Information Memorandum Transmittal
Aging and People with Disabilities

Erika Miller
Authorized signature

Number: APD-IM-21-117
Issue date: 12/17/2021

Topic: Medical Benefits

Due date:

Subject: ONE System 12/8/21 Update: Long Term Care Change Request Phases 4 and 5

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*):

Message:

On December 8, 2021, ONE released additional functionality developed as part of the Long-Term Care Change Request. The LTC Change request was designed to improve functionality in ONE that is specific to individuals applying for or receiving Long Term Care Services and Support (LTSS). The updates include ONE functionality to support the following:

- A new interface between Oregon ACCESS and ONE allows Oregon ACCESS to pass case manager and Oregon ACCESS branch information to ONE. ONE identifies what case manager, if any, is associated with a ONE medical case.
- A Case Manager Alert Log alerts case managers to conditions in ONE that may require case manager action.
- ONE extended appointment times for medical LTC interviews to allow additional time to speak with Oregonians about their situation
- A new ONE pre-screening tool in Applicant and Worker Portals to help identify complex LTC cases

- ONE "Tags" added to the Case Summary screen to identify a pending LTC case, potentially *complex* pending LTC case, and a LTC case after authorization

The following topics are covered in detail below:

IMPLEMENTATION NOTE

Please note that ONE changes to support these functions were implemented on December 8, 2021. The Oregon ACCESS changes, however, will be released over the weekend of December 17, 2021. Oregon ACCESS changes will be available on Monday, December 20, 2021. This means a few things:

- The interface between ONE and Oregon ACCESS will not be available until after the Oregon ACCESS release is completed.
- Case manager information will not be associated to specific ONE cases until after the Oregon ACCESS release.
- Staff will be able to access the Case Manager Alert Log in ONE, but all ONE cases will display with an 'unassigned' case manager and no associated 'Case Manager Office' until after the Oregon ACCESS release.
- After the Oregon ACCESS release on December 17, 2021 all functions will be available to users.

For more information on the Oregon ACCESS changes, see below.

ONE CHANGES

ONE Case Manager Alert Log

The primary ONE modification included in the 12/8/21 release was creation of a Case Manager Alert Log. The Log provides information to case managers about specific actions taken in ONE that may require case manager attention. These alerts do not function as “ticklers”, in that they do not generate automatic notification to case managers. Instead, case managers can go into the ONE system and retrieve alert information. IMPORTANT: Cases with I/DD or BH services and some OPI services that are managed by case managers outside of ODHS or Type B AAA offices need to be coordinated per current practices, as these case managers do not have access to ONE. See Chapter 2, Section 10 Long-Term Care Services in OPEN for the current processes and procedures for I/DD and BH services.

The Case Manager Alert Log alerts case managers to the following situations:

- Medical TOA Transition – When there is active Service Eligibility (SELG) data on file in ONE and the eligibility worker authorizes an eligibility change that transitions the recipient from MAGI medical to non-MAGI medical, and vice versa, an alert will be generated. (ex: MSERV to LTCSERV or ADLT to OSIPMOAA)
- Benefit Termination – When there is active SELG data on file in ONE and the eligibility worker authorizes an eligibility change that results in termination of the medical benefit, an alert is generated. This alert is not generated when medical eligibility simply transitions from one TOA to another, such as OSIPMAD to OSIPMOAA. Please note that depending upon the TOA change, other alerts may be generated.
- Incompatible TOA – When there is active SELG data on file in ONE, an eligibility determination resulting in a change in TOA is authorized, and the change in TOA is causing one of the following, an alert will be generated:
    - An existing recurring Medical Related Payment (MRP), authorized as part of the eligibility determination or through the Other Payments module, is not compatible with the newly authorized TOA.
    - A future effective one-time MRP is not compatible with the newly authorized TOA
- Liability Change -- This alert is generated when one of the following occurs:
    - A patient liability record is created
    - An existing patient liability amount is updated (including from a non-zero to $0)
    - This alert does not generate when medical benefits are terminated.

- Change in Address/Living Situation -- When there is an active SELG record on file in ONE and address data and/or living situation data is changed as follows, an alert will be generated:
  - Change in Individual's Physical Address – This includes address data that is newly added, updated, or deleted. Please note this is a change to the individual physical address, only.
  - Change in individual's Living Arrangement – This includes living arrangement data that is newly added, updated, or deleted.
  - NOTE - This alert generates when address/living arrangement is changed (Save/Next button in data collection). If these changes also result in eligibility changes then other alerts may also generate at authorization. For example, when an individual moves from an in-home to a community-based care setting and the patient liability changes, the patient liability and change in address/living situation alerts will be generated.
- Medical Renewal – When an individual is receiving medical and has an active ONE SELG record, an alert will be generated when Financial Eligibility is due for renewal.
- Pending for Service Eligibility – When an individual has an ongoing service TOA that is now pending because the current SELG record is ending, an alert will be generated.

