

# OEP Eligibility Instructions for OSIPM OVI/OVR Notice Issue

## Background:

Oregon Supplemental Income Program – Medical (OSIPM) cases that had income or resources over allowable limits were closed during renewal, whether through passive or active renewal. People were sent closure notices based on the information they provided. However, we've gotten feedback that people want more detailed information in our notices to help them decide if they should request a hearing.

To allow time to add clarity to our notices and address these concerns, the Department has decided to reopen these specific OSIPM cases that were closed **since March 31, 2023**, because they did not meet income and resource limits at renewal.

Most cases that meet criteria will be automatically reopened through a system update. If someone contacts you because their OSIPM was closed at renewal for being over income or resources please review their case, update any relevant information, and run eligibility. If necessary, override OSIPM with a **March 31, 2024** end date.

## Step 1

Confirm the only termination reason was over income (OVI) or over resources (OVR) **and** the person was getting OSIPM before the termination. Remember, if other people on the case are getting medical benefits, the case mode will still display as active.

It's also possible the person's OSIPM ended but they are still approved for a Medicare Savings Program (MSP). Follow this process to reopen OSIPM, even if the person is still eligible for an MSP.

Currently Associated EDGs									
Authorized EDGs									
Medical									
EDG Name	Category of Assistance	Benefit Period	Eligibility Result	Edg Status	Authorization Date	Renewal Date	ISS NF/PIF	Override	EDG#
	OSIPMOAA	07/01/2023 - Ongoing	Fail	Terminated	06/03/2023		N/A N/A	N	
	QMBP	07/01/2023 - Ongoing	Pass	Approved	06/03/2023	06/30/2024	N/A N/A	N	
	OSIPMOAA	07/01/2023 - Ongoing	Fail	Terminated	06/03/2023		N/A N/A	N	
	QMBP	07/01/2023 - Ongoing	Pass	Approved	06/03/2023	06/30/2024	N/A N/A	N	

LTCSERV	10/01/2023	Ongoing	N/A N/A	Terminated Authorized	07/21/2023	<a href="#">Notice Reason</a> <a href="#">RFI Details-Inactive</a> <a href="#">Financial Summary</a> <a href="#">Patient Liability Summary-</a> <a href="#">N/A</a> <a href="#">View Disqualification - N/A</a> <a href="#">Other Evaluated TOA's - N/A</a>
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Follow these instructions if any of the medical TOAs below have ended **since 03/31/2023**.

- SSIR; 1619B
- OSIPMAD/AB/OAA
- PTCC; PTDC; OMSW
- OSIPMEPD
- OSIPMACS
- OSIPMBHI
- LTCSERV
- All Healthier Oregon TOAs




If OSIPM was closed for reason(s) other than being OVI or OVR, explain the reason(s) medical was closed and confirm the information used in the decision was correct. Ask the person if they would like to reapply or [request a hearing](#).







If OSIPM was closed for being OVI or OVR, continue to **Step 2**.

## Step 2

If the case is discontinued/inactive, select **Add or Reopen Program** from the **Case Summary**. If medical is approved **Report a Change** or **Continue Next Action** as appropriate.

- When using **Add or Reopen Program** use **Prior Denial/Closure Correct – Reapplying for Program** as the **Reason**.
- Use today's date as the **Reprocess Application Date**.
- Enter "Due Process Notice Issue. Closed OVI/OVR at renewal" in the Comments field.

Add or Reopen Program   







Sign and Submit Submit and Schedule Appointment Next >

Change Summary  View Inactive Records


Program	Reason	Certification / Eligibility Period	Actions
No records found to be displayed.			

+Record

Change Details

1 Program \*




2 Reason \*

3 Reprocess Application Date \*  

4 Comments \*

Reset Add

- When using **Report a Change**, use **Case Correction/Business Need** as the **Reason for Change**.

Initiate Action Confirmation   

Case Name  Case/Application Number



Current Mode Active New Mode In Progress

Reason for Change \*

By clicking start, you are accepting the change in mode for the case name and case number listed above.

Start

Add the medical program request for the person if needed.

Program Details			
Program : Medical	Date of Request : 07/19/2017		
Status : Discontinued	Status Date : 06/01/2023		
Program Individual			
Requesting Aid *	Individual Name	Date of Request	Individual is requesting retroactive coverage
<input checked="" type="checkbox"/>	[REDACTED]	07/19/2017 	<input type="checkbox"/>
 Page 1 of 1			

### Step 3

If the person was receiving long-term services and supports (NMAGISERV or LTCSERV) before their medical ended, update the **Individual Information** screen with a new service request using today's date.

Change the question, "Does the individual applying for health coverage on this application need help with activities of daily living (like bathing, dressing, etc.) or live in a medical facility or nursing home?" to **no** and then back to **yes** to enable the following question.

Answer **yes** to the question, "Does the individual want to request Medicaid Long-Term Care services?" The [LTC Service Request task](#) will be created on click of **next**.

### Individual Information

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#### Individual Information

Name  Individual #

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#### Do any of these apply?

Was the individual receiving foster care when they turned 18?

