Policy Transmittal
Aging and People with Disabilities

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Number: APD-PT-21-038
Issue date: 12/2/2021
UPDATED: 4/20/2022
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
☐ Support Service Brokerage Directors
☐ 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:	AFH 2021-2023 Collective Bargaining Agreement Impacts		
Policy/rule number(s):		**Release number:**	
Effective date:	November 2, 2021	**Expiration date:**	
References:			
Web address:			

Discussion/interpretation:

This transmittal is being updated to reflect the need to provide a minimum 10-day notification when reducing the rate paid to an AFH provider. The details are highlighted below in red.

The 2021-2023 Collective Bargaining Agreement (CBA) for Adult Foster Home (AFH) providers has been ratified. This transmittal provides policy guidance and information for APD local office staff due to this ratification.

Rate Increases

All AFH providers will receive a 5% increase to their Medicaid rates, retroactively effective on July 1, 2021. The increased rates have been automatically implemented for November 2021. Mainframe/Legacy staff are working on implementing the rates prior to November 2021.
In the 512 system, the additional 5% payment is displayed as a separate line on the RATZ screen. Here is an example:

```
RATZ                        SDS CBC PAYMENT SYSTEM         LAST CHG 2021/11/23
ACT TYPE  4           OPER ID                CANCEL   N    MODE     COMP
EFF BEG   2021/11/01  EFF END    9999/12/31  SVC WKR 99    FINC WKR 99
PRIM ID               RECIP
PROV NMBR             PROV NAME                            2ND PROV N

MHD           SERV AMT       EXCLUSION(1099)
AFC               0.00                  N

SDSD                   BASE        ADD ON       SVC RATE       RATE ADJ         SERV AMT
ALF                    0.00  +        .00  =        0.00  +         .00  =          0.00
AFC/RCF            1,799.00  +     654.00  =    2,453.00  +         .00  =      2,453.00
ARPA/ADD-ON           90.00  +      32.00  =      122.00  +         .00  =        122.00
TOTAL              1,889.00        686.00       2,575.00            .00         2,575.00
```

In addition, all AFH providers will receive a 2.3% rate increase on April 1, 2022. The updated rates are reflected in the APD rate schedule.

Hazard Pay Bonus

All AFH providers with an active provider number, as of December 1, 2021, who served individuals receiving Medicaid LTSS, shall receive a “hazard pay” bonus. The amount is $1000 per individual that was served during March 1, 2020, through February 28, 2021. This payment is scheduled for December 1, 2021.

Assessment Process Changes

Benefit Effective Dates for a rate increase

- Any re-assessment that results in a rate increase must have an effective date of when the assessment was conducted (please see example below). This includes any additional add-on amounts or an approved exception that coincide with an assessment. If a payment has already been made at the lower rate to a provider, then an underpayment request is required.
- Any exceptions that are approved that do not coincide with an assessment will be effective on the date the exception is approved. It is important to note that most exceptions will coincide with an assessment, however in rare circumstances, such as a need for a timely exception for a hospital discharge, an exception may be granted prior to a completion of an assessment when the care needs are well

documented.

- Central office will provide the effective date of any exception approvals.

For example:
The previous assessment, on the “Full Benefits” result screen, displays only the Base rate eligibility for payment and currently has a benefit end date of November 30, 2021.

Results

ALF Rates	Level 5
RCF Rates	Base
AFH Rates	Base
R-AFH Rates	Base
SPL Summary	

Benefits — Ben A

Service Category/Benefit	Begin Date	End Date	Status
APD-Residential	12/01/2020	11/30/2021	Approved
APD-Residential	01/01/2020	11/30/2020	Ended

However, let’s say that a new assessment was conducted on November 2, 2021, with the following payment result:

Results

ALF Rates	Level 5
RCF Rates	Base + 1
AFH Rates	Base + 1
R-AFH Rates	Base + 1
SPL Summary	

The previous assessment benefit must end on November 1, 2021. For the new assessment, the benefit must start on November 2, 2021.

