

Mike McCormick

Authorized Signature

Number: APD-PT-17-023

Issue date: 6/30/2017

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

Policy/rule title:	In-Home Care Agencies providing Medicaid In-Home services		
Policy/rule number(s):	OAR 411-033	Release no:	
Effective date:	5/30/17	Expiration:	
References:			
Web address:	http://www.dhs.state.or.us/policy/spd/rules/411_033.pdf		

Discussion/interpretation:

Implementation/transition instructions:

Message:

During this next year, Aging and People with Disability’s Medicaid contracted In-Home Care Agency (IHCA) program will be transitioning to a provider enrollment agreement from agency specific contracts.

Due to this change, the IHCA rules have been updated, and moved to its own rule division, OAR 411-033.

Synopsis of the rule:

- In-Home Care Agencies are licensed by OHA/Public Health.
- Background checks are completed by the Background Check Unit.
- Provider enrollment is completed by APD Provider Enrollment Unit.
- All IHCA providing services through this agreement are required to have a **comprehensive classification license**:
 - This classification requires the IHCA to provide medication and nursing services, substantially similar to the Long Term Care Community Nursing services.
- Complaint process and mandatory reporting:
 - All IHCA employees are mandatory reporters.
- Accessing services:
 - IHCA is one of the service options for an in home plan.
 - IHCA must accept or deny a referral within five days of the referral unless an earlier start date is required by the CM.
- Service planning:
 - Joint service planning is required by the CM and IHCA;
 - The task list must be created by the CM, reviewed and signed by IHCA, and returned to the CM.
- Staffing requirements:
 - IHCA must be able to provide services and supports 365 days per year, including holidays.
- Monitoring services:
 - IHCA shall provide to DHS or the AAA a quarterly summary report for each Medicaid individual
 - The CM reviewing the quarterly summary can count as an indirect case management contact. If the quarterly summary indicates any change of condition or area of concern, the CM must follow up with the IHCA and/or the consumer.

The Medicaid case manager is responsible to present service options, resources, and alternatives to assist the individual or representative in making informed decisions. One of these decisions is determining the provider of In-Home Services. Local APD/AAA office must ensure referrals for In-Home Care Agency services are

offered to consumers in a systematic, non-preferential manner.

Training/communication plan:

Web Site: with the completion of the website, the URL will be:
<http://www.oregon.gov/DHS/APD/OLTC-IHCA/>

Local/branch action required:

Central office action required:

Field/stakeholder review: Yes No

If yes, reviewed by: APD Policy & Operations

Filing instructions:

If you have any questions about this policy, contact:

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