OREGON DEPARTMENT OF Human Services

Service Planning and Payment Authorizations

Aging and People with Disabilities – APD Medicaid Policy Unit
APD.MedicaidPolicy@odhsoha.oregon.gov

Updated July 21, 2026

Agenda

1. Overview
2. Effective dates
3. Prior authorizations
4. Communicating authorizations
5. Unanticipated situations
6. Renewals
7. Ending authorizations

Overview

- **Provider**: Community-based Care (CBC) providers, including Assisted Living Facilities (ALF), Adult Foster Homes (AFH), and Residential Care Facilities (RCF); Nursing Facilities (NF); and in-home providers, including Homecare Workers HCW, In-Home Care Agencies (IHCA) and Agency with Choice (AwC).
- **Oregon Administrative Rule (OAR) 411-030-0070:** Maximum Hours of Service, which governs hour authorizations.
- **HCW Collective Bargaining Agreement (CBA), Article 14, Service Payments:** Requirements that must be met before a HCW can be authorized to work.
- **OAR 411-030-0020:** IHCA rules that govern requirements on starting services.
- **Effective dates (CBC and in-home):** When a provider can begin working for an individual and what is required for them to start (OAR 461-180-0040 (2) and (3)).

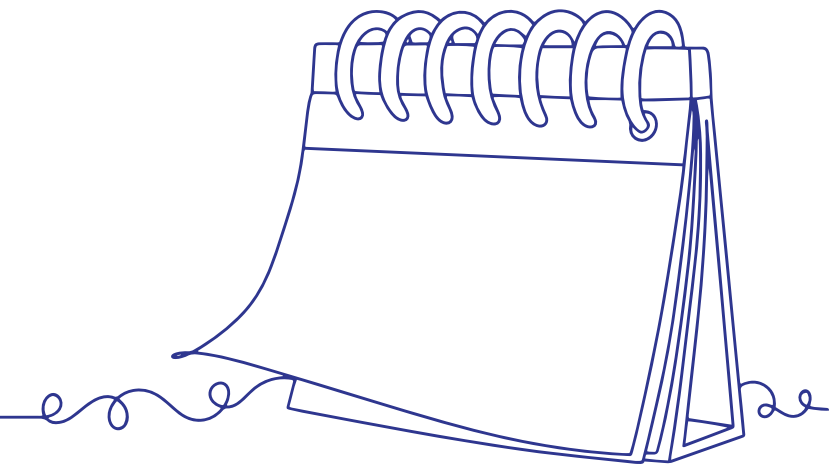
Effective Dates for CBC and NF Benefits

Benefits

- **461-180-0040(3)(a)-(d): The effective date for Title XIX services in a licensed CBC setting or NF is the later of the following**
  - The date of request for services.
  - The date the individual begins residing in the CBC setting or NF.
  - The effective date of the Medicaid OHP Plus benefit package (see OAR 411-015-0015).
  - The expiration date of a disqualification period resulting from a transfer of assets (see OAR 461-140-0296).

Services

- **May not be the same date as the benefit effective date and can back date services if individual is confirmed eligible.**



CBC Example One

Individual is already living in CBC facility

- DOR is March 10, 2026
- Financial eligibility approved effective March 1, 2026
- Assessment completed May 11, 2026 - SPL 1-13
- Approve benefit and service plan effective March 10, 2026

CBC Example Two

Moved into CBC facility April 18, 2026

- DOR is March 10, 2026
- Financial eligibility approved effective April 1, 2026
- Assessment completed April 1, 2026 - SPL 1-13
- Approve benefit and service plan effective April 18, 2026

CBC Example Three

Already living in CBC facility

- DOR is March 10, 2026
- Financial eligibility approved effective April 1, 2026
- Assessment completed March 24, 2026 - SPL 1-13
- Approve benefit and service plan effective April 1, 2026

Effective Dates In-Home Services

Benefits

- **461-180-0040(2)(a) and (b) - In-home services are effective the later of the following:**
  - Date of request (DOR)
  - Effective date of OHP Plus (OHP+)
  - The date the individual meets all eligibility requirements
  - The date of the initial assessment
  - The expiration date of a disqualifying transfer (DQ)

