

Topic:	Temporary Policy and Licensing Changes Addressing Staffing Crisis
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Overview

This worker guide describes short-term Office of Developmental Disabilities Services (ODDS) policy and licensing changes to maintain individual health and safety during this acute direct care and case management entity staffing crisis. These policies only apply when the regular course of business is not viable due to the current staffing crisis AND individuals are at risk of losing access to critical services due to one or more of the following:

1. Lack of staff availability
2. Imminent home closures
3. Absence of other support or living arrangement options, such as family and friends
4. Imminent risk of homelessness or institutionalization
5. Other staffing crisis-related situations risking an individual's ability to receive chosen residential services

The policies and practices contained in this guide will generally be allowed until January 31, 2022 unless extended. **ODDS will review these policies on a regular basis.** These policies must not be applied in a way that would foster illegal or unsafe situations. ODDS reserves the right to impose conditions on the delivery of services based on concerns related to operations or safety. Exercising these policy options should be a last resort. Even when these temporary emergency measures are implemented, there must be ongoing efforts by CMEs and providers to resolve or improve the situation.

CONFIRMING:

Nothing in these policies may limit individual rights. All requirements such as mandatory abuse reporting and case management monitoring are still in effect. These streamlined policies and processes are intended to reduce administrative workloads during this staffing crisis. The health and safety of individuals remains paramount.

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CMEs Tracking Moves from Chosen Settings

October 12, 2021 section update:

CMEs must maintain up-to-date contact information for individuals temporarily displaced from a chosen setting due to the provider staffing crisis.

CMEs must track the following information and produce it upon ODDS request:

1. Name of person
2. Prime number
3. New temporary address
4. Type of temporary address, e.g., relative's home, foster home, etc.
5. Anticipated duration of temporary move

End of October 12, 2021 section update

Licensing Reviews

December 23, 2021 Update

ODDS Licensing will resume normal reviews on January 1, 2022. Current information can be found in the Licensing Reopening Guide, available here: <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/ODDS%20Resource%20Library/Licensors-Reopening-Worker-Guide.pdf>

End of December 23, 2021 Update

ODDS Licensing will be moving to a condensed version of the standard review process. The focus of reviews will be on high-level health and safety components for 24-hour residential homes and Adult Foster Homes (AFH). Child Foster Homes (CFH) reviews will continue according to the normal process.

Overview of Adult Foster Home Licensing Reviews:

Effective October 1, 2021, Community Developmental Disability Program (CDDP) Licensors will conduct an abbreviated inspection. This will include a combination of remote review and on-site in-person inspection of the AFH. Providers must submit the following:

- All renewal paperwork
 - o Application
 - o Fee

- o PEAA
- o Caregiver Qualifications
- o Consent (Providers and Resident Manager)
- o Plan of Daily Operation (for each home)
- o Inspection Checklist – (on site visit)
- The following documents may be submitted electronically prior to the on-site inspection.
 - o Staff Qualification Checklist (completed by provider and submitted prior to onsite inspections)
 - o Well Water
 - o Chimney/Woodstove Cleaning
 - o Progress Notes
 - o Proof of vaccinations or approved exemption
 - o Policies or procedures for verifying vaccination compliance

Information For CDDP Licensors:

December 23, 2021

CDDP Licensing activities initiated on or after January 1, 2022 will return to normal processes. Current information can be found in the Licensing Reopening Guide, available here:

<https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/ODDS%20Resource%20Library/Licensors-Reopening-Worker-Guide.pdf>

End of December 23, 2021 Update

~~CDDP licensors will contact the Services Coordinator (SC) for the individual(s) living in the home whom they plan on reviewing and ask the following questions:~~

- ~~• When did monitoring last occur? Monthly? Quarterly?~~
- ~~• Were there any changes? SC concerns? Licensors' concerns?~~
- ~~• Have there been any incident reports (IRs)? If so, how many? Type? Outcome?~~

