

Action Request Transmittal Aging and People with Disabilities



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Number: APD-AR-20-096

Issue date: 11/5/2020

Topic: Systems Issues

Due date:

Subject: CEP Vouchers Needing a New Authorization Relating to the Wave One Conversion

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: Types A and 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 (<i>please specify</i>): |
| <input type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Action required:

The following relates only to individuals receiving HCW services and were converted into the ONE system under Wave 1, effective 11/1/20.

Action One:

Any new vouchers that are created during the pay period 10/25/20 through 11/7/20 must be split into two vouchers, one for each workweek. The hours may be split in half unless the individual needs a different authorization amount for the two workweeks. The reason for this is that benefit coding ended in the mainframe (DHR) on 10/31/20 and started in ONE on 11/1/20.

Action Two:

Approximately 200 HCW vouchers were either suspended by ONGO or subsequently voided after it was authorized. These vouchers must be recreated. Please re-issue the vouchers in the same manner as described in Action One. **This must be completed no later than 11/6/20.**

Management has provided directions through email to APD/AAA local office leadership on how to find which vouchers were suspended (through SVCH) or voided (the list of impacted vouchers was provided).

Field/stakeholder review: Yes No

If yes, reviewed by:

If you have any questions about this action request, contact:

Contact(s): Medicaid Services and Supports Team	
Phone:	Fax:
Email: APD.MedicaidPolicy@dhsosha.state.or.us	