Information Memorandum Transmittal
Aging and People with Disabilities

DHS | Oregon Department of Human Services

Nate Singer	**Number:** APD-IM-21-053
Authorized signature	**Issue date:** 6/17/2021

Topic: Systems Issues   **Due date:**

Subject: ONE System Modifications

Applies to (*check all that apply*):

- ☐ All DHS employees
- ☒ Area Agencies on Aging: Type B
- ☒ Aging and People with Disabilities
- ☒ Self Sufficiency Programs
- ☐ County DD program managers
- ☐ Support Service Brokerage Directors
- ☐ ODDS Children's Residential Services
- ☐ Child Welfare Programs

- ☐ County Mental Health Directors
- ☐ Health Services
- ☐ Office of Developmental Disabilities Services (ODDS)
- ☐ ODDS Children's Intensive In Home Services
- ☐ Stabilization and Crisis Unit (SACU)
- ☐ Other (*please specify*):

Message:

On the evening of June 3, 2021, several updates were made to the ONE system. We would like to provide additional information about the following topics:

- Authorized/Other Payees for Medical Cash Payments Generated from the ONE Eligibility Rules Engine.
- Future Effective Medical Related Payments (MRP) made from the Other Payments Module
- Changes to ONE handling of some Service Eligibility types

Authorized/Other Payees for Medical Cash Payments Generated from the ONE Eligibility Rules Engine

As a part of the eligibility determination, the ONE system evaluates individuals for two payments: ISS (APD In-home Service Supplement) and NF/PIF (Nursing Facility Personal Allowance). This means that when eligibility is run in ONE and benefits are authorized, payments for the ISS and NF/PIF may be issued to the recipient. All other Medical Related Payments are made from the ONE Other Payments module. While

the Other Payments module allows you to designate an Authorized Payee, establish dual payees, etc., these options did not exist for payments generated by the ONE Eligibility Rules Engine.

As part of the June 3rd ONE release, changes were made to allow you to designate an Authorized Payee and/or create Two Party Check instructions for Medical Payments that are generated from the Eligibility Rules Engine. This should eliminate problems caused when payments were issued to minor children, adults in need of a payee, etc…

The new ONE logic allows you to designate any of the following as the Payee on ISS and NF/PIF payments:

- The ISS or NF/PIF Beneficiary (e.g. the person who is eligible for the payment)
- The Head of Household – regardless of age
- Any adult (equal to or greater than 18 years old) who is part of the case composition
- An Authorized Payee – This is an individual/entity who is not part of the case composition

To designate someone other than the ISS or NF/PIF Beneficiary as the check payee, follow these steps:
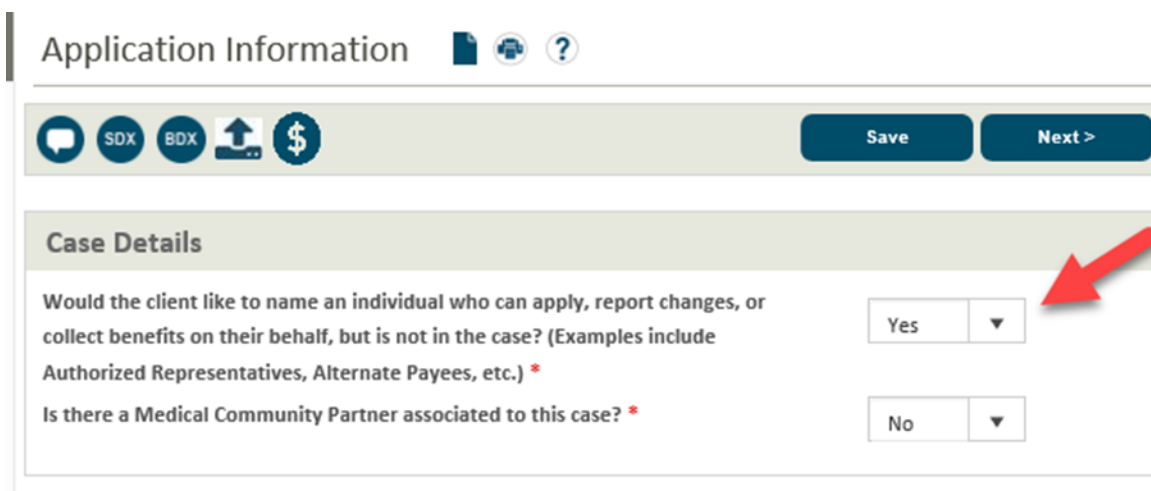
Step 1: Designating an Authorized Payee – <u>This step is only necessary if the payment should be made to an Authorized Payee.</u>

