

Mike McCormick
Authorized Signature

Number: APD-PT-17-052
Issue Date: 12/13/2017

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:	Community Based & PACE Rates		
Policy/rule number(s):	OAR 411-045	Release no:	
Effective date:	January 1, 2018	Expiration:	
References:	APD-PT-17-051		
Web Address:	http://www.dhs.state.or.us/spd/tools/program/osip/rateschedule.pdf , http://www.oregon.gov/DHS/spd/provtools/rateschedule.pdf and http://www.dhs.state.or.us/spd/tools/cm/rates.htm		

Discussion/interpretation:

The PACE Rate will change January 1, 2018 for Multnomah, Washington, North Coast (Clatsop and parts of Tillamook) and parts of Clackamas County.

Room and Board rates and NF Personal Allowance amounts will increase effective January 1, 2018.

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:

Contact(s):	Cindy Susee, Reimbursement Policy Analyst		
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RATE SCHEDULE

(Effective January 1, 2018)

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

Room & Board	In-Home Maintenance Allowance	Personal Incidental Funds
AB \$583.00	\$1,250	NF \$61.38
AD/OAA \$583.00	\$1,250	CBC \$167

Community-Based Care (CBC) Monthly Rates

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

Memory Care (Endorsed Units Only)	\$3,870
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Nursing Facility (NF) Daily Rate	
Basic	\$301.70
Complex Medical	\$422.38
Pediatric	\$643.40

Comparable Monthly NF Rate	
Basic	\$8,605.81
Complex Rate	\$12,276.53

Homecare Workers (HCW)	Hourly	Enhanced
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.		

Providence ElderPlace Monthly Capitated Rate: Statewide Rate - \$4,415.98
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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

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