Case Management Death Checklist Closing Procedures for Deceased Consumer

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Important information:

It is important that SELG records are current and updated timely so the information can be sent to ONE. Without an SELG record, an eligibility worker will not know if a service TOA should be approved and that can cause a ONE case to be updated with a date of death resulting in provider payment issues. If you need to request an admin extension on a service plan for any of the approved reasons, it should be done before the service plan expires. Actions taken in ONE case(s) will show up on Case Manager (CM) Alerts, when a CM is assigned to the case in OA.

Sequence of actions:

If the deceased person is currently approved and receiving services, do not close the service benefit in CA/PS before the medical case in ONE has been updated with the date of death (DOD) information and the closure authorized. If the SELG segment is ended before the death is processed in ONE, the ONE system may send out closure notices to the deceased for service eligibility ending and excess income. We want to avoid the potential of notices with inaccurate information being mailed to grieving family members.

If the deceased person applied for services and eligibility is pending for both medical and services, the EW who is processing the information will reach out to the assigned CM to obtain service eligibility decision. If eligible, you must approve the service benefit and plan in Oregon ACCESS (OA) prior to the EW entering a DOD in ONE. Once the SELG is received, the EW will enter the DOD in ONE and eligibility will be run.

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Important information from EAU:

- If you speak to family or friends of the deceased, encourage the individual handling the
 deceased's affairs to contact the EAU (Estate Administration Unit) at 503-378-2884 or
 estate.admin@odhsoha.oregon.gov before disposing of assets or spending any of the
 deceased's money.
- Noting whether you think the recipient may have a disabled or blind child of any age, or a minor child under 21 years. A name and an address would be helpful. It is not necessary to confirm the disability or age of the child; the EAU will do that.
- Narrate in case notes any other information you think may be important to the EAU. If it is urgent, a quick phone call or email to the EAU is appropriate (contact information is above).
- It is not necessary to fill out or email anything to EAU.
- You are not expected to spend a lot of time gathering this information.

MMIS - Nursing Facility:

Close POC day before DOD. If the consumer enters a NF and passes away the same day, the NF would be paid for DOD because it was the date of admission. This can be done prior to the ONE case closing, as no notices are mailed from MMIS.

CA/PS:

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After you have verified the medical benefits in ONE are closed, you may end the CA/PS benefit
and service plan for the DOD.
Go to CA/PS service planning.
Either approve or invalidate any pending benefits. Do not invalidate benefits for which a
provider has been paid.
End current approved benefit with actual DOD.
CEP / OR PTC DCI:
After ending the benefit and service plan segments in CA/PS -
Create and send an updated 546N showing the DOD as the end date to the local office
team supporting authorizations. In the comments section of the 546N you should provide any
necessary details about proration of authorized hours.
Local office team supporting authorization management should update the current voucher
with prorated hours and shortened end date (if needed) via the UATH screen, void future
vouchers and end the ONGO. (This needs to be done before payroll batch is pulled for the

current pay period, which happens the 4 th business day after the last day of the pay period to avoid the voucher going to the STIQ screen).
Local office team supporting authorization management sends email notification to PTC.Support@odhsoha.oregon.gov with the consumer's name, prime, and DOD.
OR PTC DCI Business Process 3.3.0 and Staff QRG for when consumers pass away will also help support this process.
Oregon ACCESS (OA):
Add DOD to person page of OA for consumer.
Narrate the DOD and actions taken.
Transfer OA case to EAU (Branch 8606) within 10 days.
Follow branch procedure for filing.
If consumer passes away before case is open (this would only apply to a consumer residing in a facility):
In CA/PS, complete the assessment using facility records such as MDS and/or care plans.
Facility records used must be based on dates between the date of request (DOR) and the DOD. If approved, open and approve the care plan using the appropriate effective date (per OAR 461-180-0040). The end date should be the DOD. Notify EW as a courtesy (ONE will receive the
SELG update, but it's always best practice to communicate with EW).
Wait for the benefits in ONE to close due to being deceased.
Enter the DOD on the Person tab in OA.
SMRF:
Close 512 effective the day before the DOD.
If provider was already paid past the DOD, close for end of month and submit an overpayment.
Use action code 5 to close 512.
Complete CBC overpayment if needed.
Notify Foster Home Licensor, if consumer was living in an Adult Foster Home (AFH).
Miscellaneous:
If a consumer was participating in the Independent Choices Program (ICP) on the DOD –
Send an email to ICP.SPD@odhsoha.oregon.gov to inform the ICP Policy Analyst. Include
the consumer's name, prime, and DOD.
End the ICP payment on the MRP screen in ONE for the last day of the month.

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Notify Acumen of the consumer's DOD. Include the consumer's name, prime, and DOD.
If a consumer is receiving Extended Waiver Eligibility (EWE) services on the DOD – Send an email to APD.EWE.Request@odhsoha.oregon.gov to inform the EWE Policy Analyst. Include the consumer's name, prime, and DOD. Follow instructions above for closing other payment systems.
Notify the following when applicable if they have not already been notified –
OAA worker
SSA (via ONE form MED-036)
□ VA
APS worker
☐ DME support
Medical transportation
Home Delivered Meals
Contract RN
Mental Health Agency
Adult Day Services
Emergency Response System
Volunteer visitor
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