

Policy Transmittal Aging and People with Disabilities



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Number: APD-PT-19-044

Issue date: 12/10/2019

Topic: Long Term Care

Due date:

Transmitting (check the box that best applies):

- New policy
 Policy change
 Policy clarification
 Executive letter
 Administrative Rule
 Manual update
 Other:

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Type B | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input 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 type="checkbox"/> County DD program managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> ODDS Children's Residential Services | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Child Welfare Programs | |

Policy/rule title:	COMMUNITY-BASED CARE TRANSITION SERVICES		
Policy/rule number(s):	411-037-0010 through 411-037-0050	Release number:	
Effective date:	Immediately	Expiration date:	
References:	Community-Based Care Transition Services		
Web address:	http://www.dhs.state.or.us/policy/spd/rules/411_037.pdf		

Discussion/interpretation:

APD received approval from Centers for Medicare & Medicaid Services (CMS) to provide support for consumers residing in a community-based care setting or acute care setting who wish to transition to an in-home setting.

To implement the expanded services, APD established Oregon Administrative Rule (OAR) [411-037](#) for Community-Based Care (CBC) Transition Services. This allows the Department to authorize non-recurring expenses for a consumer transitioning from a

licensed community-based care setting or acute care hospital to an in-home service setting (defined in OAR [411-030-0033](#)).

The consumer is directly and fully responsible for his or her ongoing living expenses. There is no requirement for the consumer to receive in-home services under OAR 411-030. However, eligibility for CBC transition services is limited to OSIPM individuals who meet eligibility for services under OAR 411-015 (including Extended Waiver Eligibility or EWE) on the date benefits are authorized (i.e., does not apply for MAGI or OPI consumers).

Benefits provided by CBC Transition Services should not be duplicated by benefits authorized by a different Rule. Due to the Federal Match, CBC Transition Services takes priority as a funding source over Special Need payments under OAR [461-155-0610](#) for moving costs and diversion costs under OAR 461-155-0710.

Allowable services to establish the new residence include:

- Costs associated with moving into the home (i.e. housing application fees, deposits, paying previous utility bills if needed for the consumer to move);
- Purchases of basic household goods;
- Purchases of basic household furnishings;
- Moving expenses;
- Extra locks or keys, and/or
- Long Term Care Community Nursing services.
 - Please note: The authorization process for this service remains the same.

Please refer to [OAR 411-037](#) for additional information on each of the above services.

Funds must not be used to retroactively reimburse a consumer, natural supports, or community-based care provider for transition service expenses.

Denying CBC Transition Services:

If an individual requests funding to transition to an in-home setting and does not meet eligibility criteria, local office staff should complete a “Notification of Planned Action” (540 notice), clearly explaining in “*The reasons for this action*” area which portion of the eligibility criteria that was not met.

If the request is for an expense that is not allowable, cite the specific subsection of the OAR as the reason for denying the request. Examples of unallowable expenses include TVs, pet supplies, and gym memberships.

Implementation/transition instructions:

Local offices may approve services and supports that are within limits described below and meet the following criteria:

- Based on an assessed need determined during the person-centered service planning process; and
- Supports the desires and goals of the consumer.

Type of Purchase	Authorization Limits for Local Office
Costs associated with establishing a residence (application fees, security deposits, first/last month rent, utilities)	Determined by consumer's available resources and reasonable market averages. Receive CO approval if costs exceed \$1500.
Purchases of basic household goods	\$500 within 30 days of moving to an appropriate in-home setting.
Purchases of basic household furnishings	\$1000 within 30 days of moving to an appropriate in-home setting.
Extra locks or keys	Determined by consumer's available resources and reasonable market averages. Number of keys should be reasonable to meet service needs.

The following services and expenses must be pre-authorized by Central Office:

- Purchases that exceed the monetary limits described in the rule.
- Approval for expenses that occur more than 30 calendar days after the transition period.
- The consumer requests the benefit more than once in a calendar year.
- Other necessities not identified in this rule that are required for a consumer to transition from a community-based care setting to an in-home care setting.

To request approval for these types of expenses, send an email to InHome.TransitionServices@dhsoha.state.or.us with an explanation of what is needed and why.

Payment Processing Instructions: The CBC Transition Services and Special Need rule Community Transition Services use **code 49** to pay for these services. To ensure that the right program is billed, the **appropriate OAR will be required on the 437 form and in narration:**

- OAR 411-037-0040 - Community Based Care Transition Services
- OAR 461-155-0526 - Special Needs for Community Transition Services

Example narrations in Oregon ACCESS:

The consumer is transitioning from an Assisted Living Facility to an in-home setting and requires payment of a security deposit covered under OAR 411-037-0040 for a total of \$1875 on MM/DD/YYYY.

OR

The consumer is transitioning from a nursing facility to an in-home setting and requires an item not covered by K Plan transition funds; therefore, they meet criteria for payment under OAR 461-155-0526. Payment for assistive technology authorized for \$xxxx on MM/DD/YYYY.

Training/communication plan: N/A

Local/branch action required:

Review this information with case managers and Diversion/Transition Coordinators.

Central Office action required: Review requests for funding expenses which cannot be approved locally.

Field/stakeholder review: Yes No

If yes, reviewed by: APD Policy & Operations

Filing instructions:

If you have any questions about this policy, contact:

Contact(s): Margaret May	
Phone: 503-945-6418	Fax:
Email: Margaret.may@state.or.us	