 0299HR) forms are available at;
- Criminal History Checks Oregon Administrative Rule (OAR) is available at;  
[http://arcweb.sos.state.or.us/rules/OARS\\_400/OAR\\_407/407\\_007.html](http://arcweb.sos.state.or.us/rules/OARS_400/OAR_407/407_007.html)

7.) **Natural Supports Must be Assessed:** Individual's whose needs are met through natural supports are not eligible for PC-20 services (OAR 411-034-0030). It is not the intent of SPD to second-guess previous assessments of natural supports made prior to this time. SC's/ CM's/PA's are asked to thoroughly assess natural supports at least every 365 days for new individuals enrolling into the program.

8.) **No Payment for Services Provided After a PC-20 Plan Expires:** The Provider Payment Unit **cannot** pay for PCA services after the plan has expired. Plans must be renewed within 365 days. SC's, CM's and PA's are asked to inform clients of this requirement.

9.) **PC-20 Plan Expiration Report in eXPRS:** CDDP's and AMH offices are responsible for assuring that plans are renewed on time. PC-20 plan authorization dates are available in eXPRS to assist local offices meet this requirement. Service authorization dates are available when the user enters specified date-ranges. This information should be provided to SC's, CM's and PA's in a timely manner to prevent plan expirations. The system will permit access to this report for those individuals authorized with the **Local Auth PC-20 report viewer** security role (SPD-AR-08-012).

<http://www.dhs.state.or.us/policy/spd/transmit/ar2008.htm>

10.) **Limitation on Plan Start Date:** A plan must be faxed to the Provider Payment Unit within 5 working days of the start date on the plan. After 5 working days the effective date becomes the date the plan was received at the Provider Payment Unit. SC's, CM's and PA's are encouraged to keep the fax confirmation printout to verify the plan was faxed and to confirm the plan start date. The Provider Payment Unit fax # is 503-947-5357.

11.) **State Plan Personal Services Uses the Forms Listed Below:**

- **SDS 0531A (Adults) or SDS 0531C (Children):** Medicaid Personal Care Assessment form.
- **SDS 0531P:** Medicaid Personal Care Provider Authorization form.
- **SDS 0532:** Personal Assistant Provider Enrollment form.
- **SPD 0947 or SDS 0540:** Notification of Planned Action
- **OMB No. 1615-0047, Employment Eligibility Verification. I-9.**  
<http://www.uscis.gov/portal/site/uscis/menuitem.5af9bb95919f35e66f614176543f6d1a/?vgnnextoid=31b3ab0a43b5d010VgnVCM10000048f3d6a1RCRD&vgnnextchannel=db029c7755cb9010VgnVCM10000045f3d6a1RCRD>
- **SDS 0300-Notice of Fitness Determination.**
- **DHS 0301- Criminal History request form.**
- **Forms # SDS 0531A, 0531C, SDS 0531P, SDS 0532, SPD 0947, SDS 0540. SDS 0300, and DHS 0301 are available at;**  
<http://dhsforms.hr.state.or.us/forms/databases/findforms.htm>

12.) **Where forms are to be Kept:** All completed forms must be kept on file at the CDDP/AMH office and available for review. CDDP/AMH offices are directed to keep PCA related forms separated from client files. PCA specific forms are SDS 0531P, SDS 0532, I-9 (OMB No. 1615-0047) and SDS 0300.

13.) **Changes what Documents are Faxed to the Provider Payment Unit:**  
**Only the forms listed below are to be faxed to the Provider Payment Unit;**

- **SDS 531A- page 3 only:** Medicaid Personal Care Assessment and Authorization for Adults.
- **SDS 0531C- page 4 only:** Medicaid Personal Care Resource Assessment for Children.
- **SDS 0531P:** Medicaid Personal Care Provider Authorization.

14.) **Changes How Information is Sent to the Provider Payment Unit:**

Information should be faxed only to the Provider Payment Unit. Fax forms to the Provider Payment Unit at fax # 503-947-5357.

15.) **“Assistance” Defined:** “Assistance” means the individual requires help from another person with “Personal Assistance Services or Supportive Services” as described in OAR 411-034-0020. This help may include cueing, monitoring, reassurance, redirection, set-up, hands-on or standby assistance as defined in OAR 411-015-0005(5). It may also require verbal reminding to complete one of the tasks described in OAR 411-034-0020.

