

Policy Transmittal Developmental Disabilities Services



Lilia Teninty
Authorized signature

Number: APD-PT-19-016
Issue date: 5/1/2019

Topic: Developmental Disabilities

Due date:

Transmitting (check the box that best applies):

- New policy
 Policy change
 Policy clarification
 Executive letter
 Other: Policy Amendment Due to Superseding Oregon Administrative Rules
 Administrative Rule
 Manual update

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: {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 checked="" type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> Support Service Brokerage Directors | <input checked="" type="checkbox"/> Other (please specify): Service Coordinators and Residential Providers |
| <input checked="" type="checkbox"/> ODDS Children’s Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Policy/rule title:	Individual contributions to provider supported travel		
Policy/rule number(s):		Release number:	v2
Effective date:	Upon release	Expiration date:	
References:	<input type="checkbox"/> CFR 431.52 Payments for services furnished out of state <input type="checkbox"/> Olmstead Update No. 3 <input type="checkbox"/> Chapter 411-Division 325 – 24-Hour Residential Settings For Children And Adults With Intellectual Or Developmental Disabilities <input type="checkbox"/> Chapter 411 – Division 328 – Supported Living <input type="checkbox"/> Chapter 411 – Division 360 - Adult Foster Care <input type="checkbox"/> Chapter 461 - Division 120 - Oregon Residency Requirements		

Web address:	
--------------	--

Discussion/interpretation:

The purpose of this amended policy and transmittal is to remove materials that have been superseded and replaced by Oregon Administrative Rules: 411-325-0490(4)(a-c) and 411-360-0200(1)(h) (A-C).

This policy transmittal is intended to provide clarification for individuals receiving ODDS authorized Community First Choice (K-Plan) state plan and Medicaid waiver services and traveling away overnight from their licensed, DD50, DD142 or DD 58 setting or from DD51 services while continuing to receive Activities of Daily Living (ADL) and Instrumental and Activities of Daily Living (IADL) supports.

When an individual travels away from their home, there may be limitations to the Oregon Medicaid insurance coverage. Many doctors, hospitals, pharmacies and other medical providers outside the area may not be appropriately enrolled providers and therefore cannot accept Oregon Medicaid payment. Services paid through Medicaid while outside of the United States, including international waters such as a cruise, are prohibited by the Centers for Medicare & Medicaid Services (CMS).

Individuals who travel without the support of paid care providers:

The Office of Developmental Disabilities Services (ODDS) does not limit an individual's right to choose to travel overnight from their licensed or certified setting or service. Individuals may choose to travel overnight from their licensed or certified setting without paid caregivers without constraints. For those situations, this policy is not applicable. The Office of Developmental Disabilities Services (ODDS) suggests that agencies have their own policies and procedures regarding the assurance that the ISP team has a plan to maintain the health and safety of any individual traveling without the support of paid care providers.

Individuals who travel with the support of paid care providers:

Travel must be the individual's choice. An individual may elect to use K-Plan or Medicaid waiver services consistent with how services are delivered on a customary basis. The choice to travel shall not result in increased funding paid to the provider agency, for the individual or those remaining in the setting.

Individuals may continue to receive services delivered by their existing providers while traveling overnight from their licensed or certified setting within the parameters set by CMS and under the following circumstances:

Documentation

- Travel choices, including all financial arrangements should be discussed with the individual's team and documented in the individual's Individual Service Plan (ISP).
- The ISP team must document a discussion of how services will be monitored and

how protective services will be provided if necessary during travel away from the licensed or certified service or setting.

- The Office of Developmental Disabilities Services (ODDS) suggests that agencies have their own policies and procedures regarding the creation and maintenance of travel plans that assure the health and safety of the individual being supported during travel.

Duration of travel away from the licensed or certified setting

- ODDS does not limit an individual's right to choose to travel overnight from their licensed or certified setting for the purposes of visiting family, friends, vacationing, etc. Payment claims made when a provider accompanies the individual away from the licensed home may only be paid in accordance with Oregon Administrative Rule for up to 30 consecutive days or 45 days in a calendar year.

Paying for Travel

- **Provider responsibilities:**

Attendant care that is provided in a 24-hour residential setting (DD50, DD142 and DD58), is done so based on the expectation of 24-hour availability of all supports and services. The service compensation is payment in full for 24-hour services.¹ Therefore, staff wages are the full responsibility of the provider agency when supporting residents on a vacation or travel away from the licensed or certified setting. No other payment may be accepted by the provider agency from the individual, family or any other source for the cost of staff wages. 24-hour residential providers are responsible to make three meals and two snacks available to individuals.

- **Individual responsibilities:**

When a staff member is accompanying an individual during travel the individual may offer to pay from his or her own personal funds for costs incurred by the staff person accompanying them. Documentation should be kept per program policy

The following staff costs may be considered for payment by the individual:

- Admission
- Lodging
- Meals only under the following circumstances:
 - The meal is part of the admission and individual choices are not available for purchase;
- Transportation

An individual may not pay for staff:

¹ §447.15 Acceptance of State payment as payment in full. A State plan must provide that the Medicaid agency must limit participation in the Medicaid program to providers who accept, as payment in full, the amounts paid by the agency plus any deductible, coinsurance or copayment required by the plan to be paid by the individual.

- Wages
- Meals, except as outlined above.

Billing:

- When a DD50 or DD142 provider accompanies the individual during their travel for the purposes of providing for ADLs or IADLs the provider should enter the code REG into the eXPRS claim.
- Providers of DD58 and DD51 services need not change their claim if they accompany the individual traveling away from the licensed or certified site for the purposes of providing ADL or IADL supports per OAR.
- If an individual is away from a licensed or certified setting without the provider, the appropriate modifiers must be entered into the claim by the provider as outlined in the documents listed below:
 - If the individual is away from a DD50 or DD142 setting:
 - <http://apps.state.or.us/exprsDocs/HowToCreateSubmitRegularClaims.pdf>
 - <http://apps.state.or.us/exprsDocs/HowToCreateSubmitAbsenceClaims.pdf>
 - <http://apps.state.or.us/exprsDocs/ProviderClaimModifierCodes.pdf>
 - If the individual is away from a DD58 setting without the provider a claim may only be made per Day of Service Policy Transmittals APD-PT-18-052 & APD-PT-18-056.

Training/communication plan: Managers will ensure the information contained within this Policy Transmittal is provided to all Service Coordinators

sdf

Local/branch action required: Medicaid K-Plan or waiver supports shall not be authorized or funded when the travel away from the licensed or certified setting exceeds the OAR limitation of 30 consecutive days or more than a total of 45 days in an ISP year.

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:

Contact(s): Ken Ralph, Program Analyst	
Phone: 503 947-5191	Fax: 503 373-7274
Email: ken.j.ralph@state.or.us	