

# Action Request Transmittal Aging and People with Disabilities



Mike McCormick

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**Number:** APD-AR-18-040

**Issue date:** 06/15/2018

**CORRECTED**

**Topic:** Long Term Care

**Due date:**

**Subject:** In home care agency revised 546 for new hourly rate

**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 and 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 ( <i>please specify</i> ):                     |
| <input type="checkbox"/> Child Welfare Programs                           |   |

**Action required:**

Effective 07/01/18, the hourly rate paid to IHCA will increase to \$24.61 (\$6.15/15-minute increments) for ADLS (T1019), IADLS (S5125), and the IHCA initial screening (T2024). Community transportation will continue to be reimbursed at \$.485. (APD-PT-18-025)

The IHCA have been asked to bill with the previous rate (\$23.44) through June 30.

Beginning July 1, the IHCA will create a separate billing with the new hourly rate. MMIS is not able to separate the time frame and rate reimbursement. The billing will be denied if the time frames are not separated.

**Reason for action:** requesting communication between APD/AAA case managers and in-home care agency regarding reimbursement rate change.

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:**

*If you have any questions about this action request, contact:*

Contact(s): Darwin Frankenhoff	
Phone: 503-947-5162	Fax: 503-947-4245
Email: darwin.j.frankenhoff@state.or.us	