

Lilia Teninty

Number: APD-PT-16-001

Authorized Signature

Issue date: 1/8/2016

Topic: Developmental Disabilities

Transmitting (check the box that best applies):

- New policy Policy change Policy clarification Executive letter
 Administrative Rule Manual update Other: IM Update

Applies to (check all that apply):

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

Policy/rule title:	Updates for Community Based and Nursing Facility Rates		
Policy/rule number(s):	OARs 411-054, 411-070, 411-050	Release no:	2
Effective date:		Expiration:	
References:	DD Policy Regarding Long Term Care: http://www.dhs.state.or.us/policy/spd/transmit/pt/2014/pt14018.pdf ODDS Policy Regarding Service Rates for RCF and ALF settings through DD funding: http://www.dhs.state.or.us/policy/spd/transmit/im/2014/im14045.pdf "Process for Determining Service Rates for RCF and ALF Settings through DD Funding" document: http://www.dhs.state.or.us/spd/tools/dd/service-rates-alf-rcf-settings.pdf		
Web address:	APD Community Based Care Rate Schedules: http://www.dhs.state.or.us/policy/spd/transmit/pt/2015/pt15020.pdf		

01/08/16 – Corrected to accurately reflect required forms.

Discussion/interpretation:

This IM will supplant IM 14-045 regarding service rates for Residential Care Facilities (RCF) and Assisted Living Facilities (ALF) settings through Developmental Disability funding to update correct internet links. Rates are established by the standards listed at this website:

<http://www.dhs.state.or.us/policy/spd/transmit/pt/2015/pt15020.pdf>.

Training/communication plan:

Local/branch action required: Ensure accurate rates are adjusted annually if necessary, during the individual’s Individual Support Planning (ISP) meeting. The CDDP must update the Client Prior Authorization (CPA) with the adjusted rate, when the individual’s annual ISP meeting occurs to reflect the rate listed at the site above.

Central office action taken: ODDS has adjusted the rates to reflect the current rate found on the website above for individuals receiving services in an ALF or RCF. ODDS will notify providers directly if their claim is adjusted. If you are notified by ODDS, the provider must enter claims for the time-period of the adjusted CPA.

It is important that Service Coordinators are aware of these changes to rates in order to ensure appropriate rates for individuals in these settings.

Field/stakeholder review: Yes No

Filing instructions:

If you have any questions about this policy, contact:

Contact(s):	Kirsten Collins		
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Title:	Process for Determining Rates for ALF and RCF Settings Through DD Funding				
		Version:	2.0	Effective Date:	

Approved By: *(Authorized Signer Name)*

Date Approved

Overview:

The following information outlines the process for determining service rates and authorizing funding for eligible individuals selecting an Assisted Living Facility (ALF) or Residential Care Facility (RCF) setting to receive Community First Choice (K-Plan) state plan services funded through ODDS.

Process: When an individual chooses to receive their services in an RCF/ALF setting, the designated case management entity is to follow the steps below in assisting the individual to access the requested service setting.

- Verify the individual’s Title XIX Medicaid eligibility for K-Plan services.
- Verify the chosen setting has an active license and that there are no license conditions in place that would limit an individual’s ability to enter. *Community Based Care Licensing Unit, Department of Human Services – Office of Licensing & Regulatory Oversight (ORLO Licensing) may be contacted for inquiry regarding provider or site specific conditions.*
- Verify the chosen setting provider has a current Provider Enrollment Agreement (PEA) and is enrolled in eXPRS for billing purposes. *If the provider does not have a PEA and/or is not set up in eXPRS, the case management entity is to assist the provider in this process.*

The individual must have a completed needs assessment that identifies the individuals’ current support needs. This tool can be an Adult Needs Assessment (ANA), Support Needs Assessment Profile (SNAP), or Supports Intensity Scale (SIS). The assessment tool must have been completed within the past year and annually thereafter. The tool must

accurately document the individuals support needs, including recent changes that may be related to the individual exercising choice to enter the RCF/ALF setting.

- Verify that an assessment tool has been completed and review the document to ensure it accurately captures the individual's current needs.
- If it is determined that the individual does not have a current assessment or the assessment on record does not accurately capture the individual's support needs, then the case management entity is to complete a new ANA assessment.

