

APD Long Term Care Services Form Requirements (3/2016)

State Plan Personal Care (SPPC – BPA or BPO)											
Form Goes To						Required At Intake	Required at Recertification	OA Form	Web Form	Form #	Form Name / Notes
C	P	F	SS	CO	O						
*		X				X		X	X	SDS 539A	Application Form (As long as consumer remains continuously eligible. Should always be retained in file)
X		X				X			X	SDS 0541	Notice of Eligibility and Responsibility
*		X				X		X		SDS 914	Service Options (When to use the 914 Service Options form link)
X*	X	X	X			X	X		X	SDS 0546PC	State Plan Personal Care – Service Plan and Task List
*		X				X			X	SDS 0354	Workers’ Compensation Agreement and Consent (required if using a CEP)
*		X				X			X	SDS 0737	Client-Employed Provider Program Participation Agreement (Not required with IHA only)
	X	X				X	X		X	SDS 4105	Homecare Worker Notice of Authorized Hours and Services (Required at recert if there is a change in hours or services)
X						X	X	X	X	SDS 539R	Rights and Responsibilities
X						X	X	X	X	DHS 9001	Client Discrimination Complaint Information
			X			X	X		X	SEL 503	Oregon Voter Registration Card
In-Home Services (APD In-Home)											
Form Goes To						Required At Intake	Required at Recertification	OA Form	Web Form	Form #	Form Name / Notes
C	P	F	SS	CO	O						
*		X				X		X	X	SDS 539A	Application Form (As long as consumer remains continuously eligible. Should always be retained in file)

X		X				X			X	SDS 0541	Notice of Eligibility and Responsibility
		X	X			X	X	X		SDS 546N	In-Home Service Plan
*		X				X			X	SDS 0354	Workers' Compensation Agreement and Consent (required if using a CEP)
*		X				X			X	SDS 0737	Client-Employed Provider Program Participation Agreement (Not required with IHA only)
	X	X				X	X		X	SDS 4105	Homecare Worker Notice of Authorized Hours and Services (Required at recert if there is a change in hours or services)
X						X	X	X	X	SDS 539R	Rights and Responsibilities
X						X	X	X	X	DHS 9001	Client Discrimination Complaint Information
*		X				X		X		SDS 914	Service Options (When to use the 914 Service Options form link)
X	X	X				X	X	X		SDS 598N	Task List
X*		X				X	X	X		SDS 001N	Service Plan Form
X						X	X	X		SDS 003N	Client Details Form
X		X				X	X	X		Pay-inN	Pay-In Calculation Worksheet (Required only when consumer has a pay-in; at intake; or their income or pay-in changes)
			X			X	X		X	SEL 503	Oregon Voter Registration Card
Independent Choices Program (ICP)											
Form Goes To C=Consumer or Designated Rep./P=Provider/ F=File/SS=Support Staff/CO=Central Office/ O=Other/*=Signature Required						Required At Intake	Required at Recertification	OA Form	Web Form	Form #	Form Name / Notes
C	P	F	SS	CO	O						
*		X				X		X	X	SDS 539A	Application Form (As long as consumer remains continuously eligible. Should always be retained in file)
X		X		X		X			X	SDS 0541	Notice of Eligibility and Responsibility (Send to ICP Coordinator)
X		X	X	X		X	X		X	SDS 0546IC	Independent Choices Benefit Calculation (Sent to ICP Coordinator)

*		X		X		X			X	SDS 0353	Workers' Compensation Agreement and Consent (Send copy to ICP Coordinator – originals must be kept in file)
*		X				X		X		SDS 914	Service Options (When to use the 914 Service Options form link)
*		X		X		X	X		X	SDS 548	Independent Choices Program Employee Provider(s) Information (Send copy to ICP Coordinator – originals must be kept in file)
X*		X				X	X	X		SDS 001N	Service Plan Form
X						X	X	X		SDS 003N	Client Details Form
*		X		X		X			X	DHS 7262i	Request for Direct Deposit (Copy must be kept in file - send original to ICP Coordinator)
X						X	X	X	X	SDS 539R	Rights and Responsibilities
X						X	X	X	X	DHS 9001	Client Discrimination Complaint Information
			X			X	X		X	SEL 503	Oregon Voter Registration Card
*		X				X			X	Click for link	ICP Participation Agreement (Originals must be kept in file)
*		X				X			X	Click for link	ICP Representative Agreement (Originals must be kept in file)
X*		X				X	X		X	Click for link	ICP Budget Worksheet (Budget and Payroll Forms and Samples section)
		X							X	Click for link	ICP Six Month Budget Review Checklist (Budget and Payroll Forms and Samples section)

Oregon Project Independence (OPI)

Form Goes To C=Consumer or Designated Rep./P=Provider/ F=File/SS=Support Staff/CO=Central Office/ O=Other/*=Signature Required						Required At Intake	Required at Recertification	OA Form	Web Form	Form #	Form Name / Notes
C	P	F	SS	CO	O						
X*		X				X	X		X	SDS 287L	Oregon Project Independence (OPI) Service Agreement
X*		X				X	X		X	SDS 287K	Oregon Project Independence (OPI) Income/Fee Determination Record
		X				X	X (and when closing OPI)		X	SDS 287J	Oregon Project Independence (OPI) Risk Assessment Tool

