

<b>Topic:</b>	Loss of Medicaid Eligibility
<b>Date Issued/Updated:</b>	October 2, 2019 (v.2)

## Overview

**Description:** Responsibilities of Service Coordinators (SC) and Personal Agents (PA) when individuals receiving services lose Oregon Supplemental Income Program Medical (OSIPM) or MAGI (OHP) eligibility

**Purpose/Rationale:** OARs 411-415-0050 requires that Personal Agents and Service Coordinators (SC/PA) assist individuals who have lost Medicaid eligibility in identifying why eligibility was lost, assisting the individual in regaining eligibility and documenting these efforts.

**Applicability:** Service Coordinators and Personal Agents

## Procedure(s) that apply:

If an individual loses Medicaid eligibility or has a termination notice notifying them of losing Medicaid, a SC/PA must assist the individual in identifying the reason for loss of Medicaid eligibility. Whenever possible, the SC/PA must assist the individual in becoming eligible for Medicaid again. The SC/PA must document efforts taken to assist the individual in becoming Medicaid eligible.

### ***When should an SC/PA send a Notice of Planned Action (NOPA) to end Medicaid funded services?***

- As soon as the SC/PA is aware that Medicaid eligibility is ending the SC/PA must provide notice to the individual and their representative (if applicable) that ODDS Medicaid funded services will end.
- Send NOPA to end Medicaid funded services using the following table to determine the effective date:

<b>End date of Medicaid eligibility:</b>	<b>NOPA effective date:</b>
More than 10 days away	Same date that the Medicaid eligibility is ending
Less than 10 days away	10 days from date of NOPA

Already passed	10 days from date of NOPA
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- Reference: OAR 411-318-0020

***What OARs are referenced in the NOPA for ending ODDS Medicaid funded services?***

- Use the NOPA Worker Guide to identify the OARs that must be cited specific to the services being accessed, see [NOPA Worker Guide](#)

***How will an SC/PA find out that Medicaid eligibility will end or has ended?***

There are multiple ways an SC/PA might become aware that Medicaid eligibility will end or has ended. Some of the most frequent ways are:

- An individual or their representative receives a notice by mail that they have lost eligibility and contacts the SC/PA
- ODDS provides information to the CDDP/Brokerage on individuals who have lost or may be losing Medicaid eligibility
- Medicaid eligibility office contacts CDDP/Brokerage
- CME staff sees the end date of Medicaid eligibility on the [View Client screen in eXPRS](#)
- Providers and Case Managers are unable to submit claims for services provided in eXPRS
- Previous case management entity (CDDP or Brokerage) is notified and then informs the current case management entity

***What follow up actions should an SC/PA take when an individual has lost or might lose Medicaid eligibility?***

- ✓ Contact the office that determines Medicaid eligibility appropriate to the person and confirm close date of Medicaid eligibility.

**Quick Tips:**

- The [Branch Code](#) for the office that determined Medicaid Eligibility is visible on the [View Client screen in eXPRS](#)
- If the individual received a Notice, the Notice will have contact information for the Medicaid Eligibility office that made the termination decision

- ✓ Ask the Medicaid eligibility office the reason for termination. Identify if the Medicaid eligibility office needs additional information from the individual or their representative to reconsider the eligibility decision. Follow up with the individual or their representative using their preferred method of communication to inform what is needed to reconsider eligibility. CMEs that have documentation needed by the

Medicaid eligibility office the SC/PA should inform the individual and facilitate providing those records on behalf of the individual.

- ✓ Ensure that all Medicaid eligibility avenues were attempted by the Medicaid eligibility office including MAGI and Employed Persons with Disabilities (EPD) eligibility if the individual was previously OSIPM eligible unless the person remains OSIPM eligible.
- ✓ Ask the Medicaid eligibility office to reinstate eligibility to the earliest date possible by Medicaid eligibility rules to minimize need for General Fund payments.

### ***How are services ended? What steps does a CME need to take?***

- ✓ Any of the following payment and reporting mechanisms must be updated with an end date that is the same as the effective date of the NOPA:
  - Plan of Care
  - [Client Provider Authorizations \(CPAs\)](#) (except Case Management CPAs)
- ✓ Update DD Eligibility and Enrollment Screens ([CDDP](#) or [Brokerage](#)) with service end dates.
- ✓ Complete a change form to end all paid services except case management in the ISP on the effective date of the NOPA.

#### **Quick Tips:**

If a person chooses not to sign the change form ending the paid services, services and the ISP will end on the effective date of the NOPA. An Annual Plan will be needed to continue in DD case management.

### ***How are services funded during the NOPA period if Medicaid eligibility has ended?***

General Funds must be used when Medicaid eligibility has ended but the effective date for the NOPA to end ODDS Medicaid funded services has not yet passed. When General Funds are required to cover services until the effective date of a NOPA the following process must be followed:

1. In eXPRS complete the **DD Eligibility Enrollment** section 3 (CDDP) or 3a (Brokerage) updated with end dates for any Medicaid funded Service Elements
2. Attach copy of **Notice of Planned Action** with effective date that aligns with dates used in the Developmental Disability (DD) Eligibility Enrollment section 3 (CDDP) or 3a (Brokerage)
3. Add notes in DD Eligibility Enrollment section 7 describing the services that are ending and the reason for the **“loss of Medicaid”**

**Quick Tips:**

Case managers **do not** submit a Funding Review or Exception (form 0514DD) to use General Fund for services delivered during the NOPA period.

