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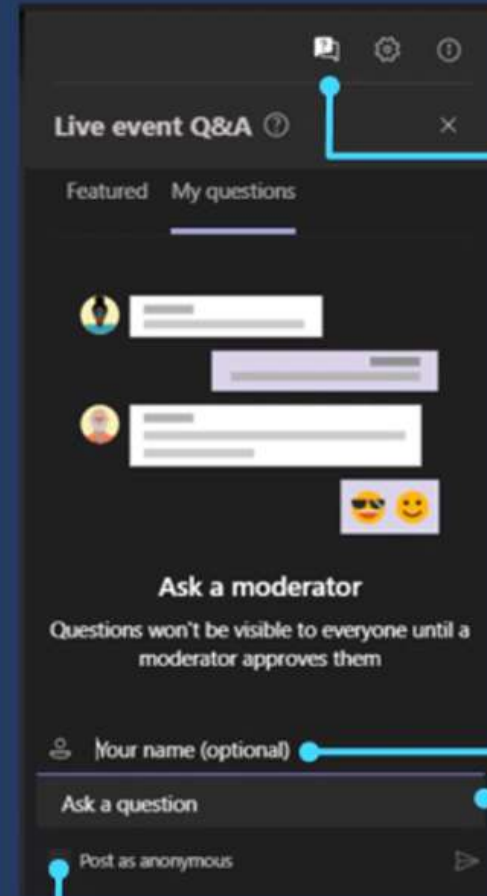
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# APD / AAA Q&A

Q&A Wrap Up

6/10/2021

# APD/AAA LTC Services & ONE Q&A Series

- ▶ This series of APD learning sessions is directed toward an audience of Case Managers. If you are an eligibility worker, this will give you an understanding how Case Managers and Eligibility Workers work together in ONE.
- ▶ Thursdays, 3:00-4:30 PST
- ▶ Please type your questions in the Q&A  with as much detail as possible before submitting. Questions will be answered after the presentation.
- ▶ Questions should be specific to the topic of the session. For case specific discussion or questions, contact APD Medicaid Policy.
- ▶ Recordings will be made available on CM Tools/ONE System Information & Resources. Please note content is subject to change based on system changes.

# APD/AAA LTC & ONE Q&A Series

**Facilitator:** Christy Jo Williams, ET  
Portfolio Manager -

APD

**Q&A Moderator:** Trevor Waskin, APD  
Direct Service Manager

## Presenters & Panelists for the Series

- ▶ **Erika Mooney, APD Medicaid Policy Analyst**
- ▶ **Katie Turner, ET Process Consultant - APD**
- ▶ **Christine Maciel , LTCSS Policy**
- ▶ **Donitta Booth , LTCSS Policy**
- ▶ **Heather Burkus, APD Medicaid Policy Analyst**
- ▶ **Hilary Thompson, ET Process Consultant - AAA**
- ▶ **Lisa Bouchell, LTCSS Policy**
- ▶ **Mat Rapoza, APD LTSS Policy Manager**
- ▶ **Serena Sischo, APD Medicaid Policy Analyst**
- ▶ **Traci Lerner, LTCSS Policy**

# Overview of Sessions 1-4

Find these recordings  
at <http://www.dhs.state.or.us/spd/tools/cm/index.htm>

## APD LTC and ONE Overview

- General calculations (DQ's, Patient Liability, Participant Fee)
- Medical (TOA) Hierarchy in ONE

