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Number: APD-AR-15-028

Issue date: 4/28/2015

Topic: Long Term Care

Due date:

Subject: APD/AAA Service Coding for MAGI Medical Eligibles - effective May 4, 2015

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
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"/> ODDS Children's
Residential Services | <input checked="" type="checkbox"/> Other (<i>please specify</i>): OCCS Medical |
| <input type="checkbox"/> Child Welfare Programs | |

Action required: Implementation of MAGI Service coding

Summary

On May 4, 2015, a new coding structure will be available to APD/AAA staff. The new coding structure is designed to allow APD/AAA staff to create Service Only cases for individuals who are eligible for APD/AAA administered services while medically eligible under the MAGI based Medicaid programs.

MAGI eligible individuals who receive APD administered services will require a Service Only case. A Service Only case will be used to record and store information related to an individual's State Plan K, State Plan Personal Care, or Nursing Facility Long Term Care services. Service Only cases may also be referred to as OSV, or Only Service cases. The new coding will replace the procedure in which we create a D4 work around case for MAGI eligibles. The Service Only cases will NOT be used to convey medical eligibility to the MMIS.

Staff are responsible to code new MAGI/Service cases as outlined in the attached document. Further, local office staff will be required to convert existing work-around D4 cases to the new coding structure. Detailed instructions are provided in the attached guide.

Reason for action: APD is implementing a new coding structure that allows staff to record service information for MAGI Medicaid eligible individuals.

Field/stakeholder review: Yes No

If yes, reviewed by:

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

Contact(s):	OIS Service Desk		
Phone:	503-945-5623	Fax:	
Email:	Dhs.servicedesk@state.or.us		

APD/AAA Service Coding and MAGI Medicaid Eligibles

Under the Affordable Care Act, a series of Medicaid programs which use a Modified Adjusted Gross Income (MAGI) methodology was introduced. The new programs are known as MAGI Medicaid Programs, and are administered solely by the Oregon Health Authority. Some MAGI eligibles can also be eligible to receive State Plan K, Nursing Facility Long Term Care (NFC), or State Plan Personal Care (SPPC) services through DHS. This means that the medical portion of the individual's medical eligibility may be housed with OHA while State Plan K, NFC, or SPPC service eligibility and case management is housed within APD/AAA.

APD has developed a new coding structure which will allow us to create Service only (OSV) cases for eligibles whose underlying medical eligibility is based on a Modified Adjusted Gross Income (MAGI) Medicaid program. The new coding structure will allow APD/AAA staff to administer the service portion of an individual's case, while OHA administers the medical portion.

This guide will address the following:

- 1) Confirming MAGI eligibility
- 2) Evaluation of Additional Service Eligibility Criteria
- 3) Level of Care Assessment for MAGI Medicaid eligibles
- 4) Establishing a Service Only (OSV) Case for MAGI Medicaid eligibles
- 5) Special Information about Oregon ACCESS reports
- 6) DD Cases
- 7) Conversion

Confirming MAGI eligibility

Before authorizing services, staff must verify that the individual is MAGI eligible. MAGI eligibility will be recorded in the MMIS. Look up the individual in the Recipient sub-system, scroll down and locate the open Medical benefit plan segment. Navigate to the open aid category segment, within the benefit plan. MAGI eligibility is indicated as outlined below.

In the aid category case descriptor data, staff should note the case descriptor for the MAGI sub-program the individual is eligible to receive as this information will be necessary for coding the OSV service only case. Case descriptors are as follows:

- AMO = MAGI Adult
 - NOTE: If the individual is eligible under the AMO sub-program, please note the PERC code listed in the aid category record.
- CMO = MAGI Child
- PWO = MAGI Pregnant Woman
- PCR/MAA = MAGI Parent and Other Caretaker Relative
- C21/CHP = MAGI CHIP
- BCP = Breast and Cervical Cancer program (Note: Not K plan eligible)

The screenshot displays the 'Benefit Plan' management interface. At the top, there are filters for Status (All) and Benefit Plan. Below this is a table listing benefit plans:

Benefit Plan	Status	Stop Reason	Financial Payer	Effective Date	End Date
SMHS State Medicaid Mental Health Services	Active	Default	1 DEFAULT		12/31/2299
CRN Contract Nursing	Active	Default	1 DEFAULT		12/31/2299
BMH OHP Plus	Active	Default	1 DEFAULT		12/31/2299

Below the table, the 'Benefit Plan*' is set to 'BMH OHP Plus'. The 'Status' is 'Active', 'Stop Reason' is 'Default', and 'Financial Payer*' is '1 DEFAULT'. The 'Effective Date*' is blank and 'End Date*' is '12/31/2299'. A red arrow points to the 'End Date*' field.

