

Policy Transmittal Aging and People with Disabilities



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Number: APD-PT-21-001

Issue date: 2/10/2021

UPDATED

Topic: Long Term Care

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:	Reassessments and Actions Required for APD LTSS Cases		
Policy/rule number(s):		Release number:	
Effective date:	Immediately	Expiration date:	TBD
References:			
Web address:	Families First Coronavirus Response Act (H.R. 6201)		

This transmittal has been modified to clarify when this policy is implemented and to provide additional clarifications based upon questions that have been received. The updates are in red.

Discussion/interpretation: This policy change affects temporary policies and procedures outlined in [APD-PT-20-034](#) and [APD-PT-20-077](#). Due to additional guidance received from the Centers for Medicare and Medicaid Services (CMS), APD Long Term Services and Supports (LTSS) is adjusting the adverse actions and benefit/service plan extensions policies implemented as a result of the COVID-19 emergency declaration.

Summary of LTSS changes

- All reassessments must be conducted. This includes January 2021 reassessments and Quality Assurance (QA) required reassessments that have been on hold.
- LTSS cases will no longer be extended due to reasons outlined in [APD-PT-20-034](#) and [APD-PT-20-077](#) **unless the last re-assessment was conducted on or before January 13, 2021.**
 - **If a re-assessment was conducted on or before January 13, 2021, resulting in an in-home hours reduction or an SPL above 13, withdraw any notices that were issued.** Re-issue any notices and forms as appropriate.
 - **Send requests to spd.exceptions@dhsosha.state.or.us to have the previous benefit extended.**
- Individuals who are still eligible but should **receive a reduction** in service hours or CBC/NF payment levels based on the results of the reassessment:
 - For in-home services – Case managers should reduce hours to the amount indicated in the reassessment and provide the SPAN notice.
 - For CBC/NF services - Case managers should make those changes to the service plan and service authorizations.
- Individuals who are **no longer eligible** for services based on a reassessment will not be closed. Instead, a “modified service plan” will be approved. A modified service plan includes:
 - Authorizing 10 hours a pay period for in-home services; or
 - Moving the payment rate for CBC/NF settings to the lowest payment rate.
 - NOTE: There is no payment rate change for PACE.
- **Case Managers/Local offices will need to track modified service plans in order to provide Case Management services. The Oregon ACCESS “CM Services Due” report will not list individuals that have a modified service plan.**
- **Modified service plans for in-home services require manual completion of task list (APD 0598N). Since a task list can’t be generated for modified service plans, a current version will soon be posted on CM tools, under the section “[Client Details, Treatment, Forms and Misc. LTC Information](#)”.**
- Further direction on how to manage this plan after the emergency period is over will be provided in a future transmittal.

Discussion

Effective immediately, actions are required when an individual is reassessed as needing a service reduction or when the result is higher than SPL 13. However,

closing Medicaid medical benefits is still prohibited during the COVID-19 emergency period. The ONE system may not keep medical open if the service benefit is closed. Therefore, APD is requiring a modified service plan instead of closing services entirely.

- Reassessments must continue to be completed remotely, per [APD-AR-20-034](#), and appropriate actions should be taken based upon the outcome of that assessment.
- There is no requirement to reassess or otherwise change any benefit end date that was extended prior to this transmittal.
- Reassessments conducted prior to the benefit end date due to a change in condition, consumer request, or local office discretion, must be consistent with this policy change. A Buckley notice must be **manually sent** as appropriate.

Issuing SPAN notice for individuals re-assessed higher than SPL 13:

- Select the option “Redetermination: Service closure (all placements) due to SPL determination” on the SPAN notice.
- Under the section that states “Here is a summary of your care needs...”, the following should be stated (make sure to choose one option in **red**):
 - *“Due to the COVID-19 emergency period, instead of closing services, APD will continue to authorize (10 hours per pay period, Independent Choices Program cash benefit of \$xx.xx per pay period, payment for residential services or payment for NF services/payment for PACE services) until the emergency period ends. This action is being taken to preserve your access to medical coverage and services during the COVID-19 emergency period per OAR 411-015-0015(1)(a). You were not evaluated for State Plan Personal Care under OAR 411-034 or Extended Waiver Eligibility under OAR 411-015-0030 since APD is authorizing a benefit during the COVID-19 emergency period.”*
 - Provide the usual summary of the individual’s care needs.
- Do not select any options for the EWE or SPPC section.
- Complete the rest of the SPAN as normal.

