

Policy Transmittal Developmental Disabilities Services



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Number: APD-PT-20-044

Issue date: 4/8/2020

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: Temporary Policy- COVID-19

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 type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> Support Service Brokerage Directors | <input checked="" type="checkbox"/> Other (<i>please specify</i>): ODDS Licensing; Residential Settings Providers (24-Hour; Child Foster Care); Provider Organizations, including CPAO, ORA |
| <input checked="" type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Policy/rule title:	UPDATE: Temporary Residential Setting Rate Exception Requests Related to COVID-19		
Policy/rule number(s):	OAR 411-325; 411-346	Release number:	V2
Effective date:	3/30/2020	Expiration date:	5/31/2020
References:			
Web address:			

Version 1 was posted 03/30/2020

Version 2 is posted 04/08/2020 and includes updates to the form as well as the text below that is in italics.

Discussion/interpretation: 24-Hour residential settings and children’s foster care providers may request an exception to current rates to address the temporary COVID-19 emergency situation when needed to address imminent health and safety. The “COVID-19 Related Temporary Residential Setting Rate Exception Request” form may be found on the ODDS COVID-19 information webpage:

<https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/ODDS%20Resource%20Library/COVID-19-Rate-Exceptions-Request-Form.docx>

As of 04/06/2020 This form has been updated to add identification of the setting and request additional clarifying details to allow for an expedient decision by ODDS.

Requests for an exceptional rate shall be submitted to ODDS at:
ODDS.FundingReview@dhsosha.state.or.us

Exceptional funding requests must be approved by ODDS to be authorized.

ODDS will make every effort to review and respond to requests submitted by 12:00 pm on the same business day. Requests submitted after 12:00 pm may receive a response the following business day.

Providers and services coordinators will receive notification from ODDS when an exceptional rate is approved based on the emails addresses included with the request form. Rate increases related to the COVID-19 situation will be temporary, based on the care needs of the individual.

Please note: At this time, temporary exception requests only apply to individuals residing in a 24-hour group home or a certified children’s foster care home.

Implementation/transition instructions: Providers must communicate with Services Coordinators when an exception is needed. Services Coordinators are expected to complete and submit a funding exception request to ODDS.

In order for a temporary exception request to be approved, the exception request must:

- Be based on an imminent health and safety risk of an individual or individuals in a 24-hour residential or child foster care setting; and
- The provider must be able to provide the additional staffing resources requested.

In an effort to coordinate and respond to the exceptional funding requests related to COVID-19, services coordinators are asked to use the form, “COVID-19 Related Temporary Residential Setting Rate Exception Request” which can be found at the link below and on our ODDS COVID-19 website. No additional documentation shall be

required in addition to the form unless specifically requested by the ODDS Funding Review committee.

Request forms must be completely filled out in order for the ODDS Funding Review Committee to review and approve an exceptional rate request. If a request is not complete, including a clear description of what is being requested, why specifically the exception is needed, and how the additional funding will be utilized, this may result in a delay of the approval process or a denial of the request.

ODDS STAFFING SUPPORT RESOURCE AVAILABLE:

ODDS Staffing Support is a resource offered by ODDS that connects providers with qualified DSPs who have been displaced by the temporary closure of day and employment services. ODDS Staffing Support may be reached at:

ODDS.StaffingSupport@dhsosha.state.or.us

Or by calling then ODDS Staffing Support Phone Line at **1-833-997-0972**

More information related to the ODDS Staffing Support may be found in the transmittal “AR- 20-037: Provider Agencies and Case Management Entities Requesting Direct Support Staffing Information and Staffing Support Phone Line” found at the following link:

<http://www.dhs.state.or.us/policy/spd/transmit/ar/2020/ar20037.pdf>

Training/communication plan:

For more information, please register for the April Provider Expectations and Responsibilities Around COVID-19 - Webinar at 2 pm on April 16, 2020 at:

<https://attendee.gotowebinar.com/register/7518400443284415756>

If you have any questions about this policy, contact:

Contact(s): ODDS COVID-19 team	
Phone:	Fax:
Email: ODDS.FundingReview@dhsosha.state.or.us	

COVID-19 Related Temporary Residential Setting Rate Exception

INDIVIDUAL INFORMATION:

Individual's Name: _____ Date of Birth: _____

Prime Number: _____

Individual (or Guardian's) Mailing Address: _____

Name of Legal Guardian (or Parent, if a Minor Child): _____

Email Address for Individual (or Guardian): _____

CDDP/CME: _____ SC/CM: _____

SC/CM Email: _____ Phone: _____

SC/CM Supervisor: _____

Email: _____ Phone: _____

Individual's Current SIS Tier or SNAP rate: _____

If the individual currently has an exceptional or Tier 7 rate, describe:

