APD/AAA Q&A
Long-Term Services and Supports & ONE Overview

April 19, 2021

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After today's session, you should be able to answer these questions:

- What are Long-Term Services and Supports (LTSS)?

- What's different about LTSS financial eligibility?

- What does ONE *do*, exactly?

- How do I know someone is evaluated for LTSS in ONE?

- How does ONE work with other systems (e.g., MMIS, 512, SFMU)?

- How do Case Managers and Eligibility Workers work together?

Long-Term Services and Supports Overview
## Answering question: What are Long-Term Services and Supports?

Medicaid Long-Term Services and Supports help Oregonians pay for in-home, community based, or nursing facility care

Oregonian must be eligible for OHP Plus benefit package *and* meet level of care requirements

Level of Care

OHP Plus

18+

LTSS
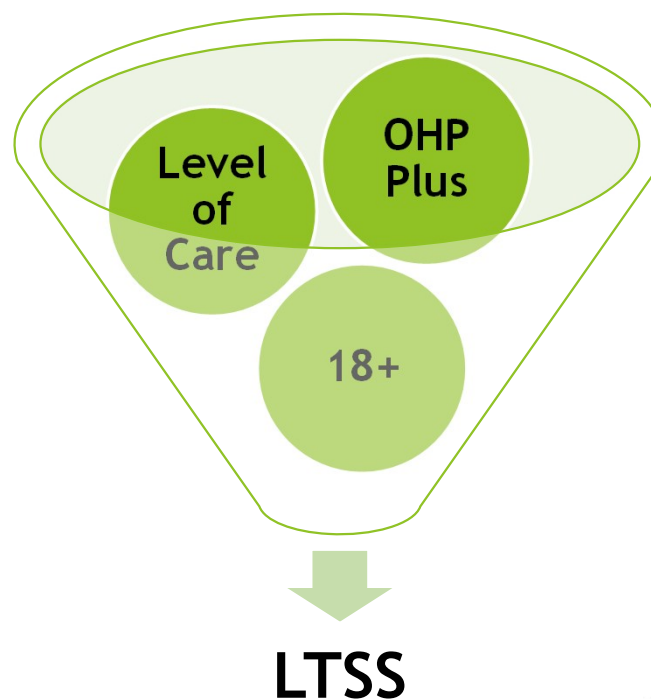
Terminology & Acronyms

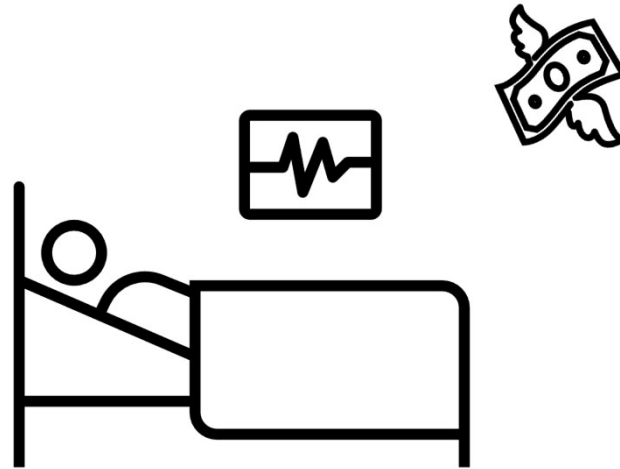## Answers the question: What are Long-Term Services & Supports
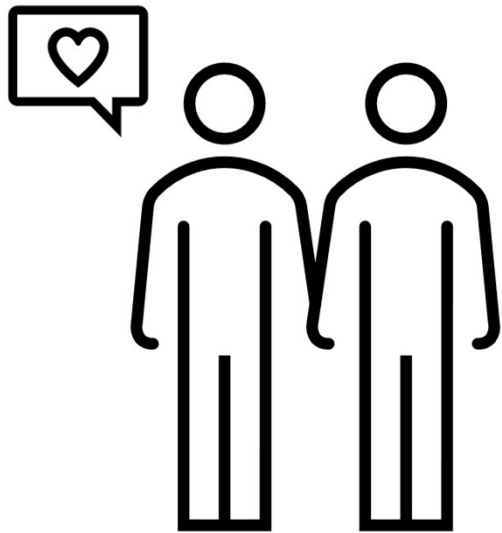
▶ **Institutionalized Spouse**: An individual who is in long-term care or receiving *home and community based care* for a continuous period of care and is married to a *community spouse*

▶ **Community Spouse:** the spouse of the *institutionalized spouse* (i.e., the long-term care or ACS recipient's spouse)

Terminology & Acronyms

Answers the question: What are Long-Term Services & Supports

▶ **Community Spouse Income Allowance (CSIA)**: aka "Less Diverted to Spouse" or "LDS"; available income of the *institutionalized spouse* diverted to their *community spouse* to reduce Patient Liability

▶ **Patient Liability (PTLB):** aka "pay-in;" the LTSS recipient's contribution towards the cost of their care. PTLB is adjusted income (income minus expenses) or actual cost of care, whichever is less

Terminology & Acronyms
Answers the question: What are Long-Term Services & Supports

▶ **Medical Related Payment (MRP):** aka "Special Needs Payments." Cash payments made to a medical recipient to help pay for the cost of their care or uncovered medical needs

LTSS Financial Eligibility

Answers the question: What's different about LTSS financial eligibility?

