

Applied rules for SPPC: OAR 411-034-0000 through 411-034-0090

Preliminary considerations PRIOR to completing the SPPC assessment

The consumer:

- Must meet the following eligibility criteria before completing the SPPC assessment. If the consumer does not meet this criteria, then the consumer is not eligible for SPPC services.

Determine preliminary eligibility criteria before the SPPC assessment - OAR 411-034-0030
<ol style="list-style-type: none"> 1. Must be a current recipient of a Medicaid OHP Plus benefit package; and 2. Cannot be receiving assistance with ADLs from a licensed 24-hour residential services program, such as an AFH, ALF, group home or RCF; or 3. Cannot be in a prison, hospital, sub-acute care facility, nursing facility, or other medical institution.

Where does a consumer apply for and receive SPPC services?

- Choosing the most appropriate agency to serve a consumer is critical for the consumer, as well as each of the following agencies' budgets is funded to serve a particular population as described below.

Agency where consumers are served – OAR 411-034-0035	
Agency	Considerations for determining which agency serves a consumer
Aging & People With Disabilities (APD)	<ul style="list-style-type: none"> - An older adult or an adult with a disability eligible for or receiving case management services from the APD or Area Agency on Aging (AAA) must apply for State Plan Personal Care (SPPC) services through the local APD or AAA office. - Consumers receiving benefits through the Department's Self-Sufficiency Programs (SSP) must apply for SPPC services through the local APD or AAA office. APD/AAA is responsible for service assessments and for any planning and payment authorization for SPPC services, if the applicant is determined eligible.
Addictions & Mental Health (AMH)	Consumers eligible for SPPC as described in OAR 410-172-0170 must apply through the local community mental health program or agency contracted with Addiction and Mental Health (AMH). A consumer applying for SPPC services that is not eligible for or receiving services through ODDS or APD is referred to the appropriate AMH office.
Office of Developmental Disabilities Services (ODDS)	A consumer with an intellectual or developmental disability eligible for or receiving services through the Department's Office of Developmental Disabilities Services (ODDS), a Community Developmental Disability Program (CDDP), or Support Services Brokerage must apply for SPPC services through the local CDDP or the local support services brokerage.

For SPPC service eligibility, the consumer:

- Must be SPPC eligible and receive an APD Medicaid paid personal care need by a homecare worker (HCW) or in-home agency provider with one or more of the personal care service needs listed in chart below.
- The case manager may request an SPPC exception through the APD Central Office if more than 20 hours/month is needed. Basic exception criteria, with links to full procedures are located on page 4 of this document.

Personal Care needs – Used for Eligibility and Service Planning purposes - OAR 411-034-0020(2)		
1. Basic Personal Hygiene	2. Toileting, Bowel or Bladder care	3. Mobility, Transfer or Repositioning
<ul style="list-style-type: none"> • Bathing (tub, bed bath, shower) • Washing hair • Grooming • Shaving • Nail care • Foot care • Dressing • Skin care • Mouth care and oral hygiene 	<ul style="list-style-type: none"> • Getting to and from bathroom • On and off toilet, commode, bedpan, urinal, or other assistive device used for toileting • Changing incontinence supplies • Toileting schedule • Cleansing a consumer or adjusting clothing after elimination • Emptying a catheter drainage bag or assistive device • Ostomy care • Bowel care 	<ul style="list-style-type: none"> • Ambulation • Transfers • Turning a consumer or adjusting padding for physical comfort or pressure relief • Range-of-motion exercises
4. Nutrition	5. Delegated Nursing Tasks (as defined in OAR 411-034-0010)	6. Medication or Oxygen Management
<ul style="list-style-type: none"> • Preparing meals and special diets • Assisting with adequate fluid intake or nutrition • Assisting with food intake (feeding) • Monitoring to prevent choking or aspiration • Assisting with special utensils • Cutting food • Placing food, dishes, and utensils within reach for eating 	<p><u>Delegated Nursing Task</u> means a registered nurse (RN) authorizes an unlicensed person (defined in OAR 851-047-0010) to provide a nursing task normally requiring the education and license of an RN. In accordance with OAR 851-047-0000, OAR 851-047-0010, and OAR 851-047-0030, the RN's written authorization of a delegated nursing task includes assessing a specific eligible consumer, evaluating an unlicensed person's ability to perform a specific nursing task, teaching the nursing task, and supervising and re-evaluating the consumer and the unlicensed person at regular intervals.</p>	<ul style="list-style-type: none"> • Ordering • Organizing • Administering oxygen or prescribed medications, (includes pills, drops, ointments, creams, injections, inhalers & suppositories) • Monitoring for choking while taking medications • Assisting with administration of oxygen • Maintaining clean oxygen equipment • Monitoring oxygen for adequate oxygen supply

Once determined SPPC service eligible, the consumer:

- Is eligible to receive the following supportive services as long as the consumer qualifies and receives a paid personal care service listed in the previous chart and needs assistance in the support service need.

