OREGON

Behavior Rehabilitation Services Guide

(BRS)

Oregon Health Authority
Health Systems Division

Oregon Department of Human Services
Child Welfare Programs

Oregon Youth Authority

MAY 2022

THIS PAGE INTENTIONALLY LEFT BLANK FOR PURPOSES OF 2-SIDED PRINTING

CONTENTS

INTRODUCTION i

BRS RULES INDEX iii

SECTION I ADMINISTRATIVE RULES QUICK LINKS 1

- Oregon Health Authority — Chapter 410, Division 170 3
- Oregon Department of Human Services — Chapter 413, Division 95 5
- Oregon Youth Authority — Chapter 416, Division 335 7

SECTION II ADMINISTRATIVE RULES OVERVIEW 9

- Oregon Health Authority — Chapter 410, Division 170 11
- Oregon Department of Human Services — Chapter 413, Division 95 21
- Oregon Youth Authority — Chapter 416, Division 335 29

SECTION III APPENDICES 33

- Appendix A — BRS Rates Table 35
- Appendix B — Oregon Health Authority MMIS Local Match Leveraging Form 37
- Appendix C — Types of Care Requirements by Program Name 39
- Appendix D — Staffing Ratio Calculator Example 47
- Appendix E — Approved Service Plan Forms and Report Templates 49
- Appendix F — Documentation for Service Plans 153
- Appendix G — BRS Client Record Requirements 157
- Appendix H — Is it a BRS Activity? 159
- Appendix I — Incident Report Documentation and Timelines 161
- Appendix J — ODHS Children's Foster Care Bill of Rights, Sibling Bill of Rights and Tips and Ideas 165
- Appendix K — Recreational Caseworker Approval Process 169
- Appendix L — ODHS Absent Day Request Form 171
- Appendix M — Oregon Youth Authority Sub-Care Clothing List / Authorization Form 173
- Appendix N — OYA Room Sharing and Approval Process 175
- Appendix O — OYA Provider Service Referrals Process 177
- Appendix P — Family Engagement Strategies 179

*THIS PAGE INTENTIONALLY
LEFT BLANK FOR PURPOSES OF
2-SIDED PRINTING*

INTRODUCTION

SUMMARY

Oregon receives federal support for residential and proctor foster care programs that qualify as Behavior Rehabilitation Services (BRS) providers. The money is out of the Medicaid (Title XIX) program and matches Oregon's expenses for services. It is intended to support skill building and behavioral intervention, along with a therapeutic environment directed at positive changes in behavior.

BACKGROUND

Oregon's BRS program grew out of a multi-agency effort to stabilize and improve services in the residential treatment and shelter programs.

This effort resulted in the Oregon Health Authority, Oregon Department of Human Resources, and the Oregon Youth Authority working collaboratively with providers and key stakeholders to establish and maintain BRS standards and service expectations.

CAUTIONS

Upon advice of the Oregon Department of Justice Assistant Attorney General:

- The procedure guide does not include new substantive requirements on providers or clients in the procedure guide that are not in the rules. If new requirements were included the procedure guide would be creating an improperly promulgated rule which will create an enforcement problem.
- Clarification or explanation of a properly adopted rule may be an appropriate use of a procedure guide, the agencies should avoid the appearance of providing legal advice or legal summaries of federal or state law (particularly if they are incomplete or inaccurate).
- Templates in the appendices are only examples; providers are responsible for ensuring their documents and service plans are updated to reflect current rule, needs of the client, and level of care/services being offered.

It is also not advisable to describe any perceived non-compliance by the agencies in the past.

HOW TO USE THIS GUIDE

Following the index on page iii, there are three sections to the BRS Rules Guide:

I. Quick Links	• lists rules' key components • some sections are further explained in a corresponding quick link in Section II
II. Overview	• clarifying, explanatory information about a section of a rule • includes links to the official rule of record on the Secretary of State's website NOTE: Because of the structure of the OAR website, links go only to the general rule. After opening the rule webpage, scroll through the rule text or initiate a search of a specific section.
III. Appendices	supplemental references

TIPS FOR VIEWING ONLINE

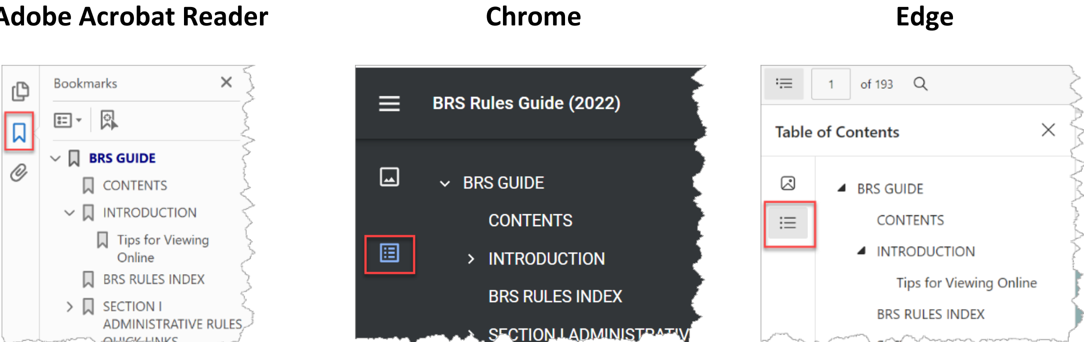
Blue, underlined text indicates both external and internal (bookmark) links — some links are further identified by the following images:

- indicates a clickable link to an internal bookmarked location in the guide (e.g., Appendix)
- indicates a clickable link to an external website or page (e.g., Secretary of State's rules website)
- indicates a clickable link to initiate an email to the designated address

Navigating the PDF Document File

The document navigation tools available depend on how the document is opened (e.g., online in a web browser such as Edge or Chrome; in the Adobe Acrobat Reader; or downloaded and accessed directly) and the device, system, and local settings (e.g., computer, tablet, etc.).

Each has a navigation panel of bookmarks or a table of contents that provides an overview of the document structure and a way to jump quickly to various parts of the document.



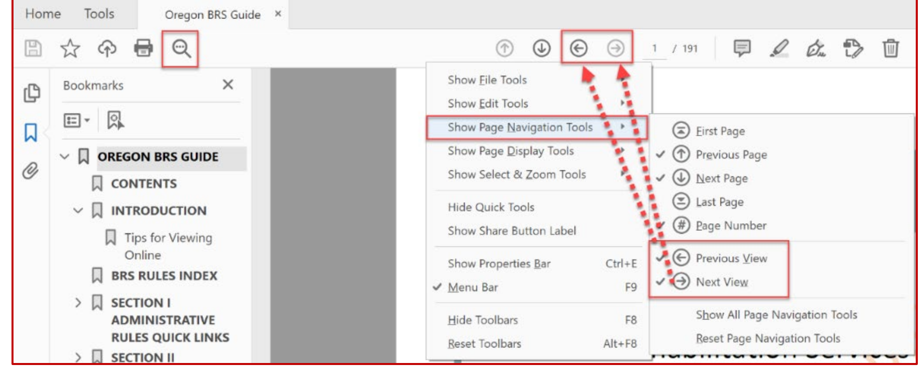
Adobe Acrobat Reader

In addition to navigating pages by using the bookmark panel on the left of the screen, Acrobat provides additional tools. For example,

The **Previous View** and **Next View** buttons are particularly useful to return to a previous location in the document.

If these navigation tools are not already visible on the Acrobat Reader toolbar, follow these steps to enable them —

1. Right click in the toolbar to open a View drop-down menu
2. Select **Show Page Navigation Tools**
3. Select "Previous View"
4. Repeat 1-3 to select and add "Next View" to the toolbar



BRS RULES INDEX

Oregon Health Authority — OHA

DIVISION 170 — BEHAVIOR REHABILITATION SERVICES PROGRAM GENERAL RULES

Rule	Title	Bookmark	Weblink
410-170-0000	Administration of the Behavior Rehabilitation Services (BRS) Program		
410-170-0010	Purpose		
410-170-0020	Definitions		
410-170-0030	BRS Contractor and BRS Provider Requirements		
410-170-0040	Prior Authorization for the BRS Program; Hearing Rights		
410-170-0050	Program Referrals and Admission to BRS Provider		
410-170-0060	Discharge from the BRS Contractor or BRS Provider		
410-170-0070	BRS Service Planning		
410-170-0080	Services		
410-170-0090	BRS Types of Care		
410-170-0100	Placement-Related Activities for the Authority's BRS Contractors and BRS Providers		
410-170-0110	Billing and Payment for Services and Placement-Related Activities		
410-170-0120	Compliance Reviews and Sanctions		

Oregon Department of Human Services — ODHS

DIVISION 095 — BEHAVIOR REHABILITATION SERVICES PROGRAM (BRS)

Rule	Title	Bookmark	Weblink
413-095-0000	Definitions		
413-095-0010	Administration of the BRS Program		
413-095-0020	Purpose		
413-095-0030	BRS Provider Requirements		
413-095-0040	Prior Authorization for the BRS Program; Appeal Rights		
413-095-0050	BRS Placement-Related Activities for a Department BRS Contractor and BRS Provider		
413-095-0060	Billing and Payment for Services and Placement-Related Activities		
413-095-0070	When a Child or Young Adult Placed with a BRS Program is Missing		
413-095-0080	Compliance Reviews and Remedies		

Oregon Youth Authority — OYA

DIVISION 335 — BEHAVIOR REHABILITATION SERVICES PROGRAM

Rule	Title	Bookmark	Weblink
416-335-0000	Effective Date and Administration of the BRS Program		
416-335-0010	Purpose		
416-335-0020	Definitions		
416-335-0030	Additional Requirements for OYA BRS Contractors and BRS Providers		
416-335-0040	Prior Authorization for the BRS Program; Appeal Rights		
416-335-0080	Placement Related Activities for OYA's BRS Contractors and BRS Providers		
413-095-0090	Billing and Payment for Services and Placement Related Activities		
413-095-0100	Compliance Reviews and Remedies		

THIS PAGE INTENTIONALLY LEFT BLANK FOR PURPOSES OF 2-SIDED PRINTING

SECTION I

ADMINISTRATIVE RULES QUICK LINKS

THIS PAGE INTENTIONALLY LEFT BLANK FOR PURPOSES OF 2-SIDED PRINTING

Oregon Health Authority — Chapter 410, Division 170

QUICK LINKS

Administration of the Behavior Rehabilitation Services (BRS) Program — 410-170-0000

Purpose — 410-170-0010

Definitions — 410-170-0020 (bold and underlined definitions were added effective 7/1/2020)

- **Accreditation**
- **Aftercare and Transition Plan**
- Aftercare and Transition Plan-Stabilization (ATP-S)
- **Aftercare Planning**
- Age-Appropriate or Developmentally-Appropriate Activities
- Agency
- Approved Proctor Foster Parent
- **Abbreviated AER**
- **Assessment and Evaluation Report (AER)**
- Assessment and Evaluation Report - Stabilization (AER)
- Behavior Rehabilitation Services (BRS) Program
- Billable Care Day
- BRS Client
- BRS Contractor
- BRS Provider
- BRS Type of Care
- Caseworker
- Child or Children
- Child-Caring Agency
- Children’s Health Insurance Program (CHIP)
- Contract Administrator
- **Crisis Intervention**
- Critical Event
- Culture
- Culturally-Sensitive Approach
- Designated LPHA
- Department of Human Services (Department)
- Direct Care Staff
- **Evidence-Based**
- **Face to Face**
- **Fictive Kin**
- Gender-Responsive Approach
- Home Visit
- Initial Service Plan (ISP)
- Licensed Practitioner of the Healing Arts (LPHA)
- Master Service Plan (MSP)
- Master Service Plan — Stabilization (MSP-S)
- Master Service Plan — Transition (MSP-T)
- Medicaid
- **Monitoring**
- **Non-Qualified Residential Treatment Program**
- Oregon Health Authority (Authority)
- Oregon Youth Authority (OYA)
- Physical Restraint
- Placement-Related Activities
- **Postvention**
- Proctor Care Model
- Program Coordinator or Program Director
- Public Child-Caring Agency
- **Qualified Residential Treatment Program (QRTP)**
- Residential Care Model
- Respite Care
- **Runaway Status**
- Seclusion
- Service Coordination
- Services
- Social Service Staff
- **Suspected Suicide**
- Total Daily Rate
- Transition Facilitator
- **Transition Planning**
- Transitional Visit
- **Trauma-Informed Approach**

BRS Contractor and BRS Provider Requirements — 410-170-0030

(1) Contractor and Provider requirements — (1)

Oregon Health Authority — Chapter 410, Division 170 QUICK LINKS

(a) Requirements include valid licenses, approvals or certifications required to operate a BRS program	(1) (a)
(b) License required to operate a private child-caring agency	(1) (b)
(c) Comply with OHA provider enrollment requirements	(1) (c)
(d) Comply with federal and state law regulations that govern a CCA	(1) (d)
(e) Exclude individuals and entities from subcontracting if on exclusion list	(1) (e)
(f) Have a contract or agreement with an agency	(1) (f)
(2) Compliance with Federal and State Law	(2)
(3) Confidentiality of Client Records	(3)
(a) General Confidentiality (b) Disclosure of Information	(3) (a-b)
(c) HIPAA Compliance (d) Maintenance of Written Records (e) Disclosure to governmental or licensing entities	(3) (c-e)
(4) Staff Qualifications (a) Education and experience requirements for direct care staff	(4) (a)
(b) Education and experience requirements for Program coordinator or program director (c) Education and experience requirement for social service staff	(4) (b-c)
(d) Required staff with certification in evidence-based programming	(4) (d)
(e) Training requirements for direct care staff, social service staff and program coordinator	(4) (e) (A–C)
(5) Fitness Determination	(5)
(6) Mandatory Reporting	(6)

Oregon Health Authority is currently updating the additional sections of this guide related to OAR 410-170: BRS Services Program.

If you have any questions about OHA Medicaid or BRS specific policy, please email for additional guidance.

✉ Medicaid.Programs@dhsoha.state.or.us

Oregon Department of Human Services — Chapter 413, Division 95 QUICK LINKS

Definitions — 413-095-0000

Absent Day	(1)
Accreditation	(2)
Evidence Based	(4)
Fictive Kin	(5)
QRTP assessment	(7)
Proctor Foster Home	(8)
Qualified Individual	(9)

Administration of the BRS Program — 413-095-0010

Department of Human Services provides services to Oregon's federally recognized tribes.	(1)

BRS Provider Requirements — 413-095-0030

(1) Criminal records, abuse check and program records	(1)
	(1) (a)
	(1) (b)
	(1) (c) (D)
(2) Residential care model requirements	(2)
	(2) (a)
	(2) (b)
	(2) (b) (A)
	(2) (b) (B)
(3) Conditionally approved accreditation	(3)
	(3) (a)
	(3) (b)

Prior Authorization for the BRS Program; Appeal Rights — 413-095-0040

(1) Eligibility Prior authorization	(1) (b) (B)

Oregon Department of Human Services — Chapter 413, Division 95 QUICK LINKS

		Quick Links
(3)	Qualified Residential Treatment Program eligibility	(3) (a)
		(3) (b)

BRS Placement Related Activities for a Department BRS Contractor and BRS Provider — 413-095-0050

		Quick Links
(2)	Non BRS-Related Medical and Mental Health Care	(2)(c)
(3)	Educational and vocational activities	(3)
(4)	Other placement-related activities Recreational, social, and cultural activities	(4)
(5)	Family Involvement	(5)
		(5) (a)
		(5) (b)
(6)	Compliance	(6)

Billing and Payment for Services and Placement Related Activities — 413-095-0060

		Quick Links
(1)	Billable care day	(1) (b)
		(1) (b) (B)
		(1) (c)
(2)	Absent days	(2) (a)
		(2) (c)
		(2) (d)
(3)	Reimbursement	(3)
(4)	Invoice form	(4)

When a Child or Young Adult Placed with a BRS Program is Missing — 413-095-0070

		Quick Links
(1)	Required Notifications	(1)

Oregon Youth Authority — Chapter 416, Division 335

QUICK LINKS

Purpose — 416-335-0010

BRS purpose statement is included in OHA 410 Division 170 Rule as well as in the ODHS 413 Division 95 and OYA 416 Division 335 OARs. The purpose statements are identical in all three agencies.

Definitions — 416-335-0020

Item	Link
Absent Day	(1) (c)

Additional Requirements for OYA BRS Contractors and BRS Providers — 416-335-0030

Item	Link
(1) Compliance with Foster Care Certification OARs 416-530 and Treatment Foster Care OARs 416-550	(1)
(2) Criminal history checks per OAR 416-800	(2)
(3) Supervision of volunteers, employees, etc., who have not yet successfully completed criminal history checks	
(4) Medication management policy must comply with OAR 416-340-0000 through 416-340-0070	(4)
(5) Proctor Care Model Approved Proctor Foster Parents Meet requirements of OYA's foster care rules Cooperation on dual-certification process as outlined in the foster care rule	(5) (a)
(6) Separate bedrooms for youth 18 years or older	(6)

Prior Authorization for the BRS Program; Appeal Rights — 416-335-0040

Item	Link
(1) BRS Program Eligibility Prior authorization	(1) (b) (A)
(2) Appeal rights when prior authorization denied	(2) (a)

Placement Related Activities for OYA's BRS Contractors and BRS Providers — 416-335-0080

Item	Link
(1) Placement Related Activities	(1)
Clothing Transportation	(1) (a)
Education and vocational activities Recreational, social, cultural activities Academic Assistance	(1) (e) (B)
(2) Non BRS-Related Medical Care Administer and monitor medications	(2) (c)

Oregon Youth Authority — Chapter 416, Division 335

QUICK LINKS

Billing and Payment for Services and Placement Related Activities — 416-335-0090

(1) Billable Care Days
- Compensated for billable care day on a fee for service basis
- Compensation for overnight transitional visits

(2) Absent Days

(3) Reimbursed only for authorized type of care

(4) Invoice Form

(5) Billable Care Day and Absent Day rates

Quick links: (1) (b) (A) · (1) (b) (B) · (1) (c) · (3) · (4) · (4) (a)

Compliance Reviews and Remedies — 416-335-0100

(1) Contractor shall cooperate with reviews or audits

(2) OYA will conduct compliance reviews

(3) For non-compliance OYA may pursue a combination of actions

SECTION II

ADMINISTRATIVE RULES OVERVIEW

*THIS PAGE INTENTIONALLY
LEFT BLANK FOR PURPOSES OF
2-SIDED PRINTING*

Oregon Health Authority — Chapter 410, Division 170

OVERVIEW

This document offers resources and guidance only. Providers should always refer directly to the Oregon Administrative Rule found on the Secretary of State website for program requirements.

Questions on Medicaid policy should be submitted to ✉ Medicaid.Programs@dhsoha.state.or.us.

Administration of the Behavior Rehabilitation Services (BRS) Program — 410-170-0000

Includes information on the various Oregon Administrative Rules (OARs) in addition to 410-170 that BRS contractors and providers are expected to adhere to in relation to Medicaid and agency specific requirements.

- OAR 410-120: Oregon Health Authority (OHA) Medical Assistance Programs rules
- OAR 413-095: Oregon Department of Human Services (ODHS) BRS Program rules
- OAR 416-335: Oregon Youth Authority (OYA) Behavior Rehabilitation Services Program rules

Purpose — 410-170-0010

Describes the intent of BRS services and the way services shall be delivered.

Resources for integrating specific approaches:

- Gender-responsive:
  - OHSU Transgender Health Program
  - The Trevor Project
- Culturally-sensitive:
  - One Size Does Not Fit All: Taking Diversity, Culture and Context Seriously
  - Diversity and Culture in Child MH Care
  - Improving Cultural Competence
- Trauma-informed:
  - Trauma Informed Oregon Resources and Organizations
  - Traumatic Stress Institute

Definitions — 410-170-0020

Term	Rule	Description
Accreditation	(1)	Accreditation — an endorsement certifying that the BRS program meets all of the rigorous guidelines for service and quality • Definition pulled from ODHS's BRS OAR for QRTP certification purposes: ODHS OAR 413-095-000: Definitions (2)
Aftercare and Transition Plan	(2)	Aftercare and Transition Plan (ATP) • Not previously defined in rule
Aftercare Planning	(4)	Aftercare Planning • Describes the process of identifying the services and supports a BRS clint will need following discharge from the BRS program. Effective 7/1/2020 the cost of aftercare services was built into the daily rate.
Abbreviated AER	(8)	Abbreviated AER • Not previously defined in rule.

Oregon Health Authority — Chapter 410, Division 170 OVERVIEW

This document offers resources and guidance only. Providers should always refer directly to the Oregon Administrative Rule found on the Secretary of State website for program requirements.

Questions on Medicaid policy should be submitted to ✉ Medicaid.Programs@dhsoha.state.or.us.

Term	Ref.	Notes
Assessment and Evaluation Report (AER)	(9)	Assessment and Evaluation Report (AER) • Not previously defined in rule
Crisis intervention	(22)	Crisis intervention • Added in response to updated aftercare requirements
Evidence-Based	(29)	Evidence-Based • BRS programs should apply evidence-based approaches to supports provided to clients, the behavior rehabilitation model and even specific curriculum utilized for the delivery of behavior rehabilitation services. • The California Evidence Based Clearinghouse (CEBC) for Child Welfare is a resource to identify evidence-based practices: CEBC for Child Welfare website • Your contract administrator can also be a resource in identifying evidence-based practices for the specific population served.
Face to Face	(30)	Face to Face • Added in response to telehealth requirements and for clarity around specific service delivery
Fictive Kin	(31)	Fictive Kin • Examples of a fictive kin relationship could be: long-time family friend; godmother/godfather; trusted confidante; caregiver. These are all relationships which take on the quality of a family relationship but the individuals are not related by blood or marriage.
Monitoring	(40)	Monitoring • Added in response to new aftercare requirements and describes the process of checking-in with BRS clients
Non-Qualified Residential Treatment Program	(41)	Non-Qualified Residential Treatment Program • Defined for purposes of billing only
Postvention	(46)	Postvention • BRS contractors and providers are required to develop a postvention policy that describes an implementation plan to support individuals impacted by a BRS client's suspected suicide. • In the event there is someone assigned to monitor social media, the goal is to think about social media as another way to identify impacted folks using the ecological model (close friends/family/relationships, community level impact, larger societal impact) and offer support services as appropriate – higher the supports the closer to the person who died. • OHA Youth Suicide Prevention Website:

Oregon Health Authority — Chapter 410, Division 170 OVERVIEW

This document offers resources and guidance only. Providers should always refer directly to the Oregon Administrative Rule found on the Secretary of State website for program requirements.

