

Mike McCormick

Authorized Signature

Number: APD-PT-17-050
Issue Date: 11/20/2017

Topic: Long Term Care

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
 County DD Program Managers
 Area Agencies on Aging
 County Mental Health Directors
 Aging and People with Disabilities
 Health Services
 Children, Adults and Families
 Other (please specify):

Policy/rule title:	In-Home and PACE		
Policy/rule number(s):	OAR 411-030, OAR 411-045	Release no:	
Effective date:	October 1, 2017	Expiration:	
References:	OAR 411-030 In-Home Services OAR 411-045 PACE		
Web Address:	http://www.dhs.state.or.us/spd/tools/program/osip/rateschedule.pdf and http://www.dhs.state.or.us/spd/tools/cm/rates.htm		

Discussion/interpretation:

The PACE rate changed July 1, 2017 for Multnomah, Washington, North Coast (Clatsop and parts of Tillamook) and parts of Clackamas County.

The Live-in service option was eliminated on October 1, 2017 and the rate is removed from the rate table.

The new rates are shown on the 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 systems 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, Nursing Facility Reimbursement Policy Analyst		
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RATE SCHEDULE

(Effective October 1, 2017)

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

Room & Board	In-Home Maintenance Allowance	Personal Incidental Funds
AB \$571.00	\$1,235	NF \$60.18
AD/OAA \$571.00	\$1,235	CBC \$164

Community-Based Care (CBC) Monthly Rates

	Residential Care Facilities	Adult Foster Homes	Assisted Living Facilities	
Base	\$1,475	\$1,461	Level 1	\$1,184
Base plus 1 add-on	\$1,761	\$1,727	Level 2	\$1,468
Base plus 2 add-ons	\$2,047	\$1,993	Level 3	\$1,841
Base plus 3 add-ons	\$2,333	\$2,259	Level 4	\$2,313
Hourly Exception Rate	\$12.00 / Hr.	\$12.85 / Hr.	Level 5	\$2,782

Memory Care (Endorsed Units Only)	\$3,870
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Nursing Facility (NF) Daily Rate	
Basic	\$301.70
Complex Medical	\$422.38
Pediatric	\$643.40

Comparable Monthly NF Rate	
Basic	\$8,605.81
Complex Rate	\$12,276.53

Homecare Workers (HCW)	Hourly	Enhanced
HCW Hourly Wage	\$14.50	\$1 over rate
Mileage, Non-Medical	\$.485 per Mile	
*HCW who are certified by the Home Care Commission (i.e. successfully completed the Professional Development Certification) will receive an additional \$.50/hr.		
*Central Office will code the cases.		

Providence ElderPlace Monthly Capitated Rate: Statewide Rate - \$4,298.02
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Home Delivered Meals: \$ 9.54 / meal
Long Term Care Community Nursing Services: \$15.00 / 15 minute unit of service
In-Home Agencies: \$23.44 / Hr.
Mileage, Non-Medical: \$.485 per Mile
HK Shelter: \$59.09/ month \$1.94 / Day
Adult Day Services: Refer to Contracted Rates

In-Home Service Plan Max. Hour Local Office Tier 2 Hours Approval	
ADL:	62
IADL:	35
Tier 2 = May also approve plans previously approved by Central Office.	