

# Policy Transmittal Aging and People with Disabilities



Mike McCormick

**Authorized signature**

**Number: APD-PT-20-086**

**Issue date: 7/1/2020**

**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: Type 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"/> Support Service Brokerage Directors           | <input type="checkbox"/> Other (please specify):                              |
| <input type="checkbox"/> ODDS Children's Residential Services          |   |
| <input type="checkbox"/> Child Welfare Programs                        |   |

<b>Policy/rule title:</b>	Nursing Facility Bariatric Rates		
<b>Policy/rule number(s):</b>	OAR 411-070-0028 and 411-070-0087	<b>Release number:</b>	
<b>Effective date:</b>	July 1, 2020	<b>Expiration date:</b>	
<b>References:</b>			
<b>Web address:</b>	<a href="#">OAR 411-070</a>		

**Discussion/interpretation:**

The Nursing Facilities/Medicaid - Generally and Reimbursement rules, [OAR 411-070](#), has been recently updated to include a new bariatric rate for individuals residing in a nursing facility (NF).

The eligibility criteria is defined in OAR 411-040-0087:

## 411-070-0087 Bariatric Criteria and Services

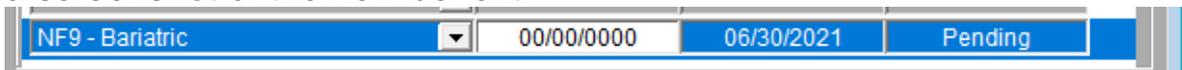
(1) A Medicaid eligible individual qualifies for the bariatric reimbursement rate if the individual has a physician diagnosis of obesity with a BMI>40 and the individual meets the following criteria as defined in OAR chapter 411, division 015:

- (a) Two-person full assist with ambulation or transfers; and
- (b) Full assist in one of the following: cognition, eating or elimination.

(2) If an individual meets the criteria listed in section (1) of this rule, and the Department has authorized the bariatric rate, the facility must provide one (1) additional Certified Nursing Assistant, above the licensing staffing standard in OAR 411-086-0100(5), for every five (5) individuals receiving the bariatric rate.

Here is the process for NFs to access this rate:

1. The NF must complete sections I and II of the “[Nursing Facility Bariatric Rate Authorization Request](#)” form, located under [CM Tools/Facilities](#) (access to the form has also been provided to NFs). The request may be for individuals currently residing in the NF or those that are pending admission. The NF must also provide medical documentation that indicates a physician diagnosis of obesity with a BMI>40. The form is sent to the appropriate APD/AAA staff.
2. APD/AAA staff will complete section III of the “Nursing Facility Bariatric Rate Authorization Request” form for submission. When completing this form, please ensure all of the following is met:
  - a. The individual is not eligible for a Medicare skilled benefit or Medicaid Post Hospital Extended Care (PHEC) either through their CCO or OHP Fee for Service;
  - b. The current assessment accurately reflects the individual meets the criteria in OAR 411-070-0087(1) (the documentation of the individual’s BMI and obesity diagnosis may be included in the diagnosis section of CA/PS);
  - c. The NF has the vacancy and is willing to admit the individual if they are not already residing there; and
  - d. APD/AAA staff creates a pending NF9 benefit in Oregon ACCESS. Here is a screenshot of the new benefit:



3. Submit the completed request to [APD.Admissions@dhsosha.state.or.us](mailto:APD.Admissions@dhsosha.state.or.us). It is important to submit the request as soon as possible (see below).
4. Central Office will complete section IV and notify the nursing facility and APD/AAA staff of the decision made by returning the completed form. The decision typically needs to be made within 7 business days after APD/AAA staff have received the request.

- If the individual meets all the requirements, the Oregon ACCESS benefit will be approved. The effective date will be determined by Central Office, following OAR 411-070-0028. The approved benefit will generate the new rate onto the MMIS POC authorization. Staff will complete the POC as usual.
- If Central Office denies the request, the nursing facility will have an opportunity to request an administrative review as mentioned on the form.
- Incomplete submissions will be returned as pended.

**Field/stakeholder review:**     Yes     No

**If yes, reviewed by:**    Field and Policy Review

**Filing instructions:**

*If you have any questions about this policy, contact:*

Contact(s): Karen Kaino for Process Questions Cindy Susee for Policy Questions	
Phone:	Fax:
Email: <a href="mailto:Karen.L.Kaino@dhsosha.state.or.us">Karen.L.Kaino@dhsosha.state.or.us</a> <a href="mailto:Cynthia.Susee@dhsosha.state.or.us">Cynthia.Susee@dhsosha.state.or.us</a>	