

APD/AAA Q&A

Forms, Notices, & Reports

May 20, 2021



Forms and Notices - Case Management

MEDICAID SERVICES & SUPPORTS FORM REQUIREMENTS POST ONE SYSTEM CONVERSION												
Form Goes to: C=consumer or rep. / P=provider / F=EDMS file / SS=support staff / CO- Central Office / O=other / *=signature required						Intake	Redet.	OA Form	Web Form	ONE Form	Form #	Form Name / Notes
C	P	F	SS	CO	O							Note: Updates are indicated on the last page.
State Plan Personal Care (SPPC – BPA/BPO)												
X		X				X	X	X			SDS 002N	Assessment Summary – At intake and at redetermination when a Title XIX assessment has been completed.
*		X				X			X		SDS 354	Workers' Compensation Agreement and Consent – Required if using a CEP
X		X					X		X		SDS 541	Notice of Eligibility and Responsibility – At redetermination when a Title XIX assessment has <u>not</u> been completed.
X*	X	X	X			X	X		X		SDS 546PC	SPPC Service Plan and Task List
*		X				X	X		X		SDS 737	Representative Choice Form – Consumer-employer rep

SPAN (2780N) and the SDS 541 Notice of Eligibility and Responsibility

- ▶ The SPAN (2780N) is used for service approvals and details the results of the CA/PS assessment.
 - ▶ It includes liability information for initial and ongoing months for all settings except NF. It serves to inform the consumer of their actual liability if it differs from the calculated liability amount that appears on the Notice of Eligibility sent from ONE.
 - ▶ NF clients generally always pay their calculated liability, which is communicated to them on the ONE approval notice.
- ▶ The 541 is sent at annual service renewal for:
 - ▶ State Plan Personal Care (SPPC)
 - ▶ Annual reassessment for all other service settings when SPL and hours did not change from previous assessment AND the individual has received a SPAN at initial approval.
 - ▶ SDS 541 is not needed for initial intake since the information is captured on the SPAN.

In-Home Intake - SPAN

You may request additional hours or an exception to the maximum number of hours (per OAR 411-030-0071; OAR 411-027-0050; OAR 411-0020) authorized in any ADL or IADL. You will also receive a notice of, and have hearing rights if, your request for additional hours is not approved.

Consumer Extended Waiver Eligibility (EWE):

Consumer is SPL eligible

Consumer State Plan Personal Care (SPPC) eligibility:

Not applicable since the consumer is eligible for Long Term Services and Support

Pay-in

- If checked, you have a pay-in (*liability*) that must be paid to the department by the 10th of each month. OAR 411-015-0015(7), 461-160-0610, 461-160-0620, 461-185-0050. The amount owed each month is as follows:

Initial date	Initial amount	Ongoing months
05/07/21	\$0.00	\$450.00

NF Intake - SPAN



component as well as the specific criteria to determine the type of assistance of. Mobility, Eating, Elimination and Cognition are the ADLs used to determine your eligibility for Long Term Care Services. The criteria in each ADL specifies the tasks, the types of assistance and the required frequency. You can find information regarding ADLs/IADLs in this notice. For more information, ask for the brochure called "Assessing Individuals for Medicaid Long Term Care." Your Assessment Summary is attached as part of this notice.

Liability

- Community Based Care Facility Payment per OAR 461-160-0610 and 461-160-0620. If checked, you must pay the following payment each month (see attached 0450):
- Nursing Facility Payment per OAR 461-160-0610 and 461-160-0620. If checked, you must pay a liability payment each month for nursing facility services (see attached form 458A).
- Program of All-Inclusive Care for the Elderly (PACE) Payment per OAR 461-160-0610 and 461-160-0620. If checked, you must pay the following payment each month:

541-Cost of Care Note



Nursing facility services with a liability (see attached 458A).
Oregon Administrative Rules: 461-160-0610, 461-160-0620

Notes/comments:

Your actual liability is \$10,077.92 and is payable to the facility each month starting July 1, 2021. This is different than the amount on the eligibility notice you received.

CBC Intake - SPAN

Save Print Reset

Oregon Administrative Rules (OAR) 411-015-0006 and 0007 list each ADL/IADL component as well as the specific criteria to determine your assistance level. Mobility, Eating, Elimination and Cognition are the ADLs used to determine your eligibility for Long Term Care Services. The criteria in each ADL specifies the tasks, the types of assistance and the required frequency. You can find information regarding ADLs/IADLs in this notice. For more information, ask for the brochure called "Assessing Individuals for Medicaid Long Term Care." Your Assessment Summary is attached as part of this notice.

Liability

Community Based Care Facility Payment per OAR 461-160-0610 and 461-160-0620. If checked, you must pay the following payment each month (*see attached 0450*):

	First month	Ongoing months
Liability:	\$0.00	\$400.00
Room and board:	\$0.00	\$617.00
Total monthly payment to facility:	\$0.00	\$1,017.00

Nursing Facility Payment per OAR 461-160-0610 and 461-160-0620. If checked, you must pay a liability payment each month for nursing facility services (*see attached form 458A*).

