

Policy Transmittal Developmental Disabilities Services



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Number: APD-PT-18-052
Issue date: 10/13/2020
UPDATED

Topic: Developmental Disabilities

Due date:

Transmitting (check the box that best applies):

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

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input checked="" type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging: {Select type} | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Aging and People with Disabilities | <input checked="" type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children's Intensive 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 Residential Services | <input checked="" type="checkbox"/> Other (please specify): Service Coordinators; AFH providers (alert) |
| <input type="checkbox"/> Child Welfare Programs | |

Policy/rule title:	Updated Day of Service for Adult Foster Home Providers		
Policy/rule number(s):	OAR 411-360-0200(3)(a)	Release number:	v2
Effective date:	September 8 th , 2020	Expiration date:	
References:	APD-PT-18-052		
Web address:			

Discussion/interpretation:

Updated Effective September 8th, 2020:

Adult Foster Care Rules were filed which allows providers to claim a day of service for an individual who is admitted to an acute care hospital where the individuals ISP authorizes attendant care in the hospital setting and who has met the day of service criteria in section 411-360-0200(3)(a) including service

conditions under 411-360-0200(2)(b).

The rule can be found here: <https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/ODDSRules/411-360.pdf>

For more information please refer to APD-PT-20-099 Policy Transmittal “Attendant Care in a Hospital Setting Worker Guide” found here: <http://www.dhs.state.or.us/policy/spd/transmit/pt/2020/pt20099.pdf>

This policy applies to adult foster care services delivered to individuals with Developmental Disabilities and whose services are paid out of eXPRS.

When an individual does not sleep in the Adult Foster Home overnight, the Adult Foster Home (AFH) provider may still file a claim for that day when one of the following is true, can be documented and the individual intends to return to the home:

Within an accumulated period of at least 8 hours in a 24-hour period (12:00AM – 11:59PM), the provider was responsible for the primary care, support, safety and well-being of the individual including, but not limited to the following:

- a. Providing intermittent physical support or care;
- b. Providing stand-by support with the ability to respond in person within the ISP team agreed upon response times.
- c. Being responsible to communicate reciprocally within the response times agreed upon by the ISP team and based on an individual’s identified support issue and documented on the most current ISP.

The AFH provider is not eligible to file a claim for the day (12:00AM – 11:59PM) when the individual is:

- admitted to a hospital, ***unless it meets the conditions outlined in 411-360-0200(3)(a) See above.***
- admitted to a nursing facility,
- held in detention or jail,

A ‘claim’ is identified when a provider uses eXPRS to bill for services rendered in accordance with applicable provider payment rules including OAR 411-360. Adult Foster Home providers are paid a calendar monthly rate that is prorated by the number of days the individual received services.

Implementation/transition instructions:

This policy applies to individuals residing in DD licensed AFH homes on and after December 1, 2018.

AFH providers may file claims for any day December 1, 2018 or after when services

were provided in compliance with OAR 411-360.

Central office action required: n/a

Field/stakeholder review: Yes No

If yes, reviewed by:

Filing instructions:

If you have any questions about this policy, contact:

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