



OREGON DEPARTMENT OF  
**Human Services**

# **Case Management Webinar January 2026 'Rate Methodology Changes'**

**Aging and People with Disabilities – APD Medicaid Policy Unit**  
**[APD.MedicaidPolicy@odhsoha.oregon.gov](mailto:APD.MedicaidPolicy@odhsoha.oregon.gov)**

# Agenda

---

- APD-PT-25-023
- Adult Foster Home (AFH) and Residential Care Facility (RCF) rate methodology changes
  - Point Calculations and Considerations
  - “Hold Harmless” provision
  - System Changes
  - Exception Information

# APD-PT-25-023

---

- Oregon Legislature has directed the Oregon Department of Human Services (ODHS) to adopt a new model for calculating provider rates
  - New rates are effective Jan. 1, 2026
  - Applies to AFHs and RCFs
  - Does not apply to AFHs/RCFs with Specific Needs Contracts or to Assisted Living Facilities (ALFs)
  - Oregon Access will calculate rates – no additional actions are required by staff

# ADL/IADL Point Calculation

---

- One point for Independent
- Two points for Minimal Assist
- Three points for Assist
- Five points for Substantial Assist
- Six points for Full Assist



# Additional Cognition Points

---

- **Full Assist in:**

- Self-Preservation
  - Decision Making
  - Make Self Understood
- = Additional 10 points



- **Substantial or Full Assist in:**

- Challenging Behaviors
- = Additional 20 points

**Maximum additional points cannot exceed 20 points**

# Treatment Points

---

- **Complex medical add-ons based on frequency**
  - At least weekly = one point
  - At least daily = three points
- **Additional Treatment information:**
  - Sliding scale insulin + “Medications requiring skilled assessment/judgment/monitoring”
- **Important:** Treatments must be added when the assessment is in ‘Pending’ status.

# Points Calculated into Tiers

Assessed Levels	Score Ranges	Tier
Low	0 - 40	1
Moderate	41 - 55	2
Medium High	56 - 82	3
High	83 - 106	4
Very High	107 +	5

# Tier Rates + AFH Additional Daily Staff Hours

Tier	AFH Rate	AFH Additional Staff Hours	RCF Rate
1	\$2,332	0	\$2,863
2	\$3,327	2	\$3,421
3	\$3,863	4	\$3,979
4	\$5,916	8	\$4,537
5	\$7,773	10	\$5,172



# “Hold Harmless” Provision for Current Exceptions – Lower vs. Higher Rates

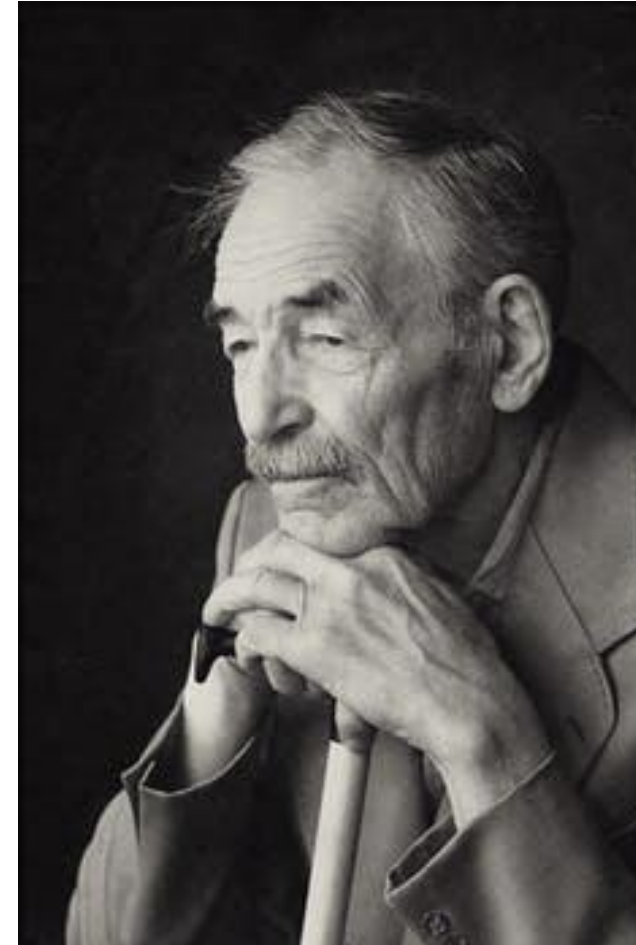
---

- **Lower**

- 2025 total rate: \$7000
- Tier Rate: \$7,773
- 2026 rate: \$7,773 (exception ends)

