# Nursing Facility Case Setup and Transition

Updated April 20, 2021

## Medicare recipient

### QMB eligible

**Up to 20 days with a Medicare Skilled Nursing Facility need:**

* SPL – none required
* PAS – no service eligibility determination required
* Liability – none
* Plan of care – none (no state payment)
* Consider OSIPM eligibility under Acute Care Settings rule (ACS case descriptor)
* Transition – identify individuals with potential to transition to HCBS, monitor progress throughout SNF service for transition readiness

**Day 21 up to 100 with a Medicare Skilled Nursing Facility need:**

* SPL – none required
* PAS – verify Medicare A coverage for SNF service; if Medicare is reimbursing for SNF services, Medicaid co-pay can be authorized
* Liability – none
* Plan of care – none (state pays co-pays only)
* Consider OSIPM eligibility under Acute Care Settings rule (ACS case descriptor)
* Transition – identify individuals with potential to transition to HCBS, monitor progress throughout SNF service for transition readiness and assist with transition planning
* Medicare will not pay for unskilled care. If individual does not meet the Medicare skilled criteria, OSIPM eligibility is required
* Keep QMB if no need for medical transportation or ongoing long-term care. If need medical transportation or LTC, determine eligibility for OSIPM under Acute Care Settings rule (OAR 461-135-0745):
* Anticipate a 30-day stay
* Under 300%
* Under OSIPM resource limit
* Timely continuing benefits decision notice (SDS 540) is then necessary when reducing back to QMB

### SMB/SMF eligible

**Up to 20 days with a Medicare Skilled Nursing Facility need:**

* SPL – none required
* PAS – no service eligibility determination
* Liability – none
* Plan of care – none (no state payment)
* Transition – identify individuals who have potential to transition to HCBS, monitor progress throughout SNF service for transition readiness and assist with transition planning
* Medicare will not pay for unskilled care. If individual does not meet the Medicare skilled criteria, OSIPM eligibility is required
* Keep SMB/SMF if no need for medical transportation or ongoing long-term care. If medical transportation or LTC is needed, determine eligibility for OSIPM:
* Anticipate a 30-day stay
* Under 300%
* Under OSIPM resource limit
* Timely continuing benefits decision notice (SDS 540) is then necessary when reducing back to SMB/SMF

**Day 21 up to 100 with a Medicare Skilled Nursing Facility need:**

* PAS – must have OSIPM eligibility as there is no co-pay coverage for SMB or SMF clients. If OSIPM-eligible, verify Medicare A coverage for SNF service; if Medicare is reimbursing for SNF services, Medicaid co-pay can be authorized
* Transition – if the individual with SMB/SMF will soon be OSIPM-eligible, monitor for completion of Medicare A SNF service to determine the individual’s need for ongoing long-term service, identify potential for HCBS and assist with transition planning

*Note: if the individual has resources below $2000 and no asset transfers, they will most likely be eligible for OSIPM (OAR 461-135-0745)*

### OSIPM eligible

**Up to 20 days with a Medicare Skilled Nursing Facility need:**

* SPL – none required
* PAS – no service eligibility determination
* Liability – none
* Plan of care – none (no state payment)
* ACS is not necessary for individuals with income under the OSIPM adjusted income standard
* Transition – identify individuals with potential to transition to HCBS, monitor progress throughout SNF service for transition readiness and assist with transition planning

**Day 21 up to 100 with a Medicare Skilled Nursing Facility need:**

* SPL – none required
* PAS – verify the individual is receiving Medicare A coverage for SNF services. If Medicare is reimbursing for SNF services, Medicaid copay can be authorized
* Liability – none
* Plan of care – none (co-pays only)
* ACS is not necessary for individuals with income under the OSIPM adjusted income standard
* Transition – identify individuals who have potential to transition to HCBS, monitor progress throughout SNF service for transition readiness and assist with transition planning

**No Medicare SNF need, or skilled stay has ended (long-term care)**

* SPL – required to be eligible for NF benefit
* PAS – (1) determine that individual’s service needs meet SPL and (2) determine if the individual can be served in HCBS or if NF is required to meet service needs
* Liability – calculate per OAR 461-160-0620
* Plan of care – yes
* Transition – identify individuals who can transition to HCBS and assist with transition planning

### No Medicaid

OSIPM/QMB eligibility needs to be determined. For OSIPM, use the 300% income standard. Once determined, see above.

## Individual with no Medicare

### MAGI or OSIPM eligible

**Managed care – up to 20 days:**

* Plan decides benefit and NF payment, no SPL
* Plan will pay for maximum of 20 days
* SPL needed at day 21
* PAS – plan pays benefit; no service eligibility determination
* Transition – monitor the individual to assure discharge from NF following the 20-day benefit. For individuals with anticipated long-term service needs, initiate or refer for Medicaid application

**Fee-for-service days – up to 20 days:**

* **If the individual has a 3-day qualifying hospital stay and a skilled service need** (using Medicare criteria):
	+ SPL – none required
	+ PAS – service eligibility for OHP 20-Day Post Hospital Benefit: (1) 3-day qualifying hospital stay; and (2) a “Medicare A Skilled”-type service need
	+ Liability – none
	+ Plan of care – none
	+ Transition – monitor to assure discharge from NF following the 20-day benefit. For individuals with anticipated long-term service needs, initiate or refer for Medicaid application
* **If there is no qualifying hospital stay or no skilled need**:
	+ SPL – required
	+ Need OSIPM or MAGI eligibility
	+ PAS – (1) determine that the individual’s service needs meet SPL; and (2) determine if the individual can be served in HCBS or if NF is required to meet service needs
	+ Plan of care – yes
	+ Liability – calculate per OAR 461-160-0620
	+ Transition – identify individuals who can transition to HCBS and assist with transition planning

**Days 21+ (long-term care)**

* SPL – required
* Need OSIPM or MAGI eligibility
* PAS – (1) determine that the individual’s service needs meet SPL; and (2) determine if the individual can be served in HCBS or if NF is required
* Plan of care – yes
* Liability – calculate per OAR 461-160-0620
* Transition – identify individuals who can transition to HCBS and assist with transition planning

### No Medicaid

MAGI or OSIPM eligibility needs to be determined. For OSIPM, use 300% standard (may need PMDDT decision). Once determined, see fee-for-service above