Benefits — Ben Act

Service Category/Benefit	Begin Date	End Date	Status
APD-Residential	11/02/2021	11/30/2022	Approved

Benefit Effective Dates <u>for a rate decrease</u>

- Any re-assessment that results in a rate decrease must have a 512 notification issued at least 10 days prior to when the new rate will begin (which coincides with the benefit begin date of the re-assessment). This includes any loss of an add-on payment <u>or</u> a reduction in an exception payment.
    - Any case with a CBC exception reduction must be submitted timely to APD.CBCExceptions@dhsoha.state.or.us with the subject line: “Exception Reduction.” These requests will be prioritized to ensure the 512 is issued with the correct rates.
    - Make sure the 512 is “touched” with the rate change, which includes ensuring that a copy of the 512 is sent to the provider (see below) and others as appropriate.

```
                                                        DHR    = 2        ADDR   = A
SEND TO: RECIP 0   RESP 0   PROV 1   RSRC 0   FILE 0   LOCAL = 1        BRANCH = B
                                                        (PRINT) LOCN 2   DEST  A
MSG: SI007 Print a copy of the 512 COMPLETED record?                        ANS: y
MSG: S-022 Select copies to be printed and answer Y to print
MSG: S-018 Next screen?  (N or Tranid)
F5> SCR SADD F6> SCR SMRQ F7> SCR SCFD
```

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    - If the 512 has not been touched and the current benefit end date is less than 10 days away, the benefit end date of the previous assessment will need to be extended. Please see the example below.

<u>Example:</u>

- An assessment is completed on April 25, 2022. The benefit on this assessment ends on April 30, 2022.
- The new assessment resulted in a loss of an add-on payment.

Previous assessment:

Results

ALF Rates	Level 5
RCF Rates	Base + 1
AFH Rates	Base + 1
R-AFH Rates	Base + 1
SPL Summary	

April 25, 2022 assessment:

Results

ALF Rates	Level 5
RCF Rates	Base
AFH Rates	Base
R-AFH Rates	Base
SPL Summary	

- The case manager extends the benefit end date from the previous assessment to May 31, 2022
- The case manager creates a benefit begin date from the new assessment for June 1, 2022.
- The 512 payment is updated/touched as appropriate.

*Whenever possible, please complete the assessment process and touch the 512 to ensure that at least 10 days are remaining before the end of the month to avoid the need to extend the benefit of the previous assessment by another month.

Assessment Requests and Documentation

- An urgent re-assessment must be scheduled within 5 business days, and completed within 21 calendar days, if based upon the case manager's determination, a significant change in care needs have occurred.
  - A significant change is evaluated by an immediate risk of harm to the individual or others resulting from the change in care needs.
  - If the case manager determines that this criterion has not been met, or if the change in condition is not based upon the individual's clinical, medical, physical, or behavioral health needs, then a reassessment is not required. If this decision is made, the case manager must notify the provider within 7 business days
  - Individuals or appropriate representatives may still request a new assessment at any time.
- For any assessment or re-assessment, AFH providers must be provided the opportunity to provide documentation that is relevant to the assessment determination. This includes, but is not limited to person-centered service plans, incident reports, behavioral support plans, medical records, treatment plans, and doctor's orders. Documentation must be provided within 10 business days of the assessment date.

Readmission of individual after hospitalization

- A provider is not required to readmit an individual after hospitalization until required nursing delegation has been provided. The case manager must work

with the provider to come up with a resolution. All Oregon Administrative Rules remain applicable.

Implementation/transition instructions:

Training/communication plan:

Field/stakeholder review: ☒ Yes ☐ No

If yes, reviewed by: Operations Review

Filing instructions:

If you have any questions about this policy, contact:

Contact(s): Mat Rapoza (policy questions) Trevin Butler (AFH exception questions)	
Phone:	Fax:
Email: Mathew.G.Rapoza@dhsoha.state.or.us Trevin.Butler@dhsoha.state.or.us	