***What if Medicaid is reinstated during the NOPA period?***

1. The SC/PA must [rescind the NOPA](#). Services should continue uninterrupted. ISP change form completed to restore services (if applicable).
2. If the eligibility is not backdated to the date Medicaid was originally lost any days during the lapse will be paid using general fund using the above process.
3. The DD Eligibility Enrollment section 3 (CDDP) or 3a (Brokerage) updated with new start dates for any Medicaid funded Service Elements
4. Notes in DD Eligibility Enrollment section 7 describing the services that are starting and the reason for the “lapse of Medicaid”

***What else does an SC/PA need to do if Medicaid is not reinstated during the NOPA period?***

- ✓ Offer resource options for getting needs met without Medicaid funded services
- ✓ Provide choice advising to the individual with their options including:
  - Remain enrolled in DD services continuing current ISP with paid services other than case management ended. The ISP would continue with only case management as a service.
  - Remain enrolled in DD services with an Annual Plan for Case Management service as required per [OAR 411-415-0060](#).
  - Exit DD Case Management services.

**Quick Tips:**

Choosing to continue the current ISP can allow for a more streamlined reentry into paid services if Medicaid is later reinstated if the ISP and ONA are still current.

When an individual chooses to exit DD Case Management a NOPA ending DD Case Management services must be issued, for see [NOPA Worker Guide](#) the rule citations

## ***What does an SC/PA need to do to reinstate services if Medicaid is reinstated after the NOPA period?***

- ✓ Person has a current ISP and a current ONA and Level of Care:
  - Complete an ISP change form restoring previously authorized services. Start date is the first day of Medicaid eligibility.
- ✓ Person has an annual plan:
  - Complete ONA by an assessor.
  - Complete an initial ISP.

## ***What documentation of efforts is required?***

Documentation of efforts should include progress notes detailing

- ✓ Contacts with the individual or representative providing information about the loss of Medicaid.
- ✓ Contact with the Medicaid Eligibility office.

Additional documentation will include the completion of the DD Eligibility Enrollment screens and copy of NOPAs issued in the file.

## **Definitions that apply:**

- **MAGI:** Modified Adjusted Gross Income, a Medicaid eligibility type based on financial need.
- **OSIPM:** Oregon Supplemental Income Program-Medical, a Medicaid eligibility type based on financial need along with a qualifying disability or over 65.
- **EPD:** Employed Persons with Disabilities, a Medicaid eligibility type for people with a qualifying disability who are working and earning an income. Some EPD participants will pay a sliding scale fee for their Medicaid coverage. EPD has financial eligibility limits.
- **Special eligibility group:** additional avenues to obtain OSIPM Medicaid coverage when the applicant or their household exceeds typical financial limits. May be known as “300% rule,” “presumptive disability determination,” or “parental income disregard.”

## **Form(s) that apply:**

[SDS 0947 Notification of Planned Action](#)

## **Reference(s):**

[NOPA Worker Guide](#)

[Rescinding a Notification of Planned Action](#)

[eXPRS Help and How-To Guides](#)

## Frequently Asked Questions:

***Q: Why does this worker guide instruct me to send NOPA with an effective date 10 days after being issued rather than an effective date of the end of the month following the 18<sup>th</sup> of the month?***

A: Services that are provided during the Notice period after a loss of Medicaid are paid for with General Funds. The shorter notice period reduces the amount of General Fund expenditures that will need to be made. There may be situations where it is appropriate to use the longer Notice period, such as when the loss of Medicaid will result in the individual needing to move from a funded service setting.

***Q: What efforts can a SC/PA take to prevent the loss of Medicaid?***

A: There are many strategies that can be used to prevent the loss of Medicaid. Here are some that may be effective depending on the person's unique situation:

- **Identify supports for complex communication needs:** As part of the person-centered planning process identifying needs and preferences a person has around communication with the Medicaid service office, processing important mail, understanding complex information and responding to written and verbal requests for information. This might include identifying natural or paid supports that will be responsible for meeting these needs.
- **Maintain contact with the Medicaid service office:** If the person agrees a case manager should contact the Medicaid service office to have mailings copied to the case manager. This also allows the Medicaid service office to know who to contact if they are unable to get a timely response from the person.
- **Benefits counseling:** Benefits counseling, especially when someone begins working, can help a person and their ISP team know how work income will impact the person's Medicaid status.
- **Know the redetermination frequency:** People who have Medicaid based on EPD, MAGI, or in a **special eligibility group** may regularly need to provide proof of their continued financial eligibility. Be aware that a person needs to provide information to the eligibility office in a timely manner.
- **Changes in other benefits may lead to a redetermination:** People who have lost Social Security benefits (SSDI or SSI) will likely have a redetermination of their Medicaid eligibility.

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