



Service Eligibility for Aging and People with Disabilities

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APD Medicaid Long Term Care System Program



Who does APD serve?

APD serves aging and individuals with disabilities age 18 & over through the State Plan K-Option, Home & Community Based Service (HCBS) waiver and the State Plan Personal Care programs.



Administered by State & County Offices

- 32 State APD offices
- 16 AAA county offices across the state
 - Multnomah County ADS
 - NorthWest Senior & Disability Services
 - Lane Council of Governments
 - Oregon Cascade West Council of Governments

Nursing Facility and the State Plan K-Option

Individuals are eligible for services if they meet service eligibility requirements tied to NF level of care.

Individuals are able to select any service option:

- Home (homecare worker or In-Home Agency)
- Community Based Care Facilities
 - Adult Foster Homes/Relative Adult Foster Homes
 - Residential Care Facilities
 - Assistive Living Facilities
- Nursing Facility

Options must be appropriate & available to meet the needs of the individual

Accessing for Services

Before a person can be assessed for services, they must first pass through various eligibility “doors.”



Door #1

Individual must be or will be eligible for Medicaid through one of the following:

1. OSIPM

or

2. MAGI

OSIPM eligibility

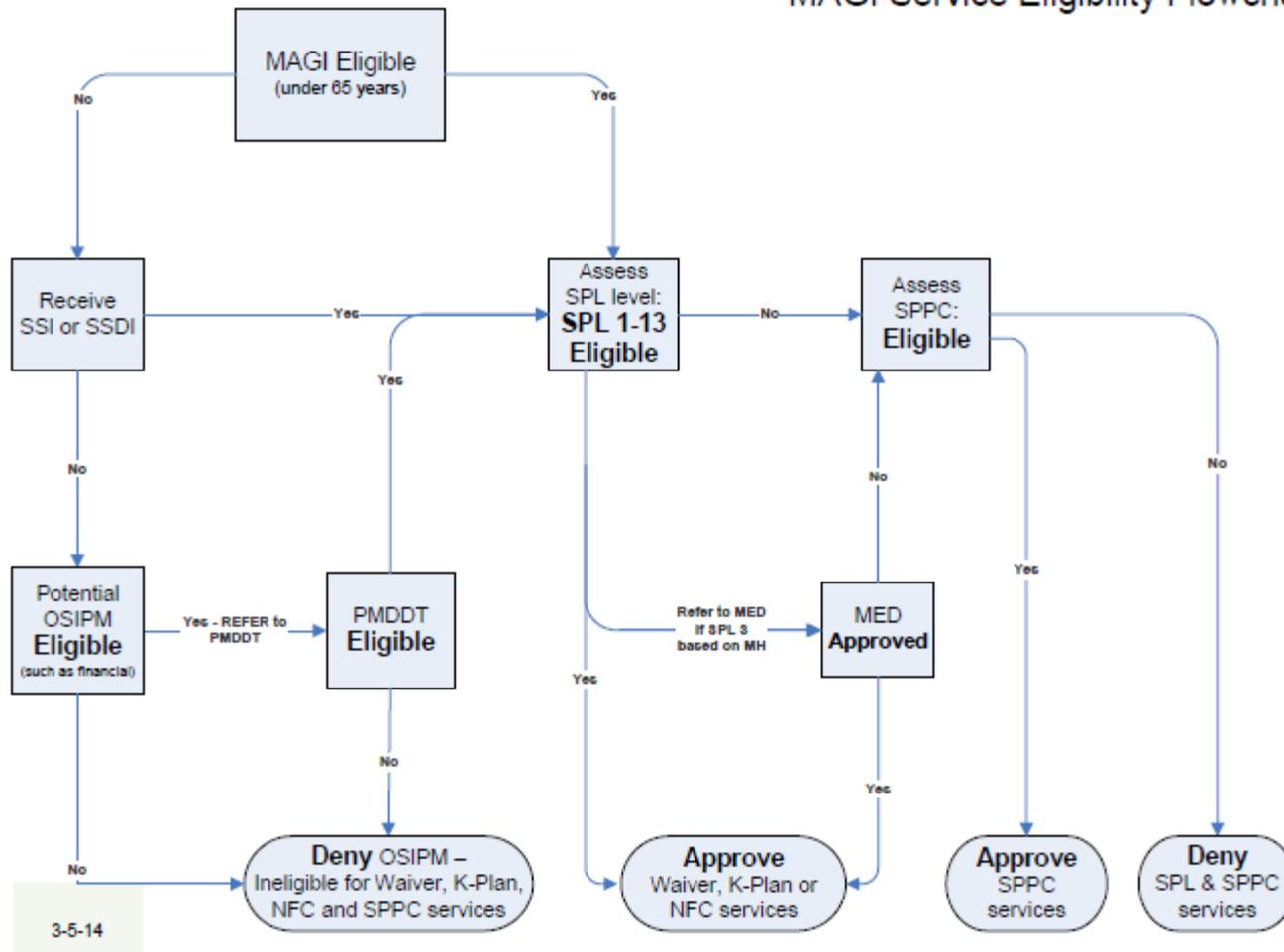
- The person must first meet financial eligibility for Medicaid:
 - 300% of SSI income level
 - Resources limit of \$2,000 for an individual; \$3,000 for a couple
 - Various other eligibility criteria must be met, as well as financial eligibility

OSIPM eligibility continued....