Questions on Medicaid policy should be submitted to ✉ Medicaid.Programs@dhsoha.state.or.us.

		OHA Youth Suicide Prevention website
Qualified Residential Treatment Program (QRTP)	(50)	Qualified Residential Treatment Program (QRTP) • The new term QRTP originated from the federal Family First Prevention Services Act (FFPSA). In order for ODHS, county operated, or one of the federally-recognized Oregon tribes to seek Federal Title IV-E reimbursement for placement costs it must ensure that the BRS contractor is operating a program that meets QRTP standards as defined in: OHA OAR 410-170-0020: Definitions (50) • BRS programs that are not required by agency specific rules to be a QRTP may voluntarily choose to demonstrate and comply with QRTP requirements and receive the QRTP rate.
Runaway Status	(53)	Runaway Status • Added for clarification of billing purposes
Suspected Suicide	(58)	Suspected Suicide • Added to assist providers in knowing when the death of a BRS client should warrant the implementation of postvention activities.
Transition Planning	(61)	Transition planning • Not previously defined in rule
Trauma Informed Approach	(63)	Trauma Informed Approach • Additional resources: Trauma Informed Oregon webpage

BRS Contractor and BRS Provider Requirements — 410-170-0030

(1) Contractor and Provider requirements	(1)	Conditions of BRS contractor and BRS provider participation: • Agencies may contract with public or private entities (i.e., BRS contractors) to provide services to and placement for its BRS clients. Depending on their contract with the agency, BRS contractors may then contract with an individual or entity (i.e., BRS provider or subcontractor) to provide the day-to-day care and treatment to BRS clients. If BRS contractors choose to subcontract this work, they are responsible for ensuring that the BRS provider is complying with all applicable laws and the contract. Since the agency does not have a direct contract with the provider, the agency will hold the BRS contractor responsible if there is any problem or non-compliance issue by the BRS provider.
(a) Requirements include valid licenses, approvals	(1) (a)	This section of the rule adds necessary language for state agencies to collect Federal Title IV-E funds for placement related activities.

Oregon Health Authority — Chapter 410, Division 170 OVERVIEW

This document offers resources and guidance only. Providers should always refer directly to the Oregon Administrative Rule found on the Secretary of State website for program requirements.

Questions on Medicaid policy should be submitted to ✉ Medicaid.Programs@dhsoha.state.or.us.

	or certifications required to operate a BRS program		
(b)	License required to operate a private child-caring agency	(1) (b)	BRS providers must be licensed as a Child Caring Agency through ODHS. For additional information visit: - ODHS Children's Care Licensing
(c)	Comply with OHA provider enrollment requirements	(1) (c)	- OHA provider enrollment website - OHA OAR 410-120-1260: Medical Assistance Programs Provider Enrollment - Obtaining a National Provider Identifier NPI # - Centers for Medicare & Medicaid Services NPI Standard
(d)	Comply with federal and state law regulations that govern a CCA	(1) (d)	- ORS 418.205 to 418.327: Child-Caring Agencies - ODHS OAR 413-215: Licensing Child-Caring Agencies
(e)	Exclude individuals and entities from subcontracting if on exclusion list	(1) (e)	If the provider contract allows subcontracting, the provider is responsible for following the Medicaid rule. Before subcontracting, the provider must review this OAR and follow the instruction to ensure the potential subcontractor is not on the exclusion list. - U.S. Dept of Health & Human Services Office of Inspector General Exclusions Database - OHA OAR 410-120-1380: Medical Assistance Programs Compliance with Federal and State Statutes BRS contractor and BRS provider relationship examples for BRS programs: Counties contract directly with the state to provide BRS services and placement to clients and may subcontract with other individuals or entities to provide the services or placement directly to clients. For example: Multnomah County contracts with OHA for BRS and in turn subcontracts with Maple Star to deliver the services. Multnomah County must check the exclusion list to ensure Maple Star is not included. For purposes of the BRS program, Multnomah County is the BRS contractor and Maple Star is the BRS provider/subcontractor. Other examples: Proctor Care models contract with an approved proctor foster parent. The contract must ensure the parent is not on the exclusionary list. Other subcontractors could include behavioral health professionals, consultants, food service providers, cleaning/janitorial services, etc. Any service involving a contract with the provider related to the BRS program must be checked against the exclusionary list.

Oregon Health Authority — Chapter 410, Division 170 OVERVIEW

This document offers resources and guidance only. Providers should always refer directly to the Oregon Administrative Rule found on the Secretary of State website for program requirements.

Questions on Medicaid policy should be submitted to ✉ Medicaid.Programs@dhsoha.state.or.us.

Rule	Ref	Guidance
(f) Have a contract or agreement with an agency	(1) (f)	A BRS contractor, as defined in this rule, is required to deliver services to a BRS eligible client. In addition, if services are provided by someone or a company other than an employee of the contractor, the contractor must have a written contract or agreement with the entity. And the written agreement must stipulate responsibility to follow all applicable statutes and regulations, and the relevant contract provisions required by the agency.
(2) Compliance with Federal and State Law	(2)	Compliance with Federal and State Law The Medicaid program was established by the Federal Government in the mid 1960's as a part of a larger piece of legislation called "The War on Poverty." The Social Security Act of the 1930's was amended, and Medicaid program was added at Title XIX. The Federal Centers for Medicaid and Medicare Services administers the Medicaid program. 42 USC 1396 *et seq* references multiple statutes that describe the program and its requirements, including but not limited to the authority for the state to participate in the Medicaid program. Further clarification about the Medicaid program can be found on the Oregon Health Authority website or contact the state agency compliance specialist. BRS contractors, BRS providers and subcontractors must comply with all applicable provisions in Oregon Health Authority's Medical Assistance Programs administrative rules: - OHA OAR Chapter 410, Division 120: Medical Assistance Programs
(3) Confidentiality of Client Records	(3)	BRS contractors are responsible for maintaining the confidentiality of *BRS client* information, including those clients being served by subcontractors.
(a) General Confidentiality (b) Disclosure of Information	(3) (a-b)	Agency contracts include requirements when disclosure of BRS client's information requires more than the client's written approval. In some cases, the contracting agencies' written approval is required. Examples applying to when the BRS client's approval is needed: If a parent, other relative, school official, friend, etc. wants to attend a meeting where information regarding the BRS client will be shared, the BRS client must provide written consent for this individual to participate. The BRS client may choose to share information directly with a friend, parent, school staff, etc. The BRS client has shared this information and no written consent is necessary. The written consent is required for the BRS contractor or provider to share any information about the BRS client. - OHA OAR 410-120-1360: Requirements for Financial, Clinical and Other Records - OHA OAR 410-120-1380: Compliance with Federal and State Statutes
(c) HIPAA Compliance	(3) (c-e)	Information for HIPAA Compliance and Medical Privacy:

Oregon Health Authority — Chapter 410, Division 170 OVERVIEW

This document offers resources and guidance only. Providers should always refer directly to the Oregon Administrative Rule found on the Secretary of State website for program requirements.

Questions on Medicaid policy should be submitted to ✉ Medicaid.Programs@dhsoha.state.or.us.

Rule	Reference	Guidance
(d) Maintenance of Written Records (e) Disclosure to governmental or licensing entities		OHA Youth Health website U.S. Department of Health & Human Services HIPAA training resources, the second is specific to behavioral health: Health Information Privacy Training materials Health Information Privacy Information Related to Behavioral Health BRS contractors are responsible to ensure all records held by them or their subcontractors are physically secure as well as electronically secure. All staff shall be trained on how to send information securely via any mode of communication including email.
(4) Staff Qualifications (a) Education and experience requirements for direct care staff	(4) (a)	Staff Qualifications: Under 410-170-0020 (28): Direct Care staff means an individual who is employed by or who has a contract or an agreement with the BRS provider and is responsible for assisting social service staff in providing individual and group counseling, skills-training and therapeutic interventions, and monitoring and managing the BRS client's behavior to provide a safe, structured living environment that is conducive to treatment. The 50% bachelor's degree requirement also applies approved proctor foster parent because they provide some of the BRS services. Experience working with children and young adults can be substituted for college credits to meet the requirement. For experience to be substituted for college credits, it is necessary to document the experience in the approved proctor foster parent and employee's file. Without the documentation it cannot be applied. The experience does not have to be paid; it can be volunteer experience. But the experience must be working with children and young adults in a formal setting. Previous experience as a foster parent does not qualify as acceptable experience that can be substituted for the bachelor's degree. Equivalencies: One year of experience working full-time with children or young adults can be substituted for 1 year of a four-year college education. The one year of experience must be documented and verified. Direct care staff can use up to 2 years of full-time experience as the equivalent of 2 years full-time education. The documentation must be in the form of a reference check and the reference check must demonstrate that the work completed was successful, either paid or volunteer work. What is formal setting: A formal setting is one which follows established or prescribed standards. (schools, proctor foster care, state agencies, non-profit organizations, etc.)
(b) Education and experience	(4) (b-c)	In determining a "closely allied field" for the purposes of meeting this section of the rule, programs can take the following steps: review the

This document offers resources and guidance only. Providers should always refer directly to the Oregon Administrative Rule found on the Secretary of State website for program requirements.

Questions on Medicaid policy should be submitted to ✉ Medicaid.Programs@dhsoha.state.or.us.

requirements for Program coordinator or program director		transcript for a minimum of 45 documented semester credit hours related to child or adolescent development, social work, family systems, or child and adolescent mental health issues and/or treatment. Social work education would include generalist practice such as assessment, planning, intervention, evaluation, medication, case management, counseling, substance abuse, advocacy, and development, implementation and administration of policies, programs, and practices.
(c) Education and experience requirement for social service staff		If the applicant meets the above requirements and is hired into the position, maintain a copy of the transcript and the documentation of the credit hours used to fulfill the education requirements in this rule. Keep the documentation in the employee's personnel file for 7 years. Use the following guidelines in assessing credit hours: • Credits vary, depending on the type of course and level. • One credit is generally equal to three hours per week of work in and out of class – e.g., each hour of class lecture is expected to require two hours of out of class work. University systems offer quarter credits and others system credits. To compare the two: for a quarter system multiply the number of quarter credits by .67 to determine how many credits would transfer to a semester system (4 quarter credits x .67 = 2.68 semester credits).
(d) Required staff with certification in evidence-based programming	(4) (d)	Each program shall identify an individual who meets the minimum requirements of a direct care staff person, a social service staff person or a program coordinator who has the necessary certifications to provide leadership and training to staff. If a contractor has more than one BRS program they may identify the same person across more than one program to provide the leadership and training to staff if the identified person meets the minimum requirements for a BRS staff person listed above. The staff member shall maintain a certificate or training record indicating that they are qualified to provide leadership and training in evidenced-based programs to maintain fidelity and trauma informed services.
(e) Training requirements for direct care staff, social service staff and program coordinator	(4) (e) (A–C)	Training includes reviewing materials and/or videos specifically designed to provide the trainee with necessary information to carry out their responsibilities. Rules requires that topics shall include skills-training that supports evidence-based or promising practices, behavior and crisis management, suicide prevention, and other subjects relevant to the responsibilities of providing services and placement-related activities to the BRS client. Training materials for gender and cultural-specific services, behavior and crisis management, medication administration, discipline and

Oregon Health Authority — Chapter 410, Division 170 OVERVIEW

This document offers resources and guidance only. Providers should always refer directly to the Oregon Administrative Rule found on the Secretary of State website for program requirements.

Questions on Medicaid policy should be submitted to ✉ Medicaid.Programs@dhsoha.state.or.us.

restraint and suicide prevention are available from national organizations serving children and in some cases from the state agency compliance specialist.

Training materials for specific topics listed below are available from Department of Human Services Child Welfare Division and the Oregon Youth Authority Community Services Division.

Following is a partial list. Contact your contract administrator for more information:

- ODHS and OYA have materials on the definition of a BRS service and how to adequately document a service.
- ODHS and OYA have video training on mandatory reporting which can be made available to all BRS contractors.

All the training materials can be tailored to meet the specific needs of the BRS contractor.

- Suicide prevention specific resources:
  - OHA Youth Suicide Prevention Programming flyer
  - OHA Youth Suicide Prevention website

Written documentation of the training materials provided and hours and participation are necessary to ensure compliance with this rule. Documentation should include: list of participants, copies of materials used, names of the trainers with their experience and specific hours and dates the training occurred. It is helpful if the documentation is easily assessable upon request. Documents are retained for 7 years.

Initial training document can be maintained in the employee or approved proctor parent record for the first two years after the training was completed.

The CPR requirement applies to all staff that supervise or work with BRS clients as specified in 410-170-0030 (4)(b). BRS Contractors and BRS Providers are responsible for ensuring that the staff members' certification is current.

(5) Fitness Determination

(5) Fitness Determination:

- OYA contractors: See agency specific requirements:
  - OYA OAR Chapter 416 Division 800: Criminal Records Checks
- ODHS contractors: See agency specific requirements:
  - ODHS OAR 413-095-0030(1)(b): BRS Provider Requirements

(6) Mandatory Reporting

(6) Mandatory Reporting online information and resources:

- Mandatory Reporting resources
- Child Abuse Reporting Guide
- ODHS Child Safety website
- What you can do about child abuse booklet

Oregon Health Authority — Chapter 410, Division 170

OVERVIEW

This document offers resources and guidance only. Providers should always refer directly to the Oregon Administrative Rule found on the Secretary of State website for program requirements.

Questions on Medicaid policy should be submitted to ✉ Medicaid.Programs@dhsoha.state.or.us.

Oregon Health Authority Contact Information

Oregon Health Authority is currently updating the additional sections of this guide related to OAR 410-170: BRS Services Program. If you have any questions about OHA Medicaid or BRS specific policy, please email for additional guidance.

✉ Medicaid.Programs@dhsoha.state.or.us

*THIS PAGE INTENTIONALLY
LEFT BLANK FOR PURPOSES OF
2-SIDED PRINTING*

Oregon Department of Human Services — Chapter 413, Division 95 OVERVIEW

Definitions — 413-095-0000

Absent Day	(1)	Rules for absent day reimbursement apply only to BRS programs contracting with ODHS or OYA. “Absent day” means a calendar day in which the client is not physically present.
Accreditation	(2)	Qualified Residential Treatment Programs (QRTP) shall be accredited by an HHS approved agency. Accreditation is an external review of a BRS program by outside experts. A BRS program shall demonstrate compliance with an accrediting body’s requirements. HHS approved accreditation agencies are: The Commission on Accreditation of Rehabilitation Facilities (CARF) CARF website The Joint Commission on Accreditation of Healthcare BRS programs (JCAHO) JCAHO website The Council on Accreditation (COA) COANET website It can take approximately 12-18 months (or more) to become accredited. Accreditation focuses on: leadership/governance; strategic planning; health & safety; input from persons served and other stakeholders; legal requirements; financial planning and management; risk management; ongoing focus on performance and quality improvement; ethical practices; human resources; technology; accessibility; service planning and documentation; trained/competent staff; client rights, confidentiality, informed consent; care, treatment, services. Key considerations in choosing an accrediting body: • Costs • Fit with accreditation requirements • Desire to accredit all programs or some • Timing Accreditation is one component of a Qualified Residential Treatment Program. See OAR 410-170-0020 (50) for additional information on Qualified Residential Treatment Programs. OHA OAR 410-170-0020: Behavior Rehabilitation Services Program General Rules; Definitions
Evidence Based	(4)	BRS programs should apply evidence-based approaches to supports provided to BRS clients, the behavior rehabilitation model and even specific curriculum utilized for the delivery of behavior rehabilitation services. The California Evidence Based Clearinghouse for Child Welfare is a resource to identify evidence-based practices:

Oregon Department of Human Services — Chapter 413, Division 95 OVERVIEW

		CEBC website Your contract administrator can also be a resource in identifying evidence-based practices for the specific population served.
Fictive Kin	(5)	Examples of a fictive kin relationship: long-time family friend; godmother/godfather; trusted confidante; caregiver. These are all relationships which take on the quality of a family relationship, but the individuals are not related by blood or marriage.
QRTP assessment	(7)	The QRTP assessment is initiated after the caseworker and Residential Resource Consultant (RRC) staff determine a QRTP level of care may be warranted. The Qualified Individual (QI) will conduct a CANS screening, review documentation provided in the BRS referral packet and receive family meeting notes provided by the caseworker which documents the child's team placement preferences. The assessment will recommend a QRTP setting or another more appropriate placement setting type. The assessment can occur up to 30 days after placement though it is best practice for the caseworker to obtain the assessment prior to placement to aid in placement planning. Each time a youth moves to a new QRTP an updated assessment is required.
Proctor Foster Home	(8)	Proctor Foster Homes shall meet requirements found here: ORS 418.248: Certification of proctor foster homes rules ORS 418.625 to 418.645 are **not** applicable
Qualified Individual	(9)	ODHS Treatment Services is contracting with an outside agency to serve as the Qualified Individual in completing the QRTP assessments. The contracted staff are at a minimum Qualified Mental Health Practitioners and are responsible for conducting a CANS and completing the QRTP assessment.

Administration of the BRS Program — 413-095-0010

	(1)	Department of Human Services provides services to Oregon's federally recognized tribes.

BRS Provider Requirements — 413-095-0030

(1) Criminal records, abuse check and program records	(1)	BRS contractor and the BRS provider shall meet the requirements in: OHA OAR 410-170-0030: BRS Contractor and BRS Provider Requirements
	(1) (a)	Background Check Unit rules shall be followed for each subject individual.
	(1) (b)	For BRS programs using a residential care model, subject individuals shall have a Family First Background check submitted. Due to Family First Prevention Services Act, no preliminary hiring is allowed. This means staff are not allowed onsite for any reason, including shadow shifts while under the direct supervision of a staff member or for training, until the background check has been approved. ODHS is monitoring compliance through obtaining monthly rosters of staff to

ensure the start date does not precede the background check approval date.

BCU OAR 407-007-0210 through 0370 apply:

- 407-007-0210
- 407-007-0220
- 407-007-0230
- 407-007-0240
- 407-007-0250
- 407-007-0275
- 407-007-0277
- 407-007-0279
- 407-007-0281
- 407-007-0290
- 407-007-0300
- 407-007-0315
- 407-007-0318
- 407-007-0320
- 407-007-0330
- 407-007-0340
- 407-007-0350
- 407-007-0370

(1) (c) (D) For Qualified Residential Treatment Programs, verification of accreditation status and all related documentation should be kept in program records. This includes renewal documentation and accreditation body correspondence.

(2) Residential care model requirements

(2) A BRS residential care provider shall either:

(2) (a) Operate a child-caring agency that is providing prenatal, postpartum or parenting supports to the BRS client; operate an independent residence facility that is licensed by ODHS as a child caring agency; or operate a program providing high-quality residential care and supportive services to BRS clients who is or is at risk of becoming a victim of sex trafficking,

- ORS 419B.354 (3); or

(2) (b) Operates a Qualified Residential Treatment Program that meets the definition of a QRTP and all related rules outlined in,

- ODHS OAR 413-070-0000 ,(72) and:

(2) (b) (A) Comply with all requirements in OHA Behavior Rehabilitation Services Program General Rules

- OHA OAR Chapter 410 Division 170

(2) (b) (B) A Qualified Residential Treatment Program should obtain a copy of the QRTP assessment if not provided in the BRS referral packet from the caseworker. The assessment will capture short term and long-term goals and recommend services which should be incorporated into the youth's MSP and any other treatment planning as appropriate.

(3) Conditionally approved accreditation

(3) For programs not fully accredited but pursuing accreditation and QRTP status, work closely with the assigned contract administrator to determine if the program can be considered conditionally approved for accreditation. This will require an endorsement from the accreditation body, CARF, COA or JCAHO, in writing stating that the BRS program is preliminarily accredited.

(3) (a) To consider a conditional accreditation, the contract administrator will need the written verification from the accreditation body of the provisional endorsement status as well as the BRS program's written plan to obtain final endorsement such as outlining when the site survey is scheduled and when required documentation will be submitted. If a conditional accreditation is granted by the contract

Oregon Department of Human Services — Chapter 413, Division 95 OVERVIEW

		administrator and other QRTP requirements are met the BRS program may receive the QRTP rate.
	(3) (b)	If the BRS program does not obtain full accreditation status within 270 days of the provisional endorsement provided by the accreditation body, the BRS program will lose its conditional accreditation status provided by ODHS and revert to Non QRTP designation until full accreditation is obtained.