Does individual applying for health coverage on this application need help with activities of daily living (like bathing, dressing etc.) or live in a medical facility or nursing home? \*

Does the individual want to request Medicaid Long Term Care services? (NOTE - This will send a referral for service eligibility screening) \*

**Service request start date \***

SELG record required by \*

Does the individual meet level of care requirements? \*

Is the individual currently receiving SSI Benefits? \*

Does the individual have 1619(b) status? \*

APD/AAA Case Managers are notified of pending service requests on the CM Alert Log.

### Case Manager Alert Log

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#### Search Criteria

Case Manager Office  Case Manager Name

Case Office  Individual #

Person #  Prime #

**Alerts**  
 Medical Renewal  
 Pending for Service Eligibility  
 Pending Case

**Services**  
 Select All  
 Other (Non I/DD or BH)  
 I/DD

Also show individuals who are requesting services or have an active SELG record (including those closed within the past 6 months)

Outstanding Alerts  
 Generated From   Generated To




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#### Search Results

Select for Action	Individual Name	Individual #	Prime #	Person #	Service Category	Overdue Alerts	New Alerts	Completed Alerts	Missed Appointment	Earliest Outstanding Alerts	
<input type="checkbox"/>					APD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input type="button" value="View Authorization History"/>
<input type="checkbox"/>							<input checked="" type="checkbox"/>				<input type="button" value="Open Case Summary"/> <input type="button" value="View Case Notes"/>

View the **Service Eligibility** screen.


- If the person was getting Intellectual or Developmental Disability (I/DD) services, refer them to their [county's I/DD office](#).
- If the person was getting behavioral health services, refer them to their county's [Community Mental Health Program](#) (CMHP).

Service Eligibility    Documents must be viewed



       < Previous Save Next >

**Individual Information**

Name  Individual #

Request Date From   15 Call Service Eligibility

**Service Eligibility Summary**  View Inactive Records

Service Category Code	Service Category Begin Date ▼	Service Category End Date	Status	Last Updated	Actions
DDC	10/01/2010	12/31/9999	Valid		 

#### Step 4

Review the case to make sure income and resources were properly excluded if appropriate. Common non-MAGI exclusion reasons include:

1. Primary residence of the applicant and/or their spouse.
2. Vehicle used for transportation.
3. Current month's income.

Ask the person or their Authorized Representative if any income or resource information has changed, update the case accordingly, and run eligibility. More information is in the [Resources](#), [Income](#) and [Income Types](#) QRGs, and in [OPEN](#) by searching **Treatment of Specific Assets**.

#### Step 5

**If they are eligible after running eligibility, do not override and stop here.** If they have income over 300% of the SSI standard and are receiving long-term services and supports, they may need to establish an [Income Cap Trust](#) to stay eligible.

If the person is still OVI/OVR after running eligibility, override the terminated/denied non-MAGI TOAs to approved.

- Enter **03/31/2024** as the override end date.
- Enter "OVI/OVR Notice Issue" in the **Override Details** field using the correct Notice Reason.

- Use **Agency Determination** as the **Override Reason**.
- If there was a client obligated patient liability or participant fee for the terminated TOA, enter that amount.

### Eligibility Override Details

Override Begin Date \*

Category Of Assistance \*  ▼

**3** Override Reason \*  ▼

Benefit Period \*  ▼

**1** Override End Date

**2** Override Details \*

Name \*  ▼

#### Current Eligibility Information

Category Of Assistance : LTCSERV Edg Status : Terminated

Patient Liability/Participant Fee - Client Obligation : Special Need Amount :

#### Override Eligibility Information

Category Of Assistance  ▼ Edg Status  ▼

**4** Patient Liability/Participant Fee - Client Obligation \*  Special Need Amount

Patient Liability/Participant Fee – Client Obligation should be \$0 for individuals with In-home or PACE Long Term Care services after December 31, 2021.

If using override to approve non-MAGI, inform the person of program [income](#) and [resource standards](#) and let them know they are still OVI/OVR for the program but have been temporarily approved.

- If the person was getting a [Medical Related Payment](#) (MRP), add the payment record back.
- View the **Financial Summary** and review how their countable income and resources were determined.
- If the person has resources over allowable limits, use the [Excess Resources for OSIPM Talking Points QRG](#) to talk about resource limits and how they can avoid a potentially disqualifying transfer of assets.
- Refer them to the [ADRC](#) and/or [211](#) for financial and/or legal resources.
- Let the person know they will go through another medical renewal before **March 31, 2024**.
- Confirm we have the correct contact information, including phone number and mailing address.

## Step 6

Add a detailed case note to explain the reason for the action(s):

[Person/Authorized Representative's Name] contacted Department because OSIPM closed on [insert date]. Reviewed notice reasons and confirmed individual's [TOA(s)] closed due to OVI/OVR. Reviewed case information and updated [detail any updates made to the case]. Ran eligibility and individual is/not eligible. Overrode [denied TOA] to approve with 03/31/2024 end date using OVI/OVR Notice reason. Let individual know they will go through another renewal before 03/31/2024 and referred to ADRC/211 for financial/legal resources.