

# Policy Transmittal Aging and People with Disabilities



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**Number:** APD-PT-23-009

**Issue date** 5/1/2023

**Updated:** 1/12/2024

**Due date:**

**Topic:** Long Term Care

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

<b>Policy/rule title:</b>	Mental and Emotional Disorder Review Requirements		
<b>Policy/rule number(s):</b>	OAR 411-015-0015(5) OAR 411-034-0030(2)	<b>Release number:</b>	
<b>Effective date:</b>	Upon Release	<b>Expiration date:</b>	
<b>References:</b>			
<b>Web address:</b>	<a href="#">MED page</a>		

**Changes in red text are providing updated program guidance.**

**Discussion/interpretation:**

The purpose of this transmittal is to replace and consolidate information from previously published transmittals APD-PT-18-049 and APD-PT-19-019 and provide guidance regarding supporting documentation.

- Reiterate the Mental and Emotional Disorder (MED) Review policy.
- Review information regarding Comagine and County Mental Health Program referrals for services offered by Oregon Health Authority (OHA), per [APD-AR-21-037](#).
- Update Central Office MED policy analyst contact information.
- Clarify when an MED consultation may be appropriate.
- Provide clarification to previously published transmittal APT-PT-23-009, specifically addressing State Plan Personal Care Services.

## **Implementation/transition instructions:**

### **MED Policy**

Case managers and/or local office staff **must** conduct an **MED consult and/or complete a full MED referral packet** for **all new applicants** under the age of 65, who are assessed as Service Priority Level (SPL) 1 to 13, if any of the following applies:

- The applicant has any diagnosis of a mental, emotional, and/or substance use disorder, even if the consumer has a medical non-psychiatric diagnosis or physical disability; or
- The individual has no known cause for their assessed cognitive impairment.

New applicants under 65 years of age whose primary service needs are based on a mental, emotional or substance use disorders are not eligible for Medicaid Long-Term Services and Supports (LTSS) funded by Aging and People with Disabilities (APD) per [Oregon Administrative Rule \(OAR\) 411-015-0015\(5\)](#). Individuals must provide supporting documentation demonstrating that the primary driver of their need for services is based on the medical, non-psychiatric diagnosis or physical disability.

*MED review will apply to OPI-M when those programs launch. This transmittal will be amended to reflect any changes once those programs are implemented.*

### **Waive MED review**

The local APD/AAA office can make an eligibility determination without MED policy analyst or Maximus review **only** if one or more of the following applies:

The individual:

- Is officially enrolled in hospice (*this requires a review every 6 months*);
- Requires ventilator care due to a medical issue;
- Is in a coma but not a catatonic state.

### **MED review for individuals currently receiving LTSS**

Case managers and/or local office staff should conduct a MED consult and/or complete a full MED referral packet for individuals recertifying LTSS who are assessed as SPL 1

to 13, if any of the following applies:

- The Individual, with any diagnosis of a mental illness or substance use disorder, was not previously sent through MED; or
- At time of a new assessment, the individual has substantial changes in diagnosis, condition and/or assessment which indicate their needs may now be driven by a mental, emotional or substance use disorder (such as someone who had a complication from a surgery that is now healed or the individual was stable previously but has now developed a mental disorder); or
- The individual has no known cause for a substantial increase in assessed cognition needs.

### **MED Case Consult**

Local office staff and/or case managers request a case consult directly with MED policy. **A consult is a request to waive the full MED review based on supporting medical information matching the assessed service needs.**

Cases appropriate for consult include any of the following:

- **The individual is currently hospitalized and supporting documentation/medical records are available.**
- **The individual has Adult Protective Services (APS) involvement.**
- **The individual is currently on APD services and supporting documentation/medical records are available.**
- **The individual is applying for services and has provided supporting documentation /medical records.**

**If supporting documentation is not available, a full MED referral packet is required.**

Send an email with the subject line: **“Case Consult”** or **“URGENT Inpatient/APS Case Consult”** to [MED.SP@odhsoha.oregon.gov](mailto:MED.SP@odhsoha.oregon.gov) and include the following information:

- Individual’s name and prime number
- Current care setting of the individual
- Summary of known case information that is not available in case notes.
- Specify if the request is for a “short or full certification” i.e., for a specific time period or the full year.
- Provide supporting documentation or indicate if supporting information is available in EDMS or Point Click Care (medical records, behavioral health records, 002N)

The MED policy analyst will review to determine if the applicant meets [Oregon Administrative Rule \(OAR\) 411-015-0015\(5\)](#) or if additional documentation and/or a full

Maximus MED referral packet would be necessary.

