

Policy Transmittal Office of Self-Sufficiency Programs



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Number: SS-PT-20-009
Issue date: 05/04/2020

Authorized signature

Due date: Immediately

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: Type B | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input checked="" type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input checked="" type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children’s Intensive In Home Services |
| <input type="checkbox"/> County DD program managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> Support Service Brokerage Directors | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> ODDS Children’s Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Policy/rule title:	Coordinating MAGI/APD Determinations During the COVID-19 Emergency Period		
Policy/rule number(s):		Release number:	
Effective date:	Upon Release	Expiration date:	TBD
References:	Families First Coronavirus Response Act (H.R. 6201)		
Web address:			

Discussion/interpretation:

In response to the COVID-19 pandemic, transmittals [SS-AR-20-005](#), [SS-IM-20-005](#), and [APD-PT-20-034](#) were released, providing instruction not to apply adverse action on open OCCS/MAGI and APD Medicaid cases until further notice.

Transmittal [SS-IM-20-010](#) was later released, identifying a change to prior guidance regarding the allowance for reduction from OHP Plus to CAWEM. The [Adverse Actions](#) section of the COVID-19 Reference Guide has been updated with CAWEM reduction guidance for APD/AAA/CMEU staff. This Policy Transmittal explains the necessary coordination and medical program determination between 5503 and APD offices during the COVID-19 emergency period when a MAGI recipient is being evaluated for APD program eligibility.

Implementation/transition instructions:

Local APD/AAA offices will continue receiving referrals from 5503 and determining APD Medicaid program eligibility following current procedures. During this determination process, APD/AAA staff will identify cases that should have their MAGI benefits retained during the COVID-19 process.

It is imperative that medical benefits are not terminated or reduced unless reduced to CAWEM level benefits. When coordinating the APD Medicaid program determination for a MAGI recipient, apply the following guidance:

Recipients eligible to transition to OSIPM:

- MAGI recipients who are **assumed** eligible for OSIPM or OSIPM/QMB (including those applying or receiving LTC services)
- MAGI recipients who are eligible for OSIPM or OSIPM/MSP and in a standard living arrangement (Not applying or receiving LTC Services)
- MAGI recipients eligible for OSIPM and requesting LTC services through the Independent Choices Program (ICP)
- MAGI recipients eligible for OSIPM and requesting a Special Needs Payment only available to OSIPM recipients
- MAGI recipients eligible for presumptive OSIPM and requesting General Assistance Program benefits
- MAGI Medicaid children receiving DD Services who are now only eligible for CHIP benefits but are also eligible for OSIPM benefits because of DD service eligibility.

Recipients who should retain MAGI benefits through the end of the emergency period:

- MAGI recipients who failed to return the mailed [SDS 539A](#) application
- MAGI recipients who declined to apply for APD Medicaid benefits

- MAGI recipients who are only eligible for a stand-alone MSP benefit
 - MSP eligibility must still be determined for this population and if MSP eligible, the MAGI recipient will be treated as dual eligible. See below for coding instructions and Buy-In coordination
- MAGI recipients who are OSIPM eligible, but fall under the following circumstances:
 - Non-assumed eligible requesting or receiving LTC Services (APD or OSV)
 - Recipients eligible for EPD who will have a participant fee
- MAGI recipients who are not eligible for any APD Medicaid benefits
- MAGI Medicaid children receiving DD Services who are determined eligible for CHIP benefits and ineligible for OSIPM benefits

APD/AAA/CMEU coordination and responsibilities:

- Inform 5503 of the APD program determination and identify cases with adverse results so MAGI can be retained and 5503 can track for future follow-up actions
- Coordinate closing of MAGI benefits for recipients eligible to transition to OSIPM
- MAGI recipients receiving Medicare benefits should be identified and coded in the system when applicable (QMM cases). Apply the following process for coding or identifying these MSP eligible cases:
 - Notify 5503 of QMB eligibility. Provide 5503 with the corresponding MSP program and subsidy coding information:
 - QMM and FS1
 - Notify the Buy-In Unit of SMB/SMF program eligibility. Provide the Buy-In Unit with the corresponding MSP program and subsidy coding information:
 - SMB eligible recipients: SMB and FS2
 - SMF eligible recipients: SBI and FS2
 - SMF is a stand-alone program and therefore, can't co-exist with an OHP plus program
- Send an APD denial notice if recipient is found ineligible for all APD Medicaid programs

5503 coordination and responsibilities:

- 5503 will track adverse action cases and, at the end of the emergency period, work with APD/AAA/CMEU to coordinate follow-up termination/reduction actions.

- Changes have been made to the ONE system to prevent negative eligibility results in the following scenarios:

- MAGI Adult recipient turns age 65
- MAGI Adult recipient starts receiving Medicare
- MAGI CHIP recipient starts receiving Minimum Essential Coverage, including Medicare
- MAGI recipients attesting to the receipt of SSI

Pending an APD program determination, some individuals should stay in the ONE system and others moved to the CM-system:

- CM-system:
 - MAGI Medicaid children receiving DD services who are determined CHIP eligible for which the current CMEU process should be applied
 - OCCS Medical programs not supported in ONE (EXT, BCCTP, SC)
- ONE system:
 - All other individuals should remain in the ONE system
- Apply the following guidance when a final APD program eligibility determination is received:
 - Apply current coordination processes if the MAGI recipient can transition to OSIPM
 - If MAGI benefits need to be retained, apply the following guidance to maintain MAGI benefits in the appropriate system:
 - OCCS Medical program eligibility should be maintained in the CM-system as follows:
 - MAGI Medicaid children receiving DD services who are determined CHIP eligible should be coded with MAGI Child eligibility
 - OCCS Medical programs not supported in ONE (EXT, BCCTP, SC) should continue to retain eligibility in the CM-system
 - OCCS Medical program recipients determined eligible for QMB:
 - Code the CM case with the QMM and FS1 case descriptors and the appropriate MIB coding
 - Retain the individual's MAGI program eligibility unless the individual was receiving MAGI Adult or MAGI CHIP

- Code the MAGI Adult with PCR instead of AMO
- Code the MAGI CHIP with the appropriate MAGI Child program code, i.e., CM1, CMO
- If the individual's renewal due month is prior to September 2020, enter a BED code for September 2020.
- ONE system:
 - Eligibility for all other MAGI recipients should remain in the ONE system. This includes MAGI recipients determined eligible for SMB or SMF.
 - The local APD/AAA office will email the Buy-In Unit with the MSP program and coding information.

Training/communication plan:

This information is communicated via transmittal. Training materials will be updated to reflect the new procedures.

Local/branch action required: Review this transmittal and update branch processes as necessary to comply with guidance provided in this transmittal.

Central office action required: Update policy manuals and training materials. Provide technical assistance as needed.

Field/stakeholder review: Yes No

If yes, reviewed by:

Filing instructions:

If you have any questions about this policy, contact:

Contact(s): OCCS Medical Policy APD Medicaid Policy	
Phone:	Fax:
Email: OCCS.MedicalPolicy@dhsosha.state.or.us APD.MedicaidPolicy@dhsosha.state.or.us	