## APD LTC and ONE Service Eligibility

- Service TOA's in ONE
- SELG Records
- Actions done in ONE vs Oregon Access

## APD LTC and ONE Payment Systems

- 512 and Troubleshooting Payments
- SFMU and Troubleshooting Payments

## APD LTC and ONE DQ's, RA's, and ICT's

- Where to find these in ONE
- How ICT's work in ONE

### ONE System Information & Resources - **NEW!**

#### ▶ APD Trainings -

- ▶ [APD LTC and ONE Medical Related Payments \(MRP\) Training \(New 05/28/2021\)](#)
  - ▶ [APD LTC and ONE Medical Related Payments \(MRP\) Training Power Point Material \(New 05/21/2021\)](#)
- ▶ [APD LTC and ONE Forms, Notices, and Reports Training \(New 05/21/2021\)](#)
  - ▶ [APD LTC and ONE Forms, Notices, and Reports Training Power Point Material \(New 05/21/2021\)](#)
- ▶ [APD LTC and ONE Medical Deductions and Liability Training \(New 05/17/2021\)](#)
  - ▶ [APD LTC and ONE Medical Deductions and Liability Power Point Material \(New 05/17/2021\)](#)
- ▶ [APD LTC and ONE DQ's, RA's, and ICT's Training \(New 05/11/2021\)](#)
  - ▶ [APD LTC and ONE DQ's, RA's, and ICT's Training Power Point Material \(New 05/11/2021\)](#)
- ▶ [APD LTC and ONE Payment Systems Training \(New 05/11/2021\)](#)
  - ▶ [APD LTC and ONE Payment Systems Training Power Point Material \(New 05/11/2021\)](#)
- ▶ [APD LTC and ONE Service Eligibility Training \(New 04/23/2021\)](#)
  - ▶ [APD LTC and ONE Service Eligibility Training Power Point Material \(New 05/11/2021\)](#)
- ▶ [APD LTC and ONE Overview Training \(New 04/21/2021\)](#)
  - ▶ [APD LTC and ONE Overview Training Power Point Material \(New 05/11/2021\)](#)

# Overview of Sessions 5-8

## APD LTC and ONE Medical Deductions and Liability

- How ONE calculates the Patient Liability and Participant Fee
- OIM's in ONE

## APD LTC and ONE Forms, Notices, and Reports

- Who sends what notice
- What notices need to be sent
- How do I find notices sent by ONE
- What Reports are helpful to Case Managers

## APD LTC and ONE Medical Related Payments (MRP's)

- Which payments require approvals
- Ongoing vs one-time payments

## APD LTC and ONE Renewals

- Renewal timelines and notices
- Passive vs Active renewals

# Voter Registration by CM's

- Do CMs need to cover Voter Registration?
  - Any action by the CM outside of the eligibility process which is a qualifying event for NVRA is still the responsibility of the CM.
  - CMs are responsible for NVRA actions when they complete a reassessment mid-cert or accept any change of mailing or residence address.
  - They do not have to ask about NVRA as part of the cert/recert process, which is the bulk of the qualifying events, but the rest is within their responsibility.

## SELG Reminders

- Clarification – We should not align the SELG review date with the financial renewal date . ONE will actually "unalign" the renewal dates if you attempt to do so.
- Impacts to OPI – It is business process for workers to let Oregonians know if they are eligible for both OHP Plus and OPI that they should work with their Case Manager to pick which program they would like to receive?
  - CMs should work with individuals to assist them with choosing which program they would like to pursue and provide the as much info as we can so they're not blindsided later in the process.
- Updates to SELG, do I need to tell EW to run EDBC?
  - No, you do not. There is a task (SELG Update Received) if ONE cannot act on the SELG change systematically. However, for urgent requests and payment issues you might need to follow local processes

# CSIA and 457Ds

20-111

## Community Spouse Income Allowance (CSIA) not being correctly deducted from Patient Liability



There are scenarios where the system is not calculating the CSIA. Therefore, no CSIA is being deducted from the Oregonian's Patient Liability causing the Oregonian to pay more than necessary. When the system does not attempt to calculate the CSIA, it is also not acknowledging the CSIA manually entered on the "Patient Liability Manual Update Screen". Known scenarios where the CSIA is not being calculated that apply to this IBP:

- Both Spouses are requesting or receiving services (even when service request is on separate cases)
- A Resource Assessment has not been Queued/Authorized

### Withdrawing a LTC Request:

OAR 461-175-0340 says that a basic decision notice is required when a request to withdraw an application is received (whether orally or in writing). A completed and signed 457D serves as the basic decision notice; however, it is not required.

That said, LTC Policy has requested that CMs get a signed 457D when an assessment has been completed (as a best practice).



# Recent Changes: NF/PIF and ISS changes

Alternate payee for Medical Cash payments (6/3/21 build release) : This applies to NF/PIF and ISS payments that are generated from the ONE Eligibility Rules Engine.

ONE will now allow staff to select the individual eligible to receive the payment or any of the following: The Head of Household (regardless of age), an adult member of the case, an Authorized Payee designated in the Representative screens (Type= Authorized Payee (Medical – NF/PIF Only)).

The screenshot shows a web form titled "Representative Type". It contains several input fields: "Start Date" with a date picker (MM/DD/YYYY), "Representative Type" with a dropdown menu, "Verification" with a dropdown menu, and "End Date" with a date picker (MM/DD/YYYY). Below these fields is a "+Add Representative" button. A dropdown menu is open over the "Representative Type" field, showing the following options: "Authorized Representative", "Alternate Payee", "Emergency Payee", and "Authorized Payee (Medical - ISS NF/PIF Only)". Below the dropdown menu, there are labels for "First Name", "Last Name", and "Email Address".

