

Mike McCormick

Authorized Signature

Number: APD-PT-15-005

Issue date: 2/10/2015

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 | <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 (please specify): |
| <input type="checkbox"/> Child Welfare Programs | |

| | | | |
|------------------------|---|-------------|--|
| Policy/rule title: | OSIPM/MAGI Matrix | | |
| Policy/rule number(s): | See Matrix | Release no: | |
| Effective date: | | Expiration: | |
| References: | | | |
| Web address: | http://www.dhs.state.or.us/spd/tools/cm/OSIPM%20MAGI%20Matrix%20FINAL.pdf | | |

Discussion/interpretation:

The following matrix is a quick reference guide for APD/AAA local office staff to use for comparing OSIPM and MAGI eligibility criteria for individuals applying for or receiving Medicaid long-term care nursing facility, home and community based care or other programs such as State Plan Personal Care (SPPC) services, Programs for All inclusive Care for the Elderly (PACE), and Oregon Project Independence (OPI) services. This matrix explains the differing eligibility criteria, benefits, and other program options that are available to individuals. This matrix is also posted in Case Management Tools, under the section “Other Links & Tools”.

Implementation/transition instructions: Field staff that authorizes benefits as indicated above should review the matrix to ensure policy is applied correctly.

Training/communication plan: Contact central office staff for further technical support as needed.

Local/branch action required: None.

Central office action required: Provide technical support as needed.

Field/stakeholder review: Yes No

If yes, reviewed by: APD Policy, Operations Committee

Filing instructions:

If you have any questions about this policy, contact:

| | | | |
|--------------------|--|-------------|--------------|
| Contact(s): | Mat Rapoza | | |
| Phone: | 503-945-6985 | Fax: | 503-947-4245 |
| Email: | Mathew.g.rapoza@state.or.us | | |

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 | | |
| 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 OSPIM individuals. However, no payment may be authorized to increase individual income to the PIF. |

| 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. |