DHS Oregon Department of Human Services

Seniors and People with Disabilities

Policy Transmittal

James Toews
Authorized Signature

Number: SPD-PT-10-043
Issue Date: 12/02/2010

Topic: Developmental Disabilities

Transmitting (check the box that best applies):

☐ New Policy ☒ Policy Change ☐ Policy Clarification ☐ Executive Letter
☒ Administrative Rule ☐ Manual Update ☐ Other: _____

Applies to (check all that apply):

☐ All DHS employees
☐ Area Agencies on Aging
☐ Children, Adults and Families
☒ County DD Program Managers
☐ County Mental Health Directors
☐ Health Services
☐ Seniors and People with Disabilities
☒ Other (please specify): Brokerage Directors, DD Regional Coordinators, SPD Adult Support Services Unit

Policy/Rule Title:	Support Service ISP authorizations.		
Policy/Rule Number(s):	411-340-0120	Release No:	
Effective Date:		Expiration:	
References:			
Web Address:			

Discussion/Interpretation:

PLAN REVISIONS: All use of support funds will continue to require prior authorization. A revision to an authorized ISP that adds or deletes one or more of the fifteen types of supports eligible for purchase with support funds listed in OAR 411-340-0130(6)(a-o) will continue to require a signature from the individual or the individual's legal representative and from the brokerage's authorizing designee to be authorized.

In rare cases, when the inability to get an actual signature from the individual or the individual's legal representative prior to implementation of the revision would delay access to needed supports, prior verbal authorization may substitute for a physical signature for up to ten working days. Such prior verbal authorization, as well as the circumstances necessitating it, must be clearly documented in case notes.

For any other type of revision (e.g. change in provider type, rate paid to provider, number of units of service, etc.) to an authorized ISP, documented prior verbal authorization from the individual or the individual's legal representative will be sufficient authorization to implement the revision. Changes to the ISP must be clearly reflected on the ISP itself and a copy of the revised ISP must be given to the individual.

These processes implement changes to OAR 411-340-0120(8) adopted 11/17/2010.

ANNUAL PLAN RENEWALS: Annual Individual Support Plans that are not authorized by the individual or the individual's legal representative prior to the expiration of the previous ISP cannot be implemented. However, variances will no longer be required to be submitted to SPD. Instead, the individual's personal agent will submit to the brokerage's authorizing designee an ISP signature page that lacks the individual's signature, but is signed by the PA, along with the (attached) ISP Authorization Checklist. The brokerage's authorizing designee completes Part II of the checklist and does not approve the plan for authorization.

If the annual ISP is not authorized within 30 days past the annual start date, the brokerage will take steps to exit the individual from Support Services. If an ISP is authorized after the previous plan has expired, the amount of support funds available to the individual must be proportional to the duration of the plan (i.e. the benefit level is pro-rated).

Implementation/Transition Instructions: Brokerages may use the strategies for plan revisions described above upon adoption of the revisions to the OARs that govern Individual Support Plans in Support Services. The annual plan renewals process will be effective upon the release of this transmittal. Brokerage must use the revised Plan Authorization Checklist for all plan authorizations.

Training/Communication Plan:
Local/Branch Action Required:
Central Office Action Required:
Field/Stakeholder review: ☐ Yes ☒ No

If yes, reviewed by:
Filing Instructions:

If you have any questions about this policy, contact:

Contact(s):	Mike Parr		
Phone:	503-945-6109	**Fax:**	503-947-4245
E-mail:	Mike.r.parr@state.or.us		

Individual Support Plan Authorization Checklist

Individual Name:_____ Birth date:_____ PA: _____ Brokerage:_____

Part I. Completed by Personal Agent

☐ **Annual ISP**: Annual ISP for Plan Year beginning _____ and ending _____.

☐ **Revision No. _____ to ISP:** Effective Dates: _____through _____.

Eligibility for Support Services Funds. Check all that apply:

☐ Basic Benefit, Waivered funds level, as defined in OAR 411-340-0020.
☐ Basic Benefit, general fund only level, as defined in OAR 411-340-0020
☐ Eligible for ADL supplement (per Customer Goal Survey)
☐ Extraordinary long-term need per OAR 411-340-0130 (4)(a).
  ☐ Supplement to Basic Benefit Score 60-80
  ☐ Supplement to Basic Benefit Score 81 or greater
☐ Other prior-authorized benefit level (Source:_____)

Annual Benefit Level: $_____ Annual ISP amount: $_____

Revision 1 Benefit Level:	$_____	Revision 1 ISP amount:	$_____
Revision 2 Benefit Level:	$_____	Revision 2 ISP amount:	$_____
Revision 3 Benefit Level:	$_____	Revision 3 ISP amount:	$_____
Revision 4 Benefit Level:	$_____	Revision 4 ISP amount:	$_____
Revision 5 Benefit Level:	$_____	Revision 5 ISP amount:	$_____
Revision 6 Benefit Level:	$_____	Revision 6 ISP amount:	$_____
Revision 7 Benefit Level:	$_____	Revision 7 ISP amount:	$_____
Revision 8 Benefit Level:	$_____	Revision 8 ISP amount:	$_____
Revision 9 Benefit Level:	$_____	Revision 9 ISP amount:	$_____

Individual Name:_____ Birth date:_____

Part II. Completed by Staff Reviewing Plan for Authorization Name/Position:_____

	Yes	No
The Customer Goal Survey is attached, indicating person-centered process, identifying needs, risks and supports.	☐	☐
The BSCI, if applicable is attached, indicating support needs above the basic benefit.	☐	☐
The individual or, if applicable, the individual's legal representative has signed the plan.	☐	☐
The plan specifies type, amount, frequency/duration, and type of provider of service.	☐	☐
Written plan specifies expenditures allowed under OAR 411-340-0010 through 0180 (from current Expenditure Guideline).	☐	☐
Maximum projected Support Services cost of plan is within amount available to the individual in this Plan Year.	☐	☐
The Plan and Customer Goal Survey demonstrate how Support Services, personal, and other resources are used.	☐	☐
Provider rates are within Support Services Rate Range guidelines or a current rate exception is in place.	☐	☐
ISP Goals are measurable and match unmet needs on Customer Goal Survey.	☐	☐
Evidence that significant risks were considered in development of the plan.	☐	☐
Customer Goal Survey Financial Section balanced.	☐	☐
The amount of support funds to which the individual has access is proportional to the duration of the plan *(i.e. It's pro-rated if needed)*	☐	☐
OR The individual was unavailable for planning and ISP development (ISP may NOT be authorized for implementation)		
Clear documentation is present describing attempts to contact the individual.	☐	☐
Support Funds will not be used until a plan has been signed by the individual or, if applicable, the individual's legal representative.	☐	☐
If the individual or the individual's legal representative does not agree to an ISP more than 30 days past annual plan date, exiting procedures will be initiated by the brokerage	☐	☐

☐ **Individual Support Plan is authorized for implementation**. ☐ **Individual Support Plan NOT authorized for implementation.**

Required Corrections or Comments:

Signature of Staff Reviewing Plan for Authorization: _____ Date: _____