The individual's current assessment tool will then applied to the APD Community Based Care Rate Schedules (CA/PS). The CA/PS Assessment Tool used by APD addresses cognition and behavior differently. The DD tools incorporate eight cognitive components used in scoring: adaptation to change; awareness; judgment and decision making; memory; orientation; danger to self or others; demands on others; and wandering. When completing ODDS' needs assessment tool reference both the Safety question in the medical tab and in the Behavior Supervision questions in determining whether the individual is assessed as requiring assistance. If the individual or the APD provider request that the CA/PS tool be used in place of the ODDS needs assessment tool the Service Coordinator should request a courtesy assessment through the local Aging and People with Disabilities/Area Agency on Aging APD/AAA office.

This guidance is specific to Title XIX Medicaid K-Plan eligible individuals who are choosing to receive their support services in an RCF or ALF setting through the utilization of DD funding.

Guideline(s) that apply:

For ALF settings apply OAR 411-027-0020(8), substituting the DD assessment for the CA/PS. A summary of this application is as follows.

- Level 1 – Individual meets Level of Care (LOC) but does not require support at levels two through five.
- Level 2 -- Individual requires assistance in cognition/behavior AND support in at least one of the following: elimination or mobility or eating.
- Level 3 -- Individual requires assistance in four to six Activities of Daily Living OR requires assistance in elimination, eating, and cognition AND behavior.
- Level 4 -- Individual requires full assist in one or two Activities of Daily Living (ADL) OR requires at least partial assistance in four to six

Activities of Daily Living plus assistance in cognition/behavior.

- Level 5 -- Individual requires “full assist” in three to six Activities of Daily Living (ADL only) Individual requires full assist in cognition/behavior AND at least one other Activities of Daily Living.

OAR 411.027.0020(8) can be found:

http://www.dhs.state.or.us/policy/spd/rules/411_027.pdf

For RCF settings apply OAR 411-027-0025(2), substituting the DD assessment for CA/PS. A summary of this application is as follows:

- Base rate applies to all individuals who meet Level of Care (LOC)
- Count one add-on for each of the following conditions met:
 - Individual requires full assistance in at least one of the following: mobility, elimination or eating.
 - Individual demonstrates behaviors that are a danger to self or others AND requires consistent supervision/redirection.
 - Individual’s medical treatments require daily observation and monitoring AND oversight by a licensed medical professional must occur at least quarterly.
- Document the application of the assessment tool in determining the service setting rate by marking (either by circling or checking the applicable scores) the support needs summary narrative page of the assessment tool. Retain a copy of this document in the individual’s case file record.
- Create a draft CPA in eXPRS as a DD50 service reflecting the determined service rate.
 - NOTE: when an ODDS funded individual residing in an APD funded ALF or RCF and the APD rates are changed the county who manages the client's prior authorization is responsible for handling any rate changes. The system doesn't automatically update the authorizations or know when a rate change is needed.
- Submit a copy of the documentation verifying the application of the assessment tool in determining the service rate to the designated Funds Allocation Coordinator (FAC) corresponding to the individual’s county of case management.

OAR 411-027-0025(2) is located here:

http://www.dhs.state.or.us/policy/spd/rules/411_027.pdf

Form(s) that apply:

Adult Needs Assessment Tool (ANA)
Support Needs Assessment Profile (SNAP)
Supports Intensity Scale (SIS)

Reference(s):

OAR 411-027-0025(2) is located here:
http://www.dhs.state.or.us/policy/spd/rules/411_027.pdf

OAR 411.027.0020(8) can be found:
http://www.dhs.state.or.us/policy/spd/rules/411_027.pdf

APD Community Based Care Rate Schedules can be found:
<http://www.dhs.state.or.us/policy/spd/transmit/pt/2015/pt15020.pdf>

This policy will supplant IM 14-045 which is located here:
<http://www.dhs.state.or.us/policy/spd/transmit/im/2014/im14045.pdf>

“Process for Determining Service Rates for RCF and ALF Settings through DD Funding” document: <http://www.dhs.state.or.us/spd/tools/dd/service-rates-alf-rcf-settings.pdf>

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