

SENIOR BULLETIN: MEDICAID – INSTITUTIONAL/COPES

**MPC eligibility criteria changed
in response to Legislative mandate**

The Medicaid Personal Care (MPC) program pays for in-home care, and for care in adult family homes and adult residential care facilities for functionally eligible individuals who meet the financial eligibility criteria for the Supplemental Security Income (SSI) program. In its session this year, the Legislature directed the Department of Social & Health Services to restrict the MPC caseload by increasing the program's functional eligibility requirements.

DSHS followed the Legislative mandate by amending WAC 388-71-0440 and WAC 388-72A-0660 (both entitled "Am I eligible for MPC-funded services?"), on an emergency basis, effective September 1, 2003. The second rule applies for eligibility determined under the new assessment rules in chapter 388-72A of the Washington Administrative Code, using an assessment instrument referred to as the "CARE tool." The first rule applies for assessments still being made under the previous rules in chapter 388-71. Use of the CARE tool is being phased in, as assessors are trained in its use.

Before the changes, otherwise eligible individuals could get MPC-funded services if they had at least minimal unmet need for assistance with just one of a list of personal care tasks. Under the amended rules, there must be a substantial unmet need for assistance with one listed personal care task, or minimal need for assistance with at least three tasks. The terminology and the listings are a bit different under the two rules. Each rule is reprinted in a box on the next page of this bulletin.

It is important to note that the "direct personal care tasks" defined in WAC 388-71-0202 and the tasks described in WAC 388-72A-0060 include some tasks that are not considered in evaluating eligibility under the COPES program, so some clients who cannot qualify for COPES will still be able to qualify for MPC. In addition to ambulation, bathing, eating, positioning, self-medication, toileting and transfer, MPC direct personal care tasks considered for eligibility purposes include dressing, personal hygiene, and body care.

WAC 388-71-0440 Am I eligible for MPC-funded services? To be eligible for MPC-funded services you must:

- (1) Have unmet need for substantial assistance with at least one direct personal care task listed in WAC 388-71-0202; or have unmet needs for minimal assistance with three direct personal care tasks; and
- (2) Be certified as Title 19 categorically needy, as defined in WAC 388-500-0005.
- (3) Be assessed by department staff or designee using a department approved comprehensive assessment and have a determination of unmet needs for HCP services.

WAC 388-72A-0060 Am I eligible for MPC-funded services? You are eligible for MPC-funded services when the department or its designee assesses your needs and determines that you meet all of the following criteria:

- (1) Are certified as Title XIX categorically needy, as defined in WAC 388-500-0005.
- (2) Have an unmet or partially met need or the activity did not occur (because you were unable or no provider was available) in at least three or more of the following, as defined in WAC 388-72A-0040:
 - (a) Help/oversight one or two times during the last seven days plus setup in eating;
 - (b) Supervision in toileting;
 - (c) Supervision in bathing;
 - (d) Supervision in dressing;
 - (e) Supervision plus setup in transfer;
 - (f) Supervision plus setup in bed mobility;
 - (g) Supervision plus set up help in one of the following three tasks:
 - (i) Walk in room, hallway and rest of immediate living environment;
 - (ii) Locomotion in room and immediate living environment;
 - (iii) Locomotion outside of immediate living environment including outdoors.
 - (h) Assistance required in medication management;
 - (i) Supervision in personal hygiene;
 - (j) Assistance with body care, which means you need:
 - (i) Application of ointment or lotions;
 - (ii) Your toenails trimmed;
 - (iii) Dry bandage changes; or
 - (iv) Passive range of motion treatment.
- (3) You have an unmet or partially met need or the activity did not occur (because you were unable or no provider was available) with at least one or more of the following, as defined in WAC 388-72A-0040:
 - (a) Extensive assistance plus one person physical assistance in toileting;
 - (b) Extensive assistance plus one person physical assistance in one of the following three tasks:

- (i) Walk in room, hallway and rest of immediate living environment;
- (ii) Locomotion in room and immediate living environment;
- (iii) Locomotion outside of immediate living environment including outdoors.
- (c) Extensive assistance plus one person physical assistance in transfer;
- (d) Limited assistance plus one person physical assistance in bed mobility and need turning/repositioning;
- (e) Physical help limited to transfer plus one person physical assist in bathing;
- (f) Supervision plus one person physical assist in eating; or
- (g) Daily assistance required in medication management; or
- (h) Assistance with body care, which means you need:
 - (i) Application of ointment or lotions;
 - (ii) Your toenails trimmed;
 - (iii) Dry bandage changes; or
 - (iv) Passive range of motion treatment.
- (i) Extensive assistance plus one person physical assistance in dressing.
- (j) Extensive assistance plus one person physical assistance in personal hygiene.

On September 2, 2003, staff of the DSHS Aging & Disability Services Administration conducted a public “informational meeting” to explain the changes in the MPC eligibility criteria. A paper describing the changes and their background was distributed. Excerpts from the paper are quoted in the box below.

“[The Medicaid Personal Care eligibility change] is expected to result in approximately 519 fewer individuals receiving publicly-funded assistance in their own homes through Home and Community Services and 147 individuals through Division of Developmental Disabilities.

“Persons currently receiving care in community residential settings (i.e., adult family homes or adult residential care facilities) who do not meet the higher eligibility standard will continue to be served, without the benefit of federal matching funds (these services will be paid for with state only funds). However, state only funding is not available to new applicants for residential care who do not meet the eligibility criteria effective 9-1-2003.

“Increasing the need standard for MPC is expected to save \$2.1 million general fund-state savings, \$3.1 million general fund-federal savings.

“The change in MPC eligibility is effective throughout the state 9-1-2003. The new standard will be used to determine eligibility for all applications dated on or after 9-1-2003.

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“The new standard will be applied when re-assessments are done on current MPC recipients. Due to the phase-in approach, it will take until 8-31-2004 to complete all of the reassessments and apply the new standard.

“Persons currently receiving MPC in adult residential care centers or adult family homes who do not meet the higher eligibility standard and were receiving MPC residential services prior to 9-1-2003 will continue to be served with state funds.

“The state only funded option does not apply to applications dated on or after 9-1-2003.

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