

Cathy Cooper
Authorized Signature

Number: SPD-AR-10-060
Issue Date: 7/1/2010

Topic: Other

Due Date: 7/1/2010

Subject: Closure of State Plan Personal Care Services Program

Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" 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 type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Other (please specify): |

Discussion and Reason for Action: Due to budget reductions, the State Plan Personal Care Program (SPPC) will no longer be funded and will be closed effective August 1st, 2010. The Department will not authorize or make payment for any SPPC benefits for any services delivered after July 31, 2010. An emergency temporary rule has been filed closing the program effective August 1st, 2010.

The coverage the client receives through their medical card will not change due to the closure of SPPC services. As a result no immediate changes need to be made, however:

- Case descriptors should be removed from the client UCMS mainframe record &
- The OACCESS CAPS Service Benefit and Plan should be ended using the July 31st, 2010 effective date.

This closure is for the SPPC program only and will not directly impact Title XIX Home and Community Based waived service clients.

Client Closure Notices will be mailed by SPD Central Office:

Closure notices are being sent to all the SPD/AAA clients receiving SPPC services on Thursday, July 1st, 2010. The purpose of this notice is to notify the clients they will no longer be eligible for in-home services through SPPC after July 31st, 2010. A copy of this notice is included with this transmittal.

Even though this is a program closure, individuals receiving this notice will have Administrative Hearing Rights. The Notice of Hearing Rights form will direct the client to fill out the [443A Administrative Hearing Request for In-Home Services form](#) and

return it to the SPD/AAA local offices. The local office will follow the current process for hearing requests received at the local office.

Since funding has been eliminated and this program is closing, the client **does not have a right to a continuation of benefits** pending the outcome of an administrative hearing on this notice.

Homecare worker (HCW) Notices will be sent by SPD Central Office:

All homecare workers (HCW) will receive notification advising them that the hours authorized for any individual participating in SPPC will be reduced to zero (0) effective August 1st, 2010. This notice will be sent out between July 6th, 2010 and July 9th, 2010. A copy of this notice will be forwarded to the local offices prior to mailing to the HCWs.

Services provided through July 31st, 2010:

- Payments made based on hours worked through the month of July must be submitted for payment within 12 months of the service provided. The mainframe system will be open to process payments for any services authorized through July 31st, 2010. Vouchers should be submitted through the regular process.
- **NOTE:** The system will not allow vouchers to be printed to authorize services after July 31st, 2010.

Actions Required by the SPD/AAA Local Office Staff:

- ▶ **Send the [546SF Service Plan Short Form](#) to In-Home Care Agencies:**
 - To terminate SPPC services effective August 1st for all In-Home Care Agencies currently serving SPPC clients. The agency must receive a notice for each SPPC client they serve.
- ▶ **Send the Notice of Action for Termination of State Plan Personal Care Services and Notice of Hearing Rights (included with this transmittal):**
 - Any client newly approved for SPPC services from June 28th, 2010 through the month of July, 2010 must be immediately notified of the program closure. SPD Central Office already sent closure notices for any client that had a voucher issued in the three months prior to June 28th, 2010.
 - The Notice of Hearing Rights form will direct the client to fill out the [443A Administrative Hearing Request for In-Home Services form](#) and return it to the SPD/AAA local offices. This is a new form used for reductions and closures of programs and is located on the [DHS Form Server](#).
 - **DO NOT USE the 443 Administrative Hearing Request form**, as this form offers a continuing benefit option to the client and this option is not available for program closures. Follow the current process for hearing requests received at the local office.

- ▶ **SPD/AAA Local Office staff need to assist individuals affected by this program closure:**
 - Assist clients in understanding why their services are no longer available.
 - Case managers should be made available to help clients assess their options and potential untapped natural or community resources, using a strengths-based approach to problem solve.
 - Assist clients to access other DHS/SPD/AAA programs and services for which they may be eligible.
 - Provide the [Administrative Hearing Request for In-Home Services Form \(DHS 0443A\)](#) to individuals requesting an administrative hearing. It is important to use the 443A form, as this form does not offer continuing benefits.

