



**DEPARTMENT OF HUMAN SERVICES**  
**SENIORS & PEOPLE WITH DISABILITIES**  
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**AUTHORIZED BY:** \_\_\_\_\_  
**Administrator**

**INFORMATION MEMORANDUM**  
**SPD-IM-03-011**  
**Date: January 30, 2003**

**TO:** Area Agency on Aging Directors CHS SDA Managers  
CHS/AAA Field Managers and Staff CHS SDA Assistant Managers  
SPD Managers and Staff CHS Central Office Managers

**SUBJECT:** Systems Conversion/Action Related to SPD Budget Actions

**INFORMATION:** Please see the attached description of the systems actions that are being taken to support the reduction or closure of benefits as a result of DHS budget limitations.

Please refer all calls to the Help Desk. We are relying on them to help us identify issues.

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Seniors and People with Disabilities, Office of Planning and Program Development  
Information Systems Coordination/Payment Processing Unit Manager

**CONTACT:** DHS Help Desk

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Attachment

## **Systems Actions to Reduce or End Benefits**

### **What will happen on CMS?**

The \_5 program code will now be used to represent the OSIP Presumptive program (OSIP-PRS). The General Assistance cases (\_5) will have the NCP case descriptor added. They will start using the OSIP standard and income calculations. The service category will be changed from BPR to APD. Now that the cases are OSIPM Presumptive eligibles they qualify under the Aged and Physically Disabled 1915C Home and Community Based Care waiver.

The Medically Needy cases will be converted to QMB, SMB or SMF if the code is on the case and the case meets the income requirements. Cases without the code or who are over the income limit for the program they are coded for will be closed.

Note: In review of the test results for the conversion we noticed that some cases had the QMB code but were actually over income. Some of these clients may qualify for the SMB or SMF programs if the cases are properly coded.

Each case coded with a service category (APD/BPA/BPR/ICP/NFC/PAC/SPH/WAV) or a service need (EC/HA/HK/ICP/ NH/ SAM/SS/SVC) will be checked during the conversion. If the service eligibility record (created by the Oregon ACCESS update) is 15-17, expired or non-existent, the service category codes, the service need code and any waiver related income reduction codes (for example, INT) will be removed. Cases that are over income will be converted to QMB, SMB or SMF if the code is on the case and the case meets the income requirements. Cases without the code or who are over the income limit for the program they are coded for will be closed.

The information from CMS updates the MMIS Recipient file (ELGR) during the nightly processing.

### **What about JD-CBC, Community Based Care records?**

Under the normal process JD-CBC (512) records suspend. We will run a special process to automatically close records if the survival priority level on the service eligibility file is more than 14. This will be done between 1/29/03 and 2/2/03.

### **What about JH-CEP, Client Employed Provider Vouchers?**

We will implement a new process that will hold future vouchers until the night of the CMS cutoff. After the CMS monthly processing (1/29/03) is complete the future voucher print job

will run. If the processing transaction code is 30 and the begin date is after 02/01/03 and if the voucher is for an OC111, OC112, OC115, OT111, SP111 procedure code, the system will check for an open CMS case with an APD, BPA, BPR or SPH service category case descriptor. If the case is still open and is coded as service eligible, the voucher will be printed. If the case does not meet these requirements the voucher will be canceled (process transaction code 10). This will be done 1/29 for the February vouchers.

Personal Care - The HATH screen will allow the use of the OC111 code for clients who are coded as personal care only (BPA C/D with the HK N/R). It will limit the voucher to 20 hours per month. Oregon ACCESS will start passing the Personal Care Eligibility flag (Yes or No), to the mainframe CA/PS Service Eligibility tables (SSEQ/SSEI). If a client has a record with a Y Personal Care flag, the CMS record will allow the use of the BPA service category code. The flag will not display on the Oregon ACCESS side until they can do a release. At this time the release is tentatively planned for mid-March.

### **What about JF-Pay-in?**

The Pay-in billings will be delayed a few days. We will use the information from the Pay-in files and check the corresponding CMS record. If the case is an A1, B3 or D4 and is in CP or VP status it will leave the Pay-in record unchanged. If it does not find an open CMS record, the Pay-in liability and yearly account records will be automatically closed. This will be done between 1/29/03 and 2/2/03.

### **What about Nursing Facility (ELGF) records?**

NF payments are made by OMAP through MMIS. Local office staff will need to close the ELGF record. If the ELGR recipient record is closed, payments will suspend. If the ELGR recipient record is open and the ELGF file is not closed payments may continue.

### **What about Oregon ACCESS?**

Oregon ACCESS will get information from the CMS preprint (post-conversion) file and use that information to update the Oregon ACCESS records. The GA case will close but the medical will remain open. The MN coverage will be ended. The case descriptors and need/resources will be updated. This will be done 1/29.

Other related information will need to be updated by local staff. They will need to update the service plan and the 546 form or to close the CA/PS record for people no longer in service.

### **Will Food Stamps be Automatically Adjusted?**

Every month the Food Stamp system automatically brings in the latest CM benefit amounts. Changes in the grant payments will be reflected in Food Stamps through this routine process (unless the process has been overridden by the BYP, MNL or TAA HH type codes). Any other changes that need to be made due to increases in medical costs or other conditions will need to be evaluated and made on a client by client basis and entered locally.

### **Payments made through MMIS**

Contract RN, In-Home Agency, Home Delivered Meals and Lifeline services are paid by OMAP based on the local office authorization. For clients who lose medical coverage these payments will automatically stop. For clients who continue to be eligible for medical, local offices will need to review the appropriateness of these services and close or modify them.

### **What if someone is closed who should be open?**

People will be closed in the automatic conversion that turn out to be eligible or who ask for a hearing and will receive Aid Paid Pending. This happens for a variety of reasons. The coding on the CMS record or the Oregon ACCESS Client Assessment record could have been missing or wrong before the conversion. The person could have requested a hearing but not have had it processed by 01/028/03.

If a case is closed in error the local office staff will need to manually backout the changes that were made by the conversions covered in this memo.

### **Reports**

Reports of each group (GA, MN, Service Level) that is touched by the conversion will be loaded to the View Direct SJU0000R-A report by 02/03/03.

A report of cases that had a LAG or TAA code on them will be loaded to the View Direct SJU0000R-A report by 02/03/03.

### **Problems??**

Any problems need to be reported to the Help Desk. This enables us to identify the issue much faster. Be sure to tell them what system and screen you were using and any error message you received (the number of the message is the most help).