Services

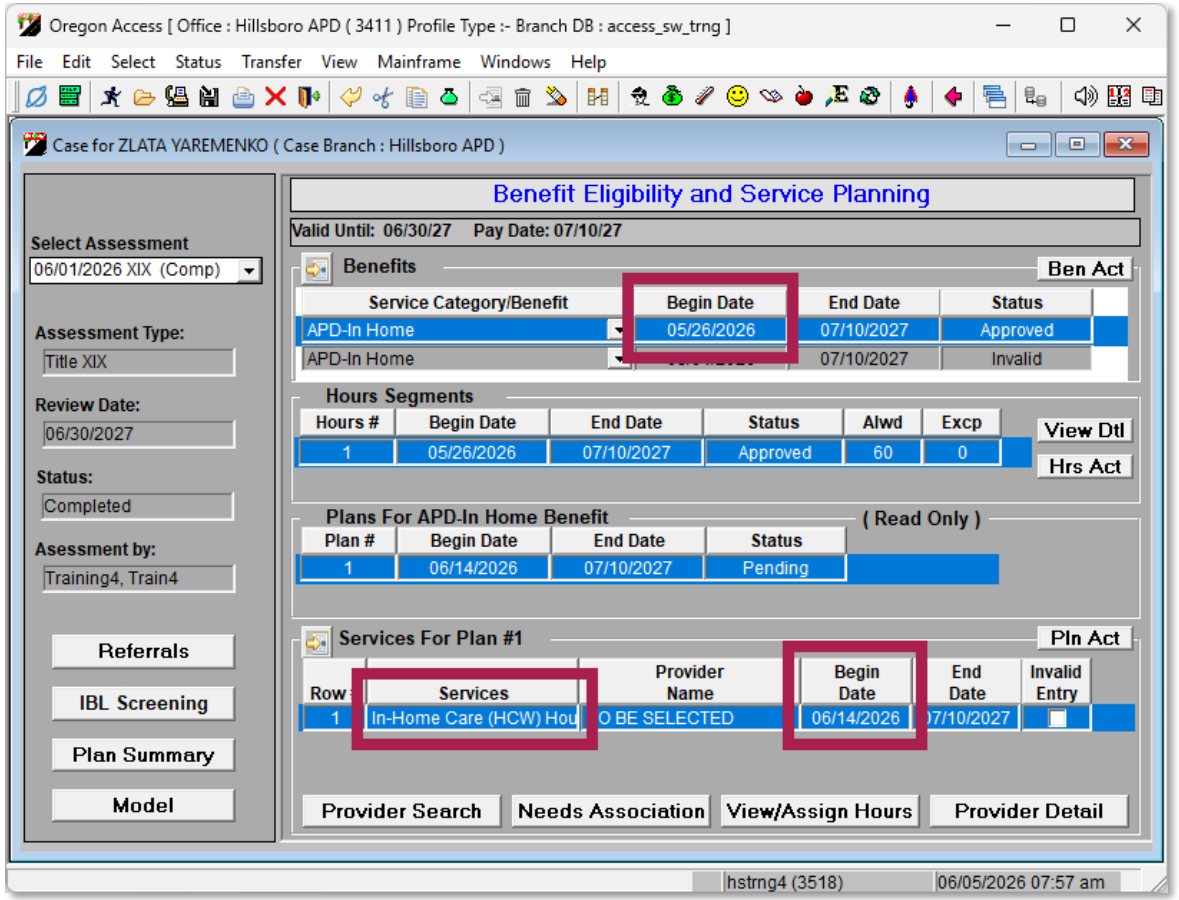
- **CBA Article 14 - providers may not be authorized to receive payment for work until:**
  - Hours have been prior authorized in writing by the Department

Provider Authorization Versus Benefit Start Dates

- Benefit may need to be approved back to the DOR or assessment date
- This **does not** mean the in-home provider can be authorized to work hours retroactively
- HCWs, IHCAs, and AwC providers must be prior authorized before they may begin providing services

In-Home Example One

- DOR is May 10, 2026
- Financial eligibility approved effective May 1, 2026
- Assessment on May 26, 2026, completed June 1, 2026, and meets SPL 1-13
- Approve benefit effective May 26, 2026
- Provider identified June 14, 2026
- Approve services effective June 14, 2026



