APD
GUIDE TO
EXCEPTIONS

April 2017
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INTRODUCTION

Individual’s receiving Medicaid funded long term services and supports are assessed based on their needs in 6 activities of daily living and 7 instrumental activities of daily living. The assessment generates both the individual’s eligibility and their assessed need levels. For in-home services, the need level is converted into standardized hours ranging from 27 hours per month all the way to 230 hours per month. For Adult Foster homes and Ventilator Dependent homes, the need level is converted into a rate of pay.

Current administrative rules provide caps on hours for each activity of daily living and each instrumental activity of daily living based on the assessed need of the individual. However, OAR also allows for exceptions when a consumer’s assessed need demonstrates that they need more support than can be provided within the established caps.

(See Payment Limitation Rule 411-027-0050).

Exceptional rates may be necessary when:

An in-home service plan exceeds the allowed maximum number of hours;

There is evidence that the placement is the most appropriate for the individual (such as an adult foster home, a residential care facility that is not a memory care unit, or an in-home care setting);

- Special services are necessary to meet individual’s needs or;
- The provider is capable of meeting those needs, either in their own home or in a community-based care facility.

It is important to remember that exceptions are based on the CM’s determination of need and not based solely on the request from the individual or the provider. This means that the CM should NOT submit requests that they do not think are needed or appropriate.

NOTE: Exceptional rates are not available for individuals in assisted living facilities, memory care facilities, or nursing facilities. Exceptions are not generally allowed for programs with specific needs or specialized living contracts.
GENERAL SUMMARY  
(See specific instructions below for In-home including ICP, ADS and SP, AFH and RCF exception requests.)

The case manager (CM) meets with an eligible or applying individual (and/or representative) to discuss service needs and, if necessary, conducts a CAPS assessment to reflect their current service needs. The CM, individual (and/or representative) and identified service providers work together to develop a service plan to meet the needs of the individual.

NOTE: *The CAPS assessment must have been completed within six months of the exception rate request and represent the individual’s condition and functioning which requires the exceptional rate.*

If the individual’s needs are such that the number of hours required is above the maximum amount of hours allowed, or for Adult Foster Home/Residential Care Facility (AFH/RCF) beyond what is in the base rate plus add-ons or not covered in an add-on, on the published rate schedule, the CM prepares an exceptional rate request form.

For AFH, RCF, SP and ADS (Adult Day Services) requests: Complete the *SDS 0514* (and *SDS 514A* for AFH requests only) and other relevant documents.

For In-home requests: Complete the *Temporary SDS 0514* and other relevant documents (i.e., hourly schedule for shift work, etc.). This includes checking the appropriate check boxes for the type of request.

The CM emails the form(s) and related documents to their manager for review and approval. The manager reviews the exception request, related documents, and the CAPS assessment comments for accuracy, completeness, and justification of the request. If after a careful and thorough review, the manager determines that the exception is appropriate and complete, they should email the request to the Exceptions email box (*spd.exceptions@state.or.us*)

- The subject line of the email must identify the type of exception.
  - In-Home (IH), Adult Foster Home (AFH), Residential Care Facility (RCF), Independent Choices Program (ICP) or Adult Day Services (ADS), State Plan Personal Care (SPPC), or Spousal Pay (SP); **AND**

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One of the following: Diversion case, Emergent need, Exception renewal, New exception, Hourly cap or Service plan hours. **Example: AFH – New exception**

The email is delivered to the Exceptions email box which is monitored by APD CO staff.

- The date the request arrives in the Exceptions email box it is considered the effective date unless submitted prior to the start of the service plan/effective date;
- Exceptional rates will not be prior authorized;
- Requests for retroactive eligibility/payment or ‘Please hold the date’ will not be accepted. Limited exceptions to this policy **may** be approved if the situation was an unforeseen emerging example;
- When the request is received in the email box, the information is logged into a database and tracked.

CO Staff will review exception requests.

- The CO staff will contact the field office via email if more information is needed, missing, incomplete, or out of date.
- A decision is made on each request to either approve or deny the request and ask for more information. CO staff have the **goal** of 2 working days to respond when all necessary information is received in the exceptions mailbox to make a decision.
- The decision is communicated via email to the CM and a ‘cc’ to the manager. CO staff will narrate the decision in the individual’s Oregon ACCESS case.
- The CM takes the necessary actions on the case as a result of the decision, except for payment related tasks.

