# Policy Transmittal Aging and People with Disabilities



Mike McCormick		Number: APD-PT-19-009		
Authorized signature		<u>Issue date</u> : 2/28/2019		
<u>Topic</u> : Agency-wide Policy		Due date:		
Transmitting (check the box that best applies):				
<ul> <li>New policy</li> <li>✓ Policy change</li> <li>✓ Policy clarification</li> <li>✓ Executive letter</li> <li>✓ Administrative Rule</li> <li>✓ Manual update</li> <li>✓ Other:</li> </ul>				
Applies to (check all that apply):				
All DHS employees	County Mental Health Directors			
Area Agencies on	Health Services			
Aging and People with Disabilities		Office of Developmental		
Self Sufficiency Pro	Disabilities Services (ODDS)			
County DD program	ODDS Children's Intensive In Home Services			
Support Service B				
<ul><li>ODDS Children's Residential Services</li><li>Child Welfare Programs</li></ul>		<ul><li></li></ul>		
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Policy/rule title:	Authorized Representative and Alternate Payee Alignment for All Programs			
Policy/rule number(s):	461-115-0090		Release number:	
	461-115-0140 REPEAL			
	461-165-0035			
	461-165-0040 REPEAL			
	461-195-0521			
	461-195-0541			
	410-200-0111			
Effective date:	03/01/2019		Expiration date:	
References:	FSM TA-DVS B.7, TANF B.3, SNAP B.15, Child Care B.9, APD F.2, Generic C.1 and C.4, OSIPM B.6, MSP B.6			
Web address:	https://www.oregon.gov/DHS/SSP/FSM/FSM/05dv-b.pdf			
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### **Discussion/interpretation:**

Changes to the authorized representative (AR) and alternate payee (AP) rules to align Aging and People with Disabilities (APD), the Oregon Health Authority (OHA), and Self Sufficiency Programs (SSP) will take effect March 1, 2019.

#### Background

The future ONE system is currently under development. The system will collect data and determine eligibility for Medical, SNAP, TANF, TA-DVS, REF, and ERDC programs. These programs are currently administered in various computer systems – CMS, FSMIS, Oregon ACCESS, OHA ONE. When DHS transitions to the future ONE system, the data in CM, FSMIS, etc. will be converted into the new ONE system. In addition, as part of the conversion process, instances in which multiple cases share a Head of Household will be 'merged' such that they result in a single integrated ONE case representing multiple programs.

The future ONE system will only allow a single Authorized Representative to be named for a case. Based on the case merging process discussed above, this means that a merged case that represents multiple programs may only have a single Authorized Representative.

Note – the Authorized Representative information in ACCESS will not be converted over to the future ONE system unless it was manually added to the CM case during integration or to the FMSIS screens.

# **Upcoming Change**

In order to support the future ONE system conversion and the single authorized representative per case, DHS and OHA are developing rules and processes that require staff to begin identifying and recording a single Authorized Representative across programs and systems. If staff fail to record a single Authorized Representative across all programs and systems, the conversion process will NOT convert any Authorized Representative data into Integrated ONE. This could result in an interruption of service to some of our most vulnerable clients and impede their ability to interact with the agency.

Effective 3/1/19, an Authorized Representative for one program is now the Authorized Representative for all programs and benefits with the same head of household, primary person, or primary contact, except for the TA-DVS program. This provision does not pertain to long-term care services in some cases (see below). The client and the potential AR must understand this change and the impacts. Please discuss this with all households as you have contact with them.

There are also changes in who is permitted to be an Authorized Representative (AR) as well as who is allowed to appoint one. Here are some of the highlights:

- An individual's long-term care services provider cannot be their AR for long-term care services. Please note that these changes do not affect the policy surrounding who can service as an individual's Client Representative for in-home services. See <u>APD-PT-16-020</u> and <u>OAR 411-030-0040(8)(b)</u> for more information.
- Child care providers are now permitted to be an AR unless it is a conflict of interest.
- An AR for TANF does not need to be related to the child.

Below are some highlights of the policy surrounding alternate payees (AP):

- For benefits not issued by EBT, the AP can be someone other than the primary person or the AR.
- More than one AP is permitted; for example, clients can have one AP for TANF and a different AP for SNAP.
- An individual's long-term care service provider can continue to be their AP.

Due to confidentiality and safety, the TA-DVS program does not allow authorized representatives or alternate payee.

# **Implementation/transition instructions:**

The following is a brief summary of some of the changes being made to support the new policy. These changes affect all program benefits the client receives from DHS and OHA, even those not administered by your office; however, please review the rule changes carefully for exceptions to TA-DVS and long-term care services. An Action Request Transmittal will be issued soon to provide further details and more specific processing instructions.

The MSC231 is being revised and is available on the forms server. Please discuss this change with clients as you process recertifications and redeterminations as well as when meeting with clients. A new MSC231 must be signed by both the client and the AR. When both parties have signed the form all cases in Oregon ACCESS, the

mainframe (UCMS and FSUP), and ONE must be updated with the AR information. This may mean coordinating with other offices. The upcoming Action Request Transmittal will provide further details and more specific processing instructions.

The OHA232 will be made obsolete; however, the obsolete form will continue to be included in the 7210 packets until September 2019. Do not add the AR until you receive the new completed and signed MSC231 form.

A mass mailing will be issued in mid-March to all cases coded with an AR. The mailing will include a letter explaining the change and the new MSC231 for them to complete and return. Again, more information and instructions will be provided in a subsequent transmittal.

**Local/branch action required:** Managers should discuss this transmittal with staff in unit meetings.

Central office action required: Update policy manuals and training materials and provide assistance when needed.

X Yes No Field/stakeholder review:

> APD Policy and Operations, SSP and OHA Policy If yes, reviewed by:

## **Filing instructions:**

If you have any questions about this policy, contact:			
Contact(s):			
APD: apd.medicaidpolicy@dhsoha.state.or.us			
Child Care: childcarepolicy@dhsoha.state.or.us			
Medical: occs.medicalpolicy@dhsoha.state.or.us			
Refugee: refugeepolicy@dhsoha.state.or.us			
SNAP: snappolicy@dhsoha.state.or.us			
TA-DVS: tadvspolicy@dhsoha.state.or.us			
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