If the payment should be made to an Authorized Payee, you must enter the Authorized Payee information in the **Representative Screens** in the **Application Details Section**.
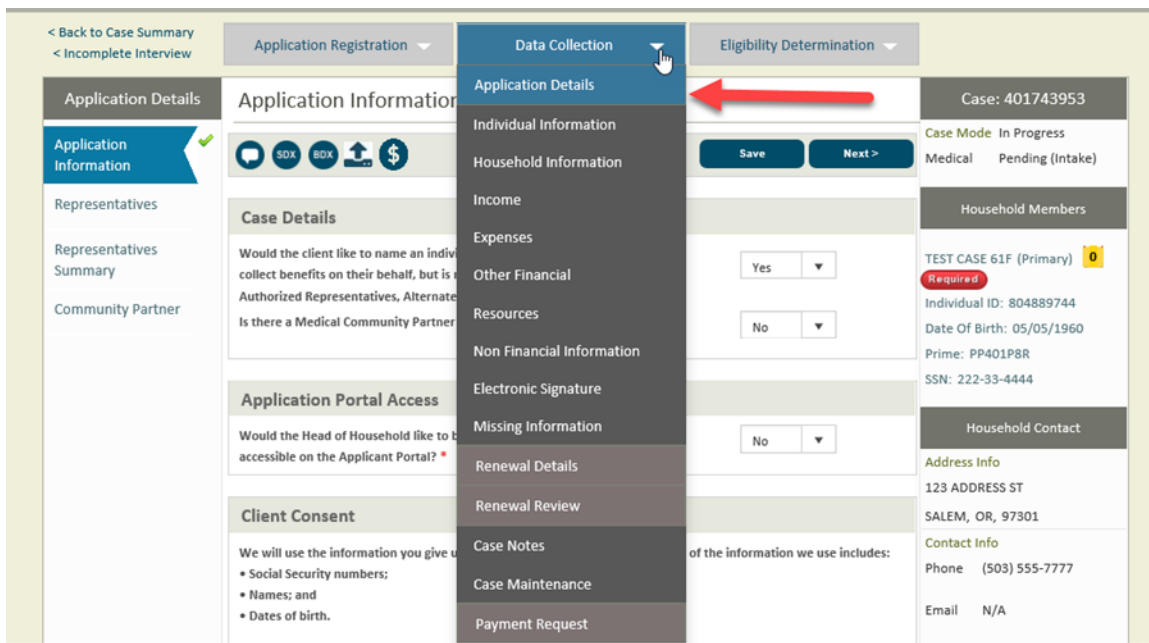
Answer **Yes** to the question, "*Would the client like to name an individual who can apply, report changes, or collect benefits on their behalf, but is not in the case? (Examples include Authorized Representatives, Alternate Payees, etc.)*" to queue the **Representative** screen. Be sure to select the **Authorized Payee Representative Type**.

Though not shown on the screen images below, ONE also collects address and contact information for the Authorized Payee.

Step 2: Whenever the ONE eligibility determination finds an individual eligible for ISS or NF/PIF payments, you must designate the payment instructions on the **Post Eligibility Preferred Payment Details** screen.

Click on the **Pencil** icon in the **Actions Column** to enable additional data entry fields.

Complete the following:

- ***Medical payments are issued to the individual eligible for the benefit by default. Do you want check or EFT to be issued to Test Case?*** (The answer to this question defaults to 'Yes')
    - If the user selects 'Yes' the payment will be made to the Beneficiary
    - If the user selects 'No' the payment can be made to another person.
- ***Payee Name*** – this field will be enabled if the answer to the previous questions is 'No.' The user can select the payee here. Remember that the payment is for

the benefit of the Oregonian, however, the check can be written to someone else on their behalf. For example, if the person eligible for an ISS payment is a minor child, you can indicate the check should be made payable to a parent.   The available options are:

- o The Head of Household – regardless of age

- o Any adult (18+ years old) who is part of the case composition

- o An Authorized Payee – Note that if an Authorized Payee has been recorded on the Representative screens, the Authorized Payee name will display here. If no Authorized Payee has been recorded on the Representative screens, a generic "Authorized Payee" selection will be available. The user will be required to go back to the Representative screens to add the Authorized Payee information before the Preferred Payment Details record can be saved.

