

Cathy Cooper  
Authorized Signature

**Number:** SPD-AR-10-036  
**Issue Date:** 5/27/2010

**Topic:** Developmental Disabilities

**Due Date:**

**Subject:** Rate Guidelines for all Children's In-Home Services

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees                     | <input type="checkbox"/> County Mental Health Directors   |
| <input type="checkbox"/> Area Agencies on Aging                | <input type="checkbox"/> Health Services  |
| <input type="checkbox"/> Children, Adults and Families         | <input type="checkbox"/> Seniors and People with Disabilities   |
| <input checked="" type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Other (please specify): Regional Crisis Coordinators; SPD/CIIS Program Staff; SPD DD Regional Coordinators |

**Action Required:**

**Effective IMMEDIATELY**, the attached rate guidelines shall be used for any in-home service plans for Children with developmental disabilities. This includes:

- DD150 – General Family Support Services
- DD151 – Long Term Supports for Kids
- DD145 – Children’s Intensive In-Home Supports (CIIS)

For plans approved by a Regional Crisis Program prior to May 15, 2010, that have provider rates above the attached rate guidelines, the provider can continue to receive the rate originally approved. Any new providers hired under a service plan for the above services must be hired at a rate within the new rate guidelines. This includes providers who are **re-hired** after a break in service.

Savings in the plan as a result of a wage reduction must be returned to SPD. Savings may not be rolled back into the plan to enhance services (e.g., increase respite hours).

**Reason for Action:** SPD has standardized rate guidelines for all Children’s in-home services.

**Field/Stakeholder review:**     Yes     No

**If yes, reviewed by:**

*If you have any questions about this action request, contact:*

<b>Contact(s):</b>	Kristine Duffy, DD Regional Coordinator		
<b>Phone:</b>	503-945-9791	<b>Fax:</b>	503-373-7274
<b>E-mail:</b>	<a href="mailto:Kristine.duffy@state.or.us">Kristine.duffy@state.or.us</a>		

# ODDS Children's In-Home Programs Rate Guidelines

Effective May 6, 2010

- Exceptions to this rate guideline require written approval from ODDS prior to authorization of the rate in a plan. Written justification and documentation of efforts to procure the supports within the published rate ranges will be required.
- Provider rates which were approved by the Region prior to May 6, 2010 may remain as negotiated until such time as there is a change in provider. All new providers or change in providers in a support plan must meet the new rate guideline. This includes former providers who are rehired after a break in employment.

<b>Category: RESPITE</b>	Independent Provider		Provider Organization
	*Individual Employed by Service Recipient/Family	*Independent Contractor	
See applicable OAR for Service definition and restrictions.			
<i><b>Note:</b> Respite Care is a category where there is a high degree of variability in rates based on negotiated strategies, as well as the support needs of the person. The result may include rate payments below the stated minimums. For instance, there may be bona fide exceptions to minimum wage or overtime payments or to the hours requiring payment based on federal and state law. For example, how sleep time is compensated. Rates paid for respite care may also vary based on such factors as whether supports are provided in an individual or small group, or the person's home or a provider's setting.</i>			
		Hourly	
SE 150 - Family Support (OAR 411-305)	\$8.40 To \$12.00	\$12.00 To \$18.00	Negotiated within Market Rates – Not to Exceed \$27.28
SE 151 - Children's Long Term Supports (OAR 411-308)			
SE 641 - CIIS – Behavior (OAR 411-300)			
SE 642 - CIIS - Medically Fragile (OAR 411-350)			
SE 644 - CIIS - Medically Involved (OAR 411-355)			
* An individual or family must carefully identify the existence of an employer-employee or independent contractor relationship and follow all relevant State and Federal employment laws.		Overnight (24 Hours)	
		\$75.00 To \$200.00	\$75.00 To \$200.00

<b>Category: IN-HOME PROVIDER SUPPORT</b>		<b>Independent Provider</b>		<b>Provider Organization</b>
See applicable OAR for Service definition and restrictions.		<b>*Individual Employed by Service Recipient/Family</b>	<b>*Independent Contractor</b>	
		<b>Hourly - Unlicensed direct staff (including CNA)</b>		
<b>SE 150 - Family Support (OAR 411-305)</b>		\$8.40	\$12.00	\$12.00
<b>SE 151 - Children's Long Term Supports (OAR 411-308)</b>		To	To	To
<b>SE 641 - CIIS – Behavior (OAR 411-300)</b>		\$12.00	\$18.00	\$27.28
<b>SE 642 - Medically Fragile (OAR 411-350)</b>				
<b>SE 644 - CIIS Medically Involved (OAR 411-355)</b>				
* An individual or family must carefully identify the existence of an employer-employee or independent contractor relationship and follow all relevant State and Federal employment laws.		<b>Hourly - Licensed LPN (Requires RN Care Plan)</b>		
			Standard Rate: \$20.42	\$25.00 to \$30.74
		<b>Hourly - Licensed RN (Private Duty Nurse)</b>		
			Standard Rate: \$23.72	\$32.35 to \$42.00

