

Service Element DD 142 Standards and Procedures

Effective Date: October 1, 2017
Service Name: Children's Residential Facilities
Service ID Code: DD 142

1. Overview.

Children's Residential Facilities Services (DD 142 Services) are care, training, and support services, primarily delivered in neighborhood homes, to individuals less than 18 years of age (each a Child) with Developmental Disabilities who require 24-hour care, supervision, and training in an environment other than the Child's family home or foster care.

2. Standards and Procedures.

a. Service Authorization

All DD142 Services must be approved in advance by the Department of Human Services (DHS) Office of Developmental Disability Services (ODDS).

b. Standards of Placements

- (1) Provider must provide those DD 142 Services in facilities licensed under the following Oregon Administrative Rules (OAR), as such rules may be revised from time to time:
 - (a) OAR Chapter 411, Division 325 - 24 Hour Residential Services for Children and Adults with Developmental Disabilities;
 - (b) OAR Chapter 413, Division 215 - Private Child Caring Agencies (DHS Child Welfare Programs); or
 - (c) OAR Chapter 416, Division 530 - Youth Offender Foster Care Certification (Oregon Youth Authority).
- (2) Provider must comply with the OARs under which they are licensed.
- (3) County shall ensure all Children receiving DD 142 Services funded by DHS are eligible for DD Services, with eligibility determined in accordance with OAR Chapter 411, Division 320, as such rules may be revised from time to time.
- (4) All Children referred for DD142 Services must have a Social Security card, a certified copy of his/her birth certificate, and, if applicable, a legal adoption certificate or proof of US citizenship and current Oregon residence.
- (5) All Children receiving DD 142 Services funded by DHS through a Provider Enrollment Agreement (PEA) between the DD 142 Service Provider and DHS must be eligible for Oregon Health Plan Plus (OHP)

Plus) or Oregon Supplemental Income Program-Medical (OSIPM), and must meet Level of Care eligibility.

c. Standards for Facilities

At any facility in which DD 142 Services are delivered, regardless of the facility's licensing, Provider will:

- (1) Maintain at the facility, at a minimum, one direct care staff that is awake at any time a Child receiving DD 142 Services is present at the facility. Provider must maintain staffing levels appropriate to the number of Children served as required by OAR 411-325-0170 Staffing Requirements and as stated in the Provider's contract.
- (2) Furnish each Child receiving DD 142 Services with a separate sleeping room that meets the requirements specified in OAR Chapter 411, Division 325, regardless of the OARs under which the Provider is licensed.
- (3) Comply with the following requirements for any residential facility licensed under OAR Chapter 411, Division 325 (24 Hour Residential Services for Children and Adults with Developmental Disabilities):
 - (a) **Vacancy Reserve Fund.** The Board of Directors (or other governing authority of the residential facility, as applicable) of a Provider of DD 142 Services funded by DHS will define, establish, and maintain a "Vacancy Reserve" fund in a dollar amount sufficient to ensure that the Provider can continue to provide Services that meet applicable statutory, administrative rule, and contract requirements when payments to Provider are reduced due to vacancies. The Board or governing authority will implement a plan to replenish the Vacancy Reserve fund in a timely manner when the Vacancy Reserve fund falls below the level established by the Provider's Board or governing authority. Each Provider subject to the Vacancy Reserve fund requirement will include a line item on its routine financial statements that documents the status of its Vacancy Reserve fund. These financial statements must be made available to DHS or its designee upon request by DHS.
 - (b) **Gender Specific Services.** Provider will provide DD 142 Services that comprehensively address the unique needs, strengths and risk factors of each gender and foster positive gender identity development.
 - (c) **Individual Support Plan (ISP) Implementation and Documentation.** All Children receiving DD 142 Services must have an ISP, and the ISP must address the gender specific needs of the Child.

Provider will maintain documentation, as prescribed by DHS, of each support, activity, and service noted in the ISP; will train and educate Provider's staff on the content and implementation of the ISP; and will implement the ISP as written.