- **Higher**

- 2025 total rate: \$12,000
- Tier Rate: \$7,773
- 2026 rate: \$12,000



# **“Hold Harmless” Provision for Current Exceptions – Notification Requirements**

---

**The Central Office CBC  
Exceptions team needs to be  
notified when an assessment  
results in a different tier if  
there is a “Hold Harmless”  
exception in place.**



# System Changes

---

- The following slides will show the changes in Oregon ACCESS and the CBC/512 system in the mainframe

# OA Full Benefit Results

Full Benefit Results	
Based on Assessment 11/05/2025 and Benefit Versi	
<b>Results</b>	<b>In-Home Maximum Ho</b>
ALF Rates	Level 5
RCF Rates	Base + 3
AFH Rates	Base + 3
R-AFH Rates	Base + 3
SPL Summary	
	<b>Need</b>
	<b>ADL</b>
	Bath/Personal Hygiene
	Cognition
	Dressing/Grooming
	Eating
	Elimination
	Mobility
	<b>IADL</b>
	Breakfast
	Dinner / Supper
	Housekeeping
	Lunch
	Medication Management
	Shopping
	Transportation
	<b>Live-In Services</b>
	Live-In Services

**Version Info**

**Additional Benefit Results**

Prev Next

# OA Full Benefit Results - Rates

**Full Benefit Results**

Based on Assessment 11/0

**Results**

ALF Rates	Level 5
RCF Rates	Base + 3
AFH Rates	Base + 3
R-AFH Rates	Base + 3
SPL Summary	

Version Info

**Additional Benefit Results**

Prev Next

**Rates**

AFH	Rate
Base:	\$2,120.00
ADL Dependency Add-On:	\$386.00
Behavioral Risk Add-On:	\$386.00
Complex Needs Add-on:	\$386.00
<b>Total:</b>	<b>\$3,278.00</b>

Level	Rate
Tier 05:	\$7,773.00
<b>Total Rate:</b>	<b>\$7,773.00</b>
<b>Total Points:</b>	<b>151</b>

Details

# OA Full Benefit Results – Points Detail

Points Details

**Need Points Detail**

Need	Level	Points	Eligible Addon Points
Self-Preservation	Sub assist	5	
Decision Making	Sub assist	5	
Make Self Understood	Sub assist	5	
Challenging Behaviors	Sub assist	5	20

**Treatment Points Detail**

Type	Description	Frequency	Points
Medication	Medications requiring skilled	1xDay(QD)	3
Total Treatment Points:			3

**Applied Addon Points**

Only one add-on is permitted for combined components with Cognition

Add-on Points: 20

Total Points: 151

Print Close

# SELG in SSEI

```
SSEI ██████████ CAPS Service Eligibility Detail 12/18/2025
Prime # ██████████ Recip ██████████ Svc Off 0611

Benefit Data:
Svc Cat Beg Dt 01/01/2025 Svc Cat End Dt 11/30/2025 Cor Rsn INL
Svc Cat APD Svc Setting Grp RES

Assessment Data: Asmt Cd 1 Asmt Create Dt 11/21/2024
Asmt Dt 11/21/2024 Review Dt 11/30/2025 Valid Until Dt 11/30/2025

Algorithm Components
(AFC/RCF) (AFC/RCF) Med
Alf Tier Base Mgmt Behav ADLs NF Sur Serv SPPC
05 02 01 00 00 00 01 03 B N

Eat Bath Elim Drs Cog Mobl AFH Class
I I I I D I 2

Create Date 2024-12-13 Time 14.44.47.928649 Racf Id ██████████
Update Date 2025-12-08 Time 08.50.51.834882 Racf Id ██████████

Msg
F3=EXIT F10=SSEU F12=SELG
```