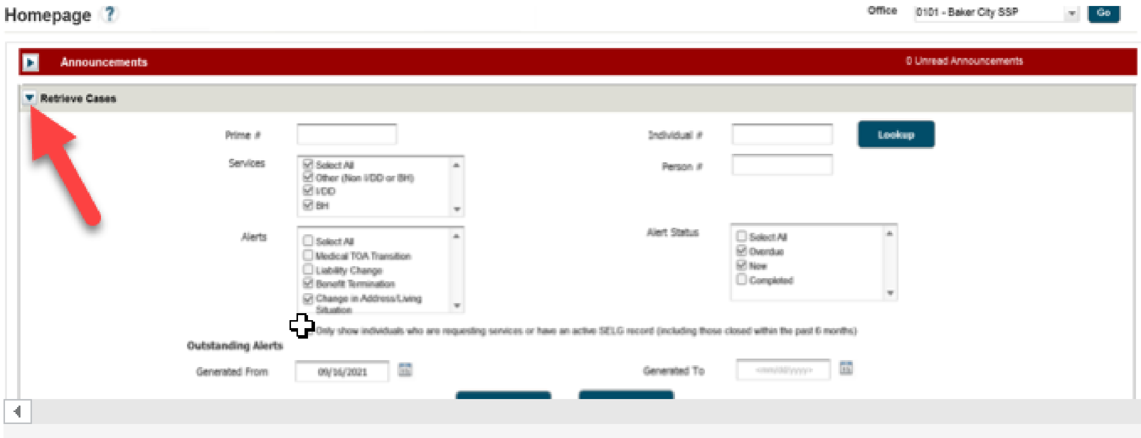
ONE has logic to prevent creation of duplicate alerts. If an alert of the same type is already outstanding for the same case/application/individual and the same worker then no additional alerts will be created even if the system encounters the same conditions in ONE that would normally initiate creation of an alert.

All generated alerts carry a ‘Status’ code. When alerts are initially generated, they are marked as “New”. When a user marks an alert completed, as shown below, the alert is marked “Completed.” If an alert is not completed in time, it is marked as “Overdue” during a nightly batch process. All listed above are considered “Overdue” if not completed within **61 days** after the alert generation date.

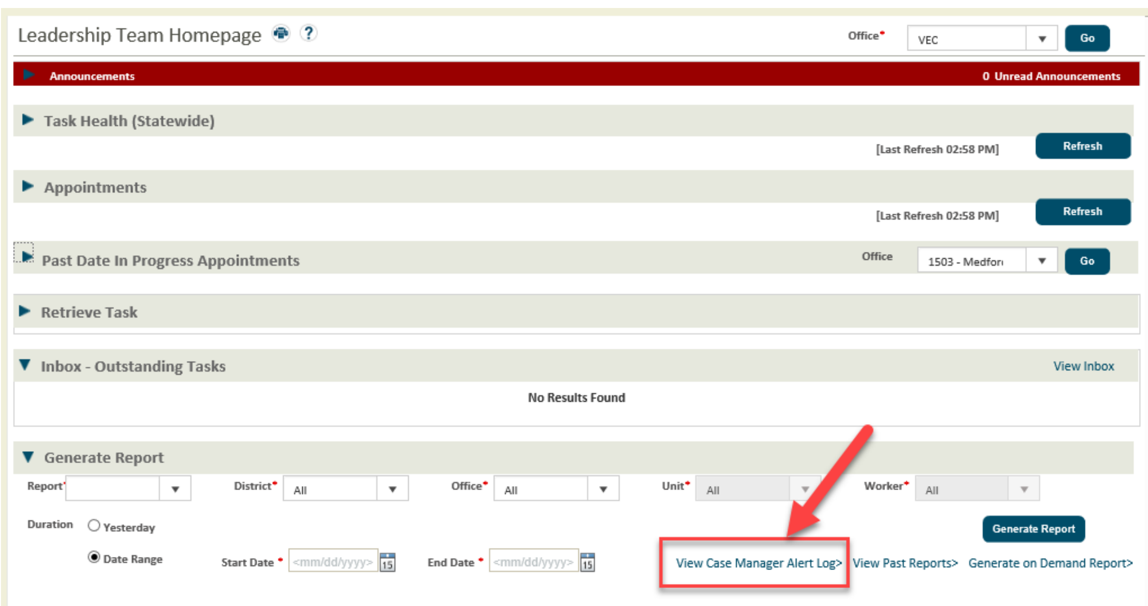
Accessing Case Manager Alerts in ONE

Case manager alerts can be viewed and updated on the ‘Case Manager Alerts Log’ screen. The ‘Case Manager Alerts Log’ screen can be accessed in various ways, depending upon the user’s ONE security roles.