Prior Authorization for the BRS Program; Appeal Rights — 413-095-0040

(1) Eligibility Prior authorization	(1) (b) (B)	The Medicaid program was authorized by Congress under Title XIX (nineteen) of the Social Security Act. ODHS OAR 413-100-0400: Substitute Care – Funding Eligibility
(3) Qualified Residential Treatment Program eligibility	(3) (a)	Each child or young adult in the care and custody of ODHS, including voluntary placements, referred to a QRTP shall have a QRTP assessment facilitated by ODHS and completed by a Qualified Individual. It is best practice for the caseworker to obtain an assessment prior to placement; however, circumstances may prevent this and an assessment can be completed up to 30 days after placement. The QRTP assessment includes a CANS, review of clinical documentation and QI participation in a family meeting to understand the child's permanency team's preferences on placement settings, goals, strengths and needs of the child.
	(3) (b)	There are times when a QRTP assessment does not recommend a QRTP level of care for a BRS client already placed in a QRTP. If the QRTP assessment does not recommend a QRTP the caseworker can request an immediate redetermination based on new information or documentation not previously considered. A QRTP hearing will be held no later than 60 days after placement in the QRTP at which time a judge will determine if a QRTP is the most appropriate and least restrictive setting. If at this point a Judge determines a QRTP is not in the child's best interest, the youth will need to transition out of the QRTP within 30 days of the court order. If a QRTP assessment redetermination maintains that a QRTP setting is not appropriate, the caseworker will need to decide to either transition the child out of the QRTP over the next 30 days from when the assessment is completed or allow the judge to make the final decision regarding the appropriateness of a QRTP level of care.

BRS Placement Related Activities for a Department BRS Contractor and BRS Provider — 413-095-0050

(2) Non BRS-Related Medical and Mental Health Care	(2)(c)	Medication administration and monitoring for ODHS BRS clients shall follow applicable rules in Child Welfare Programs OAR Chapter 413 Division 70. ODHS OAR 413-070-0400 through 0490 These rules describe: the purpose; department records, medication review, and consent and authorization requirements; disclosure requirements for a child or young adult in substitute care; substitute caregiver responsibilities; notification timelines for psychotropic

notification therapy; notification content for psychotropic medication therapy.

(3) Educational and vocational activities

(3) Educational and vocational activities can be more than attending school. Enrollment in an educational program meets the standard for this rule. Vocational activities can be broader than enrollment in a vocational training class or program. Vocational activities can include working in the dining room, janitorial duties (exclusive of chores), landscaping, office skills, etc. The activities need to assist the BRS client in developing the foundation upon which vocational classes or program can be a successful experience for the BRS client.

A system shall be in place for a BRS client to attend school, either on site or off site, in a setting that complies with OAR Chapter 413, Division 105.

- ODHS OAR 413-105-0030: Educational Services for a Child or Young Adult in Substitute Care
- http://www.oregon.gov/DHS/children/Pages/sb1515.aspx

(4) Other placement-related activities

Recreational, social, and cultural activities

(4) Recreational, social, and cultural activities are important to help maintain a BRS client's connection to the community, age-appropriate development and skill building while engaging in a non-treatment environment. When considering the appropriateness of an activity, apply the prudent parent standard to each individual child and young adult. If there are concerns or questions about a particular activity, then seek the guidance from the caseworker and/or contract administrator.

If a BRS client is demonstrating unsafe behaviors creating concern for their participation in an activity in the community, discuss the concern with the caseworker and contract administrator. Document the decision to not have the BRS client participate in an offsite activity in the service plan, reason for the decision and behavioral goals created to ameliorate the unsafe behavior.

(5) Family Involvement

(5) See Appendix P for family engagement strategies.

(5) (a) Family engagement is defined by the Children's Bureau as a "family-centered and strengths-based approach to partnering with families in making decisions, setting goals, and achieving desired outcomes. Beyond specific cases, engaging families as key stakeholders must extend to policy development, service design, and evaluation." For QRTP's, family engagement, as appropriate and in the child's best interests, is a core component of the QRTP model. "Family" includes parents and siblings, as well as other relatives, resource parents, and fictive kin.

(5) (b) Ensure all contact with family members and fictive kin is approved by caseworker which includes specific method of contact such as by phone (supervised/unsupervised), email, day visits, overnights. Documentation of outreach could be recorded in service plans, BRS weekly service notes as applicable, or separate notes that document

		all communication. If the BRS client has a sibling it is important to document sibling contact and if none, why.
(6) Compliance	(6)	BRS contractor and BRS provider shall comply with the rights and protection each BRS client in the legal custody of the Department is entitled to receive; see Appendix J — Oregon Foster Children's Bill of Rights; Oregon Foster Children's Sibling Bill of Rights. ODHS OAR 413-010-0170: Purpose ODHS OAR 413-010-0175: Definitions ODHS OAR 413-010-0180: Rights of Children and Young Adults in the Legal Custody of the Department ODHS OAR 413-010-0185: Department Responsibilities

Billing and Payment for Services and Placement Related Activities — 413-095-0060

(1) Billable care day	(1) (b)	Overnight transitional visits are billable to Medicaid for OYA and ODHS BRS contractors and/or BRS providers. Transitional visits are not part of the billable care day for OHA contractors such as county programs
	(1) (b) (B)	The BRS Provider shall document in the BRS client record how the transitional visit is in support of the current service plan goals. Include in the documentation specifics of how the transitional visit will help the BRS client achieve the service plan goals.
	(1) (c)	A child may be transitioning to a resource (foster) home, family of origin or another BRS program.
(2) Absent days	(2) (a)	Appendix L includes the ODHS Absent Day payment request form. The dedicated email address for invoice questions is: mailto:BRS.PlacementSupport@dhsoha.state.or.us
	(2) (c)	Both the caseworker and the contract administrator must approve the request.
	(2) (d)	The request shall be submitted on the approved form, 87, and sent to the contract administrator within 30 days of the absent days requested. If the form is submitted after the required timeframe, the absent day payment will not be approved.
(3) Reimbursement	(3)	BRS providers may operate more than one BRS type of care or more than one program name. The reimbursement rates for different programs vary based on the requirements. The BRS rule lists the requirements for each program. Appendix C provides a quick reference. Providers will be reimbursed for care based on the program name in the contract. If the provider offered or even delivered a different level of care, the reimbursement will be based on the program listed in the contract.
(4) Invoice form	(4)	The dedicated email address for ODHS payment questions is: central.contractinvoices@dhsoha.state.or.us

Oregon Department of Human Services — Chapter 413, Division 95 OVERVIEW

When a Child or Young Adult Placed with a BRS Program is Missing — 413-095-0070

(1) Required Notifications	(1)	The BRS contractor or BRS provider shall follow their approved ODHS policy to determine when a BRS client is considered missing and when reporting requirements are in effect. When making a report to NCMEC, always contact law enforcement first as NCMEC will need to know that a missing person's report has been filed. NCMEC Hotline Number, 1-800-THE-LOST (800-843-5678). Be prepared to provide a recent photo of the BRS client if one is available, as well as information such as: a. a physical description, including tattoos and piercings, what he or she was wearing, when seen last, and a description of personality traits; b. information about the BRS client's routine, friends, activities, social media presence, etc. including any recent changes in his or her life. A BRS contractor or BRS provider shall contact ODHS if a BRS client is missing. Unless there is specific concern about potential abuse (such as: staff lack of supervision led to missing BRS client, BRS client at risk of being trafficked, BRS client made statements about going to an environment or around individuals who are unsafe), the Oregon Child Welfare Abuse Hotline does not need to be called. The caseworker should be immediately contacted and provided the information about the missing BRS client.

Appendix A - BRS Rates Table

Oregon Department of Human Services

- Provider Tool link on OHDS' BRS website
  - OAR 413-095-0060 — https://secure.sos.state.or.us/oard/viewAttachment.action?ruleVrsnRsn=284506

*THIS PAGE INTENTIONALLY
LEFT BLANK FOR PURPOSES OF
2-SIDED PRINTING*

Oregon Youth Authority — Chapter 416, Division 335

OVERVIEW

Purpose — 416-335-0010

		BRS purpose statement is included in OHA 410 Division 170 Rule as well as in the ODHS 413 Division 95 and OYA 416 Division 335 OAR's. The purpose statements are identical in all three agencies.

Definitions — 416-335-0020

Absent Day	(1) (c)	BRS contractors are required to contact both the JPPO and the contract administrator to request written permission. The contract administrator will communicate the request to the OYA Community Resources Manager.

Additional Requirements for OYA BRS Contractors and BRS Providers — 416-335-0030

(1) Compliance with Foster Care Certification OARs 416-530 and Treatment Foster Care OARs 416-550	(1)	OYA OAR Chapter 416 Division 530: Foster Care Certification rules OYA OAR Chapter 416 Division 550: Treatment Foster Care rules
(2) Criminal history checks per OAR 416-800	(2)	OYA OAR Chapter 416 Division 800: Criminal Records Checks rules
(3) Supervision of volunteers, employees, etc., who have not yet successfully completed criminal history checks		
(4) Medication management policy must comply with OAR 416-340-0000 through 416-340-0070	(4)	OYA OAR Chapter 416 Division 340: Medication Management rules
(5) Proctor Care Model Approved Proctor Foster Parents Meet requirements of OYA's foster care rules Cooperation on dual-certification process as	(5) (a)	OYA Approved Proctor Foster Parents ratios for children and adults can be found in these rules. Refer to OHA OAR 410-170-0030 (8) (b) (A) (ii)

Oregon Youth Authority — Chapter 416, Division 335 OVERVIEW

outlined in the foster care rule		
(6) Separate bedrooms for youth 18 years or older	(6)	Appendix N includes OYA Room Sharing and Approval Process for OYA BRS Providers Refer to OHA OAR 410-170-0030 (8) for other requirements

Prior Authorization for the BRS Program; Appeal Rights — 416-335-0040

(1) BRS Program Eligibility Prior authorization	(1) (b) (A)	416-335-0020 (7) includes a definition for young person. This applies only to OYA contracted providers.
(2) Appeal rights when prior authorization denied	(2) (a)	The Oregon Health Authority conducts all case hearings for the BRS program. OHA OAR 410-120-1860: Contested Case Hearing Procedure rules OHA OAR 410-120-0865: Denial, Reduction, or Termination of Services rules

Placement Related Activities for OYA's BRS Contractors and BRS Providers — 416-335-0080

(1) Placement Related Activities Clothing Transportation Education and vocational activities Recreational, social, cultural activities Academic Assistance	(1)	Home visit transportation: It is the shared responsibility of OYA and BRS contractor or BRS provider, to ensure the cost of transportation is paid for when that transportation is for a home visit, visit to a foster home or relatives. The BRS contractor, BRS provider, and the caseworker must jointly plan the transportation method as far in advance as possible.
	(1) (a)	Upon intake BRS provider or BRS contractor are responsible for inventorying youth clothing and documenting on YA 3070 and submit document to JPPO prior to the JPPO authorizing the funds. Appendix M provides an example of the authorization form. Clothing authorizations are limited both in scope and frequency. The rule, form and policy provide details.
	(1) (e) (B)	OYA policy for recreational activities in substitute care: OYA Policy III-A-3.1: Recreational Activities in Substitute Care Placements Provider Resources, including policies Providers are required to follow: https://www.oregon.gov/oya/Pages/providerresources.aspx
(2) Non BRS-Related Medical Care Administer and monitor medications	(2) (c)	OYA OAR Chapter 416 Division 340: Medication Management rules OYA may be able to provide services to some OYA eligible BRS clients through agency programs outside of Medicaid. Approval from the caseworker is required to access other programs.

Oregon Youth Authority — Chapter 416, Division 335 OVERVIEW

Billing and Payment for Services and Placement Related Activities — 416-335-0090

Rule		Reference	Explanation
(1)	Billable Care Days Compensated for billable care day on a fee for service basis Compensation for overnight transitional visits	(1) (b) (A)	Prior Approval is required from the JPPO and the OYA contract administrator.
		(1) (b) (B)	The BRS Provider shall document in the BRS client record how the home or transition visit is in support of the current service plan goals. Include in the documentation specifics of how the visit will help the BRS client achieve the specific service goals.
		(1) (c)	A BRS client may be transitioning to a foster home or another BRS program. The BRS sending program will receive the absent rate as published. The hosting program will be paid their established rate.
(2)	Absent Days		
(3)	Reimbursed only for authorized type of care	(3)	The contracted BRS type of care (410-170-0090) will be used to determine the level of reimbursement. BRS contractors cannot claim nor will be reimbursed for a level of care or associated absent rate that is not included in the contract.
(4)	Invoice Form	(4)	Appendix O includes an excerpt from OYA's JPAS manual.
		(4) (a)	Juvenile Justice Information System (JJIS) is the system OYA uses to authorize payment for BRS services and Placement Related Activities. The OYA JPPO verifies the services in the JJIS system five days after the end of the month for BRS services received by the BRS client. An invoice is mailed to the BRS contracted provider. The BRS contracted provider verifies and signs the invoice returning it to the OYA. Payment is processed based on the signed invoice. For discrepancies and more detail about OYA's payment process, contact the assigned Community Resources specialist.
(5)	Billable Care Day and Absent Day rates		

Compliance Reviews and Remedies — 416-335-0100

Rule		Reference	Explanation
(1)	Contractor shall cooperate with reviews or audits		
(2)	OYA will conduct compliance reviews		
(3)	For non-compliance OYA may pursue a combination of actions		

Appendix A - BRS Rates Table

Oregon Youth Authority

OYA's website

THIS PAGE INTENTIONALLY
LEFT BLANK FOR PURPOSES OF
2-SIDED PRINTING

SECTION III

APPENDICES

THIS PAGE INTENTIONALLY LEFT BLANK FOR PURPOSES OF 2-SIDED PRINTING

Appendix A — BRS Rates Table

The current BRS Rate Table is available on each agency's website or as a link from each agency's OAR on Billing and Payment for Services and Placement-Related Activities.

Oregon Health Authority

- Quick Link on OHA's BRS website
  - OAR 410-170-0110 — https://secure.sos.state.or.us/oard/viewAttachment.action?ruleVrsnRsn=285774

Oregon Department of Human Services

- Provider Tool link on OHDS' BRS website
  - OAR 413-095-0060 — https://secure.sos.state.or.us/oard/viewAttachment.action?ruleVrsnRsn=284506

Oregon Youth Authority

- Provider Resource on OYA website
  - OAR 416-335-0090 —
    https://secure.sos.state.or.us/oard/view.action?ruleNumber=416-335-0090
    not included in rule, only referenced as Exhibit 1

THIS PAGE INTENTIONALLY LEFT BLANK FOR PURPOSES OF 2-SIDED PRINTING

APPENDIX B — Oregon Health Authority MMIS Local Match Leveraging Form

The DMAP 3049 form is available from OHA's website: https://apps.state.or.us/Forms/Served/oe3049.doc

DIVISION OF MEDICAL ASSISTANCE PROGRAMS
Medicaid Policy and Planning Section

MMIS Local Match Leveraging Form

For Behavior Rehabilitation Services, Targeted Case Management and School-Based Health Services claims

Reimbursement authority

42 CFR 433 Subpart B authorizes a unit of government to participate in Federal Financial Participation (FFP) when the unit of government provides the non-federal share ("local match") of public funds for Medicaid reimbursement for covered services.

By completing and submitting this form, the unit of government agrees that the government provider(s) listed below will retain the full amount of the total computable payment received from the Oregon Health Authority (OHA) for leveraged Medicaid-covered services.

Instructions

- Complete this form for each prepayment submitted for local match. To find out the amount you need to prepay, please see the Leverage Claims Payable – Not Paid section of the paper remittance advice for each provider you list below.
- Enter the authorized unit of government's information and the specific match amount for each unit of government provider listed. Make sure the prepayments clearly identify the match amount(s) to associate with each provider number listed below.
- Prepayments received and reported on this form to DHS|OHA by 5:00 p.m. Wednesday will be available for claims that process the following weekend.

If you have questions about submitting local match prepayments, call DHS|OHA Financial Services at 503-947-5017 or 503-947-5007 (Salem).

Unit of Government Name:		Telephone:	
Service Type	**Oregon Medicaid Provider Number**	**Government Provider Name**	**Match Amount**
Select service type:			
Select service type:			
Select service type:			
Select service type:			
Select service type:			
Select service type:			
Select service type:			
Select service type:			
Select service type:			
		Total prepayment submitted:	$0.00
		Prepayment type:	Select type
		Check/Electronic Funds Transfer (EFT) # (if known):	
		Submission date (MM/DD/YY):	

SAMPLE

EFT payments:

- E-mail the completed form to medicaid.leveraging@state.or.us (enter "MMIS" in the subject line of the e-mail) or
- Fax to 503-378-2806 (Salem).

Check payments:

Mail the check with the completed form to:
DHS|OHA Receipting Unit
P.O. Box 14006
Salem, OR 97309-5030

DMAP 3049 (11/13)

THIS PAGE INTENTIONALLY
LEFT BLANK FOR PURPOSES OF
2-SIDED PRINTING

Appendix C — Types of Care Requirements by Program Name

Comparing the following types of care: Shelter, Community Step-Down, and Independent Living Program

Type of Care	Shelter 0090 (1)	Community Step Down 0090 (1)	Independent Living Program 0090 (1)
Models used	Residential care model or proctor care model (1)(a)	Residential care model or proctor care model (1)(a)	Residential care model or proctor care model (1)(a)
Summary	The BRS client is placed in this BRS type of care as a short-term intervention to develop necessary skills. (1)(c)	The BRS client is placed in this BRS type of care when the BRS client only requires six BRS hours of service but the same level of BRS structure and support. (1)(d)	The BRS client placed in this BRS type of care requires a structured, supervised setting prior to transitioning to a supported community placement or living independently. (1)(e)
BRS Hours Requirement	6 hours (1)(b)	6 hours (1)(b)	6 hours (1)(b)
BRS Individual Hours Requirement	One hour of individual counseling or individual skills-training provided by social service staff (1)(b)(A)	One hour of individual counseling or individual skills-training provided by social service staff (1)(a)(A)	One hour of individual counseling or individual skills-training provided by social service staff (1)(a)(A)
Additional Hours Requirement	Five hours of any combination of individual or group counseling, crisis counseling, skills training, or parent training (1)(b)(B)	Five hours of any combination of individual or group counseling, crisis counseling, skills training, or parent training (1)(b)(B)	Five hours of any combination of individual or group counseling, crisis counseling, skills training, or parent training (1)(b)(B)
Intended Length of placement	30-90 days	Varies based on youth needs	Varies based on youth needs
Service Documents Required	Initial Service Plan (due within 2 business days of intake) 0070 (1) (A) Assessment and Evaluation Report (due within 45 days of intake) 0070 (2)(a)(B) Abbreviated AER maybe required under certain circumstances 0070 (2)(d)	Initial Service Plan (due within 2 business days of intake) 0070 (1)(A) Assessment and Evaluation Report (due within 45 days of intake) 0070 (2)(a)(B) Abbreviated AER maybe required under certain circumstances 0070 (2)(d) Master Service Plan (due within 45 days of intake) 0070 (3)(a)(A)	Initial Service Plan (due within 2 business days of intake) 0070 (1)(A) Master Service Plan – Transition (due within 30 days of intake) 0070 (8)(a)(B) Master Service Plan – Transition Updates (updates due every 30 days) 0070 (9)(a)(A)

Type of Care	Shelter 0090 (1)	Community Step Down 0090 (1)	Independent Living Program 0090 (1)
	Master Service Plan (due within 45 days of intake) 0070 (3)(a)(A) Master Service Plan 90-day updates (due every 90 days during placement) 0070 (4)(a)(A) Discharge Summary (due within 15 days of discharge) 0070(6)	Master Service Plan 90-day updates (due every 90 days during placement) 0070 (4)(a)(A) Aftercare and Transition Plan (due 30 days prior or as close as possible to discharge) 0070 (5)(a)(A) Discharge Summary – Due within 15 days of discharge 0070(6) Aftercare Summary – Due 210 days following discharge for youth who received 180-day aftercare 0070 (a)(A)(B) Summary not required in certain circumstances 0070 (7)(b)	Aftercare and Transition Plan (due 30 days prior or as close as possible to discharge) 0070 (5)(a)(A) Discharge Summary – Due within 15 days of discharge 0070(6) Aftercare Summary – Due 210 days following discharge for youth who received 180-day aftercare 0070 (a)(A)(B) Summary not required in certain circumstances 0070 (7)(b)
Proctor Home ratio	Proctor care model – maximum 3 BRS clients 0030 (8)(b)(A)(i) Respite Care 0030 (8)(b)(A)(iii)	BRS Proctor (OYA) – Based on home certification 0030 (8)(b)(B)	Proctor care model – maximum 3 BRS clients 0030 (b)(A)(i) Respite Care0030 (8)(b)(A)(iii)
Residential Minimum Staffing Ratio	Residential care model – Awake hours 1:7; Asleep hours 1:10 0030 (8)(c)(A)(i)	Residential care model – Awake hours 1:6; Asleep hours 1:10 0030(8)(c)(B)(i)	Residential care model – Awake hours 1:7; Asleep hours 1:10 0030 (8)(c)(A)(i)
Residential Required Weekly Average Staffing Ratio	Residential care model – Awake hours 1:5.5; Asleep hours 1:10 0030 (8)(c)(A)(ii)	Residential care model – Awake hours 1:4.7; Asleep hours 1:10 0030(8)(c)(B)(ii)	Residential care model – Awake hours 1:5.5; Asleep hours 1:10 0030 (8)(c)(A)(ii)

Comparing the following types of care: Proctor Care, Proctor Enhanced Services, and Assessment and Evaluation Proctor