In-Home Example Two

- DOR is March 5, 2026
- Financial eligibility is approved effective March 1, 2026
- Assessment completed March 15, 2026 and meets SPL 1-13
- The individual lives with their daughter who will be the HCW. The daughter's provider number was approved April 1, 2026
- CM was notified on May 14, 2026 that the individual was financially eligible. The CM sent written notification to the HCW at this time
- The benefit start date is determined to be March 15, 2026
- **The date the HCW was prior authorized and may begin to claim payment for time is May 14, 2026**

In-Home Example Three

- The individual is already receiving OHP+
  - DOR for services is April 25, 2026
- Home visit completed on May 11, 2026 and assessment completed on May 18, 2026 and individual meets SPL 1-13
- Benefit plan effective May 11, 2026
- Service plan approved effective May 18, 2026
- **IHCA was prior authorized and may begin providing services effective May 18, 2026**

Common Misconceptions for In-Home Service Plans

Service plans should not be backdated to:

- The date the HCW gets their number
- The first of the month
- The beginning of the pay period

In-Home Authorization Effective Dates

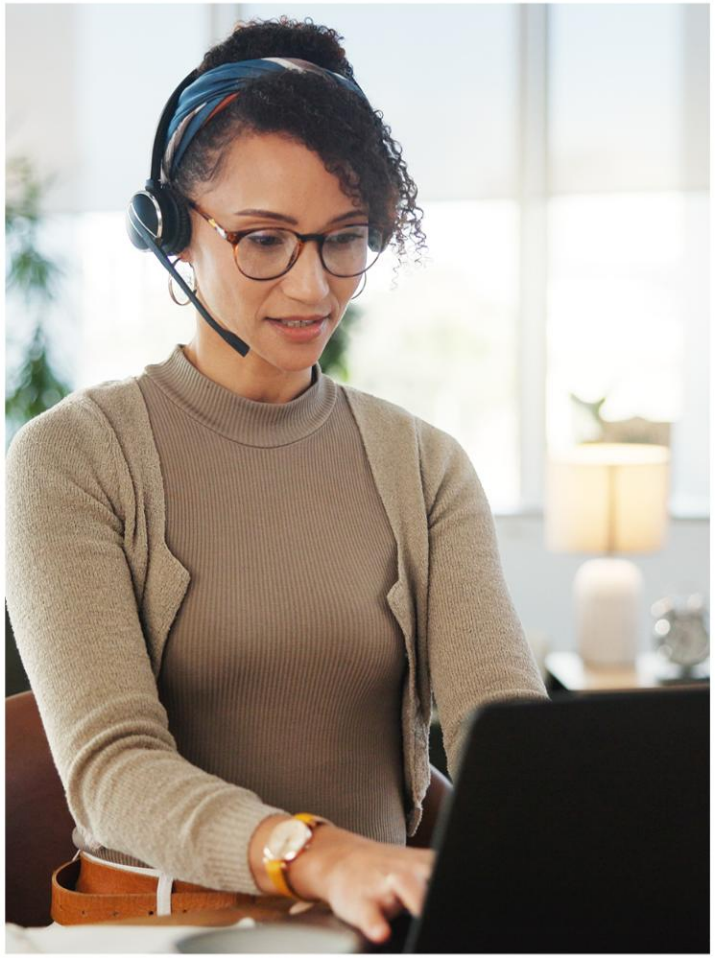
How does prior-authorization impact an in-home provider's pay?

- In-home providers cannot be paid for hours they have not been prior-authorized to work.
  - This means pay **cannot** be back-dated. Circumstances where retroactive payments are approved by Central Office (CO) are paid using general funds.
- For exception requests, in-home provider(s) may not work the requested hours until approval has been received from CO and the CM has prior-authorized the hours.

Communicating Authorizations

- **In-home hours can only be prior-authorized with written communication via mail or secure email**
- **HCW**
  - 4105
  - 598 sent within seven days of notification to the Department of a provider
  - 546 to support
    - For more info APD-PT-20-007
- **IHCA**
  - 546/598 to provider (411-033-0020(3)(b))
  - 546 to support if they create Plan of Care (POC) in MMIS
- **CBC**
  - 512
- **NF**
  - POC

Communication Expectations



- CMs are required to respond timely to providers with questions or concerns about authorizations
- This includes (but is not limited to):
  - Provider payment issues
  - Effective date questions
  - Rate questions

Unanticipated Situations for In-Home Providers

OAR 411-030-0070 Maximum Hours of Service (8)

- A provider may not receive payment from the Department for more than the total amount authorized.
- Unless the criteria in section 7 are met (see next slide).