- (4) Comply with the following when providing DD142 Services to Children under the jurisdiction of the Juvenile Psychiatric Security Review Board (JPSRB):
 - (a) Provider will coordinate all JPSRB placements and transfers with the designated DHS Residential Specialist.
 - (b) Provider will assure, through policy, employee training, and Individual Support Plans, that all communication to the JPSRB, its panel members or employees, regarding Children receiving DD 142 Services, are coordinated with the DHS staff designated for such communication and reporting. Providers of DD142 Services and their staff will communicate to the JPSRB regarding Children under its care within the scope approved by designated DHS staff.
 - (c) Provider will not terminate DD 142 Services for Children under the jurisdiction of JPSRB during the term of the Provider's contract with DHS. This requirement does not prohibit Providers from giving notice to the DHS' Residential Specialist to terminate all DD142 Services per OAR and the provisions of Provider's contract.

d. Standards for Health, Medical and Behavioral Supports

- (1) Medication Management.
 - (a) Provider must not administer psychotropic medications on an as needed or pro re nata (PRN) basis to Children. PRN psychotropic medications are prohibited.
 - (b) A physician's, or licensed health care providers, written and signed order is required prior to the administration by the Provider of prescription medications and non-prescription medications except over-the-counter topical agents.
 - (c) Provider must administer medications as ordered by a physician or other licensed health care provider.
 - (d) Provider must record all medications for a Child on an individualized medication administration record for that Child. The medication administration record must be signed and dated for each administration of medication by Provider.
 - (e) Provider's medication administration records must be available for review upon request by the DHS Residential Specialist.
- (2) Behavioral Support.
 - (a) Individualized, positive behavioral support strategies are required for Children with Developmental Disabilities receiving DD 142 Services.
 - (b) Provider must include the Child's behavioral support strategies in the Child's ISP.

- (c) Provider's staff must be trained in the delivery and implementation of the behavioral support strategies.
- (d) Provider is prohibited from using punishment, including threats and aversive stimuli, and physical discipline.
- (e) Provider may use physical interventions and restraints when the specific techniques are part of a nationally accepted standard of practice and when included in the Child's approved ISP or behavioral support plan.
- (f) Provider's staff must be trained in the use of physical intervention and restraint techniques described in (e).
- (g) Use of seclusion rooms by Provider is specifically prohibited unless:
 - i. The seclusion is part of a specific mental health treatment intervention for the Child.
 - ii. The seclusion is not connected to a threat of punishment or punishment of the Child.
 - iii. The use of seclusion is included in the Child's ISP.
 - iv. The Child resides in a mental health residential treatment facility, as defined in OAR 309-035-0105 (42).

(3) Children's Personal Property.

- (a) Provider must prepare and maintain an accurate written record of each Child's personal property that has significant or monetary value to the Child as determined by a documented ISP team or guardian decision. The personal property record must include:
 - i. The description and identifying number, if any, of the personal property;
 - ii. The date the personal property was included in the record;
 - iii. The date and reason the personal property was removed from the record;
 - iv. The signature of staff making each entry in the personal property record; and
 - v. An annual review (signed and dated by Provider) for accuracy and completeness of the personal property record.
- (b) Provider will ensure that each Child has a process to safeguard and track the use of his/her funds, including the Supplemental Security Income (SSI) equivalent for room, board and personal funds and other gifted or earned funds.
- (c) Provider will maintain a separate financial record for each Child. The Child's financial record must include:

- i. Documentation that the Child received any or all of the following payments or funds:
 - the monthly DHS payment for the SSI equivalent for room and board;
 - the monthly personal, gifted or earned funds or the SSI equivalent; and
 - other funds from gifts or earnings.
 - ii. A personal funds disbursement log with corresponding receipts and dates for spending by or on behalf of the Child. Receipts must be kept for each item or activity expense of the Child.
 - iii. An entry by the Provider in the Child's personal funds disbursement log to record the purpose of a disbursement, the date of the entry, and the signature of the Provider's staff.
 - iv. The approved spending plan and the amount of funds the Child may carry on their person according to the Child's ISP. The Child's spending plan must be approved by the DHS Residential Specialist and the Child's guardian.
- (d) Provider must transfer a Child's personal funds with the Child if a Child transfers to another Provider or returns to the family home.
- (e) Provider must reimburse a Child any funds that are missing due to theft or mismanagement on the part of Provider's staff; or any funds within the custody of the Provider that are missing. Reimbursement to the Child must be made within ten working days of the date the missing funds are verified.

