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Policy Transmittal

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Authorized Signature

Number: SS-PT-08-021
Issue Date: 05/28/08

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:	FHIAP Recipients Who Transfer to OHP Standard on June 1, 2008		
Policy/Rule Number(s):	461-135-1100 and 461-135-1102	Release No:	
Effective Date:	June 1, 2008	Expiration:	
References:	Family Services Manual, Medical Chapter		
Web Address:			

Discussion/Interpretation: Effective June 1, 2008, approximately 3,700 former FHIAP recipients will be converted to OHP Standard. These are the FHIAP clients who were informed earlier this year their FHIAP subsidy would end May 31, 2008, and were given the opportunity to move directly to OHP Standard. They are all from the individual market side of FHIAP; all have reported household income of no more than 85% of the FPL.

Because the former FHIAP clients have been receiving federal medical funding, the Centers for Medicare and Medicaid Services gave DHS permission to treat them as DHS medical program recipients and convert them to OHP Standard without a new DHS application. They will be given six initial months of OHP Standard coverage, and will be required to apply for further medical assistance at the end of the six months.

These clients will have their initial OHP Standard benefits opened by a team of workers at the Statewide Processing Center. If there is a current companion case in the field, the case will then be transferred to the appropriate branch and the worker notified.

Two rules have been revised for June 1, 2008

- OAR 461-135-1100 was revised to waive the six-month uninsurance requirement if the other insurance was subsidized by FHIAP. This will apply to those FHIAP recipients who are transferred to OHP Standard on June 1, 2008, and will also apply to individuals who get an OHP 7210R (reservation list application) and end their FHIAP subsidy to move to OHP Standard.
- OAR 461-135-1102 was revised to specify that the FHIAP recipients who were informed they would lose their FHIAP subsidy on May 31, 2008, would not be considered new applicants for OHP Standard if they elected to move to OHP Standard on June 1, 2008.

Note: The funding for the OHP Standard Reservation List requesters will not be affected. DHS will not have to reduce the number of OHP 7210R applications mailed to persons selected from the OHP Standard Reservation List.

Implementation/Transition Instructions: See below.

Training/Communication Plan: Review the new policy with staff who determine eligibility.

Local/Branch Action Required: The Statewide Processing Center (branch 5503) is responsible for adding the former FHIAP clients to the CM system from a list provided by FHIAP. FHIAP is not sending a copy of the client's application for FHIAP services.

Many of the new FHT/OHP Standard clients will remain at branch 5503, but some will be added to existing cases in SPD/AAA/SSP offices. If there is a companion case in the local SPD/AAA/SSP office, the 5503 CM case will be transferred to the companion caseworker.

- FHIAP clients converted into OHP Standard will have the FHT case descriptor. Please do not remove this coding. This code will be used for tracking purposes even if the client later loses OHP Standard eligibility.
- Some of the transferred FHT clients may be pregnant women. If a client who is coded as FHT informs you they are pregnant, request verification of the pregnancy. Once verification is received, convert to OPP with a due date, and add the UB. The newborn will be an Assumed Eligible Newborn (AEN). No application is required for converting FHT/OHP Standard clients into OPP.

- When a family chooses to include their children in the move from FHIAP to OHP, a DHS application will be required, and an eligibility determination must be made for the children. It is only specific adults who have been federally approved to move to OHP Standard without an initial application and eligibility determination.

At the end of the six months of coverage, the client will be required to complete an application if they wish to pursue further medical assistance.

Central Office Action Required: The Medical Chapter of the Family Services Manual will be updated on June 1, 2008 to match these rule changes.

Field/Stakeholder review: Yes No

If yes, reviewed by:

Filing Instructions: None.

If you have any questions about this policy, contact:

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