

Action Request Transmittal Aging and People with Disabilities



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Number: APD-AR-20-052

Issue date: 4/24/2020

Topic: Long Term Care

Due date:

Subject: Expedited hospital discharge for Service eligible individuals

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 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"/> Support Service Brokerage Directors | <input type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Action required:

Hospitals and OHP-Certified Community Partners may provide local offices with a referral form called "[Community Partner LTSS Referral](#)" for individuals that are pending discharge from a hospital. This form provides general information for an individual's estimated level of assistance in the four Activities of Daily Living (ADL). Local offices must prioritize these referrals before other intakes to minimize the number of individuals occupying hospital beds.

These referrals are not eligibility determinations but should generally be reflective of the individual's need level. The TUFSS unit developed a short training to assist those completing referral, which may be viewed here:

<https://rise.articulate.com/share/sAfSlMK3B0V6E5YtyfrCClprUdsnpc#/>

In addition, qualified hospitals and OHP-Certified Community Partners were issued memos explaining changes to the hospital presumptive eligibility (HPE) process for MAGI medical benefits in order to help expedite eligibility determinations:

- Memo to Qualified Hospital Presumptive Eligibility sites - [Changes to Hospital Presumptive Eligibility processes, effective immediately](#)
- Memo to OHP-Certified Community Partners - [Community partners can now qualify to perform Presumptive Eligibility determinations](#)

- For HPE individuals, follow the normal [HPE process](#) and review the Community Partner LTSS Referral documenting individuals estimated level of assistance in four Activities of Daily Living (ADL).
- For individuals not receiving any Medicaid or receiving stand-alone Medicare Saving Plan (MSP), follow normal process for determining OSIPM eligibility and review Community Partner LTSS Referral documenting the individual's estimated level of assistance in four Activities of Daily Living (ADL).
- For existing MAGI or OSIPM eligible individuals, confirm eligibility and review Community Partner LTSS Referral documenting individuals estimated level of assistance in four Activities of Daily Living (ADL).

A completed assessment and decision on service eligibility should be provided as soon as possible after the referral is received and MAGI/OSIPM eligibility has been established. This should be completed within 3 business days whenever possible.

Remember to incorporate the other temporary provisions outlined in the new [COVID-19 Worker Guide](#) when processing applications.

Local office staff will need to acknowledge the receipt of this referral within one business day.

Local office staff will also need to confirm if the applicant is aware and wishes to apply for LTSS benefits.

Reason for action:

This action is intended to expedite hospital discharge planning for LTSS eligible individuals in order to minimize the number of APD Medicaid consumers in hospitals during the COVID-19 Emergency.

Resources:

- [Oregon's Hospital Presumptive Medical Eligibility process](#)
- [Community Partner LTSS Referral](#)
- [Community Partner Training](#)

Field/stakeholder review: Yes No

If yes, reviewed by: APD/AAA Field Managers

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

Contact(s): APD.MedicaidPolicy@dhsosha.state.or.us

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Email: