

Select originating cluster

Karen House, Self-Sufficiency Medical Program
Manager/CAF

Number: SS-PT-08-018

Authorized Signature _____

Issue Date: 04/16/2008

Topic: Medical Benefits

Transmitting (check the box that best applies):

- New Policy
 Policy Change
 Policy Clarification
 Executive Letter
 Administrative Rule
 Manual Update
 Other: _____

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): CAF SSP transmittal group |

Policy/Rule Title:	Date of Request & Reservation Lists and Eligibility; OPU		
Policy/Rule Number(s):	OAR 461-115-0030	Release No:	
	OAR 461-135-1125		
Effective Date:	April 16, 2008	Expiration:	
References:			
Web Address:			

Discussion/Interpretation: Effective April 16, 2008, the requirement that new OHP applicants (OHP-OPC, OHP-OP6, OHP-CHP, OHP-OPP and OHP-OPU) return their initial application to DHS within 30 days from the date of request is being eliminated.

Effective April 16, 2008, the date of request policy for OHP program applicants will be the same as other CAF SSP and SPD programs. For MAA, MAF, OHP, OSIPM, REFM, and SAC, the *date of request* for a new applicant is the day the medical care began, if the actual request is made no later than the next working day. If the request is received later than the next working day, the *date of request* is the day the request is received by a department representative.

The change in the date of request policy means OHP Reservation List clients will have 45 days instead of 30 days to ensure DHS/AAA offices have the OHP 7210R application. OAR 461-135-1125 has been amended to support the new 45 day policy.

Implementation/Transition Instructions: None

Training/Communication Plan: Provide information via this policy transmittal. The Family Services Manual and medical trainings will be updated to reflect the new policy.

Local/Branch Action Required: Please review this policy transmittal.

Central Office Action Required: Amended OAR 461-115-0030 and 461-135-1125.

Field/Stakeholder review: Yes No

If yes, reviewed by:

Filing Instructions:

If you have any questions about this policy, contact:

Contact(s):	SSP-Policy, Medical		
	Joyce Clarkson	503 945-6106	joyce.clarkson@state.or.us
	Michelle Mack	503 947-5129	michelle.mack@state.or.us
	Carol Berg	503 945-6072	carol.berg@state.or.us
Phone:			Fax:
E-mail:			

461-135-1125

Reservation Lists and Eligibility; OHP-OPU

- (1) The "**OHP 7210R Application**" is an application mailed as a result of the individual's selection from the *OHP Standard Reservation List* and is subject to the conditions of this rule.
- (2) The "**OHP Standard Reservation List**" means a list of individuals who may be considered for the OHP-OPU program as a new applicant at such times as the Department determines that new may be added into the program. **This list is used to manage enrollment of new applicants as defined by OAR 461-135-1102 into the program** within the limits of program authority and funding.
- (3) An "**OHP Standard Reservation List Applicant**" means an individual who is eligible to apply for OHP-OPU under this rule and submits an *OHP 7210R Application*.
- (4) When the Department specifies that the *OHP Standard Reservation List* is open, an individual is placed on the *OHP Standard Reservation List* if all of the following requirements are met:
 - (a) The individual, or someone acting on behalf of the individual, may request placement on the *OHP Standard Reservation List* by calling the designated telephone number for the *OHP Standard Reservation List* or in writing. A written request must arrive through one of the following methods:
 - (A) By mail to the designated mailing address for the *OHP Standard Reservation List*.
 - (B) By fax or hand delivery to a local Department office that receives client applications for the Oregon Health Plan.
 - (C) By electronic submission from the OHP website or by e-mail to the **OHP Standard Reservation List** e-mail address.
 - (b) The full name, date of birth, and mailing address of each individual requesting placement on the *OHP Standard*

Reservation List must be provided to the Department and received by the Department as described in subsection (a) of this section before the request is considered complete.

- (c) If the address of an individual changes after the individual makes a request, the individual must provide an updated address to the Department using a method described in subsection (a) of this section. If the individual reports an address change to the Department in a way other than that outlined in subsection (a) of this section, the Department cannot guarantee the address change will be reflected in the reservation list, but will make reasonable efforts to incorporate that address change.

