

Action Request Transmittal Aging and People with Disabilities



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Number: APD-AR-23-027

Issue date: 10/13/2023

Topic: Long Term Care

Due date:

Subject: LTSS Restoration due to OSIPM Restoration

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: Type 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:

1. Benefits in Oregon ACCESS (OA) for specific individuals whose Long-Term Services and Supports (LTSS) were closed during the Public Health Emergency Unwinding (PHEU) will need to be restored.
2. Service payment authorizations will also need to be restored.

Note: Two webinars are scheduled for 10/19/23 to discuss the requested actions and respond to questions regarding this change. Attendance is voluntary and two sessions are available. Each session will provide the same information.

These are links to the webinar. Select the session below (times are PDT).

[Session 1: 10:00 am - 11:00 am](#)

[Session 2: 2:00 pm - 3:00 pm](#)

For this topic only, please submit your questions via this [Microsoft Forms link](#). We will gather your questions for policy staff to address during the webinar and develop a FAQ document.

Reason for action:

Per [OEP-AR-23-054](#), OSIPM medical benefits are being restored for individuals whose benefits were closed or reduced from 04/01/23 to 9/30/23 due to being over income or over resources (note that per the OEP transmittal, future closures/reductions are being paused). Some individuals who were receiving OSIPM benefits were also receiving LTSS benefits (which include services authorized per OAR 411-015 and State Plan Personal Care per OAR 411-034). This requires the LTSS benefits to be restored as well. It is important to note that individuals whose OSIPM benefits were closed for other reasons, including those who no longer meet service eligibility criteria, are not being restored.

These restoration efforts are being provided to give impacted individuals an additional opportunity to provide updated income and resource information, increase awareness of the impact of losing benefits, as well as provide additional time to develop plans to mitigate the loss of benefits.

Individuals who wish to withdraw

Some individuals may wish to not have their OSIPM/LTSS benefits restored. For example, an individual who was previously closed due to being over resources may choose to pay for services privately instead of having their benefits restored. If an individual wishes to do this, they may request a withdrawal from receiving benefits (medical and LTSS, or just LTSS), which will require the local office to remove the override in the ONE system (to stop the restoration of OSIPM and LTSS) or not restore the benefit in OA (to stop the restoration of LTSS only). This decision must be properly documented in ONE and OA. See [APD-PT-23-0006](#) for additional guidance.

Lists provided

APD/AAA offices will receive a list of individuals whose OSIPM benefits have been restored and will need their LTSS benefits and service payment authorizations restored. Local offices need to develop processes to ensure that required actions are taken.

Notifications

- Impacted individuals are receiving notification that their LTSS benefits are being restored. A copy of the notification is at the end of this transmittal.
- Provider alerts are being sent out to Community Based Care (CBC) and Nursing Facility (NF) providers.
- In-home care agencies (IHCAs) are being alerted of this update.
- Case managers and/or impacted individuals will need to notify HCWs who were

previously working for impacted individuals to determine if they are willing/able to work for the individual.

- PACE organizations will be notified.

Additional information on actions needed:

1. Benefits in OA for specific individuals whose LTSS closed during the PHEU need to be restored.

Automatic restoration: The OA team is working on a method to automatically create a new benefit and service plan that is modeled upon the most recent plan. The automatic process will be applied only to the individuals whose OSIPM benefit has been restored. This process is scheduled to occur by the end of October. This will allow service payment authorizations to occur. The benefit end date will be the “Valid Until” date or “Pay Date” as appropriate. If the last assessment is over a year old and the “Valid Until” or “Pay Date” has passed, the benefit end date shall be March 31, 2024 (for CBC and NF benefits), or April 6, 2024 (for in-home benefits with an HCW).

Manual restoration: **This process must be followed if the OSIPM benefit is being manually restored as described in the OEP transmittal or if the individual is receiving in-home services (with confirmation the individual wants their in-home services established as soon as possible). Manual restoration should occur no later than October 20, 2023.**

As a reminder, when an OSIPM benefit is manually restored, an alert will be sent to the CM if assigned. The alert will need to be reviewed to determine if it is an OSIPM restoration or new intake request.

Manual restoration requires the individual’s OSIPM benefits are restored, followed by manually creating a new benefit and service plan in OA. The benefit dates should end in the same way as if the automatic restoration occurred (see above). The local office may request an [admin service plan extension request](#), indicating the extension is due to the restoration requirement.

Please note that if a benefit is extended to March 31, 2024, or April 6, 2024, a new assessment is still required as soon as possible.

2. Service payment authorizations will need to be restored.

Services that were provided without Medicaid payment will need to be re-authorized. Take the following actions based upon the service type:

In-Home Care

- An HCW/IHCA may immediately begin working for an individual. However, the authorization can't be retroactive. CEP/POC authorizations will need to be restarted.
- Independent Choices Program (ICP) payment authorizations in ONE will have to be retroactively restored. Staff may email ICP.SPD@odhsoha.oregon.gov if assistance is needed to authorize ICP payments in ONE.

CBC/NF

- CBC and NF providers who continued to provide services to individuals after LTSS services closed will need to refund any private pay funds to the individual or whomever made the payments. 512 or POC authorizations must be restored as appropriate.

Supportive Services

- Home Delivered Meal (HDM) benefits that converted to Older Americans Act (OAA) and/or private pay funding will need to be converted back to Medicaid funding. Contact HDM providers and follow branch processes to ensure authorizations are created.
- Individuals who moved to the Oregon Project Independence (OPI) will need to be converted back to their previous service option.
- Other benefits such as Adult Day Services (ADS), Emergency Response Systems (ERS), Money Management Services (MMS), etc., will also need to be restored.

Field/stakeholder review: Yes No

If yes, reviewed by: Internal Review, Discussed with CM Supervisors

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

Contact(s): See information provided above	
Phone:	Fax:
Email:	

(Below is a letter that will be sent out to impacted individuals)

This letter provides important information about your benefits. You previously received benefits for long-term services and supports to help pay for your care needs at home or in a care setting. This benefit ended when you were determined to no longer be eligible for medical benefits.

However, a decision was recently made that will reopen your medical benefits during this time. You will receive a separate letter about this. This means that your services that pay for your care needs will also be reopened. This includes authorizing providers so they may be paid to provide services to you.

It will be really important to provide updated information about your current income and assets that you currently have. If your medical benefits were previously closed due to having assets above the allowed limits, it is also important to discuss with your case manager ways you may be able to use your assets if you are interested in continuing to receive benefits.

If there has been a change to the setting where you receive services, or a change in your care needs, please contact the Local Office immediately.

If you do not want your service benefits reopened, or have any questions, please contact your Local Office.