



**All program transmittal:
February 8 – February 12, 2016**

*To go directly to the transmittal, mouse over the transmittal (left column), hold down **Ctrl**, and click on the transmittal.*

Transmittal #	Issue date	Subject/Topic
<u>APD-IM-16-017</u>	2/5/16	<p>OHA Mailing 1095-B Tax Forms - 2015 is the first tax year Oregon Health Plan (OHP) members are required to report health insurance coverage on their income tax return.</p> <p>This is a federal requirement for all tax filers and the Oregon Health Authority mailed all OHP members, including children, a 1095-B form at the end of January 2016. OHA will be sending this information to the IRS. OHP members who file a federal income tax return or claim a dependent OHP member on their return will use the form 1095-B. See transmittal for details.</p>
<u>APD-IM-16-018</u>	2/8/16	<p>Cases in branch 5515 in Oregon ACCESS - 5515 is a discontinued branch in Oregon ACCESS used by APD Central Office. There is no staff assigned to “work” cases in 5515 and no one monitors 5515 for required action. The inactive cases in 5515 cannot be moved to a new office and updated by field staff.</p> <p>Cases appearing in branch 5515 can be transferred to a local office by emailing Central office; include the customer’s prime or Social Security number and the destination branch number. See transmittal for details.</p>
<u>SS-IM-16-006</u>	2/8/16	<p>Turbo Tax to discontinue SNAP applications - TurboTax has notified the Department of Human Services on February 12, 2016, it will indefinitely stop faxing SNAP applications to state agencies. They will begin to direct potential customers to the SNAP website on February 13.</p> <p>Branch offices should continue to process SNAP applications received from TurboTax. See transmittal for details.</p>

<u>APD-PT-16-004</u>	2/12/16	<p>Home and Community-Based Services (HCBS) and Settings and Person-Centered Service Planning- New Rules and Rule Changes - Centers for Medicare and Medicaid Services (CMS) has issued regulations that define the settings in which it is permissible for states to pay for Medicaid Home and Community-Based Services (HCBS).</p> <p>The purpose of these regulations is to ensure individuals receive Medicaid-funded HCBS in settings integrated in and support full access to the greater community. See transmittal for details.</p>
<u>APD-AR-16-011</u>	2/12/16	<p>Expectations of providers of Service Elements 50, 51 and 142 to report absences - It is the provider's responsibility to accurately report overnight absences by using the claim modifiers in eXPRS for each overnight the individual is absent from the home or residence. See transmittal for details.</p>
<u>APD-AR-16-012</u>	2/12/16	<p>HCBS On-Site Compliance Assessment Reviews for Residential Settings- Expectations for Completion in 2016 - HCBS On-Site Compliance Assessments are to be completed during 2016 by CDDPs for all foster care settings serving individuals within their county territory. The time period for completing the reviews is January 1, 2016 through December 31, 2016, with all foster care assessments completed by December 31, 2016. See transmittal for details.</p>