# SMRQ

SMRQ

SDS COMMUNITY BASED CARE  
512 SELECTION INQUIRY SCREEN

PRIM ID  PROV           

Date range will display all 512 records covering 12/01/2015 to 12/31/9999

SEL	PRIME ID	PROV ID	2ND PROV	EFF BEG	EFF END	MODE	ACT	LVL/ TIER
—			N	2025/08/01	9999/12/31	C	1	L5
—			N	2025/07/01	2025/07/31	C	1	L5
—			N	2025/06/03	2025/06/30	C	1	L5
—			N	2025/02/01	2025/06/02	C	1	L5
—			N	2025/01/01	2025/01/31	C	1	L5
—			N	2024/12/01	2024/12/31	C	1	L5
—			N	2024/07/01	2024/11/30	C	1	L5
—			N	2024/02/01	2024/06/30	C	1	L5
—			N	2023/12/01	2024/01/31	C	1	L5
—			N	2023/08/23	2023/11/30	C	1	L5

MSG: A148 Select a Record and press Enter to Inquire

MSG:

MSG:

F3=EXIT

F10=SMRF (ADD/UPDATE)



# SMRQ – LVL/TIER

---

- B0-B3: AFH/RCFs, prior to 1/1/2026. B means “base” and the number reflects the number of add-ons. For example, “B0” base plus zero add-ons, “B1” is base plus one add-on, etc.
- 01-05: AFH/RCF beginning 1/1/2026. This means tiers 1 through 5.
- L1-L5: ALF level 1 through 5.
- RX: Memory care or Rx contracted rate. This includes endorsed Memory Care Communities or providers with a specific needs contract.
- SL/SU/IC: These are various specialized living settings. This includes providers like Maids, Home Forward, Quad Inc, Minds in Motion, and Brain Rehab.
- 0: 512 is suspended/no rate found. This most likely means that an appropriate benefit is no longer authorized or there is a rate mismatch.

# RATZ - Before

```
RATZ                      SDS CBC PAYMENT SYSTEM                      LAST CHG 2025/08/15
ACT TYPE 4                OPER ID                      CANCEL  N                MODE      COMP
EFF BEG                EFF END 9999/12/31        SVC WKR 99              FINC WKR 99
PRIM ID                RECIP
PROV NMBR              PROV NAME                      2ND PROV N

MHD          SERV AMT          EXCLUSION(1099)
AFC          0.00                N

SDSD          BASE          ADD ON          SVC RATE          RATE ADJ          SERV AMT
ALF          4,649.00 +          .00 =          4,649.00 +          427.00 =          5,076.00
AFC/RCF          0.00 +          .00 =          0.00 +          .00 =          0.00
ARPA/ADD-ON          0.00 +          .00 =          0.00 +          .00 =          0.00
TOTAL          4,649.00          .00          4,649.00          427.00          5,076.00

AFC/RCF DETAIL: MED MGMT N    BEHAV N    ADL'S N
ADJ REASON:      Enhanced Care Outreach Services
                  THIS RATE ADJUSTMENT IS EFFECTIVE UNTIL 11/30/2025

MSG: S-011 Next screen? (Y, N, Tranid)                      ANS: N
MSG:
MSG:
F5> SCR SNRS F6> SCR SMRQ F7> SCR SADD
```

# RATZ - After

```
RATZ                      SDS CBC PAYMENT SYSTEM          LAST CHG 2025/08/15
ACT TYPE 1                OPER ID                  CANCEL  N          MODE      PEND
EFF BEG                EFF END      2025/11/30    SVC WKR 99        FINC WKR 99
PRIM ID                RECIP
PROV NMBR              PROV NAME                2ND PROV N
```

PROC CODE: LF001

PROV TYP	SVC RATE		RATE ADJ		SERV AMT
Assisted Living Facility	4,649.00	+	427.00	=	5,076.00

ALF LEVEL: 05

ADJ REASON: Enhanced Care Outreach Services

THIS RATE ADJUSTMENT IS EFFECTIVE UNTIL 11/30/2025

MSG: S-011 Next screen? (Y, N, Tranid)

ANS: N

MSG:

MSG:

F5> SCR SNRS F6> SCR SMRQ F7> SCR SADD

# What Does this mean for AFH Exceptions

---

- AFH exception requests will only be granted when an individual's needs exceed the caregiving hours as funded by a resident's assessed tier.
- Exception requests will only be approved if the provider demonstrates they are delivering the required caregiving hours **for all residents** in the adult foster home based on each resident's tier.

