

Policy Transmittal

Select originating program



Authorized signature

Number:
Issue date:

Topic: Developmental Disabilities

Due date:

Transmitting (check the box that best applies):

- New policy
 Policy change
 Policy clarification
 Executive letter
 Administrative Rule
 Manual update
 Other:

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging: {Select type} | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Aging and People with Disabilities | <input checked="" type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input checked="" type="checkbox"/> County DD program managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> Support Service Brokerage Directors | <input checked="" type="checkbox"/> Other (<i>please specify</i>): Children's 24-Hour Residential Setting Providers |
| <input checked="" type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Policy/rule title:	Children's 24-Hour Residential Settings- Temporary Exceptional Rate Requests for Children New to 24-Hour Residential		
Policy/rule number(s):		Release number:	
Effective date:	02/15/2021	Expiration date:	
References:			
Web address:			

Discussion/interpretation: ODDS is introducing an exception option for situations where a child is entering into a 24-Hour Residential Setting placement for the first time and additional funding is necessary to ensure a safe transition with adequate support to meet the child's intensive needs.

The exception may only be requested under limited circumstances when:

- There is not adequate behavioral or support need information to reflect the

intensity of the child's support needs in the assessment tool; and

-It is believed that if the information were available, the child's ONA would indicate a Service Group Payment Category 5 designation due to the child's intensive support needs.

The transitional exception rate should only be requested for a child entering into a residential service setting from a non-ODDS residential service, such as a family home, transition shelter placement, or a hospital or treatment program.

Implementation/transition instructions:

The ODDS Children's Residential Specialist shall work with the child's team to gather information regarding the child's support needs. In collaboration with the child's team and applying the residential specialist's professional judgment, it may be determined that a temporary exceptional transition rate is necessary.

The ODDS Children's Residential Specialist is responsible to complete the ODDS "Exception Request- Temporary Service Group Children's 24-Hour Residential- New to Setting" form, using the ODDS "ODDS Children's 24-Hr Residential- Temporary Transition Service Group Exceptions" worker guide for policies, including criteria that apply.

The completed form, with the signature of the residential specialist, is then submitted via email to: odds.fundingreview@dhsosha.state.or.us

The ODDS Exception Committee will review the request and issue a determination of approval or denial for the temporary exception rate. Exceptional transition rates are limited to a one-time event with a maximum approval of up to 6 months.

If you have any questions about this policy, contact:

Contact(s): Rose Herrera / Dan Baker

Phone: 503-508-5144 / 503-945-6139

Email: Rose.K.Herrera@dhsosha.state.or.us / Daniel.L.Baker@dhsosha.state.or.us

Topic:	ODDS Children's 24-Hr Residential- Temporary Transition Service Group Exceptions
Date Issued/Updated:	1/26/2021

Overview

Description: A temporary service group exception may be requested for a child entering 24-hour residential setting services for the first time from a family home, Child Welfare*, or non-HCBS setting when it is determined that due to the child being in crisis and lack of behavior support plans or data, the child's assigned Service Group results in a Payment Category that is not sufficient to meet the child's intensive support needs during the transition into a residential service setting. The exception requests a "5B" service group designation be used while more in-depth information about the child and the child's intensive support needs are gathered. Once Professional Behavior Services are in place with a Positive Behavior Support plan reflecting the child's needs, a new ONA assessment must be completed by an ONA assessor. A temporary "5B" service group exception may only be in place until a new ONA assessment is completed by an assessor and may not exceed six months in duration.

Purpose/Rationale: Because of differences in how supports are delivered and often due to a lack of documentation of behavior supports, a child entering an ODDS 24-hour residential program from an in-home, Child Welfare*, or non-HCBS setting such as a hospital or treatment center, may have a service group assignment which is not sufficient to meet their intensive needs during the transition to a residential service setting. In some circumstances, a child may be considered for an exception when they have been placed in a temporary emergency placement such as a DD-licensed or certified setting and there has not been adequate time for Professional Behavior Services to be implemented and the child is believed to meet the criteria for a temporary placement payment category exception otherwise.

When a child is known to have significant behavioral support needs and is in crisis entering a 24-hour residential setting from an in-home, Child Welfare*, or institutional setting, it may be appropriate to request an exceptional Service Group designation to assure there are adequate resources to meet the child's needs. The exceptional "5B" service group assignment is temporary and may only be in place for as long as necessary to gather additional information about the child's support needs, update or create a PBSP, and conduct a new ONA assessment based on the information gathered. The exception period may not exceed six months.

If a services coordinator, with consultation of the child's team and guardian, makes the conclusion that it is reasonably anticipated that the child would meet the criteria for placement in the to highest service group if the necessary information was available, then the services coordinator may make a request for a temporary exception.

Applicability: A temporary service group exception may only be requested for a child (under the age of 18) who is newly entering a 24-hour residential program setting from an in-home, Child Welfare*, or non-HCBS setting such as a hospital or treatment center.

* "Child Welfare setting" may include a child welfare-certified foster care placement where Professional Behavior Services were not adequately implemented or other temporary lodging arrangements or shelter care.

Procedure(s) that apply:

A Services Coordinator must first consult with the child's team to determine if the child's ONA assessment accurately reflects the child's current support needs. The ONA may be determined to reflect the information that is currently available, but the resulting payment category may be insufficient in addressing the child's acute behavioral needs while they transition to a residential service setting. If it is felt that there is a need for greater resources than available through the payment category associated with the child's service group to address the transition to into residential services and implement a Positive Behavior Support Plan for child's intensive behavioral support needs, then a temporary "5B" service group exception may be requested.

