

Mike McCormick

Authorized Signature

Number: APD-PT-14-007

Issue Date: 2/26/2014

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 DD Program Managers |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Other (please specify): |

Policy/rule title:	K-Plan and State Plan Personal Care (SPPC) service eligibility for MAGI Medicaid eligible individuals		
Policy/rule number(s):		Release no:	
Effective date:	Immediately	Expiration:	
References:			
Web Address:			

Discussion/interpretation: Beginning January 2014, new medical programs became available under the Affordable Care Act (ACA). These new medical programs are often referred to as “MAGI Medicaid” because they use the federal tax Modified Adjusted Gross Income (MAGI) calculation.

This transmittal will provide basic information and clarification about the Affordable Care Act’s (ACA) Medicaid long term care (LTC), K-Plan and State Plan Personal Care (SPPC) services.

Anticipate change - Use the Affordable Care Act FAQs document

- Please use the FAQs evolving document for the best place to find information on the Affordable Care Act (ACA), as the FAQs are continuously being updated as new information is received.

- The link is located on the [APD Staff Tools](#) website. Click [HERE](#) for the direct link or <http://www.dhs.state.or.us/spd/tools/ACA%20Information/ACA%20Index.htm>

MAGI eligible individuals - Eligibility for Medicaid LTC Services

- MAGI eligible individuals may receive LTC nursing facility, community-based facility or in-home services if they meet all eligibility requirements in OAR 411-015-0015, such as being over age 18. The OSIPM (OAR 411-015-0015 (1)(a)) requirement does not apply to MAGI eligible individuals.
- Prior to receiving Medicaid LTC services, individuals must have a Client Assessment/Planning System (CAPS) assessment completed, which results in a service priority level (SPL) of 1 – 13. The assessment process, service eligibility, and required assessment timeframes have **not** changed.
- MAGI eligible individuals with an assessment resulting in a SPL 3 due to a mental health condition must be referred to the Mental and Emotional Disorder (MED) for approval before the service case can be opened. No changes have been made to the MED process.
- Since MAGI Medicaid only serves individuals under 65 years of age, anyone 65 years and older must apply for OSIPM. The application process for these individuals has not changed.
- Many hospitals are participating in the presumptive MAGI determination process for individuals receiving care in the hospital. The list of participating hospitals is on the FAQ document discussed above. Hospitals are **not** determining eligibility for LTC services.
- In most instances when a MAGI eligible individual begins to receive Medicare, their MAGI Medicaid benefits will be closed, as MAGI does not cover individuals receiving Medicare except in limited circumstances. Once notified that the individual is receiving Medicare, OSIPM eligibility needs to be determined.

Exhausting Other Benefits/Services

- Prior to receiving LTC nursing facility, K-Plan or State Plan Personal Care (SPPC), MAGI eligible individuals must exhaust all other Medicaid and VA service options. Individuals eligible for, or receiving, hospice in a nursing facility, post hospital extended care (PHEC) or Medicare skilled services must exhaust those benefits before receiving LTC nursing facility, K-Plan or SPPC services.
- For PHEC, continue to follow established processes defined in OAR 411-070-0040 Screening, Assessment, and Resident Review. This rules requires that

APD/AAAs perform PAS screenings before a potentially Medicaid eligible individual is admitted to a NF.

- MAGI eligible individuals under the age of 65 who have exhausted all service options described above may be eligible for LTC nursing facility, K-Plan and SPPC services and do not need to have a disability determination by Social Security Administration (SSA) or the Presumptive Medicaid Disability Determination Team (PMDDT).
- For individuals who meet SPL 1-13 after an acute episode, such as a stroke or broken bone, schedule a review within 6 months to assess the need for continued services.
- In a situation where the person is under the age of 65 and has no SSI/SSDI, who is already determined presumptive medical eligible and needs services, the person would go through the OSIPM process and get the services started. These would not be referred to branch 5503 for a MAGI determination unless they don't meet our OSIPM criteria, such as being over resources.
- For an individual already MAGI eligible that subsequently gets an approved presumptive eligibility determination, add the presumptive medical eligibility for the period prior to the MAGI eligibility effective date and then let the MAGI stay in place. The individual may choose OSIPM as their on-going Medicaid medical benefit, as there are circumstances, such as the benefit of receiving personal incidentals or other special needs through the OSIPM special needs described in OAR 461-155.

Administrative Processes

- For MAGI eligible individuals meeting SPL 1 – 13, set up the CAPS service benefit/plan using the existing service benefit/category coding. In other words, no changes to the service benefit/category coding based on MAGI.
- The MAGI program does not have a resource limit. If an individual has been determined to be MAGI eligible, you do not need to look at resources or any other component you would look at for OSIPM. If the person is requesting services, you would do the assessment to determine they meet SPL1-13 and handle the Medicaid long term care portion of the case.
- Please email or phone Katherine Bodi of the APD Financial Eligibility Unit for all OACCESS integration case coding for MAGI eligible service individuals, as these cases have a temporary coding workaround and need to be monitored and tracked by this unit. Katherine's contact information is at the end of the transmittal.
- Do not calculate a liability for MAGI eligible individuals receiving nursing facility,

K-Plan or SPPC services, as recipients of MAGI do not have a liability payment.

Special Needs, Room and Board Payments and State Plan K Funding

- MAGI eligible individuals cannot receive special needs per [OAR 461-155-0500](#).
- Starting March 1, 2014, once OARs are changed, we will be able to pay for room and board for individuals whose income is below the room and board standard (see OAR 461-155-0270) and who are living in a community based facility. This room and board payment will be paid directly to the facility on behalf of the individual. Additional information will be provided in another transmittal.
- MAGI eligible individuals may receive K services per Action Request [APD-AR-14-008 Procedures to Request State Plan K Funding](#).

Implementation/transition instructions: Already implemented.

Training/communication plan: Provide technical support as needed.

Local/branch action required: Process MAGI eligible individual’s services in the manner described in this transmittal. To assist in this process, use the continuously evolving [ACA FAQ document](#) located on the [APD Staff Tools](#) website.

Central office action required: Provide technical support as needed.

Field/stakeholder review: Yes No

If yes, reviewed by: _____

Filing Instructions:

If you have any questions about this policy, contact:

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