

# Policy Transmittal Developmental Disabilities Services



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**Number: DD-PT-22-065**

**Issue date: 06/30/2022**

**Topic:** Developmental Disabilities

**Due date:** 07/01/2022

**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 ODHS 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 checked="" 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 checked="" type="checkbox"/> Support Service Brokerage Directors  | <input checked="" type="checkbox"/> Other ( <i>please specify</i> ): All prospective providers, new Medicaid agency applicants, and existing Medicaid agencies with new or transitioning Executive Directors |
| <input checked="" type="checkbox"/> ODDS Children’s Residential Services |  |
| <input type="checkbox"/> Child Welfare Programs                          |  |

<b>Policy/rule title:</b>	Agency Executive Director Orientation		
<b>Policy/rule number(s):</b>		<b>Release number:</b>	
<b>Effective date:</b>	07/01/2022	<b>Expiration date:</b>	NA
<b>References:</b>	OAR 411-323-0029		
<b>Web address:</b>	<a href="https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/ODDSRules/Temp-411-323-0029.pdf">https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/ODDSRules/Temp-411-323-0029.pdf</a>		

**Discussion/interpretation:**

Beginning July 1, 2022, all new Medicaid agency executive directors are required to complete Department approved orientation as described in Oregon Administrative Rule (OAR) 411-323-0029. An executive director is the person designated by a Board

of Directors or corporate owner of an agency that is responsible for the administration of the services delivered by the agency. A person newly designated as the executive director of a certified agency must successfully complete the orientation offered by the Department within 90 calendar days of being designated as the executive director. All entities applying to become a Medicaid agency on or after 07/01/2022 must complete the orientation prior to submitting their application.

Applications for Medicaid Agency Certification submitted by new agencies on or after July 1, 2022, must include a certificate of completion for this training. The Office of Developmental Disabilities Services' (ODDS) Medicaid Agency Orientation is the single Department approved training program.

Applicants and new Executive Directors must complete the full orientation program to be eligible for a certificate of completion. The program includes the following components:

1. Introduction to Providing Developmental Disabilities Services. This OnDemand Module is a self-paced training that introduces the participant to
  - a. The Oregon Developmental Disabilities service system
  - b. The Oregon Administrative Rules (OAR) and ODDS Policies as well as how to find them
  - c. Necessary business planning
  - d. Resources.
2. Medicaid Agency Orientation series – This 13-module orientation series is designed to be delivered in seven live sessions covering key OAR requirements, Medicaid regulations, service equity, trauma responsiveness, licensing, and business processes.
  1. Home and Community Based Services (HCBS)
  2. Service Equity
  3. Documentation
  4. Health and Medical Supports
  5. Food and Nutrition
  6. Delivering Positive Behavior Supports

7. Supporting a Person's Finances
  8. Abuse and Incident Reporting
  9. Monitoring and Inspections
  10. Staffing
  11. Provider Financial
  12. Emergency Planning and Fire Safety
  13. Referrals and Entry
3. To successfully complete the orientation series, participants must:
- a. Complete all pre-class homework assignments.
  - b. Attend and actively take part in each module. Participants must attend each orientation session in full. Late attendees will not be admitted later than 5 minutes following the scheduled session start time. Attendees absent from any specific orientation session for more than 5 minutes will not receive credit for attendance. Accommodations will be provided to participants upon request.
  - c. Pass the exam for each orientation session with a score of 80% or better. (One exam retake for each orientation session will be allowed.)

**Implementation/transition instructions:**

To enroll in a Medicaid Agency Orientation:

<https://wd5.myworkday.com/oregon/learning/course/64535f270bd00101bde6e061c4ef0000?type=9882927d138b100019b6a2df1a46018b>.

Applicants must have a WorkDay account to enroll in orientation.

Oregon Workday accounts can be created by following these instructions:

[https://www.oregon.gov/dhs/BUSINESS-SERVICES/Documents/Job%20Aid-EE\\_LearnerAccountCreation.pdf](https://www.oregon.gov/dhs/BUSINESS-SERVICES/Documents/Job%20Aid-EE_LearnerAccountCreation.pdf). Please select "Human Services" as the affiliation, during account creation.

**Training/communication plan:**

Directors and Managers to share with all staff involved with Medicaid agencies.

This transmittal will be discussed during the next Monthly Transmittal Review. Please send questions in advance to [ODDS.Questions@dhsoha.state.or.us](mailto:ODDS.Questions@dhsoha.state.or.us).

The Monthly Transmittal Reviews are held the second Wednesday of every month at 2 pm using the Zoom platform. Please register in advance for these meetings:

<https://www.zoomgov.com/meeting/register/vJlsc-qvqD8iGURx5OQk8TAdIS6Arg9ZAf4>

After registering, you will receive a confirmation email containing an appointment and information about joining the meeting. American Sign Language (ASL) and live captioning will be provided. To request other accommodations or languages, please send an email to [ODDS.Questions@dhsoha.state.or.us](mailto:ODDS.Questions@dhsoha.state.or.us) at least three business days prior to the meeting.

**Local/branch action required:**

**Central office action required:**

ODDS Licensing must notify all new and renewing Medicaid agency applicants of the requirements outlined in this policy. ODDS Licensing must verify that all new and renewing Medicaid agency applications include a department approved orientation certificate for all new executive directors.

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:** Engagement and Innovations website

**Filing instructions:**

*If you have any questions about this policy, contact:*

Contact(s): Kristine Duffy

Email: [Kristine.Duffy@dhsoha.state.or.us](mailto:Kristine.Duffy@dhsoha.state.or.us)