# OSIPM/LTSS Restoration

# Frequently Asked Questions

On 10/19/23, a webinar was hosted to inform APD/AAA staff about these changes and required actions were discussed. Staff had sent questions before the OSIPM/LTSS Restoration webinar, and some of them were addressed during the event. This FAQ document includes questions received both before and after the webinar, along with responses from the LTSS policy team. Refer to transmittal APD-AR-23-027 for guidance.

This document will be updated as we receive more questions. Send additional questions to the APD Medicaid policy inbox with "OSIPM/LTSS Restoration" in the subject line. Please review the transmittal before submitting additional questions.

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**Webinar Questions**

Q: Would it be possible to copy and create a new assessment and update comments if they choose to have LTSS again without seeing the Oregonian face-to-face?

A: Reassessments must be completed face-to-face unless there are extenuating circumstances which prevent that, and those cases should be staffed with your local office leadership. Although, the restoration actions don't necessary mean that a reassessment is required at this time, staff should refer to assessment valid until date to determine if a reassessment is necessary. Staff may utilize the copy and create feature as determined appropriate but must always make any changes to the assessment based upon the face-to-face visit.

Q: Regarding transmittal stating, "Please note that if a benefit is extended to March 31, 2024, or April 6, 2024, a new assessment is still required as soon as possible." Are new assessments required for all consumers whose benefits are being restored; if so, how soon are they required to be completed? Should a Buckley Notice be sent in these scenarios?

A: Reassessments should be completed as they come due. Individuals whose benefit expired during the closure must be reassessed no later than 12/31/2023. For example, if a case was closed effective 9/30/2023 and their reassessment is not due until 1/31/2024 the reassessment does not have to be completed until the 1/31/2024 benefit end date in Oregon ACCESS. If the case was closed 7/31/2023 for being OVR and their service benefit expired 9/30/2023 due to a reassessment not being completed, staff may request an extension on that assessment with a date no later than the 12/31/2023 deadline. The reassessment must be completed by the 12/31/2023 deadline. If the benefit is extended or future effective the system will automatically send the Buckley notice 45 days before the benefit end date.

Q: Is communication going to be sent to Community Based Care and Nursing Facilities explaining the restoration and how to issue private pay refunds?

A: The provider alert advises that funds paid privately must be returned to the consumer via a check or similar payment method and may not be a credit on their account. This must occur by 10/31/23. Providers are directed to send questions to the APD.Policy email box, which will be answered by a policy analyst. Case managers may need to assist with provider payment issues such as touching 512s and creating a POC in MMIS.

Q: If an individual knows they are over resources and are working on going under the resource limit, can they opt out of restoration?

A: Once we are informed a consumer would like to remain closed or be reduced to medical only, staff should follow the voluntary withdrawal or reduction process indicated in APD-PT-23-006. We don't have a way to stop the restoration from happening because it is a mass ONE system update. If the consumer wishes to withdrawal services, medical, or both staff must narrate the action and save forms to their EDMS and/or electronic case file. Please refer to the Withdraw/Discontinue Program QRG for actions needed to withdraw medical in the ONE system.

Q: Is there anything across the board that CMs or EWs need to do on these cases or is it theoretically going to be all automatic at the state level? Do Case Managers have to manually set up any benefits, (i.e., HDMs, MRPs) or is this grouped with the auto-restore?

A: The financial and medical side including MRPs is fully automated. The services side is partially automated. CMs will have to manually set up benefits and payments for supportive services such as HDMs and LTCCNs. However, MRP payments for ICP participants should be evaluated and confirmed for dates and payment amounts.

Q: The transmittal notes the OA team is working on automatically creating a new benefit plan. Will the team retroactively add the SELG record (just

the Service Category/Benefit part) to the day following the last ended plan to ensure the consumer did not have a break in benefits? In understanding ONE, if there is a gap in the SELG record restoring LTCSERV may prove problematic.

A: Yes, when the OA benefit is automatically created and approved it will also send the record to SELG. The system update should be approved the date after the previous benefit end date so there will be no break or gap in benefits. Staff should create the Service Plan for each individual based on their appropriate care setting. For example, an individual in a CBC or NF setting would be effective back to the date of restoration. It is not appropriate to backdate the service plan for an individual in an in-home setting. The in-home service plan may not be reapproved prior to the day the case manager contacted the individual about the restoration and their provider is confirmed to be working for them.