- OSIPM individuals under 65 must:
 - Be determined disabled by Social Security disability criteria, **or**
 - Be determined disabled by APD's PMDDT (Presumptive Medicaid Disability Determination Team); and
 - Have an open claim with SSA for disability

MAGI eligibility

MAGI Service Eligibility Flowchart



OSIPM and MAGI Comparison Chart for Individuals Receiving Services

	OSIPM Eligible	MAGI Eligible
Eligibility for Long-Term Care Services*		
Income	Within 300% SSI or qualifying trust. 461-155-0250	APD field staff does not review.
Resources	\$2000 for one person need group per 461-160-0015. Community Spouse Provision under 461-160-0580 may also apply.	Review Transfer of Assets and the equity value of the individual's home. Resource assessment encouraged for future OSIPM need. 411-015-0100
Disability Determination for under 65	Determined to have a disability through SSA or PMDDT. 461-125-0370	Not Required. Note that a physical need must still drive eligibility per 411-015-0015.
*Additional limitations are established per 411-015-0015		

OSIPM and MAGI Comparison Chart for Individuals Receiving Services – continued...

	OSIPM Eligible	MAGI Eligible
Benefits		
Liability/Pay-in	Liability/Pay-in potential per 461-160-0610.	No liability/Pay-in. Rule 461-160-0610 refers to OSIPM eligible individuals.
Special Needs (except room and board payments)	Allowed if other criteria are met. 461-155-0500 to 461-155-0710.	Not allowed. 461-155-0500 to 461-155-0710 refers to OSIPM eligible individuals.
Room and Board Payments	Utilize Special Needs Rule as above.	Eligible per 411-027-0025. Payable to facility only, per APD PT 14-011. Note that PIF is not calculated.
K State Plan Ancillary Services	Must be eligible for Medicaid Long-Term Care Services. 411-035-0015 and 411-015-0100	Must be eligible for Medicaid Long-Term Care Services. 411-035-0015 and 411-015-0100
Nursing Home Personal Incidental Funds	\$60 per 461-155-0250. Payment may be authorized to increase individual income to the PIF. See APD-PT-14-014	No liability is calculated. Rule 461-160-0610 refers to OSIPM individuals. However, no payment may be authorized to increase individual income to the PIF.

OSIPM and MAGI Comparison Chart for Individuals Receiving Services – continued...

	OSIPM Eligible	MAGI Eligible
Other Programs		
Independent Choices Program	Eligible per 411-030-0040. Other limitations apply per 411-030.	Not Eligible per 411-030-0040.
State Plan Personal Care	Eligible per 411-034-0030. Other limitations apply per 411-034.	Eligible per 411-034-0030. Other limitations apply per 411-034.
Program of All-Inclusive Care for the Elderly (PACE)	Eligible per 411-045-0050 in areas with PACE programs	Eligible per 411-045-0050 in areas with PACE programs.
Oregon Project Independence	Not eligible per 411-032-0020.	Not eligible per 411-032-0020.

Door # 2

Both OSIPM and MAGI individuals **under** age 65 must be determined if he or she has a mental or emotional disorder (MED) or been determined eligible for development disability services.

- DD: Refer to the local DD office for eligibility for DD services
- MH: Refer to AMHD for eligibility based on MH needs along
- Physical & MH: Refer to MED to determine if service eligibility is based on a physical or mental disorder described on next slide

OAR 411-15-0015(4)

Individuals under age 65 with a diagnosis of mental or emotional disorder or substance abuse related disorder are eligible for nursing facility or K-Plan services through APD/AAA when:

1. They have a non-psychiatric diagnosis or physical disability **and**
2. Their need for services is based on their non-psychiatric diagnosis or physical disability **and**
3. They provide supporting documentation demonstrating their need for services is based on the non-psychiatric diagnosis or physical disability

If the person has a mental or emotional disorder & is under 65

- An assessment is conducted to determine if the individual meets service eligibility criteria based on a physical need not driven by a mental or emotional disorder
- A referral to the MED committee is made



Definition of a Mental or Emotional Disorder

- A schizophrenic, mood, paranoid, panic or other anxiety disorder;
- Somatoform, personality, dissociative, factitious, eating, sleeping, impulse control or adjustment disorder; or
- Other psychotic disorder, as defined in the Diagnostic and Statistical Manual.