## **MED Referrals**

Instructions for completing MED Referrals can be found on the [MED page](#) on the CM Tools website. Referrals must be sent to [MED.SPD@odhsoha.oregon.gov](mailto:MED.SPD@odhsoha.oregon.gov). The MED policy analyst will review the referral for completeness and will forward the referral packet to Maximus, authorizing the case for review. **Please note that all referral documents must be provided in PDF or Word format.**

**Referrals of individuals who are hospitalized or have APS involvement due to abuse or neglect, must include “Urgent MED Review Inpatient/APS” in the email subject line. Urgent cases will be prioritized and expedited by MED.**

After Maximus completes their review and recommendation, the MED policy analyst will review and make the eligibility determination. MED policy will communicate the decision to the CM including the appropriate notice language within 30 days of the MED referral acceptance. **In cases where medical records have not been provided for review or have not been released by the provider, this timeline may be extended to allow the applicant or another party time to assist in obtaining records for review.**

## **State Plan Personal Care (SPPC) Services**

**Individuals under 65 years of age whose primary service need is based on a mental illness, or a Substance Use Disorder (SUD) is not eligible to receive SPPC Services through APD per Oregon Administrative Rule 411-034-0030(2)(e). Individuals eligible for SPPC as described in OAR 411-034-0035(1) and OAR 410-172-0790(1) must apply through the local community mental health program or agency contracted with Health Systems Division (HSD).**

**A MED case consult is required for individuals under 65 years of age prior to making the individual eligible for SPPC services **if any** of the following is true:**

- The individual has a diagnosis of a mental illness or a SUD.
- The individual has been denied through MED any time in the past and is now applying for SPPC services.
- The individual is receiving any behavioral health services from a Community Mental Health Program (CMHP).
- The individual has been, or will be, discharged from the Oregon State Hospital or an in-patient psychiatric hospital within the past three years.
- At time of a new assessment, the individual has substantial changes in diagnosis, condition and/or assessment which indicate their primary service needs may now be driven by a mental, emotional or substance use disorder.
- The individual has no known cause for a substantial increase in assessed cognition needs.

An SPPC case consult may be requested by filling out the form accessible through this link: <https://forms.office.com/g/4Vdq4Yj1Q2>.

An SPPC case consult is not required if the local office has determined a denial or closure of services is appropriate based on OAR 411-034-0030(2)(e).

### **MED Denials and Behavioral Health Referrals**

Individuals who are determined ineligible for Long Term Services and Supports (LTSS) and denied as a result of MED review may be eligible for similar services funded by Oregon Health Authority (OHA) programs.

Local office staff and/or case managers have a responsibility to ensure that consumers are referred to appropriate BH supports.

The local office staff and/or case manager must offer information to individuals interested in applying for OHA services when they have been denied for APD LTSS including SPPC. Instructions on behavioral health referrals via Comagine and/or County Mental Health Programs (CMHP) are outlined in [APD-AR-21-037](#). Consult with the MED policy analyst if you have any questions regarding referring individuals to Comagine or the local CMHP for a determination of the appropriate behavioral health in-home services.

### **Training/communication plan:**

#### **MED Training**

Staff will have the opportunity to attend a webinar that further discusses the MED changes outlined in this transmittal. This will be announced in a separate Information Memorandum (IM).

A brief training module is available to assist staff on the MED referral process. The training module can be accessed in Workday [ODHS-APD-MED \(Mental Emotional Disorder\) Review Tutorial \(9 minutes-self directed\)](#)

MED process map is also available under the [MED staff tools page](#)

**Local/branch action required:** Reference this consolidated transmittal when applying OAR 411-015-0015(5)

**Central office action required:** Provide technical assistance as needed

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:** Internal and Operations Review

**Filing instructions:**

*If you have any questions about this policy, contact:*

Contact(s): Darla Zeisset	
Phone: 971-375-1591	Fax:
Email: <a href="mailto:MED.SPD@odhsoha.oregon.gov">MED.SPD@odhsoha.oregon.gov</a>	