Resource Assessments

- All legally married LTSS recipients evaluated for OSIPM
- Community Spouse Resource Allowance (CSRA)

Income Cap Trusts

- Countable income above 300% SSI standard ($2,382 in 2021)
- CMs work with Eligibility Workers to update ONE

LTSS Financial Eligibility Continued

Answers the question: What's different about LTSS financial eligibility?

Disqualifying Transfer(s) of Assets

- Assets transferred for less than their fair market value
- Penalty period dependent on uncompensated value of transferred asset

Home Equity Exclusion Limit

- $603,000 in 2021
- Applied to MAGI and OSIPM recipients

In Summary

▶ LTSS Oregonians must be eligible for OSIPM or MAGI medical benefits but also meet additional financial eligibility factors

▶ The resource limit is $2000 for the Oregonian under OSIPM. If the Oregonian is legally married, then a resource assessment is needed to determine how much of the couple's combined assets the community spouse can keep.

▶ Under OSIPM, the maximum amount of income for the Oregonian is 300% SSI, or $2,382 in 2021. If the Oregonian has more income than that, an Income Cap Trust is required.

▶ An Oregonian who transfers a resource to another individual for less than fair market value could potentially be disqualified from receiving LTSS for a time. This is called a disqualifying transfer of assets. This applies to everyone that is interested in LTSS services, not just OSIPM recipients.

▶ The Oregonian's home (if they are living there on their own) can't exceed the established equity value (currently $603,000) in order to be eligible for LTSS, regardless of whether they receive MAGI or OSIPM.

How Case Managers and Eligibility Workers Use ONE

Answers the question: What does ONE *do*, exactly?

Eligibility Workers

▶ Determine financial eligibility for medical, SNAP, TANF, and ERDC

▶ Issue Medical Related Payments not connected to service eligibility

▶ Collaborate with Case Managers on financial eligibility factors dependent on level of care

▶ Communicate case changes to Case Managers

How Case Managers and Eligibility Workers Use ONE

Answers the question: What does ONE *do*, exactly?

Case Managers

▶ Issue Medical Related Payments connected to service eligibility

▶ View authorized and pending benefits and correspondence

▶ View Patient Liability and update appropriate payment systems (e.g. SFMU, 512, MMIS)

▶ Collaborate with Eligibility Workers on financial eligibility factors dependent on level of care

Medical Related Payments

Answers the question: What does ONE *do*, exactly?
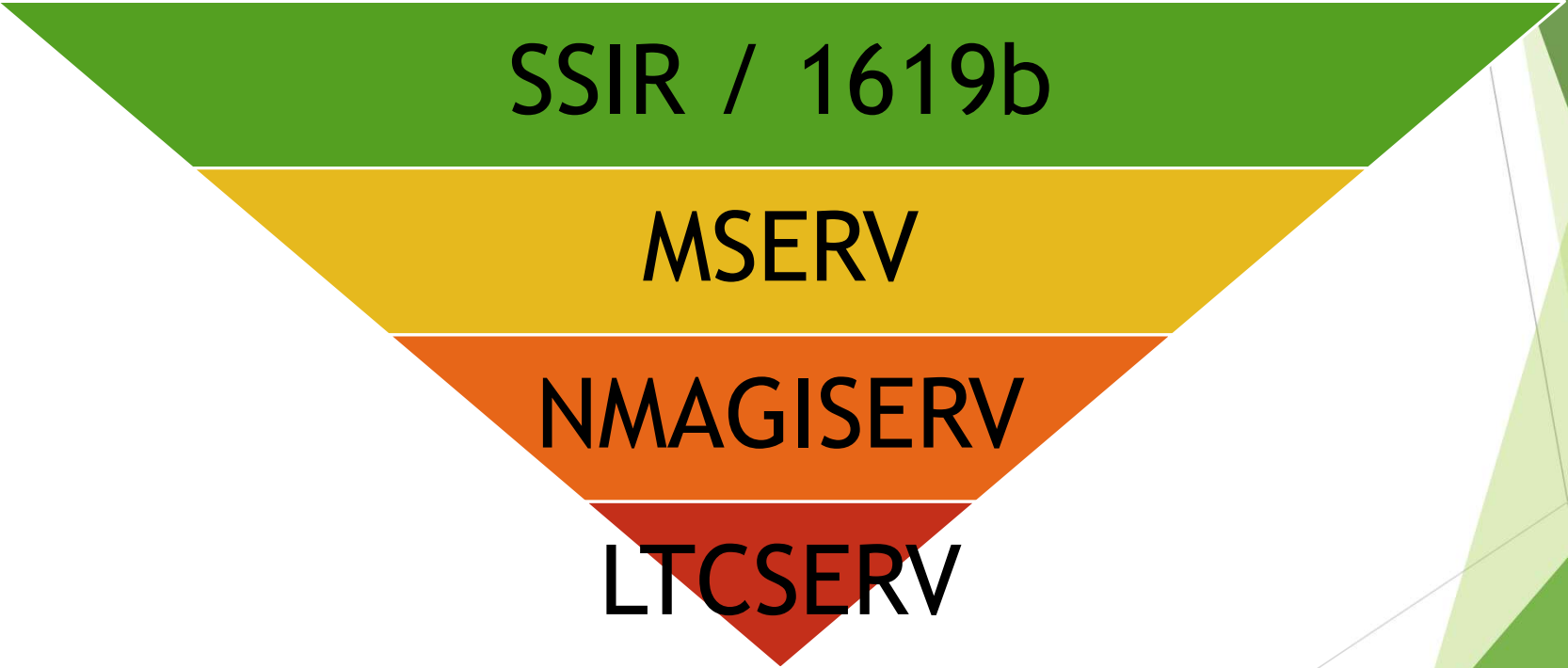
Case Managers and Eligibility Workers can issue Medical Related Payments

