



DEPARTMENT OF HUMAN SERVICES
SENIORS & PEOPLE WITH DISABILITIES
500 Summer Street NE E02
Salem, Oregon 97301-1073
Phone: (503) 945-5811

AUTHORIZED BY: _____

**SPD Assistant Director/
Deputy Assistant Director**

EXECUTIVE LETTER

SPD-EL-03-017

Date: March 21, 2003

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

SUBJECT: Strategy for Closure of OHP Services Cases/Levels 1-11

ADMINISTRATIVE RULE REFERENCE:

Topic: N/A
Rule Numbers: 461-135-0750, 461-135-0760, 461-125-0370,
461-025-0310, 411-015-0015

PURPOSE:

- Transmits new or amended Administrative Rule;
 Interprets Administrative Rule;
 Establishes procedures related to Administrative Rule;
 Replaces existing procedures or interpretation;
 Deletes Administrative Rule.

GROUND TRUTHED: Yes No

EFFECTIVE DATE: 04/30/2003 **EXPIRATION**

DATE SENT FOR COMMENTS TO DIRECTORS AND MANAGERS: 02/12/2003

CONTACT: Naomi Steenson, Services	PHONE: (503) 945-6414
E-MAIL: naomi.r.steenson@state.or.us	FAX: (503) 373-7902
CONTACT: Karl Bien, PMDDT	PHONE: (503) 945-6409
E-MAIL: karl.j.bien@state.or.us	FAX: (503) 373-7902
CONTACT: Sharon Gilles, PMDDT	PHONE: (503) 945-6373
E-MAIL: sharon.l.gilles@state.or.us	FAX: (503) 373-7902

DISCUSSION:

In accordance with OAR 411-015-0015, and the 1915C Home & Community Based Care Waiver, services are provided to individuals who are eligible for OSIPM. There are currently about 162 OHP cases receiving services in levels 1-14, statewide, that have not met the OSIPM criteria.

We must discontinue Home & Community based services for all OHP cases receiving services, unless they meet OSIPM financial and non-financial eligibility, including a presumptive Medicaid disability decision. The effective date for closure of these cases is **April 30, 2003**.

Refer to: [EL-03-003](#), *Elimination of Survival Priority Levels 15-17*

[EL-03-008](#), *Presumptive Medicaid Disability Determination Process for OSIPM*

[EL-03-010](#), *Elimination of Survival Priority Levels 10-14*.

CENTRAL OFFICE ACTION REQUIRED:

Completed Actions:

- Effective 2/1/03, OMAP converted the benefit package for these cases to OHP-Standard benefits.
- OHP service cases in levels 15-17 were discontinued effective 01/31/03.
- OHP service cases in levels 12-14 will be included in the automated closure of services effective 03/31/03. Because these cases do not meet OSIPM eligibility, cases in levels 10 and 11 that were previously notified that their services would end (see [EL-03-010](#)) did not get the subsequent notice restoring these services (see [EL-03-014](#)).
- SPD Central Office has reviewed the OHP service cases to determine if any of these cases have received a past presumptive Medicaid decision and advised the affected branches to take appropriate action.
- SPD Central Office has reviewed the status of SSA applications for these cases. DDS is expediting disability decisions on those with pending claims.

Upcoming Actions:

Levels 12-17

- Cases in levels 12-17 have already received notices on their service level cuts. For those who requested a hearing on their service priority level, a second notice based on the fact that they are not included in the waiver will be sent by Central Office. Clients will not be granted a hearing on the issue of services for OHP recipients. However, clients who request a hearing because they disagree with the PMDDT

disability decision are entitled to a hearing and continuing benefits if they make a timely hearing request. For clients who request a hearing on both their service priority level and their PMDDT disability decision, Central Office will ask the Hearing Panel to hear both issues at the same time.

