

# Notification of Planned Action Worker Guide

The Office of Developmental Disabilities Services (ODDS) recommends that you use the language below as a foundation for completing the Notification of Planned Action ([SDS0947](#)) when denying, reducing, suspending, or terminating a benefit or service. Please refer to form [SDS0947A](#) as a reference when completing the Notification of Planned Action; this form will provide you with instructions and additional guidance when completing the SDS0947 Notification of Planned Action. As appropriate, please add specific details in the “reason for action” section that are relevant to the rules that you cite in the Notification. Use your professional judgment to add or delete from the recommended language below in order to make the Notification clear and specific to the individual’s unique situation.

The rules listed in the right hand column include the full citations of all applicable Oregon Administrative Rules (OARs); choose those that are appropriate for the individual’s circumstances. Please remember to include the word ‘and’ or ‘&’ in between each section, subsection, paragraph or subparagraph.

Click here for:

[FAQs](#)

[Denials](#)

[Reduction](#)

[Suspension](#)

[Termination](#)

[Voluntary Changes](#)

## Frequently Asked Questions:

Q: I have been hearing a lot about a “realignment.” How do I complete a NoPA for reductions that are due to the use of the ANA-D or CNA-D?

A: A template NoPA addressing these reductions can be found at: <http://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/ExceptionsANACNA/reduction-nopa-template.doc>. Please make sure to go to this link whenever you need to complete a NoPA related to the realignment, do not use a copy saved on your computer.

Q: How do I know what the Effective Date of Planned Action should be?

A: When determining an “Effective Date of Planned Action” ensure that proper notice is allowed for by rule. For further information on this, please refer to the instruction manual for the SDS [0947](#).

Q: Can I send one Notification of Planned Action for all changes planned to occur in the ISP?

A: No. Each decision requires a separate Notification of Planned Action. For example, if denying a request for a home modification AND a request for adaptive technology, you must issue one notice denying the home modification and one notice denying the adaptive technology request. The exception to this is when an individual’s DD Services will be terminated and the Case Management Entity is sending a Notice of Planned Action

terminating them from DD services. Only one Notice of Planned Action is sent in this situation, even though it is terminating all services in the ISP.

Q: Can I send a Notification of Planned Action by email?

A: If the individual/guardian makes a request, Notifications can be sent via email. Please ensure that you convert the document to a PDF prior to emailing it. It is important to remember that emails containing Protected Health Information MUST be sent through secure email.

Q: Is it sufficient to just cite the rules that apply to the decision? What other information must be included?

A: State and Federal rule requires that rule citations for definitions must also be included in a Notice. This means that in addition to the rule used as the basis for the decision, you must include rule definitions in your Notification of Planned Action as applicable. For example, if you are issuing a Notification of Planned Action to reduce services based on assessment results, you would need to include the rule citation from a program rule for the language around how an assessment determines a service level AND cite the definition of “service level” and the applicable assessment, such as the “Adult Needs Assessment” (including the version that was used) A term may be defined in the same rule division as the rule that is the basis for the decision, or in the general definitions rule OAR Chapter 411, Division 317. When the term shows up in both divisions, use the definition from the program rule division.

Also, please remember that, pursuant to ORS 180.545, all notices must be written in “plain language.” Written communication meets the “Plain Language Standard” when it:

- Uses everyday words that convey meanings clearly and directly
- Uses the present tense and the active voice
- Uses short, simple sentences
- Defines only those words that cannot be properly explained or qualified in the text
- Uses type (font) of a readable size
- Uses layout and spacing that separate the paragraphs and sections of the document from each other

Q: Can I copy and paste information from this guide (or other guides) to the Notification of Planned Action?

A: It is not appropriate to simply copy and paste language from this worker guide into your Notification of Planned Action. All Notices must be personalized to the individual and their circumstances.

Q: How do I find the correct rules if an individual or their representative is requesting an item or service that is not addressed in rule or the Expenditure Guidelines?

A: These types of denials (or, in some cases, a reduction, suspension, or termination) can be confusing, however, they are infrequent. The first step is to identify what services *are* allowable under rule. The second step is to clarify (in the Reason for Action) that the requested item is outside of what administrative rule authorizes. For additional assistance or clarification, contact the ODDS Complaint Coordinator.

Q: I forgot to reduce a benefit on the day identified on the Notification of Planned Action. Can I still take the action on the identified “effective date of action?”

A: No. If an action is not taken on the date identified in the “Effective Date” portion of the Notification of Planned Action (and a hearing request with continuing benefits has NOT been requested), you will need to issue a new Notification of Planned Action following the instructions in SDS0947A and OAR 411-318-0020. In most cases the effective date should be 10 days from the date the notice is issued.

