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NOTICE OF PROPOSED RULEMAKING INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 410
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILED

10/09/2025 2:32 PM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Housekeeping updates to BRS provider rates.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 11/21/2025 5:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

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Filed By:
Brenna Bird
Rules Coordinator

HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 11/18/2025

TIME: 2:00 PM - 2:45 PM

OFFICER: Brenna Bird

REMOTE HEARING DETAILS

MEETING URL: [Click here to join the meeting](#)

PHONE NUMBER: 1-669-254-5252

CONFERENCE ID: 1618347426

SPECIAL INSTRUCTIONS:

Topic: Public Hearing OAR 410-170-0110

Time: Nov 18, 2025 02:00 PM Pacific Time (US and Canada)

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1618347426?pwd=RtORt46PGAObIC3Ja1fBeAyelJPsxG.1>

Meeting ID: 161 834 7426

Passcode: 757877

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NEED FOR THE RULE(S)

OAR 410-170-0110 has two changes that need to be made. Directly under the heading, it lists an effective date of July 1, 2023 and needs to be changed to reflect the new year "2025". (2) refers to a "BRS Rates Table," dated July 1st, 2023. Effective 7/1/2025, there will be a change to these rates. The language in the OAR needs to be changed to reflect the new year, "2025".

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

OAR 410-170-0110: <https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=309213>

OHA BRS Website: <http://www.oregon.gov/oha/HSD/OHP/Pages/Policy-BRS.aspx> On the Right side of the page, scroll down to "BRS Oregon Administrative Rules Guide" and the rate tables since 2019 are posted there.

<https://www.oregon.gov/oha/HSD/OHP/Tools/BRS-Rate-Table0725.pdf>

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

BRS providers offer services to eligible youth in Oregon, the Child Welfare System and Juvenile Justice system would see an increase in youth to serve. These systems might not have the capacity for the influx of youth, and due to specialized needs, may require temporary lodging services to ensure health and safety needs are met. The Child Welfare System and Juvenile Justice System disproportionately impacts communities of color. (Source for Child Welfare data- Oregon Health Authority 2025 Final Report on K Plan Services and Supports Pg. 24)(Source for communities of color data- Oregon Health Authority 2025 Final Report on K Plan Services and Supports Pg. 25, Pg. 51) (Source for Juvenile Justice- Oregon Health Authority 2025 Final Report on K Plan Services and Supports Pg. 30.)

FISCAL AND ECONOMIC IMPACT:

The fiscal impact of the rule change would be positive for the BRS Program. Providers are currently operating off of rates established in 2023 that are not keeping up with current program costs. The risk of not doing an emergency filing puts providers at risk for closing BRS services for eligible youth in Oregon. The rate adjustment is small, often less than \$1 per day per individual being served. There is an additional rate study underway to review BRS provider rates and service types.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

1. The counties that we contract with are Josephine County, Jackson County, Multnomah County, Marion County, Clackamas County, and Washington County. There is a slight increase in cost which would impact the six counties we serve, BRS Providers, and the members receiving BRS services.

2. (a) This will impact the BRS providers currently in our system and will impact BRS providers who are currently contracted with ODHS and OYA. Total number, 22.

(b) As for the OHA contracted providers, those are leveraged programs with counties, so the fiscal impact is on the counties and not OHA.

(c) None

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

We have been in communication with our partners and did a memo to let them know that the rate was updated as of 7/1/2025.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?

We obtained a RAC Exception. BRS Services is undergoing a rate study where OHA and consultants are gathering several data metrics on the cost of each service type to better understand the funding needs. At the same time, there was the ability to update rates as has been done annually for the BRS program. The change to this rule is to update the year and the rate table. There were info sessions on the rate study document where BRS providers were invited to give input to other costs that need to be considered as part of the rate study, and to ask for clarification on the rate study. Providers were also encouraged to mail in questions so that individual questions could be addressed as well as an FAQ document that included these questions so that providers who could not attend the info sessions were able to review the questions and answers that were asked.

