



Oregon

Kate Brown, Governor

Department of Human Services

Aging and People with Disabilities

500 Summer St. NE, E-02

Salem, OR 97301

April 1, 2020

To: All Licensed Nursing Facilities
All Licensed Residential Care Facilities
All Licensed Assisted Living Facilities

Re: Temporary Rate Increase



Dear Providers:

Thank you for your efforts in managing this crisis. The Executive Branch and the Legislature recognize the extraordinary expenses you are incurring in managing this crisis. I have been directed to implement a ten percent increase to all rates effective for services provided between 4/1/20 and 6/30/20. A copy of the new rate schedule is attached.

For providers with special rates, we will adjust rates automatically in accordance with this order. We will not be amending contracts.

Once again, thank you for your efforts during this unprecedented crisis.

Sincerely,

Michael McCormick, Interim Director
Aging and People with Disabilities Program
Department of Human Services

RATE SCHEDULE

(Effective April 1, 2020)

Rates apply to Medicaid Services funded by Aging and People with Disabilities.

Room & Board	In-Home Maintenance Allowance	Personal Incidental Funds
AB \$608.00	\$1,283	NF \$64.11
AD/OAA \$608.00	\$1,283	CBC \$175

Community-Based Care (CBC) Monthly Rates

	Residential Care Facilities	Adult Foster Homes	Assisted Living Facilities	
Base	\$1,789	\$1,713	Level 1	\$1,436
Base plus 1 add-on	\$2,136	\$2,024	Level 2	\$1,780
Base plus 2 add-ons	\$2,483	\$2,335	Level 3	\$2,233
Base plus 3 add-ons	\$2,830	\$2,646	Level 4	\$2,805
Hourly Exception Rate	\$13.70 / Hr.	\$15.07 / Hr.	Level 5	\$3,375

Memory Care (Endorsed Units Only)	\$4,693
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Nursing Facility Daily Rate	
Basic	\$359.15
Complex Medical	\$502.81
Pediatric	\$805.65
Ventilator	\$767.28

NF Comparable Monthly	
Basic	\$ 9,323.15
Complex Rate	\$13,295.61

Homecare Workers (HCW)	Hourly	Enhanced
HCW Hourly Wage	\$15.00 (1/5)	\$1 over rate
Mileage, Non-Medical	\$.485 per Mile	
*HCW who are certified by the Home Care Commission (i.e. successfully completed the Professional Development Certification) will receive an additional \$.50/hr.		
*Central Office will code the cases.		

PACE Organization	Medicaid Only Rate	Medicare/Medicaid Rate
Providence ElderPlace	\$7,003.84	\$4,738.67

Home Delivered Meals: \$ 11.75 / meal
 Long Term Care Community Nursing Services: \$18.50 / 15-minute unit of service
 In-Home Agencies: \$25.84 / Hr.
 Mileage, Non-Medical: \$.485 per Mile
 HK Shelter: \$59.09/ month \$1.94 / Day
 Adult Day Services: Refer to Contracted Rates
[Contact List for Specific Needs Contracts](#)

**In-Home Service Plan Max. Hour
 Local Office Tier 2 Hours Approval**

ADL: 73
 IADL: 35

**Tier 2 = May also approve plans
 previously approved by Central Office.**