LOCAL ACTION REQUIRED – Levels 1-11:

Local offices will be sent reports by email identifying the OHP service cases and the status of disability determinations made by the PMDDT or SSA. To work these lists, staff must:

- Use the Flow Chart or PMDDT Checklist (attached), to determine if the case should be referred to PMDDT for a disability decision. Cases that are not appropriate for a PMDDT referral should be closed. These are cases that do not have a disability that will last at least 12 months or they have an SSA denial on their disability within the previous 12 months, for example. For cases where a PMDDT referral is not appropriate, send notice to close services by April 15, 2003 (effective April 30, 2003). Use one of the attached templates as the close notice. Note that there is one template for service levels 10 and 11 and the other template is for service levels 1-9. The OHP Standard benefits will remain open.
- Identify cases in need of an expedited decision and call the Presumptive Medicaid Disability Determination Team (PMDDT) coordinator, Lisa Zacharias, (503) 945-5678 to alert the team of the urgency. Following the call, fax the “Request to Expedite Presumptive Medicaid Decision” (620E attached), along with other necessary forms and information, to the PMDDT at (503) 373-7902. Mail the hard copies. Include existing medical evidence, if available. If no medical evidence is available, PMDDT will obtain it.
- Convert the case to a 5/NCP if PMDDT approves the disability. If the PMDDT denies the disability, send notice to close services by April 15, 2003 (effective April 30, 2003). Use one of the attached templates as the close notice. Note that there is one template for service levels 10 and 11 and the other template is for service levels 1-9. The OHP Standard benefits will remain open.
- For clients who request hearings based on the close notices, use the same process as outlined in [AR-03-002](#), *Processing Hearing Requests on the Closure of Survival Priorities 10-14*.
- For all service levels (1-14), if services are closed and the client still has a need, remember that OHP-Standard clients may be eligible for Personal Care Services (see [EL-03-007](#), *State Plan Personal Care*).
- Review cases with coding that indicate mental health or developmental disability case management with an MVC need code. If the services have been discontinued, the MVC need code should be removed. Determine OSIPM eligibility the same on these

cases as any other. If disability has not been determined, evaluate them for a referral to the PMDDT. Remember that for Mental Health service cases, the eligibility is based on the OSIPM need standard plus special needs, and not the 300% of the SSI standard. Use the attached templates as the close notice, where applicable.

TRAINING EXPECTATIONS:

Managers are expected to review this information with staff.

[Template for Levels 1-9 OHP service closures]

NOTICE OF TERMINATION OF BENEFITS

Date

Name

Address

Dear (name):

This notice is about an important change affecting your ability to receive long-term care services.

You have been receiving Medicaid long-term care services because you are eligible for the Oregon Health Plan. We are sorry to tell you that your long-term care services will end on April 30, 2003. Your long-term care provider will not be paid for services after that date.

As of May 1, 2003, long-term care services will be available only to persons who are aged, blind or disabled. We have evaluated your eligibility for Medicaid services based on the possibility of you having a disability that would meet the Social Security Administration (SSA) disability requirements. Based upon our review of your case, we found that either the SSA has previously denied you disability benefits or, based on medical records, you do not have a qualifying disability.

Your case manager will be able to answer any questions you may have about this change and to talk with you about other services that may be available.

Because the discontinuance of long-term care services to people who do not meet the disability criteria is an action required by law, you do not have a right to a hearing on this change. Because there is no right to a hearing, there is no right to continuation of services due to this change.

However, if you disagree with the decision that your disability does not meet SSA criteria, you do have a right to request a hearing on that issue. You also may have a right to have payment for your services continue until a decision

is reached on your hearing. Information on the back of this notice tells you about how to request a hearing and about continuing benefits.

Your Medicaid coverage under OHP Standard is not affected by this notice.

This notice is based on Oregon Administrative Rules 461-125-0370, 411-015-0015, 461-135-0750 through 461-135-0760, 461-025-0310 and on 42 CFR 431.220(b).

[Template for Levels 10-11 OHP service closures]

NOTICE OF TERMINATION OF BENEFITS

Date

Name

Address

Dear (name):

You were recently sent a notice that said your Medicaid long-term care services were ending March 31, 2003, because your service level was either 10 or 11. On March 4, the Oregon Legislature restored funds for those services. As a result, your long-term care services and medical benefits will stay the same for the month of April and your care provider will continue to be paid for that month.