A request will be denied by CO staff if a response to our questions has not been made within two weeks (for In-home requests only). If a response is sent after the exception request is denied for failure to respond, the response will be considered a new request with a new effective date.

An exception approved for an individual in an AFH or RCF:
- CO staff will adjust the rate on the 512 so the correct payment is made. Confirmation of the adjustment will be sent via email.
The CM will be directed to touch the 512 after the adjustment is made in order for the new rate to take effect.

An exception approved for an individual In-home:
- Office of Information Technology Business Supports (ITBS) will update the rate table so vouchers can be issued for HCWs.
- The CM will be notified by email when the rate table has been updated and vouchers can be created.
- The CM monitors the on-going service plan and makes adjustments as needed.

NOTE: Adjustments may affect the approved exceptional payment.

A list of all exceptions expiring within the next 60 days is sent monthly to managers. Case managers are encouraged to review the list on a regular basis to ensure that a renewal, if needed, is prepared and submitted in a timely manner.

- For a individual who lives in an AFH or RCF, the CM needs to submit a new exception request if the individual’s needs any change to the exception (increase or decrease in care needs). A new exception request is also required when an individual moves from one facility to another or if a provider number changes, regardless of whether the individual’s needs have changed.
- For a person living in his/her own home, the CM needs to submit a new exception request if the number of service plan hours exceeds the approval or when a provider changes. If the plan remains the same, a new request must be re-submitted prior to the expiration date of the current exception.

Diversion/transition coordinators may also prepare exception requests using the same procedure as CM’s.

**PROCESS for In-Home Exceptions**

There are two reasons to request an exception:
- Hourly cap (40 or 50)
- Service plan hours (exceeds local office limits of 145 ADL’s or 85 IADL’s)

To request an exception:
Complete the In-Home Exception Request form (TEMPORARY SDS 0514) completely and correctly (the SDS 0514A Exception Request Worksheet is not required for In-home cases) when the following occurs:

- Service plan hours exception (exceeds local office limits of 145 ADL’s or 85 IADL’s):
  - The “allowed number of hours” reflects the allowed hours on the service plan, and the requested exceptional hours reflect the exception hours on the service plan. **Please note if this is not accurate or complete, the exception will be denied.**
  - When calculating the needed hours, use the calculator which uses a 31-day month.
  - The calculation should accurately reflect the consumer’s frequency and duration of their care needs, as well as the number of providers necessary to complete the task.
  - Documentation of unusually high frequency, duration, or why more than one provider is needed should be provided.
  - All renewals approved by local offices may be reviewed for appropriateness by CO even if previously approved.

- Hourly cap exception (request for a HCW to work more than their authorized cap)
  - Clarify which exception criteria is being utilized for the request (per APD-PT-15-028).
  - Justification of how the identified criteria is met.
  - Documentation of other attempts that were made prior to requesting the exception.

The summary section on the TEMPORARY SDS 0514 should include information that supports the need for additional hours. The supporting information can include:

- Frequency of the care needs that require additional time
- Duration of the care needs that require additional time
- Information about prior failed placements
- Alternate living situations discussed with the individual
- Availability of natural supports
- Multiple shift providers (including contract agency providers and ADS)
• Complex care
• Long Term Care Consultation Nurse referral
• Home Delivered Meals
• Durable Medical Equipment
• Emergency Response Systems
• Home Modifications
• Other information explaining or related to the exception criteria check boxes

• Make sure the requested number of hours has been entered correctly on the **TEMPORARY SDS 0514**;

• The “allowed number of hours” reflects the allowed hours on the service plan, and the requested exceptional hours reflect the exception hours on the service plan.

• Exceptions are for ongoing needs only. For chore services or intensive housekeeping, please submit a request through **KPlan.requests@state.or.us**.

**NOTE:** *In-home service plans are discussed in terms of hours not dollars.*

• Renewals must be submitted by the 15th of the month, prior to the month the exception expires, to ensure that the exception is processed before it ends.

• When calculating the needed hours use the calculator available on the CM tools website. The calculation worksheet uses a 31 day month to calculate the most accurate hours needed when frequency, duration, and number of providers are input into the spreadsheet.

**NOTE:** *Complete only the yellow highlighted areas of the calculation sheet.*

• The completion of the **SDS 0514A** (Exception Request Worksheet) is not required for In-home cases.

