

Action Request Transmittal Developmental Disabilities Services



Lilia Teninty

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Number: APD-AR-18-008

Issue date: 3/1/2018

CORRECTED

Topic: Developmental Disabilities

Due date:

Subject: ODDS Children's Residential Service Referrals Process

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 checked="" type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input checked="" type="checkbox"/> County DD program managers | <input checked="" type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input checked="" type="checkbox"/> ODDS Children's Residential Services | <input type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> Child Welfare Programs | |

Reason for action:

To ensure timely placement coordination for all ODDS children's group home referrals, the ODDS Children's Residential Program unit is implementing a referral process change requiring Community Developmental Disabilities Program (CDDP) Designated Referral Contacts (DRCs) to submit all service and referral information to a centralized email inbox.

Action required:

Effective the date of this transmittal, each CDDP DRC responsible for referral coordination with ODDS Children's Residential Program staff must send all referral information through this secure **centralized email inbox**:

ODDS.ChildrensResidentialReferrals@state.or.us, following the process described below.

To request a formal group home referral for a child, the initiating CDDP DRC must send a copy of the following required documents to the new centralized email inbox:

1. Release of information (ROI) form with the chosen programs checked
2. Child's Social Security Card
3. Child's Birth Certificate
4. Presumptive Medical Eligibility Approval form ([SDS 0620CH](#))

5. One-page Referral for Placement summary

After receiving the initial formal referral request, ODDS Children’s Residential Program staff will notify the provider agencies of the pending referral and provide instructions to the initiating CDDP DRC for submission of the referral packet. The ODDS Children’s Residential Specialist and the appropriate/approved provider agencies will coordinate a screening with the initiating CDDP Service Coordinator and/or the DRC. Screening decisions are determined in collaboration with the provider agencies, Residential Specialist, and the child’s guardian. Generally, screening decisions are made within two weeks of the screening date.

When a residential placement is determined, the initiating CDDP DRC must coordinate with the provider agency and ODDS Children’s Residential Program staff to ensure that additional necessary documents as required for entry are provided.

Field/stakeholder review: Yes No

If yes, reviewed by: CDDPs

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

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