Type of Care	Proctor Care 0090(3)	Proctor Enhanced Services 0090(3)	Assessment and Evaluation Proctor 0090 (3)
Models used	Proctor care model (3)(a)	Proctor care model (3)(a)	Proctor care model (3)(a)
Summary	The BRS client placed in these BRS types of care requires structure, behavior management, and support services to develop the skills necessary to be successful in a less restrictive home setting with an approved proctor foster parent. (3)(c)	The BRS client placed in this BRS type of care requires enhanced structure during the day time hours. This level of care provides the structure of day treatment for necessary skill development with a less restrictive home setting with an approved proctor foster parent. (3)(d)	The BRS client is placed in assessment and evaluation type of care to identify deficiencies and develop necessary skills. (3)(e)
BRS Hours Requirement	11 hours (3)(b)	11 hours (3)(b)	11 hours (3)(b)
BRS Individual Hours Requirement	Two hours of individual counseling or individual skills-training, one of which is provided by social service staff (3)(b)(A)	Two hours of individual counseling or individual skills-training, one of which is provided by social service staff (3)(b)(A)	(3)(b)(A)
Additional Hours Requirement	Nine hours of any combination of individual or group counseling, crisis counseling, skills-training, or parent training. (3)(b)(B)	Nine hours of any combination of individual or group counseling, crisis counseling, skills-training or parent training. (3)(b)(B)	Nine hours of any combination of individual or group counseling, crisis counseling, skills-training, or parent training. (3)(b)(B)
Intended Length of placement	Varies based on youth needs	Varies based on youth needs	30-90 days
Service Documents Required	Initial Service Plan (due within 2 business days of intake) 0070 (1)(A) Assessment and Evaluation Report (due within 45 days of intake) 0070 (2)(a)(B) Abbreviated AER maybe required under certain circumstances 0070 (2)(d) Master Service Plan (due within 45 days of intake) 0070 (3)(a)(A) Master Service Plan 90-day updates (due every 90 days during placement) 0070 (4)(a)(A)	Initial Service Plan (due within 2 business days of intake) 0070 (1)(A) Assessment and Evaluation Report (due within 45 days of intake) 0070 (2)(a)(B) Abbreviated AER maybe required under certain circumstances 0070 (2)(d) Master Service Plan (due within 45 days of intake) 0070 (3)(a)(A) Master Service Plan 90-day updates (due every 90 days during placement) 0070 (4)(a)(A)	Initial Service Plan (due within 2 business day of intake) 0070 (1)(A) Assessment and Evaluation Report (due within 45 days of intake) 0070 (2)(a)(B) Abbreviated AER maybe required under certain circumstances 0070 (2)(d) Master Service Plan (due within 45 days of intake) 0070 (3)(a)(A) Master Service Plan 90-day updates (due every 90 days during placement) 0070 (4)(a)(A)

Type of Care	Proctor Care 0090(3)	Proctor Enhanced Services 0090(3)	Assessment and Evaluation Proctor 0090 (3)
	Aftercare Transition Plan (due 30 days prior or as close as possible to discharge) 0070 (5)(a)(A) Discharge Summary – Due within 15 days of discharge 0070(6) Aftercare Summary – Due 210 days following discharge for youth who received 180-day aftercare 0070 (a)(A)(B) Summary not required in certain circumstances 0070 (7)(b)	Aftercare Transition Plan (due 30 days prior or as close as possible to discharge) 0070 (5)(a)(A) Discharge Summary – Due within 15 days of discharge 0070(6) Aftercare Summary – Due 210 days following discharge for youth who received 180-day aftercare 0070 (a)(A)(B) Summary not required in certain circumstances 0070 (7)(b)	Aftercare and Transition Plan (due 30 days prior or as close as possible to discharge) 0070 (5)(a)(A) Discharge Summary – Due within 15 days of discharge 0070(6) Aftercare Summary – Due 210 days following discharge for youth who received 180-day aftercare 0070 (a)(A)(B) Summary not required in certain circumstances 0070 (7)(b)
Proctor Home ratio	Proctor Care (ODHS) – maximum 2 BRS clients 0030 (b)(A)(ii) Respite Care 0030 (8)(b)(A)(iii) BRS Proctor (OYA) – Based on home certification 0030 (8)(b)(B)	Proctor Care (ODHS) – maximum 2 BRS clients 0030 (b)(A)(ii) Respite Care 0030 (8)(b)(A)(iii) BRS Proctor (OYA) – Based on home certification0030 (8)(b)(B)	Proctor Care (ODHS) – maximum 2 BRS clients 0030 (b)(A)(ii) Respite Care 0030 (8)(b)(A)(iii) BRS Proctor (OYA) – Based on home certification 0030 (8)(b)(B)
Facility Minimum Staffing Ratio	N/A	1:7 staff to youth ratio when youth are at day treatment site 0030 (8)(c)(ii)(V)	N/A
Residential Required Weekly Average Staffing Ratio	N/A	N/A	N/A

Comparing the following types of care: Enhanced Structure Independent Living, Basic Residential Rehabilitation Services, and Assessment and Evaluation Residential

Type of Care	Enhanced Structure Independent Living 0090 (2)	Basic Residential, Rehabilitation Services 0090 (4)	Assessment and Evaluation Residential 0090 (4)
Models used	Residential care model (2)(a)	Residential care model (4)(a)	Residential care model (4)(a)
Summary	The BRS client placed in this BRS type of care requires a structured, supervised setting with increased staff supervision and support, prior to transitioning to a supported community placement or living independently. (2)(c)	The BRS client placed in these BRS types of care requires 24-hour supervision of the BRS client ensuring that at least one direct care staff is on duty and awake whenever a BRS client is present in its program. (4)(a) And the BRS client requires structure, behavior management, and support services of a residential care model for necessary skill development. (4)(c) and (d)	The BRS client is placed in this BRS type of care requires 24-hour supervision of the BRS client ensuring that at least one direct care staff is on duty and awake whenever a BRS client is present in its program. (4)(a) And the BRS client requires the type of care to identify deficiencies and develop necessary skills. (4)(e)
BRS Hours Requirement	6 hours (2)(b)	11 hours (4)(b)	11 hours (4)(b)
BRS Individual Hours Requirement	One hour of individual counseling or individual skills-training provided by social service staff (2)(b)(A)	Two hours of individual counseling or individual skills-training, one of which is provided by social service staff (4)(b)(A)	Two hours of individual counseling or individual skills-training, one of which is provided by social service staff (4)(b)(A)
Additional Hours Requirement	Five hours of any combination of individual or group counseling, crisis counseling, skills training or parent training (2)(b)(B)	Nine hours of any combination of individual or group counseling, crisis counseling, skills-training or parent training. (4)(b)(B)	Nine hours of any combination of individual or group counseling, crisis counseling, skills-training or parent training. (4)(b)(B)
Intended Length of placement	Varies based on youth needs	Varies based on youth needs	30-90 days
Service Documents Required	Initial Service Plan (due within 2 business days of intake) 0070 (1)(A) Master Service Plan – Transition (due within 30 days of intake) 0070 (8)(a)(B) Including standardized assessment of	Initial Service Plan (due within 2 business days of intake) 0070 (1)(A) Assessment and Evaluation Report (due within 45 days of intake) 0070 (2)(a)(B)	Initial Service Plan (due within 2 business days of intake) 0070 (1)(A) Assessment and Evaluation Report (due within 45 days of intake) 0070 (2)(a)(B)

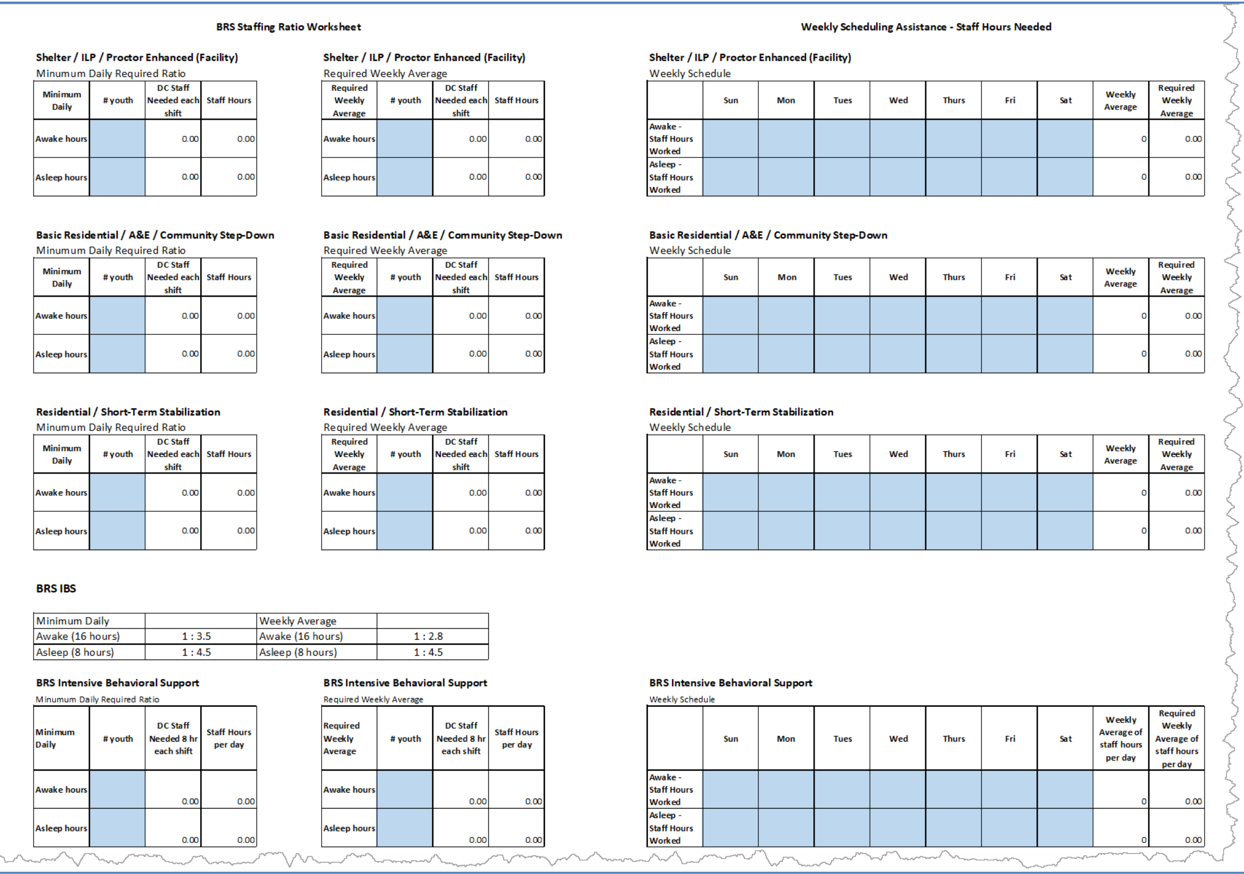
Type of Care	Enhanced Structure Independent Living 0090 (2)	Basic Residential, Rehabilitation Services 0090 (4)	Assessment and Evaluation Residential 0090 (4)
	independent living skills prior to the development of the MSP-T 0070 (8)(a)(A) Master Service Plan – Transition Updates (updates due every 30 days). 0070 (9)(a)(A) Aftercare and Transition Plan (due 30 days prior or as close as possible to discharge) 0070 (5)(a)(A) Discharge Summary – Due within 15 days of discharge 0070(6) Aftercare Summary – Due 120 days following discharge for youth who received 90-day aftercare 0070 (a)(A)(B) Summary not required in certain circumstances 0070 (7)(b)	Abbreviated AER maybe required under certain circumstances 0070 (2)(d) Master Service Plan (due within 45 days of intake) 0070 (3)(a)(A) Master Service Plan 90-day updates (due every 90 days during placement) 0070 (4)(a)(A) Aftercare and Transition Plan (due 30 days prior or as close as possible to discharge) 0070 (5)(a)(A) Discharge Summary – Due within 15 days of discharge 0070(6) Aftercare Summary – Due 210 days following discharge for youth who received 180-day aftercare 0070 (a)(A)(B) Summary not required in certain circumstances 0070 (7)(b)	Abbreviated AER maybe required under certain circumstances 0070 (2)(d) Master Service Plan (due within 45 days of intake) 0070 (3)(a)(A) Master Service Plan 90-day updates (due every 90 days during placement) 0070 (4)(a)(A) Aftercare and Transition Plan (due 30 days prior or as close as possible to discharge) 0070 (5)(a)(A) Discharge Summary – Due within 15 days of discharge 0070(6) Aftercare Summary – Due 210 days following discharge for youth who received 180-day aftercare 0070 (a)(A)(B) Summary not required in certain circumstances 0070 (7)(b)
Proctor Home ratio	N/A	N/A	N/A
Residential Minimum Staffing Ratio	Residential care model – Awake hours 1:6; Asleep hours 1:10 0030(8)(c)(B)(i)	Residential care model – Awake hours 1:6; Asleep hours 1:10 0030(8)(c)(B)(i)	Residential care model – Awake hours 1:6; Asleep hours 1:10 0030(8)(c)(B)(i)
Residential Required Weekly Average Staffing Ratio	Residential care model – Awake hours 1:4.7; Asleep hours 1:10 0030(8)(c)(B)(ii)	Residential care model – Awake hours 1:4.7; Asleep hours 1:10 0030(8)(c)(B)(ii)	Residential care model – Awake hours 1:4.7; Asleep hours 1:10 0030(8)(c)(B)(ii)

Comparing the following types of care: Intensive Residential/Intensive Rehabilitation Services, Short-term Stabilization, and Intensive Behavioral Support

Type of Care	Intensive Residential, Intensive Rehabilitation Services 0090 (4)	Short Term Stabilization 0090 (4)	Intensive Behavioral Support 0090 (5)
Models used	Residential care model (4)(a)	Residential care model (4)(a)	Residential care model (5)(a)
Summary	The BRS client placed in these BRS types of care requires 24-hour supervision of the BRS client ensuring that at least one direct care staff is on duty and awake whenever a BRS client is present in its program. (4)(a) And the BRS client requires more intensive structure, behavior management and support services than a BRS client in the basic residential or rehabilitation BRS types of care. (4)(f)	The BRS client placed in this BRS type of care requires 24-hour supervision of the BRS client ensuring that at least one direct care staff is on duty and awake whenever a BRS client is present in its program. (4)(a) And short-term intervention is provided to BRS clients in need of behavioral stabilization. (4)(h)	The BRS client placed in these BRS types of care requires 24-hour supervision of the BRS client ensuring that at least one direct care staff is on duty and awake whenever a BRS client is present in its program. (5)(a) BRS clients placed in this type of care have difficulty re-regulating their emotions due to the presence of complex developmental trauma or other mental health concerns. And the BRS client placed in this BRS type of care require skills-training and intensive behavioral support. (5)(c)
BRS Hours Requirement	11 hours (4)(b)	11 hours (4)(b)	11 hours (5)(b)
BRS Individual Hours Requirement	Two hours of individual counseling or individual skills-training, one of which is provided by social service staff (4)(b)(A)	Two hours of individual counseling or individual skills-training, one of which is provided by social service staff (4)(b)(A)	Three hours of individual counseling or individual skills-training, two of which are provided by social services staff. (5)(b)(A)
Additional Hours Requirement	Nine hours of any combination of individual or group counseling, crisis counseling, skills-training or parent training. (4)(b)(B)	Nine hours of any combination of individual or group counseling, crisis counseling, skills-training or parent training. (4)(b)(B)	Eight hours of any combination of individual or group counseling, crisis counseling, skills-training or parent training. (5)(b)(B)
Intended Length of Placement	Varies based on youth needs	7-90 days	Varies based on youth needs
Service Documents Required	Initial Service Plan (due within 2 business days of intake) 0070 (1)(A) Assessment and Evaluation Report (due within 45 days of intake) 0070 (2)(a)(B)	Initial Service Plan – Stabilization (due within 2 business days of intake) 0070 (10)(a)	Initial Service Plan (due within 2 business days of intake) 0070 (1)(A) Assessment and Evaluation Report (due within 45 days of intake) 0070 (2)(a)(B)

Type of Care	Intensive Residential, Intensive Rehabilitation Services 0090 (4)	Short Term Stabilization 0090 (4)	Intensive Behavioral Support 0090 (5)
	Abbreviated AER maybe required under certain circumstances 0070 (2)(d) Master Service Plan (due within 45 days of intake) 0070 (3)(a)(A) Master Service Plan 90-day updates (due every 90 days during placement) 0070 (4)(a)(A) Aftercare and Transition Plan (due 30 days prior or as close as possible to discharge) 0070 (5)(a)(A) Discharge Summary – Due within 15 days of discharge 0070(6) Aftercare Summary – Due 210 days following discharge for youth who received 180-day aftercare 0070 (a)(A)(B) Summary not required in certain circumstances 0070 (7)(b)	Assessment and Evaluation Report – Stabilization (due within 30 days of placement) 0070(11)(a) (b) NOTE: Short-term stabilization requirements for the A&E report are included in 0070(11). Master Service Plan – Stabilization (due within 30 days of intake) 0070(12)(a) (A) Master Service Plan – Stabilization Updates (updates due every 30 days) 0070(13)(a)(A) Aftercare and Transition Plan – Stabilization (Initial completed upon admission and final ATP-S (30 days prior to planned discharged)0070 (14)(a)(A) Discharge Summary – Due within 15 days of discharge Aftercare Summary – Due 210 days following discharge for youth who received 180-day aftercare 0070 (a)(A)(B) Summary not required in certain circumstances 0070 (7)(b)	Abbreviated AER maybe required under certain circumstances 0070 (2)(d) Master Service Plan (due within 45 days of intake) 0070 (3)(a)(A) Master Service Plan 90-day updates (due every 90 days during placement) 0070 (4)(a)(A) Aftercare and Transition Plan (due 30 days prior or as close as possible to discharge) 0070 (5)(a)(A) Discharge Summary – Due within 15 days of discharge 0070(6) Aftercare Summary – Due 210 days following discharge for youth who received 180-day aftercare 0070 (a)(A)(B) Summary not required in certain circumstances 0070 (7)(b)
Proctor Home Ratio	N/A	N/A	N/A
Residential Minimum Staffing Ratio	Residential care model – Awake hours 1:5; Asleep hours 1:10 0030(8)(c)(C)(i)	Residential care model – Awake hours 1:5; Asleep hours 1:10 0030(8)(c)(C)(i)	Residential care model – Awake hours 1:3.5; Asleep hours 1:4.5 0030(8)(c)(D)(i)
Residential Required Weekly Average Staffing Ratio	Residential care model – Awake hours 1:3.7; Asleep hours 1:9 0030(8)(c)(C)(ii)	Residential care model – Awake hours 1:3.7; Asleep hours 1:9 0030(8)(c)(C)(ii)	Residential care model – Awake hours 1:2.8; Asleep hours 1:4.5 0030(8)(c)(D)(ii)

Appendix D — Staffing Ratio Calculator Example



BRS Staffing Ratio Worksheet

Shelter / ILP / Proctor Enhanced (Facility)
Minumum Daily Required Ratio

Minimum Daily	# youth	DC Staff Needed each shift	Staff Hours
Awake hours		0.00	0.00
Asleep hours		0.00	0.00

Shelter / ILP / Proctor Enhanced (Facility)
Required Weekly Average

Required Weekly Average	# youth	DC Staff Needed each shift	Staff Hours
Awake hours		0.00	0.00
Asleep hours		0.00	0.00

Basic Residential / A&E / Community Step-Down
Minumum Daily Required Ratio

Minimum Daily	# youth	DC Staff Needed each shift	Staff Hours
Awake hours		0.00	0.00
Asleep hours		0.00	0.00

Basic Residential / A&E / Community Step-Down
Required Weekly Average

Required Weekly Average	# youth	DC Staff Needed each shift	Staff Hours
Awake hours		0.00	0.00
Asleep hours		0.00	0.00

Residential / Short-Term Stabilization
Minumum Daily Required Ratio

Minimum Daily	# youth	DC Staff Needed each shift	Staff Hours
Awake hours		0.00	0.00
Asleep hours		0.00	0.00

Residential / Short-Term Stabilization
Required Weekly Average

Required Weekly Average	# youth	DC Staff Needed each shift	Staff Hours
Awake hours		0.00	0.00
Asleep hours		0.00	0.00

BRS IBS

Minimum Daily		Weekly Average	
Awake (16 hours)	1 : 3.5	Awake (16 hours)	1 : 2.8
Asleep (8 hours)	1 : 4.5	Asleep (8 hours)	1 : 4.5

BRS Intensive Behavioral Support
Minumum Daily Required Ratio

Minimum Daily	# youth	DC Staff Needed 8 hr each shift	Staff Hours per day
Awake hours		0.00	0.00
Asleep hours		0.00	0.00

BRS Intensive Behavioral Support
Required Weekly Average

Required Weekly Average	# youth	DC Staff Needed 8 hr each shift	Staff Hours per day
Awake hours		0.00	0.00
Asleep hours		0.00	0.00

Weekly Scheduling Assistance - Staff Hours Needed

Shelter / ILP / Proctor Enhanced (Facility)
Weekly Schedule

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Weekly Average	Required Weekly Average
Awake - Staff Hours Worked								0	0.00
Asleep - Staff Hours Worked								0	0.00

Basic Residential / A&E / Community Step-Down
Weekly Schedule

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Weekly Average	Required Weekly Average
Awake - Staff Hours Worked								0	0.00
Asleep - Staff Hours Worked								0	0.00

Residential / Short-Term Stabilization
Weekly Schedule

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Weekly Average	Required Weekly Average
Awake - Staff Hours Worked								0	0.00
Asleep - Staff Hours Worked								0	0.00

BRS Intensive Behavioral Support
Weekly Schedule

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Weekly Average of staff hours per day	Required Weekly Average of staff hours per day
Awake - Staff Hours Worked								0	0.00
Asleep - Staff Hours Worked								0	0.00

This functional Excel spreadsheet is available from OYA's website at:

https://www.oregon.gov/oya/ResourcesProviders/BRS-Staffing-Ratio.xlsx *(Save or download a copy.)*

*THIS PAGE INTENTIONALLY
LEFT BLANK FOR PURPOSES OF
2-SIDED PRINTING*

APPENDIX E — Approved Service Plan Forms and Report Templates

- Initial Service Plan (ISP)
- Assessment and Evaluation Report (AER)
- Master Service Plan (MSP)
- MSP 90-Day Updates
- Aftercare and Transition Plan (ATP)
- Discharge Summary
- Aftercare Summary
- Master Service Plan — Transition (MSP-T)
- MSP-T 30-Day Updates
- Initial Service Plan — Stabilization (ISP-S)
- Assessment and Evaluation Report — Stabilization (AER-S)
- Master Service Plan — Stabilization (MSP-S)
- MSP-S 30 Day Updates
- Aftercare and Transition Plan Stabilization (ATP-S)

Initial Service Plan (ISP)

OAR 410-170-0070(1)(a)(A)
(1) Initial Service Plan (ISP): (a) A BRS contractor that provides services and placement-related activities in a Shelter, Independent Living program, Enhanced Structure Independent Living program, Proctor Care, Proctor Enhanced Services, Assessment and Evaluation, Basic Residential, Basic Rehabilitation, Intensive Residential, Intensive Rehabilitation, or Intensive Behavioral Support program shall and shall require that its BRS providers: (A) Ensure that a social service staff member completes a written ISP within two business days of the BRS client's admission to its program

Individuals Involved in ISP

Provide an opportunity for the following individuals to participate in the development of the BRS client's ISP. Programs must maintain signatures or proof of participation for all individuals involved.