• The In-Home Checklist can be used to assist in completion of the request. The manager may use this checklist when reviewing the request.
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- To justify the exceptional hours, fully utilize all areas in the CAPS assessment such as:
  - Assessment comments
  - Synopsis
  - Client Details component
  - Case narration
  - Treatments
  - Diagnosis

- The CM emails the form(s) and related documents to the manager for review and approval. The manager reviews the exception request, related documents, and the CAPS assessment comments for accuracy, completeness, and justification of the request and, if approved, emails the request to the Exceptions email box (spd.exceptions@state.or.us)

PROCESS for Independent Choices Program (ICP) Exceptions
When requesting an exceptional payment for an individual on the Independent Choices Program (ICP), follow the In Home Exceptions process and submit the SDS 0546IC.

The CM emails the form(s) and related documents to the manager for review and approval. The manager reviews the exception request, related documents, and the CAPS assessment comments for accuracy, completeness, and justification of the request and, if approved, emails the request to the Exceptions email box (spd.exceptions@state.or.us)

PROCESS for Adult Day Service (ADS) Exceptions
When requesting an exceptional payment for an individual utilizing ADS, follow the In Home Exceptions process and submit any pertinent forms and documents. In extraordinary circumstances, payment for ADS can be authorized for residents of an AFH if ADS is the appropriate resource to meet a “special need” per OAR 411-027-0020(6)(b), and the services provided by the ADS cannot be provided by the AFH provider. APD-PT-15-026 explains these special needs and how to obtain authorization.

The CM emails the form(s) and related documents to the manager for review and approval. The manager reviews the exception request, related documents, and the CAPS assessment comments for accuracy,
completeness, and justification of the request and, if approved, emails the request to the Exceptions email box (spd.exceptions@state.or.us)

**PROCESS for State Plan Personal Care Exceptions**

- Please refer to the established State Plan Personal Care (SPPC) Exception Process at the following link: http://www.dhs.state.or.us/spd/tools/cm/sppc/SPPC%20Exception%20Process%203-30-15.pdf

- The CM emails the form(s) and related documents to the manager for review and approval. The manager reviews the exception request, related documents, and the CAPS assessment comments for accuracy, completeness, and justification of the request and, if approved, emails the request to the Exceptions email box (spd.exceptions@state.or.us)

**PROCESS for Adult Foster Home Exceptions**

Complete form SDS 0514, Request for Exception.

- Confirm the license classification of Adult Foster Home (AFH).
  - If CAPS assesses the individual as needing full assist with 4 or more ADLs, the AFH must be a class 3 home. Please do not request an AFH provider to accept someone with higher needs then there licensing level.
  - If the individual needs a class 3 AFH and there is not one available, contact the provider to inform them that a licensing variance must be requested and granted from the local licensor **before** the exception can be approved.
  - Alternatively, the licensor and manager must provide a statement that a classification exception is not necessary.
  - Refer to **OAR 411-050-0630** for AFH classification rules.

- Make sure the requested rate has been calculated correctly.
  - “CAPS assessed rate” is the base rate + add-ons in CAPS. Requested exception” is the number of additional hours per week (from the SDS 0514A) x 4.3 weeks x $12.85.
  - Total = “CAPS assessed rate” + “requested exception.” *
  - AFH rates are **not** calculated using a 31-day month.

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Considerations when completing the exception request:

- Does the provider have a resident manager?
  - If so, the resident manager cannot be listed as a caregiver on the SDS 0514A. Resident managers are considered the primary provider. The exception is for the additional staffing needed to meet the individual’s care needs.

- Are there other exceptions in the AFH?
  - If so, have those other exceptions been considered when assessing the provider’s need for additional staff?

Complete the SDS 0514A (Exception Request Worksheet). This provides documentation of the provider costs.

- The provider completes the form and works with the CM to prepare it for submission as part of the request.
- Make sure the individual’s care needs are listed in the tasks section.

In addition to the SDS 0514 and SDS 0514A, CO staff will review the most recent CAPS assessment, comments, treatments and summary as well as case narration.

A Behavioral Care Plan should accompany the request if the request is based on behavioral issues.

- A CM may include additional information (AFH/RCF resident’s care plan, medical records, home health or hospice reports, Long Term Care Community Nurse (LTCCN) assessments, rehab plans, etc.).

The CM emails the form(s) and related documents to the manager for review and approval. An AFH Exceptions Rate Checklist is available to assist in reviewing AFH exceptions. The manager reviews the exception request, related documents, and the CAPS assessment comments for accuracy, completeness, and justification of the request, if approved, emails the request to the Exceptions email box (spd.exceptions@state.or.us)
PROCESS for Ventilator Home Exceptions
The vent rate is $8418.00 per month.

