

Case Manager Individually-Based Limitations (IBL)

Checklist: Processing an IBL Request, APD 0556

Step 1: Upon receipt of IBL request

- ☐ Narrate receipt of IBL request in Oregon ACCESS (OA)
- ☐ Determine if the IBL request is appropriate and complete:
 - ☐ There is a moderate health or safety risk to the individual or others.
 - ☐ The provider includes less restrictive methods that failed.
 - ☐ The provider describes ways to measure and who will measure the effectiveness of the IBL.
 - ☐ The IBL time limit is less than a year.
 - ☐ The consumer marked yes and initiated IBL.
 - ☐ The form is signed by the consumer or representative.
 - ☐ The APD 0556 is complete.

Reject the request if any box is not checked. See, “Reject IBL Request” below.

Continue to step 2 if all boxes are checked.

Step 2: Review with consumer and staff with supervisor

- ☐ Staff IBL with supervisor. Supervisor should email concerns to HCBS Oregon at hcbs.oregon@odhsosha.oregon.gov.
- ☐ Review the IBL request with the consumer or representative.
 - ☐ The consumer/representative understands the proposed IBL.
 - ☐ There is no indication the consumer/representative was coerced into signing the IBL request form.
 - ☐ Narrate the interview including the consumer/representative’s understanding and any concern of coercion.

Reject the request if all boxes are not checked. Refer to “Interview Concerns” below if the consumer is unable to consent and has no representative

Continue to Step 3 if all boxes are checked.

Step 3: Approve IBL request

- ☐ Add IBL to the SPA.
- ☐ Sign Case Manager Statement on page 3 of the IBL Request Form.
- ☐ Mail copy of signed IBL Request to consumer/representative and provider.
- ☐ Mail SPA to consumer/representative and provider for signatures.

Interview concerns

Concerns regarding consumer’s inability to understand the request:

- ☐ Request a statement from a QHP (Qualified Health Provider) regarding consumer’s ability to understand the proposed IBL.

IBL cannot be implemented until QHP statement is received.

- ☐ Narrate request for QHP statement.
- ☐ Narrate receipt of QHP statement.

Concerns regarding coercion:

- ☐ Staff concerns with supervisor. Supervisor should email concerns to HCBS Oregon at hcbs.oregon@odhsoha.oregon.gov.

Rejecting an IBL request

- ☐ Contact the provider and explain why you are rejecting the request.
- ☐ Narrate actions and reason for rejection in OA.

When an IBL is revoked

- ☐ Narrate notification of revocation in OA.
- ☐ Request a new 0556 with revocation, if not provided.
- ☐ Remove the IBL from the SPA.

- ☐ Sign Case Manager Statement on page three (3) of the IBL Request Form.
- ☐ Send updated SPA to consumer/representative and provider for signatures.
- ☐ Narrate completion of IBL revocation, forms sent and electronic file upload.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Aging and People with Disabilities at apd.ltss@odhs.oregon.gov or 503-945-5600. We accept all relay calls.



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