The '-Aid Category Data-' section shows a table with columns: Aid Category, Aid Category Effective Date, Aid Category End Date, Case Number, Worker ID, Branch ID, Person Status Code, PERC, and Federal Matching. The selected row is:

Aid Category	Aid Category Effective Date	Aid Category End Date	Case Number	Worker ID	Branch ID	Person Status Code	PERC	Federal Matching
P2 Medicaid and Other		12/31/2299		CT	5503 OHP	AD	M3	M

Below this table, the 'Aid Category*' is 'P2 Medicaid and Other', 'Aid Category Effective Date*' is blank, and 'Aid Category End Date*' is '12/31/2299'. Other fields include 'Case Number*', 'Worker ID' (CT), 'Branch ID*' (5503 OHP), 'Person Status Code*' (AD), and 'Federal Matching' (M). A red arrow points to the 'AD' value in the 'Person Status Code*' field.

The '-Case Description Data-' section shows 'Case Description*' as 'AMO'. A red arrow points to the 'AMO' text.

Note: For additional information on navigating the Eligibility sub-system in the MMIS, please see [MMIS Helps from TTT](#).

Evaluate for Additional Service Eligibility Criteria

MAGI eligibles seeking APD/AAA administered services must complete and sign the 539A form. Completion of the form will provide APD/AAA staff with the necessary information to determine eligibility for services. The form will also provide the service applicant with information on estate recovery provisions, assignment provisions, etc. Data collected on the 539A and from subsequent contacts should be recorded in Oregon ACCESS.

MAGI eligibles seeking State Plan K services must be evaluated for disqualifying transfers of assets and excess equity value in the home. At the same time, staff

are encouraged to counsel married applicants about the benefits of obtaining a Resource Assessment. Please see [APD-PT-14-030](#) and [APD-PT-15-004](#) for more information about these requirements.

The data in Oregon ACCESS will be used to populate a Service Only (OSV) case, described below, which can be integrated to the mainframe. Please note that the Service Only (OSV) case should be used to record any disqualifications (ADQ) resulting from the transfer of assets evaluation. This is a slight change from the information provided in APD-PT-14-030. A Service Only (OSV) case must be set up as a NEW case, and then CLOSED with the disqualification (ADQ) data.

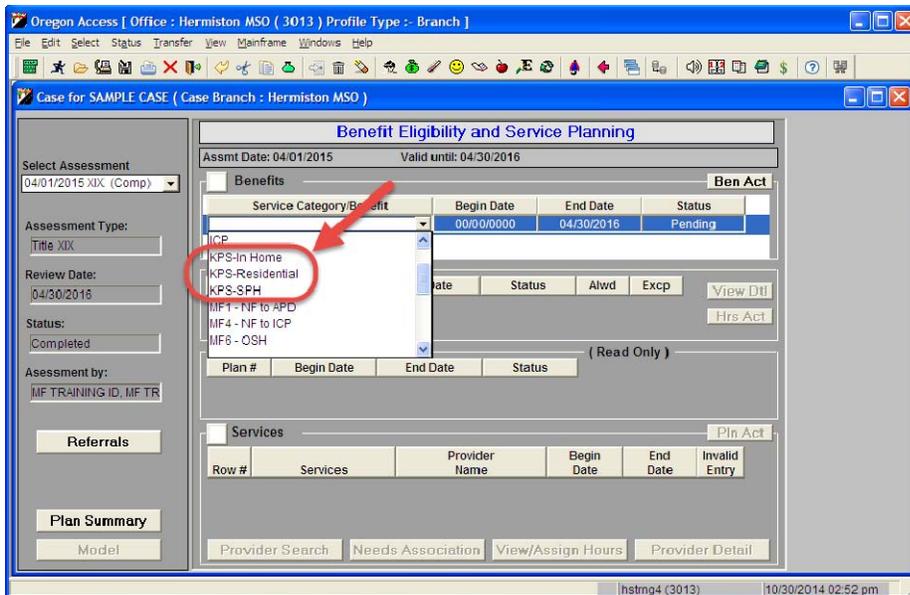
Level of Care Assessment

MAGI eligible individuals must meet the appropriate Level of Care (LOC) in order to qualify for APD/AAA administered Long Term Care (LTC) services.

