



# Oregon Department of Human Services

INTELLECTUAL/DEVELOPMENTAL DISABILITIES



**ODHS/ODDS Medicaid Agency Orientation**

**Reference Materials**

Agency Executive Director Orientation  
Reference Materials

Introduction

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# Agency Executive Director Orientation Reference Materials

## Introduction

### Introduction

This orientation is intended to familiarize new Medicaid agency executive directors with the basic expectations of provider agencies for providing intellectual and developmental disability services in Oregon. Important information can be found on the website [About the Oregon Department of Human Services](#) and the [Office of Developmental Disabilities Services web pages](#).

This orientation provides an overview of requirements for certified Medicaid agencies. The orientation focuses on areas where new agencies frequently have difficulty. The orientation does not cover all agency requirements. It is the responsibility of an agency executive director to read, understand and follow the laws, rules, and policies that apply to them. Laws, rules and policies may change. While orientation material is reviewed regularly, when in conflict, the applicable law, rule or policy takes precedence over information contained in this orientation. It is an agency executive director's responsibility to maintain current knowledge of laws, rules and policies which apply to them.

[Policy Transmittal 22-065](#) outlines the requirements for receiving a certificate of competition.

The Oregon Administrative Rules are in place to protect people's rights and keep them healthy and safe. You must know, understand, and comply with the rules. Before participating in this orientation, it is expected that you possess the necessary education and experience specified in [OAR 411-323](#) and have familiarized yourself with the regulations that apply to the endorsement(s) your agency intends to obtain, as outlined in the following Oregon Administrative Rules:

- [411-317 – Definitions and Acronyms](#)
- [411-323 – Medicaid Agency](#)
- [411-004 - HCBS](#)
- [411-318 – Rights and Complaints](#)
- [411-370 – Provider Enrollment and Payment](#)

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You must also know the rules that are specific to the endorsement that your agency is considering:

- [411-325 – 24-Hour Residential](#)
- [411-450 – Community Living Supports](#)
- [411-345 – Employment](#)
- [411-348 – Host Home](#)
- [411-328 – Supported Living](#)
- [411-304 – Professional Behavior Services](#)
- [411-380 – Direct Nursing](#)



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ODDS Oregon Administrative Rule can be searched for here:

[https://www.oregon.gov/odhs/rules-policy/pages/odds-rules.aspx?utm\\_source=ODHS&utm\\_medium=egov\\_redirect&utm\\_campaign=https%3A%2F%2Fwww.oregon.gov%2Fdhs%2Fseniors-disabilities%2Fdd%2Fpages%2Fodds-rules.aspx](https://www.oregon.gov/odhs/rules-policy/pages/odds-rules.aspx?utm_source=ODHS&utm_medium=egov_redirect&utm_campaign=https%3A%2F%2Fwww.oregon.gov%2Fdhs%2Fseniors-disabilities%2Fdd%2Fpages%2Fodds-rules.aspx)

Important additional resources can be found at the Developmental Disabilities Provider and Partner Resources:

<https://www.oregon.gov/odhs/providers-partners/idd/Pages/default.aspx>

ODDS transmittals can be searched for here:

[https://www.oregon.gov/odhs/transmittals/pages/odds.aspx?utm\\_source=ODHS&utm\\_medium=egov\\_redirect&utm\\_campaign=https%3A%2F%2Fwww.oregon.gov%2Fdhs%2Fseniors-disabilities%2Fdd%2Fpages%2Ftransmittals.aspx](https://www.oregon.gov/odhs/transmittals/pages/odds.aspx?utm_source=ODHS&utm_medium=egov_redirect&utm_campaign=https%3A%2F%2Fwww.oregon.gov%2Fdhs%2Fseniors-disabilities%2Fdd%2Fpages%2Ftransmittals.aspx)



This orientation provides an overview of requirements for certified Medicaid agencies. The orientation focuses on areas where new agencies frequently have difficulty. The orientation does not, and cannot, cover all agency requirements. It

is the responsibility of an agency executive director to read, understand and follow the laws, rules, and policies that apply to them. Laws, rules and policies may change. While orientation material is reviewed regularly, when in conflict, the applicable law, rule or policy takes precedence over information contained in this orientation. It is an agency executive director's responsibility to maintain current knowledge of laws, rules and policies which apply to them. After obtaining a certificate of completion, it is your responsibility to have a thorough grasp of the content presented during the Orientation. Moreover, it falls upon **you** to keep yourself updated on all relevant laws (ORS), rules (OAR), and agency policies. Upon the successful completion of this orientation, you will have access to the essential information required for compliance. When managing your

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## Introduction

agency, any lack of knowledge or understanding cannot serve as a valid excuse for non-compliance.

### **Questions:**

- About the application process or how to submit an application for agency certification contact:  
[ODDS.AgencyCertification@odhs.oregon.gov](mailto:ODDS.AgencyCertification@odhs.oregon.gov)
- About licensed sites or specific endorsements contact:  
[DD.Licensing@odhs.oregon.gov](mailto:DD.Licensing@odhs.oregon.gov)
- All questions about Workday should be directed to:  
[ODDS.Training@odhsoha.oregon.gov](mailto:ODDS.Training@odhsoha.oregon.gov)
- All other questions about ODDS services and supports should be directed: [ODDS.Questions@odhsoha.oregon.gov](mailto:ODDS.Questions@odhsoha.oregon.gov)
- Any questions about the Medicaid Agency Orientation should be directed to your orientation vendor.

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### **Medicaid agency orientation modules**

#### Session One:

- Home and Community Based Services
- Service Equity

#### Session Two:

- Documentation

#### Session Three:

- Health & Medical
- Food and

#### Session Four:

- Delivering positive behavior supports
- Providing support with people's finances

#### Session Five:

- Abuse, Investigations, & Incidents
- Monitoring, Inspections, & Violations

#### Session Six:

- Staffing Requirements
- Provider Financial

#### Session Seven:

- Emergency Plans & Fire Safety
- Getting Ready for Your First Referral and Entry

### **To prepare for each session you should:**

- Review the associated reference materials.
- Complete the pre-test.
- Think about the self-reflection questions

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During this orientation, you will be asked to engage in the valuable practice of self-reflection before each module. This work can be important and significant for your personal growth and for the development of your agency. Engaging in self-reflection can enhance your self-awareness and emotional intelligence. It also encourages personal growth, reduces stress, increases resilience, and improves decision-making. Self-reflection can sometimes activate difficult emotions or challenging experiences. Consider accessing the resources that are available to support you on this journey.

- [211info](#) is a private, community-based nonprofit organization funded by state and municipal contracts, foundations, donations, and community partners in Oregon and Southwest Washington. 211info serves Clark, Cowlitz, Skamania, and Wahkiakum counties in Washington and the entire of State of Oregon.
- The Oregon Health Authority launched [Safe + Strong](#) to provide Oregonians with information, tools, and resources in 12 different languages.
- [Lines for Life](#) is dedicated to preventing substance abuse and suicide and promoting mental wellness. Their work addresses a spectrum of needs that include intervention, prevention, and advocacy. The [Racial Equity Support Line](#) is a service led and staffed by people with lived experience of racism. They offer support to those who are feeling the emotional impacts of racist violence and microaggressions, as well as the emotional impacts of immigration struggles and other cross-cultural issues.
- [The Office of Equity and Multicultural Services](#) through the Oregon Department of Human Services has published [information](#) to help overcome barriers or complications when searching for mental health supports.

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When searching for mental health support, running into barriers or complications can sometimes make us want to give up our quest for getting the care we need. It's hard to be in crisis AND have to navigate the complexities of insurance, finding the right provider and getting an appointment.

Here are some tips to help you advocate for the care and support you deserve:

### **Calling your insurance company:**

#### **Ask about your benefits:**

- Determine what types of mental health services you would like and might be covered by insurance: Are group sessions covered? What mental health services other than counseling are covered? Are there culturally specific referrals that can be provided?
- Find out what services have a copay (set fee per visit) versus a coinsurance (patient pays a percentage of the total billed amount).
- Ask: Have I met my deductible? Which services waive the deductible, which ones do not?
- How do my out-of-network benefits apply to mental health services?
- If your insurance does not have any appropriate in-network providers for your needs, you may be able to request that an out-of-network provider be “considered into” your in-network benefits because of this gap in coverage. There is an appeal process to do this, but the benefit could mean that you are able to see the provider that specifically meets your needs while still utilizing your benefits to the fullest.
- Keep asking questions until you feel you are aware of your options and out of pocket costs to those options.

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## Introduction

### **Finding a Provider:**

#### **Research**

If your insurance provided you a list of referrals, research the providers online to see who best fits your needs. You may have their direct websites, but can also use Google or [PsychologyToday](#) to find providers.

- Pay attention to what providers describe as their view on care and what types of therapy they provide. You may have to look up terms such as CBT (cognitive behavioral therapy), DBT (dialectical behavioral therapy), EMDR, Somatic Therapy, Narrative therapy, etc. to understand what best fits you. After researching, you may find you have a strong preference of which therapy you would like to engage in.
- Look up organizations or local non-profit agencies that serve your community. They may offer mental health services or be able to direct you to ones that meet your specific needs.

### **Contacting a Provider, Getting an Appointment**

\*This part of seeking care can get frustrating. Sometimes providers do not return messages quickly, or at all due to the overwhelming need. There are also times that once you do make contact with a provider, they are not taking new clients, or their schedule does not match well with yours. If you are experiencing additional distress during this process, it's helpful to ask a friend or family member to help you navigate parts of this process in whatever way feels most helpful.

#### **- Call or Email**

- Often, when calling a provider, you may have to leave a voicemail. Sometimes email is the best way to begin contact with a provider. Either way, it is helpful to be descriptive in your message: Provide your Name, Phone number, What insurance you have or if you are a “cash pay” client, and a brief description of why you are seeking care or what type of therapy you are looking for. If you are in immediate need, it's helpful for you to provide that information, if you feel comfortable.
- It can take a day or two before a provider calls back. Sometimes, you may even need to follow up with a second message if you do not hear back.

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### - **Setting up an appointment**

- It's a good idea to "interview" the provider to make sure you feel comfortable with their style of communicating and treatment approach. You will want to ask if they are in-network or out-of-network with your insurance. You may also want to know if their schedule will be able to accommodate weekly or every other week appointments, depending on your goals/needs.
- If a provider is not in-network with your insurance, you will want to ask what the cost will be to you. For example, some out of network plans require that the patient pays a percentage of the billed charges. Each provider is different in what their "billed charges" are. Depending on your out of network benefits, you may want to pay privately (as a cash pay client) because there are providers that offer fee reductions for this scenario.

## **Culturally Specific Therapists in Oregon**

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Below are links to therapists in Oregon by demographic served. Note that not all providers are of that cultural background, but these are ones that have listed the specific area as a specialty. The lists can be further sorted on the site by city, area, insurance accepted, specialty, gender, and many more.

### **African American (Black) Therapists in Oregon**

<https://www.psychologytoday.com/us/therapists/african-american/oregon>

If you're looking for African American therapy in Oregon or for an Oregon African American therapist these professionals provide therapy, psychotherapy, and counseling that's sensitive to African American cultural issues. They include African American therapists, African American psychologists, African American marriage counselors and African American counselors. Sometimes we refer to them as Black therapists in Oregon or Oregon Black psychologists, Black marriage counselors or black counselors in Oregon. They provide African American counseling in Oregon or black counseling in Oregon and are sensitive to Black couples and black marriages in Oregon.

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### **Asian Therapists**

<https://www.psychologytoday.com/us/therapists/asian/oregon?sid=5ed97e983322e>

If you're looking for Asian therapy in Oregon or for an Oregon Asian therapist these professionals provide therapy, psychotherapy and counseling that's sensitive to Asian cultural issues. They include Asian therapists, Asian psychologists, Asian psychotherapists, and Asian counselors.

### **Hispanic and Latino Therapists**

<https://www.psychologytoday.com/us/therapists/hispanic-and-latino/oregon?sid=5ed97e983322e>

If you're looking for Hispanic Therapists in Oregon or for an Oregon Hispanic Therapist these professionals provide therapy, Oregon Hispanic Therapy psychotherapy and Hispanic counseling that's sensitive to Hispanic cultural issues. They include Oregon Hispanic Therapists, Hispanic psychologists, Hispanic psychotherapists, and Hispanic counselors. The term Hispanic is often used interchangeably with Latino. And so, if you are looking for Latino Therapists in Oregon or for an Oregon Latino Therapist these professionals provide therapy, Oregon Latino Therapy psychotherapy and Latino counseling that's sensitive to Latino cultural issues. They include Oregon Latino Therapists, Latino psychologists, Latino psychotherapists, and Latino counselors.

Si usted está buscando hispanos Therapists in Oregon, an Oregon hispana Therapist estos profesionales ofrecen terapia, Oregon hispana Therapy psicoterapia y orientación hispana que es sensible a las cuestiones culturales hispanos. Incluyen Oregon hispanos , psicólogos, psicoterapeutas hispanos y consejeros hispanos. El término hispano se suelen usar indistintamente Latino. Un modo, si usted está en busca de latinos Therapists in Oregon, an Oregon Latino Therapist estos profesionales ofrecen terapia.



# Agency Executive Director Orientation Reference Materials

## Introduction

### **Pacific Islander Therapists**

<https://www.psychologytoday.com/us/therapists/pacific-islander/oregon?sid=5ed97e983322e>

If you're looking for Pacific Islander therapy in Oregon or for an Oregon Pacific Islander therapist these professionals provide therapy, psychotherapy and counseling that's sensitive to Pacific Islander cultural issues. They include Pacific Islander therapists, Pacific Islander psychologists, Pacific Islander psychotherapists and Pacific Islander counselors.

### **Native American Therapists**

<https://www.psychologytoday.com/us/therapists/native-american/oregon?sid=5ed97e983322e>

If you're looking for Native American therapy in Oregon or for an Oregon Native American therapist these professionals provide therapy, psychotherapy and counseling that's sensitive to Native American cultural issues. They include Native American therapists, Native American psychologists, Native American psychotherapists, and Native American counselors.

### **LGBTQ Therapists**

<https://www.psychologytoday.com/us/therapists/gay/oregon?sid=5ed97e983322e&spec=186&spec=1712>

We should make clear that not all the therapists listed here are gay themselves. Rather, they specialize in helping with aspects of being gay in Oregon or homosexual. They provide help for gay couples in gay relationships, gay issues and issues that affect gay life.

If you're gay or are looking for help with gay issues in Oregon or for an Oregon gay therapist these professionals provide gay counseling and gay friendly care for gays or lesbians. They include gay friendly therapists plus gay therapists in Oregon, gay friendly psychologists, and gay friendly counsellors. Counseling may include LGBT counseling in Oregon, LGBTQ or Oregon GLBT counseling.

# Agency Executive Director Orientation Reference Materials

## Introduction

### **Additional Listings:**

Clinicians of Color Community & Consulting/Ptld Metro: We are a collection of therapists of color who serve the Portland-Metro area. With our unique backgrounds and experience, we look forward to serving our community and clients: <https://www.c4pdx.com/>.

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## Introduction

You should complete the following reflection questions prior to attending the first session.



- What did you learn from the Introduction to Providing Developmental Disabilities Services module you completed in Workday?
- What aspects of Oregon's approach to serving individuals with intellectual and developmental disabilities caught your attention?
- As part of your required pre-class work, you watched either the "[John Calhoun Story](#)" or "[In The Shadow of Fairview](#)". What was most impactful from these videos?
- Why are you considering opening a Medicaid agency to support people experiencing intellectual or developmental disabilities?
- Having read the rules, how confident are you in your understanding of what is required of you as an executive director?

# Agency Executive Director Orientation Reference Materials

## Introduction

### **Main Goals of the Orientation**

During this orientation you will gain awareness of

- Agency requirements and regulatory compliance
- Common violations and risks
- Equitable practices
- Person-centered approaches
- Self-direction and self-determination principles
- Resources



### **Tips for Success**

- Log into each session early.
- Attend each session from beginning to end.
- Be fully present and focused.
- Do not let yourself become distracted or inattentive.
- Get to know the other participants and build community.
- Actively take part in discussions, polls, and break-out rooms.
- Preserve confidentiality.
- Stay on topic.
- Take care of yourself throughout.
- Take notes in these reference materials.
- Complete the post-course evaluation with honest feedback so that ODDS can continually improve.

### **Post-Tests**

Each module has a required post-test. You are allowed two attempts to take each post-test. The highest score of your first two tries will be recorded. To pass, you must score 80% or higher on each post-test.

# Agency Executive Director Orientation Reference Materials

## Introduction



Self-direction and determination are essential principles that apply universally to all people, including people with disabilities. These terms pertain to the capacity to make autonomous choices and manage one's own life, such as establishing personal objectives, devising strategies to achieve them, and selecting options that align with one's values and aspirations.

For people who experience intellectual or developmental disabilities, self-direction is particularly crucial because it enables them to overcome the constraints imposed by societal expectations and prejudices. It empowers them to chart their own course and become active agents in their lives. This is particularly significant since it offers them the same opportunities as others to learn from their errors and develop as individuals by making decisions.

Additionally, self-direction and determination foster inclusion and equal opportunities for people with disabilities, as they are provided the same chances as their non-disabled peers to make choices and control their own lives. It is a crucial concept to comprehend as we endeavor to establish a more inclusive and equitable society for everyone. It is also essential to recognize that self-direction should not be confused with self-sufficiency since people with disabilities may require the help and support of others to accomplish their objectives and live autonomously.