Q: Will all consumers who were closed for being over resources (OVR) / over income (OVI) have services restored through 03/31 or 04/06 no matter what, or will they be closed sooner?

A: Restoration applies to OSIPM only for OVI/OVR. It is important to note that individuals whose OSIPM benefits were closed for other reasons, including those who no longer meet SPL criteria, are not being restored. However, services may be closed at any time if the individual is no longer SPL eligible. However due to the restoration the individual is receiving OSIPM benefits therefore, they should be evaluated for SPPC. Impacted individuals will go through the renewal process by March 2024. Restored medical benefits will not close before March 2024.

Q: I have an individual who was found to be over resources and needs to spend down by December, will they now remain open without having to spend down?

A: If you are actively touching a case, be it a reported change or a renewal, and after running eligibility and OSIPM is being terminated because of OVI/OVR follow the instructions that are linked in the OEP transmittal to override OSIPM to an approval. This will keep OSIPM open

until at least March 31, 2024. 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. Yes, the individual will likely need to reduce their resources but how they choose to do that is up to them. They will go through the renewal process by March 31, 2024.

Q: Does the restoration of benefits apply to new intakes for medical and services?

A: No, it does not apply to intakes or denials. It only applies to OSIPM closures due to OVI/OVRs.

Q: How will this work with a disqualifying transfer of assets?

A: Individuals who are serving a disqualifying transfer of assets will still be required to do so. The restoration is only for individuals whose OSIPM was closed because they were OVI or OVR. If they closed because of a DQ they will not be restored.

Q: When the list is provided, do case managers have a timeframe of when all this amount of work needs to be completed? Is it possible for a CM to manually restore services on their end during October (e.g., a consumer needs a medical procedure before the end of the month)?

A: Since services cannot be restored until the OSIPM medical is restored staff must wait until the restoration takes place. Once the ONE restoration is complete work will begin to do the restoration in OA which should occur by the end of October. Manual action can be taken to restore service benefits in OA once the OSIPM restoration has been completed.

Q: Shouldn’t HCWs have gotten a notice to stop working anyway?

A: Yes, HCWs should have been notified Medicaid services have ended. However, some HCWs may have continued to work for the consumer privately. HCWs will not be eligible for retroactive payment. Any agreement an individual made to pay a HCW or agency during this period

would still apply until Medicaid services are restored. If you have case specific questions or need additional support, please email the APD.Policy inbox.

Q: What is the new direction as it relates to our PHEU CM outreach calls? Is this discontinued or are there different instructions and renewal dates that we should be sharing with our consumers?

A: There are no new directions on that. We still want to get the information updated and accurate so any outreach efforts that are occurring (and should be occurring) should continue. Keep in mind that even if we are restoring benefits temporarily, the result is that the individual will still be closed later down the line. So, it's still important that the information is updated and accurate for the system to make a correct decision once we're ready to remake that decision.

Q: Do closure notices sent for 10/31 need to be rescinded?

A: Yes, because we are not closing them unless the consumer chooses to close them. This is also true for Oct, Nov, and Dec. However, this only applies to OSIPM closures involving OVI/ORV.

Q: Will staff be receiving talking points regarding this change?

A: As we work on responses for the FAQ document, we will draft talking points as part of that work.

Q: What about cases that transferred to OPI?

A: If the individual is going to have their medical benefits restored, that person will have to go back to regular in-home services if they want to keep it restored because OPI is not compatible with medical. It may be worth having a conversation with those individuals if you know that by the time it comes back around and they're going to lose their medical again, to find out if they want to do that and that may be one of those cases where we talk about the voluntary withdrawal with them because, if they do want

to stay on OPI, then we're going to want to make sure that their medical is not activated since that will impact their OPI benefit.

Q: Will the restoration also affect those individuals with SPPC?

A: Yes, as previously stated individuals being restored had an OSIPM benefit and are therefore eligible for SPPC services.

Q: For consumers that chose to go to hearings over the closure/denial, will they be included on the list as well?

A: Yes, all cases that were OSIPM that were closed for OVI/OVR will be restored as part of the mass update.

Q: Will this only be for cases that terminated due to OVI/OVR as a passive renewal or ones that were found to be OVI/OVR in an actual renewal appointment?

A: This includes anyone whose OSIPM was closed because of OVI or OVR, including those who went through active renewal.

