DHS Oregon Department of Human Services

**Aging and People with Disabilities**

# Information Memorandum Transmittal

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**Number: APD-IM-15-071**
**Issue date:** 9/24/2015
**CORRECTED**

**Topic:** Long Term Care

**Subject:** Decision Notice Language Updates

**Applies to (*check all that apply*):**

- ☐ All DHS employees
- ☒ Area Agencies on Aging
- ☒ Aging and People with Disabilities
- ☐ Self Sufficiency Programs
- ☐ County DD Program Managers
- ☐ ODDS Children's Residential Services
- ☐ Child Welfare Programs
- ☐ County Mental Health Directors
- ☐ Health Services
- ☐ Office of Developmental Disabilities Services(ODDS)
- ☐ ODDS Children's Intensive In Home Services
- ☐ Stabilization and Crisis Unit (SACU)
- ☐ Other *(please specify)*:

**Message:**

Aging and People with Disabilities has recently updated the following policies:

- A limit on authorized hours a HCW may work per consumer as described in APD-PT-15-023.
- New authorization criteria for live-in/shift services under the In-Home Services Program, including the Independent Choices Program and Spousal Pay Program as described in APD-PT-15-025.

With these changes, there will be situations where the individual's service plan may be changed, requiring a decision notice to reduce or to deny their benefits. The following will be added to the APD Worker Guide to assist with writing an appropriate decision notice:

**Service Reduction:**

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| 12. Reduction of live-in service hours due to ineligibility for live-in services. | An assessment was conducted in your home on *mm/dd/yy*. This assessment found that you are no longer eligible for hours that are provided under live-in services because (insert criteria). Your live-in service hours are being reduced from XX to 0. Your in-home service plan will be reduced to XX hours per month as an hourly services plan.<br>OAR 411-015-0005 through 411-015-0100; 411-030-0020 through 411-030-0070 | Insert all criteria that applies:<br>1. You do not require assistance with an Activities of Daily Living or Instrumental Activities of Daily Living task every waking hour.<br>2. You are not assessed as a full assist in Mobility or Elimination and have a debilitating medical condition, a spinal cord injury or similar disability with permanent impairment, or an acute care or hospice need that is expected to last no more than six months.<br>3. You are not assessed as a full assist in Cognition with a full assist in the Activities of Daily Living of Danger to Self or Others, Wandering, Awareness, or Judgment; and have a diagnosis of traumatic brain injury, dementia, or a related disorder, or a debilitating mental health disorder that meets the criteria as described in OAR 411-015-0015(2). |
| 13. Reduction of hourly service hours due to ineligibility for shift services. | An assessment was conducted in your home on *mm/dd/yy*. This assessment found that you are no longer eligible for shift services because (insert criteria). Your in-home service plan will be reduced to XX | Insert all criteria that applies:<br>1. You do not require assistance with an Activities of Daily Living or Instrumental Activities of Daily Living task every |

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| | hours per month.<br>OAR 411-015-0005 through 411-015-0100; 411-030-0020 through 411-030-0070 | waking hour.<br><br>2. You are not assessed as a full assist in Mobility or Elimination and have a debilitating medical condition, a spinal cord injury or similar disability with permanent impairment, or an acute care or hospice need that is expected to last no more than six months.<br><br>3. You are not assessed as a full assist in Cognition with a full assist in the Activities of Daily Living of Danger to Self or Others, Wandering, Awareness, or Judgment; and have a diagnosis of traumatic brain injury, dementia, or a related disorder, or a debilitating mental health disorder that meets the criteria as described in OAR 411-015-0015(2). |
| 14. ICP reduction of live-in service hours due to not meeting the live-in/shift services criteria. | An assessment was conducted in your home on *mm/dd/yy*. This assessment found that you are no longer eligible for hours that are provided under live-in services because (insert criteria here). Your live-in service hours are being reduced from XX to 0 per month. Your in-home service plan will be reduced to XX hours per month.<br>OAR 411-015-0005 through 411-015-0100; 411-030-0020 through 411-030-0100 | Insert all criteria that applies:<br><br>1. You do not require assistance with an Activities of Daily Living or Instrumental Activities of Daily Living task every waking hour.<br><br>2. You are not assessed as a full assist in Mobility or Elimination and have a debilitating medical condition, a spinal cord injury or similar disability with permanent impairment, or an |

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| | | acute care or hospice need that is expected to last no more than six months.<br><br>3. You are not assessed as a full assist in Cognition with a full assist in the Activities of Daily Living of Danger to Self or Others, Wandering, Awareness, or Judgment; and have a diagnosis of traumatic brain injury, dementia, or a related disorder, or a debilitating mental health disorder that meets the criteria as described in OAR 411-015-0015(2). |
| 15. Spousal Pay reduction of live-in service hours due to Spousal pay provider no longer eligible for live-in services. | Effective 8/31/15, Spousal Pay providers must be re-classified from live-in service providers to hourly service providers due to revised rules. Your live-in service hours are being reduced from XX to 0. Your in-home service plan will be reduced to XX hours per month as an hourly services plan. OAR 411-015-0005 through 411-015-0100; 411-030-0020 through 411-030-0080 | |
| 16. Spousal Pay closure due to ineligibility for spousal pay program (may still be eligible for in-home services). | An assessment was conducted in your home on *mm/dd/yy*. This assessment found that you no longer meet criteria for the Spousal Pay Program because (insert criteria here). OAR 411-015-0005 through 411-015-0100; 411-030-0020 through 411-030-0080 | Insert all criteria that applies:<br><br>1. You do not require full assistance in four of the six activities of daily living (Mobility, Eating, Cognition, Dressing/Grooming, Bowel/Bladder/Toileting, and Bathing/Hygiene).<br><br>2. You are not assessed as a |

