

Mike McCormick

**Authorized Signature**

**Number:** APD-AR-14-041

**Issue Date:** 7/8/2014

**Topic:** Other

**Due Date:**

**Subject:** Oregon Community Choices Program Activation

**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             | <input type="checkbox"/> Health Services                |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental        |
| <input type="checkbox"/> Children, Adults and Families                 | Disabilities Services(ODDS)                             |
| <input type="checkbox"/> County DD Program Managers                    | <input type="checkbox"/> Other (please specify):        |

**Action Required:**

The Oregon Community Choices Program will be starting effective July 1, 2014 for the eligible Aging & People with Disabilities population within Nursing Facilities.

In preparation for the start of the program five Webinar trainings were conducted in June. There were 144 participants. Thank you all who were able to attend the trainings.

During the trainings we shared that we were not certain when the actual coding would be ready in Oregon Access, we had hoped for July 1<sup>st</sup>. Coding is not going to be available July 1st; we are going to move forward with the available aspects of the program as discussed during the trainings.

Please begin to identify eligible participants and begin placing them in the Oregon Community Choices Program web-based database, [OCCP Database](#). If you have not already registered to use the database program, please do so.

Participants who are eligible and interested in the program should be provided with the Informed Consent document ([Form](#)). Once the form is signed, make the participant active in the database and request the Quality of Life survey by sending an email to Amy Camp at [amy@ilr.org](mailto:amy@ilr.org) with the required information as outlined in the TC/CM Roles and Responsibility document. Be sure to send emails to Amy Camp secure (in the subject line type: #secure# Quality of Life Survey Request).

Continue the transition process with the eligible and interested participants who have signed the Informed Consent document; offer services/benefits as allowed within the K-State Plan.

Additional information will be distributed regarding coding within Oregon Access as it becomes available and ready for use with the Oregon Community Choices Program.

**Reason for Action:**

The Centers for Medicaid and Medicare Services (CMS) has given the State of Oregon approval to re-open Money Follows the Person, now known as Oregon Community Choices Program (formerly known as “On The Move”).

The program will allow Oregon to be able to collect an enhanced Medicaid match for eligible transitions from institutions to eligible community settings for 365 days.

**Field/Stakeholder review:**     Yes     No

**If yes, reviewed by:**    Operations Committee

*If you have any questions about this action request, contact:*

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