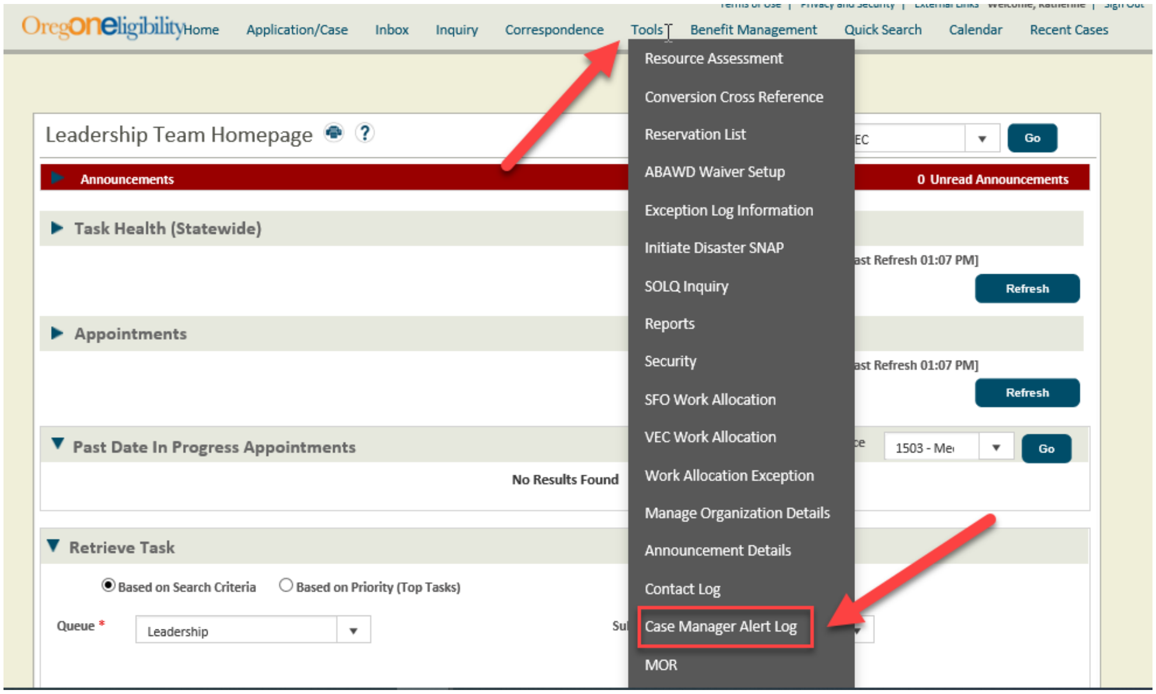
Individuals with **Case Manager** security rights can access the ‘Case Manager Alerts Log’ screen from the ONE Homepage. A new collapsible section titled “Retrieve Cases” now displays. When the user expands this section, ONE presents the alerts search window, described in more detail below.



Individuals with **Leadership** security rights can link to the Case Manager Alerts Log from the ONE homepage. To access the Case Manager Alerts Log from the Leadership Home page, expand the Generate Reports window. At the bottom right is a link to the Case Manager Alerts Log.

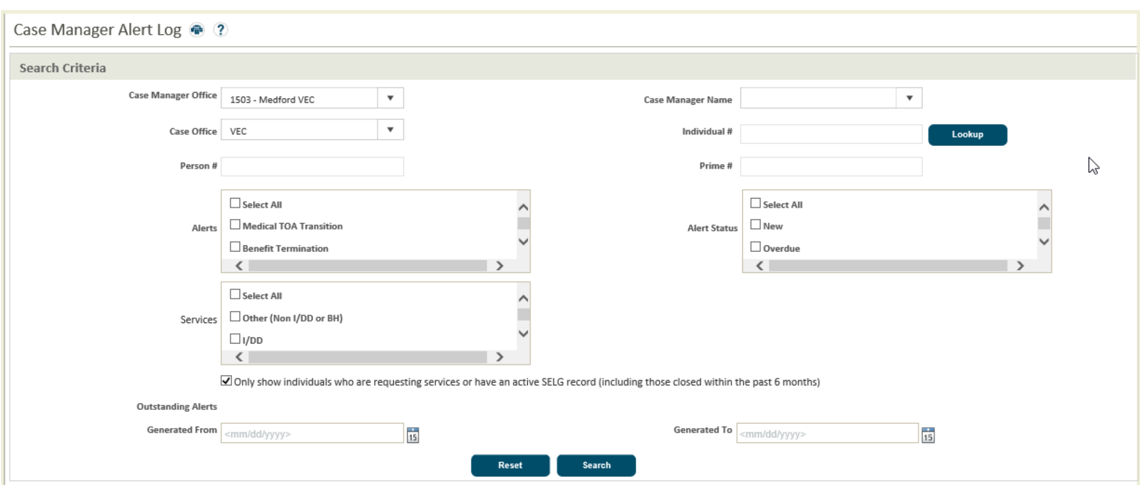


Staff may also access alerts through the **'Tools'** menu. From the ONE homepage, go to the Tools menu and select 'Case Manager Alert Log'. [Please note the ONE homepage can look a bit different, based on the user's security rights].