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| | | full assist in Mobility or Elimination and have a debilitating medical condition, a spinal cord injury or similar disability with permanent impairment, or an acute care or hospice need that is expected to last no more than six months.<br><br>3. You are not assessed as a full assist in Cognition with a full assist in the Activities of Daily Living of Danger to Self or Others, Wandering, Awareness, or Judgment; and have a diagnosis of traumatic brain injury, dementia, or a related disorder, or a debilitating mental health disorder that meets the criteria as described in OAR 411-015-0015(2). |
| 17. Reduction of live-in service hours due to primary HCW leaving. | Per the notification received on mm/dd/yy, the provider (insert name of the provider) that was providing the majority of your live-in services is no longer employed by you. You were previously allowed an exception to receive live-in services from (insert name of provider) until they left your employment. Your live-in service hours are being reduced from XX to 0. Your in-home service plan will be reduced to XX hours per month as an hourly plan. | |

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| | OAR 411-015-0005 through 411-015-0100; 411-030-0020 through 411-030-0070 | |
| 18. ICP reduction of Live-in Service hours due to primary employee provider leaving. | Per the notification received on mm/dd/yy, the employee provider (insert name of provider) that was providing the majority of your live-in services is no longer employed by you. You were previously allowed to receive hours under live-in services until (insert name of provider) they left your employment. Your live-in service hours are being reduced from XX to 0. Your in-home service plan will be reduced to XX hours per month. OAR 411-015-0005 through 411-015-0100; 411-030-0020 through 411-030-0100 | |

**Service Denial**

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| 10. Spousal Pay denial due to ineligibility for spousal pay program. | An assessment was conducted in your home on *mm/dd/yy*. This assessment found that you do not meet criteria for the spousal pay program because (insert criteria here).<br>OAR 411-015-0005 through 411-015-0100; 411-030-0020 through 411-030-0080 | Insert all criteria that applies:<br><br>1. You do not require full assistance in four of the six activities of daily living (Mobility, Eating, Cognition, Dressing/Grooming, Bowel/Bladder/Toileting, and Bathing/Hygiene).<br><br>2. You are not assessed as a full assist in Mobility or Elimination and have a debilitating medical condition, a spinal cord injury or similar disability with permanent impairment, or an acute care or hospice need |

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| | | that is expected to last no more than six months.<br><br>3. You are not assessed as a full assist in Cognition with a full assist in the Activities of Daily Living of Danger to Self or Others, Wandering, Awareness, or Judgment; and have a diagnosis of traumatic brain injury, dementia, or a related disorder, or a debilitating mental health disorder that meets the criteria as described in OAR 411-015-0015(2). |
| 14. Denial of Live-In Services and Shift Services | Your request for a Live-In Service/Shift Service plan is denied. An assessment was conducted in your home on *mm/dd/yy*. The assessment found that you are not eligible for a Live-In or Shift Services provided because (insert criteria here)<br><br>OAR 411-015-0005 through 411-015-0100; 411-030-0020 through 411-030-0070 | Insert all criteria that applies:<br><br>1. You do not require assistance with an Activities of Daily Living or Instrumental Activities of Daily Living task every waking hour.<br><br>2. You are not assessed as a full assist in Mobility or Elimination and have a debilitating medical condition, a spinal cord injury or similar disability with permanent impairment, or an acute care or hospice need that is expected to last no more than six months.<br><br>3. You are not assessed as a full assist in Cognition with a full assist in the Activities of Daily Living of Danger to Self or Others, Wandering, Awareness, or Judgment; and have a diagnosis of traumatic brain injury, dementia, or a |

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| | | related disorder, or a debilitating mental health disorder that meets the criteria as described in OAR 411-015-0015(2). |
| 15. ICP- does not meet criteria.<br><br>*Note: If the OSIPM eligibility is based on receipt of services, send a separate 540 to deny medical.* | To be eligible for the Independent Choices Program, you must be able to meet all requirements for in-home services; Develop a service plan and budget to meet the needs identified your CA/PS assessment; Sign the ICP participation agreement; Have or be able to establish a checking account; Provide evidence of a stable living situation for the past three months; and demonstrate the ability to manage money as evidenced by timely and current utility and housing payments. You currently are unable to (insert reason here). OAR 411-030-0100 | |
| 16. ICP- Denial unable to manage their own finances.<br><br>*Note: If the OSIPM eligibility is based on receipt of services, send a separate 540 to deny medical.* | To be eligible for the Independent Choices Program, you must be able to direct and purchase your own in-home services. You must be able to manage a cash payment, tax, or payroll responsibility or have a representative that can arrange and purchase the ongoing services of a fiscal intermediary, such as an accountant, bookkeeper, or equivalent financial services. You currently do not have a | |

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| | representative and you are unable to (insert reason here). OAR 411-030-0100 | |

*If you have any questions about this information, contact:*

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| **Contact(s):** | Mat Rapoza – In-Home Policy Analyst | | |
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