

Policy Transmittal Aging and People with Disabilities



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Number: APD-PT-22-003

Issue date: 1/24/2022

Topic: Other

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 checked="" 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 (<i>please specify</i>): |
| <input type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

| | | | |
|-------------------------------|---|-------------------------|--|
| Policy/rule title: | Liquid Nutritional Supplements - payment and coverage | | |
| Policy/rule number(s): | 461-155-0670, 461-160-0055, 411-050-0730 | Release number: | |
| Effective date: | | Expiration date: | |
| References: | OPEN Ch. 2, Sections 10 and 11 | | |
| Web address: | https://read.kitaboo.com/reader/replica_5.0/kitaboo_5.0_POC#!/login | | |

Discussion/interpretation: This Policy Transmittal is to clarify payment and coverage responsibility for liquid nutrition supplements, i.e. *Ensure*, *Boost*, for individuals residing in an Adult Foster Home (AFH).

As a reminder, an individual residing in an AFH is not eligible for a Special Diet Allowance under OAR 461-155-0670. Furthermore, these items do not qualify as a Medical Deduction in the OSIPM program under OAR 461-160-0055.

The following information on nutritional supplements can be found in OPEN [Chapter 2 Section 10](#)

*“Note: If an individual's medical provider indicates they need a nutrition supplement such as Ensure or Boost, the cost should **not** be considered a medical deduction. It could be considered as a special diet. See [Chapter 2 section 11](#) to determine whether they are eligible for a special need for the cost of the diet. If they are not eligible for a special diet because they reside in a facility, it is because the facility is responsible for providing their prescribed diet.”*

This is supported by OAR 411-050-0730(8)(d), which states:

There must be no more than a 14-hour span between the evening and morning meals. Snacks do not substitute for a meal in determining the 14-hour span. Nutritious snacks and liquids must be offered to fulfill each resident's nutritional requirements.

Implementation/transition instructions: **If an individual residing in an AFH has Third Party Insurance** – The Health Care practitioner may provide a valid prescription for the product with appropriate diagnosis. The AFH provider or consumer may then bill the appropriate entity for these supplements.

If an individual residing in an AFH does not have Third Party Insurance, or Third Party Insurance will not cover the supplement – These products are considered to be a “*nutritious snack or liquid*” and are the responsibility of the AFH provider under OAR 411-050-0730(8)(d).

Local/branch action required: Review transmittal with staff.

Central office action required:

Field/stakeholder review: Yes No

If yes, reviewed by: APD/AAA operational review

Filing instructions:

If you have any questions about this policy, contact:

| | |
|---|------|
| Contact(s): APD Medicaid Policy | |
| Phone: | Fax: |
| Email: APD.medicaidpolicy@dhsosha.state.or.us | |