

Topic:	Loss of Medicaid Eligibility
Date Issued/Updated:	October 9, 2015 (Version 1)

Overview

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

Purpose/Rationale: OARs [411-340-0120\(5\)\(d\)](#) and [411-320-0090\(4\)\(g\)](#) require that Personal Agents and Service Coordinators assist individuals who have lost OHP Plus/OSIPM 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 OSIPM or OHP Plus eligibility, a personal agent or services coordinator must assist the individual in identifying why OSIPM or OHP Plus eligibility was lost. Whenever possible, the personal agent or services coordinator must assist the individual in becoming eligible for OSIPM or OHP Plus again. The personal agent or services coordinator must document efforts taken to assist the individual in becoming OSIPM or OHP Plus eligible.

- SC/PA finds out that Medicaid eligibility will end or has ended.
 - Ways in which a CDDP or Brokerage may be informed that an individual might lose or has lost Medicaid eligibility:
 - An individual or their representative contacts the SC/PA when they receive a notice by mail that they have lost eligibility
 - ODDS provides information to the CDDP/Brokerage on individuals who may be losing Medicaid eligibility
 - Medicaid eligibility office contacts CDDP/Brokerage
 - End date of Medicaid Eligibility as seen 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
- Follow up actions for SC/PA to take when notified that an individual might lose or has lost Medicaid eligibility
 - Contact the office that determined the Medicaid Eligibility to confirm close date of Medicaid eligibility. The [View Client screen in eXPRS](#) will have the [Branch Code](#) for the office that determined Medicaid Eligibility. If the individual received a notice regarding the end of their Medicaid Eligibility, the Notice will have contact information for the Medicaid Eligibility office that made the termination decision.
 - Ensure that MAGI (OHP Plus) and Employed Persons with Disabilities (EPD) eligibility were attempted by the Medicaid Eligibility office if the individual was previously OSIPM eligible ([42 CFR 435.916](#)).
 - If the Medicaid Eligibility office needs additional information from the individual or their representative to reconsider the eligibility decision the SC/PA must follow up with the individual or their representative using their preferred method of communication. Document these follow up activities in Progress Notes.
 - Send Notice of Planned Action (NOPA) to end Medicaid funded services:
 - If the end date of Medicaid Eligibility is more than 10 days away [411-318-0020\(2\)\(b\)\(B\)\(iii\)](#) send NOPA to end the Medicaid funded services on the same date that the Medicaid eligibility is ending.
 - If the end date Medicaid Eligibility is less than 10 days away [411-318-0020\(2\)\(b\)\(B\)\(iii\)](#) send NOPA to end the Medicaid funded services on the 10th day.
 - General Funds must be used in instances when Medicaid eligibility has ended but a notice to end services has not yet been issued. In the event that General Funds are required to cover services until the effective date of a Notice of Planned Action the following process must be followed:
 1. 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. Notes in DD Eligibility Enrollment section 7 describing the services that are ending and the reason for the “loss of Medicaid”

Use the following table to assist in identifying the appropriate OARs to include in the NOPA. Other OAR references may need to be included in the NOPA specific to the services being accessed, see [NOPA Worker Guide](#)

Service	Community First Choice services requiring OHP Plus OAR	HCBS Waiver services requiring OSIPM OAR
Employment and Facility-Based Attendant Care Services	411-345-0027(4)(a)	411-345-0027(2)(b)
24-Hour Residential Services	411-325-0390(2)(b)	
Adult Foster Home Services	411-360-0190(2)(a)(B)	
Supported Living Services	411-328-0790(2)(a)(B)	
CIIS Behavior Services	411-300-0120(1)(c); 411-300-0150(4)(a)	411-300-0120(1)(c); 411-300-0150(4)(b)
CIIS Medically Fragile Services	411-350-0030(1)(a)(C); 411-350-0050(4)(a)	411-350-0030(1)(a)(C); 411-350-0050(4)(b)
CIIS Medically Involved Services	411-355-0040(5)(a)	411-355-0020(1)(c); 411-355-0040(5)(b)
Comprehensive In Home Services	411-330-0110(1)(a)	411-330-0110(1)(d)
Support Services	411-340-0130(3)(c)	411-340-0130(3)(c)
In-Home Services for Children	411-308-0060(1)(b); 411-308-0120(1)(a)	411-308-0060(1)(b); 411-308-0120(1)(b)

- If Medicaid is reinstated during the NOPA period, [rescind NOPA](#)
- If applicable any and all 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 \(CPAs\)](#)
 - Foster payment
- Update DD Eligibility and Enrollment Screens ([CDDP](#) or [Brokerage](#)) with service end dates
- Offer resource options for getting needs met without Medicaid services. If individual chooses to remain enrolled in DD services an Annual Plan for Case Management service is required per [OAR 411-320-0120](#) or [OAR 411-340-0120](#)

Form(s) that apply:

SDS 0947 Notification of Planned Action

Definition(s):

Reference(s):

[NOPA Worker Guide](#)

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

[OAR 411-320](#)

[OAR 411-340](#)

Frequently Asked Questions:

Q: Why does this worker guide instruct me to send Notice of Planned Action with an effective date 10 days after being issued required rather than an effective date of the end of the month following the 18th 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 also will result in the individual needing to move from a funded service setting.

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