- BRS Client
- BRS Client's Family
- BRS Client's Fictive Kin
- Social Service Staff
- BRS Client's Caseworker
- Other significant persons involved (i.e., therapist, school representative, CASA worker, mentor, etc.)

Approval Process

Caseworker and as appropriate BRS client and the BRS client's parent, guardian or legal custodian must give approval prior to implementation of service plan. Email approval is appropriate. If unable to get a response, program must keep documentation of attempts to get approval.

Delivery of Services Identified in ISP

BRS contractor or BRS provider is responsible for providing services identified in the ISP during the first 45 days in program or until the MSP is written. Services should be delivered in a manner that integrates a gender-responsive, culturally-sensitive, trauma-informed, and developmentally-appropriate approach.

Development of ISP

The BRS contractor or BRS provider must ensure that the ISP is individualized, developmentally appropriate, and based on a thorough assessment of the BRS client's referral information, and include the following:

- Plan to address specific behaviors identified in the referral information including the intervention to be used
- Plan to address any needs identified in the referral information
- Plan for overnight home or transition visit
- Anticipated discharge date and anticipated type of placement at discharge
- Existing orders for medication and prescribed treatment for medical conditions, mental health conditions, or substance abuse
- Behavior management system used as an intervention
- Plan for behavior management needs if needs are greater than usual for the program

Initial Service Plan

Name	Social Service Staff
Date of Birth	Intake Date
Caseworker/JPPO	Date of Report

Needs and Behaviors to Address Based on Referral	Interventions Provided, Including Behavior Management System
1)	1) 2) 3) 4)
2)	1) 2) 3) 4)
3)	1) 2) 3) 4)
4)	1) 2) 3) 4)
5)	1) 2) 3) 4)

Plan for behavior management needs if needs are greater than usual for the program

☐ No ☐ Yes if yes, please explain.

Home and Transition Visit Plan

Approved Visit Resource(s) and Location(s)	
Tentative Visit Plan including frequency of visits	
How will it be determined youth is eligible for Home or Transition Visit	

Initial Service Plan

Aftercare / Transition Planning

Anticipated Discharge Date	
Anticipated Placement Type	

Medication and Other Prescribed Treatments

Medication/ Prescribed Treatment	Frequency and Dosage	Prescriber

Current Medical Conditions

Existing Services including Medical, Mental Health, and Substance Treatment

Service Type	**Provider Name**	**Provider Address**	**Provider Phone**

SIGNATURES

Youth	Date	Caseworker/JPPO	Date
Social Service Staff	Date	Parent	Date
Other	Date	Other	Date

Assessment and Evaluation Report (AER)

OAR 410-170-0070(2)
(2) Assessment and Evaluation Report (AER): (a) A BRS contractor that provides services and placement-related activities in a Shelter, Proctor Care, Proctor Enhanced Services, Assessment and Evaluation, Basic Residential, Basic Rehabilitation, Intensive Residential, Intensive Rehabilitation, or Intensive Behavioral Support program shall and shall require that its BRS providers: (A) Ensure that the social service staff member conducts a comprehensive assessment of the BRS client and completes a written AER; and (B) Submit the written AER to the caseworker within 45 days of the BRS client's admission to the program. (b) The BRS contractor or BRS provider must ensure that the AER includes information about the BRS client regarding the following domains:

Individual Involved in AER:

To complete a comprehensive AER the social staff may reach out to the following individuals. The following individuals are provided an opportunity to give input regarding the youth's needs and strengths. Programs must maintain signatures or proof of participation for all individuals involved.

- BRS Client
- BRS Client's Family
- BRS Client's Fictive Kin
- BRS Client's Caseworker
- Social Service Staff
- Other Program Staff
- Other significant persons involved (i.e. therapist, school representative, CASA worker, mentor, etc.)

Assessment Domains:

Summarize current and historical information for each domain.

- Legal custody and basis for custody (Including but not limited to: Who is the legal guardian of the BRS client, if BRS client is in state custody explain why, include current and historical court referrals.)
- Medical information including prescribed medications and dosage (Including but not limited to: historical medical concerns, developmental concerns, most recent medical exam, current medical concerns including allergies, current medications/doses and reasons for medications.)
- Family and/or fictive kin information (Including but not limited to: cultural factors, family relationships and dynamics, historical or current abuse within family, historical or current legal issues of family members, historical or current substance use of family members, current needs related to family dynamics)
- Mental health information (Including but not limited to: historical mental health needs, current mental health needs, diagnosis, suicidal/self-harm history, mental health hospitalization, historical/current needs for counseling/ therapy)
- Alcohol and drug use (Including but not limited to: historical and current summary of substance use including age and frequency, history of treatment related to substance use and current treatment needs)
- Education (Including but not limited to: history of IEP and 504 plans, current IEP or 504 plan, grade level, credits, identified areas of struggle, academic strengths and

interests, standard or modified diploma, interest in college)

- Vocation (Including but not limited to: applicable to youth 14 or older, history of employment and volunteer experience, vocational interests, vocational training history and future interests)
- Social Living Skills (Including but not limited to: historical and current peer interactions, identified skills deficits, skill building needs)

Home Visit and Transition Planning:

- Approved visit resource(s) and location(s)
- Home and transitional visit plan and summary of any home visits already taken place
- Goals related to home and transitional visits
- Anticipated discharge date and placement resources
- Natural Supports

BRS Client's Current Status:

- Identified problems/needs, reason for referral/placement, and pertinent historical information not previously covered
- Summarized BRS client's current behaviors, response to services being provided, and strengths and assets identified.
- Summary of incidents since intake and interventions or both
- Plan for behavior management needs if needs are greater than usual for the program
- Identification of service goals
- Identification of needs by assessment and history

Abbreviated AER:

- Includes update of the BRS client's current status for all domains, including changes since last AER.
- Abbreviated AER's may be done in place of AER when the BRS client transfers from another BRS program and the AER is less than 90 days old and submitted to the caseworker within 30 days after transfer.

Assessment Evaluation Report

______________________ Name	______________________ Social Service Staff
______________________ Date of Birth	______________________ Intake Date
______________________ Caseworker/JPPO	______________________ Date of Report

Legal Custody and Basis for Custody

(Including but not limited to: Who is the legal guardian of the BRS client, if BRS client is in state custody explain why, include current and historical court referrals.)

Medical Information

(Including but not limited to: historical medical concerns, developmental concerns, most recent medical exam, current medical concerns including allergies, current medications/doses and reasons for medications.)

Family Information

(Including but not limited to: cultural factors, family relationships and dynamics, historical or current abuse within family, historical or current legal issues of family members, historical or current substance use of family members, current needs related to family dynamics)

Mental Health Information

(Including but not limited to: historical mental health needs, current mental health needs, diagnosis, suicidal/self-harm history, mental health hospitalization, historical/current needs for counseling/ therapy)

Alcohol and Drug Use

Assessment Evaluation Report

(Including but not limited to: historical and current summary of substance use including age and frequency, history of treatment related to substance use and current treatment needs)

Education *(Including but not limited to: history of IEP and 504 plans, current IEP or 504 plan, grade level, credits, identified areas of struggle, academic strengths and interests, standard or modified diploma, interest in college)*

Vocation *(Including but not limited to: applicable to youth 14 or older, history of employment and volunteer experience, vocational interests, vocational training history and future interests)*

Social Living Skills *(Including but not limited to: historical and current peer interactions, identified skills deficits, skill building needs)*

Home Visit and Transition Planning *(Including but not limited to: approved visit resource(s) and location(s), home visit plan and summary of any home visits already taken plan, goals related to home or transition visits, anticipated discharge date and location, natural supports)*

Identified problems/needs, reason for referral/placement, and pertinent historical information not previously covered

Assessment Evaluation Report

Summary of youth current behaviors, response to services being provided, identified strengths and assets, youth's status of behavior management system (if applicable)

Summary of incidents since intake

Plan for behavior management needs if needs are greater than usual for the program

Identification of any service goals

SIGNATURE

_______________________________	__________
Social Service Staff	Date

Report sent to Caseworker/JPPO __________
Date

Master Service Plan (MSP)

OAR 410-170-0070(3)(a)(A)

(3) Master Service Plan (MSP):

(a) A BRS contractor that provides services and placement-related activities in a Shelter, Community Step Down, Proctor Care, Proctor Enhanced Services, Assessment and Evaluation, Basic Residential, Rehabilitation, Intensive Residential, Intensive Rehabilitation, or Intensive Behavioral Support program shall and shall require that its BRS provider:

(A) Ensure that a social service staff member completes a written individualized MSP within 45 days of the BRS client's admission to its program

Individuals Involved in MSP

Provide an opportunity for the following individuals to participate in the development of the BRS client's MSP. Programs are required to maintain documentation of participation.

- BRS Client
- BRS Client's Family
- BRS Client's fictive kin
- Social Service Staff
- BRS Client's Caseworker
- Other significant persons involved (i.e. therapist, school representative, CASA worker, mentor, etc.)

Approval Process

Caseworker and as appropriate BRS client and the BRS client's parent, guardian or legal custodian must give approval prior to implementation of service plan. Email approval is appropriate. If unable to get a response, program must keep documentation of attempts to get approval.

Delivery of Services Identified in MSP

BRS contractor or BRS provider is responsible for providing services identified in the MSP. Services should be delivered in a manner that integrates a gender-responsive, culturally-sensitive, trauma-informed, and developmentally-appropriate approach.

Domains of Master Service Plan

When need is identified in the assessment and BRS client's history, goals must be developed for each of the following domains. Domains where no need is identified by the assessment do not need to be completed. Goals must be written in a manner that they can be measured and be attainable within the identified time frame. Goals should include input from youth, caseworker/JPPO, family, program, and other important persons involved.

Domains:

- Legal custody/basis for custody
- Medical information including medications and dosages
- Family information
- Mental health information
- Alcohol and drug use both current and historical
- Educational needs
- Vocational needs
- Social Living Skills

Structure of Domain Goals

Long Term Goal(s) – *These goals will likely be for the duration of the program*

Short Term Goal(s)/Objective(s) – *These are goals/objectives that should be completed by the BRS client prior to the next service plan review*

Time Frame of Short-Term Goal(s)/ Objective(s)

List Interventions Provider and Who Provides – Interventions

Method for monitoring progress on goals (Long and Short-Term Goals)

Completion Criteria – *How will program determine that the BRS client has met the Long-Term Goal*

Other Information Included in Master Service Plan

- Medical information including the following
  - Current medications including dose, frequency and prescriber
  - Current medical conditions
- School information including the following (This is in addition to educational goals)
  - Current grade level
  - Current school
  - Current credits earned
  - IEP needed, if yes describe reason for IEP
- Home and Transition Visit Plan including the following
  - Approved visit resource(s) and location(s)
  - Tentative visit plan including frequency
  - Approval process for change in plan
  - Goals to be addressed on home and transition visits
- Transition Goals and Planning including the following
  - Anticipated discharge date and location
  - Natural Supports
  - Professional services recommended and who is responsible for scheduling
- Aftercare Services including the following
  - Detailed description of services that may be offered by BRS contractor
  - Frequency of services and location (offsite, onsite, phone)
- Services from outside providers including the following
  - Type of service
  - Provider name, address, and phone number
- Incident Reports since last service plan review
- Plan for behavior management needs if needs are greater than usual for the program

Master Service Plan

Name	Social Service Staff
Date of Birth	Intake Date
Caseworker/JPPO	Date of Report

LEGAL CUSTODY AND BASIS FOR CUSTODY

Long-Term Goal

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

Master Service Plan

FAMILY
Long-Term Goal

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

MENTAL HEALTH
Long-Term Goal

Master Service Plan

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

ALCOHOL AND DRUG

Long-Term Goal

Short-Term Goals/Objectives	Time Frame
1.	

Master Service Plan

2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

EDUCATION

Long-Term Goal

Short-Term Goals/Objectives	Time Frame
1.	
2.	

Master Service Plan

3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

Grade Level	Current School	Credits Earned	IEP or 504 Plan *(if yes, describe need)*

VOCATION

Long-Term Goal

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Master Service Plan

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

Current Employer

SOCIAL LIVING SKILLS

Long-Term Goal

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Master Service Plan

Completion Criteria for Long-Term Goal

OTHER NEEDS

Long-Term Goal

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

Master Service Plan

Plan for behavior management needs if needs are greater than usual for the program

MEDICAL

Medication and Other Prescribed Treatments

Medication/ Prescribed Treatment	Frequency and Dosage	Prescriber

Current Medical Conditions

Services Provided by Other Providers

Service Type	Provider Name	Provider Address	Provider Phone

Home and Transition Visit Plan

Approved Visit Resource(s) and Location(s)	
Tentative Visit Plan including frequency of visits	
Approval process for change in plans	
Goals to be addressed on Home or Transition Visits	

Master Service Plan

Aftercare / Transition Planning

Anticipated Discharge Date and Location	
Transition Goals	1. 2. 3. 4.
Aftercare Services including a detailed description of available services (can include crisis intervention, service coordination, monitoring, skills training, and parent training)	1. 2. 3. 4.

INCIDENT REPORTS

Summary of incidents since last Service Plan Review

SIGNATURES

Youth	Date	Caseworker/JPPO	Date
Social Service Staff	Date	Parent	Date
Other	Date	Other	Date

MSP 90 Day Updates

OAR 410-170-0070(4)(a)(A)
(4) Master Service Plan 90 Day Updates: (a) A BRS contractor that provides services and placement-related activities in a Shelter, Community Step Down, Proctor Care, Proctor Enhanced Services, Assessment and Evaluation, Basic Residential, Rehabilitation, Intensive Residential, Intensive Rehabilitation, or Intensive Behavioral Support program shall and shall require that its BRS provider: (A) Ensure that a social service staff member reviews and updates in writing the BRS client's MSP no later than 90 days from the date the MSP was first finalized or the last time it was updated and every 90 days thereafter Social service staff must review the MSP and update it in writing if necessary, earlier whenever additional information becomes available that suggests that other services should be provided;

Individuals Involved in MSP Updates

Provide the opportunity for the following individuals to participate in the development of the BRS client's MSP Updates. Programs must maintain signatures or proof of participation for all individuals involved.

- BRS Client
- BRS Client's Family
- BRS Client's fictive kin
- Social Service Staff
- BRS Client's Caseworker
- Other significant persons involved (i.e. therapist, school representative, CASA worker, mentor, etc.)

Approval Process

Caseworker and as appropriate BRS client and the BRS client's parent, guardian or legal custodian must give approval prior to implementation of service plan. Email approval is appropriate. If unable to get a response, program must keep documentation of attempts to get approval.

Delivery of Services Identified in MSP Update

BRS contractor or BRS provider is responsible for providing services identified in the most recent MSP update. Services should be delivered in a manner that integrates a gender-responsive, culturally-sensitive, trauma-informed, and developmentally-appropriate approach.

Development of MSP Update

The BRS contractor or BRS provider must ensure that the written update to the MSP is individualized and developmentally appropriate, and includes the following:

- The BRS client's progress toward achieving service goals
- The BRS client's performance on the behavior management system
- The BRS client's performance on any individualized plans developed to address specific behaviors
- Any modifications to services based on the BRS client's new behaviors or identified needs
- Any changes regarding recommendations, the discharge date, or aftercare and transition plans
- A summary of incidents involving the BRS client that have occurred since the last time the MSP was updated

Master Service Plan – 90-Day Update

Name	Social Service Staff
Date of Birth	Intake Date
Caseworker/JPPO	Date of Report

LEGAL CUSTODY AND BASIS FOR CUSTODY

Long-Term Goal

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

Master Service Plan – 90-Day Update

FAMILY

Long-Term Goal

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

MENTAL HEALTH

Long-Term Goal

Master Service Plan – 90-Day Update

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

ALCOHOL AND DRUG

Long-Term Goal

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Master Service Plan – 90-Day Update

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

EDUCATION

Long-Term Goal

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Master Service Plan – 90-Day Update

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

Grade Level	Current School	Credits Earned	IEP or 504 Plan *(if yes, describe need)*

VOCATION

Long-Term Goal

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Master Service Plan – 90-Day Update

Completion Criteria for Long-Term Goal

Current Employer

SOCIAL LIVING SKILLS

Long-Term Goal

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

Master Service Plan – 90-Day Update

INDEPENDENT LIVING SKILLS
Long-Term Goal

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

Master Service Plan – 90-Day Update

OTHER NEEDS *(if identified in assessment)*

Long-Term Goal

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

Plan for behavior management needs if needs are greater than usual for the program

MEDICAL

Medication and Other Prescribed Treatments

Medication/ Prescribed Treatment	Frequency and Dosage	Prescriber

Master Service Plan – 90-Day Update

Current Medical Conditions

Services Provided by Other Providers

Service Type	Provider Name	Provider Address	Provider Phone

Home and Transition Visit Plan *(if applicable)*

Approved Visit Resource(s) and Location(s)	
Tentative Visit Plan including frequency of visits	
Approval process for change in plans	
Goals to be addressed on Home or Transition Visits	

Aftercare / Transition Planning

Anticipated Discharge Date and Location	

SIGNATURES

Youth	Date	Caseworker/JPPO	Date
Transition Facilitator	Date	Parent	Date
Other	Date	Other	Date

Aftercare and Transition Plan (ATP)

OAR 410-170-0070(5)(a)(A)
(5) Aftercare and Transition Plan (ATP): (a) A BRS contractor that provides services and placement-related activities in Community Step Down, Proctor Care, Proctor Enhanced Services, Independent Living, Enhanced Structure Independent Living Program, Assessment and Evaluation, Basic Residential, Rehabilitation, Intensive Residential, Intensive Rehabilitation, or Intensive Behavioral Support shall, and require that its BRS provider: (A) Ensure that a social service staff member develops and completes a written ATP at least 30 days prior to, or when there is insufficient notice, as close as possible to 30 days prior to the BRS client's planned discharge incorporating information from the latest MSP;

Individuals Involved in ATP

Provide an opportunity for the following individuals to participate in the development of the BRS client's ATP. Programs must maintain signatures or proof of participation for all individuals involved.

- BRS Client
- BRS Client's Family
- Social Service Staff
- BRS Client's Caseworker
- Other significant persons involved (i.e., therapist, school representative, CASA worker, mentor, etc.)

Approval Process

Caseworker and as appropriate BRS client and the BRS client's parent, guardian or legal custodian must give approval prior to implementation of service plan. Email approval is appropriate. If unable to get a response, program must keep documentation of attempts to get approval.

Development of ATP

The BRS contractor or BRS provider must ensure that the written ATP describe how the BRS client will successfully transition from its program to the community, specifically addressing the period of 180 days after the discharge from its program. The BRs contractor or BRS provider must ensure that the written ATP includes, at minimum, the following:

- Identification of the BRS client's individual needs and unmet goals
- Identification of the aftercare services and supports outside of the program that will be available for the 180-day time period after discharge
- Identification of the person or entity responsible for providing aftercare services outside of its program
- Identification of aftercare services and supports provided by the program to the BRS client and the BRS client's family that will be available for the 180-day time period. These services may include crisis intervention, service coordination, monitoring, and skills training. Minimum contact scheduled is one time per week for the first 30 days, two times per month for the next 60 days, one time per month for the remaining 90 days. Document the type, duration, and description of contact in the record pertaining to the BRS client.
- Schedule for regular contact (in person or telephone) by BRS provider staff with the BRS client and, as applicable, the BRS client's family, caseworker or other identified significant persons

ATP is Not Required When:

- Agency, legal guardian, or custodian removes the BRS client from the program with little or no advance notice and in a manner not in accordance with the current transition plan
- The BRS client is discharged from the program on an emergency basis due to the BRS client's behavior, runaway status, or transfer to another program or higher level of care
- The BRS client initiates a voluntary discharge from program
- The BRS client declines services or when the BRS client transitions to another BRS program. The BRS contractor or BRS provide is still required to complete an initial and final written ATP.

Aftercare and Transition Plan

Name	Social Service Staff
Date of Birth	Intake Date
Caseworker/JPPO	Date of Report

Current Needs and Unmet Goals
1)
2)
3)
4)
5)

Aftercare Services / Supports Outside of Program

Service/ Support Type	Name of Provider	Address/ Phone Number

Phone Contact / Support Provided by Program (*crisis intervention, service coordination, monitoring, skills training)*

Individuals to be Contacted *(include youth, and as applicable family, caseworker, and others of importance)*	**Type of Service**	**Scheduled Contact (day/time)** *(Minimum contact schedule: 1x week for first 30 days, 2x month for next 60 days, 1x month for remaining 90 days)*	**Identified Program Staff Making Contact**

SIGNATURES

Youth	Date	Caseworker/JPPO	Date
Social Service Staff	Date	Parent	Date
Other	Date	Other	Date

Discharge Summary

OAR 410-170-0070(6)
(6) Discharge Summary: For a discharge summary, a BRS contractor that provides services and placement-related activities in a Shelter, Community Step-down, Independent Living program, Enhanced Structure Independent Living program, Proctor Care, Proctor Enhanced Services, Assessment and Evaluation, Basic Residential, Rehabilitation Services, Intensive Residential, Intensive Rehabilitation, Short-Term Stabilization or Intensive Behavioral Support program shall, and require that its BRS provider ensure that a social service staff member completes and provides a written discharge summary to the caseworker within 15 days following the BRS client's planned or actual discharge from its program. The discharge summary must include the BRS client's progress toward service goals.

