

Action Request Transmittal Aging and People with Disabilities



Mike McCormick

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Number: APD-AR-18-038

Issue date: 5/30/2018

Topic: Medical Benefits

Due date: June 27, 2018

Subject: Implementation of New Income and Liability Rules for Individuals Currently Residing in 24-Hour Mental Health Residential Care Settings

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input checked="" 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 type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input 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"/> ODDS Children's Residential Services | <input type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> Child Welfare Programs | |

Action required:

Actions must be taken to implement 7/1/18 changes to the income standards and liability requirements for individuals residing in 24-hour mental health residential care settings. See [APD-PT-18-024](#) for more information about these changes.

Between May 26 and June 27, 2018: Eligibility staff must add a SIP 0.00 N/R code to all cases with a current calculated liability in order to bypass the liability calculation for July 2018 and ongoing. Use a COMP incoming code and Eff Date and Medl Elig start date of 7/1/18. A list of affected cases will be distributed to the local branches.

Before July 1, 2018: Eligibility staff must redetermine financial eligibility using the new adjusted income standards for certain individuals residing in 24-hour mental health residential care settings that Central office has identified as ineligible effective July 1st based on current case information. Central Office has identified approximately 50 individuals who will lose OSIPM eligibility as a result of these changes. Central Office will contact each local office currently holding these cases. If the individual is no longer eligible for OSIPM, due process procedures should be implemented prior to closure. There is sample notice language attached to this transmittal.

Medicare beneficiaries who lose OSIPM eligibility will be contacted by SHIBA to discuss their options with Medicare Advantage, Medigap, and Part D prescription plans.

Beginning July 1, 2018, apply the new income standards for all new applicants, and at the next annual redetermination for all current recipients who have not been identified as ineligible.

Reason for action: The Department is implementing a 150% Federal Poverty Level adjusted income standard and eliminating liability requirements for individuals residing in 24-hour mental health residential care settings effective 7/1/18.

Field/stakeholder review: Yes No

If yes, reviewed by: APD Operations and Policy

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

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Closure of OSIPM – Medicare Eligible – 7210 not returned

We have changed the way we figure your eligibility for your Oregon Supplemental Income Program-Medical (OSIPM) benefits. Beginning July 1, 2018, the income limit for individuals residing in 24-hour mental health residential care settings is 150% of the Federal Poverty Level. You have adjusted income that exceeds that income limit. Your income also puts you over the adjusted income standard for OSIPM without 24-hour mental health residential care. Your income also puts you over the adjusted income standard for the Medicare Savings Programs (QMB, SMB, SMF) that pay out-of-pocket Medicare costs. As of the above effective date, you will be responsible for your Medicare premiums, co-pays and deductibles. You do not qualify for any medical assistance programs administered by Aging and People with Disabilities (APD). To be eligible for Oregon Supplemental Income Program Medical (OSIPM), you must be age 65 or older, blind, or have a disability that meets Social Security standards AND have assumed or protected eligibility or be within the income and resource limits. In order to qualify for the Medicare Savings Programs (QMB, SMB, SMF), you must have Medicare Part A and have income within the allowable program limits. You must also meet all other non-financial eligibility requirements and complete the application and verification process to qualify for APD medical programs. On mm/dd/yy we requested that you complete and return an application so that you could be evaluated for other Medicaid programs. We gave you until mm/dd/yy to complete this action. You have not returned the application; therefore, we cannot determine your eligibility for other Medicaid programs.

