

Policy Transmittal Aging and People with Disabilities



Mike McCormick

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Number: APD-PT-19-046

Issue date: 12/12/2019

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 | |

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, 2020	Expiration date:	
References:	APD-PT-19-045		
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 PACE Rate will change January 1, 2020 for Multnomah, Washington, North Coast (Clatsop and parts of Tillamook) and parts of Clackamas County.

CBC Room and Board rates, as well as CBC and NF Personal Allowance (PIF) will

increase January 1, 2020.

Effective January 1, 2020, the Adult Foster Home rates will increase as part of the Department's Collective Bargaining Agreement (CBA) with SEIU and the Oregon Legislatively Adopted Budget. Effective January 5, 2020, per the CBA, the HCW hourly wage will increase to \$15.00/hour.

APD Central Office will make all changes necessary to implement these rate changes. This includes a change to the Hourly Exceptional Rate for AFH providers.

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: APD Policy and Operations

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: cynthia.susee@dhsosha.state.or.us	

RATE SCHEDULE

(Effective January 1, 2020)

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

Room & Board	In-Home Maintenance Allowance	Personal Incidental Funds
AB \$608.00	\$1,283	NF \$64.11
AD/OAA \$608.00	\$1,283	CBC \$175

Community-Based Care (CBC) Monthly Rates

	Residential Care Facilities	Adult Foster Homes	Assisted Living Facilities	
			Level	Rate
Base	\$1,626	\$1,713	Level 1	\$1,305
Base plus 1 add-on	\$1,941	\$2,024	Level 2	\$1,618
Base plus 2 add-ons	\$2,256	\$2,335	Level 3	\$2,030
Base plus 3 add-ons	\$2,571	\$2,646	Level 4	\$2,550
Hourly Exception Rate	\$13.70 / Hr.	\$15.07 / Hr.	Level 5	\$3,068

Memory Care (Endorsed Units Only)	\$4,267
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Nursing Facility Daily Rate	
Basic	\$326.50
Complex Medical	\$457.10
Pediatric	\$732.41
Ventilator	\$653.00

NF Comparable Monthly	
Basic	\$ 9,323.15
Complex Rate	\$13,295.61

Homecare Workers (HCW)	Hourly	Enhanced
HCW Hourly Wage	\$15.00 (1/5)	\$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.		

PACE Organization	Medicaid Only Rate	Medicare/Medicaid Rate
Providence ElderPlace	\$7,003.84	\$4,738.67

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.**