

Developmental Disabilities Services

Mike McCormick

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Number: APD-IM-14-045

Issue date: 8/20/2014

Topic: Developmental Disabilities

Subject: Service Rates for RCF and ALF settings through DD funding

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

Message: Individuals eligible to receive Community First Choice (KPlan) services may elect to receive their state plan services in an Assisted Living Facility (ALF) or Residential Care Facility (RCF). These setting types are licensed by the State of Oregon and provider payment rates for individual services are established by APD (Aging and Physical Disabilities) in conjunction with use of the CAP/S assessment tool.

Individuals eligible for and receiving case management services through ODDS may access ALF and RCF settings. Please refer to the policy guide "**Process for Determining Service Rates for RCF and ALF Settings Through DD Funding**" to apply DD assessment tools to the established provider payment rate structure for these facilities.

The "**Process for Determining Service Rates for RCF and ALF Settings Through DD Funding**" document may be located on the DD Staff tools page- [Oregon DHS: Staff Tools](#).

If you have any questions about this information, contact:

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ALF/RCF Rates via DD Funding

Title:	Process for Determining Service Rates for ALF and RCF Settings Through DD Funding			
Version:	1.0	Effective Date:	8/15/14	

Mike McCormick

8/13/2014

Approved By: *(Authorized Signer Name)*

Date Approved

Overview: The following information outlines the process for determining service rates and authorizing funding for eligible individuals selecting ALF (Assisted Living Facility) or RCF (Residential Care Facility) setting to receive Community First Choice (K plan) state plan services funded through ODDS.

Process: When an individual exercises choice in service setting/provider by selecting an RCF/ALF facility, the designated case management entity is to follow the steps below in assisting the individual to access the requested service:

- Verify the individual’s Title XIX Medicaid eligibility for K-Plan services
- Verify the chosen facility has an active license and that there are no license conditions in place that would limit an individual’s ability to enter. *Community Based Care Licensing Unit, Department of Human Services - Office of Licensing & Regulatory Oversight (OLRO Licensing) may be contacted for inquiry regarding provider or site specific conditions.*
- Verify the chosen facility provider has a current Provider Enrollment Agreement (PEA) and is enrolled in eXPRS for billing purposes. *If the provider does not have a PEA and/or is not set up in eXPRS, the case management entity is to assist the provider in this process through contact with the regionally assigned ODDS FAC (Funds Allocation Coordinator).*

The individual must have a completed needs assessment that identifies the individuals’ current support needs. This tool can be an ANA (Adult Needs Assessment), SNAP (Support Needs Assessment Profile) or SIS (Supports Intensity Scale). The assessment tool must have been completed within the past year. The tool must accurately document the individuals support needs, including recent changes that may be related to the individual exercising choice to enter the RCF/ALF setting.

- Verify that a assessment tool has been completed and review document to ensure it accurately captures the individual’s current needs
- If it is determined that the individual does not have a current assessment or the assessment on record does not accurately capture the individual’s support needs, then the case management entity is to complete a new ANA assessment

The individual's current assessment tool may then be applied to the [APD Community Based Care rate schedules](http://www.dhs.state.or.us/policy/spd/transmit/pt/2013/pt13025.pdf) (<http://www.dhs.state.or.us/policy/spd/transmit/pt/2013/pt13025.pdf>). The CA/PS assessment tool used by APD addresses cognition/behavior differently than DD tools with 8 cognitive components used in scoring (adaptation to change; awareness; judgment/decision-making; memory; orientation; danger to self/others; demands on others; wandering). In the SNAP or ANA, please reference both the Safety question in the Medical tab and the Behavior Supervision questions in determining whether the individual is assessed as requiring assistance.

For ALF settings apply [OAR 411-027-0020\(8\)](#), substituting the DD assessment for CA/PS. A summary of this application is as follows:

- Level 5- Individual requires "Full Assist" in 3 to 6 ADLs (not IADLs) – OR – Individual requires "Full Assist" in cognition/behavior and at least 1 ADL;
- Level 4- Individual requires "Full Assist" in 1 or 2 ADLs –OR- Individual requires at least "Partial Assist" in 4 to 6 ADLs plus assistance in cognition/behavior;
- Level 3- Individual requires assistance in 4 to 6 ADLS –OR- requires assistance with elimination, eating, and cognition/behavior
- Level 2- Individual requires assistance with cognition/behavior and support in at least one of the following: elimination, mobility, or eating
- Level 1- Individual meets LOC (Level of Care) but does not require support at levels 2 – 5.

For RCF settings apply [OAR 411-027-0025\(2\)](#), substituting the DD assessment for CA/PS. A summary of this application is as follows:

- Base rate applies to all individual who meet LOC (Level of Care)
- Count one add-on for each of the following conditions met:
 - Individual requires "Full Assist" in at least one of the following: mobility, elimination, or eating
 - Individual demonstrates behaviors that are a danger to self or others and requires consistent supervision/redirection
 - Individual's medical treatments require daily observation and monitoring, and oversight by a licensed medical professional must occur at least quarterly
- Document the application of the assessment tool in determining the service setting rate by marking (either by circling or checking the applicable scores) the support needs summary narrative page of the assessment tool. Retain a copy of this documentation in the individual's case file record.
- Create a draft CPA in eXPRS as a DD50 service reflecting the determined service rate.
- Submit a copy of the documentation verifying the application of the assessment tool in determining the service rate to the designated FAC corresponding the individual's county of case management

This guidance is specific to Title XIX Medicaid K-Plan eligible individuals who are choosing to receive their support services in an RCF or ALF setting through the utilization of DD funding.

Form(s) that apply:

Adult Needs Assessment Tool (ANA)

Support Needs Assessment Profile (SNAP)

Supports Intensity Scale (SIS)

Services & Funding Individual Support Plan (ISP) Financial (Residential Services Setting)

Reference(s):

[APD Community Based Care Rate Schedules- APD-PT-13-025](#)

[OAR 411-027-0020\(8\)](#)

[OAR 411-027-0025\(2\)](#)

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