**Questions Received**

Q: Is there a thought process of removing LTSS from ONE and treating it like a separate program it was intended to be?

A: There are no plans to remove Medicaid programs that support LTSS from ONE.

Q: If someone is over resources, we pend for proof and they never respond, technically that individual closed due to non-response to the RFI. Would we restore these cases, or should they remain closed because the reason they were closed is no longer due to being OVR?

A: No, these cases will not be restored. Only cases closed for the reason of being over resources or over income are being restored.

Q: What will happen with cases currently in the middle of intake? They closed OVR 07/31 and we are currently in the middle of an intake, pending for info. Should we continue the intake and if they don't respond, restore to 03/31/2024?

A: New applicants will not be part of the restoration as it only applies to cases that were open and closed due to being over income or over resources. New intakes should be processed as normal and appropriate notices should be sent.

Q: Will the restoration action in ONE be completed before notices are sent to consumers?

A: Yes, the notices stating that the individual is eligible are being sent by ONE are triggered by the system actions. However, there is not a notice being sent that explains the reason for the restoration.

Q: If a consumer's medical is restored as they were OVR and they do not want to continue with LTC services, will the consumer still obtain their reopened medical benefits (OSIPM) if the reason they had medical is because they met SPL 1-13?

A: Yes, a consumer can keep their medical without having services during this time. If an individual wishes to do this, they may request a withdrawal from receiving benefits (medical and LTSS, or just LTSS), which will require the local office to remove the override in the ONE system (to stop the restoration of OSIPM and LTSS) or not restore the benefit in OA (to stop the restoration of LTSS only). This decision must be properly documented in ONE and OA. See APD-PT-23-0006 for additional guidance.

Q: Does eligibility have to wait 45 days before approving a new intake if the CM has completed the service assessment, has SELG and all eligibility requests have been met?

A: No. When a case meets all the eligibility criteria, they should be opened. Cases should not be held until the 45th day or the SELG required by date.

Q: Does the restoration only extend the possible closure for a period of time, or are resource limits going away permanently?

A: The restoration only applies to very specific individuals whose benefits were closed or reduced from 04/01/23 to 09/30/23 due to being over income or over resource. The restorations for these cases resulted in extensions of their benefit through March 31, 2024. No, the resource limits are not going away.

Q: When will we get the list of individuals that need to be reopened?

A: A list of affected consumers was sent out to the local office prior to the restoration. A second list may be sent out if it is determined that individuals were missed.

Q: If the LTSS team reopens an individual, will they check with the previous home care worker to ensure they still have hour availability and are still willing to provide care?

A: The case manager should start by calling the consumer to discuss the restoration with them. If the consumer asks the case manager to call the homecare worker (HCW), they yes, they can do that. Otherwise, it is up to the consumer to contact the provider(s) to talk with them about working for them again and should let the case manager know who will start working for them and when.

Q: If an individual's previous plan expired and we are reopening through the dates provided on the transmittal, should we be scheduling the

assessment ASAP or just before that end date? Is a Buckley required to assess at that time or only if we wish to assess sooner?

A: Reassessments should be completed as they come due. Individuals whose benefit expired during the closure must be reassessed no later than 12/31/2023. For example, if a case was closed effective 9/30/2023 and their reassessment is not due until 1/31/2024 the reassessment does not have to be completed until the 1/31/2024 benefit end date in Oregon ACCESS. If the case was closed 7/31/2023 for being OVR and their service benefit expired 9/30/2023 due to a reassessment not being completed, staff may request an extension on that assessment with a date no later than the 12/31/2023 deadline. The reassessment must be completed by the 12/31/2023 deadline. If the benefit is extended or future effective the system will automatically send the Buckley notice 45 days before the benefit end date.

Q: The transmittal states "Do not take proactive action to restore OSIPM benefits unless directly contacted by an affected individual or their representative." If a facility or HCW cannot currently be paid due to needing restore, would this be an acceptable reason to actively override and restore? Or are we to wait for the batch?

A: Staff should wait for the batch restoration to occur to ensure the automatic actions restore benefits properly. Only complete manual restorations if the affected individual contacts you directly about restoring their benefits. Follow the OEP Eligibility Instructions for OSIPM OVI/OVR Notice Issue.

Q: What are the dates the restorations are currently planned?

A: The restoration dates were not exactly known but were planned for the end of October. All auto restoration actions are now completed in ONE and Oregon ACCESS.