After selecting the 'Case Manager Alert Log' staff are navigated to the 'Case Manager Alert Log' search window.

The Case Manager Alert Log search window operates as follows:



Staff must enter at least one of the following to initiate a search: Case Manager Office, Person #, Case Manager Name, Individual #.

The available fields on this screen are described below:

- Case Manager Office – The Oregon ACCESS branch office in which the case is housed. The branch office information is passed to ONE from Oregon ACCESS via the interface.
- Case Office – The branch office to which the ONE case is affiliated.
- Person # -- The Person number of a specific individual.

- Case Manager Name – Staff may retrieve data for cases associated with a specific case manager. Staff may also select cases with an ‘Unassigned” case manager. The case manager information that links a case manager to a recipient is passed to ONE from Oregon ACCESS via the new interface.
- Individual # - The individual ID of a specific individual.
- Prime # -- The prime number of a specific individual.
  - NOTE: Testers have noted two issues when testing Case Manager Alert Log searches using prime number.
    - Testers report system “slowness” when searching for alerts by Prime number. The ONE vendor is working on correcting performance issues.
    - Staff should note that if a prime number is associated with more than one ONE record, a Prime # search may not return the expected results. The ONE vendor is evaluating whether an on-screen message alerting the user to this situation can be added in a future ONE build.
- Alerts – Staff may elect to retrieve all alerts types or only specific alerts.
- Alert Status – Staff may elect to retrieve New, Overdue, Completed, or All alerts.
- Services – Staff may elect to retrieve alerts for I/DD, BH (Behavioral Health), Other (Non I/DD or BH), or all types of service eligibility.
- Only show individuals who are requesting services or have an active SELG record (including those closed within the past 6 months) – This check box allows staff to retrieve records for individuals with recent service eligibility only.
- Generated From/Generate To – Staff may elect to retrieve alerts for a particular date range.

After entering search criteria and pressing ‘Search’, ONE presents the user with all relevant alerts.

Below is a full screen capture to show the entire ‘Case Manager Alerts Log’ screen. Subsequent screen captures will focus on a particular section of the full screen. Please note that Personally Identifiable Information has been covered in all screen captures.

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OregONEligibility Home Application/Case Inbox Inquiry Correspondence Tools Benefit Management Quick Search Calendar Recent Cases

Case Manager Alert Log ?

Search Criteria

Case Manager Office: [ ]
Case Manager Name: Unassigned
Case Office: [ ]
Individual #: [ ] Lookup
Person #: [ ]
Prime #: [ ]

Alerts: ☑ Select All ☑ Medical TOA Transition ☑ Benefit Termination
Alert Status: ☑ New ☑ Overdue ☑ Complete

Services: ☑ Other (Non I/DD or BH) ☑ I/DD ☑ BH

☑ Only show individuals who are requesting services or have an active SELG record (including those closed within the past 6 months)

Outstanding Alerts

Generated From: <mm/dd/yyyy>
Generated To: <mm/dd/yyyy>

Reset Search

Search Results

Select For Action	Individual Name	Individual #	Prime #	Person #	Service Category	Overdue Alerts	New Alerts	Completed Alerts	Earliest Outstanding Alerts
☐	[redacted]	80[redacted]	[redacted]	[redacted]	APD				11-29-2021
☐	[redacted]	80[redacted]	[redacted]	[redacted]	APD				11-30-2021
☐	[redacted]	80[redacted]	[redacted]	[redacted]	APD				11-30-2021
☐	[redacted]	80[redacted]	[redacted]	[redacted]	APD				11-30-2021
☐	[redacted]	80[redacted]	[redacted]	[redacted]	APD				11-30-2021
☐	[redacted]	80[redacted]	[redacted]	[redacted]	APD				11-30-2021
☐	[redacted]	80[redacted]	[redacted]	[redacted]	APD				11-30-2021
☐	[redacted]	80[redacted]	[redacted]	[redacted]	APD, NFC				11-30-2021
☐	[redacted]	80[redacted]	[redacted]	[redacted]	APD				11-30-2021
☐	[redacted]	80[redacted]	[redacted]	[redacted]	APD				11-30-2021
☐	[redacted]	80[redacted]	[redacted]	[redacted]	NFC				11-30-2021
☐	[redacted]	80[redacted]	[redacted]	[redacted]	APD				11-30-2021
☐	[redacted]	80[redacted]	[redacted]	[redacted]	PAC				11-30-2021
☐	[redacted]	80[redacted]	[redacted]	[redacted]	APD				11-30-2021
☐	[redacted]	80[redacted]	[redacted]	[redacted]	ICP				11-30-2021
☐	[redacted]	80[redacted]	[redacted]	[redacted]	NFC, NFC				11-30-2021
☐	[redacted]	80[redacted]	[redacted]	[redacted]	APD				11-30-2021
☐	[redacted]	80[redacted]	[redacted]	[redacted]	APD				11-30-2021
☐	[redacted]	80[redacted]	[redacted]	[redacted]	APD				11-30-2021
☐	[redacted]	80[redacted]	[redacted]	[redacted]	PAC				11-30-2021
☐	[redacted]	80[redacted]	[redacted]	[redacted]	APD, APD				11-30-2021
☐	[redacted]	80[redacted]	[redacted]	[redacted]	APD				11-30-2021
☐	[redacted]	80[redacted]	[redacted]	[redacted]	ICP				11-30-2021
☐	[redacted]	80[redacted]	[redacted]	[redacted]	APD				11-30-2021
☐	[redacted]	80[redacted]	[redacted]	[redacted]	APD				11-30-2021
☐	[redacted]	80[redacted]	[redacted]	[redacted]	NFC				11-30-2021
☐	[redacted]	80[redacted]	[redacted]	[redacted]	ICP				11-30-2021
☐	[redacted]	80[redacted]	[redacted]	[redacted]	NFC				11-30-2021
☐	[redacted]	80[redacted]	[redacted]	[redacted]	NFC				11-30-2021
☐	[redacted]	80[redacted]	[redacted]	[redacted]	APD				11-30-2021

