

Cathy Cooper
Authorized Signature

Number: SPD-AR-10-048
Issue Date: 6/8/2010

Topic: Long Term Care

Due Date:

Subject: Home Delivered Meals (HDM) Rate Decrease

Applies to (check all that apply):

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

Reason for Action:

The Medicaid Home Delivered Meal rate is decreasing to **\$7.81 per meal, effective July 1, 2010**. This change reflects the decrease in food and fuel costs across Oregon. For those individuals who pay the exact cost of their services, the client pay-in must be re-calculated to adjust for the new Home Delivered Meals rate.

No change is required in your process for issuing and printing the SDS 0595 effective July 1, 2010.

Action Required:

Prior to June 25, 2010, please complete the following procedure:

1. Re-calculate the pay-in for individuals receiving Medicaid Home Delivered Meals who pay the exact cost of their services.
2. Update the pay-in liability screens with the new pay-in amount. Match the effective dates of the notice and the pay-in change.
3. Send a "Notice of Eligibility & Responsibility" (SDS 0541) to individuals whose pay-in has changed. You may also want to include a copy of the CAPS 2 Pay-in worksheet (Pay-inN).

Field/Stakeholder review: Yes No

If yes, reviewed by: SPD Policy and SPD Operations Committee

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

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