Action Request Transmittal

Lilia Teninty

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Number: APD-AR-16-056

Issue date: 8/5/2016

Topic: Developmental Disabilities

Due date: 

Subject: Generic Providers in eXPRS Plan of Care - Family Support

Applies to (check all that apply):

☐ All DHS employees
☐ County Mental Health Directors
☐ Area Agencies on Aging
☐ Office of Developmental Health Services
☐ Aging and People with Disabilities
☐ Disabilities Services (ODDS)
☐ Self Sufficiency Programs
☐ In Home Services
☒ County DD Program Managers
☐ ODDS Children’s Intensive Services
☐ ODDS Children’s Residential Services
☐ Stabilization and Crisis Unit (SACU)
☐ Child Welfare Programs
☐ Other (please specify): Services Coordinators

Action required:
The Generic Provider in eXPRS transmittal APD-AR-15-055 identifies when it is appropriate to authorize services in eXPRS Plan of Care (POC) using a generic provider. This transmittal further clarifies that generic providers for provider agencies/organizations may continue to be utilized when authorizing Family Support services, specifically for Community Inclusion and Respite.

Family Support program (SE150) rules (chapter 411, division 305) still apply for any authorized purchase according to the Family Support rules, including that the purchase: must be directly tied to the identified support needs and desired outcomes of the child OAR 411-305-0080; be an allowable support under OAR 411-305-0120; meet the conditions outlined in OAR 411-305-0110; and adhere to the annual limit of SE150 funds per child as outlined under OAR 411-305-0090 and transmittal APD-AR-11-027.

CDDPs can continue to use POC code OR527 to authorize Generic Providers for Community Inclusion activities, including costs for registration and participation.

To authorize Generic Providers for Respite, CDDPs can use the eXPRS/POC code for Community Inclusion as a “workaround,” until a new POC code specifically for...
respite becomes available. See reference table below for the appropriate POC codes and rates to use when authorizing **Respite**.

<table>
<thead>
<tr>
<th>Agency Provider</th>
<th>Daily Respite– POC</th>
<th>Hourly Respite** – POC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid enrolled – OR507</td>
<td>Medicaid enrolled – OR526</td>
<td></td>
</tr>
<tr>
<td>Generic/non-Medicaid enrolled – OR527 (workaround)</td>
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<tr>
<td><strong>Pay rate = agency daily relief care</strong></td>
<td><strong>Pay rate = agency hourly attendant care</strong></td>
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<th>PSW</th>
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**Note**: Hourly respite is available only under the Family Support program.

➢ **Provider enrollment in eXPRS:**

- **PSWs**: CDDPs are expected to follow the same Medicaid procedure and guideline for enrolling all PSWs per OAR 411-375.

- **Provider agencies/organizations**: CDDPs are expected to ensure that all provider agencies meet the standards under OAR 411-305-0140 prior to authorizing services to be paid through Family Support (SE150) funds. For example, a camp would have to meet the regulations per OAR 333-030 to ensure health and welfare of persons using these camps. Generic providers may be used when they are not enrolled as Medicaid providers.

➢ **Provider payment rates:**

Use the rates as outlined in the In-Home Expenditure Guidelines.

- **PSWs**: For **hourly** rates, use the Attendant Care rates for PSWs. For **daily** rates, use the Relief Care daily rate for PSWs.
  **Note:** All other policies and procedures for PSWs apply (i.e., hours limit/week)

- **Provider agencies/organizations**: For **hourly** rates, use the Attendant Care rates for provider agencies. For **daily** rates, use the Relief Care daily rate for provider agencies. See examples below for authorization **respite** in eXPRS using Generic Providers.

**Hourly Respite authorization for Generic Providers:**

CDDPs can authorize a maximum of 44 hours/plan year at the current provider agency/camp’s payment rate of $27.28/hour ($27.28 x 44 hours/units = $1200.32). Keep in mind that for all services authorized, Family Support funds cannot exceed the
total annual limit of $1200.

**Daily Respite authorization for Generic Providers:**

CDDPs can authorize a maximum of 5 days/plan year at the current provider agency/camp’s payment rate of $232.25/day ($27=232.25 x 5 days/units = $1161.25). Keep in mind that for all services authorized, Family Support funds cannot exceed the total annual limit of $1200.

**Reason for action:** Effective January 1, 2016 generic providers were no longer able to be authorized for *Relief Care*. In order to allow for authorizing *Respite* in the *Family Support program* (SE150), changes have been made in eXPRS/POC for such services as camps to be authorized and paid, using the Community Inclusion POC code.

**Field/stakeholder review:** ☑ Yes ☐ No

If yes, reviewed by: CDDP review team

**If you have any questions about this action request, contact:**

**Contact(s):** May Martin

**Phone:** 503-947-2318  
**Fax:**

**Email:** may.martin@state.or.us