

Aging and People with Disabilities

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Number: APD-IM-13-056

Issue date: 8/20/2013

Topic: Provider Information

Subject: Supplemental Payments for HCWs who were R-AFH Providers

Applies to (check all that apply):

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

Message:

Relative Adult Foster Home (RAFH) Supplemental Payments have been calculated and will be processed on Wednesday, August 21st. Supplemental Payments were calculated in the following manner:

1. Only the licensed RAFH providers who provided services in June and provided services as a HCW to the same client in July were eligible for a Supplemental Payment.
2. The total cost of the service plan (total hours authorized in CA/PS) was compared to the RAFH "ST PAY" amount from the June 512 payment. The "ST PAY" is the amount the Department paid the provider for services (State Pay Amount).
 - a. Supplemental Payments will be paid if the **total** plan cost was less than the State Pay Amount from the June 512 payment.
 - b. If the authorized plan cost was more than the State Pay Amount from the June 512 payment, then no Supplemental Payment was calculated.
3. Supplemental Payments do not factor in client contributions, pay-in, taxes, union dues, or any other deductions.

Example 1: The June 512 for Client Brent K. had a State Pay Amount paid to his daughter Cassie in the amount of \$1016. Cassie provided all of the care at \$789.25. The assessment resulted in a total plan cost of \$789.25:

IADL Live-In	ADL Full Assist	ADL Minimal	ADL Substantial	24-Hr Avail.	Authorized Plan Cost
35	0	20	15	60	\$ 789.25

Cassie would receive a supplemental payment of \$226.75, because the total plan cost was less than the previous State Pay Amount (\$1016-\$789.25).

Example 2: The June 512 for Client Suzy J. had a State Pay Amount paid to her son Pablo as the RAFH Provider in the amount of \$858. Pablo only provided 20 hours of ADL care for \$204 in July. Other HCWs provided the rest of his mom’s care. The total assessment resulted in a plan cost of \$1783.25:

IADL Live-In	ADL Full Assist	ADL Minimal	ADL Substantial	24-Hr Avail.	Authorized Plan Cost
76	20	20	30	159	\$ 1,783.25

Pablo would **not** receive a supplemental payment, because the total plan cost (\$1783.25) is more than the previous State Pay Amount (\$858).

Supplemental Payments will continue as a monthly payment through June, 2014, or the earlier of the following:

- The client’s reassessment at any point in August, 2013 through June, 2014;
- The provider no longer provides services as a Home Care Worker;
- The client loses eligibility; or
- The client receives services in the ICP program, in any facility, or through the PACE program.

Payments will be made after all vouchers for the affected providers have been processed for a given month.

If you have any questions about this information, contact:

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