Unanticipated Situations for In-Home Providers Continued

(7) In an emergency or unanticipated situation where the provider **must provide critical care to ensure the health or safety** of the individual and the Department is unavailable to provide prior-authorization, the following shall be permitted if the provider **or individual notifies the Department within two business days** of the date the additional hours were first:

(a) Worked to meet an ADL need totaling more than the hours established by section (6)(a) and (b) of this rule. (AKA a HCWs hourly CAP)

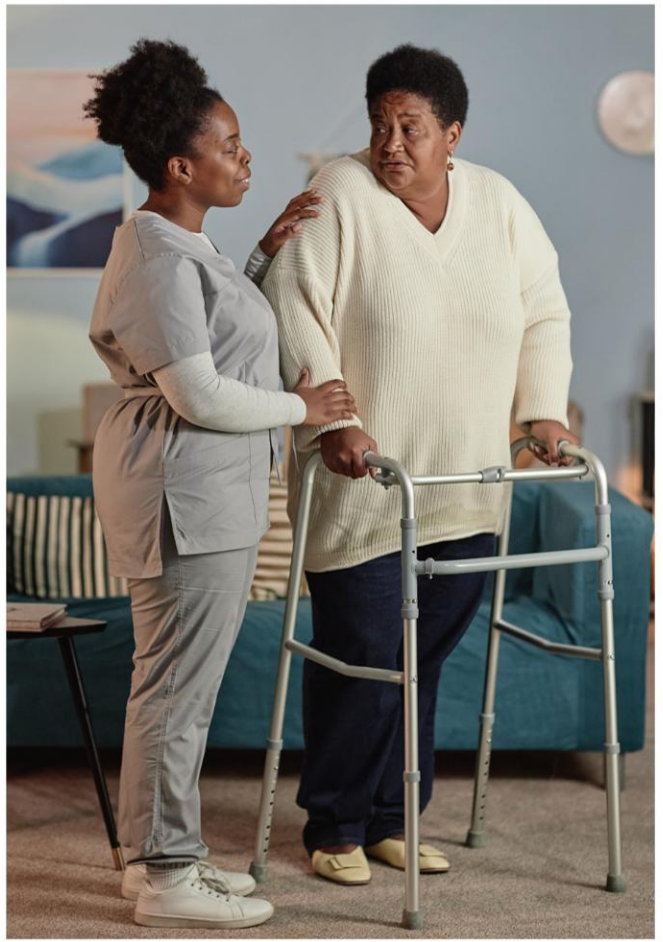
(b) Worked to meet an ADL need that exceed the total amount authorized by the Department on the service plan authorization.

(c) Totaling more than the hours established by section (6) of this rule if an unanticipated need arises that requires the homecare worker to remain awake to provide necessary ADL care.

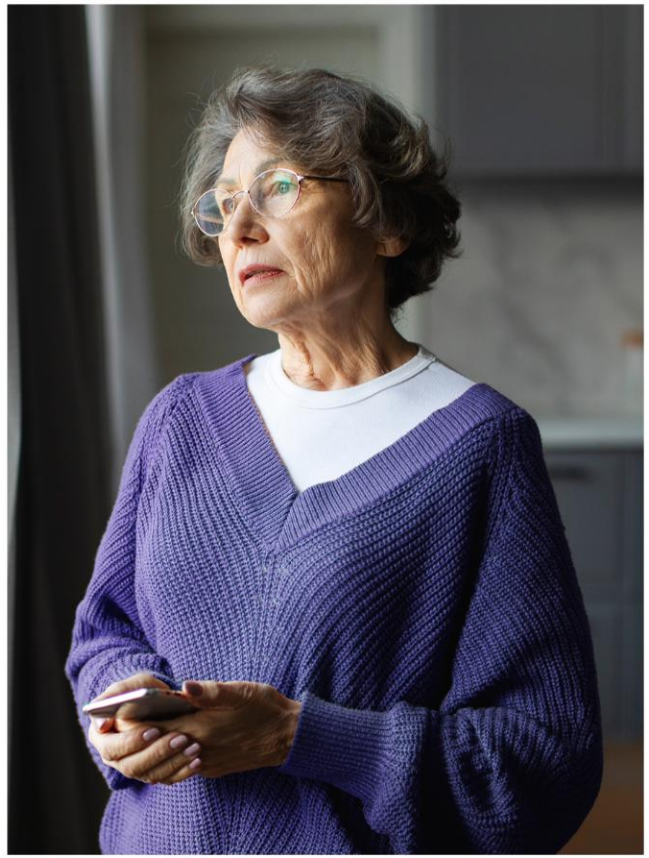
Unanticipated Situations for In-Home Providers Exceptions

