

Policy Transmittal Aging and People with Disabilities



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Number: APD-PT-23-004

Issue date: 2/1/2023

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: 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:	Money Management as a Medicaid Service		
Policy/rule number(s):	411-034-0020(2)(b)(F)	Release number:	
Effective date:	Upon release	Expiration date:	
References:			
Web address:	http://www.dhs.state.or.us/spd/tools/cm/Money%20Management/index.htm		

Discussion/interpretation:

As previously announced in [APD-PT-22-020](#), APD will begin funding Money Management Services (MMS) through Medicaid for consumers who require assistance managing their finances. Previously, the [Oregon Money Management Program \(OMMP\)](#), which provides MMS, has been able to support consumers who met specific criteria through limited State General Funds (GF). This expansion allows more Oregonians to be served by this program.

A training module on this topic is available in Workday. Staff who are impacted by change are strongly encouraged to view this training module. Click [here](#) to view the training module.

Eligibility:

To access MSS through Medicaid, the consumer must be eligible for:

- State Plan Personal Care (SPPC) Services ([OAR 411-034-0030](#)), or
- K State Plan Services, meeting Service Priority Level (SPL) requirements ([OAR 411-015-0015](#)), and
- Have an identified need, authorized by a case manager (CM) through OAR 411-034-0070(2) and (3).

MMS are offered through SPPC per OAR 411-034-0020(2)(b)(F). However, consumers receiving services through the K State Plan may access these services since MMS is not a duplicated service in the K State Plan.

Types of MMS:

- **Bill-Pay service** is designed for consumers who have the capacity to make decisions regarding their personal finances but need help with the bill-paying process.
 - Consumers are eligible if they have a demonstrated need for assistance such as, but not limited to, shut off notices, insufficient funds notices, or failure to pay facility liability.
 - Please be sure to clearly articulate on the referral form the consumers need for assistance with money management to the provider.
 - Bill-pay service may be short-term (1-3 months) or long-term, to meet the consumer's needs.
- **Representative Payee service** is designed for consumers who **do not** have capacity to manage their own federal benefits such as the Social Security and Veteran's Assistance (VA), though other benefits may be considered. Regional sponsors apply to become the payee for the consumer's benefits and staff are appointed to manage day-to-day financial tasks.
- **Income Cap Trust (ICT) services** help consumers who require Medicaid services but are not eligible for Medicaid because their income exceeds the Medicaid income limit. ICTs enable consumers to become Medicaid eligible because their income is directed to a trust account that they do not control and is not counted as a resource. Regional sponsors become the trustee for ICTs and may appoint staff to manage the day-to-day financial needs as outlined in the trust.

Accessing MMS

CMs must discuss financial management issues with consumers or their representative and offer MMS if a need for managing finances is identified. If the consumer or representative chooses to participate in MMS, and the CM determines the service is appropriate, the CM will make a referral to the local OMMP/MMS provider by completing the **Money Management Referral & Needs Evaluation Form**. The form is accessed on the MMS page on CM Tools, either through the [website](#) or [SharePoint](#).

Please note: The MMS page also includes the following:

- The referral process
- MMIS authorization information
- Service providers by county (if there is not available provider in a specific county, please check as others may be added soon), and
- A link to the MMS training module.

Referrals are reviewed by the local OMMP program coordinator. If the provider doesn't offer the service, or the consumer needs an expedited referral, please contact the OMMP policy analyst, Deborah Spere: deborah.l.spere@odhs.oregon.gov

If the consumer specifically requests MMS, however the CM determines that a need for this service is not appropriate, the request may be denied by issuing a decision notice (540), citing OAR 411-034-0020(2)(b)(F) and 411-034-0070(2) and (3). As a Medicaid benefit, the consumer does have the right to an administrative hearing if the benefit is denied.

Consumers who do not qualify for Medicaid services can still access the OMMP program. CMs should refer these individuals to the Aging and Disability Resource Connection (ADRC): <https://www.adrcoforegon.org/consumersite/connect/>

Implementation/transition instructions:

To authorize MMS, the Local Office must create a Plan of Care (POC) in MMIS.

Service Code Type: Procedure Code

Service code: T2040

Units: *Vary by service type

Unit Qualifier: 15-minutes

Frequency: Monthly

Payment method: Pay system price

*MMS providers will be authorized:

- 16 units (4 hours) per month if the only service is being provided is Bill Pay
- 24 units (6 hours) per month for Rep Payee or ICT services.

Please note: Authorizations for MMS is not a part of the hours that are authorized through SPPC or an in-home service plan. For example, a consumer may receive up to 10 hours of SPPC services per pay period and MMS.

Transition Plan for Existing MMS Recipients

Consumers who are already receiving MMS through the OMMP and meet the eligibility requirements must be authorized through Medicaid. This requires setting up POCs in MMIS for identified consumers. Central Office will send out lists to impacted local offices to create POCs in MMIS, which will include the effective date of when the service should be authorized.

Service Plan in Oregon ACCESS

Oregon ACCESS will soon have the ability to select the money management provider as a part of the service plan authorization. A separate transmittal will be issued when this becomes available.

Training/communication plan:

As previously mentioned, staff impacted by this change should view the [training module](#) in Workday.

Local/branch action required: Local offices will need to implement this new service as described in this transmittal, which includes creating POCs for Medicaid eligible individuals.

Central office action required: Central Office will distribute lists to local offices of Medicaid eligible consumers who are receiving MMS.

Field/stakeholder review: Yes

If yes, reviewed by: Policy and Operations Review

Filing instructions:

If you have any questions about this policy, contact:

Contact(s): OMMP Program Analyst – Deborah Spere Medicaid Policy Analyst – Ben Sherman	
Phone:	Fax:
Email: Deborah.L.Spere@odhs.oregon.gov Ben.C.Sherman@odhs.oregon.gov	