<b>SPECIALIZED SUPPORTS</b>		Independent Provider		Provider Organization
		*Individual Employed by Service Recipient/Family	Independent Contractor	
See applicable OAR for Service definition and restrictions.				
		<b>Delegating RN</b>		
SE 150 - Family Support (OAR 411-305)			\$30.00 to \$45.00	\$26.95 to \$45.00
SE 151 - Children's Long Term Supports (OAR 411-308)				
SE 641 - CIIS – Behavior (OAR 411-300)				
SE 642 - Medically Fragile (OAR 411-350)				
SE 644 - CIIS Medically Involved (OAR 411-355)				
		<b>** This is an all inclusive rate. Travel and administrative time cannot be billed separately</b>		
		<b>Behavioral Consultant</b>		
SE 150 - Family Support (OAR 411-305)			\$45.00 to \$85.00	\$25.00 to \$47.00
SE 151 - Children's Long Term Supports (OAR 411-308)				
SE 641 - CIIS – Behavior (OAR 411-300)				
SE 642 - Medically Fragile (OAR 411-350)				
SE 644 - CIIS Medically Involved (OAR 411-355)				
		<b>** This is an all inclusive rate. Travel and administrative time cannot be billed separately</b>		

<b>HOMEMAKER/CHORE</b>		Independent Provider		Business Organization
		*Individual Employed by Service Recipient/Family	Independent Contractor	
See applicable OAR for Service definition and restrictions.				
		After 7/1/09	After 7/1/09	After 7/1/09
SE 150 - Family Support (OAR 411-305)				
SE 641 - CIIS – Behavior (OAR 411-300)		\$8.40 to \$12.00	\$8.40 to \$30.00	Market Rate
SE 642 - Medically Fragile (OAR 411-350)				
SE 644 - CIIS Medically Involved (OAR 411-355)				

<b>FAMILY TRAINING</b>		<b>Independent Provider</b>		<b>Provider Organization</b>
See each applicable OAR for Service definition and restrictions.		<b>*Individual Employed by Service Recipient/Family</b>	<b>Independent Contractor</b>	
		Per event as needed and justified	Per event as needed and justified or hourly at:	Per event as needed and justified or hourly at:
<b>SE 150 - Family Support (OAR 411-305)</b>			\$53.91 to \$80.86	\$26.95 to \$59.30
<b>SE 151 - Children's Long Term Supports (OAR 411-308)</b>				
<b>SE 641 - CIIS – Behavior (OAR 411-300)</b>				
<b>SE 642 - Medically Fragile (OAR 411-350)</b>				
<b>SE 644 - CIIS Medically Involved (OAR 411-355)</b>				

<b>NON-MEDICAL TRANSPORTATION</b>		<b>Independent Provider</b>		<b>Provider Organization</b>
See applicable OAR for Service definition and restrictions.		<b>Individual Employed by Service Recipient/Family</b>	<b>Independent Contractor</b>	
		After 7/1/09	After 7/1/09	
<b>SE 150 - Family Support (OAR 411-305)</b>			Maximum \$0.404 per mile	
<b>SE 641 - CIIS – Behavior (OAR 411-300)</b>				
<b>SE 642 - Medically Fragile (OAR 411-350)</b>				
<b>SE 644 - CIIS Medically Involved (OAR 411-355)</b>				

<b>COMMUNITY INCLUSION</b>				<b>Vendor or Organization</b>
See each applicable OAR for Service definition and restrictions.				
<b>SE 150 - Family Support (OAR 411-305)</b>		Average, customary and usual cost for participation fee or deposit. Must be within identified individual program cap.		
		Provider support required for community inclusion activity billed under In-Home Support provider		

<b>OCCUPATIONAL/PHYSICAL/SPEECH/LANGUAGE THERAPY</b>		<b>Independent Provider</b>		<b>Provider Organization</b>
		<b>*Individual Employed by Service Recipient/Family</b>	<b>Independent Contractor</b>	
See each applicable OAR for Service definition and restrictions.				
<b>SE 150 - Family Support (OAR 411-305)</b>		Not to exceed current published DMAP/Medicaid rates for type of service		
<b>SE 641 - CIIS – Behavior (OAR 411-300)</b>				
<b>SE 642 - Medically Fragile (OAR 411-350)</b>				
<b>SE 644 - CIIS Medically Involved (OAR 411-355)</b>				

<b>SPECIALIZED DIET</b>				<b>Vendor</b>
See each applicable OAR for Service definition and restrictions.				
		Average, customary and usual cost for market		
SE 150 - Family Support (OAR 411-305)				
SE 641 - CIIS – Behavior (OAR 411-300)				
SE 642 - Medically Fragile (OAR 411-350)				
SE 644 - CIIS Medically Involved (OAR 411-355)				

<b>Category: ENVIRONMENTAL ADAPTATION</b>				<b>Vendor</b>
See each applicable OAR for Service definition and restrictions.			<b>Independent Contractor</b>	
		After 7/1/09		
SE 150 - Family Support (OAR 411-305)		Costs not above the average customary and usual cost for the area.  Multiple bids required. Most cost effective that meets the individual's needs		
SE 151 - Children's Long Term Supports (OAR 411-308)				
SE 641 - CIIS – Behavior (OAR 411-300)				
SE 642 - Medically Fragile (OAR 411-350)				
SE 644 - CIIS Medically Involved (OAR 411-355)				

<b>SPECIALIZED EQUIPMENT/SUPPLY</b>				<b>Any type Vendor</b>
See each applicable OAR for Service definition and restrictions.				
		Average, customary and usual cost for the area.  Generic items purchased in place of specialized equipment and supply should not cost more because they are being used as a specialized support.		
SE 150 - Family Support (OAR 411-305)				
SE 151 - Children's Long Term Supports (OAR 411-308)				
SE 641 - CIIS – Behavior (OAR 411-300)				
SE 644 - CIIS Medically Involved (OAR 411-355)				