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State Plan Personal Care (SPPC – BPA/BPO)								
Consumer, F	X	X	X				002N	<b>Assessment Summary</b> – If the individual waives their right to a Title XIX assessment, the 002N is not required.
Consumer*, F	X			X			354	<b>Workers’ Compensation Agreement &amp; Consent</b> – Required if using a CEP.
Consumer, F		X		X			541	<b>Notice of Eligibility &amp; Responsibility</b> – At redet. when a Title XIX assessment has <u>not</u> been completed.
Consumer*, Provider, F, SS	X	X		X			546PC	<b>SPPC Service Plan &amp; Task List</b>
Consumer*, F	X	X		X			737	<b>Representative Choice Form</b> – Consumer-employer rep. section is not required with IHCA only. The form must be reviewed at each Redet. If there are no changes then it must be narrated. It’s not necessary to complete a new form each year when there are no changes.
Consumer*, F	X	X		X			2780N	<b>Service Plan &amp; Notice (SPAN)</b> – At intake when the individual doesn’t meet SPL & redet. a full Title XIX assessment must be done unless the consumer signs a 457D.

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Provider, F	X	X		X			4105	<b>Homecare Worker Notice of Authorized Hours &amp; Services</b> – Required with new service plans &/or when a HCWs hours or services being provided have changed.
Consumer*, F	X			X			7210	<b>Application for Oregon Health Plan (OHP) Benefits</b> – Only required if paper application is requested. Replaces 539A. Must be uploaded to ONE electronic file.

**Consumer**=Consumer or Rep. | **Provider**=Provider | **F**=EDMS/AAA file | **CM**-Case manager | **SS**=Support staff | **CO**=Central Office | **CMU**=Client Maintenance Unit | **O**=Other | **\***=Signature Required

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In-Home Services (APD In-Home)								
Consumer, F	X	X	X				002N	<b>Assessment Summary</b>
Consumer, F	X	X	X				003N	<b>Client Details</b>
Consumer*, F	X			X			354	<b>Workers' Compensation Agreement &amp; Consent</b> – Required if using a CEP.
F, SS	X	X	X				546N	<b>In-Home Service Plan</b>
Consumer*, F	X	X		X			737	<b>Representative Choice Form</b> – Consumer-employer rep. section is not required with IHCA only. The form must be reviewed at each Redet. If there are no changes then it must be narrated. It's not necessary to complete a new form each year when there are no changes.
Consumer*, Provider, F	X	X	X				598N	<b>Task List</b>
Consumer*, CM*, F	X	X		X			Service Plan Agreement	<b>Service Plan Agreement (SPA)</b> – Included as part of the SPAN & needs to be updated if the consumer goes to/from a NF ICF level of care to another living situation. The SPA is required every time.
Consumer, F	X	X		X			2780N	<b>Service Plan and Notice (SPAN)</b> – Every time.
Consumer Provider, F	X	X		X			2794	<b>Exception Process for Consumers</b>
Provider, F	X	X		X			4105	<b>Homecare Worker Notice of Authorized Hours &amp; Services</b> – Required with new service plans &/or when a HCWs hours or services being provided have changed.
Consumer	X	X		X			5139	<b>What to Expect from Your Assessment for Long-term Services &amp; Supports</b>
Consumer*, F	X			X			7210	<b>Application for Oregon Health Plan (OHP) Benefits</b> – Only required if paper application is requested. Replaces 539A. Must be uploaded to ONE electronic file.

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Consumer	X			X			8958	Medicaid In-home Service Options brochure