Support Service needs – Used for Service Planning only – OAR 411-034-0020(3)		
1. Housekeeping	2. Arranging Medical Appointments	3. Observing and Reporting
<ul style="list-style-type: none"> • Cleaning surfaces & floors • Making the bed • Cleaning dishes • Taking out garbage • Dusting • Gathering and washing clothing & linens 	<ul style="list-style-type: none"> • Scheduling appointments • Arranging medical transportation • Assisting getting to and from appointments for: <ul style="list-style-type: none"> ❖ Ambulation; ❖ Transfers; or ❖ Cognition 	<ul style="list-style-type: none"> • Observing health status and reporting significant changes to: <ul style="list-style-type: none"> ❖ Physicians; ❖ Health care professionals; or ❖ Another appropriate person
4. First Aid & Emergencies	5. Cognitive and Emotional Assistance	
<ul style="list-style-type: none"> • Responding to medical incidents related to conditions where assistance is needed by another person for conditions such as: <ul style="list-style-type: none"> ❖ Seizures; ❖ Spasms; or ❖ Uncontrollable movements • Responding to a consumer’s call for help during an emergent situation; or • For unscheduled needs requiring immediate response 	<ul style="list-style-type: none"> • Assistance and support provided due to: <ul style="list-style-type: none"> ❖ Confusion; ❖ Dementia; ❖ Behavioral symptoms; or ❖ Mental or Emotional Disorders • Assistance and support includes: <ul style="list-style-type: none"> ❖ Coping with change; ❖ Decision-making; ❖ Reassurance; ❖ Orientation; ❖ Memory; or ❖ Other Cognitive symptoms 	

Exceptions to the 20 hour per month limit:

- Occasionally a consumer may be eligible to receive more than 20 hours per month through an APD Central Office exception approval process.
- The following chart is only a few highlights. Use the web link below for full detailed procedures.

Exception to the 20 hour limit – OAR 411-034-0020 and 411-034-0090				
The full “APD/AAA Local Office SPPC Exception Process” is located on the Case Management Tools website				
Direct link to full procedures: http://www.dhs.state.or.us/spd/tools/cm/sppc/SPPC%20Exception%20Process%203-30-15.pdf				
Service planning needs		Basic Exception Eligibility Criteria	Must be based on CAPS Assessment Eligibility	Maximum Hours Allowed
Personal Care	Basic Personal Hygiene	Hands-on	Yes	2
	Toileting, Bowel & Bladder	Hands-on	Yes	2
	Mobility, Transfers & Repositioning	Hands-on	Yes	2
	Nutrition	Hands-on	Yes	2
	Medication/O2 Management	Hands-on	Yes	2
	Delegated Nursing Tasks	Hands-on	Yes	2
Support Service	Housekeeping	These needs not eligible for exception hours		0
	Arranging Medical Appointments			0
	Observing and Reporting			0
	First Aid and Emergencies			0
	Cognitive & Emotional Assistance	On-going supervision	No, but document in synopsis &/or 514PC	5
Exceptional Housecleaning	A one-time need with a goal of providing intensive cleaning to get the home in reasonable condition in order for a HCW or in-home agency to take over and provide on-going hourly SPPC housekeeping services.	Cannot be provided by a HCW or In-home Agency	No, but document in synopsis &/or 514PC	Based on approved bid, not hours
		3 Bids from contractors Selected bid must have an approved Medicaid provider #	No, but document in synopsis &/or 514PC	Based on approved bid, not hours
		Consumer reviewed & signed the SDS 0343 consent form	No, but document in OACCESS narrative & save form in case file	N/A

Excluded services through the SPPC program

- Once SPPC eligible, the consumer may **NOT** have a Medicaid paid HCW or in-home agency complete the tasks listed below. However, since these services are not covered by Medicaid, the consumer or another individual, such as a relative, may choose to pay privately for these services.