(4) Availability of Information.

All information or documents related to the provision of DD 142 Services, the service locations or premises, and the Child's records must be made available to DHS upon request. The information, documents, Child's records and service locations for DD 142 Services are subject to review and in person monitoring by the DHS Residential Specialist.

e. Special Reporting Requirements

- (1) For purposes of Medicaid compliance, DHS must be notified when an eXPRS Disbursement Claim is submitted with a Modifier Code due to an absence of a Child receiving DD 142 Services. Provider of the DD 142 Services must notify ODDS using forms and procedures designated by DHS.
- (2) If Provider provides DD 142 Services at a facility licensed under OAR Chapter 413, Division 215 Private Child Caring Agencies (DHS Child Welfare Programs), or OAR 416-530-0000 to 416-530-0090 Youth

Offender Foster Care Certification (Oregon Youth Authority), Provider shall submit documentation of support, activities and services provided under the Individual Support Plan to DHS' designee upon request.

- (3) Incident Reports and Emergency Notifications. Provider shall submit a written report of any injury, accident, act of physical aggression, or unusual incident involving a Child (Incident Report, as defined in OAR 411-325-0020 (41)), to the DHS Residential Specialist, County Service Coordinator, and the Child's legal guardian within five business days of the date of the incident. Copies of Incident Reports provided to legal guardians must have any personal or confidential information about other Individuals removed or redacted as required by federal and state privacy laws.
- (4) Unusual Incidents, as defined in OAR 411-325-0020 (77), require immediate notification by the Provider to the DHS Residential Specialist and the CDDP Services Coordinator. Provider will not provide copies of Unusual Incident reports to the Child's legal guardian when the report is part of an abuse investigation, unless the guardian is a State agency.
- (5) Allegations of abuse or neglect and abuse investigations require immediate notification to the DHS Residential Specialist by the Provider. When an abuse investigation has been initiated, the DHS Residential Specialist will ensure that either the CDDP Services Coordinator or ODDS is notified. The DHS Residential Specialist will also immediately notify the Child's legal guardian of the allegation unless notification is prohibited by law.

f. Billing and Payment Procedures

- (1) Calculation of Service Payments. DHS will provide payment for DD 142 Services, per the DHS authorized Client Prior Authorization (CPA), for a specific Child, for a specified period of time, subject to the following:
 - (a) Payment for a partial month of DD 142 Service will be prorated.
 - (b) DHS will not authorize payment for DD 142 Service that exceeds the amount in the authorized CPA or are outside the effective dates of the CPA.
- (2) DHS will allow payment for certain absences if the Child receiving DD 142 Services is residing at the Provider's facility and the Services are provided for the full 24 hours immediately prior to the absence, and:
 - (a) The Child is absent for not more than five consecutive days, as a result of incarceration or absence unreported to the Provider, and it has not been determined by Provider and County that the Child will not be returning to the Provider's DD 142 Services facility; or
 - (b) The Child is absent for not more than 14 consecutive days, not to exceed 21 calendar days in any consecutive 12 month period, as a result of being on vacation or family visits, and it has not been

determined by Provider and County that the Child will not be returning to the Provider's DD 142 Services facility; or

(c) The Child is absent for not more than 21 consecutive days, as a result of being on convalescent leave, or admittance to either a medical hospital, a psychiatric hospital, or a DHS Stabilization and Crisis Unit, and it has not been determined by Provider and County that the Child will not be returning to the Provider's facility. If the Child returns to the same Provider placement within 90 calendar days, DHS may authorize up to an additional 15 days of payment, not to exceed 60 days in the aggregate.

(3) DHS is not obligated to provide payment for a unit of DD 142 Service, if a Disbursement Claim for that unit is not received by DHS by the date that is 60 calendar days after the earlier of:

(a) Termination of the contract or agreement with DHS, or

(b) Termination of DHS' obligation to provide payment for DD 142 Services.