# Minimum Staffing Requirements funded by all Tiers

---

- Providers must provide at a minimum one caregiver on duty 24 hours a day that can be shared among all the residents in the AFH:
  - Sometimes referred to as base rate staffing
  - Is separate from the additional caregiving hours funded by Tiers and Exceptions
  - Exceptions for routine night needs may be allowed
- Providers staffing plans and payroll records must reflect this staffing along with the additional staffing requirements

# Example Tiers with Exceptional Hours

Resident	Tier	Additional Caregiving Hours funded by Each Tier Per day	Exceptional Hours per Day	Total Hours Per Day
A	5	10	2	12
B	4	8	0	8
C	1	0	0	0
D	5	10	4	14
			<b>Total Add Staffing</b>	<b>34</b>
			Base Caregiving	19
			<b>Total Daily Staffing</b>	<b>53</b>

If the provider wants to admit a fifth resident and request an exception, they must demonstrate—through payroll records— providing a total 53 caregiving hours per day.

Note The minimally required Base Caregiving subtracts 5 hour for sleeping time. **Staffing plan will still need to show sleeping hours.**

# Examples of documentation that could verify caregiving hours

---

- Time Sheets
- Paystubs
- Documentation taxes were paid
- Other Documentation



# Expectations for Local Offices Regarding Staffing Verification

---

- Inform the provider in writing of Central Office requests for documentation
- Send documentation to Central Office Exceptions Staff that is received from providers
- Answer questions from providers and follow up with the Central Office exception teams when questions are asked that you cannot answer. Follow up with providers once you have the answer.

Note: Case Managers are not expected to review payroll or other documentation that verifies staffing to determine if it meets the exception requirements.



# Updated Exception Request Forms

---

- The CBC Exceptions [Calculator](#) (Different from the current in-home Calculator)
- Updated [514A](#)
- [Exception Check List](#)

**These forms are on the Provider Tools Page and CM Tools Page**

# Renewal of Exception Requests

---

For "Hold Harmless" Exceptions – Providers will still need to submit a written request before the exceptions expires. To request continuation of the exception, providers will need to submit:

- Staffing Plan ( the new SDS 514A)
- Verification that additional caregiving hours were provided for residents with exceptions. (Example: payroll documentation, Staffing Schedules)

"Hold Harmless" exceptions will end if:

- The Provider doesn't request renewal of the exception before the exception expires
- When the consumers tier goes down
- When the provider cannot verify additional caregiving hours were provided (Example: Payroll Records, Staffing Schedules)

# Initiation or Renewal of All Other Exception Requests (Not Hold Harmless)

---

- All Other Exception Requests will require the following documentation:
  - A Staffing Plan
  - The CBC Exceptions Calculator
  - Verification that additional caregiving hours were provided for each resident as required by each Tier (Example: Payroll Records)

# Questions?

You can get this document in other languages, large print, braille or a format you prefer free of charge. Email the APD Medicaid Policy Unit listed below.

**Aging and People with Disabilities**

**APD Medicaid Policy Unit**

**[APD.MedicaidPolicy@odhsoha.oregon.gov](mailto:APD.MedicaidPolicy@odhsoha.oregon.gov)**



OREGON DEPARTMENT OF  
**Human Services**

# Thank you!

You can get this document in other languages, large print, braille or a format you prefer free of charge. Email the APD Medicaid Policy Unit listed below.

**Aging and People with Disabilities**

**APD Medicaid Policy Unit**

**[APD.MedicaidPolicy@odhsoha.oregon.gov](mailto:APD.MedicaidPolicy@odhsoha.oregon.gov)**



OREGON DEPARTMENT OF  
**Human Services**