Some MRPs are connected to services, others are only connected to the medical benefit

Types of Assistance

Answers the question: How do I know someone is evaluated for LTSS in ONE?

SSIR / 1619b

MSERV

NMAGISERV

LTCSERV

So what does this all look like in ONE??

ONE for Case Managers

Answers the question: How do I see the pending and authorized benefits?

▶ From the Case Summary page, scroll down to the Currently Associated EDGs. Pending benefits are found under the Non Authorized EDGs

▶ Additionally, clicking the View Authorization History will have more detailed information

Non Authorized EDGs

EDG Name	Category of Assistance	Benefit Period	Eligibility Result	Edg Status	Verification Date	Renewal Date	Override
	MSERV	01/01/2021-Ongoing	Pending	Pend			N

Currently Associated EDGs

▶ Authorized EDGs

▶ Non Authorized EDGs

View Authorization History

ONE for Case Managers

Answers the question: How to view Patient Liability (PTLB)?

- ▶ Click View Authorization History from Case Summary screen

- ▶ Filter as needed and click Search

- ▶ From far right column – Details, click the blue hyperlink to **Patient Liability Summary**

- ▶ Select the desired dates within the top section to prefill the data below

Authorization History

Search Criteria

Begin Date	<mm/dd/yyyy>	Program	
End Date	<mm/dd/yyyy>	Authorization Status	
Individual			

Search

Details

Notice Reason
RFI Details-N/A
Financial Summary
Patient Liability Summary
View Disqualification - N/A
Other Evaluated TOA's - N/A

Comes from the SELG record

View	Patient Liability Begin Date	Patient Liability End Date	Patient Liability Amount	SELG Begin Date	SELG End Date	Service Category
○	11/01/2020	12/31/2020	$ 466.00	02/01/2020	01/31/2021	Aged and Physically Disabled (CAPS)
⦿	01/01/2021	01/31/2021	$ 466.00	02/01/2020	01/31/2021	Aged and Physically Disabled (CAPS)

ONE for Case Managers

Answers the question: How to view Correspondence (including RFIs)?

Viewing what a case is pended for can be seen in:

▶ Correspondence

▶ View Authorization History (from Case Summary)

ONE for Case Managers

Answers the question: What type of service benefit do I approve?

| LTCSERV | | 10/01/2020 | 10/31/2020 | N/A N/A | Pend | Notice Reason RFI Details Financial Summary Patient Liability Summary View Disqualification |

If the Service Category Code is...	Then ONE will evaluate for...	Contact for SELG Corrections
APD	NMAGISERV or LTCSERV	APD/AAA Branch
BPA	NMAGISERV	APD/AAA Branch

ONE Interfaces

Answers the question: How does ONE talk to other systems?

- ONE interfaces with MMIS and the 512 system in real time (no more batching overnight for a 512!)

- SFMU needs to be manually updated

- 512 needs to be "touched"

- Plan of Care (POC) needs to be manually entered in MMIS for Nursing Facilities and In-Home

Session	Date
Service Eligibility	04/22/2021
Payment Systems	04/29/2021
DQ's, RA's, and ICT's	05/06/2021
Medical Deductions & Liability	05/13/2021
Forms, Notices & Reports	05/20/2021
Medical Related Payments (MRP's)	05/27/2021
Renewals in ONE	06/03/2021
Wrap up: Review & Open Q&A	06/10/2021

APD/AAA LTC & ONE Q&A Series