

Aging and People with Disabilities

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Number: APD-IM-15-078
Issue date: 9/30/2015

Topic: Long Term Care

Subject: CBC Service Payment Calculation Tool

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 Disabilities Services(ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children’s Intensive In Home Services |
| <input type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> ODDS Children’s Residential Services | <input type="checkbox"/> Other <i>(please specify):</i> |
| <input type="checkbox"/> Child Welfare Programs | |

Message:

In an effort to reduce overpayment and underpayment requests a new tool has been created for staff to use when calculating pro-rated CBC service payments. You may click on the following link to access the tool titled “CBC Service Payment Calculation Form”.

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

Or you can find it on the Case Management Tools Website by clicking on ‘Provider Payment Adjustments’ under the ‘Other Links & Tools’ section. Then scroll down and click on “CBC Service Payment Calculation Form” under the ‘Tools’ section. See screen shots below:

Other Links & Tools

- ▶ [Assessment, Service Planning, & CAPS](#)
- ▶ [Client Pay-In Resources](#)
- ▶ [Complex Case Consultations](#)
- ▶ [Computer Guide](#)
- ▶ [DMAP Worker Guide](#)
- ▶ [Dual Waiver Transfer to DD](#)
- ▶ [Exceptions](#)
- ▶ [Field Services](#)
- ▶ [Forms](#)
- ▶ [Hearings](#)
- ▶ [Home and Community Based Services \(HCBS\)](#)
- ▶ [Homecare Unemployment Claims](#)

- ▶ [Licensed Facility Complaint Infor](#)
- ▶ [Long Term Care Rates](#)
- ▶ [\(MED\) Mental or Emotional Disor](#)
- ▶ [MMIS Desk Manuals \(CRN, Emer](#)
- ▶ [Production Calendar](#)
- ▶ [Provider Guides for Oregon ACCI](#)
- ▶ [Provider Payment Adjustments](#)
- ▶ [Publications](#)
- ▶ [Sample Decision Notices](#)
- ▶ [Field Support Assistance Manua](#)
- ▶ [Transmittals](#)
- ▶ [Waivered Case Management](#)



Tools

[Provider Overpayment Procedures \(Updated\)](#)

[HCW Collective Bargaining Agreement 2013 - 2015](#)

[SDS 727 Medicaid Fraud Referral Form & Referral Criteria Code Sheet MFU Gene](#)

[SDS 287 Form with links to all six Provider Payment Request Forms](#)

CEP Overpayment Request Form [SDS 287B](#) with [SDS 287AB Instructions](#)

CBC Overpayment Request Form [SDS 287D](#) with [SDS 287CD Instructions](#)

[CBC Service Payment Calculation Form](#)



If you have any questions about this information, contact:

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