The exception to when an in-home provider can receive back-dated pay for an individual **already** receiving services:

- When there is an emergent or unanticipated situation. The in-home provider or individual must notify the Department within two business days.
- When this happens the CM must complete a 546SF to authorize the change.



Emergency Examples

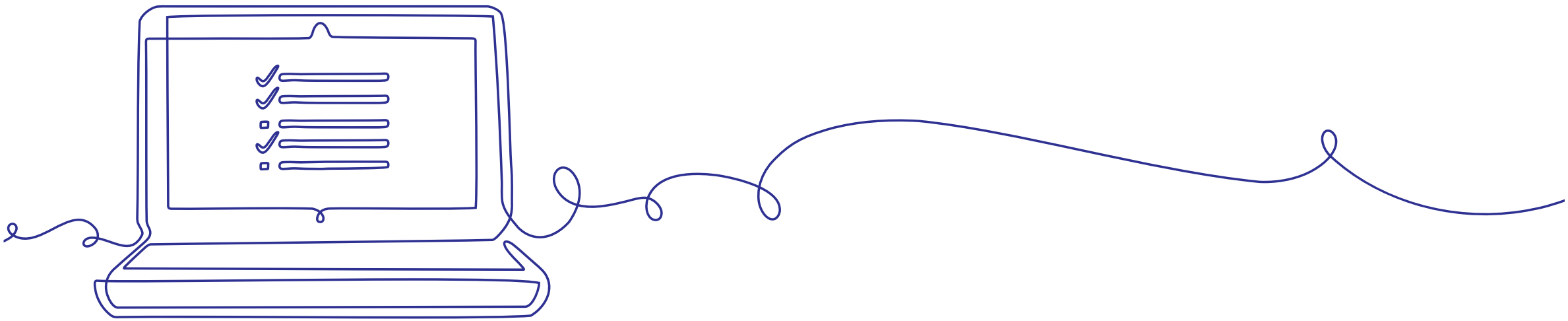


When prior-authorization is not feasible but increased care is required:

- Individual with significant cognitive impairment loses their only natural support abruptly over the weekend.
- Individual requiring significant assistance and provider called out sick Saturday morning. The individual found another provider who was able to cover the shift.

Renewals

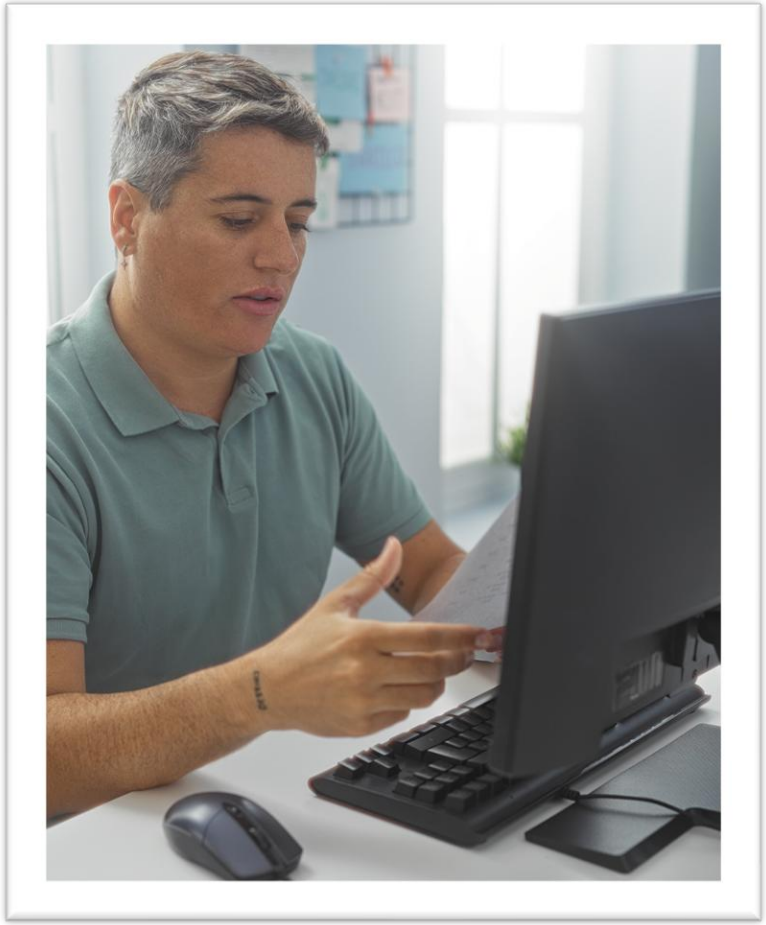
- For service renewals, ongoing payment authorization is assumed until the provider has been informed by the Department in writing of the change.
- **Extensions**: if the assessment cannot be completed timely, it is essential to request an extension as soon as possible to prevent lapse in medical coverage.