Mental & Emotional Disorder Team

MED determines if the need for assistance with ADLs & IADLs is driven by a mental or emotional disorder or a disability that is not related to a mental or emotional disorder

Mental & Emotional Disorder Team (MED)

MED consists of:

- Manager of the Long Term Care Systems unit
- Psychiatrist employed by Addictions & Mental Health (AMH)
- Several policy analysts with AMH & APD

MED Referrals

- Referrals are made by the local office
- MED team examines the eligibility issues related to the impact of mental or emotional disorders for those under age 65
- Reviews CAPS (must meet SPL 1-13), medical records, mental health records, cognitive testing
- Conference call between the team & local office
- Recommends service eligibility or instructs case manager to obtain needed documentation required to make a recommendation about service eligibility

Door # 3

- Individuals 65 years and over do not need to go through MED
- Regardless of age, individuals must meet Service Priority Level 1-13 based on a CAPS assessment and the SPL OAR 411-015
- Has service needs not fully met by natural support or other alternative service resources

ADLs

Four ADLs used for SPL 1-13 & Service Planning:

1. Mobility
(ambulation & transfers)
2. Eating
3. Elimination
(bladder care, bowel care, & toileting)
4. Cognition/Behavior
(8 areas)

Addl ADLs used for service planning only:

- Dressing/Grooming
- Bathing/Personal Hygiene

IADLs

Used for Service Planning:

- Housekeeping (including laundry)
- Shopping
- Transportation
- Medication & O₂ management
- Meal preparation (breakfast, lunch, & dinner/supper)

Considerations

Using the assessment time frame, we assess the individual's:

- Ability to perform ADL and IADL tasks
- Ability to address health & safety concerns
- Preferences with consideration of meeting their health & safety needs

Possible or preventative needs are not a consideration



Service Priority Levels (SPL)

- Medicaid service eligibility serves SPL 1-13
- The lower the number, the higher the need:
 - SPL 1 = Full assist in mobility, eating, elimination & cognition
 - SPL 3 = Full assist in mobility or eating or cognition
 - SPL 13 = Assist with elimination

SPL 3 Based on Cognition

- Must be assessed as full assist in 3 of the 8 areas:
 - Requiring assist verses full assist in all 8 areas does not result in SPL 3
- Majority of MED cases are assessed as SPL 3 based on cognition/behaviors

8 Areas of Cognition/Behaviors

Cognition

- Adaptation
- Awareness
- Judgment/Decision Making
- Memory
- Orientation

Behaviors

- Demands on others
- Danger to self or others
- Wandering

Cognition/Behavior Considerations

- Means functions of the brain
- Ability to manage each component is assessed by how the person would function “without supports” (another person, a care setting, or an alternative service resource)
 - Without supports allows the assessment time frame to be expanded >30 days in the past if there is a history of incidents that negatively impacted health and safety & there are current concerns
- Must require the assistance of another person
- Lack of medication or lack of medication management is not considered



Mobility

Ambulation & Transfers

Ambulation means:

the activity of moving around both inside within the home or care setting and outside, during the assessment time frame while using assistive devices, if needed.

Transfer means:

the activity of moving to or from a chair, bed or wheelchair using assistive devices, if needed. This assistance must be needed inside the individual's home or care setting

Eating

Means the activity of feeding and eating.

Considerations

- What assistance is needed & how often?
- Is this needed every day or does it fluctuate during the month?
- Are assistive devices required in order to eat & does someone need to assist with the application?
- Does another person need to be immediately available & within sight?
- Does the person need to be monitored for choking or aspiration?
- Does the person need set-up assistance with nutritional IV's or feeding tubes?

Elimination

Bladder care, bowel care, & toileting

Bladder care means managing bladder care. This includes tasks such as catheter care, toileting schedule, monitoring for infection, ostomy care and changing incontinence supplies

Bowel care means managing bowel care. This includes tasks such as digital stimulation, toileting schedule, suppository insertion, ostomy care, enemas, & changing incontinence supplies.

Elimination

Bladder care, bowel care, & toileting

Toileting means the activity of:

- Getting to and from the toileting area;
- On and off the toilet (including bedpan, commode or urinal);
- Cleansing after elimination or adjusting clothing;
- Cleaning and maintaining assistive devices; or
- Cleaning the toileting area after elimination because of unsanitary conditions that would pose a health risk. This does not include routine bathroom cleaning.

Role of the Case Manager

- Determine financial & service eligibility
- Determine appropriate and available service options offered within APD structure
- Assists the individual in choosing appropriate care setting
 - In-home services are the preferred way to serve an individual
- Create and approve the service plan
- Partnering for discharge planning



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