Program of All-Inclusive Care for the Elderly (PACE) Payment per OAR 461-160-0610 and 461-160-0620. If checked, you must pay the following:

In-Home ICP - SPAN

Save Print Reset

If checked, you have decided to receive services through the Independent Choices Program. See attached 546IC. OAR 411-015-0015(7), 461-160-0610, 461-160-0620, 461-185-0050. The monthly benefit amount is as follows:

Initial date	Initial amount	Ongoing months
05/07/21	\$1,000.00	\$1,500.00

Shift Services
Shift Services is an hourly in-home service option that authorizes 16 hours of
in-home care scheduled under the program requirements.

PACE Intake - SPAN

component as well as the specific criteria to determine your assistance level. Mobility, Eating, Elimination and Cognition are the ADLs used to determine your eligibility for Long Term Care Services. The criteria in each ADL specifies the tasks, the types of assistance and the required frequency. You can find information regarding ADLs/IADLs in this notice. For more information, ask for the brochure called "Assessing Individuals for Medicaid Long Term Care." Your Assessment Summary is attached as part of this notice.

Liability

- Community Based Care Facility Payment per OAR 461-160-0610 and 461-160-0620. If checked, you must pay the following payment each month (see attached 0450):
- Nursing Facility Payment per OAR 461-160-0610 and 461-160-0620. If checked, you must pay a liability payment each month for nursing facility services (see attached form 458A).
- Program of All-Inclusive Care for the Elderly (PACE) Payment per OAR 461-160-0610 and 461-160-0620. If checked, you must pay the following payment each month:

\$1,000.00

An explanation of this calculation is attached.

Consumer Extended Waiver Eligibility (EWE):

Consumer is SPL eligible

Consumer State Plan Personal Care (SPPC) eligibility:

Not applicable since the consumer is eligible for Long Term Services and Support

For more information about PACE, see the Program of All-Inclusive Care for the Elderly (PACE) link under the Programs and Services heading on APD Case Management Tools page. You can also email APD.PACE@dhsosha.state.or.us

Liability Information on the ONE Notice of Eligibility

The following household member(s) are approved for medical benefits or renewed benefits.

Name	Program	Benefit Level	Benefit Begin Date	Benefit End Date
[REDACTED]	Oregon Supplemental Income Program Medical	OHP Plus	12/01/2020	Ongoing

New clients will get more information about benefits in the mail.

Questions? Please visit <https://benefits.oregon.gov> or call 1-800-699-9075 or 711 (TTY)

MED-005 (Rev 07/06/20)


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]	12/01/2020	08/31/2021	\$294.41

SDS 541 Notice of Eligibility & Responsibility - Other Uses

- ▶ Continue to use the 541 to approve service-related special needs and any K-Plan cash benefits
- ▶ The ONE system will only send approval notices for the NF/PIF and ISS payments at this time

Reset				Print				Save as			
		Oregon Department of Human Services		Branch:		Prime:		Pgm:		DOB:	
AGING & PEOPLE WITH DISABILITIES				Case name:				Date of notice:			
Worker name:						Phone number:					

Notice of Eligibility and Responsibility
OAR 410-120-0006

Effective _____, you are approved for the benefits that are marked below. You will receive these benefits as long as you meet all eligibility requirements. If you have a liability, you must pay the full amount each month to be eligible for benefits. If you do not pay the full amount, you may have to repay DHS/OHA for all benefits received that month. Please call if you have any questions. See page 3 of this form for your hearing rights.

Medical benefits – you have been approved for medical benefits and will receive a separate notice regarding that decision

Cash benefits – you are eligible as follows: Initial month \$ _____, ongoing months \$ _____. Oregon Administrative Rules: choose one _____

In-home care – (See attached Pay-in Calculation Worksheet.)

You have a pay-in (liability) that must be paid to the department by the 10th of each month.

First month \$ _____, ongoing months \$ _____.

Oregon Administrative Rules: 411-015-0015, 461-160-0610, 461-160-0620, 461-185-0050.

You do not have a pay-in (liability).

SDS 541 Notice of Eligibility & Responsibility - Other Uses

- ▶ Send at SPPC redeterminations unless:
 - ▶ A full Title XIX assessment was completed, AND
 - ▶ Services were denied, but SPPC approved
- ▶ Send at other service redeterminations if:
 - ▶ No change in Service Priority Level AND
 - ▶ No change in hours or service level AND
 - ▶ A SPAN was sent in the past



RL17
RD12
MC1
BD13

SDS 540P Notice of Increase in Service Payment

Local Office Address [redacted] [Print](#) [Save as](#) [Reset](#)

DHS
Oregon Department
of Human Services

Notification of Increase in Service Payment

[redacted]

Aging and
People with
Disabilities

SDS 0540P
Client [redacted]

Date sent [redacted]

Case number [redacted]

Prime number [redacted]

Date of birth [redacted]

Program [redacted]

Branch code [redacted]

Worker [redacted]

Worker phone [redacted]

DHS is taking the actions checked below. If you have any questions, please call your worker. If you disagree with this action, you have the right to a hearing. Read parts 1 and 2 on the back of this form for more information.

As of [redacted] your service payment will be increased to \$ [redacted].

You pay the actual cost of your service and:

- Your service needs have changed. You are now receiving more hours of care or additional services. The additional hours or additional services have caused your service payment to go up.
- There has been a change in the cost of your services because of a rate increase.

