Service Element Title:	Residential Facilities				
Service Element Number:	DD 50	Version:	1.0	Effective Date:	7/01/2011

Overview

Provision of Residential Facilities Services (DD 50) is 24 hour care and supervision, in licensed service settings, for eligible individuals in a community setting.

Standards and Procedures

I. Service Authorization

A. DD 50 Services must be prior authorized by the Community Developmental Disability Program (CDDP) in which the individual is enrolled and receiving case management services. This authorization must be provided and documented according to SPD policy and procedure.

II. General Performance Requirements

A. Providers of DD 50 Services funded by DHS must provide those DD 50 Services in facility(ies) licensed under one of the following DHS rules, as such rules may be revised from time to time:

1. OAR Chapter 411, Division 325, pertaining to 24-Hour Residential Services for Children and Adults with Developmental Disabilities; or

2. OAR Chapter 411 Division 054, pertaining to Residential Care and Assisted Living Facilities; or

3. OAR Chapter 309, Division 035, pertaining to Residential Care Facilities For Mentally or Emotionally Disturbed Persons.

B. Providers of DD 50 Services funded by DHS must comply with the OARs under which they are licensed.

C. <u>If a Provider of DD 50 Services funded by DHS provides such services at a</u>

facility licensed under OAR Chapter 411, Division 325, pertaining to 24-Hour Residential Services for Children and Adults with Developmental Disabilities, the Provider must comply with the following requirement:

1. Vacancy Reserve Fund: The Board of Directors (or other governing authority as applicable) of the Provider must define, establish, and maintain a "vacancy reserve" fund in an amount sufficient to ensure that the Provider can continue to provide services that meet applicable statutory, administrative rule, and contract requirements when payments are reduced due to vacancies. If the reserve fund falls below the level established by the Board/governing authority, the Board/governing authority must develop and implement a plan to replenish the reserve fund in a timely manner. Each Provider subject to the vacancy reserve fund requirement must include a line item on its routine financial statements that documents the status of its vacancy reserve fund. These financial statements must be made available to DHS or it's designee upon request.

III. Special Reporting Requirements

A. If a Provider of DD 50 Services funded through a contract or an agreement with DHS provides such services at a facility licensed under OAR 411-325, pertaining to 24-Hour Residential Services for Children and Adults with Developmental Disabilities, the Provider must report to DHS staff wages and turnover data for each service type using forms and procedures designated by DHS. Failure to comply with this reporting could result in a delay in Provider payment.

B. For purposes of Medicaid compliance, DHS must be notified when an absence occurs, with respect to DD 50 Services described in section V. of this Standards and Procedures. Notification required under this section must be provided by the CDDP to DHS' Seniors and People with Disabilities Office of Federal Resources and Eligibility Determination, using forms and procedures designated by DHS.

IV. Placement, Rates and Authorizations

A. Upon agreement between CDDP and Provider for individual placement of DD 50 Services the CDDP will authorize a Client Prior Authorization (CPA) for a specific individual at the DHS approved rate for a specified period of time. Services provided prior to the CPA authorization may not be submitted for payment.

B. CPA Monthly Rate: For individuals who have been assessed by DHS through the ReBar process for establishing DD 50 Service Rates based on client service needs, DHS shall establish the Individuals Assessed Tier. The CPA monthly rate is based upon the assessed tier and the licensed capacity of the home where the individual resides, at the effective date of the CPA. The website http://www.oregon.gov/DHS/dd/rebar/docs/dd50.pdf details the current assessed rates for each tier for each licensed capacity. These rates are subject to change due to budget reductions upon notice. The Client Prior Authorization, CPA, is established in eXPRS by the CDDP.

C. For those individuals whose service needs exceed the assessed tier, an exception rate may be established by DHS and notification of the approved rate, with a specific effective date will be submitted to the CDDP and Provider.

V. <u>Billing and Payment Procedure(s) that apply:</u>

A. DHS will disburse funds to Provider of DD 50 Services delivered and claimed as authorized by CDDP in a CPA as soon as reasonably possible after submission and processing of a Disbursement Claim in accordance with OAR Chapter 411, Division 370 and OAR Chapter 407, Division 120. Claims may be reduced for the Client Liability, also known as Offsets, if applicable.

B. Provider must use a billing modifier code for the billing of any claims submitted for the following bed hold allowances:

1. The individual had been receiving DD 50 Services and overnight care is delivered from Provider, immediately prior to the absence and the individual is absent from Provider's DD 50 Services for not more than 5 consecutive days , unless an exception is granted by DHS, as a result of incarceration, or absence without leave, and it has not been determined that the individual will not be returning to Provider's DD 50 Services; or

2. The individual had been receiving DD 50 Services and overnight care is delivered from Provider immediately prior to the absence and the individual is absent from Provider's DD 50 Services for not more than 14 consecutive days, not to exceed 45 days in any one-year period unless an exception is granted by DHS, as a result of being on vacation or family visit, and it has not been determined that the individual will not

be returning to Provider's DD 50 Services; or

3. The individual had been receiving DD 50 Services and overnight care is delivered from Provider immediately prior to the absence and the individual is absent from Provider's DD 50 Services for not more than 45 consecutive days as a result of being on convalescent leave, or admittance to either a medical hospital, psychiatric hospital, and the individual has not been exited from the facility. If the individual returns to the same placement within 90 days DHS may authorize up to an additional 15 days of payment, not to exceed 60 days.

C. DHS is not obligated to provide funding for DD 50 Service, if a Claim for services is not submitted by provider timely, as defined in OAR Chapter 407, Division 120.

VI. CFDA Number(s):

In accordance with the State Controller's Oregon Accounting Manual, policy 30.40.00.102, and DHS procedure "Contractual Governance", DHS' determination is that Provider is a vendor. Catalog of Federal Domestic Assistance (CFDA) #(s) of federal funds to be paid through the Agreement between DHS and the Provider: 93-778.

VII. Form(s) that apply:

- DD 50 Individual Budget Amounts located at http://www.oregon.gov/DHS/dd/rebar/docs/dd50.pdf

VIII. Reference(s):

- OAR Chapter 411, Division 320
- OAR Chapter 411, Division 325
- OAR Chapter 411, Division 370
- OAR Chapter 411, Division 323
- OAR Chapter 407, Division 120

IX. Contact(s)

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