

Policy Transmittal Developmental Disabilities Services



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Number: APD-PT-19-047

Issue date: 1/15/2020

UPDATED

Topic: Developmental Disabilities

Due date:

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 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 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"/> Support Service Brokerage Directors | <input checked="" type="checkbox"/> Other (please specify): All certified and licensed providers |
| <input type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Policy/rule title:	Request for new entries when Imposition of Conditions restricts new entries or transfers without CDDP and ODDS approval		
Policy/rule number(s):		Release number:	v1
Effective date:	12/19/2019	Expiration date:	
References:			
Web address:			

Discussion/interpretation:

When a foster care provider, certified or licensed by Developmental Disabilities or a Developmental Disabilities Medicaid Certified Agency receives a Notice of Imposition of Conditions on Medicaid Agency Certificate or Foster Care license or certificate that includes an Imposition of Conditions that restrict admissions and/or transfers unless approved by both the Community Developmental Disabilities Program (CDDP) and the Office of Developmental Disabilities Services (ODDS) the foster care provider or Medicaid Certified Agency must work closely with their CDDP prior to accepting any

new entries or approving an internal transfer.

Foster care providers or Medicaid Certified Agencies with an Imposition of Condition of “no new entries or transfers without CDDP and ODDS approval,” may still receive referral packets to consider whether that Medicaid Certified Agency can support a specific person.

Foster care providers or Medicaid Certified Agencies with an Imposition of Conditions of “no new entries or transfers” or an Imposition of Conditions for “no referrals” may not receive referral packets.

Implementation/transition instructions:

In the situation when the foster care provider or Medicaid Certified Agency may continue to receive referrals, the foster care provider or Medicaid Certified Agency must communicate with the Case Management Entity (CME) to determine if it is appropriate to move forward in discussing the specific referral. The CME will work closely with the foster care provider or Medicaid Certified Agency to gather additional details as applicable to the specific person being considered for referral.

When a foster care or Medicaid Certified Agency and the CME where the home is located or services delivered, agree that additional details around a specific referral make sense, the CME must contact the assigned ODDS Field Liaison to request the ‘Entry Consideration Questions’ document. If there are two separate CME involved (providers CME and Individuals CME), the CMEs must work together to respond to the ‘Entry Consideration Questions’. The CME(s) and the ODDS Field Liaison shall discuss the possible new entry or transfer prior to coordinating any meetings or communications between the individual and the foster care provider or Medicaid Certified Agency. The ODDS Field Liaison will support the CME in the process and should there be mutual agreement that the foster care provider or Medicaid Certified Agency is interested and capable of supporting the individual who was referred, then the process may proceed. This includes completion of the Entry Consideration Questions.

The ‘Entry Consideration Questions’ document requires that the CME(s) and foster care provider or Medicaid Certified Agency collaborate on ensuring all appropriate supports are in place prior to a possible move. This may mean including the CME where the provider is located and the CME supporting the individual, if they are different. This includes ensuring staff/DSPs have appropriate training to support the individual.

Training/communication plan:

The Notice of Imposition of Conditions on Medicaid or Agency Certificate will include directions to the foster care provider or Medicaid Certified Agency, instructing the

Agency to contact the CME if they wish to accept a referral into their foster care or Medicaid Certified Agency or if someone needs or requests to transfer within their foster care or Medicaid Certified Agency.

Local/branch action required:

Coordinate with the assigned ODDS Field Liaison if a Medicaid Certified Agency or Foster care provider has an Imposition of Conditions restricting new entries, transfers, or referrals.

This transmittal will be discussed during the next Monthly Transmittal Call In. These meetings are held the **third Thursday of every month at 2 pm**. Please try to send questions in advance to ODDS.Info@state.or.us. 877-848-7030 Guest 458900

Yes No

If yes, reviewed by: Engagement and Innovations website.

Filing instructions:

If you have any questions about this policy, contact:

Contact(s): Chelas kronenberg// Barb Southard	
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Email: chelas.a.kronenberg@state.or.us // Barbara.l.southard@state.or.us	