# Agency Executive Director Orientation Reference Materials

## Introduction

The principle of person-centeredness underscores the significance of considering the distinct requirements and inclinations of people, including those with disabilities, in all aspects of their lives. This perspective concentrates on the person as a whole, rather than solely from the perspective of their disability.



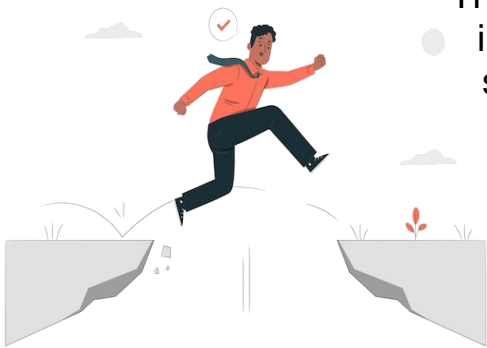
Person-centeredness is a comprehensive approach that takes into account a person's physical, emotional, social, and spiritual well-being. It involves developing a customized support system that caters to the particular needs and desires of each person. Active participation of the person and their chosen family or caregivers in the planning, decision-making, and evaluation of their support is critical.

For people with intellectual or developmental disabilities, person-centeredness is particularly vital since it enables them to have more authority over their lives and participate actively in the process of designing their support system. It enables them to determine their goals, aspirations, and vision for the future, rather than being restricted by preconceived notions or stereotypes. Person-centeredness fosters independence, self-determination, and self-advocacy, which can have a favorable impact on their overall quality of life.

Person-centeredness is a crucial principle in promoting inclusion and equal opportunities for individuals with disabilities. It ensures that the supports provided to them are tailored to their unique needs and preferences, rather than being generalized. This approach is crucial as society continues to develop and strive for greater inclusivity and equity for everyone.

# Agency Executive Director Orientation Reference Materials

## Introduction



The principle of "dignity of risk" asserts that individuals, including those with disabilities, should have the opportunity to make choices and engage in experiences that involve a degree of uncertainty or risk. This may include pursuing a new interest, trying new things, or taking on greater responsibility in personal or professional spheres. It may also involve life choices that carry risks, such as alcohol consumption, gambling, or engaging in certain sexual activities. Each person is unique, and what constitutes an acceptable level of risk for one may differ for another.

As the executive director of a Medicaid agency, it is crucial to acknowledge that individuals with disabilities possess the right to take risks and make mistakes, just like everyone else. Limiting their choices and experiences to only those deemed secure and predictable can impede their personal growth and development. Embracing the principle of "dignity of risk" empowers individuals with disabilities to make decisions for themselves, learn from their mistakes, and take control of their lives.

When an individual chooses to take a risk, your role is not to deny or prevent them from doing so. Rather, your role is to provide support and assistance to help them understand the potential outcomes of their actions.

# Agency Executive Director Orientation Reference Materials

## Home and Community Based Services

### Home and Community Based Services

#### Preparation

You should review the reference materials in this chapter and complete the following reflection questions prior to attending the HCBS session.



- Describe the people your agency will support.
- How do you envision your agency's role in their lives?
- How will you, as a new executive director, ensure that your agency promotes autonomy and independent decision making with the people you will support?
- What is one specific thing that your agency will do to encourage a personalized approach to all supports?
- How will your agency support people's rights to make choices even when you disagree with their choice, or their decision may involve risk?

#### Learning Outcomes

When you have completed the HCBS module, you will be able to:

- Define Home and Community Based Services (HCBS)
- Recognize the specific rights and freedoms guaranteed by the HCBS regulations.
- Define what an Individually Based Limitation (IBL) is.
- Recognize the requirements and roles for IBLs.

#### Introduction to Home and Community Based Services

Home and Community Based Services (HCBS) regulations exist to ensure that people receiving services have the same rights and freedoms as everyone else in the community.

In Oregon, all intellectual and developmental disability services are community-based. Home and Community Based Services are services



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## Home and Community Based Services

provided in the person's home or in their community rather than institutions. Institutions are facilities like a nursing home, hospital, or training center. HCBS rules ensure people have opportunities to live their lives how they want, regardless of their abilities.



- People live and receive services in the community and not in an institution.
- The rules ensure people have opportunities to live their lives regardless of ability.



HCBS ensures that people:

- Have access to experience their community.
- Have genuine choice and self-direction.
- Are treated with dignity and respect.
- Are free from coercion and restraint.

Everyone has the right to

- Be free from restraint and bullying.
- To make their own life choices, such as what they do for work or fun, where they live, how their personal living space is decorated, and who they choose to be with and when.
- Choose what services and supports they want and who provides those supports.
- Choose what they do or do not do each day.



The requirements listed here apply to all services. There are specific additional requirements provider agencies who deliver services at a site they own or rent or lease. All settings where a person lives or receives services must be integrated. Integrated means that a person is with other

# Agency Executive Director Orientation Reference Materials

## Home and Community Based Services

people who do not have disabilities (other than staff) and they have access to community services the same way that people without disabilities do.

HCBS regulations require that a person have these opportunities:



- Seek employment and work in competitive integrated employment settings.
- Engage in community life.
- Control personal resources.
- Receive services in the community.

### **Requirements for Providers**

HCBS requirements can vary based on the type of service (endorsement) and setting. A Medicaid agency executive director must know the requirements for each endorsement you carry as a provider. This means you must know what is in your rules.

Support provided in the person's own/family home:

When a person receives services in their own home or their family home, it is presumed that the person's own home has the qualities of HCBS. The person can decide how their home functions day to day.



Community Living supports delivered at a provider's site:



HCBS regulations and ODDS rules do not allow services that are essentially "daycare centers". Our rules require that site-based Community Living Supports, which are sometimes called Day Support Activities or DSA, must include a skill development component and going out into the broader community. If provided

in a facility setting, day services must be used, at a minimum, to plan and coordinate going out into the broader community.

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## Home and Community Based Services

Employment Supports at a provider's site:

Oregon prohibits "Sheltered Workshops." A "sheltered workshop" was site-based employment service where all or almost all the people at the site are people with disabilities or staff. Examples of site-based employment services that are allowable are businesses that employ both people with disabilities and people without disabilities who are doing similar work and interacting with the general public. Goodwill is a well-known example. HCBS ensures that people with disabilities have opportunities to interact with the community, get jobs at minimum wage or higher, and receive the same pay as people without disabilities doing the same work.

Employment Supports in the community:

Supported employment services align with HCBS and provide supports to people to obtain and thrive in their community jobs.

All Employment Services must, at a minimum, provide:

- Interaction with the public.
- A plan for people to seek and get jobs in the community.
- Compensation must equal or exceed minimum wage and must not fall below the pay of individuals without disabilities performing similar work.



Cody Smith Discusses His Work



Reflect on what you learned while watching the interview with Cody Smith. You can rewatch the video on [YouTube](#).

## Agency Executive Director Orientation Reference Materials

### Home and Community Based Services

Provider owned, leased, or rented residences.

When the person receives lives and receives support in a home that is owned, leased, or rented by the provider agency, there are additional HCBS requirements:



- The setting must be physically accessible to the person.
- There must be a Residency Agreement in place for each person addressing protections for the people and the eviction and appeal processes.
- People must have privacy in their own units.

[Residency Agreement guidelines](#) and sample [Residency Agreement forms](#) are available. (After clicking on the hyperlink, click on the tile labelled “Office of Developmental Disabilities Services (ODDS) to open the tile and display the Residency Agreement Forms.)

Each person living in a provider owned, leased, or rented home must have control of the following:

- People must have the freedom and support to control personal schedule and activities.
- People may furnish and decorate their bedroom or unit.
- People must have the freedom and support to have access to personal food at any time.
- Bedroom doors must have single action locks and only the person and appropriate staff should have keys.
- People may have visitors of their choosing at any time.
- People who share bedrooms have a choice in who they share the bedroom with

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Home and Community Based Services

**Introductions to Individually Based Limitations**

There may be times when a person has serious health and safety risks that can only be addressed by implementing a limit to one of those rights. The process to approve such a limit is called an Individually Based Limitation, or an IBL.

An IBL is only appropriate when:

- All other options have been tried and failed.
- Based on a specific assessed need
- There is a serious health or safety risk.
- It is a current issue.
- There is no less restrictive alternative is available.
- Consented to



Individually Based Limitations may **not** be implemented when:



- The person (or the guardian) does not consent.
- The IBL is not written specifically for the person in the specific setting.
- Limitation is not supported by a specific assessed need related to a significant health and safety risk.
- Limitation is being implemented for convenience or cost savings of the provider.
- Alternative, less intrusive methods of addressing the health and safety risk(s) have not been explored and ruled out.
- To address what you might think is a bad choice.



# Agency Executive Director Orientation Reference Materials

## Home and Community Based Services

You cannot limit any of these things without an IBL.

- Lockable Bedroom or Unit Doors
- Choice of Roommate
- Access to Personal Food
- Decorating and Furnishing
- Visitors.
- Control Schedule and Activities



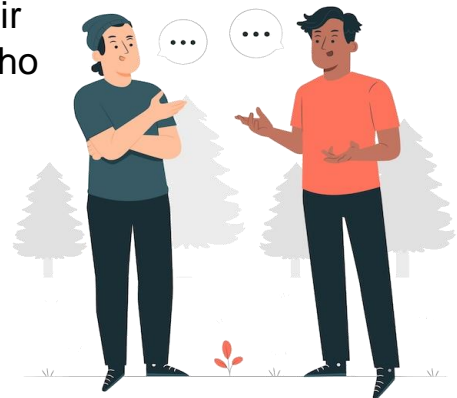
Individually Based Limitations are developed by the Services Coordinator or Personal Agent.

IBLs do not transfer with a person to a new service provider or setting. IBLs must be renewed annually.

An IBL for one person may NOT result in a barrier or limit for other people in the setting who do not require the same restriction.

### Activity

#1 scenario: A person resides in a residential setting (this includes both adult and children's 24-Hour Residential and Host Home settings) Your setting is licensed to support more people than are currently residing in the setting. One of the people in the home is very fond of candy. The person keeps a small supply of their favorite candy in their room. You are reviewing a referral for a person who has a diagnosis of pre-diabetes and a history of choking. This person has a history of taking food from other people. This person currently resides in a 24-Hour setting. Which of the following strategies would your agency try before considering asking for an Individually Based Limitation (IBL)?



## Agency Executive Director Orientation Reference Materials

### Home and Community Based Services

#2 scenario. A person is being supported in a non-residential setting (this includes Supported Living and In-Home Community Living Supports (CLS)). Your agency staff is supporting an adult in their family home. At a team meeting, your staff report that the adult person supported has confided to them that their parents manage their finances, purchase everything for them and do not allow them to have access to their funds, set their schedule, and do not allow their romantic partner to visit the home. Staff reports that the person has asked for support to move to their own home so that they can experience more freedoms. Which of the following are true?

The Individual Support Plan (ISP) or Provider Service Agreement (PSA) will include the following information about each IBL your agency will implement:

- An assurance the limitation will not cause harm to the person.
- The informed consent of the person, or the person's legal guardian
- The need justifying the limitation.
- A description of the limitation
- Description of the collection and data needed.
- Time limits for reviews
- The positive interventions used prior.
- Strategies that have been tried but didn't work.



## Agency Executive Director Orientation Reference Materials

### Home and Community Based Services

Your responsibilities as a provider agency are to:

- You must keep a copy of the completed and signed form documenting the consent to the IBL.
- You may not impose the limitation until approved and you have a copy of the signed IBL.
- Implement the IBL only as approved.
- You must not expand on limitations.
- You must document, track, and measure the effectiveness of the IBL per the requirements.



ensure that all staff are trained in the specific type of intervention they may need to implement.

- Whenever a person changes their provider or setting, IBLS must be re-done. IBLS cannot be adopted in the new setting or service.
- Communicate with the case manager if there are any concerns.
- Request a review anytime you believe a new IBL may be needed or if a change of an existing IBL appears to be needed.



## Agency Executive Director Orientation Reference Materials

### Home and Community Based Services

Your agency may NOT:

- create an IBL.
- limit any of the HCBS rights without an IBL.
- demand that an IBL be put in place.
- threaten to exit a person if they do not agree to an IBL.

You can and should communicate with the person's Services Coordinator or Personal Agent if you believe an IBL may be needed. The case manager must lead the process to develop an IBL. There is a specific process and a specific form that the SC or PA will use. The process includes the ISP team, but the ISP team cannot override the consent of the person.

## Agency Executive Director Orientation Reference Materials

### Home and Community Based Services

Here is what you will communicate to the case manager and describe:

- The need that justifies a limitation.
- Interventions that have been tried but did not work.
- What limitation do you think should be considered.

View the [Individually Based Limitation webinar](#) on the Oregon ISP website. It provides more detailed information about the process. Read Oregon Administrative Rule [411-004](#) for further explanation HCBS and Individually Based Limitations. You are required to know the requirements in this OAR and comply with them.

For more information about Individually Based Limitations (IBL) requirements please visit the HCBS website at:

<https://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCBS/Pages/ODDS.aspx>

Click on “Oregon-specific resources” to view fact sheets and frequently asked questions.

Questions may also be directed to the HCBS email box – [HCBS.Oregon@odhsoha.oregon.gov](mailto:HCBS.Oregon@odhsoha.oregon.gov)

# Agency Executive Director Orientation Reference Materials

## Home and Community Based Services

### Rights

The rights of people receiving ODDS services are described in Oregon Administrative Rule 411-318. These rights are distinct from those outlined in the Home and Community Based Services (HCBS) Rule. This rule covers a person's entitlements in the event of denial, reduction, suspension, or termination of services or supports. The specific procedures surrounding these actions are defined in each endorsement rule. As the agency's executive director, it is your responsibility to be aware of the rules governing the endorsement your agency is pursuing. If any of the above-mentioned actions take place, the person has the right to appeal and request a hearing. Hearings are explained in Oregon Administrative Rule 411-318.



- Rights
- Notification Requirements
- Endorsement Rule
- A person's hearing rights.
- Complaints

Responding to complaints protects and supports people's rights. People have a right to voice concerns or complaints at any time.



- Complaints need to be taken seriously.
- OAR 411-323 requires agencies to have policies in place on how they will address complaints by or on behalf of the people being supported.
- Staff must be trained in your agency's policies procedures to know how to accept and address complaints, even when the staff received a complaint about them.
- ODDS has a [complaint form](#) you can use.

## Agency Executive Director Orientation Reference Materials

### Home and Community Based Services

You must maintain complaint records and an agency complaint log. OAR 411-318 requires specific information be recorded in the log. These requirements include:



- The name of the person the complaint is regarding.
  - The name of the person making the complaint.
  - The name of the person taking the complaint.
  - The nature of the complaint.
  - The date the complaint was received.
  - The date the complaint was acknowledged in writing.
- The written outcome of the complaint and the date the written outcome was mailed to the person making the complaint.

You will want to refer [OAR 411-318](#) when you write your agency's policies and procedures to ensure compliance. This rule also outlines the required timelines for reviewing and responding to complaints.

Tracking and responding to complaints in a person-centered way helps ensure people's home and community-based rights. Documentation of your efforts to resolve the complaint will be useful if the complaint is later submitted to another office for further review. Complaints can be reviewed by ODDS, the [Office Of The Long-Term Care Ombudsman](#) or the [Governor's Advocacy Office](#).