Excluded SPPC Tasks – Do NOT authorize - OAR 411-034-0020(4)	
<ol style="list-style-type: none"> 1. Shopping 2. Community transportation 3. Money management 4. Mileage reimbursement 5. Social companionship 6. Adult Day Services described in OAR 411-066 7. Respite 	<ol style="list-style-type: none"> 8. Medicaid Home Delivered Meals described in OAR 411-040 9. Pet or animal care: includes all tasks associated with pet or animals, including but not limited to grooming, feeding and removal of animal waste 10. Yard work 11. Gardening 12. Home repair

SPPC Case Coding

- All consumers eligible for SPPC services have a Medicaid OHP Plus benefit package either through either OSIPM or MAGI. The following chart displays the case coding to use depending on whether the consumer is OSIPM and MAGI eligible.
- Note: Because all Self Sufficiency Program (SSP) consumers receive their Medicaid OHP Plus benefit package through MAGI and SSP does not have a mechanism to assess or service plan for SPPC, the APD/AAA case manager’s assess, service plan and code for the SSP’s SPPC case.

SPPC Case Coding		
OSIPM	CAPS Service Category Benefit Type	BPA
	Program Codes	_1, A1, _3, B3, _4, D4, _5
	Case Descriptor	BPA, IHC
	Need/Resource (N/R)	HK
MAGI	CAPS Service Category Benefit Type	BPO
	Program Codes	D-4, A1 (APD holds the SPPC service case only. The medical case is held through OHA, branch 5505)
	Case Descriptor	OSV, BPO, IHC
	Need/Resource (N/R)	HK

Forms to use for SPPC services

- The SPPC program does not use the 546N In-home Service Plan or the 598N Task List forms, as these forms are specific forms used for APD’s K-Plan in-home service program.
- The following chart displays the forms used for SPPC services.

					Forms							
Form Goes to:					Required at:			OA Form	Web Form	Form #	Form Name	
C	P	F	SS	CO	Intake	Recert	Varies					
C = Consumer or Rep. P = Provider F = File SS = Support Staff CO = Central Office * = Signature Required												
*		X			X			X	X	SDS 539A	Application Form	
X		X			X				X	SDS 0541	Notice of Eligibility and Responsibility	
*		X			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	SPPC –Service Plan and Task List	
		X		X			X		X	SDS 0514PC	Request for SPPC Exception (form used only if an exception is needed)	
X		X					X		X	SDS 0343	Consumer Consent In-home Chore and SPPC Exceptional Housecleaning Service	
*		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	

Providers available for consumers receiving SPPC services

- SPPC in-home services must be provided by either a homecare worker and contracted in-home agency. To use a HCW, the consumer or their representative must be able to manage the employer-employee responsibilities (see below).
- The following chart has guidelines for using a HCW or contracted in-home agency for SPPC in-home services. LTCCN services may be utilized to supplement SPPC in-home services. See provider chart below for detail.

Provider Information		
Provider type	Considerations for determining the provider type to use	Who cannot be an SPPC provider?
Homecare worker (HCW)	<p>A consumer:</p> <ul style="list-style-type: none"> - May choose to use either an in-home agency or a HCW. <p>OAR 411-034-0040(4): To be eligible to receive SPPC services provided by a HCW, the consumer or their representative must demonstrate the ability to:</p> <ul style="list-style-type: none"> - Locate, screen, and hire a provider meeting the requirements in OAR 411-034-0050; - Supervise and train a provider; - Schedule work, leave, and coverage; - Track the hours worked and verify the authorized hours completed by a provider; - Recognize, discuss, and attempt to correct any performance deficiencies with the provider and provide appropriate, progressive, disciplinary action as needed; and - Discharge an unsatisfactory provider. 	<p>-A provider paid by the Department may not be a consumer's legal representative</p> <p>A legal representative is:</p> <ul style="list-style-type: none"> - A spouse; - A family member who has legal custody or legal guardianship -An attorney at law who has been retained by or for a consumer; or -A person or agency authorized by the courts
Contracted in-home agency	<p>A consumer:</p> <ul style="list-style-type: none"> - May choose to use either an in-home agency or a HCW. - Must use an in-home agency if the consumer does not have the skills and abilities described in the HCW section above. If the consumer does not have the skills and abilities to be an employer, and chooses not to use an in-home agency, then the consumer is not eligible for the SPPC program. 	
Long Term Care Community Nursing (LTCCN)	<p>OAR 411-034-0070: A case manager may refer a LTCCN where available, for nursing assessment and monitoring when it appears a consumer needs assistance to manage health support needs and may need delegated nursing tasks, nurse assessment and consultation, teaching, or services requiring RN monitoring.</p>	<p>LTCCN services are available for consumers receiving SPPC in-home services and cannot be received as a stand-alone SPPC service.</p>