You pay the Department the difference between your adjusted income and the Medicaid standard for your services. Your adjusted income has increased, so the cost of your service payment has increased.

You receive Independent Choices (IC) cash benefits and your in-home needs have changed. More assigned hours of service have been added. This has caused your service payment to increase and net monthly benefit to decrease. As a result, your next monthly IC cash benefit will be less.

Your community spouse receives an income allowance. The amount of this allowance is being lowered. Your next service payment will be more.

Other: [redacted]


OAR: 410-120-0006, 411-015-0015, 411-027-0020, 411-030-0070, 411-030-0080
411-040-0000, 461-140-0010, 461-160-0610, 461-160-0620 and 461-185-0050

Distribution: one copy to client and record Page 1 of 3 SDS 0540P (2/2018)

Slide 12

- BL17** The second bullet makes it sound like a 540p and a SPAN need to be sent which doesn't make sense to me.
BOUCHELL Lisa, 5/20/2021
- BD12** If they get reassessed, care needs have changed, and they are eligible for more services, don't they have to send a SPAN? The 540P has to be timely, so I don't know if they are adding anything about liability on a SPAN at redetermination. I was going to ask, actually.
Burkus Heather D, 5/20/2021
- MC1** When a reassessment is completed that changes the number of hours and therefore the payment or liability the CM must send a SPAN so the 540P wouldn't need to be sent in that scenario. Just a redundancy. I mean it can be, but it doesn't have to be.
Maciel Christine C, 5/20/2021
- BD13** Fixed, let me know if it's ok - and thank you!
Burkus Heather D, 5/20/2021

540M Notice of Planned Action Medical Deductions - DO NOT USE



Branch:	Case number:	Case name:
Local office:	Date of notice:	
Worker name:	Phone number:	

Notice of Planned Action – Medical Costs

Ongoing medical cost 1

You have been approved for a medical deduction of \$ _____ effective _____. You will receive a notice when this medical deduction ends.

One month medical cost 2

You have been approved for a medical deduction of \$ _____. Due to this medical deduction, your service cost will be reduced to \$ _____, this reduction will only affect your service cost from _____ through _____. Your service cost will increase to \$ _____ effective _____.

Medical deduction ending 3

The amount you have to pay for your services has been reduced because of an approved medical cost you had to pay. You no longer have the medical cost or the cost has gone down. Effective _____, your service cost will increase to \$ _____.

Medical deduction denied 4

Effective _____, you have been denied for a medical deduction.
Reason:

Oregon Administrative Rules:
410-120-0006, 461-160-0055, 461-160-0610, 461-160-0620, 461-175-0230, 461-175

If you have any questions about this notice, please contact your worker. If you disagree with this action, you have the right to a hearing. Read parts 1 and 2 on page 2 of this form for more info.

Distribution: one copy to client and record Page 1 of 2 SDS 0540M (8/16)

MED 064 - Notice of your Eligibility - Medical Deduction

This document was created and sent in <<All, Format>> in <<Language>>

Mail Address Processing Center - 005
Street Address
Salem, OR 00000

<<Date of letter>>

<<Recipient Name>>
<<Street Address>>
<<City, State>> <<Zip>>

Case Name: <<Case Name>>
Case ID: <<Case#>>

<<Notice of your Eligibility – Medical Deduction>>

<<Ongoing medical cost>>

You have been approved for a medical deduction of \$<<DeductionAmount>>, effective <<EffectiveDate>>. You will receive a notice when this medical deduction ends.

<<One month medical cost>>

You have been approved for a medical deduction of \$ <<DeductionAmount>>. Due to this medical deduction, your service cost will be reduced to \$<<ReducedServiceCost>>, this reduction will only affect your service cost from <<EffectiveStartDate>> through <<EffectiveEndDate>>. Your service cost will increase to \$<<IncreasedServiceCost>>, effective <<EffectiveIncreaseDate>>.

<<Medical Deduction Ending>>

The amount you have to pay for your services has been reduced because of an approved medical cost you had to pay. You no longer have the medical cost or the cost has gone down.
Effective <<EffectiveIncreaseDate>>, your service cost will increase to \$ <<IncreasedServiceCost>>.

<<Medical Deduction Denied>>

Effective <<EffectiveDenialDate>>, you have been denied for a medical deduction because <<Denial Reason>>

Comments: <<Text entered by worker in the Reason box >>

Questions? Please visit <<APURL>> or call 1-800-000-0000 or 711 (TTY)

XXX 000 (Rev MMDDYY) Sequence #

If you have any questions, please contact us. We want to make sure you have the information you need. You can call us at <<1-800-000-0000 711 (TTY)>>. Monday through Friday 7 a.m. to 6 p.m. or you can visit your local office at:

<<Branch Office>>
<<Street Address>>
<<City>>, <<State>> <<Zip>>

If you would like to find a different office please go to <<ApplicantPortalLink>> and click "Get Help"

This decision is based on Oregon Administrative Rules (OAR): << 410-120-0006, 461-160-0055, 461-160-0610, 461-160-0620, 461-175-0230, 461-175-0300>>.

If you disagree with this decision you have the right to request a hearing. There is more information about hearings later in this notice.

