Policy Transmittal
Developmental Disabilities Services

Anna Lansky

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Number: APD-PT-20-091

Issue date: 8/11/2020

Topic: Developmental Disabilities

Due date: 8/17/2020 & on-going

Transmitting (check the box that best applies):

- [x] New policy
- [ ] Policy change
- [ ] Policy clarification
- [ ] Executive letter
- [ ] Administrative Rule
- [ ] Manual update
- [ ] Other:

Applies to (check all that apply):

- [x] All DHS employees
- [ ] County Mental Health Directors
- [ ] Area Agencies on Aging: {Select type}
- [ ] Health Services
- [ ] Aging and People with Disabilities
- [x] Office of Developmental Disabilities Services (ODDS)
- [ ] Self Sufficiency Programs
- [x] ODDS Children’s Intensive In Home Services
- [ ] County DD program managers
- [x] Stabilization and Crisis Unit (SACU)
- [ ] Support Service Brokerage Directors
- [x] Other (please specify): All ODDS licensed/certified child foster homes, group homes, and host homes; CDDP Designated Referral Contacts; CDDP Child Foster home certifiers
- [x] ODDS Children’s Residential Services
- [ ] Child Welfare Programs

<table>
<thead>
<tr>
<th>Policy/rule title:</th>
<th>Standardized Child Placement Referral Form and Checklist</th>
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<tbody>
<tr>
<td>Policy/rule number(s):</td>
<td>Release number: v1</td>
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<tr>
<td>Effective date:</td>
<td>8/17/2020</td>
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<tr>
<td>Expiration date:</td>
<td>NA</td>
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<td>References:</td>
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Discussion/interpretation:
The Office of Developmental Disabilities Services (ODDS) requires all Community Developmental Disabilities Programs (CDDPs) and Children’s Intensive In-Home Services (CIIS) programs to use a single ODDS Child Placement Referral Form and
Checklist for all referrals to DD-licensed or certified 24-hour group homes, inclusive of the Stabilization and Crisis Unit (SACU), Host Homes, and Child Foster Homes regardless of location of the home.

Use of a single Child Placement Referral Form and Checklist will enhance communication and establish statewide consistency, integrity, and predictability of information shared among CIIS and CDDP services coordinators, ODDS residential coordinators, and all child group home, host home, and foster home providers involved in the process of identifying a change in placement for children in DD services.

The form, which is inclusive of the referral checklist, replaces ALL other ODDS forms and all other forms created previously by all county or regional DD programs for the purpose of referring children ages 17 years and under to DD-licensed or certified homes anywhere in the state. Service coordinators will discontinue use of those forms on the effective date of this transmittal.

The Child Placement Referral Form and Checklist is identified as # APD 0508R using the DHS Publications and Forms Search page:
https://sharedsystems.dhsoha.state.or.us/forms/
It is also accessed through the hyperlinks in this transmittal.

It must be completed by the referred child's DD services coordinator (SC). The SC will gather and enter into the form information from necessary sources, including the child, their parents, guardians, other ISP team or treatment team members, and client records. The SC also will coordinate assembling and sending all checklist documentation required to support the referral.

CDDP Designated Referral Contacts (DRCs) will provide any needed assistance to their SCs and providers throughout the referral process with the use of this single referral form. DRCs also will help assure timely communication among all stakeholders involved in the referral of a child to any DD residential program or foster home.

Training/communication plan: ODDS will answer any questions from County Designated Referral Contacts (DRCs) for children during their regularly scheduled DRC calls and/or Kids Residential Referral Calls. DRCs are expected, as part of their roles, to provide training and technical assistance in use of the new form to their local case managers and providers.

Local/branch action required: Review new requirements with all DD SCs and DRCs; confirm awareness with local foster providers
Central office action required:

Field/stakeholder review: ☑ Yes ☐ No

If yes, reviewed by:
Representative group of County Designated Referral Contacts, Case managers, foster home providers, group home providers, ODDS residential coordinators, county foster home certifiers

Filing instructions:

If you have any questions about this policy, contact:

<table>
<thead>
<tr>
<th>Contact(s):</th>
<th>Lynn Matthews, Julie VanNette, Karen Markins</th>
</tr>
</thead>
<tbody>
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