~~CDDP licensors will continue to conduct reviews for complaints and other general safety concerns as they arise.~~

~~CDDP licensors have been given an amended review list that they will follow during reviews. This list identifies the topics that will be reviewed and topics that are suspended. The list focuses on the health and safety of the individuals including but not limited to:~~

- ~~A condensed environmental walk-through~~
- ~~Fire safety precautions~~
- ~~Medication reviews~~
- ~~Nursing care plans~~
- ~~Behavior supports~~
- ~~Incident reporting and abuse investigations~~
- ~~Bill of rights information~~
- ~~Support plans and identified risks~~
- ~~Vaccine and/or exemption compliance (effective October 18, 2021)~~
- ~~Policies and procedures for verifying vaccination compliance for other healthcare workers who enter the home~~
 - ~~This may be a written explanation of how the provider will verify the vaccination status of “healthcare workers” (defined in [DD-AR-21-080](#)) who come into the home.~~

~~Overview of 24-Hour Residential Home & Host Homes Licensing Reviews:~~

~~Effective October 1, 2021, licensing inspections will be a combination of remote review and on-site in person inspection of the 24-hour home. Any license review requiring a follow-up will be completed using standard review processes.~~

- ~~This policy affects only those agencies whose license or endorsement are due for their renewal.~~
- ~~Licensing will continue to conduct reviews for complaints and other general safety concerns.~~

~~Prior to a review, a member of the ODDS licensing unit will contact the provider to identify the information needed for the review.~~

~~Reviews will focus on:~~

- ~~In person onsite review (environmental review, medication review, person specific information)~~
- ~~Medical protocols and supporting documentation including the safety plan, nursing care plan, positive behavior support plan (PBSP), provider risk mitigation strategies (PRMS), protocols, etc., when applicable.~~
- ~~Medications, physician’s orders, medical visits, and other medical records~~
- ~~Progress notes, incident reports, tracking documentation, individually-based limitations (IBLs), etc.~~
- ~~Nursing delegations, Individual Support Plan (ISP)/PBSP training, residency agreements, person specific variances.~~
- ~~Vaccine and/or exemption compliance (effective October 18, 2021)~~

~~ODDS Licensing has the discretion to expand the focus of the review, expand the timeframe of documents reviewed, and/or move to a full review process.~~

24-Hour Group Home Capacity Changes: Process and Funding Levels

Process for increasing capacity

December 23, 2021 Update:

Beginning December 31, 2021, ODDS will not process any new temporary capacity changes through this expedited process and will return to normal processing.

Approved temporary capacity changes will be extended until March 31, 2022. ODDS Licensing will contact providers in case they do not want to extend their approved temporary capacity change. There is no action required from providers to extend until March 31, 2022. ODDS will create funding review memos that indicate the higher rates through March 31, 2022 and send them to CDDP managers and providers.

Effective April 1, 2022, rates will be adjusted by ODDS to reflect the home's capacity according to standard rate tables. This means rates will be reduced if the home remains at an increased capacity or has requested a permanent capacity increase. If a person has moved, it is expected that by April 1, 2022, eXPRS CPAs have been adjusted accordingly.

Please note, all other policies in this guide are set to expire on January 31, 2022.

For all **temporary** capacity changes **submitted through December 31, 2021**, providers must submit a **Change of Capacity form** to DD.licensing@dhsosha.state.or.us and their local CDDP Program Manager **BEFORE** any moves or changes occur. Upon receipt, ODDS licensing will review the request while taking the following into account:

- Current provider status
- History of provider agency and endorsements
- Review of previous corrective action and/or settlement agreements
- Open abuse investigations or complaints

Providers requesting capacity increases to **6 or more individuals in a home** will need to answer additional questions on the change of capacity form, have a 13D sprinkler system installed, and show the home has been inspected within the last year.