However, another important change is happening that will affect your ability to receive long-term care services.

You have been receiving Medicaid long-term care services because you are eligible for the Oregon Health Plan. We are sorry to tell you that your long-term care services will end on April 30, 2003. Your long-term care provider will not be paid for services after that date.

As of May 1, 2003, long-term care services will be available only to persons who are aged, blind or disabled. We have evaluated your eligibility for Medicaid services based on the possibility of you having a disability that would meet the Social Security Administration (SSA) disability requirements. Based upon our review of your case, we found that either the SSA has previously denied you disability benefits or, based on medical records, you do not have a qualifying disability.

Your case manager will be able to answer any questions you may have about this change and to talk with you about other services that may be available.

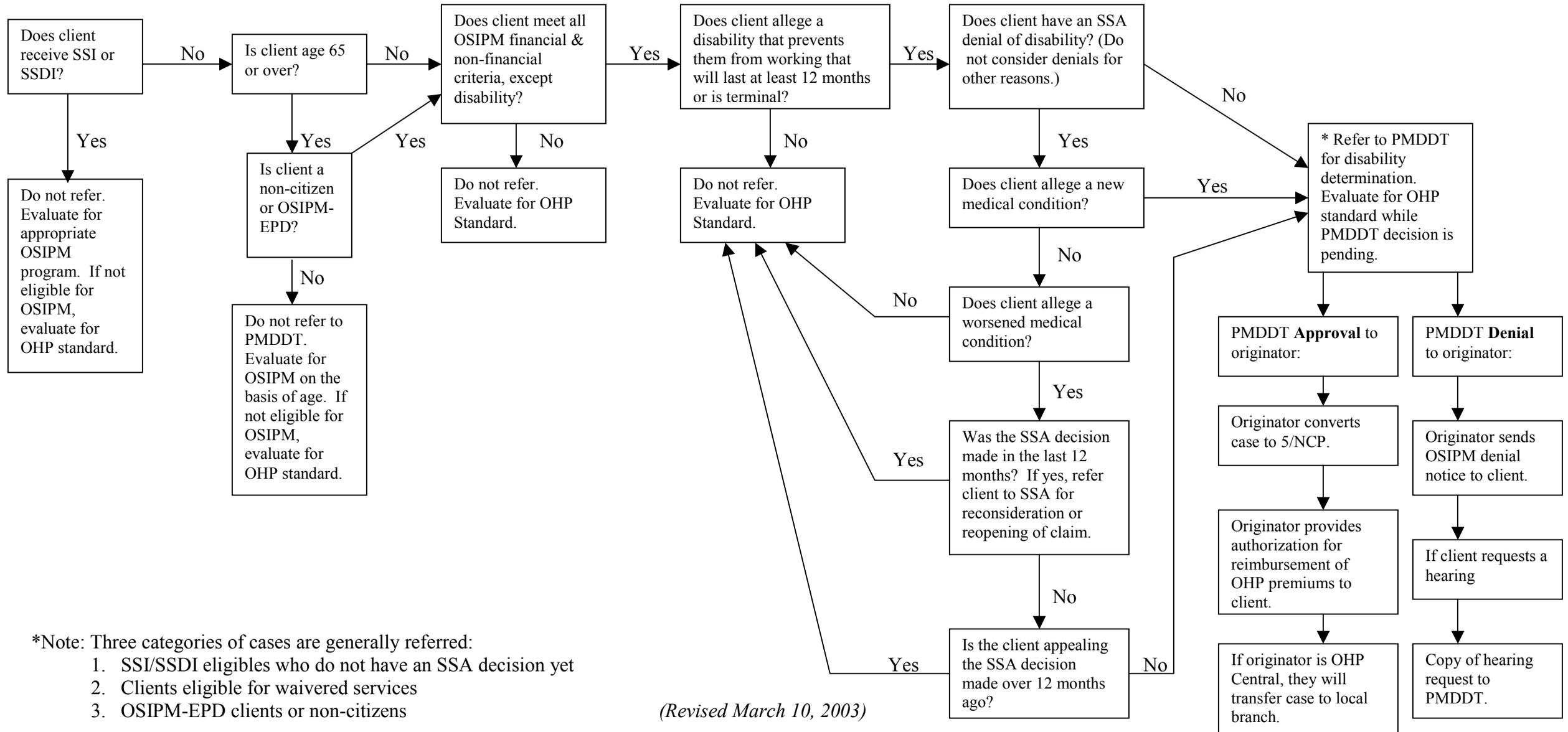
Because the discontinuance of long-term care services to people who do not meet the disability criteria is an action required by law, you do not have a right to a hearing on this change. Because there is no right to a hearing, there is no right to continuation of services due to this change.

