

Topic:	344-Day Billing Model: 24-Hour Residential Settings (Adults and Children) and Host Home Settings
Date Issued/Updated:	

Overview

Description: This worker guide provides an overview explanation of the 344-day billing model for 24-Hour Residential Program and Host Home Settings

Purpose/Rationale: ODDS has implemented a new rate model for services. In the new model for 24-Hour Residential Program and Host Home Settings, the rate compresses a full year of service funding into 344 days to allow for resources to be in place even when the individual comes and goes from the home site.

Applicability: Brokerages and CDDPs are responsible to assist with some aspects of provider enrollment. Case managers are expected to help providers understand the specific billing model for 24-hour Residential Program and Host Home settings.

Procedure(s) that apply:

The new rate model for 24-hour residential program and Host Home settings compress a 365-day year of service funding into 344 billing days. This approach allows for flexibility of resources to be available to support the individual while also promoting community-based activities away from the home site such as visiting family, going on vacation, etc.

This new approach to funding and billing eliminates previous "bed hold" or absence funding. In the past, there was a 21 day allowance that provided general fund to cover when an individual was away from the home and not receiving support from the provider. In the new model, there is built in allowance for this through the compression of the funding year.

Here is a break down example of how the new model applies:

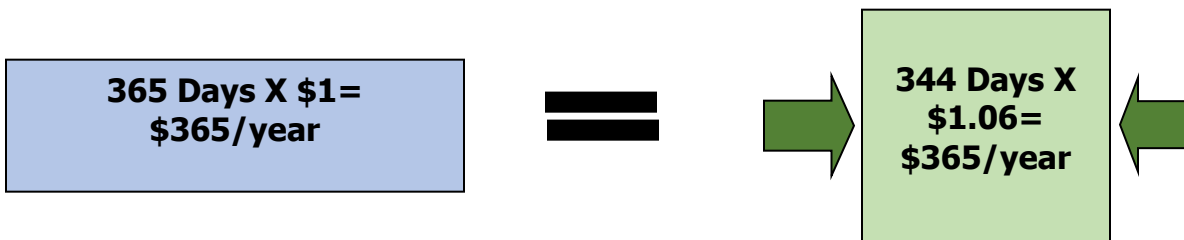
For simplicity, in this example the rate is \$1.00/day.

$\$1.00 \text{ per day} \times 365 \text{ days} = \365.00 per year

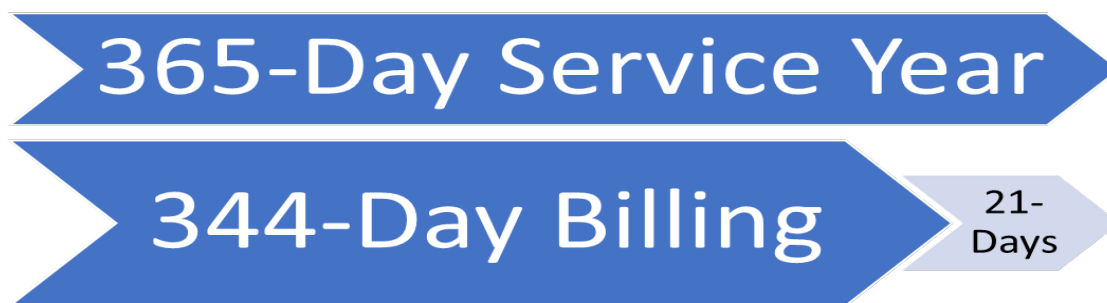
$\$365.00 / 344 \text{ days} = \1.06 per day

$\$1.06 \times 344 = \365.00 per year

$344 \text{ days} \times \$1.06 = 365 \text{ days} \times \1.00



In this new model, the provider will bill for the first 344 days of the Plan of Care (POC) year. By the 344th day, the funding for the service year will have been allocated to the provider. While days 345 through 365 may not result in additional funding as the provider will have already received the full service year funding, the provider should bill in eXPRS for all the days the individual was enrolled with their program.



If the POC year is a leap year (a year containing February 29th), an additional day of service funding will be allocated for a total of 345 days, maintaining the 21 days of absence allowance.

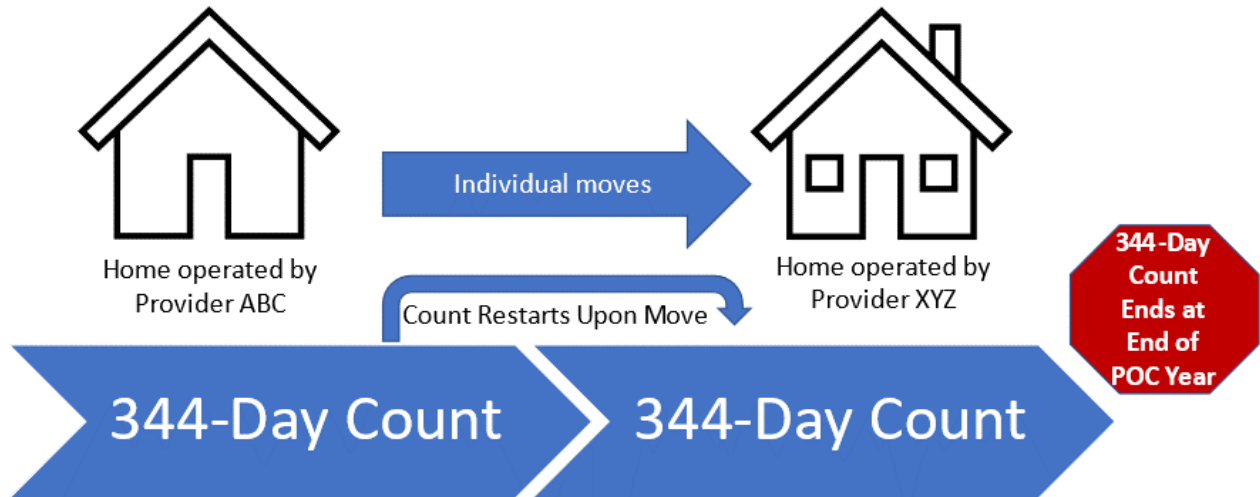
For more specific information about the new rate model, including the new rates, please visit the ODDS Compass page: <https://www.oregon.gov/dhs/Compass-Project/Pages/Rate-Models.aspx>.