- ▶ **For those individuals whom Title XIX in-home waived services may be an option, SPD Central Office prior approval must be obtained prior to authorizing in home services (use the SPPC closure list sent to all the local office managers):**
 - The client's name and prime number needs to be emailed to Angela Munkers of SPD Central Office.
 - This prior approval is for all services effective July 1st, 2010 through June 30th, 2011. This does not include approval of Nursing Facility, Adult Foster Home (AFH), Residential Care Facility (RCF) and Assisted Living Facility (ALF).

- ▶ **Narrate in OACCESS any information about other resources and services offered to the individual.**
 - Describe transition planning and your assessment of options available and explored with the client and outcomes if known.

Field/Stakeholder review: Yes No

If yes, reviewed by: SPD Policy Workgroup and Operations Committee

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

Contact(s):	Suzy Quinlan, Operation, Operations and Policy Analyst Angela Munkers, In-Home Services Manager		
Phone:	Suzy (503) 947-5189 Angela (503) 945-6985	Fax:	(503) 947-4245
E-mail:	Suzy.Quinlan@state.or.us Angela.Munkers@state.or.us		



Oregon

Theodore R. Kulongoski, Governor

**Department of Human Services
Seniors & People with Disabilities
Administration**

500 Summer Street NE, E-02

Salem, OR 97301-1073

Voice (503) 945-5811

FAX (503) 373-7823

**NOTICE OF ACTION
TERMINATION OF STATE PERSONAL
CARE SERVICES**

Date: _____

Branch # _____

Client Name: _____ ID (prime)# _____

Address: _____



This notice is about an important change. You have been receiving in-home Personal Care Services. We are sorry to tell you that those services will end on July 31, 2010.

The reason for this change is that Oregon's poor economy has resulted in reduced dollars for important public programs and we are unable to continue to pay for the services you are receiving.

We understand the closure of this program may cause a hardship for you. Your case manager at the local Senior and People with Disabilities (SPD/AAA) office will be able to answer questions about other services you may be eligible to receive. Please contact your case manager in your area for more details. If you do not know which office to call please call 1-800-282-8096.

Please note the coverage you receive through your medical card will not change because of this change in your in-home Personal Care Services.

This notice is based on Oregon Administrative Rules 411-034-0000. You have a right to request a hearing. Please refer to the "Notice of Hearing Rights" on the back of this notice for more information.

Because funding has been eliminated and this program is closing, you do not have a right to a continuation of benefits pending the outcome of any administrative hearing on this notice.

"Assisting People to Become Independent, Healthy and Safe"
An Equal Opportunity Employer



NOTICE OF HEARING RIGHTS

You have a right to file a hearing concerning this decision.

Hearings are held by the Office of Administrative Hearings, which is independent from the Department of Human Services (DHS).

What must I do to get a hearing? You must fill out a Hearing Request Form (DHS 0443A) and return it to a DHS office. You can get the form by calling your local DHS office. You may also request a hearing by phone, in writing, or with a DHS employee in person.

DHS must receive your request for a hearing within 45 days from the date on this Notice of Termination of State Plan Personal Care Services.

Who can help with my hearing? You may represent yourself by appearing in person or have a lawyer or a legal assistant (supervised by a Legal Aid attorney) represent you. You may call the Public Benefits Hotline (a program of Legal Aid Services of Oregon and the Oregon Law Center) at 1-800-520-5292 for advice and possible representation.

Do I have a right to benefits pending a hearing? Because funding has been eliminated and this program is closing, you do not have a right to a continuation of benefits pending the outcome of any administrative hearing on this notice.

DHS will not discriminate against anyone. This means DHS will help all who qualify. DHS will not deny help to anyone based on age, race, color, national origin, sex, sexual orientation, religion, political beliefs, or disability. You can file a complaint if you think DHS discriminated against you because of any of these reasons