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Authorized Signature

Number: SPD-PT-06-010
Issue Date: 02/21/2006

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):

All DHS employees
 County Mental Health Directors
 Area Agencies on Aging
 Health Services
 Children, Adults and Families
 Seniors and People with Disabilities
 County DD Program Managers
 Other (please specify):

Policy/Rule Title:	Long Term Care Service Priority Clients Served --Current Limitations		
Policy/Rule Number(s):	411-015-0015(4)(d)	Release No:	
Effective Date:	2/1/06	Expiration:	N/A
References:			
Web Address:			

Discussion/Interpretation:

This transmission is designed to:

- Clarify the policy and rules governing eligibility of individuals under age 65 with mental health diagnoses or concurring mental health and physical diagnoses.
- Notify the field of new policy, resources and procedures to assist the field to confirm service eligibility and;
- Notify the field of new rule language to define mental illness.

A second transmittal is being prepared to provide instructions on applying these clarifications to service eligibility reviews for individuals currently being served.

Definition of Mental Illness in OAR

In a recent hearings decision, the Administrative Law Judge defined mental illness as used in the service priority rules as only, "...schizophrenic, paranoid and schizoaffective disorders; bipolar (manic-depressive) and atypical psychosis. "

The intent of the federal waiver limitation and Department's rule was always to include the full range of mental health diagnoses. In January 2006, a definition was added to OAR 411-015-0005 Definitions to clarify what is considered mental illness for purposes of service eligibility. The DHS Office of Mental Health has advised the Department to use the term mental or emotional disorder rather than mental illness. We have used this language in this transmittal and in the rule.

The definition of mental or emotional disorder that has been added to OAR 411-015-0005 is based on the Federal standard cited in CFR 483.102(b)(1)(i)(A) and the 1994 (most recent) edition of the Diagnostic and Statistical Manual (DSM) published by the American Psychiatric Association. This definition states that, "Mental disorder is a schizophrenic, mood, paranoid, panic or other severe anxiety disorder; somatoform disorder; personality, dissociative, factitious, eating, sleeping, impulse control or adjustment disorder or other psychotic disorder..."

Although dementia is in the DSM as a mental disorder, dementia diagnoses are not included as a mental disorder for the purposes of service eligibility. This is consistent with the Federal standard cited above.

In addition, language has been added to clarify eligibility requirements for persons with substance abuse related disorders who are under age 65. Substance abuse related diagnoses and activity of daily living impairments that result from these diagnoses are excluded from service eligibility. However, dementia and permanent physical impairment such as renal failure, brain damage or liver disease resulting from substance abuse related disorders are considered valid for the purposes of service eligibility.

Documentation Needed for Persons under 65 with Mental or Emotional Disorders seeking services

Rule OAR 411-015-0015(4)(c) concerns the Title XIX Home and Community Based care waived service eligibility of people under age 65 who have mental health diagnoses. The rule previously stated that individuals whose primary diagnosis **and** primary need for services based on mental illness, are not eligible for waived services. "**Primary** diagnosis and **primary** need for service" was been difficult for case managers to establish, especially for individuals who have health challenges that include both physical disability and mental or emotional disorder. For example, one of the most frequent challenges to case managers is an individual with a mental or

emotional disorder such as schizophrenia and is also a diabetic. Often these individuals appear eligible as they need full assistance in at least 3 elements of cognition and would be assessed as a service priority level (SPL) 3. However, this service priority level is not valid since it is based on the mental or emotional disorder, not the diabetes.

COGNITION ISSUES

Medical documentation will now be required for new service applicants who are:

- a) under age 65 and
- b) have mental or emotional disorder diagnoses and
- c) the only indicator of need for services is a full assist in at least three of the elements of cognition.

This policy is being placed in rule, effective February 1, 2006. Local offices should request this documentation for all **new** applicants who meet a), b) and c) in order to clarify that the need for services is based on a medical, non-psychiatric, physical disorder.

It is required that:

- Persons under 65 who have psychiatric diagnoses **and** appear to meet the eligibility for service solely due to at least three full assists in the elements of cognition must submit written documentation that the ADL need and service priority level is caused by a non-psychiatric, medical diagnosis or physical disability.
- Written documentation must be based on a neuro-psychiatric evaluation **with testing**, from a source authorized by the Department. Authorized sources include: neuro-psychologists, psychiatrists, neurologists, or other sources deemed by the Department.