# Agency Executive Director Orientation Reference Materials

## Home and Community Based Services

ODDS Licensors will use this checklist to review the setting and ensure that it is compliant with HCBS requirements. This is being provided as a resource and reference for new agencies.

| Initial Licensing Review with HCBS Requirements<br>Home and Community-Based Services (HCBS) Individually Based Limitations<br>Prior to receiving a license, the provider must be in full compliance |  |   |
|---|--|---|
| Agency:   | Date of Review:  | Home:   |
| Staff Interviewed:  |  |   |
| Code: NR=no restriction; R=restriction; TBD=to be determined  |  |   |
| <input type="checkbox"/> NR<br><input type="checkbox"/> R<br><input type="checkbox"/> TBD   | <b>Residency Agreements: 411-004-0020(2)(c)</b><br>• Do the individuals have signed Residency Agreements?  | <input type="checkbox"/> No one has moved in yet<br><input type="checkbox"/> Using State Template |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> TBD   | <b>*Lockable Doors: 411-004-0020(2)(e)</b><br>• Do individual bedroom doors have keyed locks?<br>• Are there documentation that individuals do not want door locks?  | <input type="checkbox"/> No one has moved in yet  |
| <input type="checkbox"/> NR<br><input type="checkbox"/> R<br><input type="checkbox"/> TBD   | <b>*Choice of Setting: 411-004-0020(1)(b)</b><br>• Did the individual have a choice of residence?  | <input type="checkbox"/> No one has moved in yet  |
| <input type="checkbox"/> NR<br><input type="checkbox"/> R<br><input type="checkbox"/> TBD   | <b>*Shared Bedroom or Living Unit: 411-004-0020(2)(f)</b><br>• Are any individuals going to share a bedroom?<br>• If yes, did the individuals have a choice of roommates?<br>• How was the choice of a shared bedroom presented to the individuals?<br>• Was there Informed consent by individual or legal guardian?           | <input type="checkbox"/> No one has moved in yet  |
| <input type="checkbox"/> NR<br><input type="checkbox"/> R<br><input type="checkbox"/> TBD   | <b>*Decorating/Furnishing: 411-004-0020(2)(g)</b><br>• Were bedrooms decorated and furnished?<br>• If not, what is the plan for decorations/furnishings?<br>*if there are any limitations to furnishing/decorating you must complete an Individually Based Limitations form effective 1/1/2017 for the 3/2017 ISP's and later. | <input type="checkbox"/> No one has moved in yet  |
| <input type="checkbox"/> NR<br><input type="checkbox"/> R<br><input type="checkbox"/> TBD   | <b>*Visitors: 411-004-0020(2)(h)</b><br>• What is the plan for visitors?<br>*if there are any limitations on visitors you must complete an Individually Based Limitations form effective 1/1/2017 for the 3/2017 ISP's and later.<br><b>The agency cannot have a policy.</b>   | <input type="checkbox"/> No one has moved in yet  |
| <input type="checkbox"/> NR<br><input type="checkbox"/> R<br><input type="checkbox"/> TBD   | <b>*Access to Food: 411-004-0020(2)(j)</b><br>• Will food be locked or restricted?<br>*if food is locked or restricted you must complete an Individually Based Limitations form effective 1/1/2017 for the 3/2017 ISP's and later.   | <input type="checkbox"/> No one has moved in yet  |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> TBD   | <b>Schedule of Activities: 411-004-0020(2)(i)</b><br>• Will individuals have the freedom and support to schedule their own activities?   |   |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> TBD   | <b>Integrated Setting: Allows access to the greater community: 411-004-0020(1)(a)</b>  |   |

# Agency Executive Director Orientation Reference Materials

## Home and Community Based Services

| Initial Licensing Review with HCBS Requirements<br>Home and Community-Based Services (HCBS) Individually Based Limitations<br>Prior to receiving a license, the provider must be in full compliance |  |
|---|--|
| Agency:   | Date of Review:  |
| Home:   |  |
| <input type="checkbox"/> NR<br><input type="checkbox"/> R<br><input type="checkbox"/> TBD   | <b>Setting Ensures Rights of Privacy, Dignity, Respect and Freedom from Coercion and Restraint: 411-004-0020(1)(c)</b> |
| <input type="checkbox"/> NR<br><input type="checkbox"/> R<br><input type="checkbox"/> TBD   | <b>Setting Optimized Initiative, Autonomy, Self-Direction: 411-004-0020(1)(d)</b>                                      |
| <input type="checkbox"/> NR<br><input type="checkbox"/> R<br><input type="checkbox"/> TBD   | <b>Setting Ensures Individual Choice Re: Services, Supports and Who Provides Supports: 411-004-0020(1)(e)</b>          |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> TBD   | <b>Setting is Physically Accessible: 411-004-0020(2)(b)</b>  |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> TBD   | <b>Setting Provides Individual's Privacy: 411-004-0020(2)(d)</b>   |
| Individually Based Limitations forms required for the following people<br>Effective 01/01/2017 with March 2017 ISP's.   |  |
| 1.  |  |
| 2.  |  |
| 3.  |  |
| 4.  |  |
| 5.  |  |
| 6.  |  |
| 7.  |  |
| 8.  |  |
| 9.  |  |
| 10.   |  |

# Agency Executive Director Orientation Reference Materials

## Providing Equitable Services

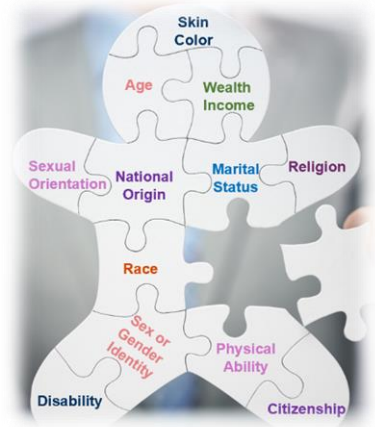
### Providing Equitable Services

#### Preparation

You should review the reference materials in this chapter and complete the following reflection questions prior to attending the Providing Equitable Services session.



- Think of a time when someone assumed something about you. What do you think they based their assumption on?
  - Identify one of the topics shown here on our puzzle person, that you don't know a lot about.
- What are your initial perceptions about people with this identity?
  - How do you think you came to these perceptions?



#### Learning Outcomes

After completing this module, you will be able to:

- Define equity, diversity, and inclusion as reflected by ODDS values.
- Plan ways to support equity in your agency in alignment with ODDS/I/DD values.
- Retrieve equity resources and training.

# Agency Executive Director Orientation Reference Materials

## Providing Equitable Services

### The difference between equality and equity



Equality is offering each person the exact same things, regardless of their background, needs, or circumstances. It assumes that everyone has the same starting point and the same needs, and that treating everyone equally will result in fairness. However, this approach can overlook differences in individuals' situations and needs, and it can lead to unequal outcomes.

Equity is about supporting a person in ways that allow them to have the same outcomes as anyone else, so that they can meaningfully participate in their lives. It acknowledges that individuals have different starting points, needs, and barriers, and it aims to level the playing field so that everyone has the opportunity to succeed.



- Conversations around diversity, equity, and inclusion can be challenging. Embrace the discomfort as a sign of growth.
- Assume positive intent, even when the outcome is not positive. But remember that you are responsible for the consequences of your actions.
- Take advantage of available resources for education and try to understand and respect the perspectives of others.

People with Intellectual or developmental disabilities may have experienced discrimination based on ability and other identities. Our own biases may knowingly or unknowingly lead to actions that could harm and discriminate against people with unique identities, such as race or sexual orientation, who have been mistreated, denied access to places, services, and resources. To provide equitable services, we need to honor people's identities even when they may be different than our own.



# Agency Executive Director Orientation Reference Materials

## Providing Equitable Services

### **What it means to provide equitable services**

Providing equitable service is the foundational philosophy and practice in the State of Oregon. Providers in Oregon are expected to become familiar with these values and develop policies, procedures, and practices that align with them.

Race, ethnicity, language, and disability have impacted our system's ability and availability to deliver the supports people need. Understanding and acknowledging the influences and impacts of race, ethnicity, language, and disability allows a provider to better support people in their communities to have the lives they want.

Service equity is a measure of results, not effort. We use individual approaches which are free from bias or favoritism to achieve our common outcomes. Service equity creates an environment of fairness and respect that values, attracts, and supports diversity.



Service Equity is a core value of the Oregon Department of Human Services (ODHS). Service equity creates an environment of fairness and respect that values, attracts, and supports diversity.

Biases and discrimination can be present in individuals and in systems. Bias may be present regardless of the intentions of the person or organization. Conscious bias refers to biases that an individual is aware of and can acknowledge, while unconscious bias refers to biases that an individual is not aware of and may not even be able to acknowledge.

Our brains automate many of our responses. Unconscious bias is our brain applying information from prior experiences, observations, and media to a current situation without us being aware of it. This can lead to stereotypes and assumptions that are not accurate or fair. Unconscious bias influences our response to people and situations. This bias can influence decision-making, behavior, and attitudes, and can negatively impact people and groups who are the target of the bias. Unconscious bias can be difficult to recognize and change, but awareness and education can help us become

# Agency Executive Director Orientation Reference Materials

## Providing Equitable Services

more aware of these biases and take steps to reduce their impact. In this work you will encounter people from all backgrounds, cultures, and values.

Providers must support people in maintaining their own cultures. ODDS wants an inclusive provider network that supports people with diverse backgrounds. To accomplish this, providers may have to adapt and put their own values and cultural norms aside to support someone with different values or cultural practices.



- Conscious bias refers to biases of which you are aware.
- Unconscious bias refers to biases of which you are unaware.
- We all have biases.
- Recognizing and becoming aware helps reduce potential impacts.

Intersectionality is a concept that refers to how different parts of a person's identity, such as race, gender, sexuality, and class, intersect and interact to create unique experiences of discrimination and privilege. A person's experiences can be shaped by multiple factors, rather than just one aspect of their identity. To provide equitable services, we must consider intersectionality and that everyone's story, experiences and history is unique. We must consider the whole person and not focus on just one part of their story.



Person centeredness and self-determination are shared core values. The people we support are our equals. Disability does not make a person less than those who have no disability. A person with a disability has all the same rights and is entitled to the same respect, opportunities, and choice as anyone else. They are also our customers. They choose what services they want, which provider they want to deliver those services and how they want services delivered.

# Agency Executive Director Orientation Reference Materials

## Providing Equitable Services

A person who experiences a disability is not defined by their disability. Considering the person's culture, intersectionality, and identity are part of person centeredness as well as dignity of choice, even if the choice conflicts with your own values.

Service equity promotes health, safety, and independence for all Oregonians by adapting services and policies to address discrimination and disparities in the delivery of human services.

### Person-Centeredness

- People we support are not defined by their disability
- Culture and identity are key
- Dignity of choice; even if the choice conflicts with our personal values



The Office of Developmental Disabilities Services values include:

- Person-Centered Practices
- Community Inclusion
- Strong Relationships
- Service Equity and Access

### **Putting equitable services into practice**

Two documents that may help you get to know a person are the One-Page Profile and the Person-Centered Information form (PCI).

A One-Page profile typically contains a person's strengths and what others need to know to support them.

In the appendix you will find a sample of a [one-page profile](#).

Person Centered Information (PCI) is the foundation of the planning process. The purpose of the PCI form is to record the person's perspective carefully and respectfully about a wide range of areas in their life. The Person-Centered Information form(s) is attached to the person's the ISP. As you learn more about the person and come across things that should be included in the PCI, you should contact the person's Services Coordinator or Personal Agent.

# Agency Executive Director Orientation Reference Materials

## Providing Equitable Services

Your agency (this means you and your staff) cannot force a person to give up things they value because you have a different views or belief. The person and their choices must be honored and supported, even if it conflicts with the provider's or staff's values.

You can find samples of the PCI on the [Oregon ISP website](#).

Honor and respect a person by being culturally responsive in how you relate with them and support them.



- Start by talking to the person about what is important to them.
- Pay attention to reactions that you and your staff are having toward a person based on their identities and keep learning about our own biases.

Being culturally responsive means being aware of and sensitive to the cultural backgrounds and experiences of others. It means recognizing and valuing the diversity of cultures and making sure that all people feel seen, heard, and respected. It also involves using supports and documents that are relevant and meaningful to the person and considers their culture and identities. Being culturally responsive means making sure that the supports you provide help the people you support connect with their own cultures and identities.

Being culturally responsive relies on you and your staff being able to recognize and address bias. By addressing biases, your agency can develop a positive and inclusive environment. There are tangible ways to put appropriate practices into place so that you and your staff can recognize and address biases.

# Agency Executive Director Orientation Reference Materials

## Providing Equitable Services



- What is one way you will embed cultural responsiveness into your agency?
- How will you write policies and procedures for your Medicaid agency to address bias?
  - How will you, as the Medicaid Agency Executive Director, respond to the people you support when they express bias?
- What will your agency's response be when your staff or others such as family members or colleagues express bias?

**As the Medicaid Agency Executive Director, it is your responsibility to address bias and discrimination**



# Agency Executive Director Orientation Reference Materials

## Providing Equitable Services

"Calling in" and "calling out" are two different strategies for addressing bias and discrimination.

"Calling in" is when you have private conversation about a behavior or comment that is problematic. The goal is to educate and raise awareness, rather than to publicly shame or blame the person. This can be an effective way to address issues when the person may not be aware of the impact of their behavior and is open to learning and making changes.

### Calling In:

- When there is an opportunity to explore deeper, make meaning together, and find a mutual sense of understanding across difference.
- When we are seeking to understand or learn more
- When we want to help imagine different perspectives, possibilities, or outcomes.
- Provides multiple perspectives and encourages paradigm shifts.
- Focused on reflection, not reaction.
- Is often a question.

"Calling out" refers to publicly confronting someone about their behavior or comments that are discriminatory or harmful. This can be done in a variety of ways such as speaking out during a meeting. This approach is often used when someone's behavior is intentional or repeated, or when the behavior is causing harm to others and needs to be stopped immediately.

### Calling Out:

- When we need to let someone know that their words or actions are unacceptable and will not be tolerated
- When we need to interrupt to prevent further harm
- Will likely feel hard and uncomfortable, but necessary.
- Allows us to hit the "pause" button and break the momentum.

Both "calling in" and "calling out" can be important in addressing bias and discrimination, but they are different approaches and should be used in different situations depending on the context and the person's willingness to learn and change.



# Agency Executive Director Orientation Reference Materials

## Providing Equitable Services

You can find examples of [Interrupting Bias: Calling Out vs. Calling In](#) on the [Seed The Way](#) website. You can also find additional resources and a [Calling In Calling Out Guide](#) on the [Harvard Equity, Diversity, Inclusion, & Belonging](#) website.

Trauma responsiveness refers to creating a safe and supportive environment for people who have experienced traumatic events in their lives. Traumatic experiences can affect a person's emotional well-being, their behavior, and their ability to learn. Many of the people you will support will have experienced trauma, such as abuse, violence, or loss. A trauma informed approach means interacting with someone who has experienced trauma with an understanding of how that trauma might impact the person's behavior, emotions, and overall functioning. When interacting with someone who has experienced trauma, it's important to understand and take into account the impact that trauma may have on that person's life and well-being.



Using a trauma informed approach means understanding that trauma can manifest in diverse ways, and that a person's behavior may not always be related to situation which activated their trauma. Consider the potential impact of trauma on that person's life and well-being and interact with them in a way that is sensitive, supportive, and non-judgmental. It is about creating a safe and understanding environment for that person to heal and move forward. A trauma informed approach will help to create a safe and supportive environment for the person to receive support and address their needs in a way that is sensitive to their experiences.



# Agency Executive Director Orientation Reference Materials

## Providing Equitable Services

**Activity:** A person has a strong response as you assist them with managing their finances. It's been brought to your attention that this person has previously been underestimated by another provider, who believed that they were not capable of managing their own money and purchases. Additionally, you've been made aware that this person would like to express their identities through their clothing choices but may not have had the opportunity to budget for outfits of their choice.





# Agency Executive Director Orientation Reference Materials

## Providing Equitable Services

### Sample One Page Profile

- Building good long-term relationships and trust
- Playing Magic-The Gathering card game
- Having the support I need available
- Spending my weekends outdoors
- Be truthful and honest with me
- Making my own decisions
- My tattoos—to remember my loved ones
- Doing archery—for fun and stress relief
- Family living close and visiting my sister
- Going to the library
- Working/getting a paycheck
- Working on cars



#### What People Like and Admire About

##### Adam:

- Persistent—never lets things stand in his way.
- Easy going and fun—he is fun to be around and likes having fun.
- Proud and good ethics—takes pride in a job well done!
- Passionate, especially about things that are important to him
- Candid—Adam lets others know what he wants.
- Leader—he takes leadership at his ISP meeting.
- Resourceful—Adam has plans to address issues that come up.

#### What Others Need to Know or Do to

##### Support Adam:

- With a new task, show example and give Adam time to practice.
- He likes doing lots of outdoor activities. To get to know him, spend time with him.
- Building new relationships (staff) is hard for Adam, give him time and don't take it personally—he wants to make sure you will stick around.
- Adam needs help budgeting. He'll let you know what he needs.
- When he is angry, talk through it with him and know the activities that help him deal with his anger.

# Agency Executive Director Orientation Reference Materials

## Documentation

### Documentation

#### Preparation

You should review the reference materials in this chapter and complete the following reflection questions prior to attending the Documentation session.



- Think about how you document your own life and household: social media, picture albums, diaries, family calendars, letters, household budgets. Each of us have some way that we document in our lives
- Are you naturally organized?
- When you get something new, are you someone who reads the instructions or are you someone who skips them and just tries?
- When you get a new medication, are you someone who reads all the information on the label, or do you just look for the dosing instructions?
- Have you ever had to overcome a language barrier, or have you helped someone else to understand a document, or to fill out a form that was not in a language they could read or write?
- What can you do as a provider to support a person who may have difficulty with English?
- What are some ways you can support your staff who may have difficulty with documents and communications in English?
- If you experience difficulty with English, what strategies will you use to assure documents and communications are understood?

# Agency Executive Director Orientation Reference Materials

## Documentation

### Learning Outcomes

By the end of this module, you will be able to:

- Explain why documentation is important.
- Identify what is “good” documentation.
- Recognize your role and responsibilities in establishing and maintaining a documentation system.
- Explain the purpose of support documents and condition tracking.
- Recognize the importance of securing and releasing records and preserving confidentiality.

### Introduction to documentation

Documentation is important:



- Helps you and your staff provide the right supports to the right people.
  - Records observations, progress, changes, challenges.
  - Provides evidence of the supports your agency provides.
- Is crucial for maintaining continuity of care and ongoing service planning.
  - Is required for demonstrating services have been delivered.
  - Documentation serves as a record of the person's needs and support.
  - Documentation supports the person's independence and service planning.



# Agency Executive Director Orientation Reference Materials

## Documentation

A person's ISP team is made up of multiple people and entities. Communication among the team members is a critical part of providing services for a person.



- Documentation improves communication among the person's ISP team members.
- ISP team members have distinct roles and documentation requirements.
- Each team member may be responsible for sharing, gathering, or completing documentation.
- Access to documentation about the person requires signed authorization.

Documentation is evidence of supports. The services your agency will provide will be funded by a mix of federal (Medicaid) and state funds. Both federal and state regulations require documentation of services provided.

- Documentation is required for funding and legal compliance.
- ODDS services are funded by federal and state governments and require documentation of services provided.
- Documentation is necessary for verifying services to the government.
- Documentation is used as evidence in court proceedings.
- Progress notes may become a legal document and must be professional, clear, and accurate.
- Lack of documentation can have negative consequences in legal proceedings.
- Documentation is necessary to demonstrate that services have been delivered.



