Action Request Transmittal
Aging and People with Disabilities

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Number: APD-AR-23-017
Issue date: 7/14/2023

Topic: Long Term Care

Due date:

Subject: Untimely Closure of Services Due to Loss of Medical Eligibility

Applies to (*check all that apply*):

- ☐ All DHS employees
- ☒ Area Agencies on Aging: Type B
- ☒ Aging and People with Disabilities
- ☐ Self Sufficiency Programs
- ☐ County DD program managers
- ☐ Support Service Brokerage Directors
- ☐ ODDS Children's Residential Services
- ☐ Child Welfare Programs
- ☐ County Mental Health Directors
- ☐ Health Services
- ☐ Office of Developmental Disabilities Services (ODDS)
- ☐ ODDS Children's Intensive In Home Services
- ☐ Stabilization and Crisis Unit (SACU)
- ☐ Other (*please specify*):

Action required:
As a reminder, case managers (CMs) need to take action to close Long Term Services and Supports (LTSS) when they receive notification that the consumer no longer meets financial eligibility requirements for their OHP Plus benefit package.

It is important to ensure services are closed on the last date of medical coverage, while also meeting timely notice requirements. For example, if medical coverage ends 7/31/23, the CM must close services using form SDS 540 "Notice of Planned Action" that meets timely notice requirements and end services on 7/31/23. CMs must act as soon as they are notified that medical coverage is ending to meet this requirement.

As discussed in APD IM 23-057, there were some issues with the CM Alert Log in the ONE system, resulting in CMs not receiving notifications of certain medical closures (please note, this issue has been fixed as of 6/22/2023. CMs will now receive the correct Benefit Termination alert on their CM Alert Log). This may have resulted in the consumer not receiving timely notice of service closure.

In cases where services are not closed timely, action will need to be taken in the ONE system to restore medical benefits long enough to ensure timely notice requirements for closing services are met, typically one additional month.

The process to restore medical programs for individuals receiving services requires local coordination between the CM and an eligibility worker (EW) and involves work outside of ONE. CMs will need to take the following steps:

- Reach out to an EW following the established local process
- Once medical has been reestablished, end the benefit and service plan for the appropriate closure date - see “Closure Information and Dates” section below
- Send the SDS 540 “Notice of Planned Action” with the corresponding language from the Decision Notice Preparation Tips. Ensure that a copy of the notice is saved in EDMS
- Narrate the reason for closure and all actions taken
- Inform the EW that the closure actions have been taken and make sure no additional action is required

OEP-IM-23-038, titled “Extending Medical for LTC Timely Notice”, is being provided to EWs with the process and actions that will need to be taken in the ONE System.

Closure Information and Dates:
Form SDS 540 can be issued as soon as the CM receives notification the consumer has lost medical eligibility. For example, if the CM is notified in July that the consumer’s medical eligibility ends 9/30/23, they can immediately issue the closure notice with a service end date in September.

When a consumer resides in a facility, the closure date of their services should be the last day of the month, matching the last day of medical coverage.

For consumers receiving in-home services from a homecare worker (HCW), there is a system edit in place that prevents the authorization from issuing when a pay period crosses into a month where there is no OHP Plus medical benefits.
For example:

- The pay period ends on 11/04/2023, and
- The medical benefit is scheduled to close on 10/31/23

The authorization for the pay period 10/22/23-11/4/23 will not issue because the medical benefit is scheduled to close on 10/31/23.

For that reason, in-home service plans will need to have the final authorization prorated to reflect the partial pay period. When updating the service plan:

- Divide the total number of hours for the period by 14 (round up the answer)
- Multiply that number by the number of days between the start of the final pay period and the last day of the month.

For example: If a consumer has 80 hours in a pay period, determine the daily number of hours by dividing 80 by 14 (number of days in a pay period), which is 6 hours a day. This would be multiplied by 10 (the number of days from the 22nd through the 31st). This would allow the consumer 60 of their 80 hours for the partial pay period.

Please note that there is a system edit in the mainframe that may prevent an authorization from going through if the hours are not properly prorated.

For consumers receiving in-home services from an in-home care agency, the POC should be updated to end at the last day of the month. In-home care agency providers should work a prorated number of hours for the week when the service plan is ending.

Clearly narrate the prorated hours in Oregon ACCESS as well timely notifying the consumer and impacted providers.

Reason for action:
During the COVID-19 public health emergency (PHE) medical benefits were required to stay open at the same benefit level. As of April 1, 2023, the continuous enrollment requirement has ended, and medical benefits may be reduced or closed after the person goes through their PHE unwinding renewal. Services may also be closed when the individual is no longer eligible for OHP Plus.

Field/stakeholder review: ☒ Yes ☐ No
If yes, reviewed by: OEP and Operations Review

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

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