

Aging and People with Disabilities

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Number: APD-IM-17-028

Issue date: 3/30/2017

Topic: Long Term Care

Subject: Licensed APD Residential responsibility for reporting Change of Condition

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 | <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 | |

Message:

Licensed APD residential settings (Adult Foster Homes, Assisted Living, and Residential Care Facilities) have an obligation to communicate significant events with Medicaid Case Managers. The office of Safety, Oversight, and Quality has issued the attached Provider Alert to remind APD Residential Providers of their responsibility to communicate when there has been a **Change of Condition** for individuals residing in these settings.

This reminder may prompt additional calls to Case Managers. Any indirect contact should be used to evaluate the safety and effectiveness of the plan in place and may necessitate further action on the part of the Case Manager. The below rule may be applicable following calls reporting a **Change of Condition**.

411-027-0020 Payment Limitations in Home and Community-Based Services

(2) (e) An individual's progress is monitored by Department or AAA local office staff. When a change occurs in the individual's service needs that may warrant a change in the service payment rate, staff must update the service plan.

If you have any questions about this information, contact:

Contact(s):	Bob Weir		
Phone:	971-600-7876	Fax:	
Email:	bob.weir@state.or.us		



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Kate Brown, Governor

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03/28/17

CBC Provider Alert

TO: Community Based Care:
Assisted Living, Residential Care,
Memory Care Facilities

FROM: Safety, Oversight, and Quality

RE: Medicaid – Reporting Changes of Condition

SUBJECT: Provider responsibility to report changes of condition to case managers.

This is a reminder that CBC facilities are responsible for reporting significant changes of condition with Medicaid residents to their case managers.

The Provider Enrollment Agreement contains the following language:

- A. Provider shall notify DHS and Area Agency on Aging (AAA) case managers of client absences and other problems which may affect client safety and the delivery of services. *(This includes but is not limited to changes in client medical status, hospital admissions and transfers.)*
- B. Provider must report necessary information to the DHS and AAA case manager to assist in service authorization and payment accuracy.

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For questions please contact: CBC.TEAM@dhsosha.state.or.us

HCBS web site: <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCBS/Pages/ODDS.aspx>

