

Policy Transmittal Aging and People with Disabilities



Mike McCormick

Authorized signature

Number: APD-PT-20-078

Issue date: 7/28/2020

UPDATED #2

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 | |

Policy/rule title:	Community Based & Nursing Facility Rates		
Policy/rule number(s):	OAR 411-027, OAR 411-030, OAR 411-054, OAR 411-065 & OAR 411-070	Release number:	
Effective date:	July 1, 2020	Expiration date:	
References:	OAR 411-027 Payment Limitation in Home and Community Based Services OAR 411-030 In-Home Services OAR 411-054 Residential Care and Assisted Living Facilities OAR 411-065 Specialized Living Services Contracts OAR 411-070 Nursing Facility/Medicaid-Generally and Reimbursement		
Web address:	http://www.dhs.state.or.us/spd/tools/program/osip/rateschedule.pdf http://www.dhs.state.or.us/spd/tools/cm/rates.htm , and		

Contact List for Specific Needs Contracts

Discussion/interpretation:

Effective July 1, 2020, the following rates will increase: Assisted Living Facilities, Residential Care Facilities, Memory Care Facilities, In-Home Care Agencies, Specific Needs CBC Contracts, CBC ECOS and ECS Programs, Specialized Living Contracts, In-home Specialized Living Contracts and Nursing Facilities.

Effective July 1, 2020, per the Collective Bargaining Agreement, Adult Foster Homes (AFH) will receive an increase. This includes Standard Ventilator ECOS and AFH Specific Needs Contract Types.

Effective July 5, 2020, Home Care Workers (HCWs) will receive a \$.77 per hour increase. The rate increase also applies to the hourly rate for Independent Choices Program (ICP) recipients' benefits.

APD Central Office will make all changes necessary to implement these rate changes, except for work related to the ICP monthly benefit. A separate transmittal will come out shortly with instructions on how to handle the ICP cases in your branch.

Note - We cannot increase liability due to rate changes for individuals paying Cost of Care during the COVID-19 health emergency. Staff must apply an OIM for the amount of the Excess Maintenance Income (EMI) plus the increase in the service rate to reduce the liability back to the previous amount. Staff must also add the COV C/D in order to track these cases for future action.

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:

Filing instructions: File with PT's

If you have any questions about this policy, contact:

Contact(s):

Cindy Susee, APD Administration: NF & PACE

Traci Lerner, Long Term Care Services and Supports: HCW & AFH

Darwin Frankenhoff, Long Term Care Services and Supports: In Home Agencies

Sarah Hansen, Central Delivery Supports: Specific Needs Contracts

Christine Maciel, Long Term Care Services and Supports: ICP

Email:

Long Term Care Services & Supports: apd.medicaidpolicy@dhsoha.state.or.us

Contracts: Specific-Needs.Contract-Team@dhsoha.state.or.us

Mainframe: OIS.ServiceDesk@dhsoha.state.or.us

Cindy Susee: cynthia.susee@dhsoha.state.or.us

Fax: 503-947-4245

RATE SCHEDULE - Effective July 1, 2020

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

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

Community-Based Care (CBC) Monthly Rates

	Residential Care Facilities	Adult Foster Homes	Assisted Living Facilities	
Base	\$1,707	\$1,799	Level 1	\$1,370
Base plus 1 add-on	\$2,038	\$2,126	Level 2	\$1,699
Base plus 2 add-ons	\$2,369	\$2,453	Level 3	\$2,132
Base plus 3 add-ons	\$2,700	\$2,780	Level 4	\$2,678
Hourly Exception Rate	\$14.39 / Hr.	\$15.82 / Hr.	Level 5	\$3,221
Standard Ventilator		\$10,362		

Memory Care (Endorsed Units Only)	\$4,480
--	---------

Nursing Facility	Daily Rate	Monthly Comparable	AFH Specific Needs Contract Types		Homecare Workers (HCW)	
Basic	\$334.87	\$9,577.74	Advanced	\$8,289	HCW Hourly	\$15.77 (7/5)
Bariatric	\$619.51	\$18,235.62	Adv. Vent.	\$20,966	Enhanced	\$1 over rate
Complex	\$468.82	\$13,652.04	Bariatric	\$8,289	Mileage – Non- Medical	\$.485/Mile
Enhanced	\$468.82	\$13,652.04	Basic	\$7,252	*HCW who are certified by the Home Care Commission (i.e. successfully completed the Professional Development Certification) will receive an additional \$.50/Hr.	
Pediatric	\$775.87	\$22,991.64	Complex	\$10,645		
Ventilator	\$786.94	\$23,328.49	Dementia	\$5,771		
			ECOS	\$3,250		
			Hospice	\$8,877		
			TBI	\$7,636		

PACE Organization	Medicaid Only Rate	Medicare/Medicaid Rate
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: \$27.12/Hr.
 Mileage, Non-Medical: \$.485/Mile
 HK Shelter: \$59.09/Mo. \$1.94/Day
 Adult Day Services: Refer to ADS Rate Table
[Contact List for Specific Needs Contracts](#)

ICP Monthly Benefit Calculation
 The following are multiplied together:
 Assessed ADL/IADL hours
 HCW Hourly Rate \$15.77 (+\$3.00 if VDQ)
 Assessed Mileage = \$.49/Mile
 Employer taxes:
 FICA = 7.65% FUTA = .6%
 SUTA= 2.4%
 Add WBF = \$.011/Hr.