Q: How do I rescind a notice?

A: To rescind a notice, you must send a letter to the individual or their guardian (same person that the Notification of Planned Action was sent to). The letter should contain:

- The date of the Notification of Planned Action that is being rescinded
- The action that was identified in the Notification of Planned Action
- The reason that the action will no longer be taken

Q: What are some situations in which a Notification of Planned Action should NOT be issued?

A: There are several circumstances in which a Notification of Planned Action should not be issued. These situations typically occur either because there is not a denial, termination, reduction, or suspension of a service or because the person making the request does not have hearing rights (such as a potential provider who is not yet a Medicaid-enrolled provider). Examples include (but are not limited to):

- An individual transfers from one case management entity to another case management entity (unless a service that an individual is currently receiving will no longer be available once the transfer to the new

case management entity occurs) and all services identified in the ISP transfer to the new Case Management entity.

- An individual has lost medical coverage and was not receiving a waiver or k-plan service at the time. For more information on loss of medical coverage and Notice requirements, please the ODDS Complaint Coordinator.
- Enhanced or Exceptional PSW Collectively Bargained rates. These determinations are not subject to Contested Case Hearings. Individuals and PSW should be referred to the appropriate complaint process if appropriate.
- Involuntary Exits, Reductions, or Terminations by a Provider. If an individual is exited involuntarily from a service or setting by the Provider, the Provider must provide notice, not the CDDP or Brokerage. If a provider amends the date on the Notice of Involuntary Exit, Reduction, or Termination (0719dd), they must do this themselves. CDDPs and Brokerages must not issue a Notification of Planned Action to clarify this change as they are not the ones making the decision to Exit, Reduce or Terminate the individual from the service.

	<b>Service Terminations</b>		
<b>Situation</b>	<b>Box to check on NoPA</b>	<b>SDS 0947 reason should include:</b>	<b>OARs</b>
1. Whereabouts unknown and the individual receives waiver or k-plan services	<p>Box three</p> <ul style="list-style-type: none"> <li>Select “terminated” from the drop down menu</li> </ul>	<p>We have received returned mail for this address stating you have moved and left no forwarding address. Since we cannot locate you, we are terminating your services (Please specify services received by the customer) effective <u>mm/dd/yy</u>.</p>	<p>For all individuals, including someone in case management only:</p> <ul style="list-style-type: none"> <li>411-415-0030(5)(b)(F)</li> </ul> <p>If additional K plan or waiver services are authorized, including CIIS, also include:</p> <ul style="list-style-type: none"> <li>411-415-0030(5)(c)</li> <li>411-317-0000(68)</li> </ul> <p>For a child receiving Family Support Services do not include previous citations. Cite:</p> <p>411-415-0030(5)(b)(F) and 411-</p>

			305-0050 (3)(d)(A)
2. Move out of state	<p>Box three</p> <ul style="list-style-type: none"> <li>• Select “terminated” from the drop down menu</li> </ul>	<p>You are no longer an Oregon resident. You must be a resident to receive services from Oregon programs. Your services will be terminated on <u>mm/dd/yy</u>.</p>	<p>For all individuals, including someone in case management only:</p> <ul style="list-style-type: none"> <li>• 411-415-0030(5)(b)(D)</li> </ul> <p>If additional K plan or waiver services are authorized, including CIIS, also include:</p> <ul style="list-style-type: none"> <li>• 411-415-0030(5)(c)</li> <li>• 411-317-0000(68)</li> </ul> <p>For a child receiving Family Support Services do not include previous citations. Cite:</p> <ul style="list-style-type: none"> <li>• 411-415-0030(5)(b)(D) and 411-305-0050 (3)(d)(A)</li> </ul>
3. Individual does not qualify for any Title	Box three	Because you are no longer eligible for Title XIX	The required rule citations in this instance depend on the services