If staff do not select a Payee, and the individual eligible to receive the payment is under 18 years old, the payment will fail. Note that staff can elect to choose the minor to receive the payment.

# Recent Changes

## Service Categories

- ***Evaluation of NMAGISERV and MSERV*** - Individuals receiving Waivered and K Plan services must be evaluated for additional financial eligibility criteria (Asset Transfer and Home Equity Value). The NMAGISERV and MSERV TOAs represent evaluation of these additional financial eligibility criteria. In the past, NMAGISERV/MSERV were being evaluated for State Plan Personal Care (SPPC) and General Fund Service eligibility categories, even though these recipients were not required to meet the NMAGISERV/MSERV criteria.
- ONE has been modified so that it no longer evaluates for NMAGISERV/MSERV when the recipient service eligibility does not require the evaluation. The Service Categories for which **NMAGISERV/MSERV will no longer be evaluated are:**

BPA

BPD

BPM

BPO

DDG

FSG

FSL

OPI

# Pending Questions

## APD LTC and ONE Payment Systems

- OPI change of income, wants to apply for OSIPM, what process do we take?
  - Follow your existing local process for coordinating OPI benefits and then provide individual information about how to apply for medical. If they are already receiving benefits in ONE, see the APD/AAA Office Internal Communications ETOP

## APD LTC and ONE Medical Related Payments (MRPs)

- Do we still send PIF payments to people in ALFs when they do not have the necessary funds to have personal money?
  - The rules around this special needs payment have not changed – see OAR 461-155-0700 for more info

## APD LTC and ONE Renewals

- What do we do if we get the MED 044 back with no indication of a change or no change?
  - Follow the instructions on the Renewals and Recertifications QRG
- Are case managers or are eligibility workers responsible for doing ICP 6-month reviews now?
  - Case Managers do the ICP 6-month review. It does not have anything to do with their financial eligibility

# Pending Questions continued

## APD LTC and ONE DQ's, RA's, and ICT's

- Where in ONE do we see the DQ timeframe?

LTCSERV	06/01/2021	Ongoing	N/A	Denied	05/15/2021	<a href="#">Notice Reason</a>
			N/A	Authorized		<a href="#">RFI Details-Inactive</a>
						<a href="#">Financial Summary</a>
						<a href="#">Patient Liability Summary- N/A</a>
						<a href="#">View Disqualification</a>
						<a href="#">Other Evaluated TOA's</a>

### Disqualification Information

Disqualification Summary							
EDG #							
Program	Medical						
Name	Individual #	Type	Disqualification Reason	Valid From	Valid To	End Reason	End Date
		Transfer of Resources	Transfer of Resources	03/25/2021	08/29/2022		

- For the ICT accounts. ONE pends for an Income Cap Trust to move forward with approving benefits. How do we get around the ICT being required if DQ must be served before services can begin?
  - This has been logged as a defect, and an IBP is in progress

# Pending Questions continued

## APD LTC and ONE Forms, Notices, and Reports

- SPL eligible but not financially eligible, wait until day 45 to send 540?
  - No, we don't need wait until day 45, CMs should send the service denial notice as soon as they become aware the individual is ineligible

## APD LTC and ONE Medical Deductions and Liability

- Waiving liability in MMIS for a new consumer
  - This is a common practice for NF residents, but should only be done for the initial month.

# Pending Questions continued

## APD LTC and ONE Medical Deductions and Liability

- What happened to liability the month client moved from one setting to another, like moving from NF to ACH or ACH to home?
  - If an SELG change in service setting is received mid-month and with no break in overall service eligibility aid, ONE will follow adverse action if the liability is larger. If the new liability is lower, it will apply the new amount beginning the date the setting changes.
  - As far as what the client should actually pay, we don't pro-rate liability, but the service payment for the respective provider/settings *is* pro-rated. If the liability for the previous setting/provider has been exhausted or used up by the pro-rated service amount, we generally zero out the liability for the new setting because realistically they would have nothing with which to pay (especially if going from NF to CBC). If it wasn't, then technically they should be refunded and apply the remainder towards the new setting. If it's then not used up by the new provider's pro-rated service amount, then they should be refunded by that provider. That said, we know that CMs usually just zero it out in this scenario because clients have no control over when they will receive refunds.

Name	Begin Date	End Date	Maximum Client Liability
[REDACTED]	05/01/2021	05/07/2021	\$1,332.06
	05/08/2021	05/07/2022	\$103.00

This decision is based on Oregon Administrative Rule(s):410-120-0006,  
401 100 0055 401 100 0010 401 100 0000 401 175 0000

# Demo and Q&A