Development of Discharge Summary

A discharge summary is required for all BRS clients served by the BRS contractor regardless of the number of days in the program. If the BRS client was in the program before an ISP was developed, the discharge summary is not required to include progress toward service goals since no service goals were identified or written.

If an ISP was developed the discharge summary would include progress toward these service goals. If an MSP was developed the discharge summary would include progress toward all of the goals identified in the MSP and/or updated MSP.

Discharge Summary

Name	Social Service Staff
Date of Birth	Intake Date
Caseworker/JPPO	Date of Report

LEGAL CUSTODY AND BASIS FOR CUSTODY

Long-Term Goal

Progress toward Goal

FAMILY

Long-Term Goal

Progress toward Goal

MENTAL HEALTH

Long-Term Goal

Progress toward Goal

Discharge Summary

ALCOHOL AND DRUG
Long-Term Goal
Progress toward Goal

EDUCATION
Long-Term Goal
Progress toward Goal

VOCATION
Long-Term Goal
Progress toward Goal

SOCIAL LIVING SKILLS
Long-Term Goal

Discharge Summary

Progress toward Goal

OTHER NEEDS
Long-Term Goal
Progress toward Goal

SIGNATURE

Social Service Staff	Date

Report sent to Caseworker/JPPO ____________ Date

Aftercare Summary

OAR 410-170-0070(7)
(7) Aftercare Summary: (a) A BRS contractor that provides services and placement-related activities in Community Step-down, Independent Living, Enhanced Structure Independent Living Program, Proctor Care, Proctor Enhanced Services, Assessment and Evaluation, Basic Residential, Rehabilitation Services, Intensive Residential, Intensive Rehabilitation, Assessment and Evaluation and Intensive Behavioral Support program shall, and require that its BRS provider: (A) Ensure that a social service staff member completes and provides a written aftercare summary to the caseworker within 210 days following the BRS client's discharge from its program;

When is the Aftercare Summary Required?

An Aftercare Summary is required when youth have completed their 180 days of aftercare post discharge. An aftercare summary is not required if the *BRS provider* was not required to complete an ATP.

Development of Aftercare Summary

The aftercare summary must summarize the *BRS client's* status and progress on the ATP for the 180 days following the *BRS client's* discharge from the *BRS provider*, including but not limited to the *BRS client's* adjustment to the community and any further recommendations.

Summarize the specific services provided by the BRS contractor and BRS provider for the 180 days following discharge to include a description of each type of service provided, number of service hours provided per month, and the names of individuals receiving the services.

BRS contractors follow up with BRS clients post discharge for 180 days. A summary of the BRS client's status and progress for those180 days is required 30 days after the 180-day period ends. Or as stated in the rule 210 days after the discharge date.

The report must include the contact efforts made by the BRS contractor, the BRS client's response, family and other significant persons contributions to the BRS client's adjustment to the community or post discharge living environment and recommendations that would further the BRS client's continued success in the community.

A description of each type of service provided, number of service hours provided per month and names of individuals receiving services also need to be included.

Aftercare Summary

Name ____________________	Social Service Staff ____________________
Date of Birth ____________________	Intake Date ____________________
Caseworker/JPPO ____________________	Date of Report ____________________

Current Needs and Unmet Goals from ATP
1)
2)
3)
4)

Client's Status and Progress During Aftercare *(Include youth's response to services; crisis intervention, service coordination, monitoring, skills training)*

Summary of Specific Services Provided – *(Include description of each type of service provided, number of service hours provided per month and names of individuals receiving services)*

Recommendations

SIGNATURE

Social Service Staff ____________________	Date ____________________

Report sent to Caseworker/JPPO

____
Date

Master Service Plan – Transition (MSP-T)

OAR 410-170-0070(11)(a)(A-B)
(11) Master Service Plan - Transition (MSP-T): (a) A BRS contractor that provides services and placement-related activities in an Independent living program or Enhanced Structure Independent Living program shall and shall require that its provider: (A) Ensure that the transition facilitator completes with the BRS client a standardized assessment of independent living skills prior to the development of the MSP-T; (B) Ensure that a transition facilitator in collaboration with the BRS client completes a written MSP-T within 30 days of the BRS client's admission to the program;

Individuals Involved in MSP-T

The following individuals must have opportunity to participate in the development of the BRS client's MSP-T. Programs must maintain signatures or proof of participation for all individuals involved

- BRS Client
- BRS Client's Family
- Transition Facilitator – Social Service Staff
- BRS Client's Caseworker
- Other significant persons involved (i.e. therapist, school representative, CASA worker, mentor, etc.)

Approval Process

Caseworker and as appropriate BRS client and the BRS client's parent, guardian or legal custodian must give approval prior to implementation of service plan. Email approval is appropriate. If unable to get a response, program must keep documentation of attempts to get approval.

Delivery of Services Identified in MSP -T

BRS contractor or BRS provider is responsible for providing services identified in the MSP-T. Services should be delivered in a manner that integrates a gender-responsive, culturally-sensitive, trauma-informed, and developmentally-appropriate approach.

Domains of Master Service Plan Transition

When need is identified in the assessment and BRS client's history, goals must be developed for each of the following domains. Domains where no need is identified by the independent living skills assessment do not need to be completed. Goals must be written in a manner that they can be measured and be attainable within the identified time frame. Goals should include input from youth, caseworker/JPPO, family, program, and other important persons involved.

Domains:

- Legal custody/basis for custody
- Medical information including medications and dosages;
- Family information
- Mental health information
- Alcohol and drug use current, historical and relapse prevention
- Educational needs
- Vocational needs
- Placement plans
- Social Living Skills
- Independent Living Skills

Structure of Domain Goals

Long Term Goal(s) – *These goals will likely be for the duration of the program*

Short Term Goal(s)/Objective(s) – *These are goals/objectives that should be completed by the BRS client prior to the next service plan review*

Time Frame of Short Term Goal(s)/ Objective(s)

List Interventions Provider and Who Provides – Interventions

Method for monitoring progress on goals (Long and Short Term Goals)

Completion Criteria – *How will program determine that the BRS client has met the Long Term Goal*

Other Information Included in Master Service Plan

- Medical information including the following
  - Current medications including dose, frequency and prescriber
  - Current medical conditions
- School information including the following (This is in additional to educational goals)
  - Current grade level
  - Current school
  - Current credits earned
  - IEP needed, if yes describe reason for IEP
- Home or Transition Visit Plan including the following
  - Approved visit resource(s) and location(s)
  - Tentative visit plan including frequency
  - Approval process for change in plan
  - Goals to be addressed on home or transition visits
- Aftercare/ Transition Planning including the following
  - Anticipated discharge date and location
- Services from outside providers including the following
  - Type of service
  - Provider name, address, and phone number
- Incident Reports since last service plan review
- Plan for behavior management needs if needs are greater than usual for the program

Master Service Plan - T

Name: ____________________	Social Service Staff: ____________________
Date of Birth: ____________	Intake Date: ____________
Caseworker/JPPO: ____________________	Date of Report: ____________

LEGAL CUSTODY AND BASIS FOR CUSTODY

Long-Term Goal

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

Master Service Plan - T

FAMILY

Long-Term Goal

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

MENTAL HEALTH

Long-Term Goal

Master Service Plan - T

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

ALCOHOL AND DRUG
Long-Term Goal

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Master Service Plan - T

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

EDUCATION

Long-Term Goal

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Master Service Plan - T

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

Grade Level	Current School	Credits Earned	IEP or 504 Plan *(if yes, describe need)*

VOCATION

Long-Term Goal

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Master Service Plan - T

Completion Criteria for Long-Term Goal

Current Employer

SOCIAL LIVING SKILLS

Long-Term Goal

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

Master Service Plan - T

INDEPENDENT LIVING SKILLS
Long-Term Goal

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

Master Service Plan - T

OTHER NEEDS *(if identified in assessment)*

Long-Term Goal

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

Plan for behavior management needs if needs are greater than usual for the program

MEDICAL

Medication and Other Prescribed Treatments

Medication/ Prescribed Treatment	Frequency and Dosage	Prescriber

Master Service Plan - T

Current Medical Conditions

Services Provided by Other Providers

Service Type	Provider Name	Provider Address	Provider Phone

Home and Transition Visit Plan *(if applicable)*

Approved Visit Resource(s) and Location(s)	
Tentative Visit Plan including frequency of visits	
Approval process for change in plans	
Goals to be addressed on Home or Transition Visits	

Aftercare / Transition Planning

Anticipated Discharge Date and Location	

SIGNATURES

Youth	Date	Caseworker/JPPO	Date
Transition Facilitator	Date	Parent	Date
Other	Date	Other	Date

MSP-T 30 Day Updates

OAR 410-170-0070(12)(a)(A)
(12) Master Service Plan - Transition 30 Day Updates: (a) The BRS contractor of an Independent Living or Enhanced Structure Independent Living program shall and shall require that its BRS provider: (A) Ensure that the transition facilitator in collaboration with the BRS client reviews and updates in writing the BRS client's MSP-T no later than 30 days from the date the MSP-T was first finalized or the last time it was updated and every 30 days thereafter;

Individuals Involved in MSP-T Updates

The following individuals must have opportunity to participate in the development of the BRS client's MSP Updates. Programs must maintain signatures or proof of participation for all individuals involved

- BRS Client
- BRS Client's Family
- Transition Facilitator - Social Service Staff
- BRS Client's Caseworker
- Other significant persons involved (i.e. therapist, school representative, CASA worker, mentor, etc.)

Approval Process

Caseworker and as appropriate BRS client and the BRS client's parent, guardian or legal custodian must give approval prior to implementation of service plan. Email approval is appropriate. If unable to get a response, program must keep documentation of attempts to get approval.

Delivery of Services Identified in MSP-T Update

BRS contractor or BRS provider is responsible for providing services identified in the most recent MSP-T update. Services should be delivered in a manner that integrates a gender-responsive, culturally-sensitive, trauma-informed, and developmentally-appropriate approach.

Development of MSP-T Update

The BRS contractor or BRS provider must ensure that the written update to the MSP-T is individualized and developmentally appropriate, meets the requirements of the MSP-T and includes the following update information:

- The BRS client's progress toward achieving service goals
- The BRS client's performance on the behavior management system
- The BRS client's performance on any individualized plans developed to address specific behaviors
- Any modifications to services based on the BRS client's new behaviors or identified needs
- Any changes regarding recommendations, the discharge date, or aftercare and transition plans
- A summary of incidents involving the BRS client that have occurred since the last time

Master Service Plan Transition 30-Day Update

Name	Social Service Staff
Date of Birth	Intake Date
Caseworker/JPPO	Date of Report

LEGAL CUSTODY AND BASIS FOR CUSTODY

Long-Term Goal

NEW Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

Summary of Progress since last MSP Review

Master Service Plan Transition 30-Day Update

FAMILY

Long-Term Goal

NEW Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

Summary of Progress since last MSP Review

MENTAL HEALTH

Long-Term Goal

Master Service Plan Transition 30-Day Update

NEW Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

Summary of Progress since last MSP Review

ALCOHOL AND DRUG

Long-Term Goal

NEW Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Master Service Plan Transition 30-Day Update

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

Summary of Progress since last MSP Review

EDUCATION *(if in school)*
Long-Term Goal

NEW Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Master Service Plan Transition 30-Day Update

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

Summary of Progress since last MSP Review

Grade Level	Current School	Credits Earned	IEP or 504 Plan *(if yes, describe need)*

VOCATION
Long-Term Goal

NEW Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Master Service Plan Transition 30-Day Update

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

Summary of Progress since last MSP Review

Current Employer

SOCIAL LIVING SKILLS

Long-Term Goal

NEW Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Master Service Plan Transition 30-Day Update

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

Summary of Progress since last MSP Review

OTHER NEEDS

Long-Term Goal

NEW Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Master Service Plan Transition 30-Day Update

Completion Criteria for Long-Term Goal

Summary of Progress since last MSP Review

Summary of Progress on behavior management system *(if used)*

MEDICAL

Medication and Other Prescribed Treatments

Medication/ Prescribed Treatment	Frequency and Dosage	Prescriber

Current Medical Conditions

Services Provided by Other Providers

Service Type	Provider Name	Provider Address	Provider Phone

Home Visit Plan

Approved Visit Resource(s) and Location(s)	
Tentative Visit Plan including frequency of visits	

Master Service Plan Transition 30-Day Update

Approval process for change in plans	
Goals to be addressed on Home Visit	

Aftercare / Transition Planning

Anticipated Discharge Date and Location	
Natural Support	
Professional services recommended and individual responsible for scheduling	1. 2. 3. 4.

INCIDENT REPORTS

Summary of incidents since last Service Plan Review

SIGNATURES

Youth	Date	Caseworker/JPPO	Date
Social Service Staff	Date	Parent	Date
Other	Date	Other	Date

Initial Service Plan - Stabilization (ISP-S)

OAR 410-170-0070(10)(a)
(10) For an Initial Service Plan – Stabilization (ISP-S), a BRS contractor that provides services and placement-related activities in a Short-term Stabilization program shall or shall require that its BRS provider: (a) Ensure that a social service staff completes a written ISP-S within two business days of the BRS client's admission to the program;

Individuals Involved in ISP-S

The following individuals must have opportunity to participate in the development of the BRS client's ISP-S. Programs must maintain signatures or proof of participation for all individuals involved

- BRS Client
- BRS Client's Family
- Social Service Staff
- BRS Client's Caseworker
- Other significant persons involved (i.e. therapist, school representative, CASA worker, mentor, etc.)

Approval Process

Caseworker and as appropriate BRS client and the BRS client's parent, guardian or legal custodian must give approval prior to implementation of service plan. Email approval is appropriate. If unable to get a response, program must keep documentation of attempts to get approval.

Delivery of Services Identified in ISP-S

BRS contractor or BRS provider is responsible for providing services identified in the ISP during the first 30 days in program or until the MSP-S is written. Services should be delivered in a manner that integrates a gender-responsive, culturally-sensitive, trauma-informed, and developmentally-appropriate approach.

Development of ISP-S

The BRS contractor or BRS provider must ensure that the ISP-S is individualized, developmentally appropriate, and based on a thorough assessment of the BRS client's referral information, and include the following:

- Objective for placement as described by caseworker/JPPO
- Plan to address specific behaviors identified in the referral information including the intervention to be used
- Plan to address any needs identified in the referral information
- Plan for overnight home or transition visit
- Anticipated discharge date and anticipated type of placement at discharge
- Existing orders for medication and prescribed treatment for medical conditions,
- Mental health conditions,
- Substance abuse issues
- Behavior management system used as an intervention
- Goals that are measurable and attainable within the first 30 days of the BRS client's placement
- Plan for behavior management needs if needs are greater than usual for the program

Initial Service Plan - Stabilization

Name ____________________ Social Service Staff ____________________

Date of Birth ____________________ Intake Date ____________________

Caseworker/JPPO ____________________ Date of Report ____________________

Caseworker/JPPO Identified Objective for Placement:

Needs and Behaviors to Address in first 30 days Based on Referral	Interventions Provided, Including Behavior Management System
1)	1) 2) 3) 4)
2)	1) 2) 3) 4)
3)	1) 2) 3) 4)
4)	1) 2) 3) 4)
5)	1) 2) 3) 4)

Initial Service Plan - Stabilization

Additional Behavior Management Needs Specific to BRS Client

Home or Transition Visit Plan

Approved Visit Resource(s) and Location(s)	
Tentative Visit Plan including frequency of visits	
How will it be determined youth is eligible for Home or Transition Visit	

Aftercare / Transition Planning

Anticipated Discharge Date	
Anticipated Placement Type	

Medication and Other Prescribed Treatments

Medication/ Prescribed Treatment	Frequency and Dosage	Prescriber

Current Medical Conditions

Existing Services including Medical, Mental Health, and Substance Treatment

Service Type	Provider Name	Provider Address	Provider Phone

Initial Service Plan - Stabilization

SIGNATURES

Youth	Date	Caseworker/JPPO	Date
Social Service Staff	Date	Parent	Date
Other	Date	Other	Date

Assessment and Evaluation Report Stabilization (AER-S)

OAR 410-170-0070(11)
(11) Assessment and Evaluation Report — Stabilization (AER-S): (a) A BRS contractor that provides services and placement-related activities in a short-term stabilization program shall, and require that its BRS provider ensure a social service staff member conducts an assessment of each BRS client who is expected to remain in the program for more than 30 days; (b) After conducting the assessment, the staff member submits a written AER-S to the BRS client's caseworker within 30 days from the date the client was admitted into the program. The written AER-S shall include the following information about the BRS client:

Individual Involved in AER-S:

To complete a comprehensive AER the social staff may reach out to the following individuals. The following individuals are provided an opportunity to give input regarding the youth's needs and strengths. Programs must maintain signatures or proof of participation for all individuals involved.

- BRS Client
- BRS Client's Family
- BRS Client's Caseworker
- Social Service Staff
- Other Program Staff
- Other significant persons involved (i.e. therapist, school representative, CASA worker, mentor, etc.)

Assessment Requirements:

- Identified Problems and Needs – This information is obtained from the referral as well as through observation, interaction, and collateral information gathered during the first 30 days of placement. This includes problems/ needs from all domains: legal, social skill, mental health, medical, family, education, vocation, alcohol and drug.
- Reason for placement – This information is likely obtained from referral or caseworker/JPPO.
- Pertinent Historical Information – This includes information that is important for the program to consider when working with the youth.
- Identified Reason for Behavioral Instability – This section describes the underlying causes for the youth's problematic behaviors which led to a short-term stabilization placement.
- Modification of Services Needed for Youth – If applicable, describe how the program will modify service delivery to meet the needs of the youth.
- Response to Current Services – How has the youth responded to the interventions provided for the first 30 days of placement.
- Identified Strengths and Assets – Description of the youth and family strengths and assets that the youth can utilize to help them be successful.
- Summary of Readiness of Next Placement – Describe how prepared the youth is for next placement, be as specific as possible regarding what the youth has completed and still needs to complete.
- Summary of Incidents Since Intake – List and summarize all incidents since date of intake.
- Plan for behavior management needs if needs are greater than usual for the program. Include information that staff should be aware of regarding supervision such as self-harm behaviors, boundary concerns, tendencies to isolate, etc.
- Medical – Current medications and medical conditions.

Assessment Evaluation Plan - Stabilization

Name: ____________	Social Service Staff: ____________
Date of Birth: ____________	Intake Date: ____________
Caseworker/JPPO: ____________	Date of Report: ____________

Identified Problems and Needs

Areas where need is indicated:

☐ Legal ☐ Medical ☐ Mental Health ☐ Family *(including specific cultural factors)*

☐ Alcohol and Drug ☐ Education ☐ Vocational ☐ Social Living Skills

Reason for Placement

Pertinent Historical Information

Identified Reason for Behavioral Instability

Assessment Evaluation Plan - Stabilization

Modification of Services Needed for Youth

Response to Current Services

Identified Strengths and Assets

Summary of Readiness for Next Placement

Medication and Other Prescribed Treatments

Medication/ Prescribed Treatment	Frequency and Dosage	Prescriber

Current Medical Conditions

Assessment Evaluation Plan - Stabilization

Summary of incidents since intake

Plan for behavior management needs if needs are greater than usual for the program

SIGNATURE

________________________________ __________
Social Service Staff Date

Report sent to Caseworker/JPPO ____________
Date

Master Service Plan – Stabilization (MSP-S)

OAR 410-170-0070(12)(a)(A)
(12) Master Service Plan – Stabilization (MSP-S) (a) The BRS contractor of a short-term stabilization program shall, and require that its BRS provider: (A) Ensure that a social service staff completes a written MSP-S within 30 days of the BRS client's admission to the program;

Individuals Involved in MSP-S

Provide an opportunity for the following individuals to participate in the development of the BRS client's MSP-S. Programs are required to maintain documentation of participation.

- BRS Client
- BRS Client's Family
- Social Service Staff
- BRS Client's Caseworker
- Other significant persons involved (i.e. therapist, school representative, CASA worker, mentor, etc.)

Approval Process

Caseworker and as appropriate BRS client and the BRS client's parent, guardian or legal custodian must give approval prior to implementation of service plan. Email approval is appropriate. If unable to get a response, program must keep documentation of attempts to get approval.

Delivery of Services Identified in MSP-S

BRS contractor or BRS provider is responsible for providing services identified in the MSP-S. Services should be delivered in a manner that integrates a gender-responsive, culturally-sensitive, trauma-informed, and developmentally-appropriate approach.

Domains of Master Service Plan Stabilization

When need is identified in the Assessment and Evaluation Report Stabilization, goals must be developed for each of the following domains. Domains where no need is identified by the Assessment and Evaluation Report Stabilization do not need to be completed. Goals must be written in a manner that they can be measured and be attainable within the identified time frame. Goals should include input from youth, caseworker/JPPO, family, program, and other important persons involved.

