

Information Memorandum Transmittal Developmental Disabilities Services



Lilia Teninty

Authorized signature

Number: APD-IM-19-021

Issue date: 4/19/2019

Topic: Developmental Disabilities

Due date: 4/19/2019

Subject: Requesting TA Through the ODDS Mentoring Program

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 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 checked="" type="checkbox"/> Support Service Brokerage Directors | <input checked="" type="checkbox"/> Other (<i>please specify</i>): Medicaid Providers with an Employment Endorsement |
| <input type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Message:

Qualified Medicaid providers with an employment endorsement (or providers seeking an employment endorsement) can now apply for training and technical assistance on topics including Discovery, Job Development, Budgeting, Business Operation, Job Development Modeling, Rule Compliance, Behavioral Support and Protocol Development.

The technical assistance will be provided by peer providers (Medicaid Agencies in Oregon) that have already applied and been approved by ODDS to be a technical assistance provider of employment related services. Applicants (Agency) will be matched with appropriate technical assistance providers (TA Provider) by topic and region.

To request technical assistance, the qualifying Agency will request the fillable application form from employmenttraining.review@dhs.oha.state.or.us and complete the top portion of the form (a sample of the form is attached).

It is important that the top portion of the form is carefully completed and it is especially important to provide a detailed description of the TA services being requested. Providing adequate detail will ensure that the Agency will be matched with the appropriate TA Provider. It will also help the TA Provider develop a technical assistance plan that will best suit the Agency's needs.

Another question the application asks is about the amount of TA hours being requested. The Agency is asked to provide its best estimate about the number of hours needed or wanted. When ODDS reviews the completed application, including the TA Providers service plan, ODDS will determine how many exact hours will be awarded.

The application also asks if the Agency is willing to travel to the TA Providers place of business. The budget for the Mentoring Program is limited and ODDS wants to mitigate travel costs whenever possible. The Agency's willingness to travel to the TA Provider's place of business can help reduce travel related costs and make more hours available for direct TA support.

The specific steps of the approval process are the following:

1. Send an email to employmenttraining.review@dhsosha.state.or.us and request the application form (a sample of the form is attached).
2. The Agency requesting TA will complete its section of the form (at the top of the page). The form must be carefully completed and provide a detailed description as to why the TA is needed.
3. The form will be submitted to the following email address:
employmenttraining.review@dhsosha.state.or.us
4. ODDS will review the form and assign a TA Provider that it deems most appropriate for the request.
5. ODDS will send the form to the assigned TA Provider.
6. The TA Provider will complete its section of the form (at the midsection of the page). This section of the form must be carefully completed and describe, in detail, how the TA services will be provided.
7. The TA Provider will send the form back to:
employmenttraining.review@dhsosha.state.or.us

8. ODDS will review the completed form and make an approval decision.
9. ODDS will inform both parties, via email, about its decision.
10. The TA Provider will contact the Agency requesting support and initiate services.

Providers have been asking for a while for an opportunity to have this kind of peer-to-peer training and shadowing opportunities, and we hope to receive many applications for technical assistance.

If you have any questions about this information, contact:

Contact(s): Gene Rada	
Phone: 503-945-5759	Fax:
Email: eugene.e.rada@state.or.us	

Request for Mentoring/TA Hours

Completed by Agency Receiving Mentoring or Technical Assistance

Date of Application: Click or tap to enter a date.

Name of Agency: Click or tap here to enter text.

(Agency requesting TA must be a Medicaid Agency with Employment Endorsement or Seeking an Employment Endorsement)

Describe Need for Mentoring/Technical Assistance: Click or tap here to enter text.

Requested Start Date: Click or tap to enter a date.

Number of Technical Assistance Hours Requested: Click or tap here to enter text.

Are You Willing to Travel to the Mentoring Agency's Place of Business? Yes No

Signature of Agency Receiving Service: _____

Completed by Agency Providing Mentoring or Technical Assistance

Agency's Name: Click or tap here to enter text.

Describe in Detail the Services to Be Provided: Click or tap here to enter text.

How Many Hours of Travel Time Will be Needed? Click or tap here to enter text.

Was There an Attempt to Reduce the Amount of Travel Time? For example, did you request for the Mentee Agency to travel to your location? What other arrangements were made to help mitigate travel expenses? Click or tap here to enter text.

Signature of Agency Providing Service: _____

DHS REVEIWEW

Is the Application Approved? Yes No

Number of Mentoring Hours Approved: Click or tap here to enter text.

Number of Travel Hours Approved: Click or tap here to enter text.

Reason Request is Not Approved: Click or tap here to enter text.

DHS Program Signature: _____