SETTING/PROVIDER INFORMATION:

Setting Type: 24-Hr Residential Child Foster Care

Physical Home Address: _____

Residential Setting Provider: _____ Email: _____

Home Capacity: _____ Number of Residents: _____

For 24-hour Residential Homes- Staffing Pattern of the Home (*Identify the average staffing ratio for the home, typically DAYS/SWING/NIGHT, example: 2/2/1*):

For Foster Care Settings- is there additional hired staffing in the home? (*Describe the number of caregivers in the home, including hours additional staff are utilized in the home, if any*):

EXCEPTION REQUEST:

Exception Rate Start Date Requested: _____

End Date Requested: _____

This request is specifically related to the COVID-19 emergency situation, due to the following circumstances:

INCREASED BEHAVIORS- Individual is demonstrating increased behaviors that require additional 1:1 or 2:1 direct staffing support to address imminent safety issues.

Routine # of 1:1 hours/day (ongoing tier/service/exception rate):	+
DSA/Employment Hours* (total per week/7 days):	+
Additional 1:1 hours/day due to COVID:	+
Additional 2:1 hours/day due to COVID:	=

Total 1:1 hours/day:	+	2:1 hours/day:
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**To request 1:1 or 2:1 hours normally provided through DSA/Employment Services to be included in the exceptional residential rate, complete the "DSA/Employment Services are Unavailable" section.*

DSA/EMPLOYMENT SERVICES ARE UNAVAILABLE- Individual is unable to attend their DSA/Employment Services and the individual typically receives 1:1/2:1 supports in the DSA/Employment setting- additional 1:1 or 2:1 staffing hours are necessary in the 24-hour to provide adequate support to address imminent safety issues during the hours the individual was typically supported in the DSA/Employment setting.

1:1 Hours Requested (per day):	Days per week:
2:1 Hours Requested (per day):	Days per week:

ADDITIONAL SHARED STAFFING DUE TO UNAVAILABLE DSA/EMPLOYMENT- Additional staffing is necessary in the home during the time individuals previously attended day/employment services to maintain minimal staffing necessary to assure basic health and safety of individual residents. *(A separate request for each individual needing support from the shared staffing must be submitted. The additional shared staffing hours will then be apportioned to each individual for Medicaid funding).*

Number of Residents in the Home Supported by the Shared Staffing:
 Additional Staffing Hours Needed Per Day:
 Number of Days Per Week:

QUARANTINE/DISTANCING-RELATED EXCEPTIONAL EXPENSES- Required to support an individual in an alternative or physically distanced environment, separate from housemates. *(Exception request for temporary additional staffing beyond routine staffing hours and costs associated with supporting an individual who has either- tested positive for COVID-19; has been determined by a medical professional to be presumptively positive for COVID-19; or is awaiting results of testing for the virus.):*

Additional staffing hours beyond the individual's routine 1:1 or greater support hours necessary to support the individual in a physically distanced environment separate from the household:

Other expenses incurred to support the individual separate from their shared household (*Itemize any costs that are above and beyond routine costs of supporting the individual that may be specifically attributed to maintaining a temporary distanced environment*):

- OTHER COVID-19 RELATED NEEDS- requiring an exception:
What specifically is being requested? (Include an explanation of what is being requested and the cost specific to the exception):
-

Provide an explanation of why existing resources are insufficient to meet basic health and safety needs:

Describe specifically how staffing will be utilized to address the imminent health and safety of the individual or individuals in the home:

AFFIRMATION AND SIGNATURE:

It has been explained to the provider that if the requested rate exception is granted, the provider must agree to provide the additional staffing in accordance with the approval to the extent possible. The provider will notify the CME when the supports are no longer needed, if that occurs before the end of the COVID 19 crisis.

I (case manager) support the request for exceptional funding and affirm that such exceptional supports are necessary to address the imminent health and safety needs of the individual (or individuals) in the home.

Case Manager Electronic Signature:

Date:

ODDS DETERMINATION:

The request for an exceptional request has been:

APPROVED (as follows):

Effective Date of Approval:

Approval is valid until the following date or circumstance:

DENIED- Explanation:

ODDS Comments:

Exceptional Funding Requests shall be submitted to ODDS via secure email to:
ODDS.FundingReview@dhsosha.state.or.us

Case Managers shall copy the provider when electronically submitting the exception to ODDS

Funding requests for residential service settings specific to COVID-19 and submitted on this form require no additional documentation to be submitted with the request unless requested by the ODDS Funding Review Committee.

OBSOLETE