



Information Memorandum

Oregon Department of Human Services

Originating Cluster:

Seniors and People with Disabilities

Authorized by: Elizabeth Lopez
Signature

IM Number: SPD-IM-03-004

Date: January 12, 2004

Subject: Improved Editing for In-Home Service Authorizations

Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County DD Program Managers |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Children Adults and Families | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Community Human Services | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> Other (please specify): _____ | |

Message: Please see the attached information regarding improved editing for the In-Home Service Authorizations screens (HATH and OATH). Changes to the editing on these screens were implemented on the evening of January 9, 2004. Staff will begin seeing the new edit messages on Monday, January 12, 2004.

If you have any questions about this information, contact:

Contact(s):	Katherine M Allen		
Phone:	(503) 945-5745	Fax:	(503) 947-5357
E-mail:	Katherine.M.Allen@state.or.us		

Improved Editing for In-Home Service Authorizations (HATH and OATH)

Background

Historically, the editing on the HATH and OATH provider service authorization screens has been insufficient. In part, this was due to the fact that we could not accurately identify various service programs (or categories). At the end of 2002, we implemented several systems changes that allowed us to better distinguish the service category a client is receiving. This change was made for several reasons including building a better foundation to accommodate HIPAA code changes, to provide better accounting for expenditures and provide support for our integrated services goals. These changes were described in IM-02-044. As one of the final steps in this change to service categories, we are now improving the editing on the HATH and OATH screens. The goal of the edits is to prevent vouchers from being issued when computer coding in other systems indicate that a client may not be eligible for the service being authorized and to ensure that authorizations can be issued for eligible clients.

How It Works

The new HATH/OATH editing is designed to support the process of determining and authorizing services and is based on the information provided by the local office staff at each step. The basic process is described in the Computer Guide Chapter III-L. An advance of this chapter was released in IM-02-081. Following is a brief description of the steps and the data used in each step.

1) Medical Eligibility/ Medical Program/ PERC code

Most services are available only to clients who are eligible for one of the medical programs (the exception is OPI). The medical program or OPI eligibility determines the service options that are open to the client. Examples of medical programs are OSIP, GAM and QMB. On the CMS system these programs are indicated by a Program Code (A1, P2, 82) and sometimes an additional case descriptor (EXT, OPU). On the OMAP side (ELGR) these medical programs are broken down even further for accounting and reporting purposes. OMAP staff refer to these as the Program Eligibility Reporting Codes (PERC). The perc code is assigned in OMAP's recipient system (ELGR). For verbal communication it is clear when you say the name of a medical program (for example QMB only or TANF-Extended

medical) but on the computer side this means looking for a P2 program code and a QMB or EXT case descriptor. It is easier for the computer to use the converted perc code. While you don't need to know the perc code a complete list of PERC codes, along with a brief description of each, is located at the end of this document just for your information.

2) Service Eligibility/Service Category

A client must have an assessment and be determined to need services; and a plan must be developed for the service program that will provide services. The service eligibility is the information that is stored on the Service Eligibility Tables.

Service Eligibility information for clients whose service eligibility is established using the Oregon ACCESS CAPS system is stored on the CAPS Service Eligibility tables . This information is displayed on the SSEQ screen. In many cases this will show that a client is eligible for services, but additional information is required to further define the actual service category. The service category case descriptor (for example APD, BPA or ICP) is the code that is entered on the UCMS record, and then passed to the ELGR record to indicate the actual service program/category.

Service Eligibility/Category information for clients whose service eligibility is established centrally by SPD (for example, Medically Fragile Children Services) or through county Mental Health offices, is stored on the Non-CAPS Service Eligibility tables. This information is displayed on the SL01 screen. Depending on the service category and the plan, additional case descriptor information may or may not be entered on CMS and ELGR.

3) Service Plan/Service Type/Procedure Code

Once it is determined that the client is eligible, a service plan is developed. This plan describes the type of service that a client will receive (for example In-Home or CBC-Residential) and the actual services that are being used (for example hourly CEP or Adult Foster Home). Each service is matched in the computer to a procedure code. The Procedure Code is the code that is selected on the HATH/OATH screen that describes the type of service being authorized (for

example OC111 is Hourly In-home Care; OC112 is Live-In Care). As with the perc code, you do not need to know the actual code you only need to know the name of the service and then you can select it using the description on the screen.

Actual Edit Messages and What to Check

Certain combinations of Medical Eligibility/Perc, Service Eligibility/Service Category, and Service Type/Procedure Code are valid. Others are not. The HATH and OATH screens have been modified to check all four items for the service period being authorized. If the system detects an invalid combination of the following items:

- Medical program (perc code on ELGR)
- Service Eligibility (SSEQ or SL01)
- Service Category (ELGR case descriptor or SL01)
- Service Authorized is Valid for the Service Category (Procedure Code)

An error message will display and the voucher may not be created.

Four new edit messages have been added, and will begin to display if an invalid combination is detected. The program will try to identify which of the four items appear to be in error. The edit messages are:

A86 Invalid combo(proc/med pgm/svc pgm)

This edit appears when there are several mis-matches between the Svc Category (SSEQ/SL01), the Service Category Case Descriptor, and the Medical Program (perc) information.

A87 proc/cli asmt/invalid w/ELGR svc c/d

This edit appears when the Service Category Case Descriptor that is displayed on ELGR for the service period is not valid with the Procedure Code or the Service Category (SSEQ/SL01) information.

A88 Med pgm invalid w/proc code/svc pgm

This edit appears when the Medical Program Code (perc) that is displayed on the ELGR screen for the service period is not valid with the Procedure Code or Service Category (SSEQ/SL01) associated with the client for the service period.

A89 No service eligibility(SSEQ or SL01)

This edit appears when there is no valid Service Eligibility record on SSEQ or SL01 for the service period.