# Agency Executive Director Orientation Reference Materials

## Documentation

If it isn't written down, it never happened



Your agency must demonstrate the work that you have done. If it isn't written down, it will be presumed that the work was not completed.

### What is good documentation

- Documents must be written in plain language for everyone to understand and follow.
- Poorly written and incomplete documentation can result in failing a review, fines, and agency shutdown.
- Well-written, complete documentation provides a record of support provided and can be used to defend against challenges.



Good documentation is:

- Accurate
- Complete
- Person-Centered
- Objective



- Written in clear, plain language
- Concise
- Relevant
- Trackable
- Secured

# Agency Executive Director Orientation Reference Materials

## Documentation

[OAR 411-323](#) requires that your documentation be:

- Legible
- Timely
- Accurate
- Signed
- Dated



Some agencies choose to use electronic records systems while others use paper files



- Agencies can use electronic or paper records systems.
- Do not remove documentation, instead enter a correcting note.
- Some electronic systems have time stamps for changes but do not identify what has changed.

Making sure you and your staff are objective is important.

| <b>Subjective</b><br>Based on personal feelings, judgements,<br>opinions, or biases | <b>Objective</b><br>Based on observations and facts  |
|---|--|
| <b>Individual judgments:</b> Stan was depressed today                               | <b>Facts:</b> During the outing, staff noticed that Stan was looking down at his feet, did not talk with peers, and was chewing and picking at his cuticles. |



## Agency Executive Director Orientation Reference Materials

### Documentation

- Objective documentation is fact-based and free of personal bias.
- Subjective documentation includes personal opinions or interpretations.
- It is important to be objective in documentation to provide accurate information.
- An example of subjective versus objective notes: "Stan is depressed today" is subjective while "During the outing staff noticed that Stan was looking down at his feet, did not converse with peers, and was chewing and picking at their cuticles" is objective.

Each note/document must be person specific.

- Documentation must be specific to the person and not about others.
- Refer to other people being supported by role, such as "housemate" or "co-worker" instead of by name or identifier.
- Mention "housemate" only as it pertains to the person, not making the note about the housemate.
- Avoid using terms such as "my people" or "my person" or creating nicknames.
- Staff should always use the person's name in documentation.
- Use pronouns and names consistently in all documentation to honor language choices and enable the reader to understand and track whose documentation is being reviewed.



# Agency Executive Director Orientation Reference Materials

## Documentation

### Typical documentation types

You may **provide information** to help the Services Coordinator or Personal Agent develop documents for the planning process, such as the Person-Centered Information and Risk Identification Tool. You will be **responsible for developing or updating** some documents such as protocols, action plans, safety plans, financial plans, and emergency plans. You will be responsible for **obtaining and following** some documents such as ISP, IBL, mental health plans, physicians' orders, and transmittals.



- The ISP or PSA provides important information about the person, the supports they have chosen and their goals.
- A person may choose to release a full copy of their ISP or have a Provider Service Agreement (PSA) created.
- The person's case manager will provide the ISP or PSA.
- It is important to have a copy of the ISP or PSA before delivering services.
- The agency is responsible for obtaining the ISP or PSA.
- If the ISP or PSA is not received, contact the case manager, and document the conversation.



- Follow up with additional contacts and escalate the issue if necessary.
- The agency and staff are responsible for tracking progress and adding to the person's story through progress notes.



# Agency Executive Director Orientation Reference Materials

## Documentation

### Keep Writing the Person’s Story: Progress Notes

- Progress notes go by different names (Shift Notes, Narrative Notes, Communication logs, etc.)
- They document progress or lack of progress for goals, support needs and supports provided.
- They are an important documentation tool.
- They provide a narrative description of the supports provided.
- They function as evidence of supports provided, record progress towards goals in the Individual Support Plan, summarize events, and serve as a communication tool.
- They help continue to write the person's story.



### Progress Note: Example

**Person’s Legal Name: Jack Smith**

**Person’s Preferred Name/ Pronouns: Sally/She/Her/Hers**

| Date and Time          | Name of Staff | Signature          | Progress Note   |
|------------------------|---------------|--------------------|---|
| 4/2/2022<br>4:00 pm PT | Patty Staff   | <i>Patty Staff</i> | Jack (Sally) and this staff went to the grocery store today. She asked this staff to help her pick out groceries to make dinner tonight. She was laughing with this staff and stated she was excited to make dinner for herself and her housemates tonight. |

# Agency Executive Director Orientation Reference Materials

## Documentation

Documentation in the example that are effective:

- Used preferred name and pronouns (legal name is also documented)
- Date and time are documented.
- Signature of the person who wrote the note.
- The observation provided are factual (e.g., Sally stated she was excited – use quotes when possible).

One thing that is not effective in this note is that staff does not describe the specific supports the provider is delivering.

Documentation requirements and the types of documentation vary by setting and rule type. You need to know your agency's requirements and implement each requirement.



- Documentation requirements vary by setting and rule type.
- It's important to know the agency's requirements and implement them accordingly.
- Each person's needs should be considered when it comes to documentation.
- The Individual Support Plan (ISP) or Provider Service Agreement (PSA) is your agreement with the person about the supports you will provide.
- The ISP may include Individually Based Limitations (IBL), which must be updated for the setting and authorized by the person before implementation.

# Agency Executive Director Orientation Reference Materials

## Documentation

Other documentation that people you support may require:

### Health and Medical Supports and Services

- Health and safety protocols and tracking
- Physician's orders for all medications and treatments you are administering.
- Nursing care plans and training/delegation records
- Physician visit forms
- Medication Administration Records (MARS)



### Delivering Positive Behavior Supports

- Temporary Emergency Safety Plan (TESP)
- Functional Behavior Assessments (FBA)
- Positive Behavior Support Plans (PBSP)

### Abuse, Investigations, and Incident Reporting

- Incident Reports

## Your role and responsibilities



As the leader of your agency, you will be a reader, a writer, and a record-keeper. You are also the person responsible for overseeing quality and reviewing what others read and write. You will also maintain records.

# Agency Executive Director Orientation Reference Materials

## Documentation

When you are reading, you need to know:

- What (the purpose of the document)
- What information to use and how to use it
- Where to find the information
- Who to contact if information is outdated or incorrect.

When you are the writer, you will need to know:

- What to document
- Where to document
- Who you are writing to (your audience/readers)
- What information to put in and what to leave out

When you are the reviewer, you will need to know:

- Reviewer's role is to assess the quality of the documentation created by staff.
- Reviewer needs to check for missing or incorrect documentation and follow up with staff and provide training if needed.
- Reviewer needs to ensure that the staff is documenting the person's goals effectively and according to OARs.
- Awareness of biases is important to avoid their influence in documenting.

You are also the record keeper. You need to know security requirements for record keeping and for releasing information.

# Agency Executive Director Orientation Reference Materials

## Documentation

### Documentation Policies and Procedures

Your agency should have clear procedures on how and where information is recorded and how records are organized.

- Clear procedures for recording and organizing information.
- Procedures for staff on when documentation must be completed.
- Adequate documentation is essential.
- Consistent recordkeeping practices and staff training are important for success.
- Consideration should be given to how to organize and manage records, as well as where staff will document the supports provided.



As the agency executive director, you have responsibilities to oversee documentation quality



- Staff should be aware of agency documentation requirements and follow them.
- Providers should document clearly and train staff to do so.
- Documentation will be read by other staff and monitored by case manager to ensure ISP goals are being worked on.
- Individuals have a right to see their records.
- Documentation will be reviewed as part of quality assurance and staff may be coached.
- Changes to support documents should be made with the person's Service Coordinator or Personal Agent, and team approval may be required.

# Agency Executive Director Orientation Reference Materials

## Documentation

- Documents should be shared with the team with the person's permission and their privacy should be protected.

Your agency should implement strategies to effectively manage and maintain documentation.

- Staff should take notes throughout the day and submit complete documentation by the end of their shift.
- Documentation must be completed timely and cannot be submitted late.
- Documentation should be completed and reviewed at each shift change.
- Staffing patterns should allow for time at the end of each shift for documentation.
- Overlapping shifts can be used to allow incoming staff to provide care while outgoing staff document and update the incoming staff.
- Time for documentation is built into the rates, which will be discussed in a future financial session.



- What plan do you have for reviewing documentation including who will do it, how often it will occur, how will you do review documentation, and how will you record that you have completed the review?
- How will you address any issues may arise with your staff and documentation including how you will train staff and how you will follow up with the staff who completed the documentation?

# Agency Executive Director Orientation Reference Materials

## Documentation

### **Confidentiality, security, and release of information**

All social service agencies in Oregon are required to use the Statewide Release of Information for interagency coordination and sharing information. This includes ODDS as well as its contractors and providers. This is outlined in the [Informational Memorandum APT-IM-19-065](#).

- Information security must be a top priority
- All information must be kept secure.
- Information must be retained for a minimum of 7 years.
- Sharing of information is only allowed with the person's authorization and permission.
- Policies must be in place for confidentiality regarding social media, and these policies must ensure that images and information about the people being supported are not distributed without permission.



### Social Media



- Ensure that your staff understand the importance of maintaining confidentiality and do not share information about the individuals they support, including through social media.
- Obtain written consent before featuring images or information about individuals on your agency's website or social media platforms.



# Agency Executive Director Orientation Reference Materials

## Documentation

### Authorizing the release of information

- Obtain person or guardian's permission before sharing records (verbal approval is not enough)
- A "Release of Information" (ROI) must be signed before releasing records
- The ROI must be signed by the person or their guardian prior to releasing the records.



The following people and entities do not need a signed release to access information or documentation about the person:

- Person
- Legal Guardian
- Court-appointed representatives
- Case management Entity
- ODDS
- Abuse Investigators
- Child Welfare
- Emergency Services



The following people and entities DO need a signed release to access information or documentation about the person:

- Family members
- Physician
- Mental health provider
- Other ODDS providers
- Your agency must have a signed release to access information or documentation that you did not create.



# Agency Executive Director Orientation Reference Materials

## Documentation

### Information security and storage

- Have policies in place for handling security breaches
- Implement backup systems to keep information secure (e.g., locked file drawer, password protection)
- Maintain double security measures (multiple levels of protection)
- Retain documentation for at least 7 years, as required by HIPAA



What are some things you will include in your policies and procedures regarding potential documentation system breaches?

# Agency Executive Director Orientation Reference Materials

## Health and Medical Supports

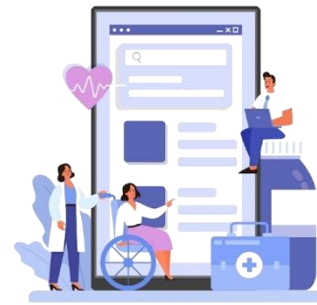
### Health and Medical Supports

#### Preparation

You should review the reference materials in this chapter and complete the following reflection questions prior to attending the Health and Medical Supports session.

Factors that contribute to disparities in health and medical supports

- Socioeconomic status
- Discrimination
- Limited access to healthcare
- Lack of trust in the healthcare system
- Genetic and biological factors
- Lack of cultural competence
- Language & communication barriers



Research conducted on a national level has demonstrated that there are inequalities in access to health and medical care based on a person's identities. As part of your required pre-class work you watched a video of Senator Gelser-Blouin. This video is available on [YouTube](#).

- How might you feel if you were hospitalized without access to either the necessary supports or the ability to simply make requests about your care?
- What strategies will you, as the Medicaid Agency executive director will put in place to ensure that the people you support have equitable access to healthcare

# Agency Executive Director Orientation Reference Materials

## Health and Medical Supports

### **Learning Outcomes**

By the end of this module, you will be able to:

- Recognize the role protocol documentation and tracking plays in ensuring health and safety.
- Explain why data tracking is necessary.
- Discuss the importance of ensuring safe medication administration and adequate documentation.
- Recognize your responsibilities in assuring health supports are being delivered in compliance with the OAR.
- Recognize your responsibilities regarding nursing services.
- Identify which endorsements are responsible for ensuring medical appointments occur.

### **Protocols**



- An example of an aspiration [protocol](#) can be found at the end of this chapter.
  - Protocols are written instructions that explain how to care for a person.
  - Protocols describe the supports in place to address a known risk.
  - Protocols must be written specifically to each person's needs in the specific setting.
  - Protocols must align with other documents such as the ISP, physician's orders, and tracking. Protocols can never contradict another document.
- Protocols are used to train staff on how to care for a person.
  - Must be maintained in a place that is accessible for staff.
  - Protocols must be written in plain, concrete language that is easy for staff to understand and follow.

## Agency Executive Director Orientation Reference Materials

### Health and Medical Supports

- Executive directors of Medicaid agencies must be aware of the health and safety risks faced by the people they support.
- The agency is responsible for updating writing/revising protocols for handling and tracking health and safety risks.
- Case Management notification or approval is required before implementing a new or revised protocol.
- The protocol may have to be shared with other agencies that support the person.

Your agency's protocols must both be culturally responsive. A person has a right to read their file. Protocols need to be made available in the person's preferred language and communication style when the person asks to see their file. Staff must be able to understand the protocols. The ODDS Service Equity and Inclusion Manager or the ODDS Person-Center Practice and Service Equity Coordinator can send a current list of interpreters and translators to help you:

[odds.questions@odhsoha.oregon.gov](mailto:odds.questions@odhsoha.oregon.gov)

The Oregon ISP website has published templates that you can use as a base for your agency protocols.

#### Common Protocol Types:

- Aspiration
- Choking
- Constipation
- Dehydration
- Seizures
- Pica



# Agency Executive Director Orientation Reference Materials

## Health and Medical Supports

Proper training for staff should include:



- Explanation of the documents
- Direct training
- Verbal explanations
- Review and sign-off
- Periodic re-training
- Cultural competency
- Laws, regulations, and ethical principles

Thorough training will help ensure that staff have the knowledge, skills, and confidence to provide the correct support in a safe and effective way.

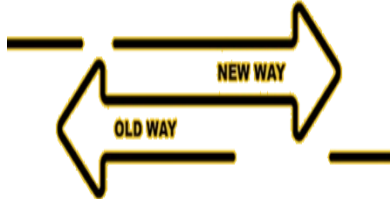
**Activity:** “Apple Pie” has a has a risk of constipation identified in his Risk Identification Tool (RIT). Apple Pie’s previous provider had written a [protocol](#). Apple Pie’s case management entity provided the new agency with a copy of the protocol.

- What do you see in this protocol that would help your agency staff support this person?
- Is the reason for the risk clear?
- Is it clear what needs to be tracked and where to document?
- Are the directions to staff well-defined?
- What do you see in this protocol that would be helpful to ensure that your staff are tracking appropriately?

# Agency Executive Director Orientation Reference Materials

## Health and Medical Supports

When a person's needs change related to the protocol, then the protocol must be updated immediately.



- Protocols are regularly updated to always reflect the current health conditions and status of a person.
- Protocols must be updated immediately when a person's health conditions change, needs increase, physician orders change, a new risk or condition develops, or the environment changes.
- Staff must be re-trained each time a protocol is updated.
- The executive director of a Medicaid Agency is ultimately responsible for ensuring that protocols are up to date and trained. However, assure that your agency procedures consider changes that requires immediate adjustment and training of a protocol.
- Always notify the person's Services Coordinator or Personal Agent when a protocol is updated and send them a copy.
- When a protocol change impacts the scope of service delivered or Changes a Risk Management Strategy, the person's services coordinator or personal agent must approve it. The SC or PA will initiate an ISP Change Form to revise the ISP. (If you are unsure whether approval is needed, ask the SC or PA when notifying them of the change.)
- The executive director should also identify when staff need redirection or retraining.
- Staff should document observations and tracking data as outlined in the protocol.
- The executive director of the agency should review the documentation and tracking for any concerns and necessary revisions to the protocol.
- The agency's policy and procedures should include a review process.
- Outdated protocols should be archived and only the active protocol should be kept in the working file.





# Agency Executive Director Orientation Reference Materials

## Health and Medical Supports

### **Data Tracking**

Data tracking is another way to document progress or lack of progress for goals and support needs.



You will track health and medical data around:

- Protocols
- Medical Administration Records or MARs
- Nursing Care Plan

Tracking data is essential for maintaining the health, safety, and well-being of the people your agency supports.

- Tracking data is important for maintaining health, safety, and well-being of people supported by the agency.
- Support documents and protocols should have provisions for tracking.
- Protocols may require tracking specific items, such as liquid intake/output, bowel movements, body temperature, time, and duration of a seizure, etc.
- Tracking data should be documented in designated places, with clear instructions for staff on when to record data and when to check it.
- Tracking helps identify what is working and not working and provides insight into a person's overall health and well-being.
- The proper tracking of data is important in ensuring the success of protocols.
- Failure to track necessary data may result in an abuse investigation of neglect.
- The agency is held accountable for neglect in tracking and can face civil penalties.
- As the executive director, you are responsible for ensuring quality in both the support and documentation.



# Agency Executive Director Orientation Reference Materials

## Health and Medical Supports

### Tips for Data Tracking:



#### Staff need to know:

- What they are tracking.
- Why they are tracking.
- How frequently it is tracked.
- What signals would indicate to staff that action needs to be taken?
- How they should document.
- How to review for accuracy.

**Activity:** “Tom Sample” has a has a risk of skin breakdown and has a [skin maintenance protocol](#).

- What kind of tracking would you implement for your agency staff to comply with this protocol?
- Where will it be tracked?
- How will you ensure confidentiality?
- Who completes the documentation?
- Where will tracking be kept?
- Who will monitor to assure the tracking is being maintained?
- How will you ensure tracking will be done?
- How often is it being reviewed?