Domains:

- Legal custody/basis for custody
- Family
- Mental health
- Alcohol and drug use
- Educational needs
- Vocational needs
- Social Living Skills
- Independent Living Skills

Structure of Domain Goals

Long Term Goal(s) – *These goals will likely be for the duration of the program*

Short Term Goal(s)/Objective(s) – *These are goals/objectives that should be completed by the BRS client prior to the next service plan review*

Time Frame of Short-Term Goal(s)/ Objective(s)

List Interventions Provider and Who Provides – Interventions

Method for monitoring progress on goals (Long and Short-Term Goals)

Completion Criteria – *How will program determine that the BRS client has met the Long-Term Goal*

Other Information Included in Master Service Plan-S

- Medical information including the following
  - Current medications including dose, frequency and prescriber
    - Current medical conditions
- School information including the following (This is in additional to educational goals)
  - Current grade level
  - Current school
  - Current credits earned
  - IEP needed, if yes describe reason for IEP
- Home and Transitional Visit Plan including the following
  - Approved visit resource(s) and location(s)
  - Tentative visit plan including frequency
  - Approval process for change in plan
  - Goals to be addressed on visits
- Aftercare/ Transition Planning including the following
  - Anticipated discharge date and location
- Services from outside providers including the following
  - Type of service
  - Provider name, address, and phone number
- Incident Reports since last service plan review
- Plan for behavior management needs if needs are greater than usual for the program

Master Service Plan - Stabilization

Name
Transition Facilitator

Date of Birth
Intake Date

Caseworker/JPPO
Date of Report

LEGAL CUSTODY AND BASIS FOR CUSTODY

Long-Term Goal

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

Master Service Plan - Stabilization

FAMILY

Long-Term Goal

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

Master Service Plan - Stabilization

MENTAL HEALTH

Long-Term Goal

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

Master Service Plan - Stabilization

ALCOHOL AND DRUG

Long-Term Goal

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

Master Service Plan - Stabilization

EDUCATION

Long-Term Goal

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

Grade Level	Current School	Credits Earned	IEP or 504 Plan *(if yes, describe need)*

Master Service Plan - Stabilization

VOCATION

Long-Term Goal

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

Current Employer

Master Service Plan - Stabilization

SOCIAL LIVING SKILLS

Long-Term Goal

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

Master Service Plan - Stabilization

INDEPENDENT LIVING SKILLS

Long-Term Goal

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

Master Service Plan - Stabilization

OTHER NEEDS *(if identified in assessment)*

Long-Term Goal

Short-Term Goals/Objectives	Time Frame
1.	
2.	
3.	

Interventions	Individual Providing Intervention

Method for Monitoring Progress

Completion Criteria for Long-Term Goal

Plan for behavior management needs if needs are greater than usual for the program

Master Service Plan - Stabilization

MEDICAL

Medication and Other Prescribed Treatments

Medication/ Prescribed Treatment	Frequency and Dosage	Prescriber

Current Medical Conditions

Services Provided by Other Providers

Service Type	Provider Name	Provider Address	Provider Phone

Home or Transition Visit Plan *(if applicable)*

Approved Visit Resource(s) and Location(s)	
Tentative Visit Plan including frequency of visits	
Approval process for change in plans	
Goals to be addressed on Home or Transition Visit	

Aftercare / Transition Planning

Anticipated Discharge Date and Location	

SIGNATURES

Youth	Date	Caseworker/JPPO	Date
Transition Facilitator	Date	Parent	Date

MSP-S 30 Day Updates

OAR 410-170-0070(13)(a)(A)
(13) Master Service Plan – Stabilization Updates (MSP-S): (a) The BRS contractor of a Short-term Stabilization program shall, and require that its BRS provider: (A) Ensure that a social service staff member reviews and updates in writing the BRS client's MSP-S no later than 30 days from the date the MSP-S was first finalized or the last time it was updated and every 30 days thereafter. Social service staff must review the MSP-S and update it in writing earlier, if necessary, whenever additional information becomes available that suggests that other services should be provided;

Individuals Involved in MSP-S Updates

The following individuals must have opportunity to participate in the development of the BRS client's MSP-S Updates. Programs must maintain signatures or proof of participation for all individuals involved

- BRS Client
- BRS Client's Family
- Social Service Staff
- BRS Client's Caseworker
- Other significant persons involved (i.e. therapist, school representative, CASA worker, mentor, etc.)

Approval Process

Caseworker and as appropriate BRS client and the BRS client's parent, guardian or legal custodian must give approval prior to implementation of service plan. Email approval is appropriate. If unable to get a response, program must keep documentation of attempts to get approval.

Delivery of Services Identified in MSP-S Update

BRS contractor or BRS provider is responsible for providing services identified in the most recent MSP-S update. Services should be delivered in a manner that integrates a gender-responsive, culturally-sensitive, trauma-informed, and developmentally-appropriate approach.

Development of MSP-S Update

The BRS contractor or BRS provider must ensure that the written update to the MSP-S is individualized and developmentally appropriate, meets the requirements of the MSP-S and includes the following update information:

- The BRS client's progress toward achieving service goals
- The BRS client's performance on the behavior management system
- The BRS client's performance on any individualized plans developed to address specific behaviors
- Any modifications to services based on the BRS client's new behaviors or identified needs
- Any changes regarding recommendations, the discharge date, or aftercare and transition plans
- A summary of incidents involving the BRS client that have occurred since the last time the MSP-S was updated

Aftercare and Transition Plan Stabilization (ATP-S)

OAR 410-170-0070(14)(a)(A)
(14) Aftercare and Transition Plan - Stabilization (ATP-S): (a) The BRS contractor of a Short-term Stabilization program shall, and require that its BRS provider: (A) Ensure that a social service staff member develops and completes a written ATP-S at least 30 days prior to or as close as possible to the BRS client's planned discharge;

Individuals Involved in ATP-S

The following individuals must have opportunity to participate in the development of the BRS client's ATP-S. Programs must maintain signatures or proof of participation for all individuals involved

- BRS Client
- BRS Client's Family
- Social Service Staff
- BRS Client's Caseworker
- Other significant persons involved (i.e. therapist, school representative, CASA worker, mentor, etc.)

Approval Process

Caseworker and as appropriate BRS client and the BRS client's parent, guardian or legal custodian must give approval prior to implementation of service plan. Email approval is appropriate. If unable to get a response, program must keep documentation of attempts to get approval.

Development of ATP-S

The BRS contractor or BRS provider must ensure that the written ATP-S describe how the BRS client will successfully transition from its program to the community, specifically addressing the period of 180 days after the discharge from its program. The BRS contractor or BRS provider must ensure that the written ATP includes, at minimum, the following:

- Identification of the BRS client's individual needs and unmet goals
- Identification of the aftercare services and support outside of the program that will be available for the 180-day time period after discharge
- Identification of the person or entity responsible for providing aftercare services
- Identification of aftercare services and supports provided by the BRS program to the BRS client that will be available for the 180-day time period. These services may include crisis intervention, service coordination, monitoring, and skills training. Minimum contact schedule is one time per week for the first 30 days, two times per month for the next 60 days, and one time per month for the remaining 90 days. Document the type, duration, and description of contact in the record pertaining to the BRS client.
- Scheduled regular telephone contact by BRS provider staff with the BRS client and, as applicable, the BRS client's family, caseworker, or other identified significant individuals.

ATP-S is Not Required When:

- Agency, legal guardian, or custodian removes the BRS client from the program with little or no advance notice and in a manner not in accordance with the current transition plan

- The BRS client is discharged from the program on an emergency basis due to the BRS client's behavior, runaway status, or transfer to another program or higher level of care
- The BRS client initiates a voluntary discharge from program
- The BRS client declines services as documented. The BRS provider is still required to complete an ATP-S.

Aftercare Transition Plan – Stabilization

Name	Social Service Staff
Date of Birth	Intake Date
Caseworker/JPPO	Date of Report

Current Needs and Unmet Goals
1)
2)
3)
4)
5)

Aftercare Services / Supports Outside of Program

Service / Support Type	Name of Provider	Address/Phone Number

Phone Contact / Support Provided by Program (*crisis intervention, service coordination, monitoring, skills training)*

Individuals to be Contacted *(include youth, and as applicable family, caseworker, and others of importance)*	**Type of Service**	**Scheduled Contact (day/time)** *(Minimum contact schedule: 1x week for first 30 days, 2x month for next 60 days, 1x month for remaining 90 days)*	**Identified Program Staff Making Contact**

SIGNATURES

Aftercare Transition Plan – Stabilization

Youth	Date	Caseworker/JPPO	Date
Social Service Staff	Date	Parent	Date
Other	Date	Other	Date

Appendix F — Documentation for Service Plans

Service Plans are the roadmaps for the BRS client's treatment while in the program.

BRS Service Plan - Goals

- Specifically-stated and prioritized service goals
- Specific interventions/services to be provided for each goal
- Behavioral criteria for evaluating progress toward goal
- Time frame for goal completion
- Method for monitoring progress
- Staff responsible for providing service

Goals have a behavioral outcome, are observable, and have a defined result. Goals may have one or more objectives to be achieved within a fixed time frame.

Developing Service Goals

- Review all referral and assessment information
- Collaborate with the individual, their family, and JPPO; when identifying goals
- Prioritize behaviors and difficulties that have resulted in the need for BRS level of care
- Identify the objectives that need to be met to achieve the prioritized goals

Getting Input from the BRS Client

Ask the client:

- What do you want to accomplish?
- What do you want to do differently?
- What skills would you like to learn that you think will improve your life?
- How do you see your life improving with these services?

Be sure to keep the conversation focused on the reasons for BRS level of care.

BRS Service Plan – Objectives

A clear, concise declarative statement that directs action toward a specific goal. They should be measurable and describe what the individual will accomplish as a result.

Importance of Objectives

- Objectives identify the BRS priorities
- Objectives are the means to monitor progress toward a goal
- Objectives specify timelines for achievement
- Objectives provide the framework for BRS services and outcomes
- Objectives describe the BRS provider's work with the BRS client

Goals and Objectives

Specifics

- WHO – is providing the service/intervention?
- WHAT – is the service/intervention that is being provided?
- WHEN – is the service/intervention being provided?
- WHERE – if outside of program, is the service being provided?
- WHICH – goals will the service/intervention help the client achieve?
- WHY – what is the desired outcome of the service/intervention?

Measurable

Established concrete criteria for measuring progress toward the attainment of each goal or objective.

To determine if your goal is measurable, ask questions such as . . .

- How many times should the change occur?
- How will I know the goal is on track?
- How will I know when it is accomplished?

Example: "five out of seven days"

Attainable

- Is the individual capable of what is expected of them?
- Are there any potential barriers to achieving the goal/objective?
- What can be done to overcome the barriers?
- Is the established timeframe realistic for the individual?

"When you identify goals that are most important to you, you begin to figure out ways you can make them come true. You develop attitudes, abilities, skills and . . . capacity to reach them."

http://topachievement.com/smart.html

Realistic

- Is the goal/objective meaningful to the client and their family?
- Is the goal/objective set too high or too low?
- Are the expectations realistic, given the individual's strengths and resources available?
- Are the expectations realistic for the age of the individual?

Timely

A goal/objective needs to be grounded within a specific time frame.

- Are the target dates achievable and realistic?
- Are target dates identified for each objective?

Putting It All Together

Problem

When the BRS client feels disrespected by someone, they have an outburst which may include verbal threats, screaming, cursing, and property destruction. Client engages in these behaviors on average 4 times a week and each time they last approximately 5 minutes.

Goal

Client will recognize when he is feeling disrespect and manage those emotions as evidenced by not engaging in outbursts for 30 consecutive days.

Behavioral Objectives

- Client will learn what events, person, places, or things cause him to feel disrespected
  Target date: 7/2019
- Client will recognize the physical or emotional signs he is feeling disrespected
  Target date: 8/2019
- Client will recognize how his aggressive responses affect those around him
  Target Date: 9/2019

Interventions

The BRS Services provided to address the service plan goals/objectives.

- Weekly individual counseling
- ART Group
- Skills Training Group

*Don’t forget to include who will be providing the intervention and the specific method identified to monitor progress such as incident reports and BRS service notes.

Objective

- Client will learn what events, person, places, or things cause him to feel angry and lashing out
  Target date: 7/2019
- Client will recognize the physical or emotional signs he is feeling very angry and it is time to take a time out
  Target date: 8/2019
- Client will recognize when to return to the situation to have a calm discussion to consider alternative behavior
  Target date: 8/2019
- Client will recognize how his aggressive responses affect those around him
  Target Date: 9/2019

Interventions

The BRS Services provided to address the service plan goals/objectives.

- Weekly individual counseling
- Skills Training Group
- Prompting by direct care staff or proctor parent

Changing Goals/Objectives

Goals/objectives should be updated when . . .

- Client is no longer willing to work on goal/objective
- Client meets expectations of goal/objective
- Client is unable to meet expectations of goal/objective
- Goal/objective is no longer relevant

Service Plan – Additional Requirements

- Use of behavior management system as an intervention
- Plan for behavior management needs if needs are greater than usual for the program
- Aftercare and transition goals and planning including home visit planning
- Summary of incidents since last service plan
- Progress on goals and objectives

What makes a quality BRS note?

- Name of the client including legal name
- Type of service (i.e., counseling, skills training, crisis counseling, or parent training)
- Date of service
- Length of service (i.e., time spent delivering the service)
- Goal addressed taken directly from the service plan
- Description of Intervention provided (i.e., what services were provided)
- Description of client's participation in the service (i.e., how did they engage)
- Staff name and position providing the service

Tips for writing notes

1. Remember BRS documentation must include the intervention provided and a description of how the youth participated in that intervention.
2. In the service description clearly detail what was provided by the staff
3. For youth participation, be sure to describe what they did, not how you believe they were feeling during the intervention. Example of client participation: client engaged in role play and identified when the skill would be helpful.
4. A service plan goal is always included in a service note
5. Chores are not BRS services. Recreation activities by themselves are not BRS services, an intervention provided by a staff member or proctor parent related to a service plan goal is required to qualify as a BRS service.
6. Documenting what staff or proctor parents observe in client behavior does not qualify as a BRS note.

Appendix G — BRS Client Record Requirements

410-170-0030 (12) Documentation Requirements

(a) The BRS contractor and BRS provider shall:

(D) Create, maintain, and update an individualized case file for each BRS client either in hard copy or electronically, including but not limited to signed consent for the BRS client to participate in the BRS program; documentation regarding home or other family visits and transitional visits; documentation of recreational, social, and cultural activities; documentation of legal custody or voluntary placement status; service documentation (service plans, weekly service description and hour records, and discrete service notes); face sheet with frequently referenced information; medical insurance information; education and vocation activities; school enrollment, attendance, progress, and discipline information; referral information; and any restriction or special permission for participation in activities, which shall be readily available for on-site review by the BRS provider's direct care staff and social service staff, the caseworker, the agency, and the appropriate licensing or oversight entity;

The following list includes items referenced throughout the OAR's.

1. Fact sheet with frequently referenced information
2. Medical insurance information (private and OHP)
3. Documentation of legal custody or voluntary placement status
4. Education and vocation activities including as appropriate school enrollment, attendance records, academic progress and discipline information during the BRS client's stay in the program
5. Signed consent for the BRS client's participation in the program
6. Documentation regarding the individuals authorized to consent to medical or mental health or alcohol and drug treatment services for the BRS client
7. Documentation regarding home or other family visits
8. Documentation of recreational, social and cultural activities
9. Referral information
10. All services documentation as required for the particular program as required in 410-170-0070
11. Any restrictions on or special permission for the BRS client's participation in activities or outings and the duration of any restrictions or special permissions
12. Written Documentation for BRS services provided
13. Program must create and maintain a written weekly record in each client's case file Including:
    a. Total number of services hours provided each day
    b. Breakdown of the number of hours spend providing each particular type of service
14. Program must ensure that social service staff review the documentation described in this section each week for quality, content, and appropriateness with the youth's ISP or MSP.

APPENDIX H — Is it a BRS Activity?

NOT A BRS ACTIVITY	COULD BE BRS – MUST TIE TO SERVICE PLAN
Movies	Treatment Groups
Recreation	Skill Training Groups/ Activities
Cultural Activities	Individual Skill Training
Chores	Teaching / Follow up on Skills Training
NA/AA meetings	Crisis De-escalation
Quiet Time/ Reflection Time	Teaching/Practicing Coping Skills
Exercise Groups/ Activities	Problem Solving Conversations
Gardening	Individual Counseling
Talking about interests	Group Counseling
Supervision	In the moment Skill Training
Meals	Parent Training
Arts and Crafts	
Parenting of own child	

APPENDIX I — Incident Report Documentation and Timelines

Incident Reporting and Documentation Requirements as outlined in the BRS rules: 410-170-0030 BRS Contractor and BRS Provider Requirements (12) Documentation Requirements (b) Incident Reports

(A) (vii) "Documentation showing that any necessary reports were made to the appropriate agency, any other entity required by law to be notified, and, as applicable the BRS client's parent, guardian or legal custodian; "

NOTIFICATION	Agency Caseworker/ Guardian	Agency Contract Administrator	ODHS Licensing	Parent or Guardian (as applicable)	Legal Custodian (if different from parent or agency)
TIMEFRAME	Critical events, including seclusion and restraints — immediate notification with report within one business day. Other incidents sent at end of month.	Critical events — immediate notification with report within one business day. Other incidents sent at end of month.	Critical events — immediate notification with report within one business day.	As soon as report is completed.	As soon as report is completed
METHOD	Critical events — immediate verbal or electronic notification. Written report by email, fax, or mail.	Critical events — immediate verbal or electronic notification. Written report by email, fax, or mail.	Critical events — immediate verbal or electronic notification. Written report by email, fax, or mail.	Notify by telephone and follow up by email or mail.	Notify by telephone and follow up by email or mail.

INCIDENT REPORT EXAMPLE

Client name:	
Program:	
Incident location:	

Incident Date:	
Time:	

Staff Involved:	
Staff Witnesses:	
Other Witnesses:	

Incident Type: (check all that apply)

	Youth to Youth Assault
	Youth to Staff Assault
	Law Enforcement Involvement
	Unauthorized Departure (Run)
	Severe Behavioral Problem
	Potential Abuse / Neglect
	Use of Alcohol / Drugs
	Distribution of Alcohol/ Drugs
	Property Damage
	Peer Fight
	Inappropriate Sexual Behaviors

	Injury to Youth
	Injury to Staff
	Emergency Medical Treatment
	Medication Error
	Youth Misuse of Medication
	Hospitalization
	Self-Harm
	Suicide Attempt
	Suicidal Ideation
	Contraband
	Other:

Incident Description: (include precipitating factors, preventative efforts, description of circumstance during incident)

Intervention by Program Staff: (describe how staff responded to incident)

Medical Contact: **(If medical attention needed complete this section)**

Reason for Medical Follow-up	Medical Provider	Date/Time	Additional Follow-up Needed

Seclusion/Restraints: (If applicable)

	Start Date and Time	End Date and Time
Seclusion		
Restraints		

Notifications: (Include phone, email, fax notifications)

Person Notified	Agency	Date/Time of Notification	Method of Notification	Individual doing the Notification	Copy of IR sent (Yes/No)

Signature of Individual Completing Report

Signature Title Date

Review Follow-up of Incident:

Follow-up Recommendations for Client or Staff:

Follow-up/ Investigation Conducted by Program, ODHS, OHA, OYA, or other entities: **(If applicable)**

Provider Review of Incident – Comments/Findings:

Signature of Individual Completing Review: ____

Name Title Date

APPENDIX J — ODHS Children's Foster Care Bill of Rights, Sibling Bill of Rights and Tips and Ideas

A downloadable copy suitable for printing is available from this link:

https://aix-xweb1p.state.or.us/es_xweb/DHSforms/Served/de9014a.pdf

OREGON FOSTER CHILDREN'S BILL OF RIGHTS

AS A CHILD OR YOUTH IN FOSTER CARE, I HAVE THE RIGHT:

TO HAVE WHAT EVERY CHILD NEEDS:

- A permanent family
- A home where I am part of the family and am treated as such
- Nutritious food that meets my dietary needs
- Clean and appropriate clothes that fit me and correspond to a gender identity of my choice
- Safe housing
- Free access to soap, shampoo, toothpaste and other hygiene needs that are necessary for my gender, age, individual health and ethnic needs
- A safe and appropriate sleeping arrangement and adequate space for my personal belongings
- To keep my belongings, including things I buy and gifts I receive, if I have to move
- Access to a working telephone

TO BE SAFE:

- To be treated with respect
- To be appropriately disciplined
- To be protected from physical, mental, emotional and sexual abuse including exploitation and trafficking
- To tell my caseworker, judge or the Foster Care Ombudsman when contact with someone is hurtful to me or inappropriate so that I can be protected without fear of retaliation
- To be free from group punishment

TO SEE AND TALK TO PEOPLE I CARE ABOUT:

- To visit and communicate with a parent or guardian, siblings, members of my family, and other significant people in my life, knowing that reasonable limits may be set by DHS and the court
- To visit and communicate with friends and other significant people except when DHS or the court determines that contact may be unsafe or emotionally harmful
- To participate in age appropriate activities with my peers, so long as the activity is not restricted by DHS and the court

TO BE HEALTHY:

- To have routine check-ups to keep me healthy
- To see a nurse or a doctor if I am sick and request medical attention
- To have the medical, dental, and mental health care I need with a qualified appropriate provider
- To be included in discussions and make decisions about my own body and my physical or mental health
- To have or receive comprehendible information about me and my family's medical history as appropriate and authorized by law

TO LEARN:

- To be provided with age-appropriate educational opportunities and schooling to prepare me for adult life
- To have the opportunity to participate in activities that interest me; including sports, art, music or others
- To receive extra help and tutoring if I am struggling in my school or educational placement
- To make choices about my classes (electives, advanced placement, or college prep) and schools when the law allows me to
- To receive age-appropriate information and assistance with enrolling in college or vocational education

TO HAVE MY RIGHTS PROTECTED:

- To have an attorney if I want one, and to request the judge appoint a CASA to my case
- To talk to my attorney in private
- To talk to my CASA in private
- To be notified of court hearings, reviews by the Citizen Review Board, and what is being decided about me and my family, taking into account my age and developmental stage
- To be invited to and provided transportation to court, taking into account my age and developmental stage, and to be able to talk to the judge in court about what I want and need
- To decide whether or not I want my attorney and/or CASA to speak for me
- To call the Foster Care Ombudsman Office (free from retaliation from my foster parents or anyone else) if my rights are violated or my needs are not being met

TO BE IN A PLACE THAT MEETS MY NEEDS:

