

Policy Transmittal Aging and People with Disabilities



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Number: APD-PT-20-022

Issue date: 4/8/2020

CORRECTED

Topic: Medical Benefits

Due date:

Transmitting (check the box that best applies):

- New policy
 Policy change
 Policy clarification
 Executive letter
 Administrative Rule
 Manual update
 Other:

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 (please specify): |
| <input type="checkbox"/> ODDS Children’s Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Policy/rule title:	Temporary Policy Change for Individuals Pending Hospital Discharge that Need an AVS, MED, or Exception Request – due to COVID-19		
Policy/rule number(s):		Release number:	
Effective date:	Upon Release	Expiration date:	
References:			
Web address:			

Discussion/interpretation:

Due to recent concerns surrounding COVID-19 (coronavirus), APD is temporarily implementing new processes to assist with discharging individuals that are currently in a hospital setting. The following processes are impacted:

- [AVS determination](#)
- [MED referral](#)
- [Exception request](#)

The processes described below are in effect until further notice.

AVS Determination

This section has been amended and is replaced by [APD-AR-20-048](#) (Temporary Allowance of Self-Attestation as Verification at Initial Application for all Non-MAGI Eligibility Factors due to COVID-19).

Additional information can be found in the Verification section of the COVID-19 worker guide, located at: <http://www.dhs.state.or.us/spd/tools/COVID-19/COVID-19%20WG.htm>.

MED Referral

Continue to approve locally as defined in [APD-PT-19-019](#).

For individuals who require a MED referral who are pending hospital discharge, case managers should gather available medical records and staff with local management. If the case manager and manager believes that an MED referral will result in APD eligibility, email the request to MED.SPD@dhssoha.state.or.us and bob.weir@dhssoha.or.state.us only, documenting the local office's reasoning for the individual's eligibility for APD services. **Indicate "Hospital Discharge Pending" in the subject line of the referral to help expedite the process.**

MED will review the information that is provided.

- If MED agrees with the local office decision, the individual will meet service eligibility criteria without a referral to Maximus.
- If MED does not agree or needs additional information in order to make a decision, a referral will be made to Maximus.

If, after reviewing medical records, the case manager or manager is either uncertain or does not believe the individual will qualify for APD services, complete the usual MED process. **Indicate "Hospital Discharge Pending" in the subject line of the referral to help expedite the process.**

Exception Requests

For individuals pending hospital discharge for whom an exception may be necessary for placement, case managers **must prioritize** the completion and submission of exception requests. **When complete, case managers and their managers should indicate "Hospital Discharge Pending" in the subject line of the email and send to:**

SPD_Exceptions@dhssoha.state.or.us (for in-home or ADS exceptions); or
APD.CBCExceptions@dhssoha.state.or.us (for AFH or RCF exceptions).

Central Office staff will render a decision within 24 hours of receipt of a completed request with these subject lines. Please provide all required information as incomplete requests may delay processing.

Training/communication plan: Managers please review these modified processes and ensure staff are informed ASAP.

Local/branch action required: Actions are indicated above.

Central office action required: Provide technical assistance as needed.

Field/stakeholder review: Yes No

If yes, reviewed by:

Filing instructions:

If you have any questions about this policy, contact:

Contact(s): APD.MedicaidPolicy@dhsosha.state.or.us	
Phone:	Fax:
Email:	

2019-2021 DHS DD CME Glove and Mask Reimbursement (COVID-19)

Email completed invoice to: CAU.Invoice@state.or.us

Contract #	<input type="text"/>	Contractor	<input type="text"/>	Accounting Codes	
Provider #	<input type="text"/>	Provider:	<input type="text"/>		
Email Address:	<input type="text"/>	(Contact email address)	Invoice #		Index: 35121
Address:	(CDDP/Brokerage Address)				PCA: 38196
Phone #	(Contact phone number)			Object: 4889	

Service Period: From Month/Year Through Month/Year

SERVICES RENDERED:

Glove Reimbursement	\$	-
Mask Reimbursement	\$	-
INVOICE TOTAL:	\$	-

CERTIFICATION: Provider certifies that the individuals and expenses covered by this invoice have met the requirements as detailed in the DD57 Service Element Standards and Procedures and OAR 411-320.

Signature of Provider **Date**

COMPLETED BY DEPARTMENT OF HUMAN SERVICES:

CERTIFICATION: Invoice has been analyzed and is in compliance with the DD 57 Special Projects Standards and Procedures.

Fiscal Analyst Signature **Date**

CERTIFICATION: Program approves payment for services authorized.

CAU Manager/DHS Authorized Signature **Date**