

## **Medicaid qualification**

Rules can be found here: [http://www.dhs.state.or.us/policy/spd/rules/411\\_015.pdf](http://www.dhs.state.or.us/policy/spd/rules/411_015.pdf)

The categories that are now being considered for qualification are: Mobility, eating, elimination and cognition.

### **A person must qualify in one out of the top 13 levels**

- (1) Requires Full Assistance in Mobility, Eating, Elimination, and Cognition.
- (2) Requires Full Assistance in Mobility, Eating, and Cognition.
- (3) Requires Full Assistance in Mobility, or Cognition, or Eating.
- (4) Requires Full Assistance in Elimination.
- (5) Requires Substantial Assistance with Mobility, Assistance with Elimination and Assistance with Eating.
- (6) Requires Substantial Assistance with Mobility and Assistance with Eating.
- (7) Requires Substantial Assistance with Mobility and Assistance with Elimination.
- (8) Requires Minimal Assistance with Mobility and Assistance with Eating and Elimination.
- (9) Assistance with Eating and Elimination.
- (10) Requires Substantial Assistance with Mobility.
- (11) Requires Minimal Assistance with Mobility and Assistance with Elimination.
- (12) Requires Minimal Assistance with Mobility and Assistance with Eating.
- (13) Requires Assistance with Elimination

**\*Elimination= Toileting**

The following are no longer qualify a person for Medicaid assistance:

- (14) Requires Assistance with Eating.
- (15) Requires Minimal Assistance with Mobility.
- (16) Requires Full Assistance in Bathing or Dressing.
- (17) Requires Assistance in Bathing or Dressing.
- (18) Independent in the above levels but requires structured living for supervision for complex medical problems or a complex medication regimen.

## **Mobility (ambulation or transfer)**

Mobility is comprised of two components, which are **ambulation** and **transfer**. In the mobility cluster only, assistance is categorized into three levels.

### **Ambulation**

**Minimal Assist** Even with assistive devices, the individual requires hands-on assistance from another person to ambulate outside the home or care setting at least once each week, totaling four days per month. The individual requires hands-on assistance from another person to ambulate inside their home or care setting less than one day each week.

**Substantial Assist**, even with assistive devices the individual requires hands-on assistance from another person to ambulate inside their home or care setting at least one day each week totaling four days per month.

**Full Assist**, even with assistive devices, the individual requires hands-on assistance from another person to ambulate every time the activity is attempted. Individuals who are confined to bed are a full assist in ambulation

(a) Mobility does not include getting in and out of a motor vehicle, or getting in or out of a bathtub or shower.

**Assist** at any level means hands-on (use gait belt) Stand by or supervision **does not** count.

### **Transfer**

Transfer means the tasks of moving to or from a chair, bed, toileting area, or wheelchair using assistive devices, if needed. This includes repositioning for individuals confined to bed or wheelchair. Page 22 This assistance must be required because of the individual's physical limitations, not their physical location or personal preference.

Level of **Assist** and **Full Assist** are the same as in ambulation  
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## **Eating**

Eating means the tasks of eating, feeding, nutritional IV set up, or feeding tube set-up by another person and may include using assistive devices.

**Assist**: When eating, the individual requires another person to be within sight and immediately available to actively provide hands-on assistance with feeding, special utensils, or immediate hands-on assistance to address choking, or cueing during the act of eating at least one time each week totaling four days per month during the assessment timeframe.

**Full Assist**: When eating, the individual always requires one-on one assistance through all tasks of the activity for direct feeding, constant cueing to prevent choking or aspiration every time the activity is attempted.

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## **Elimination (bladder, bowel or toileting)**

Elimination is comprised of three components, which are bladder, bowel, and toileting. To be considered assist, the individual must require assistance in at least one of the three components. *(It will be harder to qualify by the first two where a person needs help with catheter, ostomy, suppository and enema insertion or digital stimulation).*

**Toileting** means tasks requiring the hands-on assistance of another person to cleanse after elimination, change soiled incontinence supplies or soiled clothing, adjust clothing to enable elimination, or cue to prevent incontinence.

**Assist:** Even with assistive devices, the individual requires hands-on assistance from another person with a task of toileting or cueing to prevent incontinence at least one day each week totaling four days per month during the assessment timeframe.