A person may resist the steps outlined in a protocol.

- Communicate with the person.
- Consider trauma.
- Consider having a different staff to offer the support.
- Have procedures in place so staff know what to do.
- Document that the support was offered and declined and the reason if the person provided it.
- Communicate with the person’s Services Coordinator or Personal Agent.



## Agency Executive Director Orientation Reference Materials

### Health and Medical Supports

Consider what you are going to include in your agency's policies and procedures.



- How are you going to train the staff?
  - When will staff be trained?
  - Where will you document training?
  - How will you confirm that the staff understands and can implement the protocol?
  - Who will develop updated protocols?
- Who is responsible for communicating with the SC/PA?
  - Who is responsible for communicating the change to staff?
  - What other documents will need to be updated with the protocol?

Develop a documentation system.

- Health and medical documentation is complex.
- New providers may struggle with managing documentation.
- Consider seeking help to develop a system that is complete, up-to-date, and secure.
- Resources for help: provider associations, experienced providers, consultant.
- Copies of required medical documents, like physician orders, must be kept in your files.



### **Safe Medication Administration**

Safe Medication Administration is one of the most critical responsibilities of a provider agency.

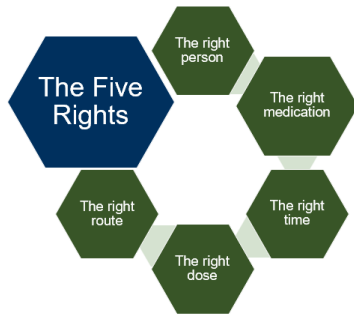
“You Are Your Brother’s Keeper: Alex’s Story” is available on [YouTube](#).

- Training staff in medication administration is important.
- You must have appropriate procedures in place to oversee situations where individuals require medication during support.

# Agency Executive Director Orientation Reference Materials

## Health and Medical Supports

The Five Rights of Medication Administration are a set of principles used to ensure that medications are given safely and effectively. The Five Rights are:



**Right person:** The medication must be given to the correct person, as identified by their name and other unique identifiers.

**Right dose:** The medication must be given in the correct amount, as prescribed by the physician.

**Right route:** The medication must be given through the correct method of administration, such as oral, topical, intravenous, or subcutaneous.

**Right time:** The medication must be given at the correct frequency and interval, as prescribed by the physician.

**Right medication:** The medication must be the correct medication, as prescribed by the physician, and free from any contaminants or errors.

These principles help to reduce the risk of medication errors, which can cause serious harm to the people you support. It is important for agency providers to understand and follow the Five Rights of Medication Administration to ensure safe and effective medication use.

Always:

- Always have a health care provider's signed order for every medication or treatment.
- Always wash your hands before administering any medication.
- Always pour medication from the container into a medication cup or an alternate container.
- Always have the Medication Administration Record (MAR) present when administering medications.
- Always verify the MAR is for the correct person
- Always read the medication label and match it with the MAR before administering the medication.
- Always ensure that the person is situated appropriately for administering the medication.

# Agency Executive Director Orientation Reference Materials

## Health and Medical Supports

- Always record the administration of the medication immediately on the individual's MAR.
- Always understand why you are administering the medication, the results, as well as any known side effects.
- Always remain with the person until the medication has been taken or applied as ordered by the physician.
- Always keep the medication storage area locked, clean and orderly.

### Never:

- Never leave medication with a person or unattended.
- Never give medication that is prescribed for one person to another.
- Never administer medication that is expired or comes from an unknown or unlabeled container.
- Never administer a medication if you are unsure about the order or have concerns. Note: this does not mean that staff can skip medication administration. If there are questions or concerns, contact prescriber immediately.

It is your responsibility to clarify any orders, terms, or documentation you do not understand.

### Requirements for administering medications:



- Trained staff
- Written order before any medication is administered.
- Administer only as ordered.
- Administer from labeled containers.
- Keep medications secure.
- Store as prescribed.
- Medication Administration Record
- Do not administer discontinued, outdated, or recalled medications.

# Agency Executive Director Orientation Reference Materials

## Health and Medical Supports

There is no required form for the Medication Administration Record (MAR)

- Some endorsements require that all of a person's medications come from the same pharmacy. The pharmacy may provide a MAR.
- The pharmacy provides an information sheet with potential side effects and interactions.
- The MAR must be completed correctly and retained by the agency.
- It is the responsibility of the executive director to ensure staff training and correct completion of the MAR.
- The agency should have a procedure for verifying delivery of medications and compliance with regulations regarding the MAR.

If the pharmacy does not provide the MAR, a MAR form is available on the [ODHS Forms server](#). The form number is SEO812a. Your agency may choose to develop a Medication Administration Record based off of this [example](#).

Medication Administration Record MAR requirements:

- Person's name
- Medication name, dosage, frequency of administration, and method of administration as the physician orders it.
- Date and time medication is administered.
- Method by which it was administered.
- Signature of the staff administering the medication or monitoring the self-administration
- Known allergy or drug reaction.
- An explanation of any irregularity
- For PRNs: reason given, time administered and effectiveness.





## Agency Executive Director Orientation Reference Materials

### Health and Medical Supports

These are common errors found in Medication Administration.



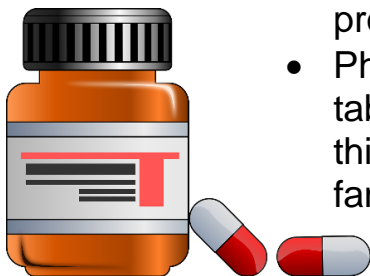
- Wrong medication to wrong person
- Wrong time of dosing or skipped doses
- Wrong dose is given
- MAR does not match physician orders.
- Medications are not stored securely.
- Expired medications
- Staff do not fill out the MAR at time of administration.

When there is a change to a physician's order for a medication, such as a change in dosage or frequency, you must ensure the change does not result in conflicting orders for a person. You must ensure that the:

- Written discontinuation order is received from the physician.
- Discontinuation is written on the MAR.
- New order is added to the MAR.
- Discontinued medication is disposed of and documented according to your agency's drug disposal policy. Additional information about [drug disposal](#) is available at the end of this chapter.

#### Pro Re Nata (PRN): Nursing Services and Ongoing Medical Needs

- PRN stands for "pro re nata," meaning "as needed".
- PRN medications are used to treat symptoms or conditions that are not constant or predictable.



- Dosage and frequency are determined by a healthcare provider and are specific to the person.
- Physician's orders may not include a range, such "1-2 tablets" or "every 4-6 hours". Staff may have to explain this to the prescriber, as not all prescribers may be familiar with ODDS rules.



## Agency Executive Director Orientation Reference Materials

### Health and Medical Supports

- It is important to follow the physician's order. Do not change the dosage or frequency. If the PRN is an over-the-counter drug, train staff to always follow the physician order, rather than the manufacturer's instructions. If you have concerns, contact the physician.
- Documentation is required explaining the reason for administering PRN.
- The effectiveness of PRN medication must be monitored and documented.
- No mood-altering medication (psychotropic) can be administered as a PRN without an ODDS-approved variance. This also may need to be explained to the prescriber.
- Certain conditions may have a specific protocol step instructing administration of the PRN medication. Ensure the protocol and the physician's order match.
- Expiration dates of PRN medication must be regularly checked, and storage must be secure.

### Common MAR errors for PRNs

- Unclear physician orders (ranges)
- Reason given not documented.
- Time given is not documented.
- Effectiveness not documented.
- Medication is not administered per protocol.
- PRN medications are not in stock or are expired.



When a medication error requires medical attention or raises significant concern that requires contacting the prescriber, an incident report must be written, even if medical care is not needed.

# Agency Executive Director Orientation Reference Materials

## Health and Medical Supports

### Self-Administration



Requirements for self-administration of medication vary by endorsement:

- Monitoring and documenting self-administration if it occurs during support delivery.
- Ensuring secure and appropriate storage
- Training for the person and staff, including documentation for self-administration.

**Activity:** Put yourself in the quality assurance role and review a [sample MAR](#) and a sample set of a [physician's order](#) to identify errors

- Were all medications transcribed correctly onto the MAR?
- Do medications have the time correctly specified?
- Have staff initialed all entries on the MAR?
- Are all medication administration amounts correctly identified?
- Are medication errors documented correctly?
- What do you notice about PRN medications?

If your agency will be administering medications, consider these questions:

- How do you plan to train your staff?
- How will you ensure they understand the information?
- What will you say about the steps staff are to complete when administering medication?
- Who is responsible for updating the MAR when changes occur?
- How often will quality assurance checks occur and who will do them?
- When errors are found how will you retrain the staff and who will do that?
- When no errors are found how will you praise your staff?

## Agency Executive Director Orientation Reference Materials

### Health and Medical Supports

If your agency will not be administering medications, consider the following questions:

- What will your procedure be when a person requires a medication dose during the period you are providing supports?
- How will you manage situations where a person may need a PRN, for example someone has a headache during a community activity?

### **Nursing Services and Ongoing Medical Needs**

The person's risk assessment identifies if they have needs that may necessitate the oversight of a nurse. There are two types of nursing services: 1) Long-term Community Nursing (LTCCN) or similar services provided by a residential provider and 2) Direct Nursing Services (DNS)



- LTCCN is a separate service available to people in non-residential community settings.
  - LTCCN RNs provide nursing assessment, care planning, training, delegation, and monitoring of nursing tasks.
  - LTCCN RNs may assist with development of protocols but are not required to do so. Protocols must align with the nursing service plan.
  - When working with an external nurse, clear communication of roles and responsibilities is necessary to ensure proper care is provided.
- 
- In residential settings (24-Hour Residential and Host Home) rates include funding for professional services to cover hiring or contracting with a registered nurse to perform these services.
  - The agency is responsible for ensuring the nurse has a current, valid, unrestricted Oregon license as a registered nurse.

# Agency Executive Director Orientation Reference Materials

## Health and Medical Supports

### Delegation of Nursing Tasks

- A delegated nursing task nursing activity, skill, or procedure that is trained and transferred by an RN to an unlicensed person such as a direct support professional or employment professional.
- The RN is responsible for conducting a complete assessment and monitoring the unlicensed person's performance.
- The unlicensed person is responsible for understanding the importance of documentation and reporting any issues to the RN.



### Provider Responsibilities when collaborating with a Delegating Nurse



- The agency is responsible for proper documentation and keeping records of training, delegations, performed tasks, and changes in patient condition.
- The nursing care plan, medication administration record, and training and delegation records must be kept on file.
- The agency is responsible for communicating with the nurse in charge about delegation and ensuring only a registered nurse delegates nursing task.
- A Registered Nurse can only train a delegated nursing task.
- If there are concerns about the performance of a nurse, the agency should follow up with the nursing board and document all communications for licensing authorities.

Visit the [Oregon Board of Nursing website](#) to verify nursing licenses, file a complaint about a nurse or to contact the Board of Nursing.

# Agency Executive Director Orientation Reference Materials

## Health and Medical Supports

### Direct Nursing Services

- Direct Nursing Services (DNS) is shifting nursing for individuals with very medically complex needs.
- A separate assessment is required to determine eligibility for DNS. People who require DNS use technology such as ventilators and tracheostomy tubes or collars.
- DNS is critical for keeping individuals safe, alive, and out of the hospital.
- DNS requires a separate endorsement and agencies must apply for this endorsement to provide it.
- DNS is a separate service. The person receiving DNS has the choice of who provides DNS. A person you support may choose a different provider to deliver DNS. An agency providing other supports is not required to provide DNS.



### Other rule requirements related to health and medical supports.

You must know what is required in the rules for each endorsement your agency is seeking. Endorsement rules vary.

You need to know whether your endorsement requires your agency to:

- maintain written records of each person's health and medical needs.
- ensure each person has chosen primary physician and that you have made provisions for secondary in case of emergency.
  - ensure each person has a medical evaluation by qualified healthcare provider every two years and that you keep records.
  - monitor the health status of each person and take action in response to changes or conditions that may lead to harm.
  - obtain a complete medical profile before the person enters your services.



# Agency Executive Director Orientation Reference Materials

## Health and Medical Supports

It is your responsibility as the executive director to know your rule requirements.

Think about who in your agency will be responsible for managing health and medical appointments if it is required by your endorsement rule.



Where will your agency keep information about scheduled appointments?



- What will your agency's policy and procedure include regarding how to maintain records and information from appointments?
- What processes will you put in place to perform quality assurance checks on appointment scheduling and documentation?
- What systems will you develop to respond to situations when a person shows a decline in health?
- What structures will you create for your staff to communicate about a person's health and medical appointments?
- What processes will you build to assure that information carries forward at change of shift?




# Agency Executive Director Orientation Reference Materials

## Health and Medical Supports

### Aspiration and Choking Protocol Example


 

Help text:  Show  Hide

 **DHS** Oregon Department of Human Services  
OFFICE OF DEVELOPMENTAL DISABILITIES SERVICES

## Aspiration and Choking Protocol

**You do not need permission to call 911 or seek medical help**

Person's name: \_\_\_\_\_ Location of use: Choose or fill in \_\_\_\_\_ 

Preferred name: \_\_\_\_\_ Preferred pronoun:  He/his  She/hers  None selected

Written by: \_\_\_\_\_ Date: \_\_\_\_\_

### Section 1: About this issue

**How do you know this person is at risk for this issue?**  
Write a brief description of the issue and diagnosis. Also, describe the history and any special considerations.

**What does this person do on their own about this issue?**  
Describe preventive and follow-up actions. Describe anything this person typically does on their own for prevention.

**What is this person's preference for support with this issue?**  
Wherever possible, embed this person's preferences into the appropriate sections of this document.

### Section 2: Steps to prevent harm

List each precaution on a separate line. Clearly describe caregiver duties for carrying out these precautions at this location(s).

|   |   |   |   |   |
|---|---|---|---|---|
| • Fluids thickened to [fill in] consistency | + | - | ▲ | ▼ |
| • Food texture:                             | + | - | ▲ | ▼ |
| • Small portions, describe:                 | + | - | ▲ | ▼ |
| • Eating or drinking instructions, located: | + | - | ▲ | ▼ |

Name: \_\_\_\_\_ Location: Choose or fill in \_\_\_\_\_ Date: \_\_\_\_\_

Aspiration and Choking Protocol Page 1 of 3 DHS 4120A (11/17)





Agency Executive Director Orientation  
Reference Materials

Health and Medical Supports

**Bowel Movement (BM) Record**

**Individual:** Apple Pie **Month/Year:** 09/2021

**BM Type:** D=Diarrhea, H=Hard, I=Independent, L=Loose, N=Normal, S=Soft **Example:** LH = Large Hard, MH = Medium Hard, etc.  
**BM Amount:** X=XL (Extra Large), L=Large, M=Medium, S=Small

✓ = Checked with individual and no BM

| Date        | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|-------------|----|----|----|----|----|----|----|----|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Day Shift   | XN | ✓  | MH | ✓  | SD | ✓  | ✓  | ✓  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Initials    | OT | ML | GS | CB | CB | OT | ML | ML |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Swing Shift | ✓  | SD | ✓  | SN | ✓  | ✓  | ✓  | ✓  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Initials    | OT | ML | GS | CB | CB | OT | ML | ML |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Night Shift | ✓  | ✓  | SH | ✓  | SN | ✓  | ✓  | LN |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Initials    | OT | ML | GS | CB | CB | OT | ML | ML |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

**Notes:**  
 \_\_\_\_\_  
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 \_\_\_\_\_

**Initial and identify below with signature**

| Initials | Signature   | Initials | Signature   | Initials | Signature |
|----------|-------------|----------|-------------|----------|-----------|
| OL       | Oscar Leaf  | CB       | Coffee Bean |          |           |
| ML       | Maple Leaf  |          |             |          |           |
| GS       | Gnome Smith |          |             |          |           |


Agency Executive Director Orientation  
Reference Materials

Health and Medical Supports

Tracking Tom Sample's Care

(For Training Purposes ONLY)

Tom is at risk of skin breakdown. He needs support from staff to change his position. He needs to be repositioned every two hours.



**Skin Care Maintenance Protocol**  
*You do not need permission to call 911*

Client receiving services: Tom Sample Date: \_\_\_\_\_

Protocol for:  Work  Home  Other: Community

**Describe how you know this person is at risk for this issue:**  
*(include diagnosis, history and special considerations):* Tom Sample has been diagnosed as obese by their primary care physician. Tom has difficulty wiping after a BM, has nocturnal urinary incontinence and a history of fungal infections. All of these can put Tom at risk for skin break down.