Complete form SDS 0514.
- Prior to accepting a client in a vent AFH, the provider is responsible for contacting his/her licensor and requesting approval for admission. Once that is done, the licensor provides written approval of the admission. Then the CM completes SDS 0514. No 0514A is necessary.

An SDS 0514A (Exception Request Worksheet) is not required for Ventilator home exceptions.

In addition to the SDS 0514, CO staff will review the most recent CAPS assessment, comments, treatments and summary as well as case narration.

- Do not include additional health information unless CO staff request it (i.e., AFH/RCF resident’s care plan, medical records, home health or hospice reports, LTCCN assessments, rehab plans, etc.).

The CM emails the form(s) and related documents to the manager for review and approval. The manager reviews the exception request, related documents, and the CAPS assessment comments for accuracy, completeness, and justification of the request and, if approved, emails the request to the Exceptions email box (spd.exceptions@state.or.us)

- A decision will be sent via email to the CM and manager.

PROCESS for Residential Care Facility (RCF) Exceptions
Complete form SDS 0514 and SDS 0514A.

Because RCF rules require the facility to have a sufficient number of awake caregivers, to meet the 24-hour scheduled and unscheduled needs of each resident, RCF exceptions can be more difficult to obtain.

NOTE: Memory Care RCFs are not eligible for exceptions.
Once you are ready to submit the **SDS 0514** and **SDS 0514A** form for review make sure you have answered the following questions:

- Has the CM worked with the provider in filling out the **SDS 0514A**?
- Are all of the individual’s needs listed in the task section?
- Is the provider’s need for additional staff clear and justified?
- Is the CAPS current (date completed is within 6 months of the requested exception)?
- Have add-ons been triggered, if appropriate?
- If the reason for the exception is based on behaviors, has a behavioral care plan been submitted along with the **SDS 0514** form and **SDS 0514A**?

The CM emails the form(s) and related documents to the manager for review and approval. The manager reviews the exception request, related documents, and the CAPS assessment comments for accuracy, completeness, and justification of the request and emails the request to the Exceptions email box (**spd.exceptions@state.or.us**)

**Frequently Asked Questions**

1. *What is the timeline for processing an exception?*
   Exceptions will be processed during the regular work week. The timeline of the decision will be dependent on complete information received from the requesting office with a goal of a 2 day turnaround.

   Exception requests for emergent situations, a decision will be made and communicated to the requesting office within 24 working hours of receiving the request (if complete information is received). If the information is received on Friday, the decision by CO will be communicated on Monday (or the following work day if Monday is a holiday). *Include “URGENT” in the subject line.*

2. *How long is an exception effective?*
   Generally, exceptions are approved through the expiration of the Current CAPS assessment, and not longer than one year. Exceptions may be granted for less time if the CM requests a shorter duration, or it appears the situation needs monitoring and re-evaluation of the plan sooner than one year. For example, a person is receiving the exception to support a
rehabilitation plan that is expected to result in improvement within six months.

3. *Are there any emergency exceptions?*

Yes and No. Field offices may not authorize service plans with exceptional rates unless they have received CO approval. See **APD-PT 15-025**. However, HCW’s may work additional hours if they are addressing an unforeseen emergency. In general, emergencies should be covered within the authorized service plan hours. HCW’s must notify the CM within two business days that they worked over their authorized hours due to an emergency.

4. *What will CO consider as part of the exception?*

CO will be responsible for reviewing the following:

- In-Home Exception Request, **TEMPORARY SDS 0514** or **SDS 0514A** (for AFH only);
- CAPS comments, CAPS Client Details;
- Service summary, hour segment, assigning of hours; and
- OACCESS narration.

5. *What are the procedures for renewal? Do these differ from the initial request?*

Yes and No. When an exception is due for renewal, and the requested total hours haven’t changed or the total request is a reduction, a local office manager may approve the exception and hours segment (however, if the request has 500 total hours or more, CO may review the exception for appropriateness). The manager or other designated user then sends an email with the consumer name, provider number(s), prime number, allowed hours, exception hours and date span approved to **spd.exceptions@state.or.us** notifying APD of the rate to be continued or reduced. This would not be applicable for workers that exceed the 40 or 50 hours per month caps.

All other exception requests must be submitted through the regular process if the above criteria is met.

