Action Request Transmittal
Developmental Disabilities Services

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Number: DD-AR-21-088
Issue date: 10/5/2021
Due date: Weekly starting 10/8/2021

Topic: Developmental Disabilities

Subject: Weekly Provider Reporting on 24-Hour and Adult Foster Home Bed and Staff Vacancy

Applies to (check all that apply):

- All DHS employees
- Area Agencies on Aging: {Select type}
- Aging and People with Disabilities
- Self Sufficiency Programs
- County DD Program Managers
- Support Service Brokerage Directors
- ODDS Children’s Residential Services
- Child Welfare Programs
- County Mental Health Directors
- Health Services
- Office of Developmental Disabilities Services (ODDS)
- ODDS Children’s Intensive In Home Services
- Stabilization and Crisis Unit (SACU)
- Other (please specify): Providers for Adult and Kids 24-Hour Residential Services; Adult Foster Homes; SACU

I. Background:
24-Hour residential providers and adult foster homes were previously asked to complete an initial survey regarding capacity and staffing concerns. These providers are now required to complete a shorter survey on a weekly basis. We know this is a heavy lift and we commit to utilizing the information provided proactively to:

- Identify what settings are most at risk due to staffing shortages and identify what supports may be needed
- Identify where potential placements can occur
- Provide opportunities to share policy ideas and potential solutions to mitigate staffing challenges
- Be aware of any settings that have bed availability

II. Action Required for Weekly Report on Bed and Staff Vacancy:
ODDS 24-Hour (adult and children) residential providers and Adult Foster Home providers are required to report bed vacancy and staff vacancy on a weekly basis.
ODDS will send a weekly Wednesday email with a link to a survey and reminding providers to update the survey. This will continue until ODDS issues email notification that the survey data is no longer necessary.

Bed vacancy and staffing data must be submitted for each home address. The survey must be completed:

1. Initially - On Friday, October 8, 2021.
2. Ongoing - When there is a change in circumstances to home vacancy or staffing needs.
3. At a minimum - At least once a week by Friday. If circumstances have not changed for a home, providers must indicate “no change” by completing the first page of the survey for each home.

See OAR 411-323-0050(9) and 411-360-0140(12) requiring that providers implement all COVID-19 directives from ODDS.

III. Survey Tool:
Providers will report the information by completing a survey for each home address. ODDS will send a weekly Wednesday email with a link to a survey and reminding providers to update the survey.

Use a 14-day forecast to estimate and report the following data for each home:

**ODDS home status tracking form**
1. Enter site I.D. for home.
2. Home Address (street number and street name).
3. Have the home’s staffing conditions changed from last survey?

**Beds**
4. Total number of beds in the house [using 14-day forecast]
5. Number of occupied beds [using 14-day forecast]
6. How many vacant beds could be filled if provided additional staff? [using 14-day forecast]
7. Notes

**Staffing**
8. Current staff count [using 14-day forecast]
9. Staff needed to meet minimum health and safety needs [using 14-day forecast]
10. Type of staff needed (Direct Support Professional, Care giver, Nurse).
11. Are any of these anticipated staffing vacancies nurses? [using 14-day forecast]
Home Status
12. Do you anticipate needing to close this home in the next 30 days due to lack of staff? Note: ODDS notice requirements must be followed.
13. Do you anticipate needing to close this home for reasons other than lack of staff? If yes, please identify the anticipated date. Again, notice requirements must be followed.
14. As a provider, how do you define the current status of this home? Select Stable, Stabilizing, or Unstable. Stable means staffing needs are being met. Stabilizing means there is a plan in place to address unmet needs. Unstable means there are unmet needs and the home requires assistance to meet basic health and safety staffing needs.

Contact Information
15. Home contact name
16. Home contact email

IV. Steps to I.D. Number for Each Home
1. Log into eXPRS. Click on “Provider” and “View Provider.”

2. Enter the Provider Type and Specialty Number for the type of site.
3. Provider Type and Specialty Numbers can be found here:

<table>
<thead>
<tr>
<th>Type of Residential Site</th>
<th>eXPRS Record Provider Type &amp; Specialty Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult 24-Hr Group Home (SE50)</td>
<td>89-825</td>
</tr>
<tr>
<td>Children’s 24-Hr Group Home (SE142)</td>
<td>89-826</td>
</tr>
<tr>
<td>SACU 24-Hr Group Home (SE141)</td>
<td>89-827</td>
</tr>
<tr>
<td>DD Adult Foster Care (SE158)</td>
<td>70-701</td>
</tr>
<tr>
<td>DD Children’s Foster Care (SE258)</td>
<td>71-703</td>
</tr>
<tr>
<td>CW Children’s Foster Care (SE258)</td>
<td>71-704</td>
</tr>
</tbody>
</table>

4. Select “Search.” For each service location, you will find the site I.D. under “SPD Provider ID.”
V. Communication/training:
- Provider and CME Webinar regarding policy changes
  8:30 a.m. Wednesday, October 6, 2021
  Join the webinar online at:
  https://www.zoomgov.com/j/1615379654?pwd=WmN1TVRhOGdId3ISc1hQVkJ0V2tBdz09
  Passcode: 182597
  One tap mobile: US: +16692545252,,1615379654#,,,,,*182597# or
  +16468287666,,1615379654#,,,,,*182597#

  Or Telephone: Dial(for higher quality, dial a number based on your current location): US: +1 669 254 5252 or +1 646 828 7666
  Webinar ID: 161 537 9654
  Passcode: 182597
  Live captioning link: https://www.streamtext.net/player?event=DHSOHA

Communication/training:
This transmittal will be discussed during the next Monthly Transmittal Review. These meetings are held the second Wednesday of every month at 2 pm using the TEAMS platform. The link to participate is here: Join Microsoft Teams Meeting, or you can call 971-277-2343 using conference ID: 468 508 153# to hear only the audio portion of the meeting. Please send questions in advance to ODDS.Questions@dhsoha.state.or.us.

Field/stakeholder review:  ☐ Yes  ☑ No

If yes, reviewed by:

If you have any questions about this action request, contact:

Contact(s): odds.questions@dhsoha.state.or.us
Phone:  Fax:
Email: