

## Policy Transmittal

## **Aging and People with Disabilities**

Mike McCormick	<u>Numl</u>	<u>oer</u> :	APD-PT	-16-022
Authorized Signature	Issue Da	ate:	6/20/201	6
Topic: Long Term Care	<b>;</b>			
Transmitting (check the	e box that best applies):			
□ New policy □ Policy change □ Policy clarification □ Executive letter				
Administrative Rule	Manual update Other:			
Applies to (check all th	at annly)·			
All DHS employees  Area Agencies on Aging  Aging and People with Disabilities  Children, Adults and Families  County DD Program Managers  County Mental Health Directors  Health Services  Other (please specify):				
Policy/rule title:	Community Based, In-Home Contract Rates	t & N	Nursing Fa	acility
Policy/rule number(s):	OAR 411-027, OAR 411-030, OAR 411-054, OAR 411-070 & OAR 411-065	Rel	ease no:	
Effective date:	July 1, 2016 Expiration:			
References:	OAR 411-027 Payment Limitation in Home and Community			
	Based Services			
	OAR 411-030 In-Home Services			
	OAR 411-054 Residential Care and Assisted Living Facilities			
	OAR 411-065 Specialized Living Services Contracts			
	OAR 411-070 Nursing Facility/Medicaid-Generally and			
	Reimbursement			
Web Address:	http://www.dhs.state.or.us/spd/tools/program/osip/rateschedu le.pdf and http://www.dhs.state.or.us/spd/tools/cm/rates.htm			

## **Discussion/interpretation:**

Rates for Assisted Living Facilities, Residential Care Facilities, Memory Care Facilities, In-Home Care Agencies, and Nursing Facilities will increase effective July 1, 2016.

The new rates are shown on the attached rate schedule.

For live-in homecare workers, there are now two rates based on where the consumer lives. Central Office will be coding cases with the appropriate rate. Local Offices do not need to do anything to effectuate the new rate.

Implementation/transition instructions: None

**Training/communication plan:** None

**Local/branch action required**: Review transmittal and apply appropriate rates.

<u>Central office action required</u>: Central Office staff will review the rate schedule and make systems changes.

Field/stakeholder review: Yes No

If yes, reviewed by:

Filing Instructions: File with PT's

If you have any questions about this policy, contact:

Contact(s):	Cindy Susee, Nursing Facility Reimbursement Policy Analyst		
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## **RATE SCHEDULE**

(Effective July 1, 2016)

Rates apply to Medicaid Services funded by Aging and People with Disabilities.

Roon	n & Board	In-Home Maintenance Allowance	Personal Incidental Funds
AB	\$570.00	\$1,233	NF \$60
AD/OA	A \$570.00	\$1,233	CBC \$163

**Community-Based Care (CBC) Monthly Rates** 

	Residential Care Facilities	Adult Foster Homes
Base	\$1,405	\$1,371
Base plus 1 add-on	\$1,677	\$1,637
Base plus 2 add-ons	\$1,949	\$1,903
Base plus 3 add-ons	\$2,221	\$2,169
Hourly Exception Rate	\$12.00 / Hr.	\$12.42 / Hr.

Assiste	ed Living Facilities
Level 1	\$1,128
Level 2	\$1,398
Level 3	\$1,753
Level 4	\$2,203
Level 5	\$2,650
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\$3,686

<b>Nursing Facility (NF) Daily Rate</b>		
Basic Rate	\$281.08	
Complex Medical Rate	\$393.52	
Pediatric Rate	\$540.98	

Homecare Workers (HCW)	Hourly	Live-in*	Enhanced
HCW Hourly Wage	\$14.00	\$9.75 / \$9.50	\$1 over rate
Mileage, Non-Medical \$.485 per Mile			
24-Hour Relief Rate for Live-in HCW \$175 per Day			

<sup>\*</sup> If the consumer lives in a Portland Metro area the minimum wage is \$9.75 and for all other areas rate is \$9.50. Central Office will code the case.

Comparable Monthly NF Rate		
Basic Rate	\$7,979.61	
Complex Rate	\$11,399.70	

Providence E	IderPlace Monthly Capitated Rates:
Mult./Wa. Co	\$4,041.56
North Coast -	\$3,640.53
Clackamas Co	\$3,822.46

Home Delivered Meals: \$ 9.54 / meal

Long Term Care Community Nursing Services:

\$15.00 / 15 minute unit of service

In-Home Agencies: \$22.32 / Hr.

HK Shelter: \$59.09/ month \$1.94 / Day

Adult Day Services: Refer to Contracted

Rates

In-Home Service Plan Max. Hour Local Office Tier 2 Hours Approval

ADL: 145 IADL (Self-Mgmt): 85

Tier 2 = May also approve plans previously approved by Central Office.