

Cathy Cooper

Authorized Signature

Number: SPD-PT-08-012
Issue Date: 6/27/2008

Topic: Long Term Care

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 | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Other (please specify): |

| | | | |
|------------------------|---|-------------|-----|
| Policy/Rule Title: | Payment Limitations in Community-Based Care Services | | |
| Policy/Rule Number(s): | Chapter 411 Division 027 | Release No: | |
| Effective Date: | June 1, 2008 | Expiration: | n/a |
| References: | | | |
| Web Address: | http://www.dhs.state.or.us/policy/spd/rules/411_027.pdf | | |

Discussion/Interpretation: Seniors and People with Disabilities (SPD) has filed permanent rule changes to Payment Limitations in Community-Based Care Services OAR Chapter 411 Division 027. The rule change establishes consistency with other SPD rules, reflects current practice of payment reimbursement, and clarifies references to SPD's rate schedule. The previous rule had out-of-date rates for CBC facilities. A link has been added to allow instant access to the most current rates published on the rate schedule. Changes were made to the following areas:

OAR 411-027-0005 Definitions: A definition section has been added.

OAR 411-027-0020 Payment Limitations in Community-Based Care Services: Several terms were revised for consistency with other rule language. Throughout the rule, terms such as "client" and "care plan" were changed to "individual" and "service plan."

OAR 411-027-0025 Payment for Residential Care Facility and Adult Foster Home Services: The Complex Medical add-on criteria has been revised, and now states the “individual’s medical treatments, as selected and documented on the SPD CA/PS, requires daily observation and monitoring with oversight by a licensed healthcare professional, no less than quarterly, and the facility has trained staff to provide such service and does provide the service.”

The rule language has been changed from “complex health conditions” to the “individual’s medical treatments” to clarify what conditions can be considered. Definitions for medical treatments can be found at:

<http://www.dhs.state.or.us/spd/tools/cm/capstools/txdef.pdf>

The revised rule no longer requires tasks to be performed by a licensed healthcare professional. Instead, quarterly oversight by a licensed healthcare professional is required. Licensed healthcare professionals are individuals that are required to have a license to practice health care such as a nurse or physician. Certified nurse assistants (CNAs) do not meet this criteria.

Examples of oversight by a healthcare professional would include delegation of a nursing task by a Registered Nurse or by a Community Health Support (formerly CRN)

Examples of medical treatments that would qualify under this rule include:

- Stage 3 or 4 decubitus ulcers,
- Wound care (open wounds),
- Tracheal suctioning,
- Sliding scale insulin administration. To receive the add-on related to sliding scale insulin administration, you must select:
 - Insulin injections and
 - Administration of medication requiring skilled assessment / judgment/ monitoring under the Treatment section in CAPS.

If an individual requires any medical treatments, the staff performing these tasks must have received delegation or have been taught the procedure by a licensed healthcare professional. The professional must provide oversight for delegated tasks on a minimum of a quarterly basis. Case managers should document by whom quarterly oversight is being performed.

Although there is no requirement to do so, Case Managers may elect to reassess individuals if they believe it would result in an individual receiving this add-on. If a new assessment is completed, the effective date must be the date of the new assessment. Retroactive adjustments are not permissible.

OAR 411-027-0050 Exceptions to Payment Limitations in Community-Based Care Services: The rule change clarifies that “exceptions shall be based on the additional hours of services required to meet the individual services needs.” Additional hours authorized for adult foster homes and residential care facilities will be paid at a rate published on SPD’s rate schedule. The initial rate is \$10.20 per hour and will be applied to exceptional rate requests submitted after July 1, 2008.

The CBC Funding Justification form will be replaced with a new form 0514A- *Exception Request Worksheet* and will be posted on the SPD Case Management Tools website: <http://www.dhs.state.or.us/spd/tools/cm/exceptions/index.htm>

Finally, the personal incidental fund (PIF) rule, OAR 411-027-0200 has been repealed. This information is now incorporated into Chapter 411, Division 054 Assisted Living and Residential Care Rules.

Implementation/Transition Instructions: None

Training/Communication Plan: None

Local/Branch Action Required: Ensure rules changes have been reviewed with all staff authorizing payments for service plans involving Community Based Care facilities and In-Home Services.

Central Office Action Required: Provide technical assistance as needed. An additional Policy Transmittal regarding changes in the Exceptional Rate Request process is forthcoming.

Field/Stakeholder review: Yes No

If yes, reviewed by: Operations Committee

Filing Instructions: None

If you have any questions about this policy, contact:

| | | | |
|--------------------|--|-------------|--------------|
| Contact(s): | Sarah Hansen, Rate Analyst | | |
| Phone: | 503-945-6465 | Fax: | 503-947-5044 |
| E-mail: | Sarah.I.Hansen@state.or.us | | |



Seniors and People with Disabilities

Exception Request Worksheet

Date Completed _____

Recipient Name _____

Prime ID _____

Provider Name _____

Provider Number _____

| Caregiver's Name | Tasks | Hours Per Day | # of Days Per Week | Weekly Hours |
|--------------------------------|-------|---------------|--------------------|--------------|
| | | | | 0 |
| | | | | 0 |
| | | | | 0 |
| | | | | 0 |
| Monthly Hours Requested | | | | 0 |

Case Manager Signature _____

Provider Signature _____

** Hours approved will be paid per rate schedule. OAR 411-027-0050*