

Action Request Transmittal Aging and People with Disabilities



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Number: APD-AR-22-002

Issue date: 1/13/2022

Topic: Other

Due date:

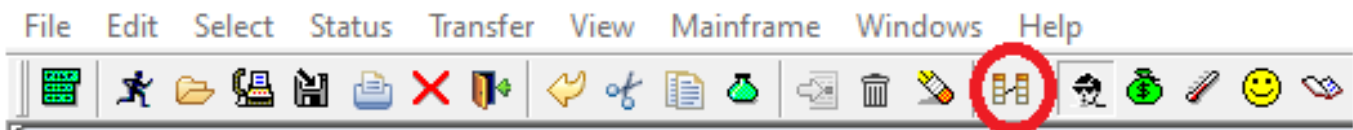
Subject: Oregon Project Independence and Medicaid Eligibility - post ONE

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: 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:

AAAs receive a monthly report (APD-1091 OSIPM/OPI List) which identifies consumers who are receiving both OPI and OSIPM. OPI staff should review these cases and confirm OSIPM eligibility using the IE/ME Information button.



OPI consumers may not be enrolled in OHP Plus level benefits, which includes the following programs:

- OSIPM-SSI
- OSIPM-OAA
- OSIPM-AD
- OSIPM-AB
- OSIPM-Acute Care
- OSIPM-EPD
- OSIPM-Services

OPI action if a consumer is enrolled in both OHP Plus and OPI:

- Communicate with consumer they are enrolled in a Medicaid program and cannot receive OPI and Medicaid at the same time.
- Provide options counseling to ensure consumer understands they cannot have both programs simultaneously.
- If consumer has questions about what Medicaid program they are receiving and what benefits are provided, provide the consumer with the [local APD office contact information](#).
- Narrate consumer decision and follow guidance below based on their choice.

If the consumer meets eligibility criteria for Medicaid LTSS (SPL 1-13) and wants to continue to receive Medicaid:

- Assist the consumer in contacting the local APD office or make an internal referral as appropriate to be evaluated for Medicaid long term services and supports or State Plan Personal Care (SPPC).
- Continue to assist the consumer in accessing Medicaid LTSS.
- Have the consumer sign the OPI withdrawal form and close OPI according to AAA procedure.

If the consumer wants to continue to receive Medicaid and is *not* LTSS eligible:

- Assist the consumer in contacting the local APD office or make an internal referral as appropriate to be evaluated for Medicaid long term services and supports or State Plan Personal Care (SPPC).
- Have the consumer sign the OPI withdrawal form and close OPI according to AAA procedure.
- Narrate consumer's choice and confirmation of signed withdrawal form.
- Refer consumer to [ADRC](#) for additional community resources.

If the consumer chooses to continue receiving OPI services:

- Notify consumer they must request the Medicaid benefits be closed or reduced to an MSP only (if eligible)
- OPI case managers should print and send the [MSC 457D form](#) (Voluntary Agreement to Take Action on Case) to the consumer.
- Narrate the consumer's choice and refer the consumer to the ONE customer service center 1-800-699-9075 or [local APD office](#) if they have questions about their Medicaid benefits or the MSC 457D form.

Eligibility staff action when OPI service category is identified in ONE:

- Banner will appear in ONE if a consumer has an OPI service category.
"OPI Service benefit is active for individual Id #####. OPI cannot be combined with OHP Plus level. Coordinate prior to Authorization (Search Oregon Project Independence in OPEN for instructions)."

- Review [OPI QRG](#) for additional steps.
- Communicate with consumer they are enrolled in OPI and cannot receive OPI and Medicaid at the same time.
- Provide information on what Medicaid benefits they are eligible for.
- Advise them to contact their OPI case manager for questions about OPI.

Eligibility staff actions if the consumer chooses to continue to receive OPI:

*Note: Please review [Eligibility Override and Special Circumstance QRG](#) for additional guidance

- Eligibility staff must reduce OHP Plus to Medicare Savings Program (QMPB, SLMB, or QSMF) if they qualify for these programs. If the consumer does not qualify for QMPB, SLMB, or QSMF, eligibility staff must close medical.
- Eligibility staff can ask the consumer if they wish to complete the [MSC 457D form](#) (Voluntary Agreement to Take Action on Case). Do not attempt to coerce or convince the consumer to complete the [457D](#) against their will; signing the MSC 457D is **not** required. It is not necessary to send an additional [SDS 540 notice](#) when a [457D](#) is completed and received.
- Review [OPI QRG](#) for additional steps.

If the consumer chooses to not sign the 457D

- If the consumer chooses not to complete the 457D form but otherwise makes a signed, written request to voluntarily close or reduce, a basic notice should be sent. Use a [SDS 540 decision notice](#) which must be mailed no later than the effective date of the reduction or closure (i.e. does not have to be timely).
- Please see [Medical Closure](#) and [Medical Reduction](#) for decision notice preparation tips.

Reminder: The [SDS 540](#) decision notice is not required if the client completes [MSC 457D](#).

Reason for action:

The inability to receive Medicaid and OPI at the same time is not a Medicaid-driven policy, it is an OPI eligibility factor. This means to close Medicaid, the Medicaid agency must receive a request from the consumer to voluntarily withdraw, close, or reduce Medicaid benefits.

Coordination of benefits between OPI and APD must be provided to serve consumers in the appropriate programs and adhere to Oregon Administrative Rules. It is expected OPI case managers assist their consumers in obtaining the necessary information they need to make an informed decision. This includes connecting consumers for options counseling, other community resources and/or the local APD office.

Field/stakeholder review: Yes No

If yes, reviewed by: APD Eligibility policy

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

Contact(s): OPI.policy@dhsosha.state.or.us APD.MedicaidPolicy@dhsosha.state.or.us	
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Email:	