

Policy Transmittal Aging and People with Disabilities



Erika Miller

Authorized signature

Number: APD-PT-22-027

Issue date: 10/19/2022

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: Types A and 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:	CMS Agreement Signature Requirements - Update		
Policy/rule number(s):	461-115-0071	Release number:	
Effective date:	Upon Release	Expiration date:	
References:	461-115-0071 Who Must Sign the Application and Complete the Application Process		
Web address:	https://sharedsystems.dhsoha.state.or.us/caf/arm/A/461-115-0071.htm		

Discussion/interpretation:

This transmittal is an amendment to previously released Policy Transmittal [APD-PT-20-033](#). The Centers for Medicare and Medicaid Services (CMS) **permanently approved** APD and AAAs’ ability to accept documents with an alternative signature when a “wet” (written) signature is not possible. This is effective immediately.

Alternative signatures include:

- Electronic signatures
- Authorizations through e-mail (i.e., the individual/representative agrees to the document received electronically, but does not sign the actual document)

Alternative signatures do not include:

- Verbal authorizations (this excludes the approved processes for individuals applying for benefits - see the “Medical Related Forms” section below for these processes)
- Text message authorizations

[Oregon Administrative Rules](#) permit the use of electronic signatures when properly verified.

Alternative signatures will only be accepted when staff are able to reasonably verify that the individual/representative has agreed to the document.

- Staff may verbally confirm with the individual/representative it was signed by the individual/representative
- Authorizations shared by email will only be accepted when the email is sent securely - Staff should send a secure email to the individual/representative who can then respond securely
- Authorizations received from an email address that was previously confirmed to be from the correct individual/representative do not require additional verification

For audit purposes, staff who receive an authorization through email without an electronic signature must type or write on the form “**Signature accepted by secure email on MM/DD/YYYY**” on the signature line of the form(s).

Staff must clearly document in the Oregon ACCESS (OA) narration:

- When the accepted alternative signature was given
- The staff member who received the signature
- The format in which the signature approval was received
- Who provided the signature (who signed)
- That the consumer understood the information on the form

The forms must be saved to the consumer’s EDMS file.

Staff may setup forms for alternative signatures by reviewing the instructions [here](#), or

go to the CM Tools site, click on the “[Client Details, Treatment Form & Misc LTC Info](#)” page, and find the document titled, “Instructions on Adding E-Signatures on Oregon ACCESS and Web Forms.”

Medical-related forms

Form **SDS 539A** has been discontinued for medical benefits with the full implementation of the ONE system. Please see the following [Quick Reference Guides](#) for information about gathering electronic and verbal signatures on medical-related forms:

- Call Center Software – Playing Rights and Responsibilities and Capturing Verbal Signature
- Call Center Software – Playing the Asset Verification System (AVS) recording and Capturing Verbal Signature
- Authorized Representative Verbal Signature
- Call Center Software – Video Simulation
- Establishing Date of Request/Filing Date
- Capturing a Verbal Signature for the 457D for Medical Only

Refer to the [Eligibility Transformation Operational Processes \(ETOPs\) website](#) for more resources and toolkits.

Note: Form **MSC 3010** requires a wet signature as traditionally contractors and medical providers do not accept e-signatures.

Field/stakeholder review: Yes No

If yes, reviewed by: Policy/Operations Review

If you have any questions about this policy, contact:

Contact(s): Beth Jackson – Medicaid State Plan and Waiver Policy Analyst	
Phone:	Fax:
Email: Beth.Jackson3@odhs.oregon.gov	