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Authorized Signature

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Topic: Long Term Care

Training Document: Sample Decision Notices for Home and Community
Subject: Base Care Service Cases

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 type="checkbox"/> | Children, Adults and Families | <input checked="" type="checkbox"/> | Seniors and People with Disabilities |
| <input type="checkbox"/> | County DD Program Managers | <input type="checkbox"/> | Other (please specify): |

Message:

In the interest of providing technical assistance to field staff in the process of writing decision notices (i.e., Notice of Planned Action), Central Office has drafted some sample notice language that can be used as a template for workers in writing the decision notice. Notices for the following case scenarios are included:

Scenario 1: Closure of In-Home services

Scenario 2: Denial of In-Home Services for Failure to Meet SPL

Scenario 3: Reduction of In-Home services

Scenario 4: Client Pay-In increased due to increased care plan hours

Scenario 5: Client Pay In increased due to increase in client income

Scenario 6: Denial of Request for Exceptional Care Plan Rate

Scenario 7: Denial of Services Due to Mental Illness or Developmental Disability

Scenario 8: Closure of In-Home Services for Client Failure to Hire a HCW or
Contract Agency within 30 days

Scenario 9: Spousal Pay Denial—not dependent in 4 of 6 ADL's

Scenario 10: Spousal Pay Denial—not financially eligible

SPD hopes this information will be useful to field staff who are responsible for issuing decision notices for the Home and Community Based Care Waiver program.

If you have any questions about this information, contact:

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Sample Notice Wording for Service Cases

Note: Information that is subject to change is listed in bracket and underlined [sample]. Use these templates as a starting point, then make any necessary changes needed to create a great decision notice!

Scenario 1: Closure of waived services due to change in Service Priority Level:

Rules: OAR 411-015-0005 through 411-015-0100; 411-030-0020; 411-030-0050

Reason: Your ability to meet your personal care needs in key areas of activities of daily living has improved. In previous assessments, you required [full assistance] with [mobility] which resulted in a priority level (SPL) of [3]. You are now able to meet this need independently. This decision is based on the information obtained from you [and your family/provider] at an interview and assessment performed on [MM/DD/YY]. In making this decision, we considered the information gathered during your assessment and applied the service priority rules to determine eligibility. To be eligible for Home and Community Based Care Services under the Section 1915(c) Medicaid waiver, your limitations must be a priority level [13] or below. Your current priority level (SPL) is [15]. Your eligibility under the home and community based services is closed effective [MM/DD/YY]. We have reviewed your eligibility for other SPD Medicaid programs, however, there are no Medicaid programs for which you are eligible.

Scenario 2: Denial of waived services

Rules: 411-015-0005 through 411-015-0015; 411-030-0020 through 411-030-0050

Reason: Your ability to meet your personal care needs in key areas of activities of daily living has been assessed. You require [assistance with dressing and all other activities of daily living are assessed as independent]. In making this decision, we considered the information gathered during your assessment on [MM/DD/YY] and applied the service priority rules to determine eligibility. To be eligible for Home and Community Based Care Services under the Section 1915(c) Medicaid waiver, your limitations must be a priority level [13] or below. Your priority level (SPL) is assessed as a [16]. Your application for home and community based services is denied. We have reviewed your eligibility for other SPD Medicaid programs, however, there are no Medicaid programs for which you are eligible.

Note: In scenarios 1 & 2 above, the worker should consider the impact that reduction or denial of services has on the Medicaid eligibility and prepare a notice regarding the medical assistance if appropriate.

Scenario 3: Reduction of in-home service plan due to change in service priority level

Rules: 411-015-0005 through 411-015-0100; 411-030-0020 through 411-030-0070:

Reason: Your ability to meet your daily needs has improved. This decision is based on the information obtained from you [and your family/providers] at an interview and assessment performed on [MM/DD/YY]. We looked at the information gathered during your assessment and applied the service priority rules to determine eligibility. You no longer require [assistance with bathing or toileting]. Your in-home service plan will be reduced by [20] hours per month to reflect that you no longer require help in these areas. The total number of care plan hours you will receive is [40] hours per month effective [MM/DD/YY]. Your continuing limitations equate to a priority level [11].

Scenario 4: Reduction in Benefit based on increase in care plan hours (Note: For case action on the Notice of Planned Action, case managers should use the “reduced” option.)

Rules: 461-160-0610 Client Liability, 461-185-0050 Client Pay-In System

Reason: You are paying in to the state for the cost of your in-home care services. The number of hours of in-home care you receive has increased to [46] hours per month. Therefore, the cost of your pay-in has increased to [\$401.58] effective [11/1/04]. The pay-in worksheet is attached which shows how your care cost is calculated.

Scenario 5: Increase in Client Pay-In due to increased Income (Note: For case action on the Notice of Planned Action, case managers should use the “reduced” option.)