Q: Step 4 on the guidance talks about no override needed if they will be eligible. But if we don't go through the process of the pends we don't truly know if they are eligible.

A: Override should only be used after running eligibility and OSIPM is closing because the person reported income or resources over program limits. At this point, eligible OSIPM cases have been restored. If you see a case that should have been restored but wasn't, please submit a CA ticket.

Q: Could you share what the renewal process in the spring will look like? If they have an active override in ONE will they get a notice that that tells them they are due for a renewal before that end date?

A: Yes. Impacted individuals will go through the active renewal process. This means they will get an active renewal packet (MED-044) before their renewal due date.

Q: Per APD-AR-23-027, case managers are to contact HCWs who were previously working for impacted individuals to determine if they are willing to work for the individual again. Has this been discussed with OHCC and SEIU to ensure the HCW CBA is not being violated surrounding the fact case managers are in no way supposed to be soliciting HCWs for consumers?

A: The case manager should start by calling the consumer to discuss the restoration with them. If the consumer asks the case manager to call the homecare worker (HCW), they yes, they can do that. Otherwise, it is up to the consumer to contact the provider(s) to talk with them about working for them again and should let the case manager know who will start working for them and when. The OHCC is aware of the restoration and have agreed with the approach that consumers should be reaching out the HCWs directly for re-hiring.

Q: When a SELG ended due to individual no longer meeting service eligibility, ONE terminates LTCSERV and closes the OSIPM for being OVI as they have lost the waiver to the income limit. The reports in ONE will not recognize this as it just reads as OVI. Will these be vetted by Central Office before lists are sent out? I understand the medical will be restored but the services shouldn't be.

A: Due to the tight timeframe of the restoration, individual cases were not able to be thoroughly researched. If the individual is not SPL eligible, you would not take action to reopen their services. However, it is possible that the system restores in Oregon ACCESS re-created the last benefit line.

Q: Do we not proceed until we are told what cases are to be reopened?

A: There was a list of cases that were provided to APD/AAA offices that had their OSIPM benefit restored in ONE. Per the transmittal sent out, the office should only take proactive action to restore an OSIPM benefit if directly contacted by an affected individual or their representative. This would ensure that automated actions will properly restore benefits. Local offices need to develop processes to ensure that required actions are taken such as restoring LTSS benefits and service payment authorizations.

Q: Will the restoration of OSIPM benefits also take place for those who turned 65 and started receiving Medicare during the PHE (lost MAGI) and were then over income for OSIPM as well? I am asking on behalf of the SHIBA program in Multnomah County, as we really don't know how to counsel the Medicare beneficiaries who have recently lost OSIPM at this point.

A: Any one for whom OSIPM closed since 4/01/2023 because they reported income or resources over program limits will be restored. Normally, when someone transitions from MAGI to OSIPM, OSIPM is denied, not closed.

Q: How will CDDP's get the list of individuals in our services who are having benefits restored? Will we have to get it from our local office, or will we get a list directly from the state?

A: The data has already been sent out and the CDDPs/Brokerages who didn’t have any on their lists were told they had no one impacted.

Q: There are challenges when looking people up in eXPRS where it shows they do have medical coverage, but the billing for the provider (foster or group home) is not allowed (the SELG record - service eligibility) Is there a direct contact where we identify a DDS enrolled individual who has their service eligibility coding incorrect?

A: Usually, the link between eXPRS and SELG is done behind the scenes. For those questions, staff should email DD-eligibility.enrollment@odhsoha.oregon.gov. Without case specific details, this email address would be the best starting place to determine where the issue lies.

Q: Will cases closed due to failure to complete a financial eligibility recert interview or for failure to respond to RFIs also be restored? If the $2K resource limit is being "waived," would it matter if the consumer/AR did not verify their resources?

A: Limited OSIPM restoration only applies to people whose OSIPM was closed since 4/01/2023 because they reported income or resources over program limits. These cases closed because of reported income or resources over program limits during passive renewal, active renewal, or at any time following their renewal (e.g., a change was reported). It does not apply to people for whom OSIPM was denied or closed for other reasons. 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.

Q: Won’t refunding all that money cause even more OVR?