Capacity increases may not be approved for more than 10 for adults and 5 for children per home. Any requests for capacity increases outside those parameters, to 10 or more adults, must include a private living space for each person will be reviewed with a higher level of scrutiny and will require an onsite licensing visit. ODDS Licensing and the ODDS Policy Unit will work with providers requesting a capacity increase to 5 children to ensure proper notifications occur per rule and statute.

Capacity increases resulting in shared bedrooms must follow rules related to square footage, choice of roommate, etc. When a bedroom might be shared, providers must submit a floor plan of the home identifying the dimensions of the bedroom(s). ODDS Licensing will not approve more than 2 people sharing a bedroom, use of common areas or garages converted to bedrooms, or adults and children sharing a bedroom. Providers must continue to follow egress and fire safety standards.

Situations that are outside of this policy and are necessary for the health and safety of individuals will be reviewed through the variance process on a case-by-case basis. Variances related to sprinkler systems for 24-hour residential settings will only be considered if the staffing plan for the home indicates there will be enough staff on site for evacuation during a fire, in addition to the fire safety requirements in OAR [411-325-0280\(2\)](#). ODDS has the authority to deny any variance requests even if these standards are met.

End of December 23, 2021 section update.

October 12, 2021 section update

ODDS Licensing will notify providers and the local CDDP upon capacity change request approval.

End of October 12, 2021 section update

Funding levels upon capacity changes:

For an emergency placement, individual rates will transfer to the new placement unchanged. These will be approved for 90 days initially with the option for another 90 days if needed. If homes are combined and one or more licenses is returned to the state, the rate freeze may be reconsidered. ODDS urges providers to maintain their licenses whenever possible for future system capacity.

License Extensions

ODDS Licensing will process extensions for licenses and certifications. Extensions will be noted in the ASPEN database. Providers must submit an application and applicable fees prior to the expiration. The following outlines the specifics for the various program settings:

Extensions for AFH and CFH:

Adult Foster Home (AFH) and Child Foster Home (CFH) providers will receive a letter from ODDS regarding the license/certification being extended.

- All AFH and CFH renewals that were due for renewal in 2020 will receive an extension to their 2022 expiration date.
- All AFH and CFH renewals that were due in 2021 but have not been reviewed will continue to receive extensions as needed.

Extensions for 24-hour residential homes:

24-hour residential home providers will receive an automatic 90-day extension pending completion of all reviews. ODDS Licensing will send these extensions will be sent to the eXPRS team so there is not a gap in billing for providers. Licensing reviews are being prioritized by oldest due to newest due.

If providers have any questions on application status, extensions, or issues with billing please contact DD.licensing@dhsosha.state.or.us.

Licensing Status for Vacant Homes

To the extent possible, empty homes should not be closed. Their status should become “active but not serving”.

CMEs must process moves from “active but not serving” homes with the same urgency as moves from homes that are closing.

Providers are required to notify licensing upon individuals moving back into the home.

Existing Variances

Currently approved variances that are individual-specific may be transferred to an individual’s new residence when the variance continues to be needed, appropriate, and a safe practice. The SC will amend the ODDS-issued variance form to include the new residential setting’s physical address and the date the move occurred. The SC will then submit the amended variance to the ODDS variance email box: ODDS.Variances@dhsosha.state.or.us within 30 days following the individual’s move-in date to the new residence.

New Referrals to SACU and Children’s Residential

At this time, there are no vacancies in the Stabilization and Crisis Unit (SACU) or in children’s residential homes due to the staffing crisis. Serious capacity challenges for these settings in particular are expected to continue. Case Management Entities (CMEs) and ISP teams should prioritize other settings before initiating a new referral to SACU or children’s residential homes.

Temporary Stays Away from Residential Settings

This section of the guide describes policy options available when an individual cannot be safely served in their permanent home due to staffing shortages and must temporarily reside in another home.

