

512 Sequence of Actions

Updated: September 22, 2026

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

Client situation	Sequence of actions
Client is determined to be eligible for services	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 service plan. 3. Once the SELG benefit is approved, have the eligibility worker run eligibility in ONE and authorize benefits. To set up the 512 successfully, in addition to the medical TOA, ONE must have LTCSERV, NMAGISERV, or MSERV authorized for the dates of service. 4. Once medical eligibility has been approved and authorized, create the 512. The effective date should be the date the client is determined service eligible and residing in the facility.

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Client's care needs change	1. Update the CA/PS assessment, service category/benefit, and service plan to include the new need(s). The begin date should be the date the need(s) changed. 2. If the payment level or the add-on type changes, touch the 512, using action code 1. The effective date should be the date the need(s) changed.
Change in client financial information and liability	1. This information will be communicated by an eligibility worker. Confirm that the information in ONE is current and correct and note the effective date. 2. Touch the 512, using action code 1 and the confirmed effective date of change.
Client transfers to another branch	1. Notify eligibility worker of the client's new address. Follow the process in the Case Manager Tasks in ONE Eligibility Guide to create a task for an eligibility worker. 2. Close the 512. The end date should be the day before the client left the facility. 3. Transfer the Oregon ACCESS case to the new branch. 4. The receiving branch will confirm ONE has new address, then open a new 512, effective the

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	date the client enters the new facility.
Client transfers to another provider (new address)	1. Notify eligibility worker of the client's new address. Follow the process in the Case Manager Tasks in ONE Eligibility Guide to create a task for an eligibility worker. 2. Close the 512. The end date should be the day before the client moved. 3. Update the service plan in CA/PS. The status date should be the day of the move. 4. Confirm the new address is updated in ONE and open a 512 for the new provider, effective the date of the move.
Client becomes ineligible for services	1. Send a 10-day notice to the client. 2. Close the 512. The end date should be the last day of the month in which the 10-day notice is effective. 3. Close the service benefit and plan in CA/PS. The end date should be the 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

Client situation	Sequence of actions
	actions needed.
Client moves out of state	1. Close the 512. The end date should be the day before the client left the facility. 2. Close the service benefit and plan in CA/PS. The end date should be the day the client left the facility. 3. Notify eligibility worker so medical benefits in ONE can be closed. Follow the process in the Case Manager Tasks in ONE Eligibility Guide to create a task for an eligibility worker.
Client dies	1. Close the 512. The end date should be the day before the date of death. 2. Close the service benefit and plan in CA/PS. The end date should be the date of death. 3. Notify eligibility worker so that medical benefits can be closed in ONE. Follow the process in the Case Manager Tasks in ONE Eligibility Guide to create a task for an eligibility worker.
Client in 512 system relocates to a nursing facility (permanently)	1. Close the 512. The end date should be the day before the date of the move. 2. Update the CA/PS assessment. The end date should be the day before the date of the

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	move. 3. Notify eligibility worker so that ONE case can be updated. Follow the process in the Case Manager Tasks in ONE Eligibility Guide to create a task for an eligibility worker. 4. Follow process for nursing facility payment.
Client in a nursing facility enters 512 system	1. Follow nursing facility process to close nursing facility services. The effective date should be the day before the move. 2. Update the CA/PS assessment. The begin date should be the day of the move. 3. Notify eligibility worker so that ONE case can be updated. Follow the process in the Case Manager Tasks in ONE Eligibility Guide to create a task for an eligibility worker. 4. Confirm ONE has been updated with the new living arrangement and address and open the 512. The begin date should be the day the client enters the community-based care facility.
Client's needs merit a rate increase above the current service level rate	1. Wait for the exception coordinator to contact case manager, then touch the 512.

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512 has paid, but the payment needs to be increased or decreased	1. Make sure there is an open CA/PS assessment, service category/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 Payments, Adjustments and Troubleshooting section on CM Tools website.
512 has never existed for a time period that needs to be paid	1. Make sure there is an open CA/PS assessment, service category/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 Payments, Adjustments and Troubleshooting section on CM Tools website.

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512 suspended (changes have been made to ONE case)	See the 512 Payments Troubleshooting Guide: 1. Make sure there is an open CA/PS assessment, service category/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@odhsoha.oregon.gov.
512 suspended (any other reason)	See the 512 Payments Troubleshooting Guide: 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

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	resources. 7. Contact apd.medicaidpolicy@odhsoha.oregon.gov .

You can get this document in other languages, large print, braille, or a format you prefer free of charge. Contact the APD Medicaid Financial Eligibility Training Unit at apd.training@odhsoha.oregon.gov or 503-428-1345. We accept all relay calls.



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