Records: 51

< Prev 1 2 Next >

View Authorization History
Open Case Summary
View Case Notes
Other Payments
Mark as Complete

Alert Legend

- Medical TOA Transition
- Benefit Termination
- Incompatible TOA
- Liability Change
- Change in Address/Living Situation
- Medical Renewal
- Pending for Service Eligibility

Sections of the ONE ‘Case Manager Alerts Log’ Screen

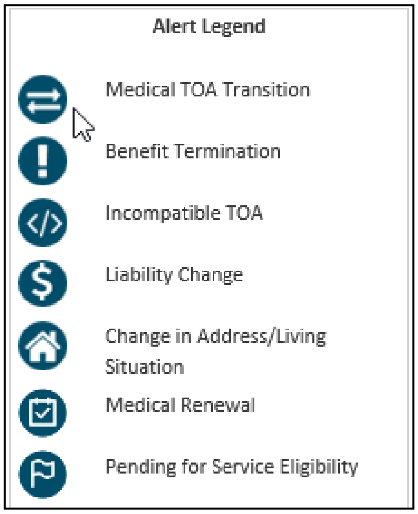
Using an excerpt from the screen, let us look at each column on the screen.

Search Results

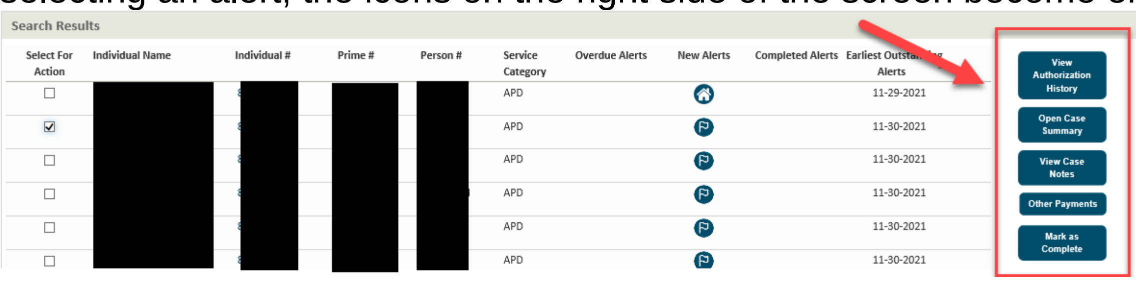
Select For Action	Individual Name	Individual #	Prime #	Person #	Service Category	Overdue Alerts	New Alerts	Completed Alerts	Earliest Outstanding Alerts
☐	[redacted]	8[redacted]	[redacted]	[redacted]	APD				11-30-2021
☐		8			APD				11-30-2021
☐		8			APD				11-30-2021
☐		8			APD				11-30-2021
☐		8			APD				11-30-2021

- Select For Action – This allows staff to select a particular alert and take specific action
- Individual Name – The name of the recipient associated with the alert
- Prime # -- The Prime ID of the recipient associated with the alert
- Person # -- The Person Number of the recipient associated with the alert
- Service Category – The service category from the ONE SELG record, as appropriate
- Overdue Alerts – When an alert is past due, the alert type is represented in this column. All alerts included in this ONE build are considered “overdue” if not completed within 61 days after the alert generation date.
- New Alerts – When an alert is created, the alert type is represented in this column.
- Completed Alerts – When an alert has been marked completed, the alert type is represented in this column.
- Earliest Outstanding Alerts – The alerts will be listed in order, from the oldest generated alerts to the most recently generated alerts.   There is a “toggle” on this column that allows the user to reverse the sort order.

Please note that the alerts are identified using iconography to save screen space. There is a legend on the right side of the ONE screen defining what each icon represents.