The following criterial must be met for a temporary service group exception to be granted:

The child must:

- Be entering an ODDS 24-Hour Residential Program Setting from an in-home or non-HCBS setting, such as a hospital or treatment center
- Demonstrate significant behavioral support needs in at least two of the following categories:
 - Self-Injurious Behavior
 - Physical Aggression
 - Property Destruction
 - Sexual Aggression
- Receive Professional Behavior Services that includes the development (or update) of a Positive Behavior Support Plan upon entry into the residential setting
- Be anticipated to have behavior support strategies in the to-be-developed

PBSP that include either:

- Safeguarding Interventions that will likely be used monthly or more frequently; or
- A high frequency of child-specific interventions to address the above indicated behavior challenges

The Services Coordinator is responsible to complete the ODDS “Exception Request- Temporary Service Group Children’s 24-Hour Residential- New to Setting” form affirming the criteria is met for the child to receive a temporary Service Group 5B designation. The form must be submitted to ODDS at:

odds.fundingreview@dhsosha.state.or.us

The ODDS Exceptions Team will review the request to ensure the criteria has been met and if it has, the exception may be approved for up to 6 months, or until a new assessment is completed by an ONA assessor, whichever occurs first. The temporary exception is a one-time authorization and may not be extended or requested another time for the same child.

During the exception approval period, it is expected that the individual will have access to Professional Behavior Services and a Positive Behavior Support Plan will be created and implemented. A new ONA assessment shall be completed at the point where there is a clearer picture of the child’s ongoing support needs, including behavior supports.

Form(s) that apply:

The ODDS “Exception Request- Temporary Service Group Children’s 24-Hour Residential- New to Setting” form may be found on the ODDS Staff Tools webpage as a Case Management resource.

Contact(s):

Name: Rose Herrera **Phone:** (503) 508-5144 **Email:**

Rose.K.Herrera@dhsosha.state.or.us

Name: Dan Baker **Phone:** (541) 945-6139 **Email:**

Daniel.L.Baker@dhsosha.state.or.us

Exception Request- Temporary Service Group Children's 24-Hour Residential- New to Setting



INDIVIDUAL INFORMATION

1. Child's name:
Prime number: _____ Date of birth: _____
2. Name of parent or legal guardian: _____ Email address: _____
Mailing Address: _____
3. ODDS Children's Residential Case Manager:
Phone number: _____ Email: _____
4. CDDP: _____ SC name: _____ Phone number: _____
E-mail: _____
CDDP supervisor name: _____
Phone number: _____ E-mail: _____
5. Are there any current legal orders that apply to the individual? *(Check all that apply)*
 No Guardianship JPSRB/PSRB
 ORS 426/427 Commitment Parole/Probation
 Other: _____
6. Child's Current ISP End Date: _____
7. Date of Most Recent ONA: _____ Service Group: _____
8. Services Individual is Currently Receiving (in addition to attendant care in the home):
 Professional Behavior Services
 Direct Nursing Services: amount (hrs/day): _____
 Other: Type/Amount: _____

SETTING/PROVIDER INFORMATION

9. Physical Home Address: _____
10. Setting Provider: _____ Provider email address: _____
Provider Mailing Address (if different from home address): _____
11. Licensed Capacity: _____ Current Number of Residents in the Home: _____
12. Staffing Pattern of the Home *(Identify the average staffing ratio for the entire home-typically DAY/SWING/NIGHT, example: 2/2/1):*

EXCEPTION REQUEST

13. Temporary Service Group 5/ Payment Category 4 Exception for Child New to Residential Services. *A temporary service group/payment category exception may be requested for a child entering into a 24-hour residential setting from an in-home or non-HCBS setting such as a treatment center or hospital setting. The following criteria must apply for a temporary exception. A temporary service group/payment category exception for a child entering a 24-hour residential setting may be authorized for a maximum of 6 months and may not be extended. The temporary exception expires on*

the date stated on the approval memo or upon the completion of a new ONA assessment by a certified ONA assessor, whichever is earlier.

(Initials): As the services coordinator, I attest that the child's ONA (or lack of ONA) upon entering the children's 24-hour residential setting placement does not appear to adequately reflect the child's support needs due to challenging behaviors and a temporary exception is necessary to safely support the child upon their entry into the residential service setting. The following criteria apply (check all that are indicated):

The child will be entering into a 24-hour service setting from an in-home, Child Welfare*, or non-HCBS setting such as a hospital or treatment center. *In most cases, a temporary entry exception SG/PC may only be granted for a child entering into a 24-hour setting from a non-24-hour residential service setting. *A Child Welfare setting may include a child welfare certified setting where behavior supports have not been adequately implemented, or temporary lodging, emergency placement, or shelter care.*

The child currently demonstrates (or in the last 6 months has demonstrated) a need for support for at least 2 of the 4 challenging behaviors listed- mark all that apply:

- Self-Injurious Behavior
- Physical Aggression
- Property Destruction
- Sexual Aggression

The child will have a Positive Behavior Support Plan created or updated upon entry into the residential service setting and it is reasonably anticipated that the PBSP will include- mark all that apply (at least one of the following must be checked):

Safeguarding Interventions that are anticipated to be utilized on a monthly or more frequent basis

A high frequency of child-specific behavioral interventions identified in the plan that result in staff trained specifically to the child's behavior support needs to be constantly or near constantly engaged in providing active behavior support strategies.

14. Requested start date of temporary SG/PC exception:

Requested end date (*if exception is needed for less than 6 months*):

If a start date is being requested prior to the submission date, provide an explanation:

15. Signature (electronic) of Services Coordinator:

Date:

Signature of CME Supervisor/Manager:

Date:

Submit forms electronically via email to: ODDS.FundingReview@dhsosha.state.or.us