Examples

- SELG ended May 10, 2026
- Medical benefit ended May 31, 2026
- Extension completed June 8, 2026
- Provider remains authorized to work if notice was not sent

Ending Authorizations



- CMs must notify providers when services are reduced or ended
- This applies to:
  - All provider types, both CBC/IH. As well as; Home Delivered Meals, ERS, LTCCN, etc.
- This includes:
  - Payment authorization changes
  - Ending of authorized hours for an individual
  - Loss of financial/service eligibility

Ending Authorization Documentation

HCW	IHCA	PACE	ICP	CBC/NF
Send 4105 and end ONGO.	Send 546, clearly communicate end date and end POC.	Send 540 to the individual and the PACE organization.	Send 540icp, end payment in ONE and notify Acumen and the ICP Coordinator.	No form is currently sent; email or phone conversation is best practice.

Narrate all forms and actions taken.

Waivered Case Management (WCM) Contacts

- **WCM CM Service contacts must begin once we have confirmed an individual is eligible for WCM services.**
  - ✓ Be 18 years of age;
  - ✓ Be eligible for OSIPM; and
  - ✓ Meet Service Priority Level (SPL) 1-13
    - Extended Waiver Eligibility (EWE) and Oregon Project Independence-Medicaid (OPI-M) considerations.
- **Do not log a WCM contact if it did not occur.**
  - It is better to miss a required WCM contact than to make it up and log one that did not occur.
- **Different effective dates for benefit and services.**
  - Contact requirements and eligibility are based on the benefit start date, not the service start date.

Resources

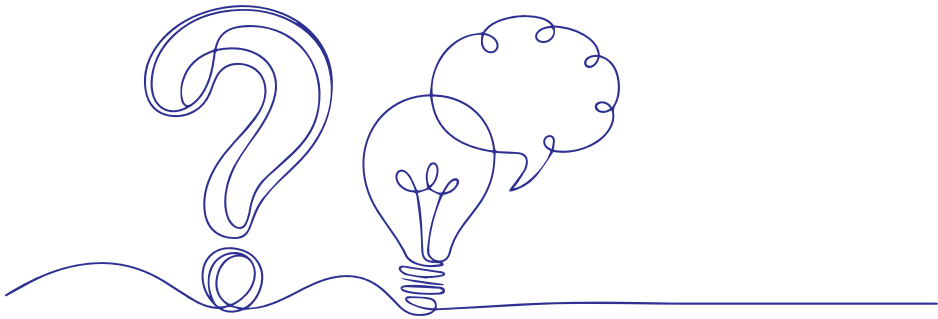
APD-PT-23-029	Ratification of 2023-2025 Collective Bargaining Agreement Pertaining to HCWs
APD-IM-20-007	Homecare Worker CBA for 2019-2021
2025-2027 CBA	Collective Bargaining Agreement Between OHCC and SEIU
APD-IM-25-059	POC and 512 Office Hours

OREGON DEPARTMENT OF
Human Services

Q&A

Questions or comments?

Desarae Damschen and Stacey Spelman
Medicaid Services and Support
Operations and Policy Analysts



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

OREGON DEPARTMENT OF
Human Services