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Form Goes to: (legend at end of each section)	Intake	Redet.	OA Form	Web Form	CM Tools Form	ONE Form	Form #	Form Name / Notes
<b>Independent Choices Program (ICP)</b>								
Consumer, F	X	X	X				002N	<b>Assessment Summary</b>
Consumer, F	X	X	X				003N	<b>Client Details</b>
Consumer*, F, CO	X			X	X		353	<b>Workers' Compensation Consent &amp; Agreement</b> – Copy must be sent to <a href="mailto:ICP.SPD@odhsoha.oregon.gov">ICP.SPD@odhsoha.oregon.gov</a> within one week of start date.
Consumer, F, CO	X	X			X		<a href="#">546ic2wk</a> Use version on CM Tools ICP page.	<b>Independent Choices Benefit Calculation</b> – Copy must be sent to <a href="mailto:ICP.SPD@odhsoha.oregon.gov">ICP.SPD@odhsoha.oregon.gov</a> within one week of start date. Must be sent at intake & at redet. every time & must be sent when there is change in authorized hours or when there is a change in the hourly rate paid out.
Consumer*, Provider*, F, CO, O	X	X		X			548	<b>Independent Choices Program Employee Provider(s) Information</b> – Copy must be sent to <a href="mailto:ICP.SPD@odhsoha.oregon.gov">ICP.SPD@odhsoha.oregon.gov</a> & to Acumen at <a href="mailto:Enrollment@Acumen2.net">Enrollment@Acumen2.net</a> . Required at intake & if there are changes such as a new provider or a change in the provider's hourly rate of pay.
Consumer*, F	X	X		X			737	<b>Representative Choice Form</b> – Consumer-employer rep. section is not required for IHCA only. It must be reviewed at Redet. If there are no changes it must be narrated. It's not necessary to complete a new form each year when there are no changes (not used for the ICP Representative).
Consumer*, F	X	X		X			Service Plan Agreement	<b>Service Plan Agreement (SPA)</b> – Included as part of the SPAN & needs to be updated if the consumer goes to/from a NF ICF level of care to another living situation. The SPA is required every time.
Consumer, F	X	X		X			2780N	<b>Service Plan &amp; Notice (SPAN)</b> – Every time.
Consumer	X	X		X			2794	<b>Exception Process for Consumers</b>

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Consumer*, F	X			X	X		2876	<b>ICP Participation Agreement</b> – Requirement for initial eligibility & must be received <u>before</u> ICP start date.
Consumer	X	X		X			5139	<b>What to Expect from Your Assessment for Long-term Services &amp; Supports</b>
Consumer*, F	X			X			7210	<b>Application for Oregon Health Plan (OHP) Benefits</b> – Only required if paper application is requested. Replaces 539A. Must be uploaded to ONE electronic file.
Consumer*, CO or CMU	X			X	X		7262i	<b>Request for Direct Deposit</b> – To be sent to the CO or CMU within one week of start date.
Consumer	X			X			8958	<b>Medicaid In-home Service Options brochure</b>
Consumer*, F, CO, O	X	X			X		<a href="#">ICP BW</a>	<b>ICP Budget Worksheet (ICP BW)</b> - Copy must be sent to <a href="mailto:ICP.SPD@odhsoha.oregon.gov">ICP.SPD@odhsoha.oregon.gov</a> . Must also be sent to Acumen at <a href="mailto:Enrollment@Acumen2.net">Enrollment@Acumen2.net</a> if referred for payroll services any time there is a change to the monthly budget.
Consumer*, F	X			X	X		<a href="#">ICP Rep. Agreement</a>	<b>ICP Representative Agreement</b> – Required at intake or within one week as soon as it is deemed necessary.
F		X			X		ICP 6-Month Budget Review	<b>ICP Six Month Budget Review Checklist</b> – Used as a tool to aid CM at each six-month budget review.
Consumer*, CO, O	X	X			X		<a href="#">Acumen AW Form</a>	<b>Acumen Auto Withdrawal Form</b> – Required at intake and when there is a change to the ICP cash benefit, if the participant is enrolled in payroll services with Acumen. Requires a ‘wet signature’.
F, CO, O	X				X		<a href="#">Acumen Referral</a>	<b>Acumen Referral Form</b> – Email to <a href="mailto:ICP.SPD@odhsoha.oregon.gov">ICP.SPD@odhsoha.oregon.gov</a> and to Acumen at <a href="mailto:Enrollment@Acumen2.net">Enrollment@Acumen2.net</a>

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Community Based Care (ALF, AFH, RCF – APD Residential)								
Consumer, F	X	X	X				002N	<b>Assessment Summary</b> – Not required at redetermination if the SPL remains the same.
Consumer, F		X			X		<a href="#">002N Cover Letter</a>	<b>002N Cover Letter</b> – At redet. if there is a change in SPL & the consumer is still eligible, but the SPAN is not sent.
Consumer, F, Provider	X	X	X				003N	<b>Client Details</b>
Consumer, F		X		X			540P	<b>Notice of Increase in Service Payment</b> – To be sent at redet. when no SPAN is sent & there is an increase in liability due to cost of care, a rate or provider increase. <b>*NOTE:</b> Changes in income or deductions should trigger the eligibility worker to send notice of changes to the liability, but CMs are encouraged to confirm this occurred.
Consumer, F		X		X			541	<b>Notice of Eligibility &amp; Responsibility</b> – Required at redet. if there is no change in SPL.
Consumer*, F	X	X		X			737	<b>Representative Choice Form</b> – Consumer-employer rep. section is not required with IHCA only. The form must be reviewed at each Redet. If there are no changes then it must be narrated. It's not necessary to complete a new form each year when there are no changes.
Consumer*, Provider*, F	X	X		X			Service Plan Agreement	<b>Service Plan Agreement (SPA)</b> – Included as part of the SPAN & needs to be updated if the consumer goes to/from a NF ICF level of care to another living situation. The SPA is required every time. <b>Note:</b> The SPA needs to be sent to the provider only if there is an approved IBL.
Consumer*, F	X	X		X			2780N	<b>Service Plan &amp; Notice (SPAN)</b> – Required at redet. when they are no longer SPL eligible, or they are EWE eligible.

