Policy Transmittal Aging and People with Disabilities



Mike McCormick		<u>N</u>	umber: APD-PT-	-20-118
Authorized signature	е	Issu	<u>ie date</u> : 1/15/202	1
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):			
 ☐ All DHS employees ☑ Area Agencies on Aging: Type B ☑ Aging and People with Disabilities ☐ Self Sufficiency Programs ☐ County DD program managers ☐ ODDS Children's Residential Services ☐ Child Welfare Programs 		 ☐ County Mental Health Directors ☐ Health Services ☐ Office of Developmental Disabilities Services (ODDS) ☐ ODDS Children's Intensive In Home Services ☐ Stabilization and Crisis Unit (SACU) ☐ Other (please specify): 		
Policy/rule title:	APD Provider Rate inc	reases due to	COVID-19	
Policy/rule number(s):	OAR 411-030, OAR 41 411-045	1-031, OAR	Release number:	
Effective date:	January 1, 2021		Expiration date:	
References:	APD-PT-20-115			
Web address:	http://www.dhs.state.or pdf http://www.dhs.state.or Contact List for Specific	us/spd/tools/	<u>/cm/rates.htm,</u> and	

Discussion/interpretation:

This transmittal has been updated to reflect a rate increase that was approved by the Oregon Legislative Emergency Board on January 8th, 2021. The updates are in red.

ODHS is increasing certain rates by 5% as a result of Legislative Action on January 8, 2021. Providers receiving this increase include Assisted Living Facilities, Residential

Care Facilities, Memory Care Facilities, In-Home Agencies, Specific Needs contracts and Nursing Facilities. The 5% rate increase is retroactive to January 1, 2021.

Individuals should not see an increase in their liability amount due to the increase in payment to the provider. This means that maximum client liability should not increase during the COVID-19 public health emergency. Individuals with a liability that is greater than the cost of care could see an increase due to the cost of care increasing with the rate change. A report will be generated to identify cost of care individuals who saw an increase in payment due to the rate increase. Local offices will be contacted to adjust the liability amount for any individuals that have been identified.

The PACE Rate will change January 1, 2021 for both PACE providers.

CBC Room and Board rates, as well as CBC and NF Personal Allowance (PIF) will increase January 1, 2021.

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.

<u>Central office action required</u>: Central Office staff will review the rate schedule and make system changes.

Field/stakeholder review: X Yes No

If yes, reviewed by: APD Policy and Operations

Filing instructions: File with PT's

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

RATE SCHEDULE - Effective January 1, 2021

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

Room & Board		In-Home Maintenance	Personal Incidental
		Allowance	Funds
AB	\$617.00	\$1,294	NF \$64.94
AD/O/	AA \$617.00	\$1,294	CBC \$177

Community-Based Care (CBC) Monthly Rates

	Residential Care Facilities	Adult Foster Homes
Base	\$1,792	\$1,799
Base plus 1 add-on	\$2,140	\$2,126
Base plus 2 add-ons	\$2,488	\$2,453
Base plus 3 add-ons	\$2,836	\$2,780
Hourly Exception Rate	\$15.11 / Hr.	\$15.82 / Hr.
Standard Ventilator		\$10,362

Assisted Living Facilities		
Level 1	\$1,439	
Level 2	\$1,784	
Level 3	\$2,239	
Level 4	\$2,812	
Level 5	\$3,382	

\$4,704

Nursing	Daily	Monthly
Facility	Rate	Comparable
Basic	\$351.61	\$10,077.92
Bariatric	\$650.48	\$19,168.65
Complex	\$492.26	\$14,356.07
Enhanced	\$492.26	\$14,356.07
Pediatric	\$814.66	\$24,162.51
Ventilator	\$826.29	\$24,516.26

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AFH Specific Needs		
Contract Types		
Advanced	\$8,289	
Adv. Vent.	\$20,966	
Bariatric	\$8,289	
Basic	\$7,252	
Complex	\$10,645	
Dementia	\$5,771	
ECOS	\$3,250	
Hospice	\$8,877	
TBI	\$7,636	

Homecare	Workers	
(HCW)		
HCW Hourly	\$15.77 (7/5)	
Enhanced	\$1 over rate	
Mileage – Non- Medical	\$.485/Mile	
*HCW who are certified by		
the Home Care Commission		
(i.e. successfully completed		
the Professional Development		
Certification) will receive an		
additional \$.50/Hr.		

PACE Organization	Medicaid Only Rate	Medicare/Medicaid Rate
Providence ElderPlace	\$7,036.54	\$4,874.02
AllCare PACE	\$6,637.80	\$4,151.39

Home Delivered Meals: \$11.75 / meal

Long Term Care Community Nursing Services:

\$18.50 / 15-minute unit of service

In-Home Agencies: \$28.48/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% FU'

FUTA = .6%

SUTA= 2.4%

Add WBF = \$.011/Hr.