

Policy Transmittal Aging and People with Disabilities



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Number: APD-PT-23-031

Issue date: 12/21/2023

Corrected: 12/22/2023

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: 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, PACE & Nursing Facility Rates		
Policy/rule number(s):	OAR 411-030, OAR 411-031, OAR 411-045	Release number:	
Effective date:	January 1, 2024	Expiration date:	
References:	OEP-IM-23-060		
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 attached rate schedule has the following changes effective January 1, 2024:

- The PACE Rate will change for both PACE providers.
- CBC Room and Board rates, as well as CBC and NF Personal Allowance (PIF) will increase.

See attached 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

Traci Lerner, Long Term Care Services and Supports: HCW & AFH

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

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

Margaret May, Long term Care Services and Supports: HDM

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Fax:

RATE SCHEDULE - Effective January 1, 2024

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

Room & Board	In-Home Allowance	Personal Incidental Funds
AB \$733.00	As of January 1, 2022, APD will be able to keep their entire income.	NF \$77.14
AD/OAA \$733.00		CBC \$210.00

Community-Based Care (CBC) Monthly Rates

	Residential Care Facilities	Adult Foster Homes	Assisted Living Facilities	
Base	\$2,279	\$2,029	Level 1	\$1,830
Base plus 1 add-on	\$2,722	\$2,398	Level 2	\$2,268
Base plus 2 add-ons	\$3,165	\$2,767	Level 3	\$2,846
Base plus 3 add-ons	\$3,608	\$3,136	Level 4	\$3,574
Hourly Exception Rate	\$19.21 / Hr.	\$18.66 / Hr.	Level 5	\$4,298
Standard Ventilator		\$11,688		

Memory Care (Endorsed Units Only)	\$5,977
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Nursing Facility	Daily Rate	Monthly Comparable	AFH Specific Needs Contract Types		Homecare Workers (HCW) Eff. 1/14/24	
Basic	\$478.15	\$13,833.37	Advanced	\$9,348	HCW Hourly	\$19.50
Bariatric	\$884.58	\$26,196.15	Adv. Vent.	\$23,647	Enhanced	\$20.50
Complex	\$669.41	\$19,651.11	Bariatric	\$9,348	Professional Development	\$20.25
Enhanced	\$669.41	\$19,651.11	Basic	\$8,180	Enhanced w/ PDC	\$21.25
Pediatric	\$1,330.88	\$39,771.71	Complex	\$12,006	Exceptional	\$22.50
Ventilator	\$1,123.65	\$33,468.19	ECOS	\$3,665	VDQ	\$22.50
			Hospice	\$10,012	Enhanced w/ VDQ	\$23.50
			TBI	\$8,611		

PACE Organization	Medicaid Only Rate	Medicare/Medicaid Rate
Providence ElderPlace	\$8,501.43	\$6,195.54
AllCare PACE	\$7,864.74	\$5,236.95

Other Services	ICP Monthly Benefit Calculation
<p>Home Delivered Meals: \$12.25/meal</p> <p>Long Term Care Community Nursing Services: \$20.00/15-minute unit of service</p> <p>In-Home Agencies: \$36.24/Hr.</p> <p>Service Assessment: \$108.72</p> <p>Mileage, Non-Medical: \$.56/Mile</p> <p>Adult Day Services: \$109.75</p>	<p style="text-align: center;">Multiply Total Assessed Hours by:</p> <ul style="list-style-type: none"> • PSW Rate \$19.50 (\$22.50 if VDQ) + • FICA = 7.65% + • FUTA = .9% + • SUTA = 2.4% + • WBF = .01 cents/Hr. <p style="text-align: center;">Add: Assessed Mileage x \$.56/Mile = Total Service Payment</p> <p style="text-align: center;"><u>Contact List for Specific Needs Contracts</u></p>