OAR 410-120-1210; 461-001-0000(3); 461-155-0250; 461-110-0210; 461-110-0310; 461-110-0410; 461-110-0530(2) and (4); 461-115-0010(1),(2),(3),(6)(7); 461-115-0020; 461-115-0230(5); 461-115-0610(1),(2),(3); 461-115-0700; 461-120-0315; 461-120-0330(1),(3); 461-120-0345; 461-120-0510(1),(4),(5),(6),(7); 461-125-0310; 461-125-0330; 461-125-0350; 461-125-0370; 461-135-0010; 461-135-0730; 461-135-0745; 461-135-0750; 461-135-0755; 461-135-0771; 461-135-0780; 461-135-0790; 461-135-0800; 461-135-0820; 461-135-0830; 461-155-0290; 461-155-0295; 461-160-0010(3),(4),(5); 461-160-0015(3),(4),(5); 461-160-0540; 461-160-0550; 461-160-0551; 461-160-0552; 461-170-0130; 461-180-0085

For informational purposes ONLY: Because you were receiving Medicaid benefits which supplemented your Medicare, and the Medicaid benefits are ending, you have what is called “Guaranteed Issue” (GI) rights. This means you have 63 days following the date your benefits end to enroll in a Medigap Supplement plan. Please contact the Senior Health Insurance Benefits Assistance Program (SHIBA) at 1-800-722-4134 for more information. Oregon Administrative Rule 836-052-0142(2)(a) establishes who is eligible for the Guaranteed Issue rights.

Closure of OSIPM – Medicare Eligible – 7210 returned and MAGI denied

We have changed the way we figure your eligibility for your Oregon Supplemental Income Program-Medical (OSIPM) benefits. Beginning July 1, 2018, the income limit for individuals residing in 24-hour mental health residential care settings is 150% of the Federal Poverty Level. You have adjusted income that exceeds that income limit. Your income also puts you over the adjusted income standard for OSIPM without 24-hour mental health residential care. Your income also puts you over the adjusted income standard for the Medicare Savings Programs (QMB, SMB, SMF) that pay out-of-pocket Medicare costs. As of the above effective date, you will be responsible for your Medicare premiums, co-pays and deductibles. You do not qualify for any medical assistance programs administered by Aging and People with Disabilities (APD). To be eligible for Oregon Supplemental Income Program Medical (OSIPM), you must be age 65 or older, blind, or have a disability that meets Social Security standards AND have assumed or protected eligibility or be within the income and resource limits. In order to qualify for the Medicare Savings Programs (QMB, SMB, SMF), you must have Medicare Part A and have income within the allowable program limits. You must also meet all other non-financial eligibility requirements and complete the application and verification process to qualify for APD medical programs. You will receive a separate notice regarding your eligibility for other Medicaid programs offered by the State of Oregon.

OAD 410-120-1210; 461-001-0000(3); 461-155-0250; 461-110-0210; 461-110-0310; 461-110-0410; 461-110-0530(2) and (4); 461-115-0010(1),(2),(3),(6)(7); 461-115-0020; 461-115-0230(5); 461-115-0610(1),(2),(3); 461-115-0700; 461-120-0315; 461-120-0330(1),(3); 461-120-0345; 461-120-0510(1),(4),(5),(6),(7); 461-125-0310; 461-125-0330; 461-125-0350; 461-125-0370; 461-135-0010; 461-135-0730; 461-135-0745; 461-135-0750; 461-135-0755; 461-135-0771; 461-135-0780; 461-135-0790; 461-135-0800; 461-135-0820; 461-135-0830; 461-155-0290; 461-155-0295; 461-160-0010(3),(4),(5); 461-160-0015(3),(4),(5); 461-160-0540; 461-160-0550; 461-160-0551; 461-160-0552; 461-170-0130; 461-180-0085

For informational purposes ONLY: Because you were receiving Medicaid benefits which supplemented your Medicare, and the Medicaid benefits are ending, you have what is called “Guaranteed Issue” (GI) rights. This means you have 63 days following the date your benefits end to enroll in a Medigap Supplement plan. Please contact the Senior Health Insurance Benefits Assistance Program (SHIBA) at 1-800-722-4134 for more information. Oregon Administrative Rule 836-052-0142(2)(a) establishes who is eligible for the Guaranteed Issue rights.

