



Information Memorandum

Oregon Department of Human Services

Originating Cluster:

Seniors and People with Disabilities

Date:	June 6, 2003	IM Number:	SPD-IM-03-049
To:	Area Agency on Aging Directors AAA Program Managers and Staff SPD Central Office Staff CHS Central Office Managers	CHS SDA Managers CHS SDA Assistant Managers CHS/SPD Line/Program Managers CHS/SPD All Staff	
From:	DeAnna Hartwig		
Subject:	Waiver Eligibility for Individuals with Developmental Disabilities		

Message: This IM is to help you understand waiver eligibility for persons with developmental disabilities.

To be eligible for one of the waivers for persons with Developmental Disabilities (DD), an individual must meet three qualifications:

1 Service Eligibility: Need the level of care required to enter an Intermediate Care Facility for the Mentally Retarded (ICF/MR). This is determined in whole by the Title XIX Waiver Form completed by the DD case manager.

2 Service Plan / Receiving Services: Have an active service plan and receive a service described in one of the DD waivers, such as Group Home Care, Non-Relative Foster Care, or Brokerage Services.

3 Financial Eligibility: Be Medicaid eligible as determined by an eligibility worker at a CHS/AAA field office.

Eligibility and Client Contribution:

The DD waivers are Home and Community Based Care (HCBC) Waivers, like the Aged and Physically Disabled (APD) Long-Term Care Waiver. The Oregon Administrative Rules (OAR's) for determining financial eligibility for waived clients apply to all clients eligible for any HCBC Waiver. This includes the use of income cap trusts, and the expanded definition for financial eligibility for Medicaid. An individual with income up to 300% of the SSI standard can be Medicaid Eligible in the OSIP-M program if that individual meets the criteria in 1 and 2 above.

All post eligibility rules apply and excess income used to reduce the cost of care will be

contributed through the appropriate payment system. The significant difference is: For individuals on the APD waiver, the client contribution is handled by using the CBC 512 offset or using the Pay-In system. For individuals on the DD waivers, the brokerages or the Client Process Monitoring System (CPMS) handles client contribution.

To help determine when to apply the 300% of SSI income limit to persons with DD who meet the first two criteria above, a Non-CA/PS Eligibility screen (SL01) and a new Service Eligibility Descriptor DDP have been made available. (See SPD-IM-02-81)

If the individual has met the first two qualifications above, then the SPD Central Office will add the DDP to the Non-CA/PS Eligibility system. This can be seen using the SL01 screen. The eligibility worker can then use the 300% of SSI standard to determine if the individual is Medicaid eligible.

If the individual is Medicaid eligible, they can be placed on one of the DD Waivers. Please contact the SPD Central Office (Angel Bringelson) by e-mail to notify them that the individual with DDP service eligibility has become Medicaid eligible. The SPD Central Office will determine which waiver to place the individual on and update the Non-CA/PS Eligibility system, and that change will be reflected on the SL01 screen. The eligibility worker can then code the case with the correct waiver Case Descriptor by matching it to the Non-CA/PS service eligibility screen (SL01). The Waiver Status letter that was sent to the County Developmental Disability Program can also be used to help determine the appropriate case descriptor (DDC or DDS) to add to the case. Angel Bringelson can assist if the letter is unavailable.

If the individual is otherwise eligible, the case should be opened based on program eligibility without regard to the possible waiver status (i.e. SSI, QMB, OHP, etc.).

Attached is a sample Waiver Status memorandum sent to the County Developmental Disability Programs for your information.

Contacts:

DDP Eligibility: Angel Bringelson 503-945-9775 Angel.X.Bringelson@state.or.us

Support Services Brokerages: Janet Straw 503-947-1089 Janet.Straw@state.or.us

Waivers: Deanna Hartwig 503-947-1180 Deanna.J.Hartwig@state.or.us

OSIP-M Eligibility: Jeff Miller 503-945-6410 Jeffery.R.Miller@state.or.us

If you have any questions about this information, contact:

Contact(s):	DDP Eligibility - Angel Bringelson		
Phone:	503-945-9775	Fax:	503-373-7274
E-mail:	Angel.X.Bringelson@state.or.us		

DATE:

TO:

FROM: Angel Bringelson
Information and Data Analyst
Seniors & People with Disabilities
Phone: (503) 945-9775

SUBJECT: TITLE XIX WAIVER INSTRUCTIONS

Consumer:
Residential Provider:
Employment & Alternative Services Provider:
Transportation Provider:
Other:

WAIVER STATUS AND DATES:

- Consumer has been placed on the
 - DD Comprehensive Services (DDC) waiver:
 - DD Support Services (DDS) waiver:
 - Medically Fragile Children's (MFC) waiver:
 - Children's ICF/MR model (DDB) waiver:

Waiver Approval Date:

Current Waiver Date:

- Consumer has not been placed on the waiver:
 - Not ICF/MR level of Care
 - Not receiving waiverable services
 - Not Title XIX eligible
 - Had they been financially eligible they would have been placed on the
 - DD Comprehensive Services (DDC) waiver
 - DD Support Services (DDS) waiver
- Other reason:

WAIVER FORMS:

- Please submit a completed waiver application form.
- Waiver forms have been processed. Your copies are enclosed.
- Waiver forms recently submitted have been disregarded because the consumer was previously approved for waiver services.
- Please use the waiver forms already in the consumer's file. If missing, contact us for a replacement copy.

RESIDENTIAL PROGRAM INSTRUCTIONS:

- None. This action does not change the consumer's service contribution.
- This action changes the consumer's service contribution:

Increases from:	to:
Decreases from:	to:
Starting with the service month:	

- The Data Unit has completed offset corrections through:
Service Month:

VOCATIONAL PROGRAM INSTRUCTIONS:

- None. The vocational program need take no special action, or the consumer is not enrolled in a vocational program.

ANNUAL REVIEWS:

An annual review of the consumer's continued need for ICF/MR level of care must be completed within 12 months of the waiver approval date. This review is documented on the Title XIX Waiver form under the item "Ongoing Verification of Need for ICF/MR Level of Care."

cc:

- Residential Provider
- Vocational Provider