

512 Sequence of Actions

To avoid payment errors and suspensions, make the following actions in the order indicated below.

Client Situation	Sequence of Actions
<p>Client is Determined Eligible for Services</p>	<ol style="list-style-type: none"> 1. Complete a CA/PS assessment. 2. If SPL-eligible, confirm medical status in ONE. If OHP Plus level of benefits are approved or pending solely for SELG, approve appropriate Service Category/Benefit and Plan). 3. Once the SELG benefit is approved, have the eligibility worker (EW) run eligibility in ONE and authorize benefits. In order to set up the 512 successfully, in addition to the medical TOA, ONE must have LTCSERV, MSERV, or NMAGISERV authorized for the dates of service. 4. Once medical eligibility has been approved and authorized, create the 512. The effective date of the 512 should be the date the client is determined service eligible and residing in the facility.
<p>Client's Care Need(s) Change</p>	<ol style="list-style-type: none"> 1. Update the CA/PS assessment, benefit, and plan to include the new need(s). (Begin Date = date of the need(s) change.) 2. If the payment level changes (or the add-on type changes), touch the 512, using action code 1, with the effective date being the date the need changed.
<p>Change in Client Financial Information and Liability</p>	<ol style="list-style-type: none"> 1. This information will be communicated from an eligibility worker – confirm that information in ONE is current and correct and note the effective date. 2. Touch the 512, using action code 1, using the confirmed effective date of change.

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<p>Client Transfers to Another Branch</p>	<ol style="list-style-type: none"> 1. Notify the Eligibility Worker of the client's new address. 2. Close the 512 with the end date being the day before the client left the facility. (End Date = day before client left the facility.) 3. Transfer the ACCESS case to the new branch. 4. Receiving branch will confirm ONE has new address, then open a new 512 effective the date the client enters the new facility
<p>Client Transfers to Another Provider (New Address)</p>	<ol style="list-style-type: none"> 1. Notify the Eligibility Worker of the client's new address. 2. Close the 512 with the end date the day before the client moved. (End Date = day before client moved.) 3. Update the service plan in CA/PS (Status Date = date of move.) 4. Confirm new address is updated in ONE and open a 512 for the new provider, effective the date of move.
<p>Client Becomes Ineligible for Services</p>	<ol style="list-style-type: none"> 1. Send a 10-day notice to the client. 2. Close the 512. (End Date = the last day of the month in which the 10-day notice is effective.) 3. Close the service benefit and plan in CA/PS (End Date = last day of the month in which the 10-day notice is effective.) 4. ONE will re-evaluate medical benefits if the case is in approved/active status. Best practice is to notify the eligibility worker of the change you made so they can take any additional actions needed.
<p>Client Moves Out of State</p>	<ol style="list-style-type: none"> 1. Close the 512. (End Date = day before the client left the facility.) 2. Close the service benefit and plan in CA/PS. (End Date = day client left the facility.) 3. Notify eligibility worker so medical benefits in ONE can be closed.

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<p>Client Dies</p>	<ol style="list-style-type: none"> 1. Close the 512. (End Date = day before death of client.) 2. Close the service benefit and plan in CA/PS. (End Date = date of death.) 3. Notify eligibility worker if information was reported to a case manager so that medical benefits can be closed in ONE.
<p>Client in the 512 System Permanently Relocates to a Nursing Facility</p>	<ol style="list-style-type: none"> 1. Close the 512. (End Date = day before the move.) 2. Update the CA/PS assessment. (End Date = day before day of move.) 3. Notify eligibility worker so that ONE case can be updated. 4. Follow process for NF payment.
<p>Client in a Nursing Facility Enters the 512 System</p>	<ol style="list-style-type: none"> 1. Follow NF process to close NF services effective day before move. 2. Update the CA/PS assessment. (Begin Date = day of move.) 3. Notify eligibility worker so that ONE case can be updated. 4. Confirm ONE has been updated with the new living arrangement and address, open the 512. (Beg Date = day client enters CBC.)
<p>Client has Exceptional Needs that Merit a Rate Increase above the Current Service Level Rate</p>	<ol style="list-style-type: none"> 1. Wait for the exception coordinator to contact case manager, then touch the 512

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<p>A 512 has Paid, but the Payment Needs to be Increased or Decreased</p>	<ol style="list-style-type: none"> 1. Make sure there is an open CA/PS assessment, service benefit, and service plan for the applicable time period. 2. Make sure there is an approved and authorized medical and service TOA in ONE for the applicable time period. 3. Submit a CBC Adjustment Request (overpayment or underpayment). See Provider Payment Adjustments & Troubleshooting
<p>A 512 has Never Existed for a Time Period that Needs to be Paid</p>	<ol style="list-style-type: none"> 1. Make sure then is an open CA/PS assessment, service benefit, and service plan for the time period needed. 2. Make sure there is an approved and authorized medical and service TOA in ONE for the time period needed. 3. Create a 512 for the time period needed 4. If you are still unable to issue payment, submit a Late Payment Request. See Provider Payment Adjustments & Troubleshooting
<p>512 Suspended</p> <p><i>Changes have been made to ONE case</i></p>	<p>See the 512 Payment Troubleshooting Guide: http://www.dhs.state.or.us/spd/tools/cm/provovp/512%20Payment%20Troubleshooting%206-10-21.pdf</p> <ol style="list-style-type: none"> 1. Make sure there is an open CA/PS assessment, service benefit, and service plan for the applicable month(s). 2. Make sure there is an open and authorized medical and service TOA in ONE. 3. Touch the 512. 4. If you are still unable to issue payment, work with your Lead or Manager and then contact APD.MedicaidPolicy@dhsoha.state.or.us.

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<p>512 Suspended</p> <p><i>Any Other Reason</i></p>	<p>See the 512 Payment Troubleshooting Guide: http://www.dhs.state.or.us/spd/tools/cm/provovp/512%20Payment%20Troubleshooting%206-10-21.pdf</p> <ol style="list-style-type: none"> 1. Use SCFP or SCFS to look at what 512 is in suspend 2. Use SMSG screen to see suspend message(s) 3. Use SCLM screen to see what payments went to provider. 4. Make updates to the 512 based on the information found. (Refer to the Cookbook for Assistance) 5. If you cannot fix the problem, copy the suspended error code and text from SMSG. 6. Review with lead or other local office resources. 7. Contact APD.MedicaidPolicy@dhsosha.state.or.us.