

State Plan Personal Care: 20-Hour Service Plan for Mental Health Services

Consumer information

Last name: _____ First name: _____ MI: _____

Date of birth: _____ Medicaid ID : _____ Phone: _____

Does consumer need **more than one** Personal Care Attendant (PCA)? Yes No

If Yes, please complete and submit this form to authorize hours for **each** PCA.

Mental health agency information

Mental health agency name: _____

Printed name of mental health case manager: _____

Address: _____

City, State, ZIP: _____

Email address: _____ Phone: _____

PCA provider information

Last name: _____ First name: _____ MI: _____

Phone number: _____ Date of birth: _____ SSN: _____

Mailing address: _____

City, State ZIP: _____

Provider number: _____ *(for central office use only)*

PCA provider eligibility verification

- 1) Authorized to work in the US.
- 2) The PCA provider is not the eligible individual's spouse or another legally responsible relative.
- 3) Approved Notice of Final Fitness Determination ("email printout").
Date of approval: _____ *(must be within the past two years)*
- 4) List any restrictions: _____

Hours per month authorized for this PCA – Hours per month are split evenly into two authorized periods unless an uneven split is listed below. Payment vouchers for each authorized month are mailed six days before the authorized month begins.

Total hours: _____ Dates of service (MM/DD/YYYY): Start date: ____ / ____ / ____ End date: ____ / ____ / ____

If requesting an uneven split, list hours authorized per period. Period 1: _____ Period 2: _____

STOP services: Complete this section only if canceling the service plan. Please notify all parties.

STOP date (MM/DD/YYYY): ____ / ____ / ____ **Hours worked last period:** _____

STOP reason: _____

Signature of authorizing mental health case manager Date

Please keep a copy of the completed form in the consumer's file at your local office.

Return completed form to: State Plan Personal Care Coordinator (Mental Health)
Fax: 503-947-5547 (Salem) Email: dmap.personalcare@state.or.us

Form 531 instructions for mental health case managers

Personal care assistance is a Medicaid-covered service for eligible individuals.

Consumer section

Enter information about the person who will receive personal care assistance. The approved list of tasks covered for Oregon Medicaid clients is listed under **Oregon Administrative Rule (OAR) 410-172-0780**. The Medicaid Recipient ID is a unique eight-character alpha-numeric identification issued by Oregon Health Authority. Do not enter the individual's Social Security number or Medicare ID.

Mental Health Agency section

Enter information about the mental health agency pre-authorizing personal care assistance to this individual. Pre-authorization for personal care assistance service to an eligible individual must be approved by a mental health case manager.

PCA provider section

Enter information about the Personal Care Attendant (PCA) who will provide the care.

- PCAs are a type of Personal Support Worker (PSW) and are enrolled by the Division's Provider Enrollment Unit as Oregon Medicaid provider type 30.
- These workers may provide the services authorized by the mental health case manager as indicated in **OAR 410-172-0780**.
- This person must be legally able to work in the United States, pass a background check and recheck at least every two years.
- If a worker has committed certain crimes, they are not eligible to work as a PCA (see **ORS 443.004 and OAR 407-007-0277**).

Hours per month and duration

OHA will authorize 20 or fewer hours per month, for up to a 12-month period.

- OHA will split the approved monthly hours into two authorization periods per month and issue payment 11 business days after the end of each authorized period.
- OHA will evenly split the total monthly hours (e.g., 10/10), unless specified otherwise on the service plan (e.g., 15/5).

For continuity of care, OHA recommends submitting a new service plan at least 30 days before the current authorization expires.

- It is the responsibility of the mental health agency to manage and submit a service plan renewal timely if applicable.
- OHA does not notify mental health agencies when these services expire.

For extraordinary client needs due to severe symptomatic mental health conditions, please contact State Plan Personal Care (SPPC) Coordinator.

Reporting STOP service section

Only complete this section to request the stop of PCA services for a current service plan. Indicate the number of hours worked this month and the reason services are ending (e.g., reason PCA was dismissed by client, reason provider quit, client/PCA moved, service need not being met, PCA medical). If necessary an incident report can be filed in the client record.

Return completed form to by fax to 503-947-5547 (Salem) or by [secure email](mailto:dmap.personalcare@state.or.us) to dmap.personalcare@state.or.us.

Retain a copy in the consumer's file as required by Medicaid.

Questions? Contact the SPPC Coordinator at dmap.personalcare@state.or.us.