However, if you disagree with the decision that your disability does not meet SSA criteria, you do have a right to request a hearing on that issue. You also may have a right to have payment for your services continue until a decision is reached on your hearing. Information on the back of this notice tells you about how to request a hearing and about continuing benefits.

Your Medicaid coverage under OHP Standard is not affected by this notice.

This notice is based on Oregon Administrative Rules 461-125-0370, 411-015-0015, 461-135-0750 through 461-135-0760, 461-025-0310 and on 42 CFR 431.220(b).

Presumptive Medicaid Disability Determination Team (PMDDT) Referral Flow Chart



*Note: Three categories of cases are generally referred:
 1. SSI/SSDI eligibles who do not have an SSA decision yet
 2. Clients eligible for waived services
 3. OSIPM-EPD clients or non-citizens

(Revised March 10, 2003)

PMDDT Checklist

Situation	Proper Sequence Checklist
<p>Prior to submitting for a Presumptive Medicaid Disability Determination to the PMDDT</p>	<ul style="list-style-type: none"> <li data-bbox="1060 267 1942 365">❑ Evaluate for OHP standard eligibility and open if eligible <li data-bbox="1060 406 1942 625">❑ If client alleges a disability that would prevent them from working for 12 continuous months or results in loss of life begin processing application for OSIPM. <li data-bbox="1060 673 1942 852">❑ Check VERSA (DDSINQ) screen and BEIN to see if client has ever received a denial notice for SSI/SSDI. send notice of denial OAR 461-125-03070 <p data-bbox="1134 860 1354 901"><u>Exceptions:</u></p> <ul style="list-style-type: none"> <li data-bbox="1060 901 1942 950">● the client alleges a new medical condition. <li data-bbox="1060 950 1942 1177">● or the client alleges that their condition has changed or deteriorated, <u>and</u> it has been more than 12 months since SSA issued a SSI/SSDI denial, <u>and</u> the client is not currently appealing that denial, <ul style="list-style-type: none"> <li data-bbox="1060 1218 1942 1437">❑ If the client alleges any of the above exceptions or SSA has not ever issued a SSI/SSDI denial, determine if client is financially eligible for OSIPM. If eligible, begin process for PMDDT decision.

Situation	Proper Sequence Checklist
Preparation for PMDDT referral	<ul style="list-style-type: none"> <li data-bbox="1066 212 1923 334">❑ Complete SDS 620. If requesting a expedited decision, also complete SDS 620E. <li data-bbox="1066 391 1923 472">❑ Complete SDS 708 with client. If client alleges blindness, 708 is not required <li data-bbox="1066 529 1923 651">❑ Compile and copy all medical documentation that is in the file or the client makes available. <li data-bbox="1066 708 1923 967">❑ Send all forms, release of information and medical documentation to: <div style="text-align: center; margin-left: 100px;"> Lisa Zacharias/SPD 500 Summer St NE E10 Salem OR 97301-1076 Fax: (503) 373-7902 </div>
PMDDT Functions	<ul style="list-style-type: none"> <li data-bbox="1066 1005 1940 1265">❑ PMDDT makes a disability determination based on medical and vocational documentation received or may order additional medical documentation in order to make the presumptive Medicaid decision. <li data-bbox="1066 1321 1940 1403">❑ PMDDT notifies the originator of the request about the outcome of the decision.