- To be in a foster care placement close to my family so that I can visit and maintain relationships important to me, if it's safe and in my best interest, and as deemed by my case plan, visitation plan, or the court
- To have reasonable access to my bedroom in the house or residence where I am living
- To have a curfew and house rules that are clear and fair and to have them explained to me from the beginning

TO MAKE DECISIONS FOR MYSELF:

- To tell the court where I want to live and whether or not I want to be adopted
- To receive respect, be nurtured, and attend activities in accordance with my background, religious heritage, race, and culture within reasonable guidelines. To be allowed to dress and groom myself according to my culture, identity and within good hygiene standards for my health
- To determine and express my gender and sexual identity for myself
- To make major decisions that affect my life, in accordance with the law, my age and ability

TO BE INFORMED:

- About financial support available to me, including allowance, obtaining a bank account and getting a job
- About services and programs within or outside of the Department of Human Services that can provide me with support
- About where I can go for help
- About how the child welfare system works
- About how to access my case records at no charge
- About documents I will receive upon leaving foster care regarding my education, health and employment such as my birth certificate, Social Security card (or number) driver's license or other form of state photo ID

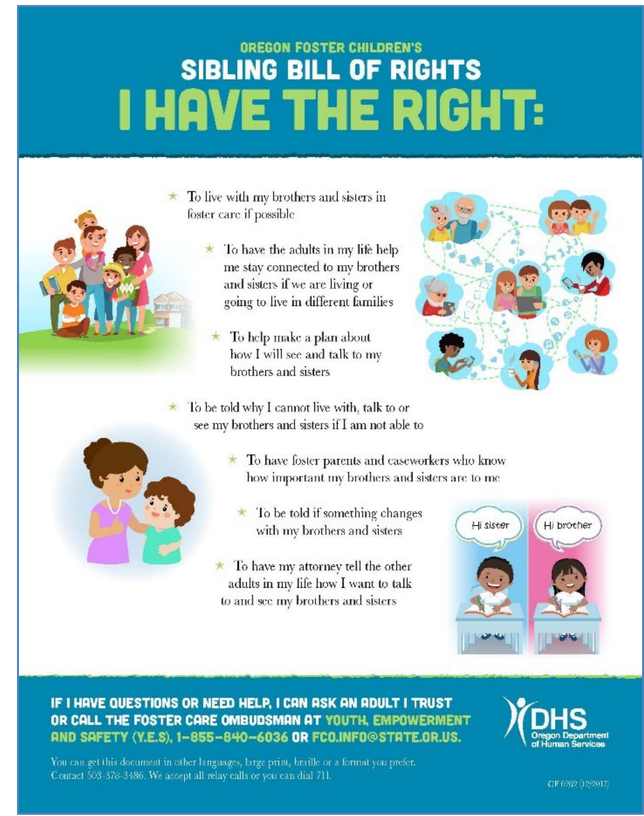
I UNDERSTAND THAT THE ADULTS IN MY LIFE MAKE RULES AND SET LIMITS TO PROTECT ME AND HELP ME MAKE GOOD DECISIONS. WHEN I NEED TO, I CAN CONTACT MY ATTORNEY OR CASA ADVOCATE TO HELP ME AND TALK TO THEM PRIVATELY. IF I EVER NEED TO DO SO, I CAN CONTACT THE FOSTER CARE OMBUDSMAN AT *YOUTH, EMPOWERMENT AND SAFETY (Y.E.S.)* 1-855-840-6036 OR FCO.INFO@STATE.OR.US AND TALK TO THEM ABOUT MY PROBLEM.

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact 503-378-3486 or 503-378-3523 for TTY.

DHS 9014A (07/2017)

A downloadable copy suitable for printing is available from this link:

https://www.oregon.gov/DHS/ABOUTDHS/Documents/CF-0262-Posters.pdf



A downloadable copy suitable for printing is available from this link:

https://www.oregon.gov/DHS/ABOUTDHS/Documents/CF-0263-Tip-Sheet.pdf

OREGON FOSTER CHILDREN'S

SIBLING BILL OF RIGHTS

TIPS AND IDEAS

The Oregon Foster Children's Sibling Bill of Rights gives children and youth in foster care specific rights designed to protect and strengthen their bond with siblings. These rights include but are not limited to the right:

- To receive a document that lists their rights, and a verbal explanation of those rights
- To be placed in foster homes with their siblings, whenever possible
- To visit and maintain contact with siblings and receive assistance with transportation
- To have a sibling visit and contact plan that has been developed with their active engagement and participation and is followed while they are in care
- To be told why they cannot live with, talk to or see their siblings if they are not able to

HOW CAN YOU HELP PROMOTE AND STRENGTHEN SIBLING CONNECTIONS? BE CREATIVE!

Caseworkers	Foster Parents, Adoptive Parents and Guardians	Attorneys and Advocates	Community Members
• When siblings cannot be placed in the same home, keep them in close distance of each other • Rethink the idea of visits! They should feel casual and natural • Ensure the siblings have contact between visits • Frequently re-evaluate any barriers to joint placement and the appropriateness of sibling contact • Post the children as a sibling group on adoption bulletins	• Be open to sibling groups of varying ages and genders • Be understanding of typical sibling behaviors • Build relationships with the foster parents of your child's siblings • Take turns hosting sibling visits such as trips to the park, sleep overs, day trips and celebrations; also consider enrolling siblings together in sports and activities • Reach out to your support network for help	• Continue to ask about the efforts made to place siblings together and address barriers to sibling contact • Ask about the frequency and quality of visits and ongoing contact • Offer to help the children ask for changes in the sibling visit and contact plan	• Become a foster or adoptive parent • Become a respite provider to help give foster parents a chance to recharge • Volunteer at your local DHS office to help with transportation for visits • Educate your friends and family on the need for supportive homes for siblings living in foster care

DO YOU KNOW ABOUT THESE RESOURCES?

- Camp to Belong Oregon is a program that reunites brothers and sisters living in separate homes for events of fun and sibling connection. They provide weeklong summer camp programs and one day events around the state.
- Department funding is available for adoption and guardianship mediation regarding contact and visits with siblings, parents and other relatives.

To see the Oregon Foster Children's Sibling Bill of Rights poster, visit *https://apps.state.or.us/Forms/Server/ce0262.pdf.*

You can get this document in other languages, large print, braille or a format you prefer. Contact 503-378-3486. We accept all relay calls or you can dial 711.

CF 0263 (12/2017)

APPENDIX K — Recreational Caseworker Approval Process

Caseworker Approval Process for Recreational Activities and Prudent Parent Standards

Caseworker Approval process for BRS client participation in activities listed in section 410-170-0100 of the OAR and Behavior Rehabilitation Services Manual.

Oregon Youth Authority

The BRS Contractor or BRS Provider must not permit BRS clients to participate in recreational activities that present a higher level of risk to BRS clients without pre-approval by the Community Resources Unit and JPPO. This applies to activities that require a moderate to high level of technical expertise to perform safely, present environmental hazards, or where special certification or training is recommended or required such as: whitewater rafting, rock climbing, ropes courses, activities on or in any body of water where a certified lifeguard is not present and on duty, camping, backpacking, mountain climbing, using motorized yard equipment, and horseback riding. BRS Contractor or BRS Provider must complete and submit a YA3080 to CRU. JPPO permission is granted through completion of YA 3081.

Oregon Health Authority

Oregon Health Authority contracts with Oregon counties to deliver Behavioral Rehabilitation Services at the county level. These contractors shall receive approval from the legal guardian for all activities in this section of the OAR and manual. Counties shall maintain guardian's approval in the BRS client's file. The county may receive approval at intake or on an event basis as outlined in the Department of Human Resources licensing requirements. Counties are required to follow Prudent Parenting as per ODHS licensing.

Department of Human Services

The BRS Contractor shall designate at least 1 on-site official who is authorized to apply the reasonable and prudent parent standard defined in OAR 413-070-0000, to determine whether to allow a child or young adult in the contractors care to participate in age-appropriate and developmentally appropriate activities as defined in OAR 413-070-0000. The on-site official must complete training in how to use and apply the reasonable and prudent parent standard. In residential settings the on-site official could be the child or young adult's case manager or another program employee; in foster home-based programs the on-site official should be a parent in each home. The on-site official shall use their knowledge and skills to apply the reasonable and prudent parent standard in decision making on whether to allow the child to engage in social, extra-curricular, enrichment, cultural, and social activities.

Reasonable and Prudent Parent standards are included in this appendix and an accessible video training is available on YouTube — Oregon Foster Youth Connection Prudent Parent

https://www.youtube.com/watch?v=hHnQpcIkxLc&feature=youtu.be

ODHS contracted providers may provide their own form citing the rule to receive permission from the legal guardian at intake. Providers may also seek an event-based request. The BRS provider emails the caseworker a request for a specific recreational activity outlining what is involved and the date/time/location of the event. BRS providers are required to maintain the written documentation in the client file whether given by the guardian at intake or approval provided by the caseworker for a specific event.

APPENDIX L — ODHS Absent Day Request Form

This form is available from this link:

https://www.oregon.gov/DHS/CHILDREN/PROVIDERS-PARTNERS/BRS/Documents/Absent%20Day%20Request%200094.doc

SAMPLE ABSENT DAY REQUEST FORM

DHS
Oregon Department of Human Services
Office of Child Welfare Programs
Well Being Program

Absent Day Request

To be completed by the provider and submitted to: Wellbeing.Contracts@state.or.us

Section A — Provider information	
Provider name:	Provider number:
Contact person:	Today's date:
Section B — Reason for absence	
☐ Runaway:	
☐ Child in detention:	
☐ Home visit:	
*(For home visits, reference OAR 410-170-0110(4); Absent days for the purposes of home visits shall only be paid following the first 8 qualified home visits **and** only up to14 total days out of program per month)*	
☐ Other:	
Section C — Request information	
Date(s) absent from program: *(First night away from placement)* Start:	*(Last night away from placement)* End:
Child's name:	OR-Kids ID:
County:	Contract number:
Section D — Child's current/returning placement:	
Is the child returning to the same provider? ☐ Yes ☐ No	
☐ Facility Name/OR-Kids number:	
☐ Home Name/OR-Kids number:	

Section E — Approval	
Approval on:	Caseworker:
Approval on:	Contract administrator:

Well Being use only		
Entered into OR-Kids on:	Service category:	Service type:
OR-Kids service authorization number:	Service dates:	Rate:
Notes:		

SAMPLE

CF 0094 (11/14)

APPENDIX M — Oregon Youth Authority Sub-Care Clothing List / Authorization Form

The BRS Contractor or BRS Provider must ensure that each BRS Client has an adequate wardrobe as prescribed by a "Youth Sub-Care Clothing List and Authorization" form, incorporated by reference in this rule, and available on OYA's website or a printed copy may be obtained from OYA.

https://www.oregon.gov/oya/forms/ya3070.doc *(Use "Save as" to download a local copy.)*

OYA YOUTH SUB-CARE CLOTHING LIST / AUTHORIZATION

State of Oregon
OREGON YOUTH AUTHORITY

- JPPO should secure all appropriate clothing available from youth and family prior to youth's placement in program.
- Program is provided a copy of this clothing list to inventory youth's clothing at admission marking what the youth has "At Intake" in the column below. Provider should only list clothing that is in a condition appropriate for meeting program and community standards.
- A copy of the form will be returned to the JPPO showing what the youth's "Need" is in the column below and whether or not a clothing authorization is requested.
- After reviewing the youth's clothing inventory, and if need is determined, the JPPO may authorize a one time youth specific clothing payment in JJIS of $210.00.
- Providers will maintain youth's wardrobe and will keep a current clothing inventory by adding all clothing purchased while youth is in program.
- When youth exits program, the Provider will re-inventory clothing and mark the "At Exit" column below.
- A copy of this list will remain in the youth's file at the program and a copy will be given to the JPPO upon youth exit from program.

Youth Name: ________________ **JJIS#:** ____________ **Date:** ____________

Program Placement:

Recommended Number & Item		At Intake	Need	Provided by OYA Clothing Authorization $ & Date Provided	Provided by Program & Date Provided	At Exit
7	Underwear					
3	Bra					
1	Bathrobe					
7	Socks (Sets)					
2	Sleepwear (Sets)					
2	Shoes (Pair)					
2	Sweatshirt/Jacket					
2	Shorts					
1	Swimwear (if needed)					
1	Climate Appropriate Coat					
5	Shirts/T-Shirts/Blouses					
5	Pants/Jeans/Skirts/Dresses					

Other: List any special needs for youth (work boots, maternity clothes, etc.)

____

Clothing Authorization Requested: Yes ☐ No ☐ $210 **Parental Contribution:** Yes ☐ No ☐ Amount: $ _____

SIGNATURES:	**Intake**		**Release**	
Youth:	________	Date: ________	________	Date: ________
Program Staff:	________	Date: ________	________	Date: ________

JPPO: ____________ ( ) Approved ( ) Denied Reason:

DISTRIBUTION: ORIGINAL – Youth Case File, COPY TO: Community Program File
FILE: Miscellaneous
POLICY REF: OAR 416-335-0080
Restricted Information

YA 3070 REV 06/15

SAMPLE

APPENDIX N — OYA Room Sharing and Approval Process

PLEASE NOTE THAT EXCEPTIONS ARE NOT SUPPOSED TO BE THE NORM –

THESE SITUATIONS SHOULD BE KEPT TO A MINIMUM SO THAT WE ARE STAYING IN LINE WITH OARs

In order to allow certain types of room share placements in foster care, proctor care and residential care an approval is needed and depending on the type of room share the following people may need to be included in the process: The foster/proctor program, residential program, Juvenile Parole/Probation Officer (JPPO), OYA CRU Liaison, OYA Certifier and the Foster Care Manager or Community Resources Manager. The room shares that this process applies to per Oregon Administrative Rule (OAR) is as follows:

PROCTOR/FOSTER CARE OAR LANGUAGE

OAR 416-530-0060 (3) (h) Youth offenders with a history of inappropriate **sexual behavior** or adjudicated for a sexual offense **must occupy a bedroom either individually, or in a group of three youth offenders** with histories of inappropriate sexual behavior or adjudicated for a sexual offense. The assignment of two youth offenders with histories of inappropriate sexual behavior or adjudicated for a sexual offense to one bedroom must be authorized by the OYA Community Resources Manager, in consultation with OYA Community Services staff.

OAR 416-530-0070 (4) (b) Youth offender(s) age 18 or older may not share a bedroom with a youth offender under age 18 without the prior approval of the OYA Community Resources Manager.

RESIDENTIAL CARE OAR LANGUAGE

OAR 410-170-0030 (9)(b)(c)(d) Provide separate bedrooms for **children and persons 18 years or older**, except in cases where the child shares a bedroom with a young adult who is the child's parent and caregiver or where there is written approval from the **Department of Human Services' Office of Licensing and Regulatory Oversight Coordinator and the agency**;

Provide separate bedrooms for BRS clients who have inappropriate sexual behaviors identified in their service plan and BRS clients who do not have those behaviors identified in their service plan, unless there is written approval from the agency;

Provide that BRS clients, who have inappropriate sexual behaviors identified in their service plan, occupy a bedroom either individually or in a group of three or more BRS clients who have inappropriate sexual behaviors identified in their service plan, unless there is written approval from the agency;

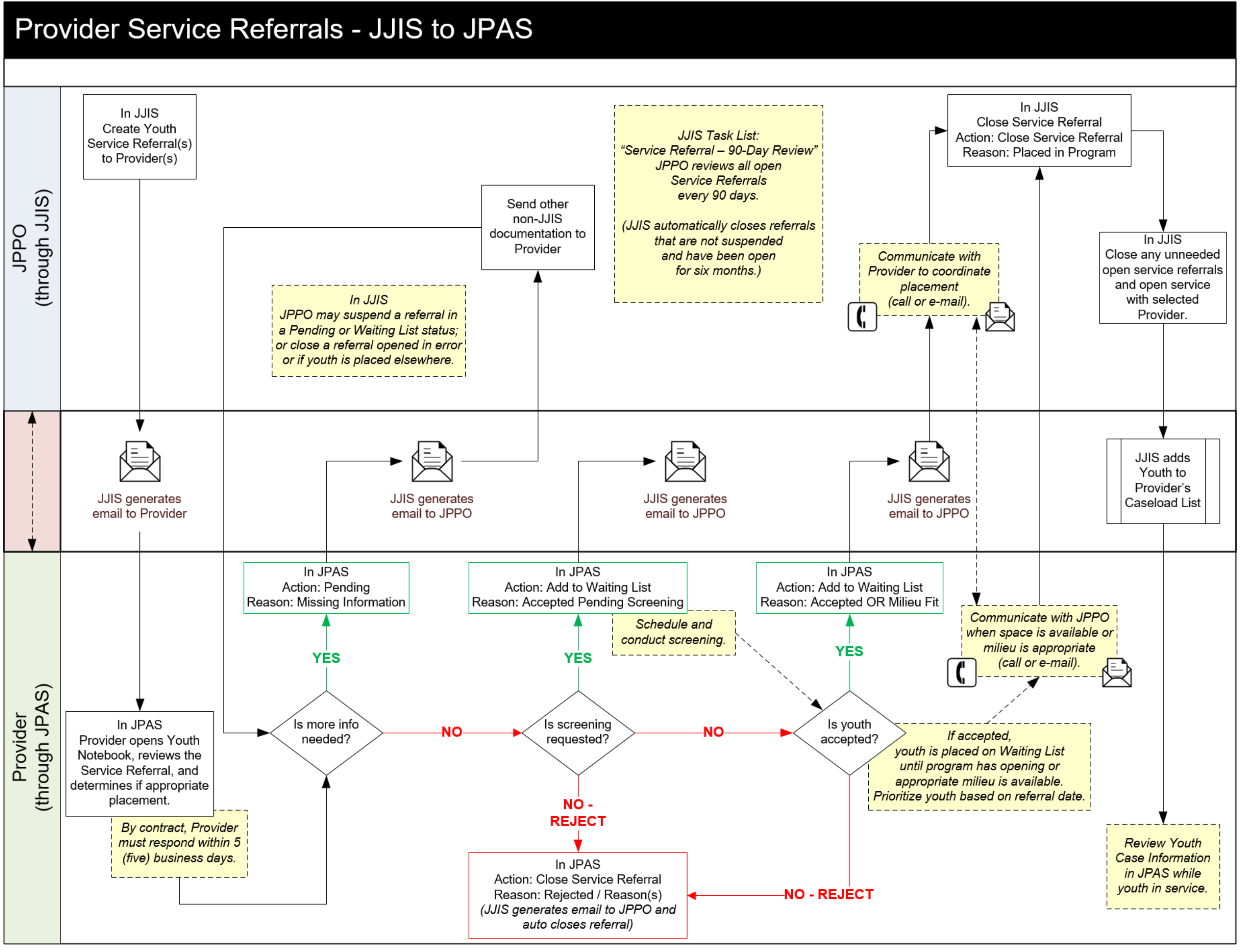
PROCESS FOR APPROVAL

1. The Child Care Agency (CCA) or OYA Certifier for foster care identifies that an approval for one of the above listed room shares is needed (depending on the type of placement).
2. The CCA is responsible for contacting all the JPPOs that have youth in the proposed room share. The OYA Certifier is responsible for the contact for foster care. Below is a list of information that should be shared with JPPOs to make an informed decision;
    - Why the approval is needed and how long the approval is needed
    - Name, age and the JPPO assigned to each youth in the proposed room share
    - Location of room share request
    - If there have been any inappropriate behaviors that would cause concern for a room share to occur
    - How are the peer relations between the youth in the proposed room share
    - Treatment progress/participation
    - Safety Plan that is identified for the room share
3. If the room share is mixing an **adult and minor in a CCA,** the ODHS Licensing Unit approval is required.

4. If all JPPOs and licensing (if applicable) are in agreement with the room share, the CCA will notify the OYA CRU Liaison and OYA Certifier for review. All information sent to the JPPOs shall also be sent the OYA CRU Liaison and OYA Certifier (for proctor care). The request from the CCA shall be sent at least 3 days prior to when the room share is being requested.
5. If the OYA CRU Liaison and the OYA Certifier (when applicable) are in agreement the final review and approval will go to Foster Care Manager for foster and proctor care. Community Resource Manager will provide the approval for regular residential care placements.
6. Youth are not to be placed in a foster/proctor home or residential program prior to an approval being granted.

APPENDIX O — OYA Provider Service Referrals Process

Excerpt from OYA Juvenile Provider Access (JPAS) Manual



APPENDIX P — Family Engagement Strategies

Family Engagement Strategies

- Family and the child's team should be treated as full members of the treatment team and woven into all parts of the program (beyond invitations to service plan meetings).
- Invite parents/family/transition resource into program to practice skills to support child.
- Work with parent/family to develop new parenting techniques and skills to support child's needs.
- Train parents/family/transition resource in same techniques/strategies that direct care staff learn such as de-escalation, crisis prevention, emotional regulation.
- Discuss importance of family/parent involvement in depth at intake.
- Train staff on working with families and operating with a family system centered approach.
- Train staff on working with families of diverse cultures, races, and ethnicities.
- Contact family/fictive kin for the AER-welcome their perspective, ask about child's background and previous placement, family history and cultural/identity needs.
- Ask family/fictive kin how often they would like to be communicated with and how they would like to interact (phone/emails/invites to team meetings).
- Prioritize family/fictive kin visits-either onsite or overnights (when approved by caseworkers). Goal should be to have at all children visiting with family.
- Address barriers to engagement quickly with agency contractor or caseworker-transportation, childcare and can competing priorities can all be solved and should not preclude desired engagement level.
- Is the use of technology being maximized-phone calls, video chats, monitored text messaging? This is especially important when geographical distance is a challenge or during state of emergency limiting physical contact (such as pandemic, wildfires).
- Maximize use of home visits/transition days visit nearing discharge.
- Explore/brainstorm with staff how your agency can build a meaningful connection with families/fictive kin to promote engagement.

NOTES