PERC Code Listing

1	OAA - Old Age Assistance
19	Foster Children - SCF
1W	Native American/Alaska Native, age 19 or older, not pregnant, child <19 or unborn on case, income <100% FPL - Family Rate Group
1Y	Native American/Alaska Native, age 19 or older, no child or unborn on case, income <100% FPL - Single/Couple Rate Group
2	TANF (MAA/MAF) Temporary Assistance to Needy Families
3	AB - Aid to the Blind
4	AD - Aid to the Disabled
5	GAM General Assistance - SPD/Disabled
62	Refugee Children in Foster Care
82	TANF - Unemployed
A1	OAA - Old Age Assistance, Medical Only
B3	AB - Aid to the Blind, Medical Only
BC	Breast and Cervical Cancer Program - not Title XIX eligible
C5	ADC-SAC - Substitute and Adoptive Care Medical Only under age 21
CW	CAWEM - Eligible except for citizenship; emergency services only
D4	OSIPM-Presumptive Eligibles
E2	TANF (MAA/MAF) Emergency Assist w/ 30 days medical, ADC or ADC-UN

GA	General Assistance - SCF
H1	OHP (OPC) - OHP child, age <1, <100% FPL
H2	OHP (OPC) - OHP child, age 1-5, <100% FPL
H3	OHP (OPC) - OHP child, age 6-12, <100% FPL
H4	OHP (OPC) - OHP child, age 13-18, <100% FPL
HA	OHP (OPP or OP6) - OHP child, age <1, 100% - 170% FPL
HB	OHP (OP6) - OHP child, age 1-5, 100% -170% FPL
HC	OHP (OPU) - OHP child, age <1, >170% FPL
L2	OHP (OPP) - OHP pregnant female < 100% FPL
L6	OHP (OPP) - OHP pregnant female, 100% - 170% FPL
L8	OHP (OPP) - OHP pregnant female, 17-% - 185% FPL
NP	Medically Needy - Reinstated - Organ Transplant and HIV prescription Only
QB	QMB - Qualified Medicare Beneficiary
SD	PDA - Senior Prescription Drug Program
SF	Mental Health Client Inpatient & Outpatient services only
V2	REF - Refugee Program medical
W0	OHP (OPU) - OHP non-pregnant age 19 w/ child and/or unborn, 0% < 10% FPL
W1	OHP (OPU) - OHP non-pregnant age 19 w/ child and/or unborn, 10% < 50% FPL
W2	OHP (OPU) - OHP non-pregnant age 19 w/ child and/or unborn, 50% < 65% FPL
W3	OHP (OPU) - OHP non-pregnant age 19 w/ child and/or unborn, 65% < 85% FPL

W4	OHP (OPU) - OHP non-pregnant age 19 w/ child and/or unborn, 85% < 100% FPL
XE	ADC-EXT TANF Extended Medical
Y0	OHP non-pregnant age 19, NO child or unborn, 0% < 10% FPL
Y1	OHP non-pregnant age 19, NO child or unborn, 10% < 50% FPL
Y2	OHP non-pregnant age 19, NO child or unborn, 50% < 65% FPL
Y3	OHP non-pregnant age 19, NO child or unborn, 65% < 85% FPL
Y4	OHP non-pregnant age 19, NO child or unborn, 85% < 100% FPL
Z1	CHIP eligible, age < 1, < 170% FPL
Z2	CHIP eligible, age 1-5, < 170% FPL
Z3	CHIP eligible, age 6-12, < 170% FPL
Z4	CHIP eligible, age 13-18, < 170% FPL
Z5	CHIP eligible, < age 1, 170% to 185% FPL
Z6	CHIP eligible, age 1-5, 170% to 185% FPL
Z7	CHIP eligible, age 6-12, 170% to 185% FPL
Z8	CHIP eligible, age 13-18, 170% to 185% FPL

Service Categories

- APD - Aged and Physically Disabled Home and Community Based Care 1915C Nursing Facility Waiver
- BPA - Basic Plan Services paid under the CMS State Plan Personal Care Services for people who are Aged or Physically Disabled
- BPD - Basic Plan Services paid under the CMS State Plan Personal Care Services for people who are Developmentally Disabled
- BPM - Basic Plan Services paid under the CMS State Plan Personal Care Services for people who are under a Mental Health Service Plan (provides in-home and residential)
- BPO - Basic Plan Services paid under the CMS State Plan Person Care Services for clients under the Oregon Health Plan (new eligibles i.e. OHP2)
- BPR - Basic Plan Services for individual who are at temporary risk of Nursing Facility Placement and who do not meet the requirements of any of the Home and Community Based Care waivers.
- DDB - In-Home Supports, Children's Behavioral Home and Community Based Care 1915C ICF-MR Model Waiver
- DDC - Developmental Disabilities Comprehensive Home and Community Based Care 1915C ICF-MR Waiver
- DDG - Developmental Disabilities In-Home Supports/Residential Care, General Fund
- DDS - Developmental Disabilities In-Home Supports Home and Community Based Care 1915C ICF-MR Waiver
- ICP - Independent Choices Home and Community Based Care 1115 Nursing Facility Waiver
- IMR - Intermediate Care Facility for Persons with Mental Retardation and Related Conditions (ICF-MR)
- MFN - Medically Fragile Children; receiving Non-Waivered services
- MFW - Medically Fragile Children; Home and Community Based Care 1915C Hospital Model Waiver
- NFC - Nursing Facility Care (custodial and skilled nursing care) or long term hospital care (more than one month)
- OPI - Oregon Project Independence In-Home Services
- PAC - PACE program of all inclusive care, 1115 waiver
- PTC - Psychiatric Treatment Center
- SPH - Spousal Pay In-Home Services