6. *What’s expected of a local office manager before approving an exception request?*
The manager fully and completely reviews the request. This should include reviewing the assessment, the defined or unmet need, and ensuring that the exception is:

- Justified for the individual;
- Cost effective;
- Consistent with the administrative rules and exceptions criteria;
- That the service plan is safe for the individual;
- That assistive technology or devices would not meet the need; and
- Properly documented with completed forms and information.

It is strongly recommended that the In-Home Exceptions Checklist or the AFH Exceptions Checklist be used to prepare and review exception requests.

7. Are retroactive requests considered?
No. The date the request is received by CO through the exception request email box (spd.exceptions@state.or.us) is the date the request is effective unless it is future effective. It is important to remember that these are Medicaid services. Federal regulations require all LTSS to be prior authorized.

8. What are the possible responses to the exception request?
The exception request will be approved, denied, or deferred for more information. The decision will include a time frame (for an approval) and may also include technical assistance. Requests for additional information must be addressed within 2 weeks or the exception will be denied.

9. Who gets notified of the decision and by what means?
Approvals are communicated to the CM, manager and rate table staff by email. Also, CO staff narrate the approval in the individual’s OACCESS case.

Requests for more information are communicated by email or a phone call to the CM and manager for follow-up email for documentation purposes. Also, CO staff narrate the need for more information in the individual’s OACCESS case.

Denials are communicated to the CM and manager by email. Also, CO staff narrate the denial in the individual’s OACCESS case.
10. What is the CM’s responsibility after an exception is approved or denied?

**Approved**
- The CM narrates the decision in the OACCESS file.
- The CM adjusts case records as needed to reflect the exception:
  - For a facility case, CO staff will add the exceptional rate to the 512, but the CM must touch the 512 in order to pick up the rate change.
  - For in-home exceptions, ITBS staff adjusts the rate table to allow the creation of the new voucher and notifies the CM.
- The CM monitors the plan to ensure it is supporting the individual’s needs. The CM makes plan adjustments as needed and may submit a new exception if care needs, providers, or services change.
- The CM monitors the service plan and ensures payments remain below the approved hours or dollar amount.
- The CM follows up with technical assistance suggestions made by CO (such as involving a Long Term Care Community Nurse or Behavioral Support Services).
- The CM tracks when the exception expires and submits a new exception if needed.

**Denied**
- For In-home cases, the CM notifies the individual of the denial.
- The CM adjusts the service plan and discusses alternatives for meeting the individual’s needs.
- For AFH and RCF cases, the CM notifies provider of denial. Providers have no hearing rights regarding a denial of an exceptional rate request.

**Information Needed**
- The CM works with designated CO staff to submit additional information needed to process the request.

11. When more information is needed, what are the maximum timelines before a denial is issued?
If there is a request for additional information, the CM is asked to respond as quickly as possible. The CM will be given a maximum of two weeks to submit the additional information requested.
Denials based on the need for more information will be formally communicated and narrated for documentation purposes and when a Contested Case Hearing is requested.

12. What happens if there is a change in providers?
Rates are not transferable between facility providers. If an individual moves to a new foster home or the AFH provider changes, a new exception must be written based on the costs submitted by the new AFH provider.

In an hourly In-home plan, when a provider changes, and there is no need to increase the HCW cap, Tier II may email the exceptions email box (spd.exceptions@state.or.us) approving the change. The reason for informing CO is because exceptions are coded specifically to the HCW so CO must enter this information into the CEP system to allow the HCW to claim the exception hours. The local manager or CM will narrate the Tier II approval in the individual’s OACCESS case. If there is a change of hours or a new hourly cap an exception is needed, a new request must be submitted.

13. What does CO staff do?
CO staff reviews the exception and approves, denies, or asks for more information about the exception. The CO staff may contact DHS employees in rate setting, OHA, licensing, or other units to gather necessary information or to staff the situation to assist in decision making.

14. Does CO staff offer technical assistance?
Yes. CO staff may provide technical assistance to CM’s who are in the process of preparing exceptions and wish to staff the situation prior to submission.

15. Who is the CO staff to contact if assistance is needed with the exceptions process?
In-Home including VDQ:

Kelsey Weigel
503-779-6849 (including ICP)
Kelsey.C.Weigel@state.or.us

Lisa Bouchell
503-269-4771
Lisa.Bouchell@state.or.us

Darwin Frankenhoff
503-947-5162
(including SP and ADS)
Darwin.J.Frankenhoff@state.or.us

Christine Maciel
541-471-3830
Christine.C.Maciel@state.or.us

Mat Rapoza
503-945-6985
Mathew.G.Rapoza@state.or.us

Ben Sherman
503-602-3471 (including SPPC)
Ben.C.Sherman@state.or.us

Bob Weir
971-600-7876
Bob.Weir@state.or.us

AFH/RCF:

Margaret May
503-945-6418
Margaret.May@state.or.us

15. How will I know which CO staff person is working on my in-home exception request?
Exceptions are currently rotated among all of the policy team listed above based on workload and availability. CO staff are expected to email you once they have the exception assigned.

