

Oregon HCBS Individually-Based Limitation (IBL) Oregon ACCESS (OA) Narration Template

This template may be used to narrate in OA the various IBL-related steps. IBLs are requested using the APD 0556.

Note: Narratives can be combined if more than one step happens on the same day.

Step 1: CM receives IBL request from provider

HCBS IBL requested on [date requested] by [provider name] for [list each requested IBL; e.g., access to food, roommate choice]

Step 2: CM reviews IBL request to determine if it is appropriate and complete, then approved or denies IBL request

(A) CM denies IBL

HCBS IBL denied on [date denied] for [list each denied IBL; e.g., roommate choice] because [Choose reason: IBL not appropriate (or) IBL not complete]. Provider notified.

(B) CM approves IBL

HCBS IBL approved on [date approved] for [list each approved IBL; e.g., access to food]. Provider will be notified after CM discusses consent to IBL(s) with individual.

Step 3: CM discusses IBL with individual to determine if they will consent to the proposed IBL(s) / or / individual is “unable to consent” to IBL

(A) Individual refuses to consent to IBL

HCBS IBL refused by [individual name] on [date of refusal/rejection] for [list each IBL the individual refused, e.g., roommate choice]. Meeting with individual on [date] to obtain signature on APD 0556, documenting refusal. Copy of signed document will be sent to individual, provider and EDMS.

(B) Individual consents to IBL request

HCBS IBL consented to by [individual name] on [date individual consented to IBL] for [list each IBL the individual consented to; e.g., access to food] IBL. Meeting with individual on [date] to obtain individual signature on SPA (reflecting IBL) and APD 0556, documenting consent. Copies of signed documents will be sent to individual, provider and EDMS.

(C) Individual is “unable to consent” to IBL

[Individual name] is **unable to consent to HCBS IBL** per [Choose one: Physician / qualified health care professional]. IBL(s) will go into effect on [date IBL(s) approved]. Updated SPA (reflecting IBL) and APD 0556 will be sent to provider and EDMS.

Step 4: IBL no longer in effect

(A) Individual revokes consent to IBL (can happen at any time)

HCBS IBL ended on [date] as [individual name] revoked consent [provide reason for revocation, if known]. Meeting with individual on

[date] to obtain signature on updated SPA (reflecting no IBL) and APD 0556, documenting revocation. Copy of signed documents will be sent to individual, provider and EDMS.

- (B) **Timeframe for IBL ran out** (i.e., no more than one year has passed)
HCBS IBL ended on [date]. IBL was in effect from [start date] to [IBL end date]. Meeting with individual on [date] to obtain signature on updated SPA reflecting no IBL. Copy of signed document will be sent to individual provider and EDMS.
- (C) **IBL not needed** (i.e., issue for which IBL was put in place has resolved)
HCBS IBL ended on [date]. IBL no longer necessary as [reason no longer needed]. Meeting with individual on [date] to obtain signature on updated SPA reflecting no IBL. Copy of signed document will be sent to individual, provider and EDMS.
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OREGON DEPARTMENT OF
Human Services

Aging and People with Disabilities

Long-Term Services and Supports

500 Summer St. NE, E-10

Salem, OR 97301-1076

503-945-5600

odhs.info@odhs.oregon.gov

www.oregon.gov/odhs