A: It is possible the refund from a CBC provider may put an individual over the resource limit. It is important to communicate this possibility to the individual and counsel them about the impact being over resources will have at their future renewal. Case managers should reference the PHEU Case Manager Talking Points: Recipient Over Resources to help in these conversations. An individual may want to withdraw from the restoration for this reason. APD-AR-23-027 provides additional guidance.

- Some individuals may wish to not have their OSIPM/LTSS benefits restored. For example, an individual who was previously closed due to being over resources may choose to pay for services privately instead of having their benefits restored. If an individual wishes to do this, they may request a withdrawal from receiving benefits (medical and LTSS, or just LTSS), which will require the local office to remove the override in the ONE system (to stop the restoration of OSIPM and LTSS) or not restore the benefit in OA (to stop the restoration of LTSS only). This decision must be properly documented in ONE and OA. See APD-PT-23-0006 for additional guidance.

Q: Can cases that were not restored but open this whole time be closed like January 24, if they don't qualify anymore?

A: If the case was not included on the restoration list, then it was not included in the auto restoration. If it is determined that a consumer is no longer eligible and they were not included in the restoration then yes, they should remain closed. If they reapply and are found eligible a separate decision notice should be sent.

Q: Have some cases already been restored?

A: Yes, some cases were manually restored prior to the system restoration based on guidance in APD-AR-23-027. The remaining restoration actions have been taken in ONE for cases that met the criteria. If you are aware of cases that did not restore, please staff those cases with your local lead workers/eligibility team to determine what additional action may be needed.

Q: How will this impact smaller providers such as AFHs who may not have the funds to offer refunds to individuals without them being paid by us first?

A: Providers alerts were sent out to Community Based Care (CBC) and Nursing Facility (NF) providers. It provided them information on when the payments should be returned to the resident or family members, how

the payment should be sent, and how to calculate the amount of the refund (subtracting out the room and board payment and any service contribution (liability amount) the resident would have owed. They were also provided an email to reach out with questions, and appropriate ODHS staff will respond to those questions.

Q: If medical is restored but lost services say due to SPL, are they communicating to field that SPPC needs to be addressed since medical open?

A: Yes, only cases that were closed due to being over income or over resources were included in the restoration. If the case was closed due to no longer being SPL eligible the case should remain closed or reduced.

Q: An individual I am working with has a DQ, however their benefit was never closed due to PHEU. Their renewal will be due in Feb, should we close it now?

A: If the individual has already been through a renewal during the unwinding, their services can now be closed if they're still in the middle of their DQ period, regardless of whether their OSIPM will be restored with the PHE indicator and a new renewal date set. The PHE protection from closures due to DQs reported or discovered after initial service approval ends at their first PHEU renewal.

Q: Do eligibility workers have a role in the OSIPM/LTSS restoration?

A: While the ONE system actions for restoration largely happened through a data fix, Eligibility Workers (EWs) are working on cases that need additional action. This includes working with cases that did not restore correctly, need overrides, or need CA tickets sent in because the system is not working as expected. They are also working with individuals to update the ONE system with new information as appropriate, such as updating resources, income, etc.

Q: We have a number LTSS cases which are currently unassigned to a CM. Who would these individuals reach out to for assistance through this transition?

A: This would be the same process in your LO as coverage provided for other active unassigned cases. Please reach out to your LO Leadership if you are unsure of that process.

Q: The transmittal indicated that CMs should have conversations with individuals regarding financial options (ICT, etc.) CMs are not involved with financials and a lot of them have not had financial training. How do we address this?

A: Individuals receiving LTSS often contact their case managers first when they need assistance. Case managers are not expected to be experts about financial options. Tools to support case managers in these conversations were previously created when the Public Health Emergency Unwinding began. Case managers are encouraged to utilize the following guides when having conversations with individuals about their financial options.

- Case Manager Talking Points: Recipient Over Income
- Case Manager Talking Points: Recipient Over Resources

Q: If there are cases that were restored with an override for a month or two because of failure to provide timely notice for LTC following an OVI/OVR determination, will they be identified and restored automatically?

A: Yes, they should have been. But if staff find cases that would otherwise be closed due to being OVI/OVR at redetermination should remain open through March 31, 2024. If the closure or reduction action was not previously taken for being OVI/OVR they would not have been included on the restoration list, but the actions to delay their closures/reductions apply to those individuals as well.

Q: Since in-home care will not be retroactive, it will create a gap in benefits. Will we be able to use “to be determine option (TBD)” to prevent gap in benefits?

