Policy Transmittal	
Aging and People with Disabilitie	S



Mike McCormick	Number: APD-PT-21-036
Authorized signature	lssue date: 12/1/2021
Topic: Long Term Care	Due date:
Transmitting (check the box that best apple)New policyPolicy changeAdministrative RuleManual update	<i>ies</i>): olicy clarification ⊠ Executive letter ☐ Other:
Applies to (check all that apply):	
 All DHS employees Area Agencies on Aging: Types A & B Aging and People with Disabilities Self Sufficiency Programs 	 County Mental Health Directors Health Services Office of Developmental Disabilities Services (ODDS)
County DD program managers	ODDS Children's Intensive In Home Services
 ODDS Children's Residential Services Child Welfare Programs 	 Stabilization and Crisis Unit (SACU) Other (<i>please specify</i>):

Policy/rule title:	APD Rates Updated July 1, 2021		
Policy/rule number(s):	OAR 411-045 Release number:		
Effective date:	Retroactive to July 1, 2021 Expiration date:		
References:	OAR 411-027 Payment Limitation in Home and Community Based Services		
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:

The PACE providers will receive a retroactive rate increase effective July 1, 2021.

Per the Collective Bargaining Agreement, Adult Foster Homes (AFH) will receive a 5% retroactive rate increase effective July 1, 2021. This includes Standard Ventilator ECOS and AFH Specific Needs Contract Types. A separate transmittal will be issued

when the retroactive rate increases are ready to be paid. The November payments that are scheduled to go out on December 1 will reflect the 5% increase.

Effective November 21, 2021, Homecare Worker's mileage, non-medical, has increased to \$.56 per mile.

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.

<u>Central office action required</u>: 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: <u>Specific-Needs.Contract-Team@dhsoha.state.or.us</u> Mainframe: <u>OIS.ServiceDesk@dhsoha.state.or.us</u> Cindy Susee: <u>cynthia.susee@dhsoha.state.or.us</u>

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RATE SCHEDULE - Effective July 1, 2021 (Updated)

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	\$1,889	Level 1	\$1,511
Base plus 1 add-on	\$2,247	\$2,232	Level 2	\$1,873
Base plus 2 add-ons	\$2,612	\$2,575	Level 3	\$2,351
Base plus 3 add-ons	\$2,977	\$2,918	Level 4	\$2,953
Hourly Exception Rate	\$15.87 / Hr.	\$16.67 / Hr.	Level 5	\$3,551
Standard Ventilator		\$10,881		

Memory Care (Endorsed Units Only)

\$4,939

Nursing	Daily	Monthly	
Facility	Rate	Comparable	
Basic	\$377.24	\$10,857.51	A
Bariatric	\$697.89	\$20,610.72	A
Complex	\$528.14	\$15,447.43	E
Enhanced	\$528.14	\$15,447.43	E
Pediatric	\$1,084.81	\$32,379.67	C
Ventilator	\$886.51	\$26,347.97	Γ
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AFH Specific Needs			
Contract Types			
Advanced	\$8,703		
Adv. Vent.	\$22,015		
Bariatric	\$8,703		
Basic	\$7,615		
Complex	\$11,177		
Dementia	\$6,059		
ECOS	\$3,412		
Hospice	\$9,321		
TBI	\$8,017		

Homecare Workers		
(HC ^V	W)	
HCW Hourly	\$15.77	
Enhanced	\$1 over rate	
Mileage –	\$.56/Mile	
Non- Medical	(11/21/21)	
*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	\$7,249.91	\$5,133.15
AllCare PACE	\$6,841.54	\$4,407.07

Home Delivered Meals: \$ 12.25 / meal	Г
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: \$.56/Mile (11/21/21)	
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 <u>OAR 411-027-0160</u> and <u>OAR 411-070-0438</u>.

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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 3	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

Nursing	Daily	Monthly
Facility	Rate	Comparable
Basic	\$392.33	\$11,316.50
Bariatric	\$725.81	\$22,076.96
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

In-Home Care Agencies (IHCA)		
IHCA Hourly	\$32.92	
Service Assessment	\$98.76	