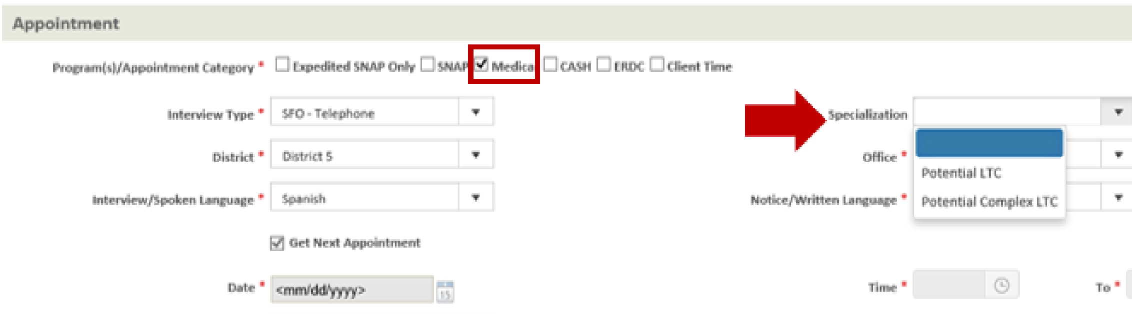
When the user selects a particular alert, several actions become available. Upon selecting an alert, the icons on the right side of the screen become enabled.



- View Authorization History – Displays the Authorization History search window for the case associated with the alert. Staff may enter the recipient's name, benefit type, etc… to retrieve the relevant authorization history. The Authorization History provides information about what benefit has been authorized for the recipient.
- Open Case Summary – Navigates the user to the Case Summary screen for the case associated with the alert. Case Summary provides a variety of information about the case and presents the user with additional options re: actions that may be taken on the case.
- View Case Notes – Navigates the user to the Case Notes for the case associated with the alert.
- Other Payments – Navigates to the Other Payments screen for the case associated with the alerts.
- Mark as Complete – Allows the user to mark the alert as complete when the necessary actions have been taken in response to the alert.

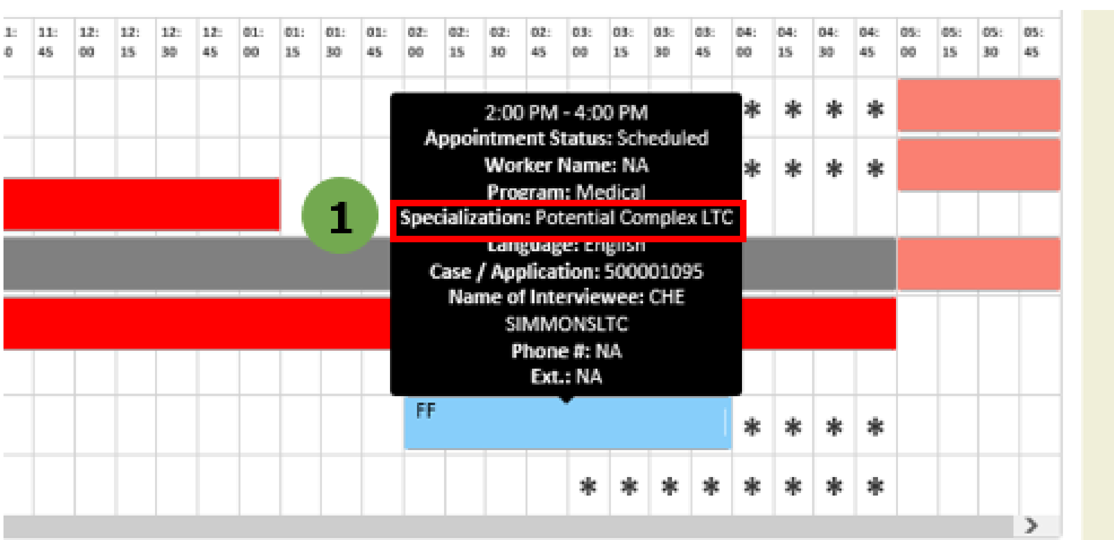
ONE Extended Appointment Timeframes for Medical LTC Interviews

A new “specialization” field in the Office Scheduler has been added to schedule additional time for a medical LTC intake interviews. The field is only enabled when **medical** is selected as the Program(s)/Appointment Category.



