

Policy Transmittal Aging and People with Disabilities



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Topic: Long Term Care

Transmitting (check the box that best applies):

- New policy
 Policy change
 Policy clarification
 Executive letter
 Administrative Rule
 Manual update
 Other:

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Type B | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children’s Intensive In Home Services |
| <input type="checkbox"/> County DD program managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> ODDS Children’s Residential Services | <input type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> Child Welfare Programs | |

Number: APD-PT-18-049
Issue date: 12/6/2018
UPDATED
Due date:

Policy/rule title:	MED Process Update		
Policy/rule number(s):	411-015-0005 (30), 411-015-006 (3)(c), 411-015-0015	Release number:	
Effective date:	12/1/2018	Expiration date:	
References:			
Web address:			

Discussion/interpretation: This policy transmittal replaces the previous policy transmittal [APD-PT-15-031](#).

POLICY

Individuals under 65 years of age whose primary service eligible need is driven by serious mental, emotional, or substance use disorder are not eligible for Medicaid Long-Term Services and Supports funded by Aging and People with Disabilities per Oregon Administrative Rule (OAR) 411-015-0015(5).

Case Managers must screen all consumers that are under the age of 65 who are applying for services for MED referral using the following criteria:

- Individuals assessed SPL 1-13 must be sent to MED if the individual has a diagnosis of an ongoing mental, emotional, and/or substance use disorders (even if the consumer may also have physical needs); or
- Individuals assessed SPL 1-13 who have no known cause for their assessed cognitive impairment.

Consumers who meet the criteria above may not be opened for APD Services, including SPPC, until a MED decision has been made.

The MED referral form is found here: [MED Referral](#). The instructions to complete the referral form is found here: [MED Referral Instructions](#). For future reference, the link to these documents are located on APD Case Management Tools, under the heading “(MED) Mental or Emotional Disorders Review Team”.

A MED referral should also be completed when:

- The consumer is currently receiving Long Term Service and Supports and a new assessment indicates that the consumer’s care needs have changed to the point where they may now be driven by a serious mental, emotional or substance use disorder; or
- The individual on Long Term Service and Supports was not previously sent through MED but the CM believes they should have been.

NEW PROCESS

APD has contracted with Maximus to conduct the “primary driver of need” review to make an eligibility recommendation to APD Central Office (CO). Maximus is replacing the Central Office MED Team. Maximus will be conducting document reviews and completing and in-person interview with the individual.

Referrals should be sent to the MED mailbox and the Maximus mailbox. CO and Maximus will screen the referral packet for completeness. If all necessary documentation has been received, Maximus will email the referring staff member indicating the referral has been accepted for MED review. **Consumers must not be opened for State Plan Personal Care or APD services while an MED review is pending.**

Once the referral has been accepted, Maximus staff will obtain additional documentation as needed and conduct an in-person interview within 14 days of accepting the referral. Maximus will provide their eligibility recommendation to Central

Office within 14 additional days following the interview. All Maximus MED recommendations are expected to be made within 28 days of accepted referral.

Maximus is NOT reviewing SPL determinations, they are reviewing the primary driver of the need for services.

APD CO team will review the recommendation and make a final decision. CO will send the case manager the decision within 30 days of the completed and accepted referral. CO will include the appropriate decision notice language. Case Managers should use the exact language provided.

If Maximus needs an interpreter to conduct the review, the Case Manager is responsible for arranging appropriate interpreter services necessary for both the scheduling and for Maximus' in-person visit.

Implementation/transition instructions:

Beginning Dec. 17, 2018 Please email referrals to: MED.Ascend@maximus.com **AND** MED.SPD@dhsoha.state.or.us

Please use “#secure# MED Referral” in the subject line or use your offices secure email program with “MED Referral” in the subject line.

See attached referral form and Instructions.

Training/communication plan:

APD CM tools *Mental and Emotional Disorders Team page* is being updated with information and material that support this policy and process.

Technical assistance is available through the contacts listed below or by email MED.SPD@dhsoha.state.or.us.

Local/branch action required: Screen and refer MED case as instructed in this release.

Central office action required: Provide training and technical support and monitor contract to ensure quality performance

Field/stakeholder review: Yes No

If yes, reviewed by: Policy and Operations group

Filing instructions:

If you have any questions about this policy, contact:

Contact(s): Bob Weir or Darla Zeisset	
Phone: 971-600-7876 or 503-779-8983	Fax: 503-947-4245
Email: bob.weir@dhsosha.state.or.us/darla.zeisset@dhsosha.state.or.us	

Instructions for Completing and Aiding Referrals to MED/Maximus

Please **scan** the following documentation and email to:

MED.Ascend@Maximus.com and cc Med SPD (in Outlook) or Med.SPD@state.or.us.

Please use “*#secure# MED Referral*” in the subject line or use your offices secure email programs with MED Referral in the subject line.

1. MED Referral Form. All sections must be completed (please note that Maximus does not have rights to Oregon ACCESS)
2. Releases of information (MSC 2099) allowing sharing of information between APD/AAA and Maximus
3. A copy of the CAPS 2 Assessment Summary Form - 002n within 3 months of the request
4. All medical/mental health records in our possession. If no medical/mental health records are available or requested, please provide an explanation in the Summary section of the referral explaining why records are not available or able to be requested.

Please inform the consumer of the review Maximus will need to complete and to expect a call and scheduling to occur.

The case manager may need to arrange interpretation services for Maximus as needed.

MED Referral

Email to: MED.ascend@Maximus.com and MED.SPD@dhsosha.state.or.us

Basic Demographics			
Consumer Name:		Age:	
Prime Number:		Language	
Case Manager name and email:		Gender:	
		Branch	
Setting Address if not the same as 002N (for appt.)		Impairment	Vision __ Yes __ No
		Impairment	Hearing __ Yes __ No
Setting Type (in-home, AFH, etc)		Consumer/ Rep. Phone	
Setting contact Name & Phone		Referral Date	

- Have there been previous MED referrals or decisions Yes___ No ____
If yes, when? _____
- Have there been any past services approved? APD_____ MH _____ ODDS_____
Services currently approved? APD____ MH____ ODDS _____
- **Referrals must include a release of information** authorizing sharing of information with Maximus for eligibility purposes.
- **Referrals must have current assessment** (within the last three months) and include the 002N.

Contacts			
Name	Title	Phone	E-mail

Records Included	
Provider	Dates
Records Requested Pending Receipt	
Provider	Date Requested

Case Summary
<p>(Include current placement, any current or past coordination with Mental Health, why individual is being referred at this time, any other documentation that is pending, and an explanation of why documentation does not exist, been obtained, or been requested, etc.)</p>

CM Signature		Date	
Supervisor Signature		Date	