Rules: 461-160-0610 Client Liability, 461-185-0050 Client Pay-In System

Reason: You are paying in to the state for the cost of your in-home care services. Your pay-in is based on the difference between your income and the Medicaid income standard. Since your income has increased, the cost of your pay-in has increased to [\$401.58] effective [11/1/04]. The pay-in worksheet is attached which shows how your care cost is calculated.

Scenario 6: Denial of Request for Exceptional Care Plan Rate

Rules: 411-027-0000, 411-027-0050:

Reason: SPD requested approval of an exceptional rate for your care plan in the amount of [\$4283.76/month] from our central office pursuant to 411-027-0050. The request for exceptional payment has been denied because your care needs do not meet the requirements for approval of an exception as required by 411-027-0000. A full copy of these rules is attached for your review/reference. Any care plan that we develop together which exceeds [\$2092.00/month] must get approval from SPD & FPA in central office prior to implementation. There are several care settings and care plans we can choose from that would meet your care needs at a rate that is less than [\$4283.76/month] and also at a rate of [\$2092] or less per month. Please contact me to discuss available care plan options and how you would like to restructure your care plan, so we can begin re-working your care plan.

Scenario 7: Denial for services based on diagnosis of mental illness or eligibility for developmental disability services

Rule: OAR 411-015-0015; 411-320-0080

Reason: Persons under 65 years of age determined eligible for developmental disability services in accordance with OAR 411-320-0080 or having a primary diagnosis and primary need for service based on a mental illness are not eligible for Title XIX Home and Community Based Services paid for under the Department's 1915 (c) Waiver for seniors and people with physical disabilities. Because you are [eligible for services under the Developmental Disability program], you are not eligible for services through the seniors and people with physical disabilities programs. Your request for services under the 1915(c) waiver for seniors and people with physical disabilities are [denied] effective [MM/DD/YY].

Scenario 8: Closure for client's failure to employ a homecare worker for over 30 days

Rules: OAR 461-135-0750, OAR 411-030-0040, 461-160-0540,
461-135-0710-Closing Medicaid - No Homecare Worker in over 30 days

Reason: Administrative rules require that an enrolled Homecare Worker or Contracted In-Home Care Agency be employed by a client in order for that client to be eligible for community based care waived services. You have gone more than 30 days without employing a homecare worker or contracted agency to provide in-home services authorized and paid by DHS. Therefore, we are closing your Medicaid Services. Clients who have income over the SSI standard must receive community-based care waiver services to remain eligible for Medicaid in Oregon. Since you are not eligible for waived services, your OSIP medical coverage will be ending effective [00/00/2099]. We have reviewed your eligibility and have determined that based on your income level, you are eligible for the Qualified Medicare Beneficiary (QMB) Program, which helps to pay for Medicare Premiums, deductibles, and co-pays. You will continue to be eligible for the QMB program.

Scenario 9: Spousal Pay Notice denial - does meet service & financial eligibility for Title XIX, and does not meet the specific requirements for spousal pay

Rules: 411-030-0080, 411-030-0020, 411-015-0050, 411-015-0100

Reason: To be eligible for the Spousal Pay Program you must have a progressive debilitating disease or spinal cord injury with permanent impairment. You must also require full assistance in four out of the six activities of daily living defined as mobility, eating, cognition, bowel/bladder, bathing/hygiene and dressing/grooming. We conducted an assessment with you on [00/00/2099] and you did not meet these criteria. Therefore, you are not eligible for the Spousal Pay Program. If you choose to employ an enrolled Homecare Worker, other than your spouse, you may be eligible for the In-Home Services program under the Home and Community-Based waiver. Please contact me if you would like to be assessed for eligibility for these services.

We have reviewed your eligibility for other SPD Medicaid programs, however, there are no Medicaid programs for which you are eligible.

Scenario 10: Spousal Pay Notice denial – (client does not meet spousal pay rules, does meet survival priority rules for Title XIX, however, does not meet financial eligibility for OSIPM)

Rules: 411-030-0080, 411-015-0050, 411-015-0100, 461-135-0710, 461-160-0540, 461-155-0250;

Reason: To be eligible for the Spousal Pay program, you must be financially eligible for OSIPM. The income standard for OSIPM is 100% of the SSI standard of [\$752.00/month] for a couple. Our records show your income is over this standard. Therefore, you are not eligible for the Spousal Pay program.

Based on the assessment performed [MM/DD/YYYY], you potentially meet the eligibility requirements for the home and community based care waiver program based on your functional impairments in key activities of daily living. If you choose to employ an enrolled Homecare Worker, other than your spouse, you may be eligible for the In-Home Services program under the Home and Community-Based waiver. Please contact me if you would like to be assessed for eligibility for these services.

We have reviewed your eligibility for other SPD Medicaid programs, however, there are no Medicaid programs for which you are eligible.