

# Policy Transmittal Aging and People with Disabilities



Mike McCormick

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**Number:** APD-PT-20-051

**Issue date:** 4/14/2020

**UPDATED**

**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: Types A & 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                         |   |

<b>Policy/rule title:</b>	APD Provider Rate Increases due to COVID-19		
<b>Policy/rule number(s):</b>	OAD 411-040, OAD 411-070	<b>Release number:</b>	
<b>Effective date:</b>	April 1, 2020	<b>Expiration date:</b>	
<b>References:</b>	<a href="#">APD-IM-20-027</a>		
<b>Web address:</b>	<a href="http://www.dhs.state.or.us/spd/tools/program/osip/rateschedule.pdf">http://www.dhs.state.or.us/spd/tools/program/osip/rateschedule.pdf</a> <a href="http://www.dhs.state.or.us/spd/tools/cm/rates.htm">http://www.dhs.state.or.us/spd/tools/cm/rates.htm</a> , and <a href="#">Contact List for Specific Needs Contracts</a>		

**Discussion/interpretation:**

To account for extraordinary expenses incurred by long term care providers as a result of the COVID-19 crisis, DHS has been directed to increase rates for Assisted Living Facilities, Residential Care Facilities, Memory Care Facilities, Specific Needs contracts and Nursing Facilities. The rate increase is 10% effective for the period April 1, 2020 thru June 30, 2020.

Effective April 1, 2020, the Nursing Facility Ventilator Assistance Program rate will increase to 235% of the nursing facility basic rate.

Effective April 1, 2020, Home Delivered Meals rate will increase to \$11.75 per meal.

APD Central Office will make all changes necessary to implement these rate changes.

See attached rate schedule.

**Implementation/transition instructions:** None

**Training/communication plan:** None

**Local/branch action required:** Review transmittal and apply appropriate rates.

**Central office action required:** Central Office staff will review the rate schedule and make system changes.

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:** APD Policy and Operations

**Filing instructions:**

*If you have any questions about this policy, contact:*

Contact(s): Cindy Susee, Reimbursement Policy Analyst	
Phone: 503-945-6448	Fax: 503-947-4245
Email: <a href="mailto:cynthia.susee@dhsosha.state.or.us">cynthia.susee@dhsosha.state.or.us</a>	

**RATE SCHEDULE**  
(Effective April 1, 2020)

Rates apply to Medicaid Services funded by Aging and People with Disabilities.

<b>Room &amp; Board</b>	<b>In-Home Maintenance Allowance</b>	<b>Personal Incidental Funds</b>
AB \$608.00	\$1,283	NF \$64.11
AD/OAA \$608.00	\$1,283	CBC \$175

**Community-Based Care (CBC) Monthly Rates**

	<b>Residential Care Facilities</b>	<b>Adult Foster Homes</b>	<b>Assisted Living Facilities</b>	
Base	\$1,789	\$1,713	Level 1	\$1,436
Base plus 1 add-on	\$2,136	\$2,024	Level 2	\$1,780
Base plus 2 add-ons	\$2,483	\$2,335	Level 3	\$2,233
Base plus 3 add-ons	\$2,830	\$2,646	Level 4	\$2,805
Hourly Exception Rate	\$13.70 / Hr.	\$15.07 / Hr.	Level 5	\$3,375

<b>Memory Care (Endorsed Units Only)</b>	\$4,694
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<b>Nursing Facility Daily Rate</b>	
Basic	\$359.15
Complex Medical	\$502.81
Pediatric	\$805.65
Ventilator	\$767.28

<b>NF Comparable Monthly</b>	
Basic	\$ 9,323.15
Complex Rate	\$13,295.61

<b>Homecare Workers (HCW)</b>	<b>Hourly</b>	<b>Enhanced</b>
HCW Hourly Wage	\$15.00 (1/5)	\$1 over rate
Mileage, Non-Medical	\$ .485 per Mile	
*HCW who are certified by the Home Care Commission (i.e. successfully completed the Professional Development Certification) will receive an additional \$.50/hr.		
*Central Office will code the cases.		

<b>PACE Organization</b>	<b>Medicaid Only Rate</b>	<b>Medicare/Medicaid Rate</b>
Providence ElderPlace	\$7,003.84	\$4,738.67

Home Delivered Meals: \$ 11.75 / meal  
 Long Term Care Community Nursing Services: \$18.50 / 15-minute unit of service  
 In-Home Agencies: \$25.84 / Hr.  
 Mileage, Non-Medical: \$.485 per Mile  
 HK Shelter: \$59.09/ month \$1.94 / Day  
 Adult Day Services: Refer to Contracted Rates  
[Contact List for Specific Needs Contracts](#)

**In-Home Service Plan Max. Hour  
 Local Office Tier 2 Hours Approval**

ADL: 73  
 IADL: 35

**Tier 2 = May also approve plans  
 previously approved by Central Office.**