Patient Liability Summary

- ▶ The Patient Liability Summary replaced the SDS 450
- ▶ It is not sent out automatically by ONE
- ▶ The Patient Liability Summary is broken up into expandable sections
- ▶ Inability to print entire document will be fixed
- ▶ Until resolved, case managers and eligibility workers are not required to send the summary
- ▶ Complete and send APD 450 upon request only
- ▶ The Pay-In Worksheet will show the maximum liability for in-home service consumers, but not the calculation



[Benefit Issuance](#)
[Case Contact Information](#)

Representative

Name	Address	Contact Information	Representative Type	Start Date
No records found to be displayed.				

Currently Associated EDGs

- Authorized EDGs
 - [View Authorization History](#)
- Non Authorized EDGs
 - [View Eligibility Summary](#)

[Non Eligibility Update](#)
[View](#)
[Restore](#)
[Add/Reapply Program](#)
[Reprocess Application](#)
[Processing Timeframe Extension](#)
[Withdraw/Discontinue Program](#)
[Request Special Circumstance](#)
[SFPSS Referral](#)
[JOBS Plus](#)

Authorization History



Search Criteria

Begin Date:

End Date:

Individual:

Program:

Authorization Status:

Assistance

3482633	LTCSERV	[REDACTED]	11/01/2020	11/30/2020	N/A N/A	Approved Authorized	11/01/2020	Notice Reason RFI Details-N/A Financial Summary Patient Liability Summary View Disqualification - N/A Other Evaluated TOA's - N/A
3482633	LTCSERV	[REDACTED]	12/01/2020	12/31/2020	N/A N/A	Approved Authorized	11/22/2020	Notice Reason RFI Details-N/A Financial Summary Patient Liability Summary View Disqualification - N/A Other Evaluated TOA's - N/A
3482633	LTCSERV	[REDACTED]	01/01/2021	Ongoing	N/A N/A	Approved Authorized	11/22/2020	Notice Reason RFI Details-N/A Financial Summary Patient Liability Summary View Disqualification - N/A Other Evaluated TOA's - N/A



Patient Liability Summary

1. The amount displayed on #6 is the actual Community Spouse Income amount. Enter it as unearned income of category "LTC Diverted Income" for the spouse.
2. The amount displayed under #7 is the actual dependent income allowance amount. Enter it as unearned income of category "LTC Diverted Income" for the dependent(s).
3. If the spouse or dependent are on other cases, run eligibility for those case(s).

View	Patient Liability Begin Date	Patient Liability End Date	Patient Liability Amount	SELG Begin Date	SELG End Date	Service Category
<input checked="" type="radio"/>	11/01/2020	11/30/2020	\$ 294.41	09/01/2020	08/31/2021	Indep. Choices State Plan J (CAPS)
<input type="radio"/>	12/01/2020	12/31/2020	\$ 294.41	09/01/2020	08/31/2021	Indep. Choices State Plan J (CAPS)
<input type="radio"/>	01/01/2021	08/31/2021	\$ 294.41	09/01/2020	08/31/2021	Indep. Choices State Plan J (CAPS)

Income

Earned Income Details

Individual	Income Type	Amount	Excluded Amount	Countable Amount ▲
[REDACTED]	Social Security Benefits (Survivor and Retirement)	\$1686.10	\$0.00	\$1686.00
Total Countable Unearned Income				\$1686.00
Patient Liability Start Date	11/01/2020	Patient Liability End Date	11/30/2020	
▶ Community Spouse Income Allowance Computation				
▶ Dependent Income Allowance Calculation				
Patient Liability Calculation				
▶ LTC Recipient Countable Income				

▼ Community Spouse Income Allowance Computation

a. Minimum monthly maintenance needs allowance	\$ 2155.00
b. Maximum monthly maintenance needs allowance	\$ 3259.50
c. Shelter costs	\$ 1058.94
d. Full Standard Utility Allowance	\$ 442.00
e. Total (Shelter Costs + Full Standard Utility Allowance)	\$1500.94
f. Subtract Shelter Standard	- \$ 646.50
g. Excess Shelter	\$ 854.44
h. Subtotal needs (a + g)	\$ 3009.44
i. Monthly Maintenance Needs Allowance (Minimum of b and h)	\$ 3009.44
j. Subtract Spouse's Income	\$ 3009.44
k. Spousal support order or exceptional circumstances, if applicable	\$ 0.00
l. Calculated Community Spouse Income Allowance	-\$ 3009.44
m. Manually entered Community Spouse Allowance	\$ 0.00
Actual Community Spouse Income Allowance (Maximum of k and l except if manually determined use m)	-\$ 3009.44

Individual	Income Type	Amount	Excluded Amount	Countable Amount ▲
[REDACTED]	Social Security Benefits (Survivor and Retirement)	\$2038.30	\$0.00	\$2038.00

Total Countable Unearned Income \$2038.00

Patient Liability Start Date 05/01/2021 **Patient Liability End Date** 04/30/2022

▶ **Community Spouse Income Allowance Computation**

▼ **Dependent Income Allowance Calculation**

Manually Entered Dependent Income Allowance for : [REDACTED] \$ 0.00
 Calculated Dependent Income Allowance for [REDACTED] \$ 0.00
 Total Dependent Income Allowance \$ 0.00

