

Mike McCormick  
Authorized Signature

**Number:** APD-PT-17-050  
**Issue Date:** 11/20/2017

**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):**

- All DHS employees                     
  County DD Program Managers  
 Area Agencies on Aging                     
  County Mental Health Directors  
 Aging and People with Disabilities                     
  Health Services  
 Children, Adults and Families                     
  Other (please specify):

Policy/rule title:	In-Home and PACE		
Policy/rule number(s):	OAR 411-030, OAR 411-045	Release no:	
Effective date:	October 1, 2017	Expiration:	
References:	<a href="#">OAR 411-030 In-Home Services</a> <a href="#">OAR 411-045 PACE</a>		
Web Address:	<a href="http://www.dhs.state.or.us/spd/tools/program/osip/rateschedule.pdf">http://www.dhs.state.or.us/spd/tools/program/osip/rateschedule.pdf</a> and <a href="http://www.dhs.state.or.us/spd/tools/cm/rates.htm">http://www.dhs.state.or.us/spd/tools/cm/rates.htm</a>		

**Discussion/interpretation:**

The PACE rate changed July 1, 2017 for Multnomah, Washington, North Coast (Clatsop and parts of Tillamook) and parts of Clackamas County.

The Live-in service option was eliminated on October 1, 2017 and the rate is removed from the rate table.

The new rates are shown on the attached rate schedule.

**Implementation/transition instructions:** None

**Training/communication plan:** None

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

**Central office action required:** 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:*

<b>Contact(s):</b>	Cindy Susee, Nursing Facility Reimbursement Policy Analyst		
<b>Phone:</b>	503-945-6448	<b>Fax:</b>	503-947-4245
<b>E-mail:</b>	<a href="mailto:Cynthia.Susee@state.or.us">Cynthia.Susee@state.or.us</a>		

## RATE SCHEDULE

(Effective October 1, 2017)

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

<b>Room &amp; Board</b>	<b>In-Home Maintenance Allowance</b>	<b>Personal Incidental Funds</b>
AB \$571.00	\$1,235	NF \$60.18
AD/OAA \$571.00	\$1,235	CBC \$164

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

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

<b>Memory Care (Endorsed Units Only)</b>	\$3,870
--	---------

<b>Nursing Facility (NF) Daily Rate</b>	
Basic	\$301.70
Complex Medical	\$422.38
Pediatric	\$643.40

<b>Comparable Monthly NF Rate</b>	
Basic	\$8,605.81
Complex Rate	\$12,276.53

<b>Homecare Workers (HCW)</b>	<b>Hourly</b>	<b>Enhanced</b>
HCW Hourly Wage	\$14.50	\$1 over rate
Mileage, Non-Medical	\$.485 per Mile	
*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.		

<b>Providence ElderPlace Monthly Capitated Rate: Statewide Rate - \$4,298.02</b>
--

Home Delivered Meals: \$ 9.54 / meal
Long Term Care Community Nursing Services: \$15.00 / 15 minute unit of service
In-Home Agencies: \$23.44 / Hr.
Mileage, Non-Medical: \$.485 per Mile
HK Shelter: \$59.09/ month \$1.94 / Day
Adult Day Services: Refer to Contracted Rates

<b>In-Home Service Plan Max. Hour Local Office Tier 2 Hours Approval</b>	
ADL:	62
IADL:	35
<b>Tier 2 = May also approve plans previously approved by Central Office.</b>	