

Policy Transmittal Aging and People with Disabilities



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Number: APD-PT-20-020

Issue date: 3/17/2020

CORRECTED #2

Topic: Medical Benefits

Due date:

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: Types A and 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 (please specify): |
| <input type="checkbox"/> ODDS Children’s Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Policy/rule title:	Financial, Service, and APS Timeline extensions due to COVID-19		
Policy/rule number(s):		Release number:	
Effective date:	Upon Release	Expiration date:	
References:			
Web address:			

Discussion/interpretation:

Due to recent concerns surrounding the Novel Coronavirus (COVID-19), APD is providing the following policy guidance for extending deadlines in the following areas:

- [Determining or Redetermining OSIPM and MSP Eligibility](#)
- [Completing Initial Assessments, Reassessments, and other Case Management Activities](#)
- [APS Timelines](#)

Determining or Redetermining OSIPM and MSP Eligibility

A reminder to staff that the 45-day processing timeframe for OSIPM and MSP applications and redeterminations may be extended for the following reasons:

- Information needed to determine eligibility is expected to be received after the 45-day deadline, and the applicant has no control over the information.
- Other circumstances beyond the control of the applicant prevent the Department from making the decision within the 45-day period.

For decisions that require a Presumptive Medicaid determination, if the applicant has met all eligibility requirements except the Department must determine whether the applicant is blind or has a disability, the Department determines eligibility and sends a *Decision Notice* no later than the 90th day after the *Date of Request*. This period may be extended for the following reasons:

- The Department cannot reach a decision because the applicant or an examining physician or psychologist has not taken an action necessary for the decision to be made.
- There is an administrative or other emergency beyond the Department's control that impairs its ability to make the decision.

For additional information, please see:

- [OAR 461-115-0190](#)
- [OSIP Program Manual – B. Application - #4 Time Frames for Completion](#)
- [Medicare Savings Program Manual – B. Application - #8. Application Processing Time Frames and – F. Issuing Benefits and Changes - #4. Redeterminations](#)

The reason for the extension must be clearly narrated in Oregon ACCESS.

Questions regarding the extension of OSIPM application processing timeframes should be sent to APD Policy: APD.MedicaidPolicy@dhsosha.state.or.us

Completing Initial Assessments, Re-assessments, and other Case Management Activities

The following applies to individuals applying for or receiving Long-Term Care, OPI, or SPCC services.

APD Initial Assessments and Re-assessments:

The following policy applies to the following groups of consumers:

- Consumers residing in a nursing facility, assisted living facility, memory care facility, or residential care facility. As of March 16, 2020, this also applies to an adult foster home.
- Consumers residing in their own home and are subject to a quarantine/isolation or an individual in the setting is suspected or confirmed to have COVID-19.

Until further notice, in-person assessments cannot occur. The assessment must be completed in one of two ways:

1. The assessment is completed over the phone or video call. Please request appropriate medical and other service plan documentation electronically or by mail.
 - For initial assessments, a follow-up in person direct contact is required once this policy is lifted.
 - For re-assessments, a follow-up in-person direct contact is required once the above policy is lifted and there was a significant change in the assessment outcome. This includes:
 - A change of in-home hours that is greater than 10%;
 - A change in the payment level for a community-based care placement; or
 - A change in service eligibility status
2. An in-person assessment is conducted once this policy is lifted.
 - For initial assessments, the 45-day requirement to make a service eligibility determination may be extended. However, this option should not be selected if the consumer is at risk without a service eligibility determination.
 - For re-assessments, APD service eligibility can be extended up to 90 days as needed (contact Central Office for admin extensions as needed).

Narration in Oregon ACCESS must clearly document why the above policy was utilized for a consumer.

If a consumer in their own home (that is not confirmed or suspected of having COVID-19) expresses concern that a staff visit could unnecessarily expose them to the virus, then staff may offer to gather assessment related information over the phone with a follow-up brief in-person visit to limit exposure.

Other Case Management Activities

Until further notice, in-person risk monitoring or other case management activities must not occur in the following settings:

- Nursing facility, assisted living facility, memory care facility, or residential care facility. As of March 16, 2020, this also includes an adult foster home.
- Adult foster home or an in-home setting that is subject to a quarantine/isolation or an individual in the setting is suspected or confirmed to have COVID-19.

In-person risk monitoring or other case management activities that traditionally require an in-person visit should be conducted by phone or video call. These contacts should be narrated in Oregon ACCESS with an explanation as to why the contact was completed by phone or video call.

Consumers who have contracted or have possibly been exposed to COVID-19 should be monitored frequently as they are considered high-risk.

Staff who are otherwise completing in-person activities not identified above should practice appropriate precautions. Additional information should be reviewed from the CDC and OHA websites.

Questions regarding the extension of OSIPM application processing timeframes should be sent to APD Policy: APD.MedicaidPolicy@dhs.oha.state.or.us

APS Timelines

Deviations from APS required timelines and standard investigative practices are allowable as needed due to specific COVID-19 concerns on particular APS intakes, investigations or interventions.

- Deviations must be approved by a supervisor and documented in CAM, either by use of an established deviation in CAM (e.g. delay in response time) or by otherwise documenting the deviation in the CAM investigative record (e.g., noting in Interview notes: “Due to serious health concern, supervisor approved telephone interview instead of in-person visit”).
- When considering requests for deviations, supervisors must balance the potential risks to trained APS workers using universal precautions against the potential risks of a delayed response to an alleged victim of abuse, and the effects of any deviations upon the quality of APS assessments, investigations and interventions (e.g. assessment via telephone contact versus an in-person visit).

Rule references:

- Response time- OAR 411-020-0080
- Report completion timeline:
 - Community APS- OAR 411-020-0100
 - Facility APS- OAR 411-020-0120 (rule points to statute for investigation timelines)

These changes are temporary and are specific to COVID-19 and will expire when it is determined that these changes are no longer necessary.

Training/communication plan: Managers need to review the above policies as appropriate.

Local/branch action required: Actions are indicated above.

Central office action required: Provide technical assistance as needed.

Field/stakeholder review: Yes No

If yes, reviewed by: Internal policy review, OHA, and field staff input

Filing instructions:

If you have any questions about this policy, contact:

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