

CHAPTER 411
DIVISION 18

ESSENTIAL COMMUNITY PROVIDER CERTIFICATION

411-018-0000 Definitions

(Adopted 1/1/2000)

Purpose: These rules establish standards and procedures under which a long-term care facility will be certified by the Division as an essential community provider long-term care facility.

(1) Certification means a written statement by the Division that the facility is an essential community provider long-term care facility.

(2) Disqualification means a written statement by the Division that informs the facility of the reasons for disqualification.

(3) Division means the Senior and Disabled Services Division.

(4) Essential community provider long-term care facility is a long-term care facility in which the average residency rate is 70% or more eligible for Medicaid during the calendar year immediately preceding the calendar year in which the Division is making certification; except that in adult foster homes the average residency rate shall be 60%.

(5) Long term care facility means a nursing facility, assisted living facility, residential care facility or an adult foster home that is licensed by the Department of Human Services through its' Senior and Disabled Services Division.

(6) Medicaid means Title XIX of the Social Security Act.

(7) Medicaid eligible residency rate means the days of facility occupancy in the calendar year for which Medicaid is responsible for payment either paid or accrued (or would have been paid by or accrued to Medicaid except that another payment source was available and used) divided by all days of facility occupancy in the calendar year for which payment has been made

or a liability for payment accrued.

(8) Medicare means Title XVIII of the Social Security Act.

Stat. Authority: ORS 307 and 410.070

Stat. Implemented: ORS 307 and 410.070

411-018-0010 Certification Process

(Adopted 1/1/2000)

(1) A long-term care facility seeking certification as an essential community provider long-term care facility must make written application to the Division. The application must include:

- (a) The name under which the facility is licensed;
- (b) The facility's Medicaid provider number, if the facility has a Medicaid contract;
- (c) The mailing address of the facility;
- (d) The county in which the facility is located;
- (e) The name and address of a contact person at the facility;
- (f) Information about facility residency during the previous calendar year to include:
 - (A) A monthly count of resident days paid for or accrued by Medicaid;
 - (B) A monthly count of resident days paid for or accrued by Medicare;
 - (C) A monthly count of resident days that would have been paid by Medicaid except for the availability of Medicare payment;
 - (D) A monthly count of resident days paid privately by facility

residents or their families;

(E) A monthly count of resident days paid through any other payment source; and

(g) A statement of the average calendar year Medicaid eligible residency rate. The average Medicaid eligible residency rate is the sum of all monthly days paid by or accrued to Medicaid plus all monthly days that would have been paid by Medicaid except for the availability and use of another source of payment divided by the total of all monthly days paid through or accrued to all payment sources including Medicaid.

(2) The Division will make a suggested application form available to facilities upon request. Facilities are not required to use the suggested application form to apply for certification; however, no application for certification shall be considered complete until all information listed in section (1) of this rule is received.

(3) Applications must be delivered to Senior and Disabled Services Division, Rate Setting and Audit Unit, 500 Summer Street NE, Salem, OR 97310.

(4) The earliest date on which the Division will accept an application for certification is January 2 of the calendar year following the year for which the Certification is sought.

(5) Application will be considered complete on the date received by the Division if all required information is included.

(6) The Division shall audit and review applications submitted by facilities to ensure accuracy of the information provided and will issue Certification if the average Medicaid residency rate during the preceding calendar year is:

(a) 70 percent or more in a nursing facility, assisted living facility or residential care facility; or

(b) 60 percent or more in an adult foster home.

(7) The Division shall issue a notice of Certification within 15 business days

following receipt of the completed application if it is determined the facility meets the required Medicaid residency rate in section (6)(a) or (6)(b) of this rule.

(8) The Certification shall be mailed to the mailing address supplied by the facility.

(9) The Certification issued by the Division shall apply only to the single licensed facility for which Certification is requested.

Stat. Authority: ORS 307 and 410.070

Stat. Implemented: ORS 307 and 410.070

411-018-0020 Appeal Process

(Adopted 1/1/2000)

(1) The Division shall issue a notice of Disqualification to a facility when it has been determined the facility does not qualify for Certification.

(2) The notice of Disqualification must be issued within 15 business days following receipt of the completed application and inform the facility of the reasons for disqualification. A facility is entitled to an informal conference or a contested case hearing pursuant to ORS 183.413 -183.470, as described in sections (3) or (4) of this rule, to protest the disqualification.

(3) Informal Conference

(a) The facility may request an informal conference, by notifying the Division in writing within 30 days of receipt of the notice of Disqualification.

(b) The request for an informal conference must be postmarked within the 30-day limit and must state specifically, the reason(s) for requesting the conference.

(c) The facility may submit documentation and explain the basis for the protest at the informal conference.

(d) Following the informal conference, the Division shall notify the facility of its decision by mail within 15 business days.

(e) No judicial review is available following a decision from an informal conference. If the facility is not satisfied with the decision, the facility may request a contested case hearing pursuant to ORS 183.413-183.470 by notifying the Division in writing of the request for the hearing within 10 business days of the date of the decision notice from the informal conference.

(f) If a facility is not satisfied with the results from the contested case hearing, the facility may petition for judicial review pursuant to ORS 183.480-183.497.

(4) Contested Case Hearing

(a) As an alternative to section (3) of this rule, the facility may request a contested case hearing pursuant to ORS 183.413 - 183.470 by notifying the Division in writing that a contested case hearing is requested, within 30 days of receipt of the notice of disqualification from the Division.

(b) The request for the contested case hearing must be postmarked within the 30-day limit and must state, specifically, the reason(s) for requesting the hearing.

(c) If a facility is not satisfied with the results from the contested case hearing, the facility may petition for judicial review pursuant to ORS 183.480 - 183.497.

(5) If no request for an informal conference or contested case hearing is made within the specified time period, the most recent decision from the Division shall automatically become a final order.

(6) A facility may request documentation supporting the disqualification from the Division; however, a request for documentation does not extend the time period within which an informal conference or contested case must be requested. The Division shall produce these work papers within 30 days of receipt of a written request.

Stat. Authority: ORS 307 and 410.070

Stat. Implemented: ORS 307 and 410.070