		X	X			X	X	X		SDS 546N	In-Home Service Plan
*		X				X			X	SDS 0737	Client-Employed Provider Program Participation Agreement (Not required with IHA only)
*		X				X			X	SDS 0354	Workers' Compensation Agreement and Consent (required if using a CEP)
X	X	X				X	X	X		SDS 598N	Task List
	X	X				X	X		X	SDS 4105	Homecare Worker Notice of Authorized Hours and Services (Required at recert if there is a change in hours or services)

Community Based Care (ALF, AFH, RCF – APD Residential)

Form Goes To C=Consumer or Designated Rep./P=Provider/ F=File/SS=Support Staff/CO=Central Office/ O=Other/*=Signature Required						Required At Intake	Required at Recertification	OA Form	Web Form	Form #	Form Name / Notes
C	P	F	SS	CO	O						
*		X				X		X	X	SDS 539A	Application Form (As long as consumer remains continuously eligible. Should always be retained in file)
X		X				X			X	SDS 0541	Notice of Eligibility and Responsibility
X*	X*	X				X	X	X		SDS 001N	Service Plan Form
X	X					X	X	X		SDS 003N	Client Details Form
*		X				X		X		SDS 914	Service Options (When to use the 914 Service Options form link)
X						X	X	X	X	SDS 539R	Rights and Responsibilities
X						X	X	X	X	DHS 9001	Client Discrimination Complaint Information
X		X				X	X	X		SDS 450N	Liability Worksheet for Long Term Care or CBC
			X			X	X		X	SEL 503	Oregon Voter Registration Card

Nursing Facility (NFC)

Form Goes To C=Consumer or Designated Rep./P=Provider/ F=File/SS=Support Staff/CO=Central Office/ O=Other/*=Signature Required						Required At Intake	Required at Recertification	OA Form	Web Form	Form #	Form Name / Notes
C	P	F	SS	CO	O						

*		X				X		X	X	SDS 539A	Application Form (As long as consumer remains continuously eligible. Should always be retained in file)
X		X				X			X	SDS 0541	Notice of Eligibility and Responsibility
*		X				X		X		SDS 914	Service Options (When to use the 914 Service Options form link)
		X		X		X			X	SDS 460	Pre-Admission Screening/Resident Review (PASRR) Level 1, Form 0460
*		X				X		X		SDS 542	Designation of Management of Personal Funds
X						X	X	X	X	SDS 539R	Rights and Responsibilities
X						X	X	X	X	DHS 9001	Client Discrimination Complaint Information
X		X						X		SDS 450N	Liability Worksheet for Long Term Care or CBC (Used for Spousal Allowance situations)
			X			X	X		X	SEL 503	Oregon Voter Registration Card
X		X				X		X		SDS 458AN	Financial Planning Title XIX (Required at intake; or their income or liability changes. Must include Hearing Rights)
	X	X				X	X	X		SDS 458P	Financial Planning Title XIX (For NF Provider)

Program for All-Inclusive Care of the Elderly (PACE)

Form Goes To						Required At Intake	Required at Recertification	OA Form	Web Form	Form #	Form Name / Notes
C	P	F	SS	CO	O						
		X				X		X	X	SDS 539A	Application Form (As long as consumer remains continuously eligible. Should always be retained in file)
		X				X			X	SDS 0541	Notice of Eligibility and Responsibility
X*	X*	X				X	X	X		SDS 001N	Service Plan Form
	X					X	X	X		SDS 002N	Assessment Summary Form
	X					X	X	X		SDS 003N	Client Details Form
X						X	X	X	X	SDS 539R	Rights and Responsibilities
X						X	X	X	X	DHS 9001	Client Discrimination Complaint Information

			X			X	X		X	SEL 503	Oregon Voter Registration Card
Additional Forms (Used when needed)											
Form Goes To C=Consumer or Designated Rep./P=Provider/ F=File/SS=Support Staff/CO=Central Office/ O=Other/*=Signature Required						Required At Intake	Required at Recertification	OA Form	Web Form	Form #	Form Name / Notes
C	P	F	SS	CO	O						
*		X				X		X	X	SDS 539A	Application Form (As long as consumer remains continuously eligible. Should always be retained in file. See APD WG B.8 for application processes)
*		X						X	X	SDS 539C	Redetermination of Eligibility
	X	X	X						X	SDS 0753	APD Long Term Care Community Nursing (LTCCN) Program Client Referral
		X		X					X	SDS 514	Request for Exception (Send to CO when requires CO approval)
	X	X		X					X	SDS 514A	Exception Request Worksheet (CBC only. Send to CO when requires CO approval)
X		X							X	SDS 539H	Notification of Pending Status
		X			X			X	X	MSC 0647	Real and Personal Property (Send to EAU. See APD WG D.5 for Interactions with EAU)
*		X						X	X	MSC 0231	Designation of Authorized Representative or Alternate Payee
X		X							X	SDS 0540	Notification of Planned Action (Required when Closing, Reducing, or Suspending benefits)

Note: Contact Christine Maciel at (503) 945-5690 or via e-mail at Christine.C.Maciel@state.or.us for comments or questions.