- *Two Party Check Type*: If the check should be made out in the names of *both* the Oregonian and the payee, then select the Two Party Check type here. Available options are:
  - o Both parties should endorse the Check – Check will print as Pay To "Beneficiary AND Payee"
  - o Either party can endorse the Check – Check will print as Pay To "Beneficiary OR Payee"
  - o Check on behalf of Second Party – Check will print as Pay To "Payee FOR Beneficiary"
- Finally, enter the *Initial/Supplemental Payment Method and On-going Payment Methods*. Available options are:
  - o Check
  - o Direct Deposit – note that this option is only available if the payee is the Beneficiary

Important Note	**IMPORTANT NOTE** regarding Beneficiaries under age 18: If the local office does not affirmatively complete the **Preferred Payment Details** screen, the payment will issue to the Beneficiary. If the Beneficiary is under age 18 and the local office has not specifically selected the **Underage Beneficiary** as the payee (often the underage Beneficiary is also the Head of Household, which can be selected as the Payee) the payment will fail and will not issue.

Future Effective Medical Related Payments (MRP) made from the Other Payments Module

- ONE will allow Recurring payments to carry a future effective date. You can enter a start date up to the last day of the following calendar month.

- ONE will not allow future effective dates for one-time payments. Historically, ONE has not allowed future effective dates for one-time payments. In making a change that was supposed to affect SSP Other Payments only, the MRP logic was updated to allow future effective one-time payments. This error was corrected, and the original logic is back in effect.

Changes to ONE handling of some Service Eligibility types

The ONE system receives Service Eligibility information from the mainframe in real time. This means that when a change is made in Oregon ACCESS and it successfully updates to the mainframe SELG screen series, the update is also passed to ONE. The same is true for updates made directly in the SELG series screens. The ONE Eligibility Rules Engine contains logic to process the service eligibility information in specific ways.

For example, when ONE sees APD-IHC service eligibility data, the eligibility determination will consider the 300% of SSI standard, if required. If the recipient has SSI and APD-IHC, ONE will evaluate for the ISS (In Home Supplement) special need. If the recipient has BPA, ONE will not apply the 300% of SSI standard, etc.

A recent ONE modification has changed the processing related to specific Service Eligibility types.

- ***Evaluation of NMAGISERV and MSERV*** - Individuals receiving Waivered and K Plan services must be evaluated for additional financial eligibility criteria (Asset Transfer and Home Equity Value). The NMAGISERV and MSERV TOAs represent evaluation of these additional financial eligibility criteria. In the past, NMAGISERV and MSERV were being evaluated for State Plan Personal Care (SPPC) and General Fund Service eligibility categories, even though these recipients were not required to meet the NMAGISERV or MSERV criteria.

  ONE has been modified so that it no longer evaluates for NMAGISERV or MSERV when the recipient service eligibility does not require the evaluation. **The Service Categories for which NMAGISERV and MSERV will no longer be evaluated are: BPA, BPD, BPM, BPO, DDG, FSG, FSL, and OPI**.

- ***Agency Pend for Service Eligibility*** - When ONE evaluates eligibility, it considers whether the applicant has indicated that they wish to apply for LTC services. If the applicant indicates a desire to apply for LTC services, ONE does the following:
  - If the applicant appears to be MAGI eligible, ONE will fully evaluate medical eligibility and,

- If there is MAGI compatible service eligibility on file for which an MSERV evaluation is required (DDB, DDC, MFW, MIW, NFC, NFS, DDK, or KPS) ONE will evaluate for MSERV.
- If there is MAGI compatible service eligibility on file for which no MSERV evaluation is required (BPD, BPM, BPO, DDG, FSG, FSL) ONE will "Pend" the MSERV determination for 45 days to see if new Service Eligibility is established.
- If there is no MAGI compatible service eligibility on file, ONE will "Pend" the MSERV evaluation for 45 days to see if Service Eligibility is established.
  - If the applicant appears to be OSIPM eligible with income under the OSIPM standard, ONE will fully evaluate medical eligibility and,
    - If there is OSIPM compatible service eligibility on file for which an NMAGISERV evaluation is required (APD, DDB, DDC, ICP, MFW, MIW, NFC, NFS, or SPH) ONE will evaluate for NMAGISERV.
    - If there is OSIPM compatible service eligibility on file for which no NMAGISERV evaluation is required (BPA, BPM, DDG, FSG, FSL, or OPI) ONE will "Pend" the NMAGISERV determination for 45 days to see if new Service Eligibility is established.
    - If there is no OSIPM compatible service eligibility on file, ONE will "Pend" the NMAGISERV evaluation for 45 days to see if Service Eligibility is established.
  - If the applicant is not MAGI eligible but is potentially OSIPM eligible if the 300% of SSI standard is used as part of the eligibility determination, ONE will "Pend" the medical eligibility determination (LTCSERV) for 45 days to see if Service Eligibility that would allow application of the 300% of SSI standard is established.

If you have any questions about this information, contact:

Contact(s): APD.MedicaidPolicy@dhsoha.state.or.us.	
Phone:	Fax:
Email:	