**Section 1: Description of Preventions**

|   |   |
|---|---|
| <input checked="" type="checkbox"/> Tom will shower or bathe daily to prevent skin breakdown. | <input checked="" type="checkbox"/> Staff may need to assist Tom to wash, rinse and dry under skin folds to prevent skin breakdown.         |
| <input checked="" type="checkbox"/> Staff will apply PRN powders and treatments as ordered.   | <input checked="" type="checkbox"/> Staff will complete daily skin checks and documentation.  |
|   | <input checked="" type="checkbox"/> Staff will ensure that Tom is clean and dry after an incontinent episode to ensure skin remains intact. |

**Section 2: Signs and Symptoms to watch for:**

|  |   |
|--|---|
| <input checked="" type="checkbox"/> Reddened skin that is hot to touch.                                      | <input checked="" type="checkbox"/> Open wounds, cuts or abrasions that are not healing.    |
| <input checked="" type="checkbox"/> Reddened or swollen area on their body.                                  | <input checked="" type="checkbox"/> Draining of pus, blood or a combination from the wound. |
| <input checked="" type="checkbox"/> Tom complains of pain or itching in the area that is red and/or swollen. |   |

**Section 3: What to do if any signs and symptoms are observed**

Agency Executive Director Orientation  
Reference Materials

Health and Medical Supports

- 
- If a wound is observed, clean gently with warm water, dry and apply topical treatment as ordered.
  - Monitor open wounds for signs listed above, if they are present- make an appointment with their PCP.
- 

and follow any instructions given:

- Supervisor     Nurse     Physician:
- 

2). Document incident in:

- Therap T-Logs     Therap GER     Other:
- 

3). Notify:

- Work     Home     Family/guardian     School     Other:
- 

**Section 4: CALL 911 and START EMERGENCY FIRST AID PROCEDURES as trained, if any occur:**

- Person appears gravely ill or you are concerned about their immediate health and safety
- Person is blue, not breathing or is having difficulty breathing

**AFTER calling 911:**

Contact and follow any instructions given:

- Supervisor     County service coordinator/residential specialist     Physician PCP  
 Nurse     Family/guardian     Other
- 

After person is stable, document incident in:

- Therap T-Logs     Therap GER     Other:
- 

-EXAMPLE-

Written/completed by: \_\_\_\_\_

# Agency Executive Director Orientation Reference Materials

## Health and Medical Supports

Example of a Medication Administration Record:

| <b>Medication Administration Record (MAR)</b> |      |   |   |   |   |   |   |   |   |              |    |    |    |    |    |    |    |    |    |             |    |    |    |    |    |    |    |    |    |    |    |    |
|---|------|---|---|---|---|---|---|---|---|--------------|----|----|----|----|----|----|----|----|----|-------------|----|----|----|----|----|----|----|----|----|----|----|----|
| Name: _____                                   |      |   |   |   |   |   |   |   |   | Month: _____ |    |    |    |    |    |    |    |    |    | Year: _____ |    |    |    |    |    |    |    |    |    |    |    |    |
| Medication/<br>dosage/<br>frequency/route     | Time | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9            | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19          | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
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Agency Executive Director Orientation  
Reference Materials

Health and Medical Supports

MAR Activity Material

Physician's Orders (For Training Purposes ONLY)

| Medication Orders  | Other Orders   |
|--|--|
| <p>Atorvastatin 20 MG Tablet: Take 1 20mg tablet by mouth at bedtime.<br/>*** No grapefruit juice ***</p>  | <p><b>ENTRANCE DATE:</b> 1/1/2021</p> <p><b>GENERIC EQUIVALENTS MAY BE USED UNLESS OTHERWISE SPECIFIED.</b></p> <p><b>I HAVE REVIEWED ABOVE MEDICATIONS FOR POTENTIAL SIDE EFFECTS, CONTRAINDICATIONS, AND POTENTIAL IRREGULARITIES.</b></p> <p><b>PROCEDURE TO USE WHEN MEDICATION IS MISSED</b><br/>REFUSED/MISSED MEDICATION WILL BE ADMINISTERED AS PER PHYSICIANS' ADDENDUM. THE ADDITIONAL TIME GIVEN BY THE PHYSICIAN IS CALCULATED FROM THE TIME THE DOSAGE IS TO BE GIVEN ON THE MAR. IF A MEDICATION IS MISSED AND YOU ARE OUTSIDE OF THE ADDENDUM TIMES THE PHYSICIAN MUST BE NOTIFIED, AN INCIDENT REPORT MUST BE MADE AND ANY OTHER APPLICABLE REPORTING REQUIREMENTS FOR THIS INDIVIDUAL AND AGENCY MUST BE FOLLOWED.</p> <p><b>NEW ORDERS WILL START AT ADMINISTRATION TIME</b> AFTER NEXT REGULAR PHARMACY DELIVERY UNLESS OTHERWISE NOTED ON THE ORDER.</p> <p><b>PRN MEDICATIONS OR TREATMENTS MAY BE DISCONTINUED AFTER 60 DAYS FOR NON-USE BY LICENSED NURSE.</b></p> <p><b>PHYSICIAN'S SIGNATURE INDICATES PHARMACY REFILL AUTHORIZATION FOR MEDICATIONS AND CONTINUATION OF ORDERS FOR 365 DAYS UNLESS OTHERWISE SPECIFIED</b></p> <p><b>PHYSICIAN'S SIGNATURE APPLIES TO ALL PAGES.</b></p> <p style="text-align: right;"><i>Ricky Bobby</i></p> <p style="text-align: right;">9/1/21</p> |
| <p>Cetirizine HCL 10 MG Tablet: Take 1 tablet by mouth daily for seasonal allergies.</p>   |  |
| <p>Metformin HCL 500 MG Table: Take 1 500mg tablet by mouth twice daily by mouth with breakfast &amp; with dinner.</p>   |  |
| <p>MiraLAX, 17g (1 scoop): On day 3 of no BM, mix 1 scoop into water, stir until dissolved to help manage constipation. Continue 1 time daily until BM occurs. If no BM by day 6, contact PCP.</p> |  |
| <p>Ibuprofen 800MG Tablet: Take one 800MG Tablet by mouth every eight hours as needed for body pain, headache, or fever over 100 Degrees F.</p>  |  |

Agency Executive Director Orientation  
Reference Materials

Health and Medical Supports

|   |  |   |
|---|--|---|
|   | Reviewed by Agency Representative<br><br><h2 style="text-align: center;">Sue Smith</h2> Reviewed by Provider | Date<br><br>9/1/21<br><br>Date                        |
| <b>Diagnosis:</b> Seasonal Allergies, Type 2 Diabetes, Constipation, High Cholesterol |  |   |
| <b>Allergies:</b> Penicillin  |  |   |
| <b>Provider:</b>  | Dr. Sue Smith  | <b>Contact:</b> (O) (123) 456-7890 (F) (123) 098-7654 |
| <b>Patient Name</b>   | <b>Group Home:</b>   | <b>Sex:</b> <b>DOB</b> <b>Page</b>                    |
| Apple Pie   | 123 Cookie Street  | M 7/16/1967 1 of 1                                    |



# Agency Executive Director Orientation Reference Materials

## Health and Medical Supports

| Medication Administration Record (MAR) |   |                          |   |   |   |   |   |   |    |    |    |                       |    |    |    |    |    |    |    |    |    |                    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|--|---|--------------------------|---|---|---|---|---|---|----|----|----|-----------------------|----|----|----|----|----|----|----|----|----|--------------------|----|----|----|----|----|----|----|----|----|--|--|--|--|
| Resident: Apple Pie                    |   | Physician: Dr. Sue Smith |   |   |   |   |   |   |    |    |    | Allergies: Penicillin |    |    |    |    |    |    |    |    |    | Month/Year: 9/2021 |    |    |    |    |    |    |    |    |    |  |  |  |  |
| Day                                    | 1   | 2                        | 3 | 4 | 5 | 6 | 7 | 8 | 9  | 10 | 11 | 12                    | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22                 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |  |  |  |  |
| Time                                   | Atorvastatin 20 MG Tablet: Take 3 20mg tablet by mouth at bedtime. *** No grapefruit juice) ***   |                          |   |   |   |   |   |   |    |    |    |                       |    |    |    |    |    |    |    |    |    |                    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| Med Order                              | Additional information: Taken for high cholesterol  |                          |   |   |   |   |   |   |    |    |    |                       |    |    |    |    |    |    |    |    |    |                    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| 8:00 pm                                | M   | GS                       | C | B | C | C | M | M | GS | OT | C  | C                     | M  | GS | OT |    |    |    |    |    |    |                    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| Time                                   | Cetirizine HCL 10 MG Tablet: Take 1 tablet by mouth daily for seasonal allergies.   |                          |   |   |   |   |   |   |    |    |    |                       |    |    |    |    |    |    |    |    |    |                    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| Med Order                              | Additional information: Taken for seasonal allergies  |                          |   |   |   |   |   |   |    |    |    |                       |    |    |    |    |    |    |    |    |    |                    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| 8:00 am                                | M   | GS                       | C | B | C | C | M | M | GS | OT | C  | C                     | M  | GS | OT |    |    |    |    |    |    |                    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| Time                                   | Metformin HCL 500 MG Table: Take 1 500mg tablet by mouth twice daily with breakfast & with dinner.  |                          |   |   |   |   |   |   |    |    |    |                       |    |    |    |    |    |    |    |    |    |                    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| Med Order                              | Additional information: Taken for type 2 diabetes   |                          |   |   |   |   |   |   |    |    |    |                       |    |    |    |    |    |    |    |    |    |                    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| 8:00 am                                | M   | GS                       | C | B | C | C | M | M | GS | OT | C  | C                     | M  | GS | OT |    |    |    |    |    |    |                    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| 5:00 pm                                | M   | GS                       | C | B | C | C | M | M | GS | OT | C  | C                     | M  | GS | OT |    |    |    |    |    |    |                    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| Time                                   | Ibuprofen 800MG Tablet:   |                          |   |   |   |   |   |   |    |    |    |                       |    |    |    |    |    |    |    |    |    |                    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| Med Order                              | Additional information: Taken for pain or fever   |                          |   |   |   |   |   |   |    |    |    |                       |    |    |    |    |    |    |    |    |    |                    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| PRN                                    |   |                          |   |   |   |   |   |   |    |    |    |                       |    |    |    |    |    |    |    |    |    |                    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| PRN                                    |   |                          |   |   |   |   |   |   |    |    |    |                       |    |    |    |    |    |    |    |    |    |                    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| Time                                   | MiraLAX, 17g (1 scoop)<br>On day 3 of no BM, mix 1 scoop into water, stir until dissolved to help manage constipation. Continue 1 time daily until BM occurs. If no BM by day 6, contact PCP. |                          |   |   |   |   |   |   |    |    |    |                       |    |    |    |    |    |    |    |    |    |                    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| Med Order                              | Additional information: Taken for constipation  |                          |   |   |   |   |   |   |    |    |    |                       |    |    |    |    |    |    |    |    |    |                    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| PRN                                    |   |                          |   |   |   |   |   |   |    |    |    |                       |    |    |    |    |    |    |    |    |    |                    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| PRN                                    |   |                          |   |   |   |   |   |   |    |    |    |                       |    |    |    |    |    |    |    |    |    |                    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| Day                                    | 1   | 2                        | 3 | 4 | 5 | 6 | 7 | 8 | 9  | 10 | 11 | 12                    | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22                 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |  |  |  |  |

Circle any medication that is missed, held or refused and document on the page for "Documentation for Scheduled Medication not given as Ordered..."



Agency Executive Director Orientation  
Reference Materials

Health and Medical Supports

Commonly Used Medical Abbreviations

| Abbreviation     | Meaning                    |
|------------------|----------------------------|
| c                | with                       |
| s                | without                    |
| ADL              | activities of daily living |
| Amb              | ambulatory                 |
| B.P.             | blood pressure             |
| BID              | twice a day                |
| BM               | bowel movement             |
| C/O              | complaints of              |
| CVA              | stroke                     |
| DC               | discontinue                |
| F                | Fahrenheit                 |
| GI               | gastrointestinal           |
| gm               | gram                       |
| gtts             | drops                      |
| H <sub>2</sub> O | water                      |
| hs               | hours of sleep             |
| NPO              | nothing by mouth           |
| ht               | height                     |
| N/A              | not applicable             |
| noc              | night                      |
| PO               | by mouth                   |
| PRN              | as needed                  |
| QID              | four times a day           |
| ROM              | range of motion            |
| SL               | sublingual                 |
| Stat.            | immediately                |
| TID              | three times a day          |
| Tab              | tablet                     |
| w/c              | wheelchair                 |
| Wt               | weight                     |
| SOB              | shortness of breath        |
| SQ or SC         | subcutaneous               |
| L                | left                       |
| R                | right                      |

# Agency Executive Director Orientation Reference Materials

## Health and Medical Supports

### Drug Disposal

Your agency must have a drug disposal policy in place and ensure that staff are properly trained in this process, as well as the proper documentation of the disposal of any discontinued, expired, or recalled medications.

If you do not use all of a prescribed or over-the-counter medication, you can take a few small steps and make a huge impact in safeguarding lives and protecting wildlife and the environment. Please remember the following guidelines:

- Follow any specific disposal instructions on the drug label or patient information that accompanies the medication.
- Seek out and take advantage of state and local collection alternatives such as drug “take-back” programs.
- If no disposal instructions were provided on the drug label and there is no “take-back” program available in your area, then dispose of the drugs in the household trash.

Before disposing of medications always:

- Remove the drugs from their original containers and mix them with an undesirable substance, such as used coffee grounds or kitty litter.
- Place the mixture in an impermeable empty can or sealable bag and throw the container into the trash.
- Before disposing of empty medication containers, destroy all identifying personal information.

### Syringe Disposal

- Oregon law (ORS 459.386 to 459.405) prohibits the storage and disposal of syringes in normal household trash, yard waste or recycling. All used syringes must be placed in an approved leak proof, rigid, puncture-resistant red container. The container must be closed to prevent the loss of contents during transportation and disposal. Individuals in violation are subject to a penalty of up to \$500 per day.
- Call the local sanitation company. Ask for a container for used syringes. They might charge a small fee. The sanitation company will pick up the container when it is full and then dispose of it under Oregon law.

## Agency Executive Director Orientation Reference Materials

- Additional resources for obtaining approved disposal containers include various pharmacies, recycling centers, hospitals, health departments and fire stations.
- Appropriate alternative disposal methods also include Drop boxes or supervised collection sites, Mail-back programs, and Syringe exchange programs.

### Example of a Drug Disposal Record

| Date | Client's name | Name of medication | Dose & amount | Reason for Disposal<br><i>(Unused, outdated, etc.)</i> | Method of Disposal | Signature | Witness signature |
|------|---------------|--------------------|---------------|--|--------------------|-----------|-------------------|
|      |               |                    |               |  |                    |           |                   |
|      |               |                    |               |  |                    |           |                   |
|      |               |                    |               |  |                    |           |                   |

# Agency Executive Director Orientation Reference Materials

## Food and Nutrition

### **Food and Nutrition**

Proper nutrition and food preparation are crucial for maintaining safety and health.

### **Preparation**

You should review the reference materials in this chapter and complete the following reflection questions prior to attending the Food and Nutrition session.



- How important is food in your own family or culture?
- How do you feel when you get to enjoy the food that is important to you, your family, your culture?
- Have you ever been a guest at someone's home and been served something that you really did not like?
- How would it feel to give up control and have someone else decide what you were going to eat, or how your food is prepared?
- What are some things your agency can do to honor people's preferences and choice?
- How will you know what people like or do not like?

### **Learning Outcomes**

By the end of this orientation module, you will be able to:

- Recognize responsibilities in overseeing food and nutrition with services provided.
- Explain the importance of cultural considerations and individual choice in meal planning.
- Identify resources and requirements for proper food storage, handling, and preparation.
- List common risks and strategies associated with eating and drinking.

# Agency Executive Director Orientation Reference Materials

## Food and Nutrition

### **Your responsibilities with food and nutrition**

Failure to follow medical orders related to food can have profound consequences. Incidents of choking and aspirating are among the most preventable yet deadly issues that providers often face. Endorsement requirements vary. It is your responsibility, as the executive director, to be knowledgeable of the rule requirements.



- Not following medical orders related to diet and food preparation can result in licensing actions, including civil penalties or loss of license.
- The agency should develop protocols to address known risks associated with eating and drinking.
- Train staff on supporting people with eating and nutrition needs, including providing necessary tools and resources.
- Safe food storage, handling, and preparation should be planned for.

Support will vary based on person's needs and how they want your agency to provide them with support with their food and nutrition. Supports might include:

- Planning
- Shopping
- Preparing
- Assisting with Eating and Drinking
- Tracking foods and liquids
- Safe food storage
- Food related protocols.
- Residential and Host Home providers must serve 3 meals and 2 snacks per day with no more than 14 hours between meals.
- Residential and Host Home providers may not allow the consumption of unpasteurized milk or juice.





# Agency Executive Director Orientation Reference Materials

## Food and Nutrition



- 24-hour residential and host home providers are required to have menus for specialized diets.
- Menus can be a useful tool for meal planning and preparation, even if there are no specialized diets.
- The menu should have variety and be person-centered.
- If a person has a specialized diet, work with a medical professional to ensure dietary needs are met and meals are properly documented.

### Special Diets and Food Restrictions

- Menus for a person with a specialized diet cannot be imposed on all.
- Respect and honor the choices of the people supported.
- Ensure safety and health through special diets or food restrictions.
- Staff involved in meal planning should be knowledgeable of dietary restrictions.
- Ensure that dietary needs are met for people with specialized diets.
- Consider each person's unique needs and preferences.
- Respect and honor cultural and dietary needs of each person.



# Agency Executive Director Orientation Reference Materials

## Food and Nutrition

- Train staff to work with each person on meals that reflect the person's dietary needs, preferences, and cultural background.
- Avoid imposing dietary restrictions on entire group.
- Ensure that everyone's needs and preferences are met.
- Even specialized diets and food with altered textures should look appetizing!



- People who have experienced trauma or difficult experiences related to food may have anxiety and mistrust.
  - Food has emotional and cultural significance. Be aware of these potential issues and create a positive and inclusive environment for food.
  - Involve the person in the meal planning process, honor their food choices and preferences, and be sensitive to their reactions and behaviors.
- Food should never be used as a form of punishment or discipline, or as a reward or tool for manipulation.
  - Avoid power struggles or conflicts around food and prohibit staff from making comments about a person's eating habits or weight.
  - Work to understand the person's history with food to support them in a way that recognizes their unique needs and experiences.
  - Consider the physical environment and atmosphere surrounding meals, aim to create a comfortable and pleasant atmosphere for eating.