Patient Liability Calculation

▼ LTC Recipient Countable Income

1. Countable unearned income of the client	\$ 2038.30
2. Countable Earned Income (Earned + Self Employment) of the client	\$ 0.00
3. Subtract Personal Needs Allowance Amount	-\$ 794.00
4. Adjusted Income	\$ 1244.30
5. Subtract Reasonable administrative costs of the trust	\$ 0.00
6. Subtract actual Community Spouse Income Amount (Enter this amount as 'Spousal Income Amount' for the spouse)	-\$ 3009.44
7. Subtract actual Dependent Income Allowance	\$ 0.00
Dependent Income Amount for <input type="text"/> 64F (Enter this amount as 'Dependent Income Amount' for the dependent)	N/A
8. Subtract Private medical insurance premiums and other incurred medical expenses	-\$ 128.00
9. Subtract payments for child support	\$ 0.00
10. Subtract Contributions to reserves or payments for alimony	\$ 0.00
11. Subtract Contributions to reserves or payments for income taxes	\$ 0.00
12. Subtract monthly contributions to reserves or payments for the purchase of an irrevocable burial plan	\$ 0.00
13. Subtract costs for maintaining a home, if applicable	\$ 0.00
14. Client Buy In	No
15. Medicare Part B Premium amount	\$ 0.00
Calculated liability	\$ 0.00

APD 0450 - Liability Calculation Worksheet

Oregon Department of Human Services
HEALTH & PEOPLE WITH DISABILITIES

Print form **Print form**

Liability Worksheet for Long-term Care or Home and Community-based Care

Step 1. List recipient income

a. Earned income amount _____

b. Unearned income amount _____

c. Other income amount _____

d. Standard earned income deduction of \$483 _____ - \$ 65.00

e. Deductions under self-support plan _____

f. Deduct approved special needs **AND** OSIP assistance:

\$64.94 for someone receiving long-term care services _____

\$90 for eligible individual with VA benefit reduced to \$90 _____

\$1,294 for someone in in-home services _____

\$794 for someone in office home and community-based care _____

g. Deduct first month amount _____

h. Recipient adjusted income = - \$ 65.00 → = \$ 0.00

Step 2. Community spouse income allowance computation

a. Community spouse allowance standard is \$2,155.00 _____

b. Spouse expense:

Rent or mortgage _____

Taxes/insurance _____

Food — SNAP (Supplemental Nutrition Assistance Program) _____

Federal Utility Allowance (FUA) \$442.00 = \$ 0.00

Total debts = \$ 0.00

Spouse allowance is \$648.50 _____

Total allowance = \$ 0.00 → = \$ 0.00

Subtotal (net or earned CAP) \$3,219.50 = \$ 0.00

c. Spouse's gross income _____

Total community spouse income allowance (Enter on line 4c) = \$ 0.00

Step 3. Dependent income allowance

From page 2 of this form (3a or 3b) (Enter on line 4c) = \$ 0.00

Step 4. List deductions allowed from recipient income

a. Community spouse income allowance (Step 2 computation above) = \$ 0.00

b. Dependent income allowance (Step 3 computation above) = \$ 0.00

c. Possible Income Diversion to Spouse (LDS) = \$ 0.00

d. LDS amount (calculated): (Compare possible diversion with recipient's adjusted income. Whichever is less, is the LDS amount.) = \$ 65.00

e. Cost to assistive device (Long term care only 487-760-0610) _____

f. Cost of uncovered medical expenses (Including health insurance premiums of the client) _____

g. Total recipient deductions = - \$ 65.00 → = - \$ 65.00

Step 5. Recipient liability amount (subtract line 4g from line 1h.) = \$ 0.00

Reference: OAR 481-180-0630, OAR 481-180-0420 Page 1 of 2 APD 0450 (03/21)

The answer from either step 3a or 3b, if appropriate, must be filled in at step 3 on page one.

Step 3. Dependent income allowance computation

a. Use this calculation if there is a community spouse

Dependent allowance standard is \$2,155.00 _____ = \$ 2,155.00

Number of eligible dependent: _____ = _____

Subtotal _____ = \$ 0.00

Eligible dependent's total gross monthly income _____

Subtotal _____ = \$ 0.00

Calculate 1/3 of subtotal above _____ = \$ 0.00

b. Use this amount if there is **not** a community spouse.

TANF adjusted income standard for the recipient **PLUS** the number of eligible dependents. (Do not reduce this standard by the dependent's income.) _____

For example, a person with one child would use the TANF standard for two, which is \$416.

Here are the amounts:

Adjusted Income Payment Standard Need Group	
No. in need group	\$ Amount
2	416
3	485
4	595
5	695
6	796
7	886
8	976
9	1,059
10	1,150
Each additional individual	110

Pay-in Calculation Worksheet

Pay-in Calculation Worksheet

For In-Home Service Clients

Rate Date: 5/20/2021

5/20/2021

An individual with excess income must contribute to the cost of services pursuant to OAR 461-160-0610 and OAR 461-160-0620. Individuals who receive home and community based care or spousal pay program services and have income above the income standard must pay either:

- The difference between their adjusted income and the income standard for the number in the benefit group;
- OR
- The actual cost of home and community based care or spousal pay program services.