Relevant Oregon Administrative Rules

DEFINITION – OAR 411-027-0005
"Exception" means an approval for payment of a service plan granted to a specific individual in their current residence (or in the proposed residence identified in the exception request) that exceeds the CAPS assessed service payment levels for individuals residing in community-based care facility services or the maximum hours of service as described in OAR 411-030-0070 for individuals residing in their own homes. The approval is based on the service needs of the individual and is contingent upon the service plan meeting the requirements in OAR 411-027-0020, OAR 411-
The term "exception" is synonymous with "exceptional rate" or "exceptional payment."

ELIGIBILITY – OAR 411-027-0050

1. Who may qualify for an exception?
Exceptions may be written for Medicaid eligible service recipients receiving:

- In-home services including those in:
  - Client-Employed Provider Program,
  - Independent Choices Program services;
  - In-home contract agency services,
  - Spousal Pay services,
  - State Plan Personal Care or;
- Adult day services (ADS) or ADS with adult foster home services;
- Adult Foster Home services;
- Residential Care Facility services except memory care facilities; or
- Eligible individuals being diverted from or transitioned out of a nursing facility, an acute care hospital or a state hospital.

Exceptions will not be granted for individuals who reside in assisted living facilities, flat rate contracted facilities, memory care residential care facilities, specialized living services settings or nursing facilities.

2. When is an exception needed?

In-Home Services Plans: Exceptions must be written if:

- The hours of the proposed In-Home plan exceed the field office approval amount found on the APD rate schedule; or
- When the proposed plan has an insufficient number of HCW’s to meet the needs of the individual and current HCW’s will need to exceed the 40 or 50 hour cap to ensure the health and safety of the individual.
- In-Home service exceptions are not exceptions to the hourly rates paid to providers. All hourly rates are based on the APD rate schedule or In-Home agency contracted rates.

Adult Foster Home Plans: Exceptions must be written if the cost of the proposed foster home services:
• Exceed the base rate plus any one or combination of three potential add-ons, as determined in the assessment process; or
• The cost of proposed services is not covered by the add-ons.

Rates are found on the APD rate schedule http://www.dhs.state.or.us/spd/tools/cm/nf/index.htm.

CRITERIA – OAR 411-027-0020, 411-027-0025, & 411-027-0050
1. What are the rule criteria for granting any exception?
   a. Service payments are based on the needs assessed in the current CAPS assessment.
   b. Payment may only be authorized when the natural support system is “unavailable, insufficient, or inadequate” to meet an individual’s needs.
   c. APD determines the individual has service needs documented in the service plan that warrant a service payment exception.
   d. The service plan is based upon less costly means of providing adequate care consistent with client choice. Client choice means that the person has been informed of alternatives to nursing facility services and has been given the choice of institutional services, waivered services, or the Independent Choices Program. Any services that are available at a rate higher than the APD rate schedule will only be a choice if the individual meets the criteria in the exception policy in OAR 411-027-0020 or OAR 411-027-0050.
   e. The provider actually provides the exceptional service.
   f. For individuals in facilities, exceptions are based on demonstrated program costs that:
      i. Exceed basic service costs for direct care (customary services provided in that setting).
      ii. Are costs which are not covered or in excess of the base rate plus add-ons.
      iii. Building costs, utilities and food may not be included in the exception.
   g. For individuals who receive In-Home services:
      i. It is determined the placement is the most appropriate place for the individual.
      ii. Special services are necessary to meet the individual needs.
iii. Provider has the capability to meet those needs.

2. What are the additional criteria for exceptions that exceed the comparable nursing home rate?
   a) There is a specific rehabilitation plan approved by APD with goals and definite time frame for delivery that will improve the individual’s self-sufficiency; or
   b) APD determines that intensive convalescent care is required for a limited period of time (e.g. hospice); or
   c) APD determines that intensive long-term care or special technology (e.g. ventilator care) is required but is otherwise only locally available in an acute care facility (hospital); and
   d) APD has reviewed the costs of service to be provided and determined their reasonability.