## Agency Executive Director Orientation Reference Materials

### Food and Nutrition

People have autonomy and agency over their own bodies and choices. Even if a person has a specialized diet that has been prescribed by a medical professional for their health, they have the right to refuse that diet.

- Staff should respect the person's choice to not follow their specialized diet or food restriction but have a conversation with the person about potential consequences.
- The conversation should be documented.
- Staff should work with the person to find an alternative meal that is safe and healthy. Seek guidance from a medical professional if needed.
- If resistance to the specialized diet is anticipated, a protocol for staff response should be provided.



Documentation and Tracking of food related protocols is essential.



- Documentation and tracking are important to communicate and share information among staff effectively.
- Staff must have clear understanding of the person's dietary needs and restrictions.
- Documentation and tracking help ensure staff are following protocols and plans.
- Accurate records allow staff to monitor the person's progress/health.
- Specialized diets and food restrictions are put in place for the person's safety.
- Documentation is also important for legal reasons, to show what was done or not done.

# Agency Executive Director Orientation Reference Materials

## Food and Nutrition

### **Proper food storage, handling, and preparation**

Unsafe food handling and storage can harm people we support.

- Proper training and supervision of staff is crucial for preparing food and beverages for people with specialized diets.
- Ensure protocols are written clearly and concretely.
- Confusion regarding physician's orders should be clarified to avoid errors.
- Make sure staff have the proper tools to modify food textures, when needed.
- Quality assurance reviews should be conducted to confirm staff are following protocols correctly. This should include observation of food preparation.
- You must follow the guidelines from regulatory bodies for food handling and storage. It is recommended that you incorporate these resources into your staff training.



- CDC - Diabetes Meal Planning:  
<https://www.cdc.gov/diabetes/managing/eat-well/meal-plan-method.html>
- CDC – Diabetes and eating well:  
<https://www.cdc.gov/diabetes/managing/eat-well.html>
- CDC videos on food safety and foodborne illness:  
<https://www.cdc.gov/foodsafety/communication/food-safety-videos.html#videos>
- CDC infographics related to food safety:  
<https://www.cdc.gov/foodsafety/communication/graphics.html>
- CDC grilling guide: <https://www.cdc.gov/foodsafety/pdfs/Grill-safety-infographic-508c.pdf>
- FDA Safe Food Handling: <https://www.fda.gov/food/buy-store-serve-safe-food/safe-food-handling>
- FDA webpage related to Nutrition labels:  
<https://www.fda.gov/food/new-nutrition-facts-label/how-understand-and-use-nutrition-facts-label>

Agency Executive Director Orientation  
Reference Materials

Food and Nutrition

- FDA education resources on using the nutrition label:  
<https://www.fda.gov/food/food-labeling-nutrition/nutrition-education-resources-materials>
- FDA nutrition/nutrition label training toolkit:  
<https://www.fda.gov/food/nutrition-education-resources-materials/health-educators-nutrition-toolkit-setting-table-healthy-eating>
- USDA Food Safety: <https://www.fsis.usda.gov/>
- <https://www.nutrition.gov/>
- Oregon Food Safety Training:  
[http://foodsafetytrainingcourses.com/oregon\\_food\\_safety\\_training\\_course.html](http://foodsafetytrainingcourses.com/oregon_food_safety_training_course.html)

Protocols must be written in plain, unambiguous language that ensures staff know exactly how to prepare food and drinks. Instances of incorrect liquid thickness or food size can result in serious health issues and even hospitalization or death. As the executive director, you must observe to assure foods and liquids being served are the correct size and thickness.



- Protocols must include clear and specific guidelines on the size of food that must be cut into.
- The size of food should be specified using a concrete measure, such as a specific coin, rather than subjective terms like "spoonful" or "bite size" to avoid interpretation by staff members.
- Liquid consistency should be compared to other fluids, such as "nectar thick" or "honey thick".
- If unsure of the correct consistency, contact the person's medical professional or dietician.





# Agency Executive Director Orientation Reference Materials

## Food and Nutrition

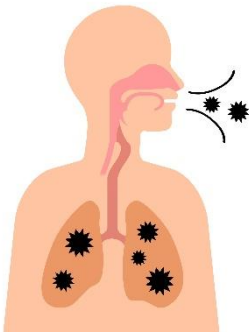
### Activity



Training alone is insufficient. As the agency executive director, it is essential that you supervise agency staff and ensure that the protocols are being followed. It is also important to ensure that agency staff are using safe food handling procedures. The agency executive director needs to ensure that protocols are written clearly, trained thoroughly, and implemented correctly. Agency executive directors are required to ensure each person's self-direction and dignity of risk.

### Eating and drinking safety

Proper support during eating and adherence to protocols are crucial to prevent choking and death.



- Tragic incidents can occur when individuals with orders for soft or ground foods are given hard foods.
- Staff must follow orders and plans to ensure the safety of the people being supported.
- Choking and aspiration are not the same thing and should not be confused.
- Choking occurs when a foreign object blocks the flow of air in the airway.
- Choking can lead to death by suffocation.
- Aspiration occurs when food or liquid enters the lungs instead of the stomach.
- Aspiration can cause pneumonia or other lung infections and death.
- A person can choke and aspirate in the same incident.

Eating and drinking supports can vary depending on individual needs, ranging from food preparation to physical assistance.

- It is important to ensure that staff are properly trained and equipped to handle the specific needs of people at risk of choking or aspiration during mealtime.

# Agency Executive Director Orientation Reference Materials

## Food and Nutrition

### Choking and Positioning



- Failure to follow proper positioning supports leads to licensing violations.
- People generally need to remain upright during and after meals to prevent choking and aspiration risks, or due to reflux.
- Observations during mealtime is crucial to ensure proper positioning.
- Some people may have specific instructions from a physician, such as remaining upright for a certain period of time after eating.
- Train staff in the correct positioning and explain why it is necessary.
- If instructions from healthcare professionals are not clear, seek clarification to ensure proper supports during meals.
- Close monitoring of staff during mealtime is necessary to ensure they are providing necessary supports to prevent choking and aspiration risks.
- Staff may need to give cues to slow down eating pace and avoid conversation while eating.
- Agency should have clear protocols in place for staff response if the person engages in behaviors that increase choking or aspiration risk.





# Agency Executive Director Orientation Reference Materials

## Delivering Positive Behavior Supports

### Delivering Positive Behavior Supports

#### Preparation

You should review the reference materials in this chapter and complete the following reflection questions prior to attending the session on Delivering Positive Behavior Supports.



- How does your own culture impact your behavior?
- How does your family history impact your behavior?
- How does your intersectionality impact your behavior?
- What pre-conceived ideas about a person's behavior do you have based on their race, ethnicity, language, or disability?

#### **Video – Jumping Into The Chaos**

More information on David Pitonyak can be found on his website: <http://dimagine.com/>. The video created by [Open Future Learning](#) and David Pitonyak is available on [YouTube](#).

#### Learning Outcomes

By the end of this orientation module, you will be able to:

- Explain the basic philosophy of positive behavior support.
- Retrieve approved behavior intervention curriculum training resources
  - [OAR 411-303](#)
  - [Approved behavior intervention models](#)
- Recognize the importance of training, tracking, and reporting.
- Recognize the role of a Behavior Professional and role of a provider delivering behavior supports.
- Recognize prohibited restraints.
- Recognize requirements when a restraint is used.

# Agency Executive Director Orientation Reference Materials

## Delivering Positive Behavior Supports

### Understanding Behavior

People may exhibit behaviors that may be challenging for others to understand, and this can become a barrier to the person's ability to live the life they want.

- All behavior is communication, and everyone engages in behavior to get their needs met.
- The person has the right to choose if they want Professional Behavior Services.
- The person has the right to choose who will provide Professional Behavior Services. You are not allowed to require a person to use your agency or a specific Behavior Professional.
- A person may choose to work with a different Behavior Professional or refuse the services altogether.
- The agency must honor the person's choice, whether they choose to receive Professional Behavior Services or not.
- The agency must find ways to support the person while honoring their choice if they decline Professional Behavior Services.



Everyone experiences emotions. Everyone needs some support at times. Providers must maintain a neutral perspective and concentrate on constructing and delivering effective support. Behavior is communication to express needs or emotions. The repetition of behavior occurs as the person achieves desired outcomes through engaging in that repeated behavior.

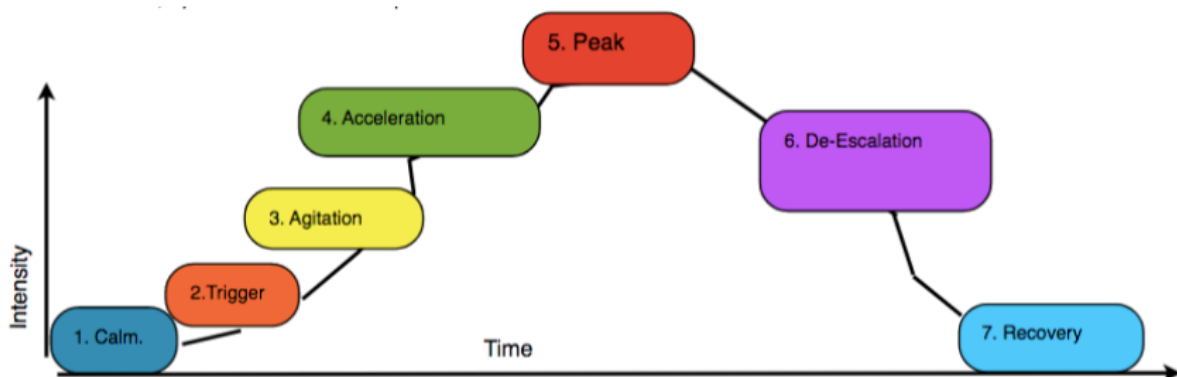
# Agency Executive Director Orientation Reference Materials

## Delivering Positive Behavior Supports

[OAR 411-304](#) defines “challenging behavior” as behavior due to an individual’s disability preventing the individual from accomplishing ADLs, IADLs, and health-related tasks, or threatening the health and safety of the individual or others.

When someone's behavior is challenging to the providers, it often follows a set pattern called the crisis cycle.

- The crisis cycle is the progression of events that can lead to a behavioral crisis.
- Understanding the stages of the crisis cycle helps staff to identify when a person is becoming agitated and to intervene in an appropriate way.
- It is recommended that staff receive training from an ODDS-approved behavior intervention curriculum to be equipped to support individuals with behavior support needs.
- Getting to know the unique crisis cycle of each person can really help you, the executive director, figure out what kind of staffing your agency will need.
- Once you understand the typical pattern of each person's crisis cycle, you can create plans in advance. Picture a proactive strategy as crafting a game plan to prevent problems before they arise. It's akin to setting up a really supportive environment and addressing potential triggers ahead of time so everyone can enjoy a smoother and happier experience. The key is staying ahead of the game to keep everything positive!



# Agency Executive Director Orientation Reference Materials

## Delivering Positive Behavior Supports



If your agency might be helping people with challenging behaviors, it's important for you, the executive director and for your staff to undergo proper training on behaviors and providing appropriate support. Getting trained in a department-approved behavior intervention curriculum is crucial to enhance your understanding of challenging behavior and the crisis cycle. The curriculum teaches about

behavior, the crisis cycle, and effective strategies to prevent or manage challenging behaviors. In some cases, it might also cover the safe application of physical restraints. In Oregon, providers can only use a curriculum that ODDS has reviewed and approved. Training not only improves your ability to interpret people's communication through behavior but is also essential for your staff. To find ODDS approved behavior intervention models you can visit this webpage:

<https://www.oregon.gov/odhs/providers-partners/idd/Pages/behavior-professional-resources.aspx#training>

### **Trauma responsivity**

Following a crisis situation, both the person receiving support and the staff members involved in the situation may experience trauma.

- Trauma can manifest in various forms and can cause physical, emotional, and psychological symptoms.
- Both the person receiving support and staff members may experience negative emotions after a traumatic incident. Other people supported who may have witnessed the event may also experience emotions and may need support.
- The plan for the day may need to be adjusted and staff may need to be flexible to accommodate the person's recovery.
- Providing additional support, adjusting the environment, and allowing time for staff to process emotions are important for recovery.

## Agency Executive Director Orientation Reference Materials

### Delivering Positive Behavior Supports



- The recovery process is individualized and can take time.
- It is important to understand the person's specific needs and preferences to help them recover from trauma.
- [Trauma Informed Oregon](#) has numerous resources available.

### Tapping in / tapping out

- Working with challenging behaviors can be emotionally and mentally taxing for staff.
- Staff need to maintain their emotional and mental well-being to provide effective support.
- "Tapping in/tapping out" is a strategy in which one staff steps in to allow another staff to take a break when they need it and maintain their well-being.
- There must be sufficient staffing patterns in place for this strategy to work.
- "Tapping in/tapping out" is an ongoing process and should be used in conjunction with other strategies such as behavior modification and crisis prevention/intervention.



Staff must have the proper training and resources to effectively respond to and manage behaviors of the people they support.

- Staff need to be aware of the specific supervision needs of each person they support, including the level of behavior support required.
- The agency must have plans in place to meet the staffing needs of each person, including sufficient staff and proper training for handling challenges.
- Having a plan for additional staff during times of crisis or a process for staff to call for backup support is important for meeting staffing needs.
- Staff should have proactive strategies to address behaviors before they escalate.

## Agency Executive Director Orientation Reference Materials

### Delivering Positive Behavior Supports



- Proactive strategies aim to prevent or reduce the likelihood of challenging behaviors.
- Examples of proactive strategies are environmental modifications, communication training, and skill-building activities.
- Staff should be familiar with and consistently use proactive strategies.
- A proactive approach is important for promoting positive behaviors, preventing challenging behaviors from escalating, and maintaining a safe and supportive environment.

### Dignity of Risk

At times, a provider or staff member may have good intentions of ensuring safety but inadvertently limit a person's ability to make their own choices.

Occasionally, providers or staff members may overstep their role, which is to support each person in a genuinely person-centered manner that promotes independence through self-determination. There are instances where staff might make decisions for the person based on their own convenience or what they think is the best choice.



Your responsibility, as the executive director, is to ensure that your agency is supporting the person in being as independent as possible. You and your staff can help them make decisions by discussing the advantages and disadvantages of various options, encouraging them to suggest alternatives, and avoiding unnecessary restrictions on available choices.

Recall our earlier discussion about people with disabilities sometimes being treated unequally compared to those without disabilities. This bias can result in exerting control over people with disabilities by making decisions on their behalf. In some cases, this bias may even lead providers to instruct people with disabilities on what they can or cannot do.



# Agency Executive Director Orientation Reference Materials

## Delivering Positive Behavior Supports

### Activity



- Jack wants to wear basketball shorts, flip-flop sandals, and walk down to the local park to shoot hoops.
- Staff told him that it was too cold to wear shorts and sandals.
- Staff also explained that they did not have time this week to accompany him to the park.
- Jack was directed to change into jeans and a sweatshirt and put on socks and shoes because the entire group was going to go bowling.
- Staff told Jack to “hurry up” because they needed to leave soon.

- Jack showed signs of agitation and a behavioral crisis occurred at the bowling alley.

-

- How was Jack’s dignity of risk treated in the scenario?
- How can Jack’s dignity of risk be honored?
- What should you and your staff do and what should you avoid doing?
- How was Jack’s self-determination and self-direction treated in the scenario?
- How can Jack’s self-determination and self-direction be honored?
- How might your agency create staff guidelines to help prevent re-occurrence?
- What options does your agency have to support Jack when he has declined Professional Behavior Services?
- Who might your agency reach out to for additional support and guidance?



# Agency Executive Director Orientation Reference Materials

## Delivering Positive Behavior Supports

The primary duty of a DSP (Direct Support Professional) is to offer care, support, and assistance to people with intellectual or developmental disabilities. Instructing someone on what to do can lead to a power struggle, creating a confrontational atmosphere that undermines the essential trust and connection needed for a positive relationship. This can diminish the person's sense of safety, security, and well-being. This scenario with Jack illustrates a situation where staff engages in power struggles.



Respecting personal autonomy, comfort, preferences, body autonomy, cultural significance, and maintaining open communication are crucial reasons why it is not acceptable to force someone to wear something against their will, even if you think it's too cold for them. Honoring a person's choices and letting them decide what to wear is a vital aspect of promoting personal freedom and dignity.

As a provider, it is your responsibility to prioritize individual choice and ensure each person can choose their preferred activities. It's not suitable to impose a specific activity, like bowling, on everyone without considering their individual preferences. For example, Jack expresses a desire to play basketball, and it's essential to have the necessary supports in place to accommodate his needs and include his preferred activity in the schedule. Actively listening to Jack, understanding his interests and needs, and collaborating with him to design a schedule that reflects his choices create a person-centered environment. This allows people to engage in activities they enjoy and feel empowered to make decisions about their lives.

As the executive director of a Medicaid agency, you must ensure your staff treats people with respect and guide your staff to interacting in ways that minimize situations that could trigger challenging behaviors. Actions like telling Jack what to wear, rushing him, or abruptly changing his desired basketball activity to bowling can potentially escalate challenging behaviors. In Jack's case, rather than making decisions for him, it is crucial

# Agency Executive Director Orientation Reference Materials

## Delivering Positive Behavior Supports

to engage in open and collaborative communication. Staff should listen to Jack's preferences and work together with him to find a solution that respects his desires and needs. Involving Jack in the decision-making process fosters empowerment and reduces the likelihood of challenging behaviors stemming from frustration and a sense of loss of control.

