DHS Oregon Department of Human Services

Aging and People with Disabilities

Action Request Transmittal

Mike McCormick
Authorized signature

Number: **APD-AR-16-039**
Issue date: 6/28/2016
UPDATED
Due date: Medicaid actions should follow established processes

Topic: Other

Subject: Oregon Project Independence and Medicaid Eligibility

Applies to *(check all that apply)*:

- ☐ All DHS employees
- ☒ Area Agencies on Aging
- ☒ Aging and People with Disabilities
- ☐ Self Sufficiency Programs
- ☐ County DD Program Managers
- ☐ ODDS Children's Residential Services
- ☐ Child Welfare Programs
- ☐ County Mental Health Directors
- ☐ Health Services
- ☐ Office of Developmental Disabilities Services(ODDS)
- ☐ ODDS Children's Intensive In Home Services
- ☐ Stabilization and Crisis Unit (SACU)
- ☐ Other *(please specify)*:

Action required:
The AAAs will receive a report (APD-1091) from the State Unit on Aging monthly by the 10th. Reports will be distributed via a secure e-mail to AAA directors and/or designated staff. AAA staff should use the report to review the listed individual's eligibility for Oregon Project Independence (OPI). The secure email and report will only be sent to the AAAs when individual(s) are identified from their agency.

AAA and/or APD staff must review the consumers' information in a timely manner in OACCESS and MMIS for Medicaid Eligibility to confirm the full Medicaid status. The review and case actions must be documented in the individual's OACCESS narration. The type A AAAs will need to share it with the Medicaid eligibility worker in the APD office so timely action can occur. It is possible some cases were coded erroneously.

If the consumer is on "full" Medicaid and wants to continue to receive "full" Medicaid
The OPI services must be closed according to AAA procedure. The consumer should then be referred to and evaluated for Medicaid in home services or State Plan Personal Care (if they qualify for SPPC).

If the consumer chooses continue receiving OPI services
The inability to receive Medicaid and OPI at the same time is not a Medicaid-driven policy, it is an OPI eligibility factor. This means that in order to close Medicaid, the Medicaid agency must actually receive a request from the consumer to voluntarily close or reduce "full" Medicaid benefits. If the consumer wishes to receive OPI but also insists on keeping "full" Medicaid benefits, the OPI benefits will close per the procedure above.

The Medicaid agency must reduce the "full" Medicaid case to a P2 QMB, SMB, or SMF case if they qualify for these programs. If the consumer does not qualify for QMB, SMB, or SMF, the Medicaid agency must close the case.

Eligibility staff can ask the consumer if he/she wishes to complete the 457D form (Voluntary Agreement to Take Action on Case). Do not attempt to coerce or convince the consumer to complete the 457D against his/her will. It is not necessary to send an additional 540 notice when a 457D is completed and received.

If the consumer chooses not to complete the 457D form but otherwise makes a signed, written request to voluntarily close or reduce, a basic notice should be sent. This is simply a 540 decision notice which must be mailed no later than the effective date of the reduction or closure (i.e. does not have to be timely). See below for suggested notice language.

If the consumer chooses not to complete the 457D form but otherwise makes either an oral or unsigned written request to voluntarily close or reduce, a timely 540 notice should be sent (see below).

Note: Because the consumer who chooses OPI over full Medicaid is voluntarily choosing to reduce or close "full" Medicaid benefits, it is not necessary to refer to OHA for a MAGI determination.

If the consumer chooses to not sign the 457D

- For closures, add the following language to the 540 in the '***The reasons for this action'*** field:

  - OAR 461-175-0340 On ***mm/dd/yyyy***, you requested voluntary closure of your full Medicaid benefits ***orally/in writing***. Your OSIPM benefits will end ***mm/dd/yyyy***. Because you do not wish to receive full Medicaid Benefits, you will not be evaluated by the Oregon Health Authority for other Medicaid programs.

- For reductions:
  - OAR 461-175-0340 On ***mm/dd/yyyy***, you requested a voluntary reduction of your OSIPM to a Medicare Savings Program ***orally/in writing***. The Medicare Savings Program you qualify for is the ***[Qualified Medicare Beneficiary program (QMB) that pays your Medicare premiums, some co-pays & deductibles]*** ***OR*** ***[Medicare Savings Program that pays your Medicare Part B premium, the Special Limited Medicare Beneficiary (SMB)/Qualified Individual (SMF)*** program. Because you do not wish to receive full Medicaid Benefits, you will not be evaluated by the Oregon Health Authority for other Medicaid programs.

Again, the 540 decision notice is not required if the client completes 457D.

Important: If the consumer was receiving MAGI Medicaid, the consumer must contact branch 5503 to request closure of the benefits, they cannot be closed at the request of OPI or APD or the AAA office.

Reason for action:

The Oregon Project Independence rules state in OAR 411-032-0020, that individuals cannot receive "full" Medicaid and OPI at the same time.

Using the database of consumer information found in Oregon Access and MMIS, APD is now creating a report APD 1091 monthly that will identify consumers who are coded for both a 'full' Medicaid program (usually OSIPM but also includes MAGI) and OPI.

The report is not showing those consumers who have SNAP or a Medicare Savings Program only (e.g. P2 QMB, P2 SMB or P2 SMF) and OPI.

This report identifies consumers who are potentially ineligible for OPI. Information the report will contain includes: AAA acronym, District, Branch, Client prime number, Client last name, Client first name, Client MI, OPI service plan hours authorized, exception hours, total hours, SPL, Age as of the report, OPI plan status, Age group (65+, 60-64 or 19-59), report date, Medicaid Benefit Plan Begin Date, Medicaid Benefit Plan End Date, Medicaid Benefit Plan Code from MMIS and Medicaid Eligibility Reporting code (A1, D4 and M3).

Field/stakeholder review: ☒ Yes ☐ No

If yes, reviewed by: APD Policy and APD Operations

If you have any questions about this action request, contact:

Contact(s):	Sandy Abrams, OPI program analyst or Heather Williams, Medicaid policy analyst		
Phone:	Sandy or Heather 503-947-2391 541-548-2206 ext. 340	**Fax:**	503-373-1133
Email:	sandy.h.abrams@state.or.us or heather.d.williams@state.or.us		