(5) The following procedures apply to the *OHP Standard Reservation List*:

- (a) Individuals completing a request for placement on the *OHP Standard Reservation List* are assigned a reservation number. All members of an OHP filing group (see OAR 461-110-0400 for filing group composition) requesting placement on the *OHP Standard Reservation List* are assigned the same reservation number.
- (b) The Department may request that individuals voluntarily provide their social security number (prior to the *OHP 7210R Application*). The Department may use the social security number **for purposes of identification** to help prevent duplicate reservations. The Department may not deny placement on the *OHP Standard Reservation List* because an individual does not provide a social security number.
- (c) The Department sends confirmation to individuals who are placed on the *OHP Standard Reservation List*. If there is already a reservation established, individuals who have received confirmation from the Department need not make an additional request unless the reservation was removed (see section (8) of this rule), already used, or withdrawn.

- (6) Requesting placement on the *OHP **Standard** Reservation List*, receiving a reservation number, or being placed on the *OHP **Standard** Reservation List* does not constitute an application for OHP-OPU or any other medical program administered by the Department. Individuals placed or refused placement on the *OHP Reservation List* are not evaluated for DHS medical program eligibility.
- (7) At such times that the Department determines that it has the requisite authority and funding and that new applicants can be added to the OHP-OPU program, and after the Department determines the number of new applicants that can be added, a designated number of individuals on the *OHP **Standard** Reservation List* will be randomly selected to be mailed an *OHP 7210R Application* according to the following conditions:
 - (a) The Department will determine and designate the number of individuals on the *OHP **Standard** Reservation List* to receive the *OHP 7210R Application*. The Department will send an individual an *OHP 7210R Application* only if the reservation number is randomly selected to receive the application.
 - (b) The *OHP 7210R Application* must be received by the Department within **45** days from the date it is mailed for the individual to be considered an *OHP **Standard** Reservation List Applicant*.
 - (c) When an individual is mailed an *OHP 7210R Application* based on random selection from the *OHP **Standard** Reservation List*, the reservation number and its position on the list has been used and is no longer available.
- (8) When the Department determines that the *OHP **Standard** Reservation List* should be discontinued, all individuals currently on the list are removed. If the Department reinstates the *OHP **Standard** Reservation List*, individuals may again request placement on the list according to sections (4) and (5) of this rule.
- (9) Nothing in this rule prevents any individual from applying for medical assistance at any time. However, new applicants **as defined in OAR**

461-135-1102 for OHP-OPU are managed by this *OHP Standard Reservation List*.

Stat. Auth.: ORS 409.050, 411.060, 414.042

Stats. Implemented: ORS 409.010, 411.060, 414.042

461-115-0030
Date of Request

- (1) For all programs covered by Chapter 461 of the Oregon Administrative Rules, the client or someone authorized to act on behalf of the client must contact the Department or use another appropriate method to request benefits (see OAR 461-115-0150). The request may be oral or in writing. The request starts the application process.
- (2) The *date of request* is one of the following:
 - (a) In the EA, ERDC-BAS, GA, OSIP, REF, and TANF programs and for support service payments in the JOBS program authorized by OAR 461-190-0211, the *date of request* is the day the request for benefits is received by the Department.
 - (b) In the ERDC-SBG program, the *date of request* is the date the Department sends the client a notice of the right to apply, along with an application.
 - (c) In the FS program, this section does not apply. See OAR 461-115-0040.
 - (d) In the GAM, MAA, MAF, OHP, OSIPM, REFM, and SAC programs, the *date of request* is determined as follows:
 - (A) For a new applicant, the day the medical care began, if the actual request is made no later than the next working day. If the request is received later than the next working day, the *date of request* is the day the request is received by a Department representative.
 - (B) For a current recipient, the *date of request* is one of the following:
 - (i) The date the client reports a change requiring a redetermination of eligibility.

- (ii) The date the Department initiates a review, except that the automatic mailing of an application does not constitute a Department-initiated review.
 - (iii) The date the client establishes a *date of request* by contacting the Department orally or in writing or by submitting an application.
- (e) In the SFPSS program:
 - (A) Except as provided in paragraph (B) of this subsection, the *date of request* is the day the client signs the program's Interim Assistance Agreement.
 - (B) The *date of request* for support service payments is the day the request for benefits is received by the Department.

Stat. Auth: ORS 409.050, 411.060, 411.070, 411.816, 414.042, 418.100,
2007 Or. Laws ch. 861
Stats. Implemented: ORS 411.060, 411.070, 411.816, 414.042, 418.100,
2007 Or. Laws ch. 861