

Policy Transmittal Aging and People with Disabilities



Mike McCormick

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Number: APD-PT-20-051

Issue date: 4/14/2020

UPDATED

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:	APD Provider Rate Increases due to COVID-19		
Policy/rule number(s):	OAD 411-040, OAD 411-070	Release number:	
Effective date:	April 1, 2020	Expiration date:	
References:	APD-IM-20-027		
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:

To account for extraordinary expenses incurred by long term care providers as a result of the COVID-19 crisis, DHS has been directed to increase rates for Assisted Living Facilities, Residential Care Facilities, Memory Care Facilities, Specific Needs contracts and Nursing Facilities. The rate increase is 10% effective for the period April 1, 2020 thru June 30, 2020.

Effective April 1, 2020, the Nursing Facility Ventilator Assistance Program rate will increase to 235% of the nursing facility basic rate.

Effective April 1, 2020, Home Delivered Meals rate will increase to \$11.75 per meal.

APD Central Office will make all changes necessary to implement these rate changes.

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:

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 April 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	
Base	\$1,789	\$1,713	Level 1	\$1,436
Base plus 1 add-on	\$2,136	\$2,024	Level 2	\$1,780
Base plus 2 add-ons	\$2,483	\$2,335	Level 3	\$2,233
Base plus 3 add-ons	\$2,830	\$2,646	Level 4	\$2,805
Hourly Exception Rate	\$13.70 / Hr.	\$15.07 / Hr.	Level 5	\$3,375

Memory Care (Endorsed Units Only)	\$4,694
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Nursing Facility Daily Rate	
Basic	\$359.15
Complex Medical	\$502.81
Pediatric	\$805.65
Ventilator	\$767.28

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: \$ 11.75 / 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.**