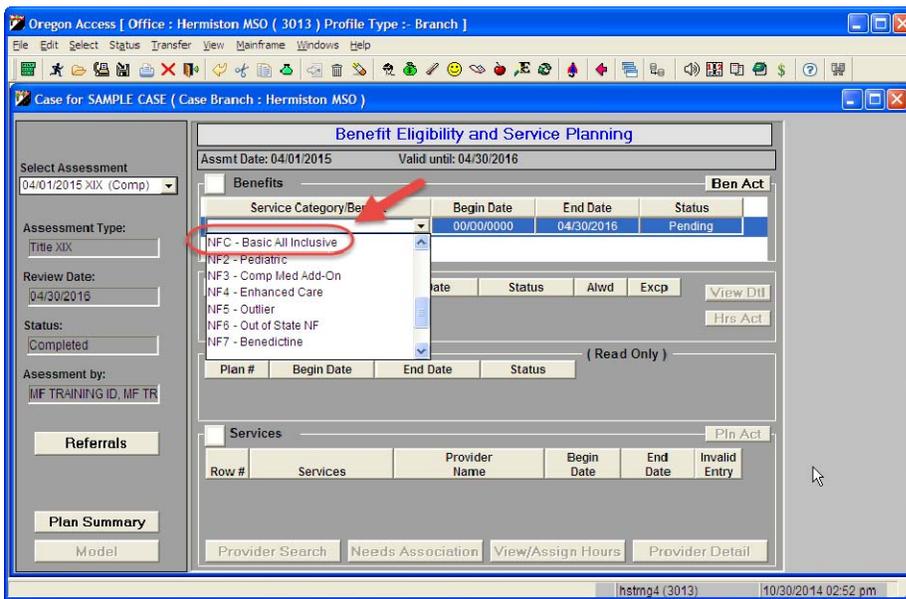
- State Plan K requires that MAGI individuals meet the same LOC criteria that OSIPM service applicants have had to meet in the past. This means that the full Title XIX CAPS assessment must result in an SPL of 13 or lower.
- Nursing Facility LTC placements require that the NFC Title XIX assessment must result in an SPL of 13 or lower.
- The SPPC program requires that the individual be found eligible for SPPC services using the CAPS SPPC assessment.

If the Assessment is complete, indicates that the applicant is eligible to receive APD/AAA administered services, and the individual has elected which body of services he/she wishes to receive, staff may proceed to the Service Planning section of CAPS.

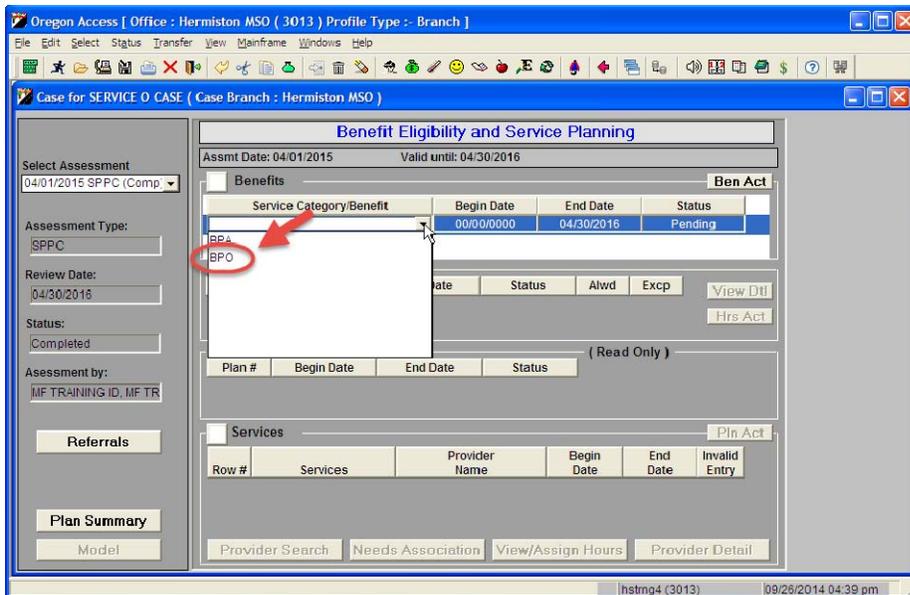
In the Benefit Selection/Service Planning section, MAGI eligibles seeking State Plan K services will be assigned a new Service benefit. A series of K Plan Only service benefits have been created. These service benefits are identified by KPS – K Plan Services – followed by a service setting indicator. Like the APD plan, KPS services can be delivered in a variety of service settings. Be sure to indicate if the individual is KPS-In home, KPS-Residential, or KPS-Spousal Pay.