<p>XIX (Lost OSIP-M, OHP or MAGI) resulting in a loss of service eligibility.</p>	<ul style="list-style-type: none"> <li>• Select “terminated” from the drop down menu</li> </ul>	<p>Medicaid you are no longer eligible for K-Plan services or Waiver services. To be eligible for K-Plan and Waiver services you must have Title XIX OHP.</p>	<p>authorized on the current ISP.</p> <p>In all cases cite:</p> <ul style="list-style-type: none"> <li>• 411-317-0000(112); 411-317-0000(117); 411-317-0000(135)</li> </ul> <p>AND</p> <p>For Attendant Care (including DSA), Relief Care and Skills Training:</p> <ul style="list-style-type: none"> <li>• 411-450-0030 (2)(d)</li> <li>• Employment Services:411-345-0027(10)(d)</li> </ul> <p>For 24 hour Residential</p> <ul style="list-style-type: none"> <li>• 411-325-0390 (2)(a)(B)</li> </ul> <p>For Supported Living:</p> <ul style="list-style-type: none"> <li>• 411-328-0790 (2)(B) 411-300-0120 (5)(a)(B)(CIIS)</li> </ul>
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			<p>For Adult Foster Care:</p> <ul style="list-style-type: none"> <li>• 411-360-0190(a)(B)</li> </ul> <p>Children’s Foster Care:</p> <ul style="list-style-type: none"> <li>• NOPA issued by CMEU.</li> </ul> <p>For each Ancillary service:</p> <ul style="list-style-type: none"> <li>• 411-435-#### as corresponds to the service being terminated.</li> </ul>
<p>1. No longer under age 18 and CIIS Waiver Services and Family Support are not available for individuals aged 18 and over.</p>	<p>Box three</p> <ul style="list-style-type: none"> <li>• Select “terminated” from the drop down menu</li> </ul>	<p>You are not eligible for XXXX because you no longer meet the definition of a “child” and are above the age of 18.</p>	<p>In all cases:</p> <ul style="list-style-type: none"> <li>• 411-317-0000 (36) (General Definitions)</li> </ul> <p>In addition, for Family Support:</p> <ul style="list-style-type: none"> <li>• 411-305-0030 (2)(b)</li> </ul> <p>In addition, for CIIS:</p> <ul style="list-style-type: none"> <li>• 411-300-0120 (2)(a) (CIIS)</li> </ul>

5. Specialized Medical Supplies	<p>Box Two:</p> <p>Specify what is being denied (specific item/service)</p>	<p>You have requested specialized medical supplies (SPECIFY THE DETAILS OF ITEM REQUESTED). Your request has been denied due to (INCLUDE INFORMATION SPECIFIC TO THE REASON FOR THE DENIAL, IE: NO DENIAL FROM INSURANCE, NOT RELATED TO AN ASSESSED ADL/IADL NEED, DOES NOT DECREASE NEED FOR HUMAN ASSISTANCE, ETC.)</p>	<p>411-435-0020(21)</p> <p>AND</p> <p>411-435-0060 (4)* (Ancillary Services)</p> <p>OR</p> <p>411-305-0120 (12)* Family Support</p> <p>*Please add additional citations that apply to the situation</p>
6. Nursing	<p>Decisions to deny, reduce, or terminate Direct Nursing Services are determined by ODDS. For any concerns related to a Denial, Reduction, or Termination of Direct Nursing Service, please contact email <a href="mailto:ODDS.RNsupport@state.or.us">ODDS.RNsupport@state.or.us</a></p>		
7. Behavior Support	Box Three	You were previously	411-435-0050 (9)*

Services	<ul style="list-style-type: none"> <li>Select “terminated” from the drop down menu</li> </ul>	<p>authorized to receive Behavior Support Services. Your behavior support services is being terminated because (include information about the SPECIFIC DETAILS of why the service is being terminated).</p>	<p>*Please add additional citations that apply to the situation</p>
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<b>Service Reduction</b>			
<b>Situation</b>	<b>Box to check on NoPA</b>	<b>SDS 0947 reason should include:</b>	<b>OARs</b>
<p>1. ADL/IADL (attendant care) hours reduced due to changes in the Adult Needs Assessment (ANA) v. D or Child Needs Assessment (CNA) v. D from previous version C of both assessments</p> <p>A template NoPA addressing changes that occur as a result of the change in versions can be found at:<a href="http://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/ExceptionsANACNA/reduction-nopa-template.doc">http://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/ExceptionsANACNA/reduction-nopa-template.doc</a></p>			

<p>2. Transportation reduction</p>	<p><b>Box Three</b></p> <ul style="list-style-type: none"> <li>• Select “reduced” or from the drop down menu</li> </ul>	<p>Transportation needs (Specify transportation need requested) must be related to your service plan needs and goals. (INCLUDE SPECIFIC DETAILS ABOUT REASON FOR CHANGE) Per the results of your assessment, you have been determined to have a reduced need for assistance with transportation. Your mileage will be reduced to XXX on XX/XX/XXXX.</p>	<p>411-317-0000(50) AND 411-435-0050 (6)* (Ancillary Services) OR 411-305-0120 (13)* (Family Support) *Please add additional citations that apply to the situation</p>
<p>3. Specialized Medical Supplies</p> <p>NOTE: If the denial is based on missing</p>		<p>You have requested specialized medical supplies (SPECIFY THE DETAILS OF ITEM REQUESTED). Your request has been denied due to (INCLUDE INFORMATION</p>	<p>411-435-0020(21) AND 411-435-0040 (2)* (Ancillary Services)</p>

