PRESENTATION

Aging and People with Disabilities

Completing New Decision Notice:

Presented
by
APD Central Office Staff
May – August 2018

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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.

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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 <u>any</u> 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

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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.

Print Service Plan Only **Service Plan Agreement** **Print Notice**

Consumer: **Prime:**

Based upon our discussion, you have been given the choice and agree to receive monthly ADL and IADL services and supports from the following:

- ☐ Case Management Services
- ☐ Independent Choices Program
- ☐ Homecare Worker*
- ☐ In-Home Care Agency*
- ☐ Home Delivered Meals
- ☐ Adult Day Services
- ☐ Specialized Living
- ☐ Nursing Home
- ☐ PACE Program
- ☐ Natural Support
- ☐ Long-Term Care Community Nursing
- ☐ Emergency Response System
- ☐ Community Based Care
- ☐

Consumer is in a CBC setting: in the field below it, enter in the type of placement (i.e. Assisted Living, Adult Foster Home, etc.)

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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).

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Questions?

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