Clients pay whichever of the above is least costly to them.

IE will calculate all income and deductions to get to the total available income for consumer liability.

Total Available Income for Consumer Liability = \$ 0.00

Cost of Homecare Worker (HCW) Service:

In-Home Care (CEP) [Service Row #1]	+ \$ 1,340.45
Total authorized monthly wage	= \$ <u>1,340.45</u>
Employer Federal Insurance Contributions Act (FICA)	+ \$ 102.54
Sub-total	= \$ <u>1,442.99</u>
Worker's Benefit Fund Assessment (WBFA)	+ \$ 1.41
Total HCW Service Cost	= \$ <u>1,444.40</u>

(FICA and WBFA are required federal tax for Social Security payroll and Oregon workers' compensation expenses.)

Total Cost of Services = \$ 1,444.40

Monthly Pay-in Amount (Lesser of available income or cost of service) = \$ 0.00

Other Notice Considerations

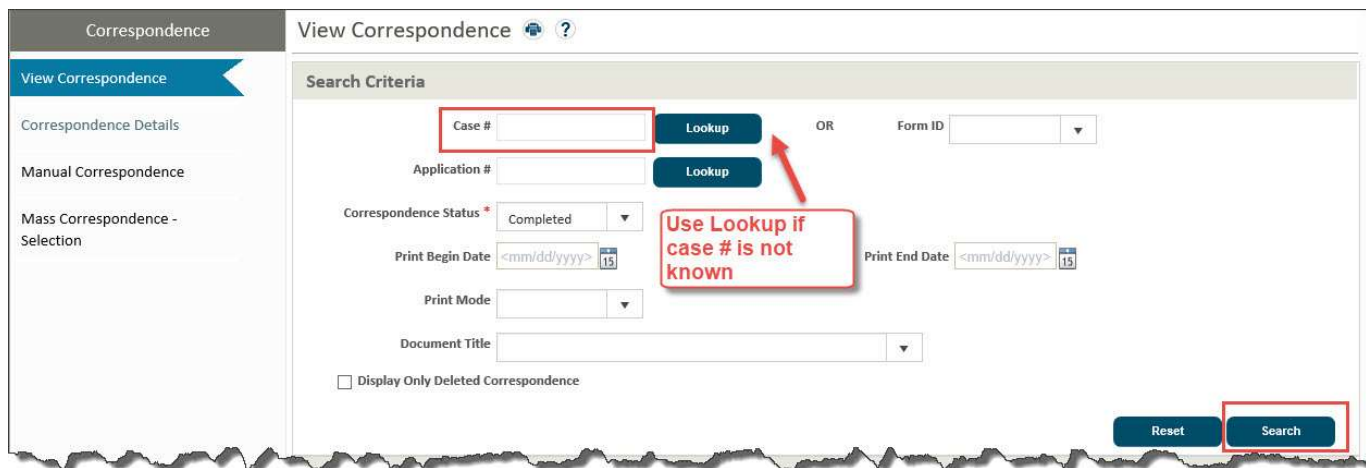
- ▶ Because the way notices are generated in ONE, a service consumer may receive multiple notices with different liability amounts.
- ▶ If the consumer contacts you, you can view the notices in the Correspondence section of ONE to find the most recent notice and let them know which one is correct
- ▶ There are a couple of groups working on the frequency of notices
- ▶ There is no change to the practice of sending the 540 notice for closure or denials of LTSS or service-related special needs or medical related payments



Click on Correspondence from your ONE Home page





Enter case number and click Search, or use Lookup function



You may see several notices and notice types - you can view them and then determine which notice is the most recent or current.

Correspondence

View Correspondence  

View Correspondence

Correspondence Details

Manual Correspondence

Mass Correspondence - Selection

Search Criteria

Case # [Lookup](#) OR Form ID

Application # [Lookup](#)

Correspondence Status *

Print Begin Date Print End Date




Print Mode

Document Title


Display Only Deleted Correspondence

[Reset](#) [Search](#)

Search Results

Issued To	Document Title	Print Date <input type="button" value="v"/>	Print Type	Print Mode	Action
	Notice about your medical eligibility	11/23/2020, 10:58:41 pm	Original	Batch Print	View
	Notice about your medical eligibility	11/08/2020, 4:41:17 pm	Original	Batch Print	View
	Notice about your medical eligibility	11/03/2020, 10:14:08 pm	Original	Batch Print	View

Check the Print Date for the most recent notice





Reports in ONE

Clients Losing Service Eligibility

Medical Related Payment Report -
Mid Month and End of Month

Coming Due Renewals

Individuals Who Are In A Group
Living Arrangement



How to Pull Reports in ONE

OregonEligibility.com Application/Case Inbox Inquiry Correspondence Tools Benefit Management Quick Search Calendar

Leadership Team Homepage ?

Announcements

Task Health (Statewide)

Statewide task health records.