16.) **Not Eligible for SPD Contract RN Services:** Individuals receiving services through Developmental Disabilities Services or AMH are **not** eligible for SPD Contract RN Services.

17.) **Letter to Verify One to One Services no Longer Required:** When more than one recipient, living in the same household, receives services from the same provider a **separate letter verifying one to one services is no longer required.** A verifying statement has been added to forms 0531A and 0531C to support this continuing requirement.

18.) **How to Change an Authorizing Signer:** During an authorized plan year if an authorized signer changes write, “change in authorizing signer” across page 3 of the Medicaid Personal Care Assessment form SDS 0531A or 0531C. The new signer is directed to sign and then print their name at the bottom of the page. The SC, CM or PA is directed to write the stop date for the old signer, the start date for the new signer, initial the change and fax the page to the Provider Payment Unit.

19.) **Children Using Long Term Diversion (LTD) funds and PC-20 Eligibility:**

The PC-20 program cannot be used in conjunction with the Children’s LTD program.

20.) **Two Authorizations Required Prior to the Start of Services:**

**1. Plan Authorization:**

- The SC, CM or PA authorizes the individual to receive PC-20 services for up to 365 days.

## 2. Provider Authorization:

- The **voucher** acts as authorization for the Personal Care Attendant (PCA) to work.
- **A PCA is not authorized to work each month until he or she has the original voucher-in-hand.**
- For on-going plans, the Provider Payment Unit sends out vouchers in a timely manner to assure a PCA has a voucher-in-hand and is authorized to work on the first day of each month. Clients can schedule PCA services the first through the last day of the month.
- Voucher SDS 598B provides confirmation that the individual is eligible for PC-20 services for the Service Period indicated on the voucher.

21.) The Department is authorized to pay a provider on behalf of the individual receiving PC-20 services when the provider:

- Completes the work;
- Obtains confirmation that the work was completed satisfactorily through the verification signature on the voucher;
- Mails the signed Payment Voucher SDS 598B to the Provider Payment Unit at the address indicated on the voucher form;

The Department will pay the PCA only when the original voucher is signed and mailed. Faxed, modified or copied vouchers are not accepted.

22.) **Payment Limitations:** Payment will be made **only** for eligible services. State Plan Personal Care Services are ***“limited in scope”*** to Personal Care Services defined in OAR 411-034-0020.

23.) **Effective Date for Changes Outlined in this Document:** Changes are effective immediately.

Revisions were made to the State Plan Personal Care OAR effective 10/5/07. These changes were discussed in Policy Transmittal SPD-PT-07-027.

<http://www.dhs.state.or.us/policy/spd/transmit/pt2007.htm>

Services Coordinator's are referred to OAR Chapter 411, Division 034, Personal Care Services at <http://www.dhs.state.or.us/policy/spd/alpha.htm>

Training about the State Plan Personal Care Program is available to groups at local CDDP and AMH offices upon request. Please contact Diana Buell or Toni Larson for training within DD services and Kathy Seubert or Terry Mastin for training within AMH.

**Field/Stakeholder review:**     Yes     No

**If yes, reviewed by:**

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

<b>Contact(s):</b>	Diana Buell DD PC-20 Services to Adults: Office: (503) 945-9822; Fax: (503) 947-4245; Email: <a href="mailto:Diana.Buell@state.or.us">Diana.Buell@state.or.us</a>		
	Toni Larson DD PC-20 Services to Children: Office: (503) 945-6117; Fax: (503) 947-4245; Email: <a href="mailto:Toni.Larson@state.or.us">Toni.Larson@state.or.us</a>		
	Terry Mastin, AMH Services to Adults: Office: (503) 945-6722; Fax: (503) 945-5043; Email: <a href="mailto:Terry.N.Mastin@state.or.us">Terry.N.Mastin@state.or.us</a>		
	Kathy Seubert, AMH Services to Children: Office: (503) 947-5526; Fax: (503) 378-8467; Email: <a href="mailto:Kathy.K.Seubert@state.or.us">Kathy.K.Seubert@state.or.us</a>		
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