A: Yes, that is appropriate until the consumer hires a provider for the case manager to add to the service plan.

Q: I have a consumer who is currently pending AVS because they were originally going through the medical renewal process. I extended their SELG record past 10/31/23, as we are no longer closing people due to being OVI or OVR, but now support staff are not able to create ongoing vouchers past 11/1/23. I was told by eligibility we still have to wait for AVS to come back for their TOA to be approved/authorized but either way, we are not closing them right now. Why do we have to wait?

A: This is correct. We still need to follow normal processes in determining eligibility, including waiting for AVS results. For renewals, AVS results should be available by the time the case goes into renewal, so waiting periods should be minimal.

Q: Did I understand this correctly?  Cases will be overridden in ONE but with no active SELG? Will those successfully transfer to MMIS? We have been having issues with restored cases not showing in MMIS.

A: The Medical case in ONE will restore first. Once that has been completed, then the benefit in OA will be restored through an automated process. When the benefit restores in OA, this sends the SELG record to DHR (mainframe), then ONE, and MMIS receive that updated SELG. If staff find any cases that did not update in the appropriate systems as stated, they should submit a service desk ticket to report the issue.

Q: If this is a "restoration", and ICP funds/CBC payments can be backdated, why can't HCWs receive pay retroactively if they have continued to provide care to the individual? This would be especially common for family caregivers.

A: HCWs must have their hours prior authorized before they may work. When the cases were closed their hours were terminated and their hours must be re-authorized.

Q: I don't know if other offices are experiencing the same thing we are, but we have been very busy with Oregonians, Senior law, etc. calling in to get benefits restored. Are cases that have been manually restored already going to cause issues with the mass restoration?

A: This is the first time a large-scale automated restoration is being done. It's possible there may be issues with cases that have already been manually restored. These changes are being monitored and additional guidance will be provided if further actions will be needed. Submit CA tickers if specific issues are being found and reach out to policy for case-by-case guidance.

Q: Is this the last planned round of extending eligibility before we return to "normal" eligibility requirements or is that unknown?

A: There is some additional restoration work in progress around medical closures, specifically ex-parte renewals- see OSIPM Restoration and Ex Parte Talking Points and FAQs.pdf for more information. Currently, we are not aware of any other needed restoration actions.

Q: If we are waiting for AVS to return and someone is going to lose benefits, can we override to active before benefits are lost since it won't matter what resources return?

A: No. There is a data fix to prevent OSIPM from closing if the person reports income or resources over program limits. The data fix will add the PHE indicator to the case, which will protect the case from future adverse actions.

Q: We are doing quite a few of these already. Is the system going to recognize that and not try to re-restore those? I'm afraid the list for the system to work will be pulled and more will be done manually before the mass update.

A: Yes. If the case has already been restored the automatic updates will not impact the case.

**ONE System & Financials**

Q: How does will this work with RFI's? For instance- renewal appointment with the individual and the case would normally be OVR but the TOA's are pending for the RFI vs being OVR. Do we override benefits that have closed?

A: This is not a scenario that would happen in ONE. We only pend for an interview for someone who is potentially eligible. If someone has reported, they have resources over OSIPM limits ONE does not pend for an interview.

Q: Will ongoing renewals until March have some sort of coding in ONE to show the individual will get protection from closure, so EWs can tell the case has notice protection? Will all renewals be re-sequenced to March 2024?

A: Public Health Emergency (PHE) indicators have been placed in the Financial Summary of impacted cases. An automated case note has also been entered. See the How Can I tell if This Case is Impacted section of the OSIPM Restoration and Ex Parte Talking Points and FAQs QRG. The March 2024 renewal due date may change. More information will be published as it's known.

Q: Does this retroactively change eligibility for all closed OVI/OVR OSIPM cases from 3/23 to now?

A: OSIPM cases that were closed since 4/1/2023 because the person reported income or resources over program limits have been reopened back to the date of closure.

Q: The transmittal says something about the individual having a second eligibility review. What is this? Who is doing this? Is this just a renewal

appointment for the individual before March 2021 or a review of the case before a closure takes place in March 2024? APD is currently drowning in backlogged work and complex LTC authorizations for other eligibility units.

A: The individual will go through normal renewal processes. Part of the data fix used to restore cases included a systematic override, so many cases will go through the active renewal process.