Queue	Task Age												Task Due Dates				
	Created Today			1 Day Old			Older			Past Due			Due Today		Due Tomorrow		
	P1	P2	P3	P1	P2	P3	P1	P2	P3	P1	P2	P3	P1	P2	P1	P2	
Application	202	-	1	-	-	-	1082	-	238	1082	-	238	83	-	-	-	-
Renewal	-	-	-	-	-	-	11494	-	1831	11464	-	-	-	-	-	-	-
Information Received	7	76	25	1	-	-	619	21	16315	619	21	16294	-	-	1	-	-
Administrative Support	1	-	3	-	-	-	81	-	99	81	-	99	1	-	-	-	-
Leadership	-	-	-	-	-	-	13	-	-	13	-	-	-	-	-	-	-
Centralized Functions	37	-	-	2	-	-	5204	-	-	5204	-	-	-	-	-	-	-
Total	247	76	29	3	0	0	18493	21	18483	18463	21	16631	85	0	1	0	0

Tools

- Resource Assessment
- Conversion Cross Reference
- Interim Conversion
- Reservation List
- ABAWD Waiver Setup
- Exception Log Information
- Initiate Disaster SNAP
- SOLQ Inquiry
- Reports
- Security
- SFO Work Allocation
- VEC Work Allocation
- Manage Organization Details
- Announcement Details
- Contact Log
- MOR

Search=Reports

How to Pull Reports in ONE

Reports can be pulled On-Demand, Scheduled, or Both. This is by design; some reports will not be available in a specific format.

Search and View Reports ⓘ ?

Search

Report ID:

Report Title:

Report Type:

Category:

Summary Results

Report ID	Report Title	Report Type	Category
IE_OR_026	Service Clients Losing Eligibility Report	On-Demand	Program Specific Report
IE_OR_026	Service Clients Losing Eligibility Report	Scheduled	Program Specific Report

Service Clients Losing Eligibility Report

Schedule: Available On-Demand and Scheduled on the 15th of every month

Audience: Case Managers

Purpose: Allows Case Managers to see which of their clients are losing Financial Eligibility and have an ongoing SELG record

Action Needed: Case Managers can close services if appropriate, or work with eligibility worker to reopen benefits if needed



Service Clients Losing Eligibility Report

Report Refresh Date : 4/16/2021 12:40:12 AM

YEAR: 2021 MONTH: DISTRICT: ALL BRANCH: ALL TYPE OF ASSISTANCE: ALL

District	Branch	Type Of Assistance	Case Number	Case First Name	Case Last Name	Individual ID	Prime Number	Member First Name	Member Last Name	Service Category Code	Discontinuance Code	Disposition Date	Systematic/Manual
District 1	0411 - Warrenton Senior & Disability Services (NWSDS)	Qualified Medicare Beneficiary - SMB	401450440							Oregon Project Independence, in-home services (CAPS)	Over Income Limit	04/15/2021	Manual
District 1	0411 - Warrenton Senior & Disability Services (NWSDS)	OSIPM - OAA	401381206							PACE program of all inclusive care for the Elderly (CAPS)	Over Income Limit	04/02/2021	Manual
District 1	0411 - Warrenton Senior & Disability Services (NWSDS)	Qualified Medicare Beneficiary - SMB								Oregon Project Independence, in-home services (CAPS)	Over Income Limit		Manual

Medical Related Payment Report - Mid Month and End of Month

Schedule: Scheduled for mid-month and end of month

Audience: Case Managers and Eligibility workers issuing MRP's

Purpose: Allows Case Managers and Eligibility Workers to review Medical Related Payments that are ending in the current and next month

Action Needed: Payments that should not end must be started again in ONE

Oregon Eligibility													
Medical Related Payment Report – End of Month											Report Refresh Date : 3/28/2021 12:00:19 AM		
Year: 2021		Month: March											
<p>Notice: This report contains private information that is privileged or confidential. CJIS security policy and DHS-OHA privacy/confidentiality policies apply. Do not share this report with unauthorized users or for unauthorized purposes. Per CJIS Security Policy: You are accessing a restricted information system; usage of this system may be monitored, recorded, and subject to audit; unauthorized use of the system is prohibited and may be subject to criminal and/or civil penalties; use of the system indicates consent to monitoring and recording. Lock or log off your workstation when you step away by hitting Ctrl/Alt/Delete and selecting "Lock this computer" or "Log off." If you believe that confidential or sensitive information has already been disseminated to non-DHS/OHA staff, contact the Information Security and Privacy Office (ISPO) at DHSinfo.security@state.or.us or 503-945-6812 to notify them of the misdirected information.</p>													
District	Branch Number	Casenumbr	Case First Name	Case Last Name	Individual ID	First Name	Last Name	Payment Start Date	Payment Type	Payment Amount	Last Successful Payment Date	Discontinuance Date	DISCONTINUANCE CODE
District 2	2518 - Portland West AAA	██████	██████	██████	██████	██████	██████	03/26/2021	Direct Deposit	2274.86	03/26/2021	03/25/2021	Support Services have Ended
District 2	2518 - Portland West AAA	██████	██████	██████	██████	██████	██████	02/23/2021	Direct Deposit	9999.99	03/26/2021	03/18/2021	Failed SELG Check

