

Policy Transmittal Aging and People with Disabilities



Mike McCormick

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Number: APD-PT-21-029

Issue date: 10/4/2021

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 411-027-0160, OAR 411-070-0438	Release number:	
Effective date:	October 1, 2021	Expiration date:	
References:	OAR 411-027 Payment Limitation in Home and Community Based Services 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 October 1, 2021, the Enhanced Wage Add-on Program begins. Please see [APD-IM-21-096](#) for more information.

See attached APD rate schedule and Enhanced 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

Ben Sherman, Long Term Care Services and Supports: In Home Agencies

Sarah Hansen, Central Delivery Supports: Specific Needs Contracts & LTCCN

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 October 1, 2021

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

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

Community-Based Care (CBC) Monthly Rates

	Residential Care Facilities	Adult Foster Homes	Assisted Living Facilities	
Base	\$1,882	\$1,799	Level 1	\$1,511
Base plus 1 add-on	\$2,247	\$2,126	Level 2	\$1,873
Base plus 2 add-ons	\$2,612	\$2,453	Level 3	\$2,351
Base plus 3 add-ons	\$2,977	\$2,780	Level 4	\$2,953
Hourly Exception Rate	\$15.87 / Hr.	\$15.82 / Hr.	Level 5	\$3,551
Standard Ventilator		\$10,362		

Memory Care (Endorsed Units Only)	\$4,939
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Nursing Facility	Daily Rate	Monthly Comparable	AFH Specific Needs Contract Types		Homecare Workers (HCW)	
Basic	\$377.24	\$10,857.51	Advanced	\$8,289	HCW Hourly	\$15.77
Bariatric	\$697.89	\$20,610.72	Adv. Vent.	\$20,966	Enhanced	\$1 over rate
Complex	\$528.14	\$15,447.43	Bariatric	\$8,289	Mileage – Non- Medical	\$.485/Mile
Enhanced	\$528.14	\$15,447.43	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	\$1,084.81	\$32,379.67	Complex	\$10,645		
Ventilator	\$886.51	\$26,347.97	Dementia	\$5,771		
			ECOS	\$3,250		
			Hospice	\$8,877		
			TBI	\$7,636		

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: \$ 12.25 / meal
 Long Term Care Community Nursing Services: \$20.00 / 15-minute unit of service
 In-Home Agencies: \$29.92/Hr.
 Service Assessment: \$89.76
 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.

ENHANCED WAGE ADD-ON RATE SCHEDULE

Effective October 1, 2021 (Prior Approval Needed)

The Oregon Legislature approved the Enhanced Wage Add-on Program to support Home and Community-Based Services (Assisted Living, Residential Care, Memory Care – endorsed units only and In-Home Care Agencies) providers and nursing facilities. The purpose of the program is to support providers with retention of caregivers and CNAs by providing a Medicaid Enhanced rate to providers who pay wages at a specific threshold. Providers may be eligible for these increases between October 1, 2021, and June 30, 2023. The goal of the program is to maintain a stable work force and maintain quality services by paying higher wages to caregivers and CNAs. Please refer to [OAR 411-027-0160](#) and [OAR 411-070-0438](#).

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

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

Community-Based Care (CBC) Monthly Rates

	Residential Care Facilities	Assisted Living Facilities	
Base	\$2,071	Level 1	\$1,663
Base plus 1 add-on	\$2,473	Level 2	\$2,061
Base plus 2 add-ons	\$2,875	Level 3	\$2,587
Base plus 3 add-ons	\$3,277	Level 4	\$3,249
Hourly Exception Rate	\$17.46 / Hr.	Level 5	\$3,907

Memory Care (Endorsed Units Only)	\$5,433
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Nursing Facility	Daily Rate	Monthly Comparable	In-Home Care Agencies (IHCA)	
Basic	\$392.33	\$11,316.50	IHCA Hourly	\$32.92
Bariatric	\$725.81	\$22,076.96	Service Assessment	\$98.76
Complex	\$549.27	\$16,089.84		
Enhanced	\$549.27	\$16,089.84		
Pediatric	\$1,128.20	\$33,699.46		
Ventilator	\$921.97	\$27,426.87		