Closure of OSIPM – Not Medicare Eligible – 7210 not returned

We have changed the way we figure your eligibility for your Oregon Supplemental Income Program-Medical (OSIPM) benefits. Beginning July 1, 2018, the income limit for individuals residing in 24-hour mental health residential care settings is 150% of the Federal Poverty Level. You have adjusted income that exceeds that income limit. Your income also puts you over the adjusted income standard for OSIPM without 24-hour mental health residential care. You do not qualify for any medical assistance programs administered by Aging and People with Disabilities (APD). To be eligible for Oregon Supplemental Income Program Medical (OSIPM), you must be age 65 or older, blind, or have a disability that meets Social Security standards AND have assumed or protected eligibility or be within the income and resource limits. In order to qualify for the Medicare Savings Programs (QMB, SMB, SMF), you must have Medicare Part A and have income within the allowable program limits. You must also meet all other non-financial eligibility requirements and complete the application and verification process to qualify for APD medical programs. On [mm/dd/yy](#) we requested that you complete and return an application so that you could be evaluated for other Medicaid programs. We gave you until [mm/dd/yy](#) to complete this action. You have not returned the application; therefore, we cannot determine your eligibility for other Medicaid programs.

OAR 410-120-1210; 461-001-0000(3); 461-155-0250; 461-110-0210; 461-110-0310; 461-110-0410; 461-110-0530(2) and (4); 461-115-0010(1),(2),(3),(6)(7); 461-115-0020; 461-115-0230(5); 461-115-0610(1),(2),(3); 461-115-0700; 461-120-0315; 461-120-0330(1),(3); 461-120-0345; 461-120-0510(1),(4),(5),(6),(7); 461-125-0310; 461-125-0330; 461-125-0350; 461-125-0370; 461-135-0010; 461-135-0730; 461-135-0745; 461-135-0750; 461-135-0755; 461-135-0771; 461-135-0780; 461-135-0790; 461-135-0800; 461-135-0820; 461-135-0830; 461-155-0290; 461-155-0295; 461-160-0010(3),(4),(5); 461-160-0015(3),(4),(5); 461-160-0540; 461-160-0550; 461-160-0551; 461-160-0552; 461-170-0130; 461-180-0085

Closure of OSIPM – Not Medicare Eligible – 7210 returned and MAGI denied

We have changed the way we figure your eligibility for your Oregon Supplemental Income Program-Medical (OSIPM) benefits. Beginning July 1, 2018, the income limit for individuals residing in 24-hour mental health residential care settings is 150% of the Federal Poverty Level. You have adjusted income that exceeds that income limit. Your income also puts you over the adjusted income standard for OSIPM without 24-hour mental health residential care. You do not qualify for any medical assistance programs administered by Aging and People with Disabilities (APD). To be eligible for Oregon Supplemental Income Program Medical (OSIPM), you must be age 65 or older, blind, or have a disability that meets Social Security standards AND have assumed or protected eligibility or be within the income and resource limits. In order to qualify for the Medicare Savings Programs (QMB, SMB, SMF), you must have Medicare Part A

and have income within the allowable program limits. You must also meet all other non-financial eligibility requirements and complete the application and verification process to qualify for APD medical programs. You will receive a separate notice regarding your eligibility for other Medicaid programs offered by the State of Oregon.

OAR 410-120-1210; 461-001-0000(3); 461-155-0250; 461-110-0210; 461-110-0310; 461-110-0410; 461-110-0530(2) and (4); 461-115-0010(1),(2),(3),(6)(7); 461-115-0020; 461-115-0230(5); 461-115-0610(1),(2),(3); 461-115-0700; 461-120-0315; 461-120-0330(1),(3); 461-120-0345; 461-120-0510(1),(4),(5),(6),(7); 461-125-0310; 461-125-0330; 461-125-0350; 461-125-0370; 461-135-0010; 461-135-0730; 461-135-0745; 461-135-0750; 461-135-0755; 461-135-0771; 461-135-0780; 461-135-0790; 461-135-0800; 461-135-0820; 461-135-0830; 461-155-0290; 461-155-0295; 461-160-0010(3),(4),(5); 461-160-0015(3),(4),(5); 461-160-0540; 461-160-0550; 461-160-0551; 461-160-0552; 461-170-0130; 461-180-0085