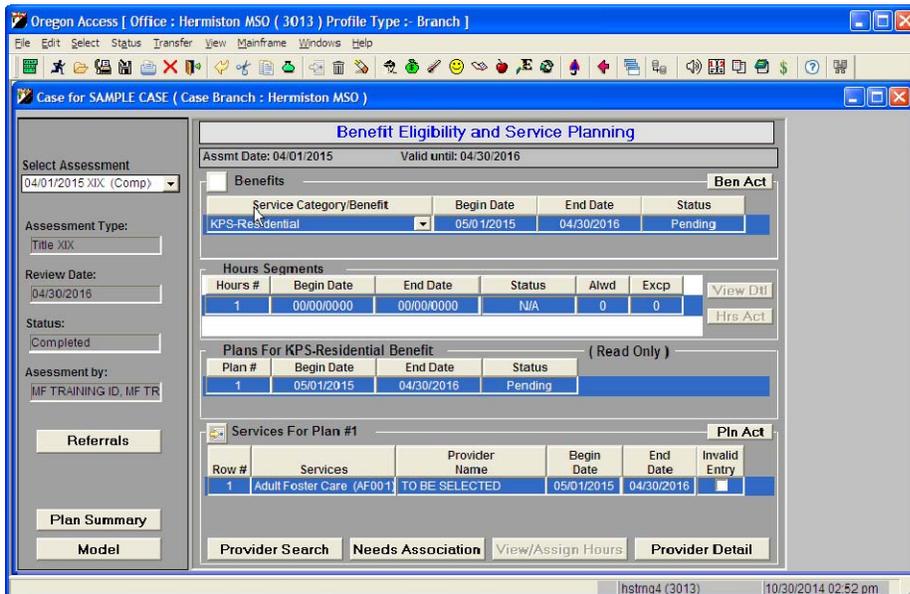
For Nursing Facility Long Term Care applicants, staff should continue to select the NFC Service Category Benefit.



For State Plan Personal Care applicants eligible under a MAGI program, select the BPO Service Category/Benefit.



Complete the Service Planning sections and save the benefit.



Establishing a Service Only Case

In order to authorize and pay for CEP, CBC, or MMIS paid APD services, staff must create a Service Only UCMS case, which is done through Oregon ACCESS. Service Only cases will collect data that is related to the Service portion of an individual's case.

- ✓ **Service Only cases will not be used to establish or convey medical eligibility information.**
- ✓ **Service Only cases will be identified by an OSV Case Descriptor.**
- ✓ **No system generated notices will be produced for OSV cases.**

The OSV case descriptor will be used to prevent any updates to the MMIS.

Service only (OSV) cases will also carry the following information:

- Service benefit – The service benefit for which the individual has been found eligible and has elected to receive. Remember, a MAGI eligible individual may be eligible to receive State Plan K, SPPC, or NF LTC services through APD/AAA offices.
 - MAGI/State Plan K only services are identified using the KPS case descriptor.
 - MAGI/Nursing Facility Long Term care cases are identified using the NFC case descriptor.
 - MAGI/State Plan Personal Care cases are identified using the BPO case descriptor.
- Medical Program Identifier – A case descriptor identifying the MAGI sub-program for which the individual has been found eligible. [Note - Additional information on the Medical Program Identifier is below.]

