

**CHAPTER 411
DIVISION 27**

PAYMENT LIMITATIONS

411-027-0000 Payment Limitations in Community-Based Care
(Amended 12/1/1993)

(1) Payments for Community-Based Care Services are not intended to replace the resources available to a client from their natural support system of relatives, friends, and neighbors. Payment by the Division may be considered or authorized only when such resources are not available, not sufficient, or cannot be developed to adequately meet the needs of the client. Care plans shall be based upon least costly means of providing adequate care.

(2) Person Care Services provided under the Title XIX State Plan shall not be reimbursed to family members. Family members, for purposes of Person Care Services, are defined as a spouse or parent(s) caring for a dependent child under age 21.

(3) The Division will not make payment to a spouse for providing community-based services except for in-home services as established in OAR 411, Division 30 (State-funded spousal pay program).

(4) Division service payments shall be limited to services provided under Oregon's Title XIX State Plan, including 1915(c) and (d) waivers.

(5) All service payments shall be prior authorized by the SDSD/Type B AAA local unit or by SDSD Central Office.

(6) Service payment amounts prior authorized by the Division shall be based upon each client's SDS 360 documented need for care in relation to his/her functional ability to perform activities of daily living, the priority level as the result of the assessment, and resources available to the client.

(7) The total continuing cost of room and board, waived services and RN professional services contract for a client in a community-based care setting shall not exceed the cost of the comparable nursing facility category

of payment rate based on the SDS 360 assessment for that client. The total cost does not include payment of miscellaneous medical services authorized by the Department of Human Resources, Office of Medical Assistance Programs.

(8) SDSD/Type B AAA case managers may prior authorize service payments according to the rate schedule established for the client's living situation as determined by the Division's assessment document, SDS 360.

(9) Exceptions:

(a) Exceptions shall not be granted to clients assessed at service priority level (17) as defined in OAR 411-15-000.

(b) Except for clients residing in residential care facilities, SDSD/Type B AAA unit managers may prior authorize service payment exceptions for clients assessed at service priority levels (1) through (16) defined in OAR 411-15-000 up to the comparable assisted living facility (as licensed under ORS 443.400 – 443.460) level determined by the SDS 360 assessment.

(c) Exceptions for residential care facilities above the established rate schedule may only be granted by SDSD Central Office according to exception criteria established by the Division.

(d) Exceptions above the established rate schedule for the facility may only be granted when it is determined that the placement is the most appropriate place for the resident, that special services are necessary to meet client needs and that the provider has the capability to meet those needs. Documentation of the client needs that warrant an exception add-on payment must be in the client's file. Exception add-on payments to the basic rate cannot be made if the provider does not perform the services.

(e) SDSD Central Office may prior authorize service payment exceptions greater than the comparable assisted living facility level up to the comparable NF rate for the client if additional costs of services can be documented and services are necessary.

(f) (A) Exceptions may be granted by SDSD Central Office when

the cost of community-based care exceeds the comparable cost of nursing facility care and when:

- (i) There is a specific rehabilitation plan with definitive timeline goals, which will improve the client's self sufficiency and need for an exception; or
- (ii) Intensive convalescent care is required for a limited period of time; or
- (iii) Intensive long term care or special technology is required that otherwise could only be done locally at an acute care facility (hospital).

(B) The case plan shall reflect specific provider responsibilities for (9)(f)(A) of this rule, time frames for completion of services and corresponding rate adjustments. Providers shall receive written notification of expected services and rate adjustment time frames. SDS/Type B AAA staff shall monitor the progress of the case plan and make necessary changes and/or rate adjustments when the client no longer meets the criteria in (9)(f)(A) of this rule.

Stat. Auth.: ORS 410

Stats. Implemented: ORS 410.070

411-027-0010 *(Repealed 5/1/1991)*

411-027-0015 Repayment of Premium Deposits for Workers' Compensation

(Amended 5/1/1991)

Those providers on whose behalf the Senior and Disabled Services Division made a Workers' Compensation premium deposit in accordance with OAR 411-027-0010 (repealed February 8, 1991) shall repay the deposit amount to the Division at such time that the need for the deposit no longer exists. The Division shall consider the need for the deposit no longer exists when certain conditions occur. Such conditions include, but are not

limited to:

- (1) The provider sells, transfers, or otherwise goes out of business; or
- (2) The provider enters into bankruptcy; or
- (3) The provider's Workers' Compensation insurer no longer requires the deposit; or
- (4) The Division owes monies to a nursing facility at the time of each annual settlement. Such monies shall be applied against the premium deposit amount until such time the total deposit is recovered.

Stat. Auth.: ORS 410

Stats. Implemented: ORS 410.070