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Consumer	X	X		X			5139	<b>What to Expect from Your Assessment for Long-term Services &amp; Supports</b>
Consumer*, F	X			X			7210	<b>Application for Oregon Health Plan (OHP) Benefits</b> – Only required if paper application is requested. Replaces 539A. Must be uploaded to ONE electronic file.

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Nursing Facility (NFC)								
Consumer, F	X	X	X				002N	<b>Assessment Summary</b> – Not required at redetermination if the SPL remains the same.
Consumer, F		X			X		<a href="#">002N Cover Letter</a>	<b>002N Cover Letter</b> – At redet. if there is a change in SPL & the consumer is still eligible, but the SPAN is not sent.
Consumer, F, Provider	X	X	X				003N	<b>Client Details</b>
F, CO	X			X			460	<b>Pre-Admission Screening/Resident Review (PASRR) Level 1</b>
Consumer, F		X		X			540P	<b>Notice of Increase in Service Payment</b> – To be sent at redet. when no SPAN is sent & there is an increase in liability due to cost of care, a rate or provider increase. <b>*NOTE:</b> Changes in income or deductions should trigger the eligibility worker to send notice of changes to the liability, but CMs are encouraged to confirm this occurred.
Consumer, F	X Only when cost of care	X		X			541	<b>Notice of Eligibility &amp; Responsibility</b> – Required at redet. if there is no change in SPL. Staff may send when the consumer is <b>cost of care – enter actual liability in notes/comments section</b> . Do not send at intake if waiving the first month liability. Call consumer to discuss.
Consumer*, F	X		X				542	<b>Designation of Management of Personal Funds</b>
Consumer*, F	X	X		X			737	<b>Representative Choice Form</b> – Consumer-employer rep. section is not required with IHCA only. The form must be reviewed at each Redet. If there are no changes then it must be narrated. It's not necessary to complete a new form each year when there are no changes.
Consumer*, P*, F	X	X		X			Service Plan Agreement	<b>Service Plan Agreement (SPA)</b> – Included as part of the SPAN & needs to be updated if the consumer goes to/from a NF ICF

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								level of care to another living situation. The SPA is required every time.
Consumer*, F	X	X		X			2780N	<b>Service Plan &amp; Notice (SPAN)</b> – Required at redet. when they are no longer SPL eligible, or they are EWE eligible.
Consumer	X	X		X			5139	<b>What to Expect from Your Assessment for Long-term Services &amp; Supports</b>
Consumer*, F	X			X			7210	<b>Application for Oregon Health Plan (OHP) Benefits</b> – Only required if paper application is requested. Replaces 539A. Must be uploaded to ONE electronic file.

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Program for All-Inclusive Care for the Elderly (PACE)								
Consumer, Provider, F	X	X	X				002N	<b>Assessment Summary</b> – Not required at redetermination if the SPL remains the same.
Consumer*, F	X	X		X			737	<b>Representative Choice Form</b> – Consumer-employer rep. section is not required with IHCA only. The form must be reviewed at each Redet. If there are no changes then it must be narrated. It's not necessary to complete a new form each year when there are no changes.
Consumer*, Provider* F	X	X		X			Service Plan Agreement	<b>Service Plan Agreement</b> – Included as part of the SPAN & needs to be updated if the consumer enrolls in PACE or disenrolls from PACE and the consumer's care is provided in another LTSS program. The SPA is required every time.
Consumer*, F	X	X		X			2780N	<b>Service Plan &amp; Notice (SPAN)</b> – Required at redet. when no longer SPL eligible.
Consumer	X	X		X			5139	<b>What to Expect from Your Assessment for Long-term Services &amp; Supports</b>
Consumer*, F	X			X			7210	<b>Application for Oregon Health Plan (OHP) Benefits</b> – Only required if paper application is requested. Replaces 539A. Must be uploaded to ONE electronic file.

