Information Memorandum Transmittal Aging and People with Disabilities



Erika Miller	<u>Number</u> : APD-IM-23-061
Authorized signature	Issue date : 6/16/2023
<u>Topic</u> : Long Term Care	<u>Due date</u> :
Subject : Discharge Incentive Payment Progra	am
Applies to (check all that apply):	
☐ All DHS employees	County Mental Health Directors
	☐ Health Services
□ Aging and People with Disabilities	Office of Developmental
Self Sufficiency Programs	Disabilities Services (ODDS)
□ County DD program managers	ODDS Children's Intensive In
Support Service Brokerage Directors	Home Services
ODDS Children's Residential Services	☐ Stabilization and Crisis Unit (SACU)
Child Welfare Programs	Other (please specify): OHA HSD

Message:

This message is a supplemental message to the Hospital and Nursing Facility Discharge Incentive Payments communication issued Oct. 31, 2022 (revised Dec. 21, 2022). This message is intended for the following eligible providers:

- AFHs licensed through APD, Office of Developmental Disabilities Services (ODDS), the Oregon Health Authority (OHA) and Multnomah County; and Adult Group Homes licensed through ODDS
- Residential Care Facilities (RCF) licensed through APD
- Qualifying In-Home Care Agencies (IHCA) licensed through OHA

The Discharge Incentive Payment Program referenced in <u>APD-IM-22-109</u> is ending. Eligible providers should determine if they qualify for additional payments under this program. Provider Alerts containing this message will also be sent out.

History

Under the program, the State gave discharge incentives of up to \$5,000 to providers that admitted a new individual directly from a hospital or (skilled) nursing facility between Nov. 1, 2022 – Apr. 30, 2023.

Initial/1st Payment Request

The last date a provider may have requested an initial/1st payment (\$2,000) was May 30, 2023; i.e., 30 days from Apr. 30, 2023 (the last day of this program). Any requests for 1st payment submitted after May 30, 2023, have been denied.

Subsequent/2nd Payment Request

To qualify for the subsequent/2nd payment, providers must have requested the initial/1st payment by 5/30/23, and they must meet one of the deadlines outlined below to request the 2nd payment (\$3,000). To assist as many providers as possible, the State has extended Deadline #1 below. **Any request for 2nd payment submitted after Aug. 28, 2023, will be denied.**

IHCAs must also meet the "IHCA-Specific Requirements" set out in the 10/31/22 and 12/16/22 Provider Alerts about this program, including submission of Electronic Visit Verification (EVV) records with the 2nd payment request.

Deadlines

- **1)** Providers have **until July 9, 2023**, to submit the request for 2nd payment for individuals who:
 - Have passed away within the first 90 days;
 - Voluntarily moved out within the first 90 days; or
 - Moved in/started receiving services between 11/1/22 3/11/23, and still live there/receive services.
- 2) For individuals who moved in/started receiving services on or after 3/12/23, providers have 120 days from the date the individual moved in/started receiving services (i.e., 90 days from the move in/start date, at the earliest plus *up to* 30 days, at the latest)

Example A: Mary moved into RCF on 3/12/23, and still lives there. 90 days from then is 6/10/23; the RCF has *up to* 30 days to submit the request for 2^{nd} payment (i.e., between 6/10/23 - 7/10/23)

Example B: Joe moved into an AFH on 4/30/23, and still lives there. Once 90 days have passed (i.e., on or after 7/29/23), the AFH has *up to* 30 days to submit the request for 2nd payment (i.e., between 7/29/23 – 8/28/23)

Payments Generally

Payment requests must be made using the approved form(s) and emailed to the Oregon Department of Human Services (ODHS) at:

hcbs.oregon@odhsoha.oregon.gov

Upon receipt of the 2nd payment request, ODHS will confirm the consumer and the provider meet program criteria. Within 10 days of receiving an appropriate request, ODHS will ask the Office of Financial Services (OFS) to issue a payment.

Please note:

- Payment will be sent to the address previously designated in the MMIS payment system, unless EFT is already established.
- The number of providers participating in this incentive program is large, so allow time for payments to process. If, after 30 days, you have not received payment, notify ODHS by emailing: hcbs.oregon@odhsoha.oregon.gov When appropriate, a Lost Check Affidavit will be sent to the provider.

For questions, please contact: hcbs.oregon@odhsoha.oregon.gov

If you have any questions about this information, contact:

Contact(s): HCBS Oregon	
Phone:	Fax:
Email: hcbs.oregon@odhsoha.oregon.gov	