

Service Element DD 156 Standards and Procedures

Effective Date: January 1, 2018
Service Name: Room & Board and Service Level Funding - General Fund
Service ID Code: DD 156

1. Overview.

Room & Board (R&B) and Service Level Funding - General Fund are funds for assistance with the service level funding, room and board, personal incidental items, and, when authorized by ODDS, necessary allowable medical and dental expenditures (DD 156 Services), for Individuals 18 or older with Intellectual or Developmental Disabilities (I/DD), who are currently not Medicaid eligible due to the Individual being undocumented, but who are working towards United States citizenship.

2. Standards and Procedures.

a. Service Authorization

- (1) All Individuals receiving DD 156 Services must be eligible for I/DD Services with eligibility determined in accordance with OAR Chapter 411, Division 320, as such rules may be revised from time to time.
- (2) Eligibility for service level funding must be approved in advance by ODDS based on a Functional Needs Assessment Tool establishing a service level for the Individual.
- (3) Eligibility for Room & Board must include the Individual's concurrent receipt of DD 50 Residential Facilities Services or DD 158 Adult Foster Home Services.
- (4) Eligibility for medical and/or dental needs is based on the Oregon Health Plan (OHP) approved list of medical and/or dental care and must include information supporting medical and/or dental necessity.
- (5) DD 156 Services must be approved in advance by ODDS. County must submit a request for DD 156 Services to ODDS.FundingReview@state.or.us on form 0514dd with all DHS required information and documentation, and the following information regarding Individual's citizenship status:
 - (a) Steps Individual has taken to date in obtaining citizenship;
 - (b) Steps to be taken by the Individual to obtain citizenship during the time frame requested for DD 156 Services;
 - (c) Information and details about why an Individual is unable to obtain citizenship if applicable;
 - (d) A copy of the Individual's most current Individual Support

Plan (ISP), if funding for medical and/or dental expenditures is requested; and

- (e) A methodology for calculating the funds for medical and/or dental expenditures, if applicable.
 - (f) Documentation that the Individual has been denied Citizen Alien Waived Emergent Medical (CAWEM) and Oregon Health Plan (OHP) insurance coverage if the request is for medical and/or dental expenditure funding.
- (6) County must submit the required documentation and the 0514dd form at least two weeks prior to the start date of DD 156 Services for the Individual in order for the Services to be approved by DHS and funds to be available prior to the start of the DD 156 Services. DHS will not approve retroactive requests for DD 156 Services.
- (7) DHS determines the length of time for the DD 156 Services for an Individual, and DHS may approve new or renewal requests for DD 156 Services for up to twelve consecutive months.
- (8) County must submit a request to renew DD 156 Services to DHS two weeks prior to the end of the current DHS approved time period. The County must follow steps (5) and (6) above for all renewals. The request to renew DD 156 Services for an Individual must include, but is not limited to:
- (a) Updated information about the status of the Individual's citizenship;
 - (b) Steps the Individual has taken towards citizenship since the last update or details about why an Individual is not eligible for citizenship;
 - (c) A copy of the Individual's most current Individual Support Plan (ISP), if funding for medical and/or dental expenditures is requested; and
 - (d) A methodology for calculating the funds for medical and/or dental expenditures, if applicable.
- (9) If the Individual is approved for DD 156 Services:
- (a) ODDS will issue a Funding Decision memo to the County.
 - (b) County will set up an authorization in eXPRS.
The DD 156 Service Provider will claim reimbursement for medical and/or dental expenditures after the delivery of the service to the Individual by the provider of the medical and/or dental service.
 - (c) The claim for reimbursement must occur within 90 days from the date of the physical receipt of the medical and /or dental service provided by the DD 156 Service Provider, which is

identified by date stamp, facsimile mark, or other form of post mark.

- (10) If the Individual is denied DD 156 Services:
 - (a) ODDS will issue a Notification of Planned Action to the Individual with a carbon copy to the County.
 - (b) The Individual will have the choice to accept or appeal the ODDS denial.
 - (c) If a denial is issued to an Individual, the County must notify all service Providers and follow up with the Individual to discuss whether they chose to file an appeal.

b. General Performance Requirements

- (1) The funds awarded for DD 156 Services for service level funding, R&B, and personal incidentals are equivalent to the anticipated Federal Supplemental Security Income (SSI) as defined in Code of Federal Regulations (CFR) Part 416.101 – 416.121, 416.401 – 416.435 and 416.501 – 416.665, and the Oregon Supplemental Income Program (OSIP) Manual under “Room and Board and Personal Needs Standards”. Monthly rates are subject to change to reflect federal cost-of-living or other DHS approved adjustments. These monthly rate changes do not require a request by County and approval from DHS. Any monthly rate adjustments resulting from these changes will be added by DHS to awards DHS authorized for Individuals receiving DD 156 Services.
- (2) DD 156 funds must be used for “current maintenance” costs incurred by an Individual receiving DD 156 Services, as defined in the above-referenced CFRs, the OSIP Manual, and as outlined in this Standards & Procedures (S&P). Current maintenance includes the room and board fees charged by the Provider to the Individual and costs incurred for clothing, medical care authorized by DHS, and personal comfort care for the Individual, whether provided directly by, or facilitated by, the Provider of DD 156 Services.
- (3) DD 156 funds used for an Individual’s medical and/or dental expenses must only be for necessary medical and/or dental expenditures for the Individual up to the amount authorized by DHS.