When a move is necessary, the individual (and their legal representative, where applicable) must be involved and informed of their options and alternate settings. Options for alternate settings may be offered by the provider in place of the services coordinator (SC). The discussion should be documented and relayed to the SC for documentation in progress notes. When no preferred option is available, it is important to identify the individual’s desired outcomes for their living situation and develop a plan to achieve it as soon as possible.

The SC must be notified of the move **BEFORE** it occurs. The provider must work with the SC to assure that the individual’s needs can safely be met in the new setting.

October 12, 2021 section update

Upon notification of an individual moving from one 24-hour home into another 24-hour home, the CME must update the CPA to reflect the person’s new address in eXPRS within three business days of the date of the move. The CPA should be time-limited to 90 days or fewer depending on the capacity change approval notice. CMEs should use the “notes” field to indicate the move is temporary due to the 2021 staffing crisis.

End of October 12, 2021 section update

Licensed or certified providers must obtain permission from ODDS prior to any child and adult sharing a residence. The provider and Community Developmental Disability Program (CDDP) must work together to complete a variance request (form DHS 6001) and a safety assessment (form DHS 6001A). Indicate the request is “urgent” by marking the box at the top of the form. Send

them to ODDS.Variances@dhsoha.state.or.us. and include “**URGENT**” in the email subject line.

When the move involves a shared bedroom, providers must inform the individuals and assess safety. No more than two people can share a bedroom and a child (under 18) may not share a bedroom with an adult under any circumstances. If an individual objects to the new roommate, the individually-based limitation (IBL) process must be applied to address the situation.

October 12, 2021 section update

If any move is necessary due to an emergency staffing shortage and the individual does not agree with the move, the individual must be provided with a notice of involuntary exit. ODDS must be provided a copy of the notice via email at DD.licensing@dhsoha.state.or.us. and their local CDDP Program Manager. Alternate care arrangements may proceed when the situation is urgent and imminent, but the individual has appeal rights (unless the home is surrendering the license) and must be allowed to stay in the home, if requested, until the appeal process is complete. The individual may be eligible for an expedited hearing related to this emergency situation.

End of October 12, 2021 section update

For a move to a home operated by a new provider, the SC, individual (and their legal representative, if applicable) and new provider must agree on the entry date for movement to the new residence. The following requirements are waived:

- the exit meeting requirements for both the provider and service coordinator (OAR [411-415-0080\(7\)](#); [411-325-0390\(7\)](#); [411-360-0190\(7\)](#); [411-346-0240\(7\)](#))
- the ISP transition plan requirements in [411-346-0190\(e\)\(B\)](#) when it is not feasible for a child in foster care to have a transition plan to be developed.
- The in-person entry meeting requirement for the services coordinator and provider (OAR [411-415-0080\(5\)](#); [411-325-0390\(3\)\(b\)](#); [411-360-0190\(3\)\(b\)](#); [411-346-0240\(3\)\(b\)](#)).
- For information required upon entry, the following information must be made immediately available upon entry into the home, including:
 - Contact information and a plan for response from the provider when a need for support or an urgent/emergent situation arises
 - Individual Summary Sheet for the individual
 - Emergency information about the individual; and
 - The individual’s ISP and supporting documented as necessary for caregivers, staff and other supports to meet the individual’s needs such

as protocols, Functional Behavior Assessments (FBAs), Positive Behavior Support Plans (PBSPs), and nursing care plans.

- Assessment and identification of the individual's emergency evacuation support needs.
- The remaining entry documentation requirements in rule (OARs 411-325-0390(3)(c); 411-360-0190(3)(c); 411-346-0240(3)(c)) must be met within 45 days of the individual's entry into the new home.
- Any prescription medication the individual requires and equipment or devices the individual owns must also be provided at the time of entry to the new home.

It may be necessary for an individual to be temporarily supported in a setting other than their usual 24-hour residential or foster care residence.

