

# Policy Transmittal Aging and People with Disabilities



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**Authorized signature**

**Number:** APD-PT-21-026

**Issue date:** 8/18/2021

**UPDATED**

**Topic:** Long Term Care

**Due date:**

**Transmitting (check the box that best applies):**

- New policy   
  Policy change   
  Policy clarification   
  Executive letter  
 Administrative Rule   
  Manual update   
  Other:

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees                             | <input type="checkbox"/> County Mental Health Directors                       |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Type B     | <input type="checkbox"/> Health Services                                      |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs                     | <input type="checkbox"/> ODDS Children’s Intensive In Home Services           |
| <input type="checkbox"/> County DD program managers                    | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)                 |
| <input type="checkbox"/> Support Service Brokerage Directors           | <input type="checkbox"/> Other (please specify):                              |
| <input type="checkbox"/> ODDS Children’s Residential Services          |   |
| <input type="checkbox"/> Child Welfare Programs                        |   |

<b>Policy/rule title:</b>	Prior Authorizations Auto-Approved for Hospital Discharges during COVID-19 Surge		
<b>Policy/rule number(s):</b>		<b>Release number:</b>	
<b>Effective date:</b>	Immediately	<b>Expiration date:</b>	
<b>References:</b>			
<b>Web address:</b>			

**Discussion/interpretation:**

**This transmittal has been updated to provide an additional clarification.**

Most hospitals are currently experiencing capacity issues due to a surge of individuals being admitted related to COVID-19 symptoms.

Effective immediately, and until further notice, the following policies apply:

- A prior authorization is auto approved for individuals/patients with Medicare

benefits when discharging to skilled nursing facility (SNF). **This does not include individuals that have Medicare Advantage plans.**

- A prior authorization is auto approved for individuals/patients that do not have Medicare or medical benefits delivered through a Care Coordinated Organization (CCO), however have medical benefits as “fee for service” (open card). Individuals under this category utilize their Post Hospital Extended Care (PHEC, as defined in OAR 411-070-0033) medical benefit.
- A Pre-Admission Screening (PAS, as defined in OAR 411-070-0040) is auto approved for admission to a nursing facility if the individual/patient is already determined eligible for LTSS. However, staff should still assist with individual placement in a lower care setting whenever possible. The PASRR requirement (as defined in OAR 411-070-0043) is still required and must be completed by a qualified entity.

**Implementation/transition instructions:**

Local offices do not need to take any additional action for individuals/patients with Medicare benefits that are discharging to a SNF setting.

Local offices will not prior authorize individuals that are utilizing their PHEC benefit.

Local offices will not complete a PAS requirement.

The PASRR requirement must still be completed by qualified entities.

**Field/stakeholder review:**     Yes     No

**If yes, reviewed by:**    Internal review completed

**Filing instructions:**

*If you have any questions about this policy, contact:*

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