

Policy Transmittal Aging and People with Disabilities



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Number: APD-PT-23-027

Issue date: 11/21/2023

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: Type 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"/> Support Service Brokerage Directors | <input type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> ODDS Children’s Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Policy/rule title:	Additional Policy Updates per the AFH 2023-2025 Collective Bargaining Agreement		
Policy/rule number(s):		Release number:	
Effective date:	Upon Transmittal Release	Expiration date:	
References:			
Web address:			

Discussion/interpretation:

The 2023-2025 Collective Bargaining Agreement (CBA) for Adult Foster Homes (AFH) has been ratified.

This transmittal covers additional policy changes local office staff need to be aware of and implement. Additional changes to AFH exception process are covered in [APD-PT-23-022](#).

Assessments and Payment Effective Dates

- Any increase to service payments resulting from a reassessment, after a readmission from a hospital stay, will become effective retroactive to the date the assessment was requested. This applies when the consumer is returning to the same AFH.
- The CBA indicates that a consumer may request an assessment that is not face-to-face, if allowed by Oregon Administrative Rule (OAR). At this time, per OAR [411-015-0008\(g\)](#), this is not allowed. Please staff any issue with Central Office regarding any concerns with completing a face-to-face assessment.
- A reassessment that results in a payment add-on increase must be implemented on the day the assessment was conducted. When this occurs, complete the following:
 - On the day before the reassessment was conducted:
 - End the previous benefit in Oregon ACCESS (OA)
 - End previous 512 authorization.
 - On the day the reassessment was conducted:
 - Begin the new benefit in OA for the new assessment.
 - Begin a new 512 authorization.
 - An underpayment request may be required if the provider was paid prior to implementing the add-on increase.
 - Note: The 512 system will not display the SBEG screen to update the liability amount since there should be no gap in service.

Proof of Medicaid Eligibility

- Staff must provide proof of Medicaid Long Term Services and Supports (LTSS) eligibility to ensure payment will be provided. The 512 notice does provide proof of Medicaid eligibility; however, providers may want information that demonstrates eligibility prior to placement. A written statement from the case manager, stating that the consumer is eligible for LTSS services, is sufficient (it is important to ensure that both service and financial eligibility requirements have been met prior to providing the written statement).
 - For example, a case manager may state: “(*Consumer name*) has been determined eligible for Medicaid LTSS services, meaning that if you accept this consumer to move in your AFH, you will receive a monthly Medicaid payment as determined by the assessment”.
 - Verbal statements by the case manager are not considered proof of LTSS eligibility.

Rate Questions

- APD has created an email box for providers who wish to receive more information on how the assessed Medicaid rate was determined, reasons why the rate has changed, etc. The email box is APD.AFHRATES@odhsoha.oregon.gov.
 - The email box will be shared with providers via a provider alert.

- Local office staff should direct providers to this email box if there are questions regarding their rates.
- Local office staff may also use this email box if there are any questions on how rates are determined.
- Providers should submit questions within 30 days of a rate change when there are concerns regarding a new rate. Staff from the Medicaid Services and Supports (MSS) unit will respond to inquiries within two weeks of any requests received.
- Questions regarding any AFH exception calculations should be directed to APD.CBCExceptions@odhsoha.oregon.gov.

Payment Rate Increases

- Effective December 1, 2023, there will be a 5% payment increase to the base pay and add-ons.
- Effective January 1, 2025, there will be a 4.5% payment increase to the base pay and add-ons.

Training/communication plan:

A copy of the CBA will be provided on CM Tools, on the Facilities page, when the final version becomes available. Local office managers and lead workers should review and provide support as needed to case managers.

Field/stakeholder review: Yes No

If yes, reviewed by: Operations and Internal Review

Filing instructions:

If you have any questions about this policy, contact:

Contact(s): Mat Rapoza	
Phone:	Fax:
Email: Mathew.G.Rapoza@odhs.oregon.gov	