To facilitate payments for both in-home and CBC/NF/PACE settings under modified closure due to COVID-19 emergency period:

- Do not create an admin extension to continue any benefits unless the individual requests an administrative hearing and is granted a continuation of in-home benefits.
- Send requests to spd.exceptions@dhsola.state.or.us email box and include all of the following:

- Subject line: modified service plan due to COVID-19 emergency period
 - Individual prime number;
 - Consumer name;
 - Modified service plan effective date (first day of a pay period for in-home cases or the beginning of a month for all other cases); and
 - Current care setting.
- Benefits will be coded on the Mainframe (MF) Service Eligibility screen by Central Office (CO). A CO analyst will document the approval in OA when MF coding has been completed.
 - If the individual is receiving services in a CBC setting, the local office must touch the 512 after being notified by CO of case approval/coding to update the reduced payment level. Staff must verify the individual is now at the base rate or level 1 payment. Settings must be notified of any change in payment prior to sending 512.
 - If the individual is receiving in-home services, any provider authorizations must be well documented in narration. Use of the [546SF](#) and [598N](#) (on the forms server) will be required. A plan will not be generated in the service planning section of Oregon Access.
 - Any changes to a LTSS case that affect the 'Modified Closure' status must be reported by sending an email message to spd.exceptions@dhsosha.state.or.us

Independent Choices Program (ICP) monthly cash benefits

Action to reduce ICP monthly cash benefits according to the current Benefit Calculation Two Week Authorization (SDS 546IC2Wk) may now be taken.

- Send a copy of the updated 546IC2Wk form and an updated ICP Budget Worksheet for participant signature.
- A Notice of Eligibility and Responsibility (SDS 0541) is also needed, indicating the effective date of the ongoing reduction. Please be sure to indicate in the comments section that the action is a reduction and the reason for the reduction.

If the ICP participant is reassessed higher than SPL 13, the participant will receive cash benefits equivalent to 10 hours per pay period.

- Please indicate the calculated benefit on the SPAN.
- Send a copy of the updated 546IC2Wk form and an updated ICP Budget Worksheet for participant signature.
- Do not send the 540ICP unless the participant is being disenrolled from the ICP.

ICP and Systems Issues

- For those cases that are in the **ONE system**, you must manually update the ICP cash benefit on the ONE Medical Related Payments screen to reflect the correct ICP cash benefit.
- For those cases that are **not in the ONE system**, you must complete the

integration to update the ICP Need Resource to reflect the correct ICP cash benefit.

Note: For ICP cases, copies of all updated 546IC2Wk forms and ICP Budget Worksheets must be sent to the ICP.SPD@dhsosha.state.or.us email box.

Other Impacts

- Individuals receiving SPPC services that are assessed as no longer being eligible for SPPC may continue to receive the benefit during the emergency period. **Request an extension to the next annual review and submit to: spd.exceptions@dhsosha.state.or.us**
- Individuals receiving in-home services that must be closed for other reasons, such as not living in an in-home setting or living in an unsafe setting, whereabouts unknown, non-cooperative, etc., may have services reduced and the provider listed as TBD. Case management or other services must continue to be offered or attempted in order to ensure medical benefits are not impacted. **Since most situations do not allow for reassessment, extensions in 6-month increments may be requested until the COVID-19 emergency period ends and the conditions justify an extension.**
- **For current service consumers that are no longer eligible due to a MED decision, reduce to a modified service plan unless an Administrative Hearing and a continuation of benefits (aid paid pending) is requested. If the administrative hearing affirms the Department's decision, reduce to the modified services. Assist consumers to access Mental Health services.**
- Remember that medical and service closures may occur when the recipient is deceased, incarcerated, **voluntarily reduces or declines**, or **is** confirmed to have permanently moved out of state.
- Extensions within local office authority may continue for reasons such as loss/lack of staff, inability to schedule timely, need for collaborative information from others, etc.
- Increases to individual pay-in/liability, even when moving from one setting to another, are still considered an adverse action until further notice (this does not include pay-in/liability for new LTSS and PACE cases).
- **Individuals receiving PACE services that are assessed as SPL 14 and higher and the LTSS case is coded to maintain Medicaid benefits may be converted to APD In-home or APD residential or NFC when the individual requests disenrollment from PACE services or when the PACE organization initiates and involuntary disenrollment from PACE services and there is no Administrative Hearing being requested by the individual.**
- Do not move an individual that would be closed from Services to State Plan Personal Care (SPPC) or Extended Waiver Eligibility (EWE). Use the process in

this transmittal to ensure equitable treatment and to reduce the burden on consumers.

- Department Hearing Representatives will be following up on any cases that have reduced or closed final orders that have not been implemented in response to this transmittal.

Implementation/transition instructions: Please distribute to all appropriate staff for immediate implementation.

Training/communication plan: Central Office policy analysts are available to answer questions. Send questions to APD.Medicaidpolicy@dhsosha.state.or.us email box.

Local/branch action required: Complete all reassessments as required. Apply service plan reductions or closures as outlined in this transmittal

Central office action required: Provide technical assistance as needed. Track all individuals receiving a modified service plan.

Field/stakeholder review: Yes No

If yes, reviewed by: Local office review, Policy review, Administrative Hearings staff

Filing instructions:

If you have any questions about this policy, contact:

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