AMEND: 410-170-0110

RULE SUMMARY: Billing and Payment for Services and Placement-Related Activities. Updating date in rule text and new table with updated rates.

CHANGES TO RULE:

410-170-0110

Billing and Payment for Services and Placement-Related Activities ¶¶

Effective July 1, 2023~~5~~:¶¶

(1) The BRS contractor is compensated for a billable care day (service and placement-related activities rates) on a fee-for-service basis, except as otherwise provided for in these rules. The Authority does not make payments for any calendar day that does not meet the definition of a billable care day under this rule.¶¶

(2) Billable care day rates are provided in the "BRS Rates Table," dated July 1, 2023~~5~~, which is adopted as Exhibit 1 and incorporated by reference into this rule. The BRS Rates Table is available at <http://www.oregon.gov/oha/HSD/OHP/Pages/Policy-BRS.aspx>. A printed copy may be obtained from the agency. BRS contractors not meeting the Q RTP requirements will be paid at the non-Q RTP rate.¶¶

(3) Billable Care Day:¶¶

(a) For purposes of computing a billable care day, the BRS client must be in the direct care of the BRS contractor or BRS provider at 11:59 p.m. of that day, be on runaway status as defined in this rule or be on an authorized home or transitional visit in accordance with section (4) of this rule;¶¶

(b) A billable care day does not include any day where the BRS client is in detention, an inpatient in a hospital, or has not yet entered or is discharged from the BRS contractor's or BRS provider's program;¶¶

(c) A billable care day does not include any day in which a BRS client is on runaway status and the BRS contractor or BRS provider was responsible for less than an accumulated period of 8 hours for the primary care, support, safety, and well-being of the BRS client.¶¶

(4) Home and Transitional Visits:¶¶

(a) The BRS contractor and BRS provider shall include only a maximum of eight (8) calendar days of a combination of home and transitional visits in a month, as billable care days;¶¶

(b) In order to qualify as an authorized home or transitional visit day, the BRS contractor and BRS provider must:¶¶

(A) Ensure that the home or transitional visit is tied to the BRS client's service plan;¶¶

(B) Work with the BRS client and the BRS client's family, including fictive kin, or aftercare resource on goals for the

home or transitional visit and receive regular reports from the family or aftercare resource on the BRS client's progress while on the visit;¶

(C) Have staff available to answer calls from the BRS client and BRS client's family, including fictive kin, or aftercare resource and to provide services to the BRS client during the time planned for the home or transitional visit if the need arises;¶

(D) Document communications with the BRS client's family, including fictive kin, or aftercare resource; and¶

(E) Document the BRS client's progress on goals set for the home or transitional visits.¶

(5) Invoice form:¶

(a) The BRS contractor shall submit a monthly billing form to the agency in a format acceptable to the agency on or after the first day of the month following the month in which it provided services and placement-related activities to the BRS client. The billing form must specify the number of billable care days provided to each BRS client in that month;¶

(b) The BRS contractor shall provide upon request, in a format that meets the agency's approval, written documentation of each BRS client's location for each day claimed as a billable care day;¶

(c) The BRS contractor shall submit only claims for billable care days consistent with the agency's prior authorization.¶

(6) Payment for a Billable Care Day:¶

(a) The agency shall pay the service and placement related activities rates to the BRS contractor for each billable care day in accordance with the BRS Rates Table described in section (2) of this rule;¶

(b) Notwithstanding section (6)(a) of this rule, the Authority shall pay only the service rate for each billable care day to a public child-caring agency who by rule or contract provides the local match share for Medicaid claims under OAR 410-120-0035 and 42 CFR 433 Subpart B. The Authority may not pay the placement related activities rate for each billable care day to these types of public child-caring agencies;¶

(c) To the extent the payment for services is funded by Medicaid and CHIP funds:¶

(A) The BRS contractor and the BRS provider are subject to Medicaid billing and payment requirements in these rules and the Authority's general rules (OAR Chapter 410, Division 120);¶

