Service Eligibility for Aging and People with Disabilities

Presented by: Suzy Quinlan

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

- 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
## OSIPM and MAGI Comparison Chart for Individuals Receiving Services

<table>
<thead>
<tr>
<th>Eligibility for Long-Term Care Services*</th>
<th>OSIPM Eligible</th>
<th>MAGI Eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>Within 300% SSI or qualifying trust. 461-155-0250</td>
<td>APD field staff does not review.</td>
</tr>
<tr>
<td>Disability Determination for under 65</td>
<td>Determined to have a disability through SSA or PMDDT. 461-125-0370</td>
<td>Not Required. Note that a physical need must still drive eligibility per 411-015-0015.</td>
</tr>
</tbody>
</table>

*Additional limitations are established per 411-015-0015
### OSIPM and MAGI Comparison Chart for Individuals Receiving Services

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

<table>
<thead>
<tr>
<th>Other Programs</th>
<th>OSIPM Eligible</th>
<th>MAGI Eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Plan Personal Care</td>
<td>Eligible per 411-034-0030. Other limitations apply per 411-034.</td>
<td>Eligible per 411-034-0030. Other limitations apply per 411-034.</td>
</tr>
<tr>
<td>Program of All-Inclusive Care for the Elderly (PACE)</td>
<td>Eligible per 411-045-0050 in areas with PACE programs.</td>
<td>Eligible per 411-045-0050 in areas with PACE programs.</td>
</tr>
</tbody>
</table>
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
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 needs 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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