

Policy Transmittal Aging and People with Disabilities



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Number: APD-PT-21-016

Issue date: 3/29/2021

Topic: Long Term Care

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

Policy/rule title:	SDS 458A/P and Nursing Facility Liability Calculation		
Policy/rule number(s):		Release number:	
Effective date:	Immediately	Expiration date:	
References:			
Web address:			

Discussion/interpretation:

There is no longer a requirement for APD/AAA case managers to issue the SDS 458A “Financial Planning Title XIX” form to individuals residing in a nursing facility. The ONE system will send out an auto generated notice to individuals showing the maximum liability amount. Staff must explain to individuals that the liability costs are their financial responsibility for receiving nursing facility services and are used to help pay for services received.

Please note: The SPAN form has a selection to mark if the individual has a liability amount, which includes providing the SDS 458A. At this time, please continue to

select this if a liability amount is required, even though the 458A is not being provided. The SPAN form will be updated as soon as possible to change the language on the form.

In addition, there is no longer a requirement for APD/AAA case managers to issue the SDS 458P “Financial Planning Title XIX – Provider Notice” form to nursing facilities. Providers may view the liability amount in MMIS. A [provider alert](#) has been issued to inform nursing facility providers of this change.

The SDS 458A and the SDS 458P will be removed as an option in Oregon ACCESS.

As a reminder, staff may view the liability information in ONE (this applies for all settings) and in MMIS.

To view the liability information in ONE:

- Complete a quick search to pull up the individual’s information using their prime number.
- Under the section “Cases Associated with Individual”, select the appropriate case.
- Under the section “Currently Associated EDGs”, click on “View Authorization History”.
- After completing a search, locate the service-related TOA, then click on “Patient Liability Summary”. Make sure the EDG you select has the status of “Approved-Authorized” and is not a canceled approval EDG.
- The amount is displayed under “Patient Liability Amount”. If the individual is interested in reviewing how the amount was calculated, please provide the information located in the Patient Liability Summary.
(Please note, the NFC benefit must be in approved status in Oregon ACCESS before ONE will be able to properly calculate this amount).

View	Patient Liability Begin Date	Patient Liability End Date	Patient Liability Amount
<input checked="" type="radio"/>	11/01/2020	11/30/2020	\$ 1698.66
<input type="radio"/>	12/01/2020	12/31/2020	\$ 1698.66
<input type="radio"/>	01/01/2021	07/31/2021	\$ 1698.66

To view the liability information in MMIS:

- Complete a recipient search using the individual's prime number.
- In the "Recipient Maintenance" panel, click on "Patient Liability".
- Sort the information by "End Date".
- The liability amount is displayed, along with the dates and the type "PO".

Patient Liability			
Monthly Amount	Type	Effective Date	End Date ▼
\$1,698.66	PO	01/01/2020	12/31/2299

Per OAR [461-160-0610\(6\)](#), case managers may decide that a liability payment may be exempted or reduced during the initial month of receiving ICF level of care if the individual's income has been exhausted. Case managers should work with the individual prior to determining if this rule applies. The individual may be verbally informed if they are not responsible for paying the initial month liability.

If this rule is applicable, case managers will go into MMIS and complete the following:

- For the initial month, change the end date to the last day of the month (if the individual discharged prior to the end of the month, resulting in the date ending prior to the end of the month, then this step is skipped).
- Change the type to "NL" (no liability).
- Create a new liability line to begin at the start of the following month and ending on 12/31/2299.
- Use the same liability amount that was originally determined.
- The type is "PO" (patient offset).
- If a "case overlap" error message is received, refer the issue over to the Client Maintenance Unit for resolution.

Please note: Other than changing the Type to "NL", the amounts should not be updated. Changes to the amounts must be maintained in the ONE system. If ONE eligibility is run after the Patient Liability screen is updated, ONE will override the information that was changed in MMIS. Do not change data in ONE to attempt to change the liability amount for the first month as a workaround.

Per OAR 461-160-0610, the individuals in one of the below categories continue to have a liability calculation when receiving services in a nursing facility:

- A disabled adult child (DAC) per OAR 461-135-0830
- A widow or widower per OAR 461-135-0820
- A Pickle amendment individual per OAR 461-135-0780

However, a gap has been identified in the design of the ONE system, resulting in generating a \$0 liability amount in ONE for these individuals. The \$0 liability amount must be manually calculated by an eligibility worker and overridden in ONE to allow for

the correct patient liability to be added to the individual.

Local/branch action required: Review and implement per the policy transmittal

Central office action required: Provide technical support as needed.

Field/stakeholder review: Yes No

If yes, reviewed by: Policy and Operations group

Filing instructions:

If you have any questions about this policy, contact:

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