Q: Is there any idea of what the new notices will look like or if the ONE system might be updated to allow more nuanced notices for individuals?

A: Notice updates are still in progress. So far there have been two main updates identified:

1. Separating the R&B and PIF amounts to clarify these are separate amounts

2. Adding program income and resource standards, as well as the person's countable amounts.

Q: Will they be open until March? Will the months they are reopened count toward their DQ? How will that work to re-set up hours?

A: Only people whose OSIPM closed because they reported income or resources over program limits have been restored. If the closure reason was because of disqualifying transfer(s), OSIPM was not restored. Protections have been put in place to prevent OSIPM closures until the person goes through their next renewal. If the consumer is eligible for in-home services and closed for OVI/OVR the CM should follow the restoration guidance. If the closure was due to DQ, that is a separate issue and those individuals were not included in the restoration.

Q: If someone was closed due to non-response to their active renewal and they reapply within the 90-day reconsideration period, but they're found OVR/OVI, would they be denied?

A: Yes. The original closure reason was because of non-response, not because they reported income or resources over OSIPM limits. When they come back to re-apply, this is considered a denial, not closure.

Q: For those reduced to SMF only from being dual eligible, would this restoration of OSIP change them to SBI? Otherwise there will be buy-in issues. Notices show the change from SMF to SBI as a reduction and this will lead to a lot of questions/concerns.

A: Yes, they will get SBI when OSIPM is restored. SBI is not included in the Medical Notice of Eligibility (MED-005).

Q: Has there been any coordination or discussion with Dual Special Needs Plans (DSNP)? How will these plans address the individuals who had previously been removed from the plan, who are now back to being dual and wanting to enroll again? Especially if their dual status is retroactive.

A: It's our assumption the plans will proceed as they would as they normally do when an individual's benefits are restoring and wish to reenroll. Remember that restoring benefits and reenrolling in plans is not something that's unique to the unwinding. Regarding retroactive enrollment, we believe enrollment would follow the normal schedule and not take effect retroactively, though that might be something that the plan can decide.

Q: Is this halting all service/medical closures for OVR/OVI through 03/31 (including consumers who had not yet been closed, but are set to terminate)? If not, what do we tell consumers who are getting closed before that date, when they know others are getting an extension?

A: Yes, OSIPM closures have been temporarily paused, except for a few specific reasons, such as they move out of Oregon, pass away, or voluntarily withdraw. Consumers receiving services who are pending for closure/reduction for OVI/OVR should be extended through the restoration period. Those being closed for reasons other than OVI/OVR should be processed as normal (such as SPL eligibility).

Q: If someone did not submit an Income Cap Trust, they are denied for over income for OSIPM and LTSS. Is this a situation where we would override the denial? For example, they wanted coverage in April, but they didn't sign/submit the ICT until May, so benefits started in May. Would we override April even though they didn't have the ICT yet?

A: No. In this situation OSIPM is being denied so there is no OSIPM to restore. Only if OSIPM is closed after 4/01/2023 will it be restored.

Q: What about those individuals that paid large sums to EAU to remain eligible? Is that being refunded as well?

A: No.

Q: Will Provider Relations be helping field provider questions about the impact on them?

A: The APD Medicaid Services and Supports Policy Unit and the APD Financial Eligibility Policy Unit will respond to questions as we are able, but will seek the assistance of other Central Office units as needed such as the Provider Relations Unit.

Q: How does this impact intakes we did and denied for those reasons during that timeframe? Are those still valid or do we need to go back and look at those as well?

A: OSIPM is only restored for people whose OSIPM closed since 4/01/2023 because they reported income or resources over program limits. In this situation OSIPM is being denied, so there is no OSIPM benefit to restore.

Q: For individuals that closed, they spent down, paid privately for their care and now they're in the intake process of reapplying, since their benefits are going to be restored, do we need to continue with the intake process, or can we just move them straight back to ongoing since their benefits are going to be restored?

A: OSIPM will be systematically restored back to the date of closure. Services cases being restored and should be reevaluated for reassessment based on the valid until date of the most recent assessment.

Q: The transmittal notes alerts will occur when a case is assigned to a CM. If a case is no longer assigned to a CM or if the Benefit and Services Plan has ended the individual will not pull onto a CM dashboard. What is your solution for this?

A: Alerts can be searched using "unassigned" as the Case Manager Name. In addition, a report is being developed to be distributed to Case Managers.