If the above documentation is not available, a medical evaluation may be ordered and paid for by Administrative Exam. For reference, PT 04-036 explains how to order and assure payment for Administrative Exams.

The Department will then consider if the medical evidence meets the rule criteria in OAR 411, Division 015, in order to determine service eligibility.

OTHER ADL NEEDS:

For new applicants under age 65 who:

- a) have mental or emotional disorder diagnoses, AND
- b) do not appear to need at least 3 full assists in cognition AND
- c) need assistance with mobility, eating, or elimination which appears related to their mental or emotional disorder diagnoses; OR
- d) have a physical disability that drives a need for mobility, eating or elimination care,

the service eligibility determination must be supported by sufficient documentation. Sufficient documentation includes: case manager observation/determination using collateral information from providers, medical records or a current physician's statement which documents a physical diagnosis and disability. The physician's statement must verify that there is a causal relationship between the physical diagnosis and the qualifying mobility, eating or elimination need. There must be evidence that the mobility, eating or elimination need meets the rule criteria for assistance or full assistance as defined in the 411-015 Division. The individual who is applying must meet a service priority level that is currently being served by the Department.

Assistance from Central Office

Central Office has convened a Mental or Emotional Disorders Review committee (MED) for one year to assist local offices in the implementation of this policy clarification. The committee consists of the Case Management Program staff, Licensing and Quality of Care mental health specialists, Office of Mental Health and Addictions staff, Field Review team members, Central Office managers and field staff working with the individual.

If the local office receives a new request for services in which the mental health diagnosis' effect on service eligibility is unclear, the local office may refer the case to this committee. Central Office will provide technical assistance and render a final service eligibility decision through a committee review.

The Central Office committee will only examine the eligibility issues related to diagnoses of mental or emotional disorders. The Central Office committee will notify the local office if the service eligibility must be denied. If the service eligibility is approved, the case will be returned to the Case Manager. The Case Manager must still review all other service and financial eligibility factors before opening the case.

For new cases, with the approval of their supervisors, case managers may gather and fax any existing neuro-psychiatric evaluation or physician/psychologist determination, medical records, physician's statements, a CA002 assessment summary and statement summarizing the client's situation and relevant history to: **Cristina Essery, Support Staff at (503) 947-4245, ATTN: MED Review Committee.**

Faxes received by 5pm on Fridays will receive decisions within 5 working days, unless additional information is needed. DHS/AAA staff including local office managers, supervisors and case managers is encouraged to participate by conference call to the committee meeting. The committee meets early Wednesday mornings.

Another transmittal will provide information on the process for case review and care planning for existing clients who, at their next re-assessment, may be found ineligible for services under this clarification of the service eligibility standard.

In the interim, local offices may also refer existing cases in which service eligibility is being reviewed, transferred between local offices or in which service eligibility is being closed due to needs based on mental or emotional disorders rather than physical disability.

Implementation/Transition Instructions: Local offices are to begin using or requesting documentation by approved sources if the applicant meets the criteria described above.

Effective immediately, local offices may begin sending referrals for Central Office committee review.

Training/Communication Plan: Central Office staff will continue to share information at managers meetings and provide technical assistance and training.

Local/Branch Action Required: Local offices, at their discretion, may send service eligibility requests for individuals under age 65 with mental or emotional disorder diagnoses to SPD Central Office for review and service eligibility determinations. Local offices will work with the individual to gather required documentation for Central Office review and send information to Central Office as per instructions above.

Central Office Action Required: Central Office staff and managers will meet regularly to review service determinations for individuals under age 65 with mental or emotional disorders. Central Office staff will review service eligibility and communicate decisions to field staff in a timely manner.

Field/Stakeholder review: Yes No

If yes, reviewed by: representatives of the Office of Mental Health and Addictions Services, Oregon State Hospital, Governor’s Commission on Senior Services-MH Sub-committee, Persons with Disabilities Advocacy Council, Oregon Advocacy Center, SPD Enhanced Care Program, Community Mental Health providers.

Filing Instructions:

If you have any questions about this policy, contact:

Contact(s):	Naomi Sacks, Case Management Program Coordinator Megan Hornby, CBC Licensing & Health Manager		
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