

Policy Transmittal Aging and People with Disabilities



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Number: APD-PT-21-028

Issue date: 9/2/2021

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 | |

Policy/rule title:	Programs and Policy Changes to Support Hospital Decompression		
Policy/rule number(s):		Release number:	
Effective date:	Upon Transmittal Release	Expiration date:	
References:			
Web address:			

Discussion/interpretation:

As hospitals continue to experience high-capacity concerns related to the surge of individuals being admitted related COVID-19 symptoms, Aging and People with Disabilities (APD) is implementing temporary program and policy changes.

The following processes and policies are not a reflection on the quality of work performed by the local offices. They are solely intended to speed up discharges and reduce the pressure on local office staff if at all possible. The topics are as follows:

- [Central Office Assessment Support for Hospital Discharges](#)
- [In-home Exceptions to Hours and Weekly Cap](#)
- [MED Reviews for Hospital Discharge](#)
- [Hospital Decompression Discharge Program](#)

Central Office assessment support for hospital discharges

Designated Central Office (CO) staff have been assigned to a “Decompression Assistance Team,” or DAT. The DAT is currently working with hospitals to assist with discharge planning for individuals, including those who are, and those who are not, LTSS eligible.

In addition, some of the members of the DAT will assist with completing assessments for individuals applying for LTSS who are either ready to discharge or will be ready within the work week and a service intake is:

1. Either not scheduled or is scheduled beyond of the specific work week; or
2. Scheduled within the work week, but based on current workload needs, the manager of the local office determines the case manager needs support from the DAT to complete the assessment.

If the DAT identifies that situation 1 is occurring, the DAT will perform the assessment to determine eligibility and facilitate discharge. If a case manager has been assigned, the DAT staff will contact that CM, narrate in OA and establish a service plan for the individual.

If situation 2 occurs, and only for those individuals in a hospital awaiting discharge, the local office (LO) manager may submit an assessment assistance request to SPD.Exceptions@dhsosha.state.or.us. Please indicate “assessment assistance” in the subject line of the email. Also include the following information:

- Name and prime of individual
- Any medical documentation (if available)
- Contact information for the hospital discharge planner
- Contact information for the individual and others that are familiar with the individual’s care needs

It is important to note that based upon the number of requests received, it is possible that some referrals may need to be returned to the LO for processing. LOs will be responsible for creating service plans, sending out required forms, etc.

Assessments completed by DAT are considered valid for eligibility purposes. However, LO will need to complete relevant service plan information and other requirements.

In-home exceptions to hours and weekly cap

Exceptions to the maximum hours allowed or to the weekly cap will be prioritized by CO when the request clearly indicates it is related to a hospital discharge.

Exceptions that appear to be reasonable based on the assessment and the 514i In-Home Exceptions request will be approved if they support the hospital discharge. These exceptions can include, but are not limited to, removing the HCW's cap, 24 hour care, 2 person assists and other service needs identified by the CM or the DAT. Additional documentation may not be required.

MED reviews for hospital discharge

[APD-PT-20-022](#) is still applicable for pending hospital discharges that may need an MED review. Email requests to MED.SPD@dhsosha.state.or.us. Please indicate "Pending hospital discharge" in the subject line of the email.

Hospital decompression discharge program

The goal of the Hospital Decompression Discharge Program is to assist certain individuals who are ready for discharge and are not currently eligible for LTSS.

Please note:

Additional program specifics, a brief training video, and all required forms are found on CM Tools, under the new "[Hospital Decompression](#)" page.

Until further notice, this program is for individuals who need to discharge from the hospital and have one of the following:

- Medicare only benefits and are currently not applying for LTSS
 - The determination and case management will be managed by CO.
- Medicare only benefits and are applying for LTSS
 - The determination and case management will be managed by the LO. Although this program is an option for this category, LOs should proceed with the traditional intake process if a final determination can be made quickly.
- Medicaid benefits but has not been determined eligible for LTSS (i.e. not completed the financial/service process)
 - The determination and case management will be managed by the LO.

*This program is general fund only. Individuals will not have hearing rights associated with this program.

Assessment process:

- A 4 ADL assessment is completed on the Hospital Decompression Assessment tool (not within Oregon ACCESS (OA)). The individual must be SPL 1-13. No other eligibility criteria will apply. Assessments may be done virtually or by

reviewing medical documentation.

