

Policy Transmittal Aging and People with Disabilities



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Number: APD-PT-21-020

Issue date: 6/29/2021

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:	Update to Use of Modified Service Plan for Individuals Receiving LTSS		
Policy/rule number(s):		Release number:	
Effective date:	July 1, 2021	Expiration date:	
References:			
Web address:			

Discussion/interpretation:

This policy change affects temporary policies and procedures outlined in [APD-PT-20-034](#), [APD-PT-20-077](#) and [APD-PT-21-001](#).

Effective 07/01/2021: Reassessments for Long Term Services and Supports (LTSS) conducted on or after 07/01/2021 will no longer receive a modified service plan as indicated in [APD-PT-21-001](#) if the individual assesses above an SPL 13.

Modified service plan requests as outlined in [APD-PT-21-001](#), will no longer be

processed on assessments conducted on and after 07/01/2021.

Implementation/transition instructions:

- All modified service plans created from a reassessment conducted *prior to* 07/01/2021 will continue through the previously approved modified service plan end date. There is no requirement to reassess or otherwise change any modified service plan until an annual reassessment is required unless the individual requests a reassessment due to a change in condition or at the local office's discretion. A Buckley notice must be sent as appropriate.
- Cases set up with a modified service plan will still receive a system generated Buckley notice for their annual review.
- Individuals who are reassessed and no longer SPL 1-13 and require LTSS for OSIPM eligibility will automatically retain their medical benefits during the public health emergency (PHE).
- All individuals must be reviewed for Extended Waiver Eligibility (EWE).
- All individuals must also be reviewed for State Plan Personal Care (SPPC). Since all individuals will retain their medical benefits during the PHE, the option on the SPAN form: "Not eligible for SPPC due to losing OSIPM and is not MAGI eligible" does not apply during the PHE.
- As a reminder, medical and LTSS benefits may close when the individual is deceased, incarcerated, voluntarily reduces or declines medical benefits and services (457D), is confirmed to have permanently moved out of state, or when benefits were opened due to administrative or system error.
- As indicated on [APD-PT-21-001](#), case managers (CM) must continue to act on reassessments that result in a benefit reduction to a service plan for an individual that remains eligible for services.
- Refer to [APD-PT-21-012](#) for information regarding individual liability/pay-in, EPD Participation Fees and Medical Related Payments (MRP) (formerly referred to as special needs payments).

Extended Waiver Eligibly (EWE):

- EWE processes will resume 07/01/2021. EWE extensions will not be considered without an assessment after this date. Individuals currently receiving EWE services due to an extension during PHE will continue to receive EWE services until reassessed. A list of individuals receiving EWE will be sent to local offices following the release of this transmittal.
- CMs should continue to monitor the individual's progress in achieving the agreed upon goals set out in the initial EWE Planning form and narrate the individual's progress.

- See [APD-PT-19-010](#) for additional information on the established EWE request processes. Send questions and concerns regarding EWE processes and reporting changes for EWE cases to APD.EWE.Request@dhsosha.state.or.us.

Program of All-Inclusive Care for the Elderly (PACE):

- The PACE Deeming and EWE processes for PACE participants will resume 07/01/2021, with the end of modified closures.
- Following regular protocol, the APD/AAA CM will notify the PACE social worker of the CA/PS assessment results. The PACE Inter-Disciplinary Team (IDT) may decide to initiate the deeming process when notified that the participant is assessed at an SPL 14 or higher. The PACE IDT will have 10 days from the date of notification of LTC ineligibility to initiate the Deeming process. If the PACE IDT does not initiate the deeming process, the APD/AAA CM will review the case for EWE eligibility.
- Do not send closure notice while the case is being reviewed for deeming through PACE and/or EWE by APD. The case may need to be put into ADMIN status to continue benefits and services until the review process is completed. The outcome of both the PACE deeming process and the EWE process must be narrated in the Oregon ACCESS case.
- See [APD-PT-18-038](#) for additional information on the Deeming and EWE processes for PACE participants. Send questions regarding PACE to APD.PACE@dhsosha.state.or.us.

Additional Information:

State Plan Personal Care (SPPC):

- Individuals receiving SPPC services that are reassessed as no longer being eligible for SPPC can now have their services closed.
- SPPC cases may be closed for all other reasons per [OAR 411-034-0030](#).
- Complete an SDS 540 notice of closure and allow for timely notice.

In-home Service Plans:

- Individuals that are reassessed higher than SPL 13 and not eligible for EWE or SPPC may now have their services closed.
- In-home services may 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. An SDS 540 decision notice may be completed for these closures reasons as they are not related to an assessment.

- CM will complete a SPAN and allow for timely notice. The SPAN must reflect that the individual was evaluated, and a decision is made for EWE and SPPC, if applicable.
- If the individual has a pay-in for services, close the records in SFMU.

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

- 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 a reassessment results in a participant no longer being SPL eligible (1-13), CMs will need to evaluate each case for all other programs. This includes EWE and SPPC.
 - Individuals who are eligible for EWE must have their service plans and ICP payments reduced to no more than 10 hours per pay period, or if the individual so chooses, they may also be converted to a regular in-home service plan. Individuals who are not eligible for EWE but are eligible for SPPC will need to have their ICP payment ended.

ICP and System Issues

- For the **ONE system**, you must manually update the ICP cash benefit on the ONE MRP screen to reflect the correct ICP cash benefit and/or to end an ICP payment.

Community Based Care (CBC) Service Plans:

- If the individual does not meet EWE eligibility criteria, the service case and 512 may now be closed.

MED:

- Receiving Continuation of Benefits: CM may not close the benefit and service plans for service individuals who are no longer eligible due to a MED decision if an Administrative Hearing and a continuation of benefits (aid paid pending) is requested and approved. If the administrative hearing affirms the Department’s decision, proceed with the closure of services.
- All other MED closures: Prior to closing services, CMs will need to speak with the individual to determine if there is an interest in being re-evaluated for services again prior to being closed. The discussion should include if there have been any changes since the last decision was made. The service benefits may then be closed if a new MED decision affirms the previous decision or the individual declines to be re-evaluated.
- Individuals interested in receiving assistance with behavioral health needs should be referred to their local [Community Mental Health program](#).

Training/communication plan:

Central Office policy analysts are available to answer questions. Send questions to APD.Medicaidpolicy@dhsosha.state.or.us email box or the email boxes for the appropriate programs, named in this transmittal.

Local/branch action required:

Complete all reassessments as required. Apply service plan reductions and 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: None

If you have any questions about this policy, contact:

Contact(s): APD.Medicaidpolicy@dhsosha.state.or.us ; APD.EWE.Request@dhsosha.state.or.us ; APD.PACE@dhsosha.state.or.us ; ICP.SPD@dhsosha.state.or.us	
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