Other settings where a provider may deliver residential supports include:

- With family, friends, or acquaintances
- Being supported on vacation/in a hotel or other temporary lodging
- For adult foster care, being supported in another licensed setting operated by the same licensed provider
- For 24-hour residential settings, being supported in another licensed setting operated by the same certified and endorsed agency provider

Current Oregon Administrative Rules, OAR 411-325-0490 Provider Eligibility for Medicaid Service Payment; OAR 411-360-0200 Adjustment, Suspension, or Termination of Payment; and OAR 411-346-0250 Foster Provider Eligibility for Medicaid Service Payment, allow for providers to support individuals away from their usual residence. The OARs set standards for a provider to bill for services. As long as the provider is providing support that meets the rule requirements, the provider may bill for supporting the individual away from the home. The rules for adult foster care and 24-hour residential settings include time limits for alternate arrangements - up to 30 consecutive overnights and a maximum total of 45 overnight stays in an ISP year.

When services are not delivered, the days spent away must be entered as absences. For 24-hour residential homes, the 21-day bed hold policy applies.

When an individual is supported in any alternate licensed or certified home, the individual counts against the licensed capacity of the home where they are receiving services. The arrangement is considered a temporary stay if the plan is for the individual to return to their original residence. When it is necessary for the home's capacity to be increased, refer to the section related to capacity changes in this guide.

The temporary stay arrangement must not result in the individual losing their primary residence placement.

The provider must assure that caregivers and others responsible for supporting the individual have the information needed to support the person in the temporary setting. Required information includes:

- Contact information and a plan for response from the provider when a need for support or an urgent/emergent situation arises
- Individual Summary Sheet for the individual
- Emergency information about the individual
- The individual's ISP and supporting documents as necessary for caregivers, staff and other supports to meet the individual's needs such as protocols, FBAs, PBSPs, and nursing care plans.
- Assessment and identification of the individual's emergency evacuation support needs.

During the temporary stay away from the home, the provider must work with the ISP team to address the individual's activities, commitments, and relationships and how to maintain these wherever possible during the stay, including:

- Employment;
- Day support activities;
- School or training/education program;
- Routine therapies or treatments;
- Extra-curricular activities, such as team events or activities for which routine attendance is expected;
- Family visitation; and
- Religious and cultural activities and observances.

Providers must coordinate with the individual's other services providers, where appropriate, to make arrangements for continuity of services. Additionally, the provider must assure that the individual is able to participate in medical appointments or therapies.

Temporary Stays with Residential DSPs and AFH Caregivers

October 12, 2021 section update

If a person is currently, temporarily staying with residential DSPs or AFH caregivers, the provider must notify ODDS Licensing and work with the local CDDP to identify alternatives.

The following section has been removed effective October 7, 2021:

~~This section of this guide describes the option for an individual to be supported in the residence of an agency staff member. The use of this option is at the discretion of the certified or licensed provider. The CDDP must be notified in advance of the temporary stay occurring, and providers must work collaboratively with the CDDP and ISP team to ensure that the individual's preferences and support needs are adequately and appropriately addressed through this arrangement~~

~~The policies specific to the “**Temporary Stays Away from Residential Settings**” section of this guide apply to these arrangements.~~

~~The licensed or certified residential provider retains responsibility for addressing the care and safety needs of the individual. The provider must ensure the following:~~

- ~~● The staff member caring for the individual has the training and experience to support an individual unassisted;~~
- ~~● The staff member has a current criminal background check with no disclosure of criminal or abuse since the date of approval. (Background checks extended due to the COVID-19 pandemic are considered current);~~
- ~~● The staff member is not the subject of open abuse investigation;~~
- ~~● The staff member is adequately trained to the individual's support plan and strategies for support;~~
- ~~● There is a back-up plan for support should the staff need assistance in addressing the individual's support needs;~~
- ~~● The provider implements a plan for close monitoring of the temporary stay arrangement; and~~
- ~~● The residential setting provider has inspected the physical location of the home and affirms that:
 - ~~○ The home is free of safety hazards and is generally physically accessible to the individual;~~
 - ~~○ The home is in adequately clean condition, including free of infestation of rodents or pests;~~
 - ~~○ There are no unsecured firearms or weapons present in the home;~~
 - ~~○ There is a method for securing medication;~~
 - ~~○ There are no other home occupants or visitors that present a risk to the individual (meaning that other adults present in the home must be free from abuse and criminal history and there are no known risks associated with minors who may be in the home);~~
 - ~~○ There is a plan and means for quick egress from the home in an emergency;~~
 - ~~○ There are working smoke alarms in the home;~~
 - ~~○ There is a source of clean water and power;~~
 - ~~○ There is adequate food in the home;~~
 - ~~○ There are sleeping accommodations that ensure the individual has~~~~

