

# Policy Transmittal Aging and People with Disabilities



Mike McCormick

**Authorized signature**

**Number: APD-PT-19-034**

**Issue date: 10/3/2019**

**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                         |   |

<b>Policy/rule title:</b>	APD Rate Schedule – LTCCN & RCF Hourly Exception		
<b>Policy/rule number(s):</b>	OAR 411-048, OAR 411-054	<b>Release number:</b>	
<b>Effective date:</b>	October 1, 2019	<b>Expiration date:</b>	
<b>References:</b>	<a href="#">OAR 411-048 Long Term Care Community Nursing</a> <a href="#">OAR 411-054 Residential Care and Assisted Living Facilities</a>		
<b>Web address:</b>	<a href="http://www.dhs.state.or.us/spd/tools/program/osip/rateschedule.pdf">http://www.dhs.state.or.us/spd/tools/program/osip/rateschedule.pdf</a> , <a href="https://www.oregon.gov/DHS/SENIORS-DISABILITIES/PROVIDERS-PARTNERS/Pages/index.aspx">https://www.oregon.gov/DHS/SENIORS-DISABILITIES/PROVIDERS-PARTNERS/Pages/index.aspx</a> , <a href="http://www.dhs.state.or.us/spd/tools/cm/rates.htm">http://www.dhs.state.or.us/spd/tools/cm/rates.htm</a> , and <a href="#">Contact List for Specific Needs Contracts</a>		

**Discussion/interpretation:**

Effective October 1, 2019, the Long-Term Care Community Nursing rate and Residential Care Facility hourly exception rate 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, Reimbursement Policy Analyst	
Phone: 503-945-6448	Fax: 503-947-4245
Email: <a href="mailto:cynthia.susee@dhsosha.state.or.us">cynthia.susee@dhsosha.state.or.us</a>	

## RATE SCHEDULE

(Effective October 1, 2019)

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

Room & Board	In-Home Maintenance Allowance	Personal Incidental Funds
AB \$599.00	\$1,271	NF \$63.10
AD/OAA \$599.00	\$1,271	CBC \$172

### Community-Based Care (CBC) Monthly Rates

	Residential Care Facilities	Adult Foster Homes	Assisted Living Facilities	
			Level	Rate
Base	\$1,626	\$1,557	Level 1	\$1,305
Base plus 1 add-on	\$1,941	\$1,840	Level 2	\$1,618
Base plus 2 add-ons	\$2,256	\$2,123	Level 3	\$2,030
Base plus 3 add-ons	\$2,571	\$2,406	Level 4	\$2,550
Hourly Exception Rate	\$13.70 / Hr.	\$13.70 / Hr.	Level 5	\$3,068

<b>Memory Care (Endorsed Units Only)</b>	\$4,267
--	---------

Nursing Facility (NF) Daily Rate	
Basic	\$326.50
Complex Medical	\$457.10
Pediatric	\$732.41

Comparable Monthly NF Rate	
Basic	\$ 9,332.15
Complex Rate	\$13,304.61

Homecare Workers (HCW)	Hourly	Enhanced
HCW Hourly Wage	\$14.65	\$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:** (PEP) Statewide Rate - \$4,643.43

Home Delivered Meals: \$ 9.54 / meal  
 Long Term Care Community Nursing Services: \$18.50 / 15-minute unit of service  
 In-Home Agencies: \$25.84 / Hr.  
 Mileage, Non-Medical: \$.485 per Mile  
 HK Shelter: \$59.09/ month \$1.94 / Day  
 Adult Day Services: Refer to Contracted Rates  
[Contact List for Specific Needs Contracts](#)

**In-Home Service Plan Max. Hour Local Office Tier 2 Hours Approval**

ADL:	73
IADL:	35

**Tier 2 = May also approve plans previously approved by Central Office.**