

# Information Memorandum Transmittal Aging and People with Disabilities



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**Number:** APD-IM-22-039

**Issue date:** 5/4/2022

**Topic:** Other

**Due date:**

**Subject:** Provider Time Capture (PTC) - Branch Transfers when OPI Consumers Apply for Title XIX Services

**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                           |   |

**Message:**

This transmittal concerns branch transfers in OR PTC DCI when an OPI Consumer is evaluated for Medicaid Title XIX services. The scenarios below show the steps to take when a Consumer is approved for Title XIX and when they are denied.

**OPI Consumer applying for Medicaid Title XIX services - APPROVED**

1. Local office staff transfer Oregon Access case to AAA/APD branch and wait for determination to be completed (Do not request a transfer in OR PTC DCI at this time).
2. Determination complete and Consumer is eligible for Medicaid Title XIX services.
3. Local office staff determine the agreed upon start date for Medicaid services. OPI voucher specialist edits authorization end dates in Mainframe **and** in OR PTC DCI to reflect the last day the Consumer was on OPI to prevent overlap between OPI and Medicaid authorizations.
4. OPI staff confirm with Homecare Worker (HCW) that they have entered all historical time into OR PTC DCI for the period of time the Consumer was on OPI.

5. Send email to [PTC.Support@dhsoha.state.or.us](mailto:PTC.Support@dhsoha.state.or.us) and cc the new branch, requesting an update to the cost center (branch) in OR PTC DCI:

**To:** PTC.Support@dhsoha.state.or.us

**Subject Line:** Branch Transfer and OPI Deactivation

**Body of Email:**

Consumer Name:

Consumer Prime:

New Branch:

Has HCW(s) entered all of their time in OR PTC DCI while Consumer was on OPI (Y/N)?:

Deactivate OPI Service Accounts (Y/N):

6. AAA/APD voucher specialist issues new vouchers for Consumer.

**NOTE:** It is important that while the Medicaid Title XIX determination is being completed, the OPI branch staff are still able to view and maintain the Consumer's case in OR PTC DCI. Do not request a branch transfer in OR PTC DCI until **after** a determination is completed and the Consumer is approved for Medicaid Title XIX services.

**OPI Consumer applying for Medicaid Title XIX services - DENIED**

1. Local office staff transfer Oregon Access case to AAA/APD branch and wait for determination to be completed.
2. Determination complete and Consumer is **not** eligible for Medicaid Title XIX services.
3. Local office staff transfer Oregon Access case back to OPI branch. **NOTE:** No action needs to be taken in OR PTC DCI in the scenario the Consumer is denied for Title XIX and remains on OPI services.

For branch transfers between OPI branches where the Consumer remains on OPI, follow [OR PTC DCI Business Process 1.3.3. Consumer Transfers to a New Branch](#).

For more information on the PTC Project, please visit [PTC.Oregon.gov](http://PTC.Oregon.gov).

*If you have any questions about this information, contact:*

Contact(s): Provider Time Capture	
Phone:	Fax:
Email: PTC.Support@dhsoha.state.or.us	