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Oregon Project Independence (OPI)								
Consumer*, F	X	X		X			287L	Oregon Project Independence (OPI) Service Agreement
Consumer*, F	X	X		X			287K	Oregon Project Independence (OPI) Income/Fee Determination Record
Consumer*, F	X			X			354	Workers' Compensation Agreement & Consent – Required is using a CEP.
F, SS	X	X	X				546N	In-Home Service Plan
Consumer, Provider, F	X	X	X				598N	Task List
Consumer*, F	X	X		X			737	Representative Choice Form – Consumer-employer rep. section is not required with IHCA only. The form must be reviewed at each Redet. If there are no changes then it must be narrated. It's not necessary to complete a new form each year when there are no changes.
F	X			X			2549	Oregon Project Independence (OPI) Waitlist Tool – This is only required when a waitlist exists, at the time when the consumer is added to the waitlist.
Provider, F	X	X		X			4105	Homecare Worker Notice of Authorized Hours & Services – Required with new service plans &/or when a HCWs hours or services being provided have changed.
F	X	X					3010	Authorization for Disclosure, Sharing and Use of Individual Information – Required for service coordination between the AAA and other entities.

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Additional Forms (Used when needed) and Information About ONE Forms								
Consumer, F				X	X		4234	<b>APD LTSS Notice of Request for Information or Verification Needed</b> – Replaces DHS 210 & DHS 210A. It should be used when needed to make LTSS determinations, special needs, or when changes are reported or discovered. It can be found on the <a href="#">Client Details, Treatment, Forms, &amp; Misc. LTC Information</a> page on the CM Tools website and on the Form Server.
Consumer*, F			X	X			231	<b>Designation of Authorized Representative or Alternate Payee</b>
Consumer, F				X			457D	<b>Voluntary Agreement to Take Action on a Case</b>
F, CO				X			514	<b>Request for Exception</b> – For in-home service requests
Provider, F, CO				X			514A	<b>Exception Request Worksheet</b> – For CBC requests
Consumer, F				X			540	<b>Notification of Planned Action</b> – For SPPC & general Medicaid financial eligibility decisions.
F, O			X	X			647	<b>Real &amp; Personal Property</b> – Send to EAU
Provider, F, SS				X			753	<b>APD Long Term Care Community Nursing (LTCCN) Program Client Referral</b>
Consumer, F	X	X		X			2379	<b>Asset Verification Consumer Report Disclosure</b> – To be used when Medicaid benefits are denied, reduced, or closed due to AVS results (i.e. when an individual is over the resource limit for Medicaid, & the resource was discovered via AVS & not disputed).
Consumer, SS						X	ONE 120	<b>Voter Registration Card</b>
Consumer, F						X	Liability Summary	<b>Liability Summary</b> – ONE Sends out the Liability Summary with the Notice of Eligibility.

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Consumer						X	MED 062	<b>Estate Administration Program</b> – ONE sends this when a service TOA is approved & authorized.
Consumer, F						X	ONE 001	<b>Notification of Pending Status</b>
Consumer, F	X	X		X			450	<b>Liability Worksheet</b> – This form is NOT required unless specifically requested by the consumer when they don't understand the liability amount on the notice sent from ONE. It must be filled out manually & is used for NF & CBC care settings.

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### Updates

**NOTE:** Email [APD.MedicaidPolicy@odhsoha.oregon.gov](mailto:APD.MedicaidPolicy@odhsoha.oregon.gov)

- 7/26/19: Added under 'Additional Forms' form # DHS 2379.
- 12/8/20: Removed APD 9377A 'Why Should I Care About Elder Abuse?' form & added DHS 9373 'Reporting Abuse of Older Adults & People with Physical Disabilities' as indicated for each program area listed above.
- 2/18/21:
  - Removed the following:
    - OHP 0097 Important Letter Language in Multiple Languages (no longer needed now that all medical programs are in ONE)
    - SEL 503 Voter Registration Card (replaced by ONE 120)
    - SDS 539A Application (replaced by OHP 7210, Applicant Portal, Worker Portal)
    - SDS 539R Rights & Responsibilities (attached to the OHP 7210, the AP & the WP & is signed electronically)
    - DHS 9001 Client Discrimination Complaint Information (attached to the OHP 7210, the AP & the WP)
    - SDS 450N Liability Worksheet for LTC or CBC (ONE sends out the Liability Summary with the Notice of Eligibility)
    - SDS 458AN Financial Planning Title XIX (ONE sends out the Liability Summary with the Notice of Eligibility)
    - SDS 458P Financial Planning Title XIX (providers can look in MMIS to determine how much to bill consumers)