At this time, Service Only (OSV) cases may only be created from NEW cases. This means that existing CM records for the individual may NOT be used to create the Service Only (OSV) case. Once the case is established and has the OSV case descriptor, staff may update the record with any incoming code.

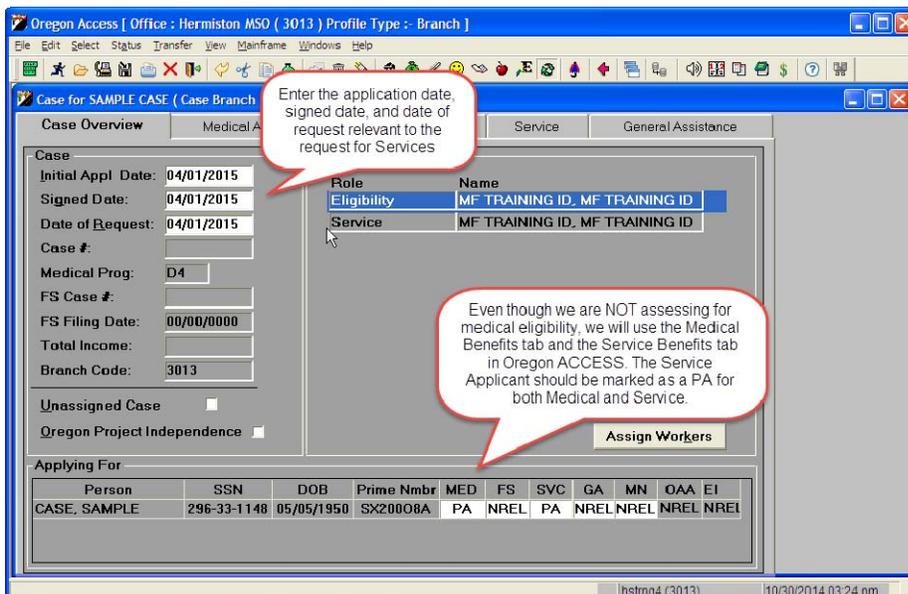
NOTE: *There may be situations in which an individual has an open non-MAGI medical case recorded in the CMS system. This could occur, for example, when an individual had been eligible for OSIPM, lost OSIPM eligibility, but OSIPM remains open pending a MAGI determination. If MAGI is established AND the individual*

qualifies for APD/AAA administered services, you must coordinate with branch 5503 and CLOSE any open non-MAGI medical coverage.

To establish a NEW Service Only (OSV) Case:

On the Case Overview tab, staff will complete the following:

- Initial Application Date = date on which the applicant requested service benefits
- Signed Date = date on which the applicant signed the 539A
- Date of Request = the date on which the applicant requested service benefits
- Worker ID = the worker to whom the service case is assigned
- Applying For=
 - MED = the service applicant should be identified as the PA for MED benefits (even though we are not assessing for medical eligibility, we will set these up using the Medical Benefits tab and the Service Benefits tab in Oregon ACCESS).
 - SVC = the service applicant should be identified as the PA for SVC benefits.



On the Medical Benefits tab, complete the following:

Case Descriptors

Even though the OSV Service Only case is NOT establishing or conveying medical eligibility information, we must note the MAGI program under which the individual was found eligible. This information is used for a variety of things, including ensuring that we apply the proper funding to the service claims paid for the individual.

While we are not able to use the same case descriptors that are used on the actual MAGI case, we have established a cross-walk that staff may use to determine what case descriptor to add to the OSV case. As stated above, on page 2, use the information in the MMIS to determine what MAGI sub-program the individual is eligible to receive. Then, add the appropriate cross-walked case descriptor to the Service Only (OSV) case.

