

Policy Transmittal Aging and People with Disabilities



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Number: APD-PT-21-012

Issue date: 3/24/2021

Topic: Medical Benefits

Due date: 3/25/2021

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: Type B | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input checked="" type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input checked="" 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:	Changes to Medicaid COVID-19 Adverse Action Provisions		
Policy/rule number(s):	461-135-0880	Release number:	
Effective date:	March 25, 2021	Expiration date:	
References:	COVID-19 Worker Guide		
Web address:	http://www.dhs.state.or.us/spd/tools/COVID-19/COVID-19%20WG.htm		

Discussion/interpretation: The Center for Medicare and Medicaid Services (CMS) adopted 42 CFR 433.400 effective 11/2/20. This rule represented a change in the federal interpretation of the CARES Act, specifically regarding what adverse actions were allowable during the COVID-19 emergency period. States were instructed to implement these changes as soon as possible given unavoidable delays in making the necessary changes to states' eligibility systems. As a result, the Oregon Department of Human Services will be making the following changes to its COVID-19 emergency period provisions effective March 25, 2021:

- All changes affecting patient/service liability and EPD Participant Fees should be

acted upon. This means we can now increase service liability and EPD Participant Fees.

- All ongoing special needs payments (Medical-Related Payments (MRPs)) for which individuals are no longer eligible should be ended.
- Reductions to special needs payments should be acted upon as needed.

Implementation/transition instructions:

Liability and EPD Participant Fee changes

Changes to the ONE system will be implemented the night of 3/24/21 to allow patient liability and EPD participant fee increases beginning 3/25/21. There will not be a mass update at this time. Liability and participant fee increases will only be made when a worker runs eligibility and authorizes benefits after completing **Report a Change** or **Renew** action. There will not be retroactive changes, and increases will be effective following ONE system adverse action rules.

Actions that are needed:

- The ONE System had functionality that prevented liability and participant fee increases without intervention from a worker, but if workaround Other Incurred Medical (OIM) expenses or other deductions were applied or continued for some reason, they should be removed as cases are updated. Please note, in ONE, OIMs are coded on the Medical Expenses screen, and should only be coded for actual incurred medical expenses.
- Staff who are aware of cases in which liability or participant fee increases are warranted, but were not acted upon in ONE due to the previous liability/EPD participant Fee adverse action policy can now proceed with taking the actions.

Important – Any liability changes must be communicated to the individual's case manager so that the appropriate payment systems can be updated (512, SFMU). See the [Notification to Case Manager or Family Coach of Case Update ETOPS](#) for more information. The ONE system will make changes at the earliest month possible in accordance with timely notice/adverse action deadlines. Notices will be sent automatically by the ONE System.

Special Needs (MRP) Closures or Reductions

There was no COVID-19 functionality applied to the ONE MRP module, so workers can review cases and make the necessary changes to payments as needed if individuals are no longer eligible for the Special Needs. If MRPs were issued through the Other Payments module, workers must end date the payments as appropriate. For ISS and NF/PIF payments done via overridden EDGs in ONE, workers must end the ongoing override segments, run eligibility, and authorize. All MRPs issued from the Other Payments Module require a manual notice using the 540 form (see the [Medical](#)

[Related Payment Requests QRG](#) for more information). See the [Decision Notice Preparation Tips](#) worker guide for notice language. This worker guide is in the process of being updated, so if the applicable scenario is not yet listed and you are unsure of how to write a decision notice, please contact APD Medicaid Policy at APD.MedicaidPolicy@dhsosha.state.or.us for assistance.

As usual, please ensure that you check for impacts on other programs after authorizing changes (e.g., SNAP medical deductions may change).

Training/communication plan: Training materials will be updated to reflect the rule change.

Local/branch action required: Managers should discuss with staff in unit meetings.

Central office action required: Update training material and manuals and provide assistance when needed.

Field/stakeholder review: Yes No

If yes, reviewed by: APD Operations Committee

Filing instructions:

If you have any questions about this policy, contact:

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