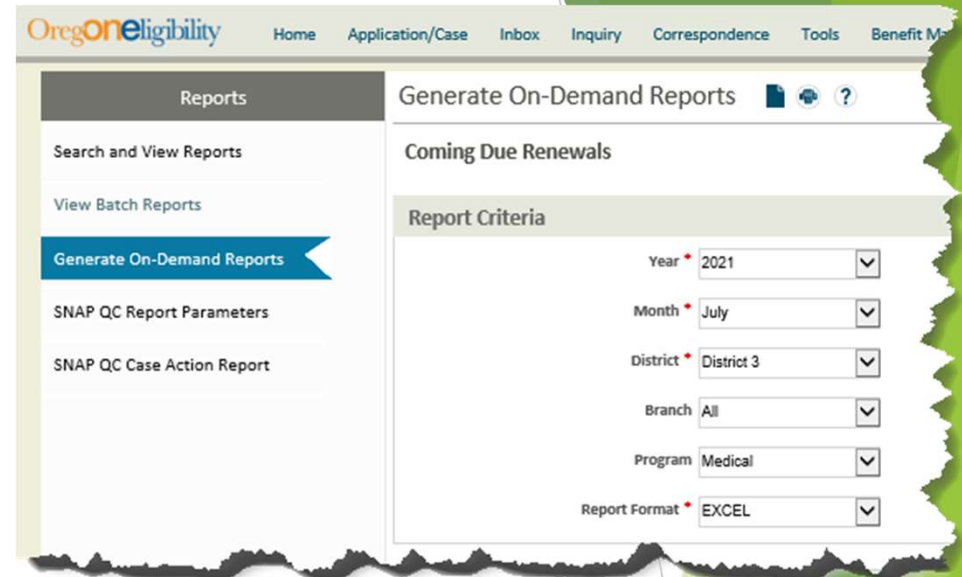
Coming Due Renewals

Schedule: On Demand

Audience: Case Managers/Eligibility Workers

Purpose: Provides a list of individuals with a financial eligibility renewal due in the selected month

Action Needed: This report can be used for outreach calls and to monitor service clients with upcoming renewals due in ONE



Coming Due Renewals

Report Refresh Date : 5/7/2021
11:39:02 AM

YEAR: 2021 MONTH: July DISTRICT: District 3 BRANCH: All PROGRAM: Medical

District	Branch	Program	Services TOA	Certification End Date	Case Number	Case First Name	Case Last Name	Phone Number
District 3	1911 - Woodburn Senior & Disability Services (NWSDS)	Medical	N/A	07/31/2021	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
District 3	1911 - Woodburn Senior & Disability Services (NWSDS)	Medical	LTCSEV	07/31/2021	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
District 3	1911 - Woodburn Senior & Disability Services (NWSDS)	Medical	NMAGISERV	07/31/2021	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Individuals Who Are in a Group Living Arrangement

Schedule: On Demand

Audience: Case Managers

Purpose: Provides a list of individuals who have a group living arrangement in ONE (Nursing Home, Assisted Living, Residential Care Facility, etc.)

Action Needed: This is an informational report only and is intended to provide users with a way to easily identify service individuals living in facilities

The screenshot shows the Oregon Eligibility system interface. The top navigation bar includes 'Home', 'Application/Case', 'Inbox', 'Inquiry', 'Correspondence', 'Tools', and 'Benefit M'. The main content area is titled 'Reports' and contains a sidebar with options: 'Search and View Reports', 'View Batch Reports', 'Generate On-Demand Reports' (highlighted), 'SNAP QC Report Parameters', and 'SNAP QC Case Action Report'. The main panel is titled 'Generate On-Demand Reports' and 'Individuals Who Are In A Group Living Arrangement'. Below this is a 'Report Criteria' section with dropdown menus for: Year (2021), Month (May), Facility Type (All), Program (Medical), and Report Format (EXCEL).



Individuals Who Are In A Group Living Arrangement Report

Report Refresh Date : 05/07/2021 12:09 PM

YEAR: 2021 MONTH: May FACILITY: All PROGRAM: Medical

Notice: This report contains private information that is privileged or confidential. CJIS security policy and DHS-OHA privacy/confidentiality policies apply. Do not share this report with unauthorized users or for unauthorized purposes.

Per CJIS Security Policy: You are accessing a restricted information system; usage of this system may be monitored, recorded, and subject to audit; unauthorized use of the system is prohibited and may be subject to criminal and/or civil penalties; use of the system indicates consent to monitoring and recording. Lock or log off your workstation when

Branch	Facility Type	Facility Name	Facility Phone Number	Facility Address	Period Of Residence	Program	Case Number	Case Name	Individual ID	Individual Name	Is Receiving Long Term Care Services
2211 - Albany AAA	Assisted Living Facility	NULL	NULL	NULL	4	Medical					Yes
2411 - Salem Senior & Disability Services (NWSDS)	Assisted Living Facility	NULL	NULL	NULL	4	Medical					Yes
2411 - Salem Senior & Disability Services (NWSDS)	Residential Care Facility	NULL	NULL	NULL	4	Medical					No

What questions do you have?

Please type your questions into the broadcast text box and our moderator will ask the panel

Session	Date
Medical Related Payments (MRP's)	05/27/2021
Renewals in ONE	06/03/2021
Wrap up: Review & Open Q&A	06/10/2021

APD / AAA LTC & ONE Q&A Series