If MMIS Says...	Case descriptor on OSV case should be...
AMO & PERC = M3, M6	MAM (MAGI Adult Medical)
AMO & PERC = M1, M5	MAC (MAGI Adult with Child/Unborn in home)
AMO & PERC = M2, M4	MAG (MAGI Adult General)
PWO	MPW (MAGI Pregnant Woman)
PCR or MAA	MPC (MAGI Parent & Other Caretaker Relative)
CMO	MCM (MAGI Child)
C21/CHP	MCH (MAGI CHIP) Note: not K plan eligible
BCP	MBC (Breast & Cervical Cancer Treatment Program)

On the Service Benefits tab, complete the following:

- Service Request Date = Date on which services were requested
- WC Consent (SDS354) Form = Can be left blank
- Relocation = Indicate if this service plan is part of a relocation effort
- Case Action = Approved
- Elig Start Date = Date on which the service eligibility will begin

Oregon Access [Office : Hermiston MSO (3013) Profile Type :- Branch] - [Case for SAMPLE CASE (Case Bran...]

File Edit Select Status Transfer View Mainframe Windows Help

Case Overview Medical Assistance Foodstamps **Service** General Assistance

Service Benefit Detail

Case Nbr: [] Med Prog: D4 S Amt: 0.00

Service Request Date: 05/01/2015 WC Consent (SDS 354) Form: Signed

Relocation

Relocation In Progress: [] Relocation Completed Qn: 00/00/0000

Service Benefit Applicant(s)

Person: CASE, SAMPLE Prime #: SX20008A

Case Action: Approved Action Eff. Date: [] Shelter Exception: .00

Elig Start Date: 05/01/2015 Pay-in Amt: .00

Admin Rule And Reason for Action: []

Administrative Rule and Reason for action

Once the Oregon ACCESS benefits section screens have been completed, integrate to the mainframe using the regular process. Please note that the calculation displayed on SCMS will reflect some OSIPM related figures. These figures can be ignored. Because these cases are not used to evaluate medical eligibility or calculate liability, as no liability currently applies, the calculation has not been fully modified. The system has, however, been coded to bypass OSIPM income limitations and prevent liability from being calculated.

Service Only (OSV) cases will NOT have a medical eligibility start date. Because these are not Medical cases, the integration screens will not populate a date in this field.

When the case is established on the mainframe, it will exist as a Service Only case. This means that the mainframe CMS record will not initiate any update transactions to the MMIS.

- ✓ If services or service eligibility should end, close the Service Only case as you would any other CM record. Use the same effective date of the benefit and plan closure in CA/PS.
- ✓ If the individual should lose MAGI eligibility and become eligible for an APD administered medical program, remove the OSV case descriptor and code the case under the new eligibility program.

Oregon ACCESS Reports

Service Only (OSV) cases are built to look very similar to OSIPM cases. Further, though these are non-Medical cases, we are using the Medical benefits tab in Oregon ACCESS to build the records. This means that the Service Only (OSV) cases may appear on some Oregon ACCESS reports along with medically eligible cases.

In particular, if OSV cases are coded correctly, they should not appear on the Redetermination report. Staff are advised, however, to be aware that other reports may contain OSV cases.

DD Cases

The Office of Developmental Disabilities Services also serves individuals who are potentially eligible for SPPC or K Plan services.

MAGI Medicaid Eligibles

Individuals eligible to receive DD administered services, who's underlying medical coverage is MAGI, will require a Service Only (OSV) case. These cases will be created using Oregon ACCESS, and integrated to the UCMS system. They will be set up and maintained by DD central office. They will be housed in branch 5514. Staff should not refer individuals to this branch, as it is being used for administrative purposes only. Instead, questions about medical coverage for a MAGI/DD service eligible should be routed to OHA while questions about DD service coverage should be routed to the local DD office.

The DD cases will follow the coding instructions above. They will have the OSV case descriptor and will display the appropriate DD service eligibility information.

State Plan K cases will be identified with the DDK (Developmental Disabilities K plan) case descriptor. DD SPPC cases will be identified with the BPD service category case descriptor.

OSIPM Eligibles

DD eligibles whose underlying Medicaid is OSIPM may elect to receive State Plan K services only. These cases will be coded with the DDK service category case descriptor and will NOT have the OSV case descriptor. For DD eligibles whose underlying Medicaid is OSIPM and who are receiving SPPC services only, the usual processes still apply.