Necessary medical and/or dental expenditures are those medical and/or dental expenditures needed by the Individual as detailed in the ISP by the ISP team and as referenced in the OHP approved medical and dental costs.

DD 156 funds may be used for an Individual in a medical emergency even though the emergency situation is not included in the ISP. For purposes of this S&P, an emergency is defined as a sudden onset of a

medical and/or dental condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical or dental attention could reasonably be expected to result in placing the Individual's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

Allowable DD 156 Services for medical and/or dental expenditures due to emergency situations include:

- (a) Hospital emergency treatment, or inpatient and outpatient care, or
- (b) Emergency vision and dental services.

Documentation that the Individual is not eligible for CAWEM or that CAWEM will not cover the cost of the emergency medical situation must be submitted with the request for emergency medical coverage on form 0514dd.

- (4) The following medical services are not allowable under DD 156 Services:
Anything covered by CAWEM or OHP for an Individual who is currently receiving CAWEM or OHP
- (5) Should the Individual's circumstances around Medicaid eligibility change at any time, the County shall:
 - (a) Support the Individual in applying for Medicaid.
 - (b) Support the Individual in applying for SSI.
 - (c) Enroll the Individual into the appropriate service which includes completion of a Level of Care (LOC) within one week of the Medicaid application.

c. Special Reporting Requirements

DHS may request at any time other information regarding the use of DD 156 Services or the justification of such Services. County and the Provider are required to submit the requested information within the timeframe required by DHS. DHS will hold disbursements of all DD 156 funds, until the requested information is received, if the requested information isn't received by DHS within the timeframe indicated in the DHS request.

3. Billing and Payment Procedures.

a. Room and Board and Personal Incidental Funds

- (1) R&B and personal incidental funds will be disbursed to Provider in eXPRS in a Provider Prior Authorization (PPA).
- (2) Each Individual will have a Provider Prior Authorization (PPA) created for up to twelve months in eXPRS for Room and Board payments. The timeframe for the PPA is determined by the effective date of the authorization for DD 156 Services and the timing of future SSI increases.

R&B and personal incidental funds will be released at the beginning of each month by DHS.

b. Medical Expenditures

- (1) Funds for DD 156 medical expenditures will be disbursed to Provider in eXPRS in a PPA.
- (2) DHS will create, at the beginning of each biennium, for each Individual authorized by ODDS to receive DD 156 Services, a PPA for anticipated DD 156 medical expenditure funding for three months. The initial PPA for DD 156 medical expenditures and subsequent PPAs will be released by DHS for payment to Provider.
- (3) Provider shall submit a monthly report to CAU.Invoice@state.or.us within 90 days following receipt of an invoice for the actual medical and/or dental costs incurred. This monthly report will serve as the Provider invoice for medical expenditures for DD 156 Services for the following month. This monthly medical expenditure report must include the following, at minimum:
 - (a) Individual's name;
 - (b) Individual's prime number;
 - (c) Month or timeframe for the reported DD 156 Services;
 - (d) Provider's name and eXPRS Provider number;
 - (e) Description of each medical expenditure, listed separately;
 - (f) Amount of each medical expenditure;
 - (g) Name of entity actually providing the DD 156 Service, such as the name of pharmacy, doctor, or therapist; and
 - (h) Actual date of DD 156 Service, not the date the Service was paid for by the Provider.
- (4) DHS will review all monthly medical expenditure reports submitted by Provider to verify that they are allowable medical expenditures per this S&P or are approved exceptions. DHS will reconcile DD 156 medical expenditure funds paid to Provider with the medical expenditures reported by the Provider and the invoice submitted. Any medical expenditure that is determined not to be an allowable DD 156 medical expenditure will be deducted from the total amount of the Provider's payment. Provider will be promptly notified of this change by email. DHS will complete its review and reconciliation within ten calendar days of receipt by DHS of the correctly completed Provider's medical expenditure report and invoice.

4. Settlement and Quality Assurance.

- a.** Funds for medical expenditures or other expenses not related to R&B and

personal incidental funding that are not expended during a biennium are subject to Settlement by confirming and reconciling actual medical expenditures against the DD 156 medical expenditure funds paid by DHS. Settlement for medical expenditures may occur on a monthly basis and at the end of each biennium.

- b.** Provider must submit to DHS final expenditure reports and invoices for all DD 156 Services no later than 45 calendar days from the end of the biennium. County may submit a request to ODDS for an exception to extend this 45 calendar day deadline at CAU.Invoice@state.or.us. Requests for exceptions must be submitted prior to the initial 45 calendar day deadline. The original final expenditure report and invoice submission deadline can be extended one time for up to an additional 45 calendar days.
- c.** DHS may conduct quality assurance reviews of the County's and Provider's adherence to this DD 156 Services S&P.

5. CFDA Number(s).

In accordance with the State Controller's Oregon Accounting Manual, policy 30.40.00.102, and DHS procedure "Contractual Governance", DHS' determination is that County is a contractor.

The Catalog of Federal Domestic Assistance (CFDA) #(s) of Federal Funds to be paid through the Agreement: 93-778.