

# Policy Proposal: Changes to Service Priorities

## Background:

Service Priority Level (SPL) is used to determine a consumer's eligibility for Medicaid and Oregon Project Independence long term services and supports. The SPL criteria meets the federally required institutional level of care determination. The state has determined that SPL 1 through 13 meets nursing facility level of care. The Department is currently able to serve Medicaid-eligible individuals who are assessed as meeting that same criteria.

OAR 411-015 defines "Service Priority Level (SPL)" as "the order in which Department and Area Agency on Aging staff identify individuals eligible for a nursing facility level of care, Oregon Project Independence, or Medicaid home and community-based services. A lower service priority level number indicates greater or more severe functional impairment. The number is synonymous with the service priority level."

The OARs also defines the assistance types: Hands-on, Set-up, Cueing, Monitoring, Stand-by and for the ADL Cognition, Redirection, Supports and Reassurance. Each assistance type helps define eligibility and services.

## Issue

Some of the activities of daily living (ADLs) used to determine an individual's SPL is allowing individuals to become eligible who do not meet the spirit of the rule. Their service needs are lower than one would expect. The issue is not the SPL structure, rather it is the underlying details in the OARs. As examples:

- A consumer who requires assistance **once a month** with limited aspects of toileting currently qualifies for benefits at SPL 13.
- A consumer who requires **no assistance** inside their home to get around, but needs some hands on assistance outside and requires supervision while eating currently qualifies for benefits at SPL 12
- A consumer who needs assistance transferring from their bed or chair only four days during a month qualifies as an SPL 10.

Some areas of the OARs are not clear or consistent with other parts of the rule. As an example, some ADLs define phases and explain specifically what those phases are.

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## Suggested changes

ADL	Options	Eligibility Impact
<b>Mobility</b> (Ambulation and Transfer)	<i>Ambulation:</i> Increase the frequency from 1 time per monthly to at least weekly and a require a description why the need is intermittent	Reduction for those individuals with intermittent and infrequent needs
	<i>Transfer:</i> Add a definition of bedbound and how it impacts the ADL.	Unlikely to change eligibility but will align OAR with policy
	<i>Transfer:</i> Add requirements on “turning and repositioning” to include frequency and add that there must be a defined reason for the need	Will align OAR with current policy. May have a minimal impact on eligibility
	<i>Both:</i> Clarify assistance types throughout the rule to define that eligibility is driven solely by Hand-on Assistance	Will align OAR with current policy. May have a minimal impact on eligibility
	<i>Both:</i> Clarify that fear of falling is not part of SPL for eligibility determinations	Will align OAR with current policy. May have a minimal impact on eligibility
<b>Eating</b>	Clarify criteria for choking & aspiration to ensure that these are not random events and add that there must be a defined reason for the need	Reduction for those individuals with intermittent and infrequent needs

ADL	Options	Eligibility Impact
	Add information on inability to self-manage choking & aspiration and define that Hands-on and Monitoring are the only assistance types.	Reduction for those individuals who have a tendency to choke or aspirate but who can manage through self-care.
	Clearly define difference between meal preparation and eating.	Will more clearly define the current OARs to make it easier for consumers, family members and case managers.
<b>Elimination</b> (Bladder, Bowel and Toileting)	<i>Toileting:</i> Eliminate clean-up of toileting area as an eligibility driver and move to service planning only, such as in housekeeping	Reduction for those individuals who needs are more housekeeping than ADL.
	<i>Toileting:</i> Clarify toileting schedule is not eligibility driver unless medically necessary	Reduction for those individuals who prefer to have a toileting schedule
	<i>Bladder:</i> Exclude monitoring for infection as an eligibility driver.	Reduction for some low risk individuals.
	<i>All:</i> Clarify assistance type to eliminate cueing	Reduction for those individuals who have fairly low level of need
	<i>All:</i> Limit eligibility driver to “in-the home” similar to ambulation	This would be a reduction in eligibility but would not impact individuals’ ability to receive services where they choose to have those services delivered.

ADL	Options	Eligibility Impact
	<i>All:</i> Add a frequency of at least weekly, if there is a medical condition that warrants the need	Reduction for those individuals with intermittent and infrequent needs
	<i>All:</i> Combine all 3 areas into one category	Unlikely to change eligibility but would simplify OARs and improve assessments
Cognition	Clarify expanding the assessment timeframe and without assistance	Unlikely to change eligibility but would simplify OARs and improve assessments
	Combine the 8 areas of cognition into fewer categories to more accurately assess individuals who need assistance	Will increase the number of individuals eligible due to cognition, would simplify OARs and improve assessments
Phases and Tasks	Clarify what phases are throughout the OAR	Unlikely to change eligibility but would simplify OARs and improve assessments
	Add details on the meaning of phases (i.e., tasks)	Unlikely to change eligibility but would simplify OARs and improve assessments
Treatments	Allow a few treatments to impact eligibility, such as ventilator care	May increase eligibility for a limited number of individuals
Overarching	Clarify ability versus choice (i.e., does not wear incontinence supplies but would not need assistance if they did)	Reduction for those individuals who make choices that impact their ADL needs