

# Policy Transmittal Developmental Disabilities Services



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**Authorized signature**

**Number: APD-PT-20-102**

**Issue date: 9/21/2020**

**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 checked="" 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 (please specify): DD children's foster care providers |
| <input type="checkbox"/> ODDS Children's Residential Services           |                                                                                                 |
| <input type="checkbox"/> Child Welfare Programs                         |                                                                                                 |

<b>Policy/rule title:</b>	Temporary Housing Due to Wildfire Emergency		
<b>Policy/rule number(s):</b>		<b>Release number:</b>	
<b>Effective date:</b>		<b>Expiration date:</b>	
<b>References:</b>			
<b>Web address:</b>			

**Discussion/interpretation:**

The Oregon Department of Human Services (ODHS) Office of Developmental Disabilities Services (ODDS) has established new guidelines for providing temporary housing to people receiving **in-home services** or **ODDS-funded children's foster care services** who have either lost their home (house, apartment, etc.) or have been evacuated due to wildfire impacts.

## **Background:**

Oregonians are facing unprecedented wildfires throughout the state and many individuals and families are being forced to evacuate their homes. While community resources such as congregate evacuation shelters may be available, these resources may not be appropriate and/or accessible for people with intellectual and developmental disabilities (I/DD) and their families.

## **Policy:**

In limited circumstances, ODDS can assist eligible adults and children with I/DD displaced by wildfires by paying for temporary housing for them and members of their household.

In order to be eligible for ODDS-funded temporary housing related to the Oregon wildfire emergency, the following criteria must be met:

1. The person (child or adult) in the home receives case management services through a CDDP, brokerage, or CIIS;
2. The person lives in their own home, a family home, or an ODDS-funded children's foster home;
3. The person's home is currently inaccessible due to wildfire damage and/or the home is in a current level 3 evacuation zone; and,
4. Alternate temporary housing options are unavailable or inappropriate for the person, due to their disability-related needs.

## **Exploring alternate housing resources:**

In order for case management entities (CMEs) to approve temporary housing, they must first ensure that all other available options have been explored and determined inappropriate for the person's needs through the following steps:

- People receiving services must contact Red Cross and local emergency services (with or without CME support) to access information about evacuation shelters. This includes inquiring as to the Red Cross's ability to accommodate any unique needs, such as by providing private hotel rooms.
- People receiving services who have homeowner's or rental insurance (with or without CME support) must contact their insurance carrier to inquire whether coverage for appropriate temporary housing due to emergencies is available.
- CMEs will support people to explore in-state opportunities for temporary housing with family members or friends.
- CMEs will document these efforts in progress notes.

## **Payment Reimbursement Process for CMEs:**

CMEs will pay for hotel costs directly through local processes and then submit a **CAU** invoice for reimbursement to [CAU.Invoice@dhsosha.state.or.us](mailto:CAU.Invoice@dhsosha.state.or.us). Additional requirements:

- Temporary housing for displaced people receiving in-home or ODDS-funded children’s foster care services can be approved at the local level without an ODDS exception.
- CMEs can pay for daily temporary housing directly according to the United States General Services Administration (GSA) rates for the local area available here: <https://www.gsa.gov/travel/plan-book/per-diem-rates>. These payments will be reimbursed by ODDS through CAU invoices.
  - The “local area” refers to the location of the hotel. It should be the closest reasonable option to the person’s home. Out-of-state options are allowed if they are the closest option to the person’s home.
- All invoices must include detailed receipts that indicate check-in and check-out dates and total costs for the rooms.
  - ODDS will not pay for any additional hotel incidentals such as room service, meals, alcohol and/or movie charges.
- Temporary housing is limited to one hotel room for the person receiving services and members of their household to share. Members of their household means the people they lived with immediately preceding the evacuation.
- Temporary housing is limited to 14 consecutive calendar days until additional review is required by ODDS.
- Concerns about price gouging for hotel rooms should be referred to the [Oregon Department of Justice](#).

**Implementation/transition instructions:**

It is expected that SCs/PAs are aware of all potentially impacted people and families based on their location and available county-level evacuation zone information. SC/PAs must contact **all potentially impacted people on their caseloads** and inquire about their housing needs and follow the steps above as indicated.

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:**

**Filing instructions:** NA

*If you have any questions about this policy, contact:*

Contact(s): Caitlin Shockley	
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Email: <a href="mailto:caitlin.shockley@dhsosha.state.or.us">caitlin.shockley@dhsosha.state.or.us</a>	

**2020 CME Temporary Housing Invoice Template**

Email completed invoice to: [CAU.Invoice@dhs.ohastate.or.us](mailto:CAU.Invoice@dhs.ohastate.or.us)

Contract #	Contractor:	Invoice #	Accounting Codes
Provider #			
Email Address:			
Address:			
Phone #			Index:
			PCA:
			Object:

**Dates of Stay** From  Check-In Date Through  Check-Out Date

Client Name:	\$ -
Client Prime:	\$ -
Remember to attach detailed invoice.	\$ -
<b>INVOICE TOTAL:</b>	\$ -

**CERTIFICATION:** Provider certifies that the individuals and expenses covered by this invoice have met the requirements as detailed in the Temporary Housing Transmittal.

Signature of CME Representative \_\_\_\_\_ Date \_\_\_\_\_

**COMPLETED BY DEPARTMENT OF HUMAN SERVICES:**

**CERTIFICATION:** Invoice has been analyzed and is in compliance with the Policy Transmittal.

Fiscal Analyst Signature \_\_\_\_\_ Date \_\_\_\_\_

**CERTIFICATION:** Program approves payment for services authorized.

CAU Manager/DHS Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_