<p>information, please provide specific details as to what is needed for the item to be approved.</p>		<p>SPECIFIC TO THE REASON FOR THE DENIAL, IE: NO DENIAL FROM INSURANCE, NOT RELATED TO AN ASSESSED ADL/IADL NEED, DOES NOT DECREASE NEED FOR HUMAN ASSISTANCE, ETC.)</p>	<p>OR</p> <p>411-305-0120 (12)* (Family Support)</p> <p>*Please add additional citations that apply to the situation</p>
<p>2. 4. Relief Care</p>	<p>Box Two: Specify what is being denied (specific item/service)</p>	<p>On XX/XX/XXXX, you requested respite/relief care. Respite care cannot be authorized to (insert details i.e.: to allow primary caregiver to attend work/school, ongoing and on a regular schedule, etc.)</p>	<p>411-305-0120 (10)* (Family Support)</p> <p>411-450-0060 (4) (Community Living Supports)</p> <p>*Please add additional citations that apply to the situation</p>

6. Nursing	Decisions to deny, reduce, or terminate Direct Nursing Services are determined by ODDS. For any concerns related to a Denial, Reduction, or Termination of Direct Nursing Service, please contact email ODDS.RNsupport@state.or.us		

	<b>Service Denial</b>		
<b>Situation</b>	<b>Box to Check on NoPA</b>	<b>SDS 0947 Reason Should Include</b>	<b>OARs:</b>
1. Specialized Medical Supplies	<b>Box Two</b> <ul style="list-style-type: none"> <li>• Specify what is being denied (specific item/items)</li> </ul>	You have requested specialized medical supplies (SPECIFY THE DETAILS OF ITEM REQUESTED). Your request has been denied due to (INCLUDE INFORMATION SPECIFIC	411-435-0020(21)  AND  411-435-0040 (2)* (Ancillary Services)  OR  411-305-0120 (12)* (Family

		TO THE REASON FOR THE DENIAL, IE: NO DENIAL FROM INSURANCE, NOT RELATED TO AN ASSESSED ADL/IADL NEED, DOES NOT DECREASE NEED FOR HUMAN ASSISTANCE, ETC.)	Support)  *Please add additional citations that apply to the situation
2. Transportation denied	<p>Box Two</p> <ul style="list-style-type: none"> <li>Specify what is being denied (specific item/items)</li> </ul>	<p>Transportation needs (Specify transportation need requested) must be related to your service plan needs and goals. Per the results of your Adult Needs Assessment/ Child Needs Assessment, you have been determined to (INSERT APPLICABLE DETAILS). Therefore, you are not eligible for xxx (Bus Pass/Mileage/Etc., please specify requested</p>	<p>411-317-0000(50)</p> <p>AND</p> <p>411-305-0120 (13)* (Family Support)</p> <p>OR</p> <p>411-435-0050 (6)* (Ancillary Services)</p>

		item and reason for denial).	
3. Assistive Devices	<p><b>Box Two</b></p> <ul style="list-style-type: none"> <li>Specify what is being denied (specific item/items)</li> </ul>	<p>On XX/XX/XXXX, you requested (add specific information about the request and why it was requested). Assistive devices must meet an ADL, IADL, or other support need or goal identified in your ISP. Your request was denied due to (add specific reason that item was denied).</p>	<p>411-435-0020(3)</p> <p>AND</p> <p>411-300-0120 (12) * (Family Support)</p> <p>OR</p> <p>411-435-0050 (3)* (Ancillary Services)</p> <p>* Please add additional citations that apply to the situation</p>
4. Assistive Technology	<p><b>Box Two</b></p> <ul style="list-style-type: none"> <li>Specify what is being denied (specific item/items)</li> </ul>	<p>On XX/XX/XXXX, you requested (add specific information about the request and why it was requested). Assistive technology must meet an</p>	<p>411-435-0020(4)</p> <p>AND</p> <p>411-300-0120 (12)* (Family Support)</p>