- ~~access to a private bedroom and physically accessible bathroom facilities; and~~
- ~~○ The individual will not be sleeping in a common area of the home or other portion of the home property that is not a bedroom space, such as a garage, living room, hallway, shed, tent, etc.~~

~~During the temporary stay of the individual in the staff home, the provider may bill for services in the same manner as if the individual was staying in the primary residence. The agency is responsible to arrange for compensation for the staff.~~

~~If it is determined that the arrangement is inappropriate, inadequate, or unsafe, the stay with the staff must be ended and the individual must be supported in another setting.~~

End of October 12, 2021 section update

County-to-County Transfers: Home Closures or Suspensions

When an individual moves permanently from one county to another, the receiving county can delay I/DD eligibility review for up to one year.

When a move is expected to be temporary due to a provider's inability to adequately staff a home (see above for more information about these moves), the sending and receiving CMEs should use courtesy case management, and not complete a transfer. The sending CDDP can retain the SE 48 and service authorizations, and the CMEs come to an agreement as to which case management tasks would be assigned to each CME.

For temporary stays in another home operated by the same residential provider, site locations and other CPA details do not have to be updated in eXPRS, however, the CDDP where the individual is staying temporarily must be informed who the individual is that is staying in the county and where they are staying.

Any increases to the capacity of a 24-hour home under these temporary policies should not result in a lower rate. A decrease in capacity will result in an increased rate. For example, if two people temporarily leave a five-person home, the rate for the remaining three people should increase. If these two people move into a home with a licensed capacity of four, the rates should not change for any individual, even though the capacity of the home becomes six. Rates by capacity can be found in Appendix E of the Expenditure Guidelines. CPAs and POCs should be updated accordingly. Requests for retroactive rate increases should be sent to:

Background Checks:

CMEs, Medicaid certified agency providers, child certified foster and adult licensed foster care providers are able to allow Subject Individuals (SIs) to work unsupervised on a preliminary basis pending a final fitness determination from the Background Check Unit (BCU). Preliminary approval is only allowed if the SI has no disclosed potentially disqualifying crimes or potentially disqualifying conditions and is limited to 90 days. The agency or certified/licensed provider may determine if working unsupervised is appropriate on a case-by-case basis.

PSW Overtime:

Temporary Personal Support Worker (PSW) overtime allowances related to COVID-19 are still in place. More information can be found in the [Case Management Entity COVID-19 Reopening Guide](#).

New 2:1, Relief Care and PSW Hour Exceptions:

Case Management Entities (CMEs) have the authority to review and authorize requests for 2:1 staffing for in-home attendant care, additional days of relief care beyond 14 per plan year, and 2:1 staffing for relief care. Authorizations will still pend in eXPRS and require ODDS to move them to 'accepted' status. ODDS will move them to accepted after verifying criteria below is met

2:1 Staffing

The CME can authorize 2:1 staffing (attendant care or relief care) if at least one of the following is true:

- There is a Positive Behavior Support Plan (PBSP) that includes safeguarding interventions and the ONA identifies at least one of the following behaviors:
 - Self-injurious behavior that may lead to a serious injury
 - Aggressive or combative
 - Injurious to animals
 - Sexual aggression or assault
 - Substantial property destruction
 - Leaving the supervised area
 - Pica (Ingestion of non-nutritive substances) and/or Placing Nonedible Objects in Mouth
- The Treatments and Therapies section (item 46b) of the ONA identifies that the individual is receiving special treatments five or more times per day

from a care giver.