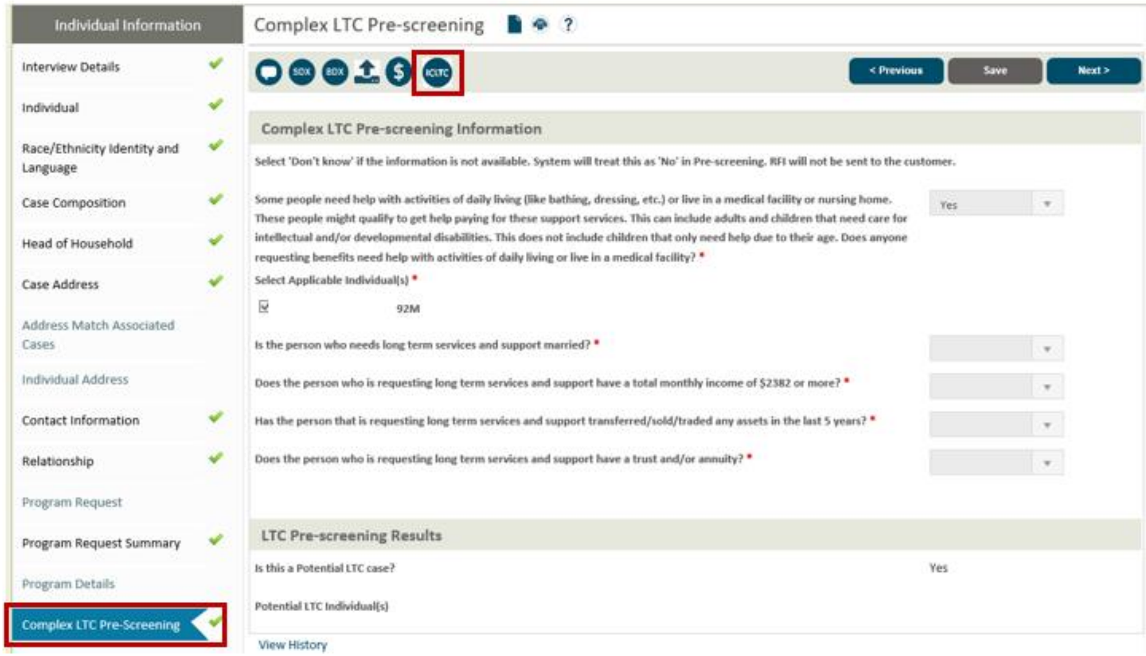
Selecting “Potential LTC” automatically adds an additional **30 minutes** to the appointment time. Selecting “Potential Complex LTC” automatically adds an additional **60 minutes** to the appointment time. See the next section of this transmittal to learn more about complex LTC criteria.

When appointments with a specialization are scheduled, it will be viewable on the Office Scheduler and under the Oregonian’s Upcoming Appointments on the Case Summary screen.



ONE Pre-Screening Tool for Complex LTC Cases

Pre-screening questions have been added to Applicant and Worker Portals to assist eligibility workers and support staff in identifying potentially complex LTC cases. It is accessible any time during Application Registration and Data Collection by clicking on the **ICLTC icon** at the top of any screen, or by navigating to the Individual Information module within Data Collection.



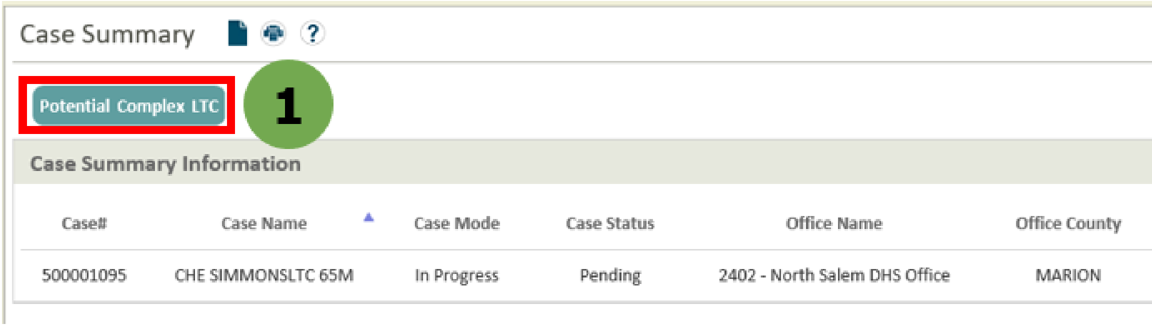
Pre-screening questions include:

1. Is the person who needs long term services and supports married?
2. Does the person who is requesting long term services and supports have a total monthly income of $2,382 or more? (This amount will change to $2,523 on 1/1/22 and will change each subsequent January).
3. Has the person who is requesting long term services and supports transferred/sold/traded any assets in the last 5 years?
4. Does the person who is requesting long term services and supports have a trust and/or annuity?

The pre-screening tool is pre-populated by ONE based on answers elsewhere in Data Collection, such as the Relationship and Income screens. It should be used to identify Oregonians who *may* require a resource assessment or income cap trust to qualify for OSIPM, have a potentially disqualifying transfer of assets, or who own more complicated assets like an annuity and/or trust. The tool has no impact on the eligibility determination and should ***not*** be used to "screen out" Oregonians requesting LTSS; rather, it should be used to coach Oregonians on what the rest of the application process may look like. Information from the pre-screening tool is used to populate the LTC tags viewable on the Case Summary screen, discussed in the next section of this transmittal.

