

Policy Transmittal Aging and People with Disabilities



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Authorized signature

Number: APD-PT-20-033

Issue date: 5/4/2020

OBSOLETE: 10/18/2022

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

Policy/rule title:	Signature Requirements in Response to COVID-19		
Policy/rule number(s):		Release number:	
Effective date:	03/19/2020	Expiration date:	10/18/22
References:	461-115-0071		
Web address:			

Discussion/interpretation:

Effective immediately and until further notice, in an effort to support social distancing and limit contact with our most vulnerable populations due to COVID-19, Case Managers, Eligibility Workers and Managers/Supervisors may now allow the following:

- Appropriate staff may sign any required form with an electronic signature.
- Staff may accept a consumer's signature via email, text, or over the phone.

Implementation/transition instructions:

All electronic forms sent through email must be saved to the consumer's EDMS file. The date it is sent through email should be narrated the same as when the form is sent in the mail.

For instructions on how to complete an electronic signature, you may [click here](#), or go to the CM Tools Website on the Client Details page and click on 'Instructions on Adding E-Signatures on Oregon ACCESS and Web Forms'.

If the consumer signs the form via email, text, or over the phone, complete the following for audit purposes:

- Document "**Signature accepted by email/text/phone on MM/DD/YYYY**" on the signature line on the form.
- Document the accepted signature in Oregon ACCESS.
- **Add the COV case descriptor to the case following the guidelines in the [COVID-19 Response Worker Guide](#).**

A "wet" signature should be obtained on the MSC 3010 if a medical provider rejects a signature gathered via email, text, or over the phone.

Process for the 539A application:

Electronic signatures may be accepted on a 539A for APD Medicaid programs only. Consumers requesting SNAP must provide a "wet" signature on the application but should not have their Medicaid benefits delayed due to the need for a SNAP signature.

When accepting telephone signatures for a 539A specifically, staff must first read the consumer the important information/disclosures (beginning with Section 16 of the SDS 539A) or give the consumer the choice to waive the oral presentation and receive a copy of the application.

Furthermore, it must be clearly documented in the Oregon ACCESS case narration that the staff member recited the information and that the applicant understood the information, or that the applicant waived the right to the oral presentation prior to signing.

On the signature line of the form, please write "**Signature accepted by phone and narrated on MM/DD/YYY**" for audit purposes. A copy of the Rights and Responsibilities (SDS 539R) must be mailed or emailed to the applicant immediately following.

Important: Because we currently lack the necessary technology to gather a true telephonic signature, all **forms** that are signed telephonically per the instructions above must eventually be signed with a “wet” signature. **Workers must then add the COV case descriptor to the case for tracking purposes.**

Training/communication plan:

Local/branch action required: Please review this policy update at the next huddle or staff meeting

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:	