Please note that the 344-day billing model applies to all individuals enrolled and authorized to receive services in an ODDS-licensed 24-hour Residential Program or Host Home setting. Individuals receiving services in an APD- or OHA-licensed Assisted Living Facility (ALF) or Residential Care Facility (RCF) previously billed under DD50 will continue to remain in an SE50 CPA and will remain as a monthly service.

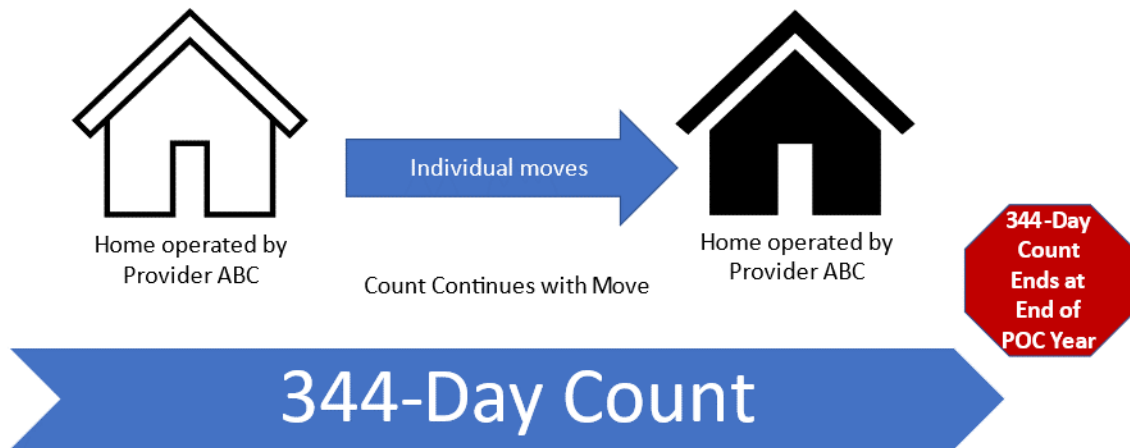
For a provider to be eligible to bill for a day of service, the criteria in Oregon Administrative Rule (OAR) 411-325-0490 Provider Eligibility for Medicaid Service Payment must be met. Dates where the rule criteria are not met must be claimed as an absence.

If an individual moves during the POC year, the 344-day count may be impacted if the individual moves to a new provider. The billing model provides an allowance for when there is a change to a new residential setting provider, resetting the 344-day count while the POC year continues under the existing ISP. Here are some examples:

Individual 1 moves from ABC provider to XYZ provider during the POC year. Upon the move, the 344-day count restarts for the new provider. The 344-day count will apply until a new POC year.



Individual 2 moves from ABC provider Blue home to Yellow home. Because the individual is continuing to be served by the same provider agency, the 344-day count remains intact and will not restart until a new POC year.



Q & A:

- Can a provider request an exception to the 344-day billing structure?

No, ODDS will not grant an exception to the 344-day billing structure. The structure is part of the new rate model and will be implemented for all 24-Hour Residential Program and Host Home settings without exception.

- How does a provider claim for or access bed hold payments?

The new system eliminates “bed holds”. By compressing the service year, the rate model is able to factor in approximately 21 days that the individual may be away from the home during the POC year. No bed holds will be authorized and no exceptions will be granted to provide funding for additional absences from the home. The provider would submit daily billings to report absences in the system. These billings are informational and do not generate a payment, as the payment for up to 21 absence days is factored into the daily rate.

- Can a provider request a funding exception if they are concerned about the financial and resource impact of the 21-days they are not able to receive funding at the end of a full POC year?

No, the provider is receiving compensation for the full 365-day POC year over 344 days. Providers are expected to manage the resources over the course of the year to budget for the 21-days they will not receive additional payment at the end of the POC year. Additionally, since the 365-day POC year applies to each individual’s service plan/POC timeline, it is unlikely that a provider serving multiple individuals will experience this service payment gap simultaneously for all individuals they serve.

- Does the new rate model and 344-day billing year have any impact on other financial sources such as collection of room and board or individual client liabilities (offsets)?

No, the new billing structure should have not impact and does not change the monthly collection or amount of room and board or liabilities collected.

- Where can I receive more information about the new rate model billing and using the eXPRS payment system?

For additional information and to view the training modules for authorizing or billing for services in 24-Hour Residential Program or Host Home Settings, please visit the Workday Learning site:

eXPRS WEBINAR Authorizing Daily Adult Residential Group Home Service in eXPRS Plan of Care (CDDPs)

<https://wd5.myworkday.com/oregon/learning/course/d1b3cb4577c80183fe6fbd9ced015910?record=d46bcf37e491010206dda61159820000&type=9882927d138b100019b928e75843018d>

eXPRS WEBINAR Billing for Daily Residential Services in eXPRS for DD Agency Providers

<https://wd5.myworkday.com/oregon/learning/course/d1b3cb4577c801e9c1fcab9ced014710?type=9882927d138b100019b928e75843018d>

Reference:

Oregon Administrative Rule (OAR) 411-325-0490 Provider Eligibility for Medicaid Service

Payment: <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/ODDSRules/411-325.pdf>

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