

Aging and People with Disabilities

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Number: APD-IM-14-033

Issue date: 7/3/2014

Topic: Long Term Care

Subject: in home care agency contracted rate structure

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 checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental |
| <input type="checkbox"/> Children, Adults and Families | Disabilities Services (ODDS) |
| <input type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Other (<i>please specify</i>): |

Message:

The purpose of this memorandum is to explain changes In Home Care agency (IHCA) Medicaid contract.

Beginning **July 1, 2014**, IHCA will be able to receive community transportation.

- Community transportation (non-medical) mileage is prior-authorized by the case manager (CM) for reasons related to an individual's service plan (OAR 411-030-055). The CM, through service planning, will determine the number of miles to be authorized. This authorization follows the same process as determining HCW transportation needs and miles. IHCA do not drive the request of this service.
- Community transportation mileage will not be used to reimburse IHCA for employee mileage to and from the consumer's home.
- The IHCA will be reimbursed at \$.48/mile.
- The 546n form can be used to communicate the number of authorized miles as well as authorization for the plan of care in MMIS (Medicaid Management Information System) which is an electronic billing system.
- Procedure code A0090 will be used to authorize the determined number of miles through MMIS. MMIS plan of care defines A0090 as "non-emergency transportation, per mile-vehicle provided by individual with vested interest."
- CM does not need to immediately adjust the service plan. The CM will discuss with the consumer the need for transportation service. If there is a transportation need through the IHCA, the CM will define the purpose of the transportation and prior authorize the mileage. IHCA providers do not provide this service without the CM prior authorization.

Beginning **July 1, 2014**, IHCA will be reimbursed for completion of initial assessment

- Licensing rules and the Medicaid contract requires the completion of an initial screening/assessment to evaluate a prospective consumer's service needs prior to accepting the individual for services. The IHCA Medicaid contract requires the agency to be reimbursed up to three (3) hrs at the personal care hourly wage.
- Service assessment code T2024 will be used by the IHCA to bill through MMIS. This assessment code will not be visible on MMIS to the CM. This billing is separate for the consumer's service plan. The CM will no longer add or subtract hours from the service plan to cover the cost of the assessment.
- The IHCA will use assessment code T2024 defined as "service assessment/plan of care development".

Beginning **October 1, 2014**, IHCA will receive an increase in hourly rates.

- An IHCA single statewide reimbursement rate of \$21.24 will be implemented for both personal care (ADLS) and in home care (IADLS).
- Through service planning, CMs will continue to authorize hours for both personal care (ADLS) and in home care (IADLS) In MMIS using units of 15 minute.

This information will be added to the APD Case Manager Tools website.

<http://www.dhs.state.or.us/spd/tools/cm/index.htm>

If you have any questions about this information, contact:

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