Aging and People with Disabilities

Completing New Decision Notice:







Benefits of the New Notice

- Notices will be legally sufficient.
- Provides transparency on:
 - How eligibility and hours decisions are made.
 - The exception process.
- Reduce the need for:
 - Re-assessments for hearing requests.
 - Amended notices for hearing requests.



SPAN NOTICE

- The new notice is called "Service Plan and Notice", or SPAN.
- SPAN will be used as the notice for consumers requesting or receiving services.
- SPAN is also used for the consumer's service plan agreement.



When SPAN is required

At the completion of an assessment and one of the following applies:

- Consumer is initially approved for services
- Consumer is denied services (denial or closure)
- Any in-home consumer at reassessment for whom any of the following is true:
 - SPL changed;
 - hours have changed (either up or down); or
 - New decision on exception, shift services or spousal pay REQUEST
 - Has never received a SPAN, 2780, 2781, 2782, or 2783



When SPAN is NOT required

At the completion of an assessment and the following applies:

 Consumer that is currently receiving services in a nursing home/CBC setting or PACE and their SPL increases or stays the same





For consumers who do not get SPAN

- Send the following documents:
 - Service Plan Agreement of the SPAN;
 - -002n;
 - Pre-written cover letter.



SPAN Form: Service Plan Agreement

The Service Plan Agreement replaces the use of forms 001N and 914.

Select the services the consumer has agreed to receive.

Select "Case Management Services" unless the consumer is on MAGI or in a NH. Leave this form blank if the consumer is ineligible.

| Prin | nt Service Plan Only | Service Plar | n Agr | eement | Print Notice | Consumer is in | |
|------|-----------------------|-----------------|-------|--------------------------|---------------------|---|--|
| 0 | | D | | | | a CBC setting: | |
| Base | • | you have been g | | he choice and agree to r | eceive | in the field | |
| mont | hly ADL and IADL serv | below it, enter | | | | | |
| | Case Management Se | ervices | | Nursing Home | | in the type of | |
| | Independent Choices | Program | | PACE Program | | placement (i.e. | |
| | Homecare Worker* | | | Natural Support | | Assisted Living, | |
| | In-Home Care Agency | / * | | Long-Term Care Comm | nunity Nursing | Adult Foster Home, etc.) | |
| | Home Delivered Meal | S | | Emergency Response | System | | |
| | Adult Day Services | | | Community Based Care | | Oregon Department | |
| | Specialized Living | | | | | of Human Services PLE WITH DISABILITIES | |

SPAN Form: Service Plan Agreement

- The consumer or representative, the provider if CBC or NF and case manager must sign the form.
- A new signed agreement needs to be on file after the completion of each assessment the consumer is determined eligible.
- The consumer may check the below box if they disagree with the assessment or service plan, however they still need to sign.

| Please check this box if you believe this service plan does not meet your needs or |
|--|
| you disagree with the assessment or service plan. |

Print Service Plan Only

 Consumer Signature
 Date

 Consumer Representative Signature
 Date

 Provider Signature
 Date

 Case Manager Signature
 Date

The "Print Service Plan Only" button may be used to print an extra copy of just this page (i.e. for the consumer's record).



Questions?

| • | Chris Angel | (503 |) 945-7034 |
|---|-------------|------|------------|
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<u>General Questions:</u> <u>APD.DecisionNotices@dhsoha.state.or.us</u>

