CHS Oregon Department of Human Services

Aging and People with Disabilities

Policy Transmittal

Mike McCormick Authorized Signature	<u>Numb</u> Issue Da		APD-PT- 6/28/201				
Topic: Long Term Care	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):All DHS employeesArea Agencies on AgingArea Agencies on AgingAging and People with DisabilitiesChildren, Adults and Families							
Policy/rule title:	Community Based, In-Home Contract & Nursing Facility Rates						
Policy/rule number(s):	OAR 411-027, OAR 411-030, OAR 411-054, OAR 411-070 & OAR 411-065						
Effective date:	July 1, 2017	Exp	oiration:				
References:	OAR 411-027 Payment Limitation in Home and Community Based ServicesOAR 411-030 In-Home ServicesOAR 411-054 Residential Care and Assisted Living FacilitiesOAR 411-065 Specialized Living Services ContractsOAR 411-070 Nursing Facility/Medicaid-Generally and Reimbursement						
Web Address:	http://www.dhs.state.or.us/spd/tools/program/osip/rateschedule.pdfhttp://www.oregon.gov/DHS/spd/provtools/rateschedule.pdfandhttp://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, 2017.

The new rates are shown on the attached rate schedule.

For live-in homecare workers, the rate is \$11.25/hr., if the consumer lives in the Portland Metro or Standard area. For nonurban counties, the minimum wage is \$10/hr. For additional information, please see <u>http://www.oregon.gov/boli/whd/omw/pages/minimum-wage-rate-summary.aspx</u>. 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				
Phone:	503-945-6448 Fax: 503-947-4245				
E-mail:	Cynthia.Susee@state.or.us				

RATE SCHEDULE

(Effective July 1, 2017)

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

Rooi	m & Board	In-Home Maintenance Allowance	Personal Incidental Funds
AB	\$571.00	\$1,235	NF \$60.18
AD/OA	AA \$571.00	\$1,235	CBC \$164

Community-Based Care (CBC) Monthly Rates

	Residential Care Facilities	Adult Foster Homes	Assisted Living Facilities	
	Care Facilities	11011165	Level 1	\$1,184
Base	\$1,475	\$1,461	Level 2	\$1,468
Base plus 1 add-on	\$1,761	\$1,727	Level 3	\$1,841
Base plus 2 add-ons	\$2,047	\$1,993	Level 4	\$2,313
Base plus 3 add-ons	\$2,333	\$2,259	Level 5	\$2,782
Hourly Exception Rate	\$12.00 / Hr.	\$12.85 / Hr.		

Memory Care (Endorsed Units Only)

\$3,870

Enhanced

\$1 over rate

\$.485 per Mile

Nursing Facility (NF)		Homecare Workers	Hourly	Live-in*
Daily Rate		(HCW)		
Basic	\$301.70	HCW Hourly Wage	\$14.50	\$11.25/\$10
Complex Medical	\$422.38	Mileage, Non-Medica	1	\$.485
Pediatric	\$643.40	24-Hr Relief for Live-	in HCW -	\$11.25/Hr. (N
		* For Nonurban Count	ties the mi	nimum wage
Comparable Monthly		*HCW who are certified by the Home Care C		
NF Rate		successfully completed the Professional Deve		

Basic	\$8,605.81	
Complex Rate	\$12,276.53	
		1

24-Hr Relief for Live-in HCW - \$11.25/Hr. (Max16 Hrs/day
* For Nonurban Counties the minimum wage is \$10/Hr.
*HCW who are certified by the Home Care Commission (i.e
successfully completed the Professional Development
Certification) will receive an additional \$.50/hr.
*Central Office will code the cases.

Providence ElderPlace Monthly Capitated Rate: Statewide Rate - \$4,127.85

Home Delivered Meals: \$ 9.54 / meal Long Term Care Community Nursing Services:	In-Home Service Plan Max. Hour Local Office Tier 2 Hours Approval
\$15.00 / 15 minute unit of service	ADL: 145
In-Home Agencies: \$23.44 / Hr. Mileage, Non-Medical: \$.485 per Mile	IADL (Self-Mgmt): 85
HK Shelter: \$59.09/ month \$1.94 / Day	Tier 2 = May also approve plans previously approved by Central Office.
Adult Day Services: Refer to Contracted Rates	