Conversion

Approach

The existing MAGI Service work-around D4 cases will need to be converted to OSV cases. APD/AAA staff will be required to close the existing work-around D4 case and open a new service only case.

Many of the work-around cases were created months ago and the underlying MAGI eligibility may need to be re-determined. APD Central office has worked with branch 5503 to establish the following:

- As APD/AAA staff create OSV cases, Central Office will provide 5503 with a weekly list of converted records.
- 5503 will reinstate MAGI coverage and pursue a MAGI medical eligibility review, if necessary.
- If 5503 determines the individual is no longer MAGI eligible, they will notify the local APD/AAA office.
 - The local APD/AAA office will need to determine eligibility for APD/AAA administered medical.

Please note that APD Central office will ensure that there is no break in medical coverage on MMIS during this process.

Conversion Instructions

Local office staff are instructed to do the following to move cases from the work-around D4 structure to the new OSV structure. Only when the office completes

this conversion process, will 5503 be notified to review the MAGI medical case, as above.

- Close the work-around D4 case
- Modify the service eligibility/CAPS benefit and service plan, if necessary
- Open the Service only case the next day
- Modify any existing service authorizations/plans

Oregon ACCESS

- CAPS
 - If the service case is currently coded as a work-around D4 based upon the APD benefit plan
 - Close the APD benefit and service plan effective the last day of the month before the month in which you are converting.
 - Open the KPS benefit and service plan effective the first of the month in which you are converting.
 - For example, if you are moving from APD to KPS in May, close the APD benefit and service plan effective April 30th. Open the KPS benefit and service plan effective May 1st.
 - If the service case is currently coded as a work-around D4 based on the BPA benefit plan
 - Close the BPA benefit and service plan effective the last day of the month before the month in which you are converting.
 - Open the BPO benefit and plan effective the first of the month in which you are converting.
 - For example, if you are moving from BPA to BPO in May, close the BPA benefit and service plan effective April 30th. Open the BPO benefit and service plan effective May 1st.
 - If the service case is currently coded as a work-around D4 based on the NFC benefit plan, no action is required in CAPS.
 - If you will be creating a new CAPS benefit plan, be sure to also create the appropriate service planning information.

Note: This action does not require a re-assessment. Existing rules regarding reassessment and changes in the individual's condition, however, apply.

- Modify coding in the Benefits section of Oregon ACCESS as described below
 - Day One – Close work-around D4 case:

- Close the existing D4/A1 work-around case. Process a close action, using Oregon ACCESS integration.
- Day Two – open new service only case:
 - Benefits overview tab
 - No need to modify the date of request
 - Medical assistance tab
 - INCM code = NEW
 - Eff date = the first day of the month in which you are converting the case
 - Delete the existing case number.
 - Enter the appropriate case descriptors, replacing the service category case descriptor, if necessary.
 - Service tab – no change
 - Integrate the Oregon ACCESS case to the mainframe CMS system.
 - This action will require that you complete a new CMNEW screen and obtain a new case number.

Client Employed Provider System (CEP/HCW/HATH)

- Vouchers that were issued for future periods under the APD or BPA service benefit and/or the old work-around APD/BPA case will need to be voided.
- Issue new vouchers under the KPS/BPO service benefit.
- Ensure that no future effective vouchers span a time frame representing two different service types.
- Remember that after making the Oregon ACCESS changes listed above, you will have to wait until CMS overnight processing completes before the changes become available to CEP.

Note: Any vouchers that have already been issued for the current time period do not need to be voided. They should pay, even if the service benefit has changed.

Community Based Care System (CBC)

- If you have a CBC record that was created under the APD service benefit, using a D4 work-around case you will need to touch the 512 using the effective date of the KPS benefit plan/OSV case.

- Remember that after making the Oregon ACCESS changes listed above, you will have to wait until CMS overnight completes before the changes become available to CBC.

Nursing Facility

- There should be no need to modify anything on the MMIS regarding nursing facility authorizations at this time.

In-home Agencies paid by the MMIS for MAGI eligible individuals

- Update the MMIS Plan of Care record to reflect the new KPS benefit type.
 - This means that you will have to end the detail line item under the APD plan and enter a new line item referencing the KPS plan.