

MAF and EXT as eligibility categories for waived services. Now, to receive waived In-Home Services, new applicants on TANF, MAA, MAF and EXT must be determined eligible for OSIPM on the basis of disability first and then must meet an eligible Service Priority Level.

A transition plan for individuals on TANF, MAA, MAF and EXT currently receiving waived services is being developed. This change will affect approximately thirty current clients statewide. SPD Central Office is working with SSI Liaisons from Self-Sufficiency Programs to determine whether existing TANF, MAA, MAF and EXT cases receiving waived services may be eligible for Social Security Disability. If you are the SPD/AAA Case Manager for one of these individuals, SPD Central Office will contact you for transition planning. Do not issue an SPD 540 closure or reduction notice at this time.

Clients eligible for TANF, MAA, MAF and EXT, who have never received a disability decision from Social Security Administration, that need more than twenty hours per month of services, can be referred to the Presumptive Medicaid Disability Determination Team (PMDDT) for a disability decision. If they are determined to have a disability as the basis of need, they can be determined eligible for OSIPM and receive in-home waived services and still continue to receive TANF cash. . Cases approved by PMDDT are opened under a Program 5.

Individuals that do not meet OSIPM eligibility on the basis of disability may apply for the State Plan Personal Care Program (SPPC). Individuals applying for the State Plan Personal Care Program must meet the State Plan Personal Care eligibility criteria defined in OAR 411, division 034. SPPC has similarities with waived services criteria, but also has eligibility standards with significant differences. SPPC does not use the Service Priority Level in determining eligibility. Instead there is a SPPC flag on the Care Planning leaf in CA/PS. *NOTE: The SPPC flag in CA/PS does not assure SPPC eligibility but will only reflect potential service eligibility. SPD/AAA Case Managers must determine financial eligibility separately. The SPPC flag also does not independently distinguish whether treatments or medications are self-administered or whether natural supports are meeting the individual's service needs.*

State Plan Personal Care provides up to twenty hours per month of services if the individual is eligible. However, certain services are not covered under State Plan Personal Care including tasks such as shopping, transportation/escort assistance and mileage reimbursement to a Homecare Worker.

Case Descriptor Change

New State Plan Personal Care cases for TANF, MAA, MAF and EXT will be using the BPO case descriptor from now on. This is the code that is also used for Oregon Health Plan Program SPPC cases. The use of the BPR case descriptor will be discontinued for new SPPC cases. Only waived service and State Plan Personal Care cases that

were established previously for TANF, MAA, MAF and EXT will retain the BPR case descriptor. Once the BPR case descriptor is removed for any reason, the system will not allow it to be added to a CMS case.

Clients who are approved for waived services based on a Presumptive Medicaid Disability Determination will have two open CMS cases. The TANF case will remain open for cash under a Program code 2 or 82. The adult receiving waived services will be coded with an NMD case descriptor on the TANF case to indicate no medical coverage. The medical and service eligibility will be covered under the PMDDT case opened on CMS under a Program 5.

Implementation/Transition Instructions:

New applicants should be assessed for services through the State Plan Personal Care Program or referred to PMDDT for disability determination if they require more than 20 hours of services per month.

Training/Communication Plan: Netlinks on the new rule changes and regional technical training for SPD/AAA staff will cover this policy change.

Local SPD/AAA Branch Action Required:

Identify TANF, MAA, MAA and EXT cases receiving In-Home Services. Work with Central Office to establish disability determination. Review existing cases upon service re-assessment. For those clients who do not meet disability criteria but do meet the SPPC criteria, the SPD/AAA Case Manager will need to send reduction notices notifying clients they will remain eligible for State Plan Personal Care. The notice should include the number of hours (up to 20 per month) the client will be eligible for. Remove any prior-authorized tasks such as shopping, transportation/escort assistance and mileage reimbursement to a Homecare Worker (HCW) that are not covered by State Plan Personal Care. Send a DHS 4105 reduction to the HCW if applicable.

SPD 540 notices sent to clients being reduced from waived in-home services to State Plan Personal Care services should at least include the following Oregon Administrative Rules: OAR 411-030-0040 "Eligibility Criteria," OAR 411-015-0006 "Activities of Daily Living (ADL)", OAR 411-015-0010 "Priority of Paid Services," OAR 411-015-0015 "Current Limitations," and OAR 411-034-0020 "Scope of Services." Additional rules may be appropriate to cite in the notice depending on the case.

Central Office Action Required:

The Financial and Federal Reporting Unit at SPD Central Office will work with CAF SSI Liaisons on TANF, MAA, MAF, EXT In-Home Services cases that appear to meet disability criteria for SSDI. Contact local offices for transition planning on cases that appear not to meet disability criteria. Receive referrals for PMDDT for TANF, MAA,

MAF, EXT cases requesting waived services.

Field/Stakeholder review: Yes No

If yes, reviewed by: SPD Policy Workgroup, SPD Operations Committee

If you have any questions about this policy, contact:

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