- Two-person assist is selected on an individual's ONA for at least one ADL activity.
- The individual requires exclusive focus from a paid care giver to assure the individual's health and safety and it is necessary for a different care giver to complete an IADL that would otherwise detract from the exclusive focus.

A CME **cannot** authorize 2:1:

- When documentation does not support the presence of any of the above circumstances
- For the purpose of training providers (continue to submit these to ODDS)
- Due to a specific provider's inability to do the task alone when another provider reasonably could.

A CME cannot authorize staffing ratios of greater than 2:1.

Only as many hours of 2:1 as is needed to complete 2:1 tasks should be authorized. For 2:1 during relief care, the second attendant must only be authorized for as many hours as are necessary to complete 2:1 tasks, using the procedure code OR526ZE.

Authorization for 2:1 hourly attendant care may only be given for the duration of the individual's current ISP.

If the CME feels it is appropriate to deny a 2:1 request, give the individual a Notice of Planned Action (NOPA). The NOPA should clearly and plainly explain why the 2:1 isn't necessary. OARs cited in the NOPA should include 411-450-0060(7)(h); the explanation for the action should relate to it.

Additional Days of Relief Care

The CME can authorize up to 14 additional relief care days in a plan year if:

- It can reasonably be anticipated to prevent an out of home placement
- It is needed because an immediate out of home placement is necessary due to a loss of supports in the in-home setting, and an entry to a residential setting cannot be accomplished in time without the additional relief care support.

Up to an additional 14 days (totaling 28 days/year), once per individual, may be authorized when the criteria is met. Plan lines/SPAs that authorize more than 14

days of relief care OR507 in a POC will pend for ODDS review/approval.

PSW overtime may be approved to allow a PSW to provide relief care when the relief care is for a reason identified above.

CME Exception Review Process

At a minimum, the services coordinator (SC) or personal agent (PA) for the individual and a CME management-level supervisor must discuss and agree on an outcome for a request, with final approval given by the manager.

Maintain documentation used as the basis for the determination.

Complete the [CME Exception Form](#).

1. Enter the authorization in eXPRS
2. The authorization will automatically pend.
3. Upload the completed local exception form to the POC.
4. Email the individual's name and prime to ODDS.FundingAllocationCoordinator@dhsosha.state.or.us using the subject line "CME exception."

Accessing DD services in non-HCBS settings:

CMEs may authorize ancillary services for eligible people who are living in non-HCBS settings in order to support their transition to HCBS settings. Non-HCBS settings include psychiatric residential treatment facilities (PRTF), secure residential treatment facilities (SRTF), secure inpatient care (SCIP), secure adolescent inpatient (SAIP), secure residential treatment facilities (SRTF) hospitals, nursing facilities, and skilled nursing facilities. Ancillary services needed to support a smooth transition to HCBS setting may include Professional Behavior Services, assistive technology, and assistive devices. CMEs must notify ODDS if this is needed.

Children's Services

Transitioning from residential to in-home services:

ODDS anticipates that some children currently residing in 24-hour residential settings will return to their family home if the family home can meet their needs. In these instances, local CME's have temporary authority to approve 240 attendant care hours/month by completing the [CME Exception Form](#). This exception will give the family an opportunity to set up in-home supports without the delay of a Children's Needs Assessment (CNA). A CNA should be conducted prior to the expiration of the child's current ISP or within 120 days of the move, whichever comes later.

This service level may result in eligibility for the parent of the child to become a paid care provider for their child until the child moves to another setting, if needed, or the federal Public Health Emergency ends, whichever is sooner. See the Case Management reopening guide for details about this option.