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- SDS 539H Notification of Pending Status (use 210 or 210A to pend for non-financial service-related information. Replaced by form ONE 001)
  - DHS 2379 Asset Verification Consumer Report Disclosure (ONE will automatically include this information)
  - DHS 9093 Estate Administration Program (EAU brochure. ONE form MED 062 gets sent when a service TOA is approved & authorized)
  - SDS 287J Oregon Project Independence (OPI) Risk Assessment
- Added the following:
  - OHP 7210 Application for Oregon Health Plan (OHP) Benefits (replaces SDS 539A)
  - DHS 210 Notice of Pending Status (replaces SDS 539H)
  - DHS 210A Additional Information or Verification Needed (replaces SDS 539H)
  - ONE 001 Notification of Pending Status
  - ONE 120 Voter Registration Form (replaces SEL 503)
  - Liability Summary (replaces 458N, SDS 458AN)
  - MED 062 (replaces DHS 9093)
  - DHS 2549 Oregon Project Independence (OPI) Waitlist Tool
- 3/2/21: Removed SDS 450N form
- 5/18/21: Added the SDS 541 to NF to be sent at redet. when the SPAN is not being sent due to no change in SPL & the consumer has received a SPAN in the past and at intake when the consumer is cost of care. Add the SDS 540P for all care settings to be sent at redet. when no SPAN is sent & there is an increase in liability due to cost of care, a rate or provider increase.
- 12/2/21: OPI section – Removed requirement to complete the Waitlist Tool at redetermination. Added form MSC 3010 Authorization for Disclosure, Sharing and Use of Individual Information. This is required at intake and at redetermination.
- 3/28/22: Removed the following –
  - SDS 540P from the In-home service programs and PACE sections.
  - Pay-inN Pay-in Calculation Worksheet from the In-Home service programs and PACE sections.
  - The Transmittals previously mentioned at the top of the PACE section.
- 4/12/22:
  - Added the following:
    - Newly created **APD LTSS Notice of Request for Information or Verification Needed** form under the Additional Forms section.
  - Removed the following:

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- DHS 210 Notice of Pending Status
  - DHS 210A Additional Information of Verification Needed
- 8/12/22: Removed wording about the 002N which caused confusion. Note that the 002N is required at every intake and redetermination.
- 9/15/22: Added note for the ICP to more clearly indicate when the SDS 548 ICP Employee Provider(s) Information form is required to be submitted to the ICP Policy Analyst.
- 9/22/22:
  - Added wording to indicate for CBC, NF, and PACE benefits that the SDS 002N is not required at redetermination if the SPL remains the same from the previous assessment. For In-home cases the SPAN and 002N are always required. Added clarifying notes for the SPPC SPAN requirements.
  - Added the form # DHS 4234 now that the form # has been assigned for the LTSS Notice of Request for Information of Verification Needed listed under the Additional Forms section.
- 11/9/22: Updated the language for the SDS 737 form to read “Consumer-employer rep. section is not required with IHCA only. The form must be reviewed at each Redet. If there are no changes then it must be narrated. It’s not necessary to complete a new form each year when there are no changes.”
- 2/21/23: Removed form DHS 9373 “Reporting Abuse of Older Adults and People with Physical Disabilities” brochure (see [APD-AR-23-004](#)).
- 2/23/23: Added a note for SPPC program related to the Assessment Summary for SDS 002N stating that if the individual waives their right to a full Title XIX assessment the 002N is not required.
- 3/14/24: Updated SPA note requirement to read as follows - **Service Plan Agreement (SPA)** – Included as part of the SPAN & needs to be updated if the consumer goes to/from a NF ICF level of care to another living situation. The SPA is required every time. Updated the ICP section to remove the requirement to send the 546ic2wk form to Acumen as it is no longer required (the ICP BW is used in lieu of the 546ic2wk form for Acumen).
- 3/19/24: Added the requirement to send the SDS 003N Client Details form to CBC providers following each intake and redetermination.
- 3/28/24: Corrected form number 540N to 546N in the OPI section.
- 4/24/24: Added 003N to be saved to consumer’s file in ICP, CBC, and NFC sections and sent to the provider in the NFC section.