(B) Payment using Medicaid and CHIP funds may be made only to the originating BRS contractor and not to the aftercare resource.¶

(d) To be eligible as a QRTP and receive the QRTP rate, the BRS contractor and the BRS provider are required to:¶

(A) Meet the QRTP definition in OAR 410-170-0020; and¶

(B) Submit accreditation documentation in writing annually to the contract administrator; and¶

(C) Maintain compliance as described in OAR 410-170-0030(11)(L).¶

(7) Third Party Resources:¶

(a) The Authority's BRS contractors must make reasonable efforts to obtain payment first from other resources consistent with OAR 410-120-1280;¶

(b) The Department's and OYA's BRS contractors are not required to review or pursue third party resources. The Department and OYA must make reasonable efforts to obtain payment first from other resources consistent with OAR 410-120-1280 for Medicaid-eligible BRS clients.¶

(8) Public child-caring agencies who are responsible by rule or contract for the local match share portion of eligible Medicaid claims must comply with OAR 410-120-0035 and 42 CFR 433 Subpart B.¶

(9) In cases where the BRS contractor is not also the BRS provider, the BRS contractor is responsible for compensating the BRS provider for billable care days pursuant to the agency-approved subcontract between the BRS contractor and the BRS provider.¶

(10) The Authority may not be financially responsible for the payment of any claim that the Centers for Medicare and Medicaid Services (CMS) disallows under the Medicaid or CHIP program. If the Authority previously paid the agency or BRS contractor for any claim that CMS disallows, the payment shall be recouped pursuant to OAR 410-120-1397. The Authority shall recoup or recover any other overpayments as described in OAR 410-120-1397 and 943-120-0350 and 943-120-1505.

Statutory/Other Authority: ORS 413.042, ORS 414.065

Statutes/Other Implemented: ORS 414.065

RULE ATTACHMENTS MAY NOT SHOW CHANGES. PLEASE CONTACT AGENCY REGARDING CHANGES.

BRS Rates Table (effective July 1, 2025)

BRS Type of Care	Placement Model	Accredited Status	Service Rate per Billable Care Day	Placement Related Activities Rate per Billable Care Day	Total Daily Rate per Billable Care Day	Absent Day Rate
Shelter	Proctor Care Model	N/A	\$213.25	\$114.15	\$327.40	\$163.70
	Residential Care Model	N/A	\$245.29	\$139.75	\$385.04	\$192.52
Community Step-Down; Independent Living Program	Proctor Care Model	N/A	\$217.93	\$115.14	\$333.07	\$166.54
	Residential Care Model	Non-QRTP	\$252.26	\$142.79	\$395.05	\$197.53
		QRTP ¹	\$252.26	\$147.23	\$399.49	\$199.75
Proctor Care; Assessment and Evaluation Proctor	Proctor Care Model	N/A	\$233.83	\$115.88	\$349.71	\$174.86
Proctor Enhanced Services	Proctor Care Model	N/A	\$256.01	\$120.97	\$376.98	\$188.49
Enhanced Structure Independent Living Program	Residential Care Model	Non-QRTP	\$293.90	\$180.31	\$474.21	\$237.11
		QRTP	\$293.90	\$184.74	\$478.64	\$239.32
Basic Residential; Rehabilitation Services; and Assessment and Evaluation Residential	Residential Care Model	Non-QRTP	\$292.44	\$168.10	\$460.54	\$230.27
		QRTP	\$292.44	\$172.54	\$464.98	\$232.49
Intensive Rehabilitation Services; Intensive Residential; and Short- Term Stabilization Program	Residential Care Model	Non-QRTP	\$362.48	\$164.07	\$526.55	\$263.28
		QRTP	\$362.48	\$168.51	\$530.99	\$265.50
Intensive Behavioral Support	Residential Care Model	Non-QRTP	\$520.94	\$239.06	\$760.00	\$380.00
		QRTP	\$520.94	\$245.96	\$766.90	\$383.45

¹ Qualified Residential Treatment Program