**Full Assist:** The individual is unable to accomplish all tasks of toileting without the assistance of another person. This means the individual needs assistance of another person through all tasks of the activity, every time the activity is attempted.

Many older adult need help with hygiene to prevent UTI, hemorrhage etc. A person who needs help with ADL will need help with toileting to help change depends. A person that is incontinent may need toileting program.

Think of incontinent: stress incontinent, not making it on time to the bathroom even if the person aware that they need to go to the bathroom.

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## **Cognition**

Cognition means the individual's mental functional ability to ensure their health, safety and basic needs are met. It includes the individual's understanding of the need to perform and manage ADLs and IADLS. It does not refer to choices an individual may make that others may deem to be unsafe. Nor does it refer to an individual's knowledge and skills, rather their cognitive ability to use and process information.

Cognition refers to how the individual is able to use information, make decisions, and ensure their daily needs are met. There are four components to cognition:

self-preservation, decision-making, ability to make one's self-understood, and unsafe behaviors.

Assist levels are defined within each of the four components.

For each assist level, individuals must have a documented history of actions or behaviors demonstrating they need assistance with ensuring their health and safety. (a) An individual's ability to manage any component of cognition, as defined in this rule, is assessed by how the individual is able to function without the assistance of another person.

To meet the criteria for **full assist** in cognition an individual must require: (A) Full assistance in at least one of the four components of cognition; **or** (B) Substantial Assistance in at least two of the four components

A formal cognition test, like mini mental, SLUMS or MOCA may be useful.

When in memory care it should not be a problem, if in ALF or AFH, look closely at the rules if a person has known declined cognition. It is always beneficial to get a diagnosis of Dementia as not everyone has that in their medical records.

(pages 10-17)

**The time frame of reference for evaluation is \*30 days prior to the assessment date, with consideration of how the individual is likely to function in the 30 days following the assessment date. (A) In order to be eligible, an individual must demonstrate the need for assistance of another person within the assessment time frame and expect the need to be on-going beyond the assessment time frame**

**\*The assessment time frame shall be expanded when assessing cognition. A documented history demonstrating the need for assistance that occurred more than 30 days prior to the assessment date shall be considered if need would likely reoccur in the absence of existing supports.**

## How can you help your client?

When a client moves into a memory care, most likely there will be no issue of questionable qualification. It is the client in ALF or AFH that may need this information.

Medicaid intake and assessment need to take place no longer than 60 days prior to initiation of Medicaid.

A call for your local SDS to schedule an intake should be made about 90 days prior to expected start date. It may take 30-45 days of waiting for intake date. Make sure it won't be too early.

The person who will conduct the intake will also look at the care plan from the facility.

### What need to be done prior to the intake (by the family and facility)

- Talk to your parent and explain that, as much as it is important for him/her to show they are independent, "putting a face" may result of them being on the street.
- Two or three months **prior to calling** for intake, talk to the facility's RN and ask for review and update of the care plan. Look at all the categories on the qualification list and see where your parent's level of care is. If your parent is "questionable" for qualifying, look closer into their abilities and where can the care plan be updated to increase level of care.
- Review the care plan after it was updated to make sure it correlates with the requirements.
- Do not worry about increasing level of care resulting in increasing in your payment. Your parent will spend their saving down within 3-4 months anyway.

### What need to be done during the assessment

**NEVER** let the Medicaid recipient be by themselves at the intake. If a family member cannot be there, ask for the facility's RN to be present.

- Your parent may have mild Dementia but still comes across better than she really is. Meet the case manager outside the door and explain to her that your mom's cognition declined and her answers may not be accurate.
- During the assessment, let your parent answer the questions. If you see that he gives incorrect information, makes himself look better or give information that contradict what is in the care plan, it is your responsibility to interject. Keep your parent's dignity by saying "dad, remember sometimes you don't make it on time to the bathroom?" Or, "mom, remember that we have the caregiver come and help you at night to walk to the bathroom and get into bed?"
- Do not lie, but think about your parent's worse time/ day: the time of the day you are tiered and need more help.

### Important to remember

- There was a budget cut for Medicaid. The case workers are under pressure to help cut spending. Although a client has the right to appeal if they were declined by Medicaid, there is no guaranty they will win the appeal.
- The assessment is yearly. If your parent is 'doing well', you will need to repeat all the above the following year.