Setting:

- A CBC setting that is willing to accept the individual per their screening process may qualify under this program. Licensing rules that dictate whether the individual can be accepted will apply. This is considered temporary housing and tenant rights do not apply.
- CBC settings must develop care plans that are appropriate for the individual.
- In-home settings with in-home care agencies (IHCAs) are permitted under this program. HCWs may **not** be authorized.

Duration:

- The individual may reside at the CBC setting or receive services from the IHCA for no more than 90 days unless a Medicaid LTSS determination is made using the OA CA/PS assessment tool.

Rates:

- The specialized tool includes the established Medicaid standard rates. If the facility has a contracted rate, LO staff will enter this rate on the tool.
- For IHCAs, LO staff may approve up to seven hours per day multiplied by 31 days and may request additional hours through the expedited exception process.
- Room and board payments based on the established Medicaid rate are the responsibility of the individual. However, if the individual verbally attests to a hardship in making this payment to the LO, CO will cover this payment up to 90 days.
- If the individual has significant care needs that are not met by the established rate, an exception may be requested and approved prior to the placement for any setting.
 - CBC Settings: If additional staff are needed to meet the care needs of the individual, including Assisted Living Facilities, the rate is calculated at \$16.00 per hour times the number of hours needed in a month multiplied by 31 days. ($\$16 \times \text{hours} \times 31$). The exceptional rate may apply to individuals who are returning to their former CBC setting. For example, if the individual is already paying a CBC privately, but needs to pay more for the higher level of care, the program will cover the cost.
 - In-home Settings: The rate is calculated at \$29.92 per hour times the number of hours per month multiplied by 31 days ($\$29.92 \times \text{hours} \times 31$).
- Additional information about rates and exceptions can be found on the Hospital Decompression Assessment tool found on the [Hospital Decompression](#) page.

Ancillary support:

- DAT may approve any items necessary for the successful discharge of an individual to a CBC or an in-home care setting if the items are not covered or

readily accessible through their medical plan; items needed during the placement; and items needed for the successful transition out of the placement.

- LO staff may approve up to \$1000 per service or good needed. Costs that exceed \$1000 per service or good require CO approval. Examples include durable medical equipment, technology purchases, paying a past due bill, etc.
- APD pays through invoicing to the vendor whenever possible. Otherwise, the CBC/IHCA must pay for the service or good and be reimbursed by APD.

Program support:

- Any service options not already outlined in this document that support the successful transition of the individual may be considered. The option must be approved by executive management in CO. These requests must be emailed to SPD.Exceptions@dhsosha.state.or.us.

Payment structure:

- Payments will not be setup via the 512 system.
- Invoices from the CBC provider or IHCA will be sent to the individual assigned to the case who will verify the accuracy of the invoices and forwarded them to SPD.Exceptions@dhsosha.state.or.us
- Invoices will be approved by CO Management and submitted to the Office of Financial Services for processing.
- Eligibility for this program will not be seen in any of our systems (i.e., ONE, MMIS, etc.)

Consent:

- Individuals or their representatives must consent to the conditions of the program, which include:
 - Transitioning out of the program and service setting, if applicable, within 90 days of admission unless they are eligible for Medicaid LTSS.
 - Participate in a screening process for other APD programs, although they are not required to accept the services
 - No hearing or appeal rights

Transition to traditional Medicaid LTSS:

- Individuals who are already Medicaid eligible but who are not receiving traditional Medicaid LTSS are strongly encouraged to apply and complete the formal intake process with the LO within 45 days to transition from this program.
- Individuals who are Medicare eligible only will be evaluated and offered the opportunity to apply for Medicaid LTSS with the LO.

Implementation/transition instructions:

LOs should implement these program options to support transitioning individuals out of the hospital. CO, through the DAT team, will continue to work directly with hospitals and local offices to assist with discharge plans.

LOs and CO must narrate any actions taken when implementing any polices described in this transmittal.

This transmittal is in effect until it is repealed or modified.

Field/stakeholder review: Yes No

If yes, reviewed by:

Filing instructions:

If you have any questions about this policy, contact:

Contact(s): Mat Rapoza	
Phone:	Fax:
Email: Mathew.G.Rapoza@dhsosha.state.or.us	