ONE LTC Tags

Three tags have been added to the top left corner of the Case Summary screen to more easily identify when a person on a case is either receiving or applying for LTSS.



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Tag Name	What It Means	When It's Visible
Potential LTC	▪ Someone on the case is requesting medical and LTSS ▪ The individual's medical TOA is pending	▪ The question "*Does anyone requesting benefits need help with activities of daily living or live in a medical facility?"* on the pre-screening tool is answered **yes**, but the individual does not meet "complex" criteria and ▪ The question "*Does the individual meet level of care requirements?"* on the Individual Information screen is marked **yes,** or there is an active SELG record regardless of service category
Potential Complex LTC	▪ Someone on the case is requesting medical and LTSS whose situation is more financially complex ▪ The individual's medical TOA is pending	▪ Any of the pre-screening questions have been answered **yes** ▪ The question "*Does the individual meet level of care requirements?"* is answered **yes** or there is an active SELG record regardless of service category ▪ Information entered on the Relationship, Income, Transfer/Sold Resource, and/or Trust and Annuity screens that meets criteria in pre-screening tool
LTC	▪ Someone on the case is receiving medical and LTSS ▪ The individual's medical TOA is authorized	▪ Individual's medical is authorized ▪ There is an active SELG record, regardless of service category

Tags are redetermined when questions on the pre-screening tool are updated and removed only when pre-screening and data collection indicate the tag is no longer applicable. For example, an individual who is married will have the “Potentially Complex LTC” tag added to their Case Summary until a Resource Assessment is authorized, eligibility run, and the relevant EDGs authorized. At that point, the tag will change to “LTC.”

Oregon ACCESS Changes
As noted, the Oregon ACCESS changes will be implemented over the weekend of December 17, 2021. The changes will be available to staff on Monday, December 20, 2021. Below is a summary of the changes staff will see in Oregon ACCESS on Monday, December 20th.

The Oregon ACCESS changes were made to support the interface between Oregon ACCESS and ONE in which case manager and Oregon ACCESS branch information is shared. The interface is initiated as a nightly batch process. To support this interface, staff will see the following Oregon ACCESS changes.

<u>‘ONE CM’ Check Box</u>
Staff will be able to select the Worker whose information should be sent to ONE as part of the new interface. A ‘ONE CM” checkbox has been added to Oregon ACCESS, as follows:

- The new checkbox, labeled ONE CM, appears in the ‘Workers’ section of the ‘Case Overview’ screen for any Assigned Workers assigned one or more of the following Roles:
    - Service
    - Intake
    - OPI
    - PAS/PAA
    - Relocation
    - Support
- Users with rights to modify the Case Overview screen are able to select and deselect the ONE CM checkbox.

- Only **one** ONE CM checkbox can be selected. Users will receive an error if they attempt to select more than one ONE CM checkbox.
- The ONE CM checkbox cannot be modified while the case is checked out in Remote.

Oregon ACCESS Interface

- Changes to the ONE CM information accumulates during the day and is sent to ONE each evening in a batch process.
- The Primary Applicant on the case must be CI Registered, which assigns a prime number, for the information to be sent to ONE.
- The ONE CM worker's Oregon ACCESS security profile must contain either an OR # or a P # for information to be sent to ONE.
    - If the ONE CM checkbox is checked but the case is not listed as assigned to the selected case manager on the Case Manager Alert Log, please have your security administrator verify that your OR# or P# in your Oregon ACCESS security profile is valid. **Please take this step prior to submitting a service desk ticket.**

Oregon ACCESS Conversion

A conversion will take place the evening of December 17. As part of the conversion, Oregon ACCESS identifies the worker for which the ONE CM check box should be selected, per the criteria listed below. In addition, an initial interface file using the ONE CM data is passed to ONE.

- All cases with a single worker assigned the Role of 'Service', and a benefit in Approved status, will have the ONE CM checkbox selected. The checkbox will not be checked if the worker's role is:
    - Intake
    - OPI
    - PAS/PAA
    - Relocation
    - Support
- If the ONE CM checkbox cannot be populated as part of the conversion, then no case manager data will be passed to ONE. Staff should manually populate the ONE CM checkbox as soon as possible.

"Best Practices" for the ONE Case Manager Alerts Log

The expectation is that Case Managers are checking their home page every day for changes occurring on their cases. By continually monitoring your home page case managers should be able to prevent provider payment issues and provide timely notice for adverse actions. Case Manager alerts should be acted on in the following priorities:

1. Medical Benefit Termination
2. Pending for Service Eligibility
3. Liability Change
4. Medical TOA Transition
5. Incompatible TOA
6. Change in Address/Living Situation
7. Medical Renewal

If there are system issues that appear to be a defect, please follow the current CA ticket submission process available in the ONE Help Desk Submission Process QRG.

If you have any questions about this information, contact:

Contact(s): APD Medicaid Financial Eligibility Policy	
Phone:	Fax:
Email: APD.MedicaidPolicy@dhsoha.state.or.us	