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Number: SS-PT-04-011

Issue Date: 06/24/2004

Authorized Signature

Topic: Medical Benefits

Transmitting (check the box that best applies):

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

Applies to (check all that apply):

- All DHS employees
 County Mental Health Directors
 Area Agencies on Aging
 Health Services
 Children, Adults and Families
 Seniors and People with Disabilities
 County DD Program Managers
 Other (please specify):

Policy/Rule Title:	OHP Premium Requirement/ADA Requests		
Policy/Rule Number(s):		Release No:	
Effective Date:	06/24/2004	Expiration:	
References:	Title II of the Americans with Disabilities Act (ADA) or Section 504 of the Rehabilitation Act		
Web Address:			

Discussion/Interpretation:

The OHP Premium Requirement & ADA Requests

This transmittal is to provide clarification and guidance on requests for reasonable modification to the Oregon Health Plan (OHP) premium requirement as allowed under Title II of the American with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act.

This information is specific to ADA modification requests related to OHP premium requirements under the OHP-OPU program. Department-wide ADA policies will be issued by

the Director's Office in the near future.

Non-Discrimination

In accordance with Title II of the American with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act, OAR 461-105-0190 (Discriminatory Actions) requires the Department to make reasonable modifications in policies, practices or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless the modifications would fundamentally alter the nature of the service, program or activity.

As provided under these laws, a client with a disability may request a reasonable modification to the OHP premium requirement. In fact, the Department has received and processed several ADA modification requests related to the OHP premium policy.

ADA Modification Requests

No requests are to be screened out by local branch staff. The Children, Adults and Families (CAF) Medical Policy Unit is responsible for granting or denying all ADA modification requests related to the OHP premium requirement.

If a request is received by a branch office, please forward it by fax or mail to:

Michelle Marks
CAF Medical Program Analyst
Children, Adults and Families
Department of Human Services
500 Summer Street NE
Salem, OR 97301-1066

Fax (503) 373-7032

If a client or client representative contacts a branch office and wishes to make an ADA request, encourage the client or representative to make the request in writing. (No specific form has been developed but one may be developed in the future.) If that presents a barrier, please gather the information for the client or representative.

The following information is helpful to include with each request:

1. Name of client
2. SSN or prime number
3. Telephone number, if available
4. Disability
5. Description of the disabling conditions and how they affected the client's ability to pay bills on time
6. Medical documentation of the disability and its affect on the client, if available –

Medical documentation is not required to start the process but will be required to make the decision. Many requests have been submitted with medical documentation in the form of a statement signed by a health care professional. This information has been helpful. The CAF Medical Policy Unit may request additional documentation.

7. A release of information if a representative is making a request on the behalf of a client and wants to know the outcome of the request

As provided above, forward the request information by fax or mail to Michelle Marks, CAF Medical Program Analyst.

The ADA Modification Decision Process

As indicated above, the CAF Medical Policy Unit is responsible for approving or denying all ADA modification requests related to the OHP premium requirement.

The ADA decision is based on the impact a client's disability has on the ability to pay bills on time. The disability must impair the client's functioning in a manner that makes paying bills timely beyond his or her capacity. A physical disability by itself will not usually be sufficient for a modification.

Decisions are made within 30 days of receiving the request. The client will be informed of the decision in writing and asked to contact the CAF Medical Policy Unit if he or she has any questions or concerns. If a release of information has been provided, the representative who made a request on the behalf of a client will also be informed of the ADA decision in writing.

The client's worker will be contacted and informed of the decision. A copy of the decision letter will be provided for the case file. The worker may be asked to assist the CAF Medical Policy Unit in implementing the ADA decision by narrating information, contacting the client, or coding the case.

If it is determined by the CAF Medical Policy Unit that the disabling conditions directly impaired or prevented the client's ability to pay bills timely, the request will be approved.

As a result of the approval to modify the OHP premium requirement:

- The client will have their OHP-OPU medical benefits reinstated and be allowed to make the premium payments late.
- The premiums do not have to be paid until the client reapplies at the end of the certification period.
- When the client reapplies, the worker will pend for the payment of unpaid premiums and any other items needed to determine eligibility. Before the client can establish a new OHP certification period, the premium payments will need to be paid.

Premium payments billed in future certification periods need to be paid on time. To be

evaluated for another modification, another request must be made and evaluated by the CAF Medical Policy Unit.

Planned Manual and System Changes

- The Medical Assistance section of CAF Family Services Manual will be updated to include the information from this transmittal.
- OAR 461-135-1120 (OHP Premium Requirement) will be amended to specifically provide for ADA modification to the OHP premium payment policy.
- A new case descriptor and need/resource item will be added to the Client Maintenance (CM) system. The case descriptor will be used to identify approved ADA requests and to remove the case from the OHP disqualification process.
- The CAF Medical Assistance Program (MAP) training will be updated to include the information from this transmittal.

Training/Communication Plan:

The CAF Family Services Manual will include this policy and the process for handling ADA modification requests related to the OHP-OPU premium requirement.

Local/Branch Action Required:

Fax or mail all ADA modification requests related to the OHP-OPU premium requirement to CAF Medical Program Policy.

Central Office Action Required:

The CAF Medical Program Policy Unit reviews all OHP premium policy modification requests.

Field/Stakeholder review: Yes No

If yes, reviewed by: DHS Cabinet, CAF Administration, CAF Self-Sufficiency Program Managers, SPD Program Managers and the Medical Cross-Functional Team.

If you have any questions about this policy, contact:

Contact(s):	Michelle Marks and Joyce Clarkson		
Phone:	Michelle (503) 947-5129 Joyce (503) 945-6106	Fax:	(503) 373-7032
E-mail:	Michelle.marks@state.or.us Joyce.clarkson@state.or.us		