Placement Planning for Children in the Legal Custody of Child Welfare:

During the staffing crisis, Policy APD-PT-14-038 is being temporarily waived to allow greater flexibility and more timely decision-making when exploring placement options for children who are in the legal custody of Child Welfare. When Child Welfare (CW) and the Community Developmental Disabilities Program (CDDP) are working together as a team to identify a placement option that best meets the child's needs, the team may choose a DD-funded foster care placement (provided the prospective foster provider is not a relative) without first needing to rule out the option of a CW-funded foster care placement with DD-funded In-home supports. However, if it is determined a CW-funded foster care placement with DD-funded In-home supports offers the best services and supports to the child, that option remains available.

When exploring placement and funding options for a child in the legal custody of Child Welfare, the team should consider the following:

Are there permanency planning issues which may be impacted by the decision?

For younger children in particular who have a concurrent plan of adoption or guardianship, be mindful that CW-funded foster care placements with DD-funded In-home supports can be maintained post guardianship and adoption, supporting continuity of care. Using a DD-funded foster care placement could complicate future ability of the child to achieve the concurrent plan. Consider if consultation with a CW Permanency Consultant could be helpful.

Are there Personal Support Workers (PSWs) readily available in the area?

When PSWs are not readily available in the foster family's local community or when the prospective foster provider is reluctant to allow unfamiliar staff into the home during the pandemic, a DD-funded foster care placement may be most appropriate. If a DD-funded foster care placement is the chosen service, the prospective foster provider would be the individual responsible for meeting the child's support needs.

When a DD-funded foster care placement occurs in a CW-certified resource family (foster provider) home, it is important to ensure clarity of cross-division rules, supports and requirements.

Be mindful that the CW resource family may not be familiar with ODDS foster care requirements and expectations. The CDDP Services Coordinator for the child

placed with the CW-certified resource family will need to have a conversation with the resource family and educate them about ODDS foster care rules, requirements, and expectations. The resource family will need to follow both the requirements and rules of CW and ODDS. Communication and collaboration between the services coordinator (SC), CW caseworker, CW certifier, and CW certified resource family is important to ensure all are aware of the requirements and available supports. A discussion of each team member's unique role and a communication plan can be helpful when both CW and the CDDP are involved.

If the most appropriate service setting for the child is placement with a relative, a DD-funded foster care placement is not an option.

ODDS is prohibited from funding relative foster care, as it is a violation of statute. If a child is placed with a relative, DD-funded In-home supports may be considered.

Assessors and Other CME Staff Providing Case Management Activities

During this temporary emergency, case management training and qualification requirements under [OAR 411-415-0040](#) may be waived for **currently employed and fully trained and background checked** CME ONA assessors, licensors, and QA staff so those staff can perform case management monitoring through the end of this calendar year, December 31, 2021. Some staff may need to complete a new eXPRS enrollment form in order to have appropriate eXPRS permissions. This option is **not available** for newly hired CME assessors, licensors, or QA staff.

CME Quality Assurance Review Options

CMEs should reach out to the ODDS Quality Assurance (QA) unit for assistance with their reviews. According to the needs of the CME, ODDS QA may extend timelines for corrective actions, waive personnel reviews, or make additional arrangements on a case-by-case basis.

CME Staff Working in Residential Settings

CME staff have the temporary option of working or volunteering in residential settings to alleviate provider staffing shortages. This is allowed according to the requirements of this transmittal: [DD-IM-21-083](#).

Employment Issues for Individuals Receiving Services

Employment providers and CMEs should reach out to their Regional Employment Specialists as soon as possible if the vaccination requirements of [Executive Order 21-29](#) or the Oregon Health Authority Rule [OAR 333-019-1010](#) are impacting an individual's employment or putting their job at risk. A directory of Regional Employment Specialists can be found here: [Map-ODDS-Regional-Employment-Specialists.pdf \(oregon.gov\)](#).

Contact(s):

Name: ODDS Staff

Phone:

Email: ODDS.Questions@dhsosha.state.or.us