

## Service Element DD 50 Standards and Procedures

**Effective Date:** October 1, 2017  
**Service Name:** Residential Facilities  
**Service ID Code:** DD 50

### 1. Overview.

Residential Facilities Services (DD 50 Services) consist of 24-hour residential care and supervision to eligible Individuals in community licensed service settings.

### 2. Standards and Procedures.

#### a. Service Authorization

DD 50 Services must be authorized in advance by the County in which the Individual is enrolled and is receiving DD 48 Case Management Services. This authorization must be obtained and documented in accordance with Oregon Administrative Rules and DHS policies and procedures.

#### b. General Performance Requirements

- (1) Providers of DD 50 Services funded by DHS will provide those DD 50 Services in facilities licensed under the applicable Oregon Administrative Rule (OAR), as such rules may be revised from time to time.
  - (a) OAR Chapter 411, Division 325, 24 Hour Residential Services for Children and Adults with Developmental Disabilities;
  - (b) OAR Chapter 411 Division 054, Residential Care and Assisted Living Facilities;
  - (c) OAR Chapter 309, Division 035, Residential Care Facilities for Mentally or Emotionally Disturbed Persons.
- (2) Providers of DD 50 Services funded by DHS must comply with the OARs under which they are licensed.
- (3) Providers of DD50 Services must comply with 42 CFR § 441.530 that identifies the standards of Home and Community Based Services (HCBS) settings, and with Oregon's HCBS global transition plan and Oregon Administrative Rules regarding HCBS.
- (4) If a Provider of DD 50 Services provides such Services at a setting licensed under OAR Chapter 411, Division 325, 24 Hour Residential Services for Children and Adults with Developmental Disabilities, Provider shall comply with the following requirement:

The Board of Directors (or other governing authority of the residential facility, as applicable) of a Provider of DD 50 Services funded by DHS will define, establish, and maintain a "Vacancy Reserve" fund in a dollar amount sufficient to ensure that the Provider can continue to provide

Services that meet applicable statutory, administrative rule, and contract requirements, when payments to Provider are reduced due to vacancies. The Board or governing authority will implement the plan to replenish the Vacancy Reserve fund in a timely manner when the Vacancy Reserve fund falls below the level established by the Provider's Board or governing authority. Each Provider subject to the Vacancy Reserve fund requirement will include a line item on its routine financial statements that documents the status of its Vacancy Reserve fund. These financial statements must be made available to DHS or its designee upon request by DHS.

**c. Special Reporting Requirements**

- (1) If a Provider of DD 50 Services funded by DHS provides such Services at a setting licensed under OAR Chapter 411, Division 325, 24-Hour Residential Services for Children and Adults with Developmental Disabilities, the Provider will report to DHS the direct service staff wages and turnover data for each DD 50 Service type, using forms and procedures designated by DHS. Failure by a Provider to comply with this reporting requirement may result in a delay in payment to the Provider.
- (2) For purposes of Medicaid compliance, DHS must be notified when an eXPRS Disbursement Claim is submitted with a Modifier Code due to absence of the Individual receiving DD 50 Services, as identified under section 2.e. (2) of this Standards and Procedures. Provider of the DD 50 Services will notify DHS' Information Technology Business Support Unit/Technical Assistance Unit (ITBSU/TAU), using forms and procedures designated by DHS.

**d. Placement, Rates, and Authorizations**

- (1) Upon agreement between County and the Provider for Individual placement into a DD 50 Services setting, County will submit a Client Prior Authorization (CPA) for the specific Individual for DD 50 Services the County authorized at the DHS approved rate for a specified period of time. County shall not request payment for DD 50 Services provided prior to the submission of the CPA.
- (2) CPA Monthly Rate
  - (a) The CPA monthly rate for DD 50 Services in a 24-hour residential setting for adults is based upon the Individual's assessed tier and the licensed capacity of the home where the Individual resides as of the effective date of the CPA. The website <http://www.oregon.gov/dhs/DD/rebar/Pages/st-rate-info.aspx> details the current rates for each assessed tier and the licensed capacity. These rates are subject to change upon notice from DHS.  
  
For an Individual age 18 or older receiving DD 50 Services in a 24-hour residential setting for adults, who has been assessed by DHS through the Restructuring Budgets, Assessments, and Rates

(ReBAR) process for establishing DD 50 Service rates based on client service needs, the Individual's monthly rate shall be established as described above.

For an Individual less than age 18 (Child) receiving DD 50 Services in a 24-hour residential setting for children, a support needs assessment profile (SNAP) will be done to determine the monthly rate for the Child.

(b) An Individual selecting a residential setting in accordance with OAR Chapter 411, Division 054 Residential Care and Assisted Living Facilities or OAR Chapter 309, Division 035 Residential Care Facilities for Mentally or Emotionally Disturbed Persons will have a DD 50 Service rate established by the application of the Individual's DD Functional Needs Assessment to the specific residential setting published rates for Services. The rates are subject to change upon notice from DHS. The CPA monthly rates for above are established in eXPRS by the County.

(3) For an Individual whose DD 50 Service needs exceed the assessed tier, an exception rate may be established by DHS. Notification of the DHS approved rate, with a specific effective date, will be submitted to the County and the Provider. This exception rate is considered a temporary rate enhancement and may be approved or discontinued at the discretion of DHS in conjunction with evaluation of the Individual's assessed support needs.

**e. Billing and Payment Procedures**

(1) DHS will disburse funds to a Provider of DD 50 Services for amounts documented in a Disbursement Claim submitted to DHS by Provider for Services authorized by County and approved by DHS in a CPA, as soon as reasonably possible after submission and processing of the Disbursement Claim, in accordance with OAR Chapter 411, Division 370 and OAR Chapter 407, Division 120.

Payments from DHS to Provider for DD 50 Services will be reduced or offset by the amount paid directly to the Provider from the Individual's resources for support of residential care and services. Provider shall be responsible for the billing and collection of the offset amount.

(2) DHS will allow payment for certain absences, up to a total of 21 calendar days per calendar year, if the Individual receiving DD 50 Services is residing at the Provider's facility and overnight care is provided immediately prior to the absence, and:

(a) The Individual is absent for not more than five consecutive days, as a result of incarceration or absence unreported to the Provider, and it has not been determined by Provider and County that the Individual will not be returning to the Provider's DD 50 Services facility; or

- (b) The Individual is absent for not more than 14 consecutive days, not to exceed 21 calendar days in any 12 consecutive month period, as a result of being on vacation or family visit(s), and it has not been determined by Provider and County that the Individual will not be returning to the Provider's DD 50 Services facility; or
  - (c) The Individual is absent for not more than 21 consecutive days, as a result of being on convalescent leave or admittance to either a medical hospital, a psychiatric hospital, or a DHS Stabilization and Crisis Unit, and it has not been determined by Provider and County that the Individual will be not be returning to the Provider's facility.
- (3) DHS is not obligated to provide funding for DD 50 Services if a Claim for Services is not submitted by the Provider within 12 months of the date such Services were provided, as described in OAR Chapter 407-120-0340.