

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):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees                       | <input type="checkbox"/> County Mental Health Directors                                       |
| <input type="checkbox"/> Area Agencies on Aging                  | <input type="checkbox"/> Health Services  |
| <input type="checkbox"/> Aging and People with Disabilities      | <input checked="" type="checkbox"/> Office of Developmental<br>Disabilities Services(ODDS)    |
| <input type="checkbox"/> Self Sufficiency Programs               | <input type="checkbox"/> ODDS Children's Intensive<br>In Home Services                        |
| <input checked="" type="checkbox"/> County DD Program Managers   | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)                                 |
| <input type="checkbox"/> ODDS Children's<br>Residential Services | <input checked="" type="checkbox"/> Other ( <i>please specify</i> ): Services<br>Coordinators |
| <input type="checkbox"/> Child Welfare Programs                  |   |

**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**.

	Daily Respite– POC	Hourly Respite** – POC
Agency Provider	Medicaid enrolled – OR507	Medicaid enrolled – OR526
	Generic/non-Medicaid enrolled – OR527 (workaround)	Generic/non-Medicaid enrolled – OR527 (workaround)
	Pay rate = agency daily relief care	Pay rate = agency hourly attendant care
PSW	Medicaid enrolled – OR507	Medicaid enrolled – OR508
	Pay rate = PSW daily relief care	Pay rate = PSW hourly attendant care

**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.

Auth Id	Provider	Units	Rate	Pay To Provider	Dates	Review?	Allocation	Status
150	OR527 - Comm Activity Particip/Regist	NA	44.00 per Year		9/1/2015 - 5/31/2016			
9*****5	{Generic} Camp Respite HOURLY	44.00	\$27.28	CDDP Family Support Services Provider	9/1/2015 - 5/31/2016	Yes	\$1,200.32	Accepted

Max 44 hrs/year allowed.

**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.

SE	Procedure	Modifier	Units	Dates
150	OR527 - Comm Activity Particip/Regist	NA	5.00 per Year	7/1/2015 - 8/20/2015

  

Auth Id	Provider	Units	Rate	Pay To Provider	Dates	Review?	Allocation	Status
g*****2	{Generic} Camp Respite DAILY	5.00	\$232.25	CDDP Family Support Services Provider	7/1/2015 - 8/20/2015	Yes	\$1,161.25	Accepted

Max 5 days/year allowed.

**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:*

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