

# Information Memorandum Transmittal Developmental Disabilities Services



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**Number:** DD-IM-21-106

**Issue date:** 12/23/2021

**Topic:** Developmental Disabilities

**Due date:**

**Subject:** Service Liability and Fee Notices from ONE

**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 checked="" type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input checked="" type="checkbox"/> Self Sufficiency Programs           | <input checked="" type="checkbox"/> ODDS Children's Intensive In Home Services           |
| <input checked="" type="checkbox"/> County DD Program Managers          | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)                            |
| <input checked="" type="checkbox"/> Support Service Brokerage Directors | <input type="checkbox"/> Other ( <i>please specify</i> ):                                |
| <input type="checkbox"/> ODDS Children's Residential Services           |  |
| <input type="checkbox"/> Child Welfare Programs                         |  |

**Message:**

When an individual is eligible for Medicaid and has income above the SSI standard amount, the OregONEligibility (ONE) system calculates a maximum amount of money they may have to contribute to the cost of some services. These payments are known variously as "offsets," "pay-ins," or "liabilities." Notices generated from the ONE system inform individuals of these amounts. These are not bills or invoices and should not cause someone to try to pay this amount. Rather, this letter indicates the largest *potential* monthly fee an individual may be assessed.

For adults receiving in-home services, no service liabilities, pay-ins, or offsets will be incurred, regardless of the letter from the ONE system. The letter is being updated to remove the liability. Until the letter is updated, adults in an in-home program may disregard the information.

For those in the Employed People with Disabilities program or "EPD," which allows people to work and stay connected to Medicaid, including I/DD services, do require participant fees. Those in the EPD program, do not pay a liability of any type. Rather, they only pay the participant fee.

There will be no changes to service liabilities for individuals in residential programs. If an individual is currently paying a monthly fee, or having income withheld monthly, and they reside in a 24-Hour Residential Home, Adult Foster Care Home or Supported Living this will not change at this time. If someone in a 24-Hour Residential Home, Adult Foster Care Home, or Supported Living setting has income above the SSI standard and is requested to pay a monthly fee for participation in the Employed People with Disabilities Program (EPD) or to pay a more traditional “offset” or “pay-in” for services, this will be indicated on the notice.

See below for examples from a notice that an individual may receive. It has undergone changes recently; examples of the older and current versions are shown.

Here are some questions you can anticipate and answers for them:

Q: What if someone already sent in a payment?

A: Typically, it takes more than 3 months to return a payment. If it has been more than 4 months, please contact Trevor Waskin at [TREVOR.J.WASKIN@dhsola.state.or.us](mailto:TREVOR.J.WASKIN@dhsola.state.or.us) for further assistance.

Q: What if someone requested a hearing over this issue?

A: If a hearing was requested, the person who filed the complaint should have received a letter called a Dismissal Order indicating that the Department is not taking any action.

Q: What if someone has been automatically directed to the EPD program and has a question about this program?

A: Being in EPD means a person is employed. If they have questions about how their employment or EPD impact their benefits, they should work with their Services Coordinator or Personal Agent to seek benefits counseling right away.

Q: What if an individual whose request to be removed from EPD was denied or not carried out?

A: Please send the individual’s information and brief description of the issue to [APD Medicaid Policy](#) and a policy analyst will address and resolve the issue.

Q: What if an adult is receiving in-home services now and later moves into a 24-hour Group Home or Adult Foster Home, will that person then receive a new letter from ONE with a revised max liability amount?

A: Once a review is completed on the person's Medicaid case a new letter will be issued and the adult may then have a liability they will have to pay for the cost of their care.

**Communication/training:**

This transmittal will be discussed during the next Monthly Transmittal Review. Please send questions in advance to [ODDS.Questions@dhsoha.state.or.us](mailto:ODDS.Questions@dhsoha.state.or.us).

The Monthly Transmittal Review is held the second Wednesday of every month at 2 pm using the Zoom platform. Please register in advance for these meetings:  
<https://www.zoomgov.com/meeting/register/vJlsc-qvqD8iGURx5OQk8TAdIS6Arg9ZAf4>

After registering, you will receive a confirmation email containing an appointment and information about joining the meeting. American Sign Language (ASL) and live captioning will be provided. To request other accommodations or languages, please send an email to [ODDS.Questions@dhsoha.state.or.us](mailto:ODDS.Questions@dhsoha.state.or.us) at least three business days prior to the meeting.

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

Contact(s): Mike Parr	
Phone:	Fax:
Email: <a href="mailto:mike.r.parr@dhsoha.state.or.us">mike.r.parr@dhsoha.state.or.us</a>	

## Screenshots from the Notice of Eligibility for medical programs.

### Top of Notice:

ONE Customer Service Center  
PO Box 14015  
Salem, OR 97309



06/09/2021

Case Name: [REDACTED]

Case ID: [REDACTED]

[REDACTED]  
[REDACTED]  
OREGON CITY, OR 97045

### Notice about your medical eligibility

This notice tells you about decisions we made about your household's eligibility for medical benefits. If you disagree with this decision you have the right to request a hearing. There is more information about hearings later in this notice.

### Previous Client Liability section of the notice:

#### Client Liability

Your Client Liability is the amount you must pay in full each month to be eligible for benefits. If you do not pay the full amount, you may need to repay the Department for all medical benefits received for that month and you may be ineligible. Your client liability is listed below.

Name	Begin Date	End Date	Maximum Client Liability
[REDACTED]	03/01/2021	04/30/2021	\$53.00
	05/01/2021	05/31/2021	\$53.00
	06/01/2021	Ongoing	\$71.00

## Updated (current) Client (changed to Service) Liability section of the notice:

### Service Liability

This section of the notice is about the Service Liability.

The Service Liability is the amount that must be paid each month towards the cost of care for the member receiving long term care services.

The amount listed below is the most the Service Liability would be. The actual amount will be listed in a separate billing notice. The amount on the separate billing notice might be lower than the amount listed here, and in limited scenarios there may be no amount charged. The member will not be asked to pay more than the amount listed here for their Service Liability unless changes are made to your case. The member might have to pay for things in addition to the Service Liability. For example, if the member lives in a facility, they might also have to pay room and board.

If the full amount listed on the separate billing notice is not paid:

- The member might need to repay the Department for any medical benefits or long-term care services received for that month; and
- The member might be ineligible for services received in that month.

Changes to income and other circumstances could change this amount in the future, including eligible medical expenses. You will receive another notice if changes are made and the amount shown below changes.

The member may contact their case manager if they have more questions about these costs.

The Service Liability is listed below

Name	Begin Date	End Date	Maximum Client Liability
██████████	03/01/2021	04/30/2021	\$0.00
	05/01/2021	05/31/2021	\$0.00
	06/01/2021	07/31/2021	\$0.00
	08/01/2021	08/31/2021	\$0.00
	09/01/2021	Ongoing	\$0.00

EPD Participant fee section of the notice:

**Employed Persons with Disabilities Participant Fee**

This section is about the Participant Fee that must be paid in full each month. Each month the member must pay the full amount shown below, in the month it is due. If the member does not pay the full amount in the month it is due, they might have to repay all medical benefits received for that month.

<b>Name</b>	<b>Begin Date</b>	<b>End Date</b>	<b>Participant Fee</b>
██████████	07/01/2021	10/31/2021	\$100.00
	11/01/2021	Ongoing	\$100.00