		ADL, IADL, or other support need or goal identified in your ISP. Your request was denied due to (add specific reason that item was denied).	OR 411-435-0050 (3)* (Ancillary Services)  * Please add additional citations that apply to the situation
Relief Care	Box Two <ul style="list-style-type: none"> <li>Specify what is being denied (specific item/items)</li> </ul>	On XX/XX/XXXX you requested relief care in the amount of XX days, exceeding what is currently allowed. Your request was denied due to (add specific reason that the request was denied)	411-317-0000(161)  411-450-0040 (7)(d) (Community Living Supports) 411-305-0120 (10)* (Family Support)
Environmental Modifications	Box Two <ul style="list-style-type: none"> <li>Specify what is being denied</li> </ul>	On XX/XX/XXXX you made a request for a modification to your (INSERT SPECIFIC	411-435-0020(9)  411-435-0050 (2)* (Ancillary Services), sections of 411-435-

	(specific item/items)	INFORMATION ABOUT THE MODIFICATION REQUEST). Your request was denied due to (add specific reason that the request was denied)	0040 may applicable.  411-305-0120 (5) (Family Support)
Nursing	Decisions to deny, reduce, or terminate Direct Nursing Services are determined by ODDS. For any concerns related to a Denial, Reduction, or Termination of Direct Nursing Service, please contact email <a href="mailto:ODDS.RNsupport@dhs.oregon.gov">ODDS.RNsupport@dhs.oregon.gov</a>		
7. Behavior Support Services	<b>Box Two</b> <ul style="list-style-type: none"> <li>Select “denied” from the drop down menu</li> </ul>	You were previously authorized to receive Behavior Support Services. Your behavior support services is being terminated because (include information about the SPECIFIC DETAILS of why the service is being	411-435-0050 (9)*  *Please add additional citations that apply to the situation

		terminated).	
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### Service Suspension

(Will be included in a future revision. Contact Jeanette Baxter for questions on a situational basis)

Situation	Box to Check on NoPA	SDS 0947 Reason Should Include	OARs:

### Voluntary Changes

Situation	Box to Check on NoPA	SDS 0947 Reason Should Include	OARs:
Individual chooses to voluntarily terminate their services.	Box Three <ul style="list-style-type: none"> <li>• Select “Voluntarily Terminated” from the drop down menu and</li> </ul>	You have chosen to voluntarily terminate the services you are receiving (ADD SPECIFIC DETAILS ABOUT WHICH SERVICES ARE BEING VOLUNTARILY	If an individual is voluntarily leaving DD services completely the citations are the same as situation #1 In the Service Terminations section above.

	<p>specify which services are being terminated</p>	<p>TERMINATED). This request withdraws your application for current services.</p> <p>I also understand that I still have a right to request a hearing about this request. Information about hearings is included on this form.</p> <p><i>Note: If your situation changes, you may reapply for benefits at any time.</i></p>	<p>If an individual is voluntarily ending a specific service, follow the citations in situation #3.</p>
<p>Individual chooses to voluntarily reduce their services.</p> <p><i>Note: In situations when an ISP allows a specific service, but the individual chooses not to access or</i></p>	<p>Box Three</p> <ul style="list-style-type: none"> <li>• Select “Voluntarily Reduced” from the drop down menu and specify which services are</li> </ul>	<p>You have chosen to voluntarily reduce the services you are receiving (ADD SPECIFIC DETAILS ABOUT WHICH SERVICES ARE BEING VOLUNTARILY REDUCED).</p> <p>I also understand that I</p>	<p>If an individual is voluntarily reducing one or more specific services, follow the citations in situation #3 in the Service Terminations section above.</p>

<p><i>use the service, no Notice is required. Individuals have the choice to utilize available services or not (that they otherwise have access to).</i></p>	<p>being reduced</p>	<p>still have a right to request a hearing about this request. Information about hearings is included on this form.</p> <p><i>Note: If your situation changes, you may reapply for benefits at any time.</i></p>	
<p>Individual chooses to voluntarily suspend their services.</p> <p><i>Note: In situations when an ISP allows a specific service, but the individual chooses not to access or use the service, no Notice is required. Individuals have the choice to utilize available services or not</i></p>	<p>Box Three</p> <ul style="list-style-type: none"> <li>• Select “Voluntarily Suspend” from the drop down menu and specify which services are being suspended</li> </ul>	<p>You have chosen to voluntarily reduce the services you are receiving (ADD SPECIFIC DETAILS ABOUT WHICH SERVICES ARE BEING VOLUNTARILY Suspended).</p> <p>I also understand that I still have a right to request a hearing about this request. Information about hearings is included</p>	<p>If an individual is voluntarily suspending one or more specific services, follow the citations in situation #3 in the Service Terminations section above.</p>

<p><i>(that they otherwise have access to).</i></p>		<p>on this form.</p> <p><i>Note: If your situation changes, you may reapply for benefits at any time.</i></p>	
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