### **Professional Behavior Services and Positive Behavior Supports**



At times, when someone expresses themselves through challenging behavior, it can be tricky for a provider or staff member to figure out what message the person is trying to convey. This difficulty can make it challenging to address the person's needs effectively. In such situations, there's an additional service called Professional Behavior Services which may be available to the person. In this service, a qualified Behavior Professional assists those

supporting the person in understanding the communication behind the behavior and provides guidance on how to offer support. The person's Services Coordinator or Personal Agent will approve Professional Behavior Services if the individual decides to accept this support.

- A person can choose whether they accept Professional Behavior Services from any endorsed or enrolled provider.
- A person can choose who provides those services for them.
- A person's choice must be documented and honored.



## Agency Executive Director Orientation Reference Materials

### Delivering Positive Behavior Supports



Once a person selects a Behavior Professional, and Professional Behavior Services are approved in the individual's ISP (Individual Support Plan), the Behavior Professional initiates discussions about the behavior with the person and their support team. To ensure the person's safety, the Behavior Professional may create temporary support strategies known as a Temporary Emergency Safety Plan (TESP). The primary aim of the TESP is to maintain safety until the Behavior Professional completes a comprehensive Functional Behavior Assessment (FBA) and devises the Positive Behavior Support Plan (PBSP).

The Behavior Professional takes the time to understand the person, their needs, and the behavior they exhibit. This information is then analyzed, and a document called the FBA (Functional Behavior Assessment) is crafted, explaining the specific function of the challenging behavior for that person. Using insights from the FBA, the Behavior Professional creates a PBSP (Positive Behavior Support Plan). Initial training is provided by the Behavior Professional to those supporting the person. Subsequently, the Behavior Professional may stay connected with the person and their support network, review behavior data, and update the PBSP if necessary.

### Professional Behavior Services

Only a Behavior Professional may develop a Positive Behavior Support Plans (PBSPs).

- PBSPs outline strategies to manage these behaviors and must align with identified risks in the person's ISP.
- PBSPs must prioritize the use of least intrusive interventions and be implemented in a person-centered manner.
- The guidelines for PBSPs can be found in the Professional Behavior Services [OAR 411-304](#).
- Changes to the plan can only be made by a qualified Behavior Professional.



# Agency Executive Director Orientation Reference Materials

## Delivering Positive Behavior Supports

- Staff responsible for supporting an individual with a PBSP will receive initial training from the Behavior Professional.



Positive Behavior Support Plans, which may be crucial for supporting people, can ONLY be crafted by a qualified Behavior Professional. The specific qualifications required for a Behavior Professional can be found in the Professional Behavior Services rule [OAR 411-304](#).

If you are responsible for supporting a person with a PBSP, you and your staff will undergo initial training from the Behavior Professional regarding the plan. You will also be required to complete documentation as specified in the plan. Only the qualified Behavior Professional is authorized to make any changes to the PBSP. A provider agency is not allowed to modify the PBSPs for individuals it supports unless the agency is chosen as the Professional Behavior Services provider and authorized in the person's ISP. If your agency is the Professional Behavior Services provider, the staff making the edits must meet the qualifications for a Behavior Professional. It's important to note that the person gets to choose the Professional Behavior Services provider.

### Positive Behavior Supports

At times, there's confusion between Positive Behavior Supports and Professional Behavior Services, so let's go through them to help you distinguish between the two.

On the left side of the table below in red you will see an explanation of Behavior Supports. They are fundamental to the everyday caregiving supports people receive in their home and community settings.

This encompasses implementing proactive, reactive, crisis, and recovery strategies as outlined in a PBSP. Behavior Supports can range from basic assistance

#### Terms You Need to Know

| Behavior Supports  | Professional Behavior Services   |
|--|--|
| <b>What is it?</b>   |  |
| Implementing the proactive, reactive, crisis and recovery strategies included in a Positive Behavior Support plan as part of routine caregiving. | Development of a Temporary Emergency Safety Plan (TESP), Functional Behavior Assessment (FBA), and Positive Behavior Support Plan (PBSP) and maintenance of the PBSP as described in OAR 411- 304-0140 |
| <b>Who delivers it?</b>  |  |
| A Direct Support Professional (DSP) or another caregiver who has been trained to the PBSP.   | A qualified Behavior Professional who is endorsed or enrolled to deliver Professional Behavior Services.   |

# Agency Executive Director Orientation Reference Materials

## Delivering Positive Behavior Supports

like cues or coaching to more tailored person-specific strategies that would be included in the person’s PBSP. The PBSP will have instructions for staff on how to positively react and respond to a person. The PBSP is not a set of rules for the person. Providing support is not about fixing or making someone do something, but rather addressing needs in a positive or neutral manner, taking actions that are not degrading, punishing, or harmful. Behavior Supports are administered by you, your staff, or other caregivers.

### Terms You Need to Know

| Behavior Supports  | Professional Behavior Services   |
|--|--|
| <b>What is it?</b>   |  |
| Implementing the proactive, reactive, crisis and recovery strategies included in a Positive Behavior Support plan as part of routine caregiving. | Development of a Temporary Emergency Safety Plan (TESP), Functional Behavior Assessment (FBA), and Positive Behavior Support Plan (PBSP) and maintenance of the PBSP as described in OAR 411- 304-0140 |
| <b>Who delivers it?</b>  |  |
| A Direct Support Professional (DSP) or another caregiver who has been trained to the PBSP.   | A qualified Behavior Professional who is endorsed or enrolled to deliver Professional Behavior Services.   |

On the right side of this table, in blue Professional Behavior Services are explained. Professional Behavior Services are a specific set of services, including developing a Temporary Emergency Safety Plan (TESP), completing a Functional Behavior

Assessment (FBA), crafting a Positive Behavior Support Plan (PBSP) and when necessary maintaining that plan. This also involves training on the PBSP and maintaining it by reviewing behavior data, updating the FBA, and adjusting the PBSP when needed. Professional Behavior Services can only be provided by a qualified Behavior Professional meeting the qualifications outlined in [OAR 411-304-0140](#), requiring specific education and training. To offer Professional Behavior Services, the individual must be enrolled with ODHS or employed by an agency endorsed and enrolled to deliver Professional Behavior Services.

### Person specific training

- Training of staff in appropriate responses to behavior is crucial for effective support.
- The Behavior Professional will provide initial training for a Positive Behavior Support Plan (PBSP) and may delegate additional training to agency staff.
- The PBSP must be implemented or updated with training for staff.



## Agency Executive Director Orientation Reference Materials

### Delivering Positive Behavior Supports

- If the PBSP includes hands-on intervention, staff must receive certification in the ODDS behavior intervention curriculum from a certified trainer.
- The agency must ensure necessary staffing resources to support the person according to the PBSP.



### Behavior Data Tracking

Behavior data tracking is required when a person has a PBSP, and the method of tracking will be outlined in the PBSP.



- The duration of the challenging behavior means how long the behavioral incident lasted.
- The frequency of the challenging behavior means how often the behavioral incident occurs.
- The intensity of the challenging behavior means how strong the behavioral incident is exhibited.
- The severity of the challenging behavior means the impact of the behavior on the individual, others, or the environment.

If your agency will be providing residential services to children, you must know the policies: [DD-PT-21-093](#) and [DD-PT-21-071](#). This transmittal mirrors the requirements found in [OAR 411-325](#) and [411-348](#).

### Behavior Data Tracking

There are specific guidelines for planning, documenting, and monitoring behavior supports.



- The person's needs for behavior supports and risks associated with those needs are identified in their Individual Support Plan/Provider Service Agreement.
- Behavior Professional creates and maintains documents outlining the person's behavior supports.

## Agency Executive Director Orientation Reference Materials

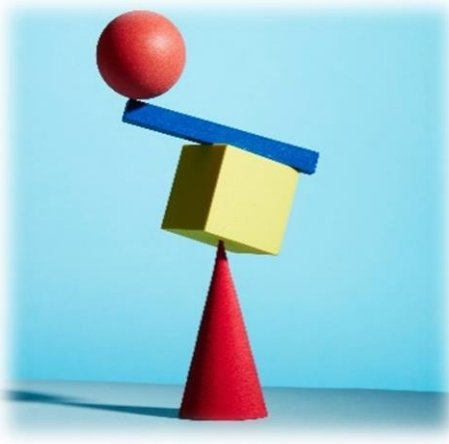
### Delivering Positive Behavior Supports

- You must maintain current copies of all documents.
- You must ensure that all staff are trained staff to provide the supports outlined in the documents.
- You must ensure that all tracking requirements outlined in the documents are completed.

If the person is not currently receiving Professional Behavior Services, their ISP may specify that your agency needs to create a support document such as interaction guidelines or a safety plan. These documents lay out proactive strategies for your staff to implement in preventing challenging behavior, along with instructions on when to notify the case manager or others. It's important to note that these documents serve as instructions for staff and are not meant to be rules for the person to follow. These documents may **not** involve the use of any restraints. While your agency may collaborate with a Behavior Professional to develop these strategies, the ultimate responsibility lies with your agency to write them, provide a copy to the case manager, train staff on these support documents, and ensure their adherence.

As an agency, it is your duty to keep the most recent versions of all these documents, confirm that your staff are trained to provide the outlined supports, document the training, and complete and maintain copies of all required tracking.

### **Requirements for behavior support strategies**



- Behavior interventions must never be used as a form of discipline or punishment.
- Behavior interventions aim to decrease the frequency, duration, intensity, or severity of challenging behaviors.
- The environment and staff responses and actions can be modified to better support the person.



# Agency Executive Director Orientation Reference Materials

## Delivering Positive Behavior Supports

### No-No-Never-Nevers for All People

The list below applies to all people in all settings. No support, intervention, or service may ever contain any any of the characteristics, below:

- Abusive - using, containing, or characterized by harshly or coarsely insulting language: treating badly or injuriously; mistreating, especially physically.
- Coercive - to compel by force, intimidation, or authority, especially without regard for individual desire or volition: to bring about through the use of force or other forms of compulsion; exact: to dominate or control, especially by exploiting fear, anxiety, etc.
- Demeaning - to lower in dignity, honor, or standing; debase.
- Disciplinary - punishment inflicted by way of correction and training.
- Convenience - anything that saves or simplifies work adds to one's ease or comfort.
- Punishment - a penalty inflicted for an offense, fault, etc.
- Retaliatory - done in order to take revenge.
- Prone Restraint - a physical restraint in which an individual is held face down on a floor or other surface.
- Supine Restraint - a physical restraint in which an individual is held face up on a floor or other surface.
- Lateral Floor Restraint - a physical restraint in which an individual is held horizontally on a floor or other surface.



### Physical Restraints

Having someone lay their hands on a person or touch them against their will can be a traumatic experience. The need for this type of intervention is fortunately quite uncommon. To prioritize people's safety and well-being, there are regulations in place regarding the use of restraints. To comprehend these rules fully, it's essential to familiarize yourself with the terms used to describe different categories of hands-on interventions.

# Agency Executive Director Orientation Reference Materials

## Delivering Positive Behavior Supports

### Physical Restraints

Oregon prohibits the use of mechanical and chemical restraints. However, in rare situations, certain physical restraints may be allowed if they meet the following criteria:

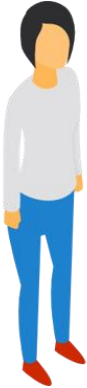
- The restraint must be necessary to prevent the person from causing harm to themselves or others.
- The restraint is part of a department-approved behavior intervention curriculum.
- The person applying the restraint has received training from a certified trainer in the department-approved curriculum.

The Oregon Administrative Rules outline requirements for two types of restraints: Safeguarding Interventions and Emergency Physical Restraints. A Safeguarding Intervention is a restraint specified as a crisis strategy in a Positive Behavior Support Plan (PBSP) or Temporary Emergency Safety Plan (TESP), authorized by the person through an Individually Based Limitation (IBL). On the other hand, an Emergency Physical Restraint is a restraint not authorized in a current IBL but deemed necessary in an emergency situation to ensure the safety of the person or others. Such a restraint may be required when someone is endangered by the person's behavior, and the person either doesn't have a PBSP or TESP, or they have one but chose not to authorize restraint use through an IBL. Personal Agents and Services Coordinators are obligated to review each instance of Emergency Physical Restraint for potential abuse. Incident reporting requirements are found in [OAR 411-323](#) and it is your responsibility to know and adhere to these rules.

The use of physical restraints is only permitted in extremely limited emergency situations and should be considered as a last resort when there is an impending danger to the health and safety of the person, or another person and no other less restrictive options are available to mitigate the danger.

## Agency Executive Director Orientation Reference Materials

### Delivering Positive Behavior Supports



- The use of restraint is only allowed when the behavior poses a serious risk to the person, or others and other interventions have been ineffective.
- Staff involved in supporting a person who may need to be restrained must be certified and trained in the specific restraint.
- The person's PBSP must include details on the use of restraints.
- Whenever a restraint is used, it must be reported to the person's Services Coordinator or Personal Agent

Restraints should only be employed in situations where there is an immediate risk of harm to the person or others. Any other usage is strictly prohibited. This includes using restraints to safeguard property, applying them when there is no imminent risk of harm, or continuing a restraint after the imminent risk has subsided.



The Oregon Administrative Rules outline a list of restraints that are strictly forbidden—these can be found on the No-No-Never-Never list. These are restraints deemed dangerous or causing pain.

If your agency is supporting a person who has needed restraints in the past or who displays escalating behaviors that may necessitate restraint in the future, it is highly recommended that you and your staff undergo training in a department-approved behavior intervention curriculum. This preparation is crucial in case a restraint becomes necessary in an emergency.

In instances where untrained staff attempt a physical restraint resulting in injury, and there is prior knowledge of the potential for behavior requiring restraint, both the staff and your agency may be subject to investigation for possible neglect.

# Agency Executive Director Orientation Reference Materials

## Delivering Positive Behavior Supports

### Authorizing restraints through the IBL Process

When a person's PBSP includes a restraint, the person must approve the use of the restraint through an Individually Based Limitation (IBL).



- The use of restraints is allowed only if the person has consented to it through the IBL process for each type of restraint.
- The ISP team, the agency, or the Services Coordinator or Personal Agent cannot override the person's consent.
- Providing services may not be contingent upon the person's consent to the IBL.

When a person does not consent to the use of restraints through the IBL process any time a restraint is used it must meet the rule requirements for an Emergency Physical Restraint.

### Additional Requirements for Children

During the 2021 legislative session Senate Bill 710 brought forth new mandates for children in residential and host home settings. These requirements have now been incorporated into the Oregon Statute.

There are additional rules and expectations for children in [24-Hour Residential](#) and [Host Home](#) settings, including:

- Guidelines on when a restraint can be used.
- Restrictions and limitations on the types of restraints allowed.
- Quarterly reporting obligations.
- Notification requirements when a restraint is used.
- Requirements for incident debriefing.
- Mandates for data collection.



These requirements are in Oregon Statute ([ORS 418.205](#), [ORS 418.257](#) and [ORS 418.259](#)).

# Agency Executive Director Orientation Reference Materials

## Delivering Positive Behavior Supports

### Choice

Each person gets to choose the supports they want included in their ISP. When a person doesn't accept Professional Behavior Services, your agency has the option to seek consultation and training from a qualified Behavior Professional. Engaging in such consultation and training sessions proves beneficial as it facilitates the development of proactive strategies. These strategies are essential for addressing challenging behaviors effectively and promoting a positive and supportive environment. The Behavior Professional can provide valuable insights, guidance, and training to enhance the overall understanding and approach to behavior management within your agency.



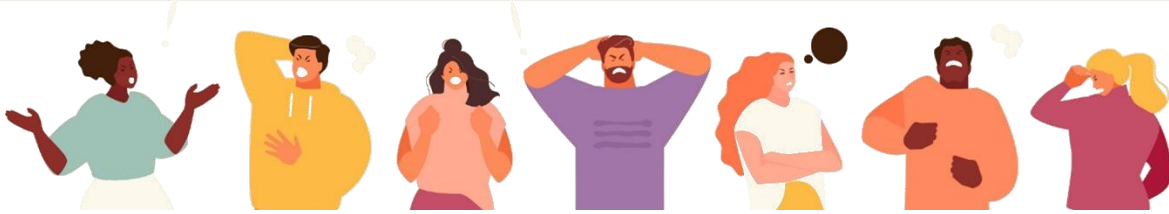
- Each person gets to decide whether to accept or refuse Professional Behavior Services
- Each person gets to select their Professional Behavior Services provider
- Each person gets to determine if they choose to authorize safeguarding interventions during the IBL process.



- What options will your agency create to support a person who declines Professional Behavior Services?
- What strategies will your agency put in place to provide support for behavior-related needs?

# Agency Executive Director Orientation Reference Materials

## Delivering Positive Behavior Supports



When assessing or reviewing a new referral, carefully look at the support needs of a person and identify potential challenges.

- Positive Behavior Support Plans (PBSPs) address challenging behaviors that pose risks to a person's or others' health and safety.
- The absence of a PBSP should be evaluated and the necessary level of support should be determined.
- If the agency is unable to provide the necessary level of support, it should be communicated to the person's Services Coordinator or Personal Agent.
- The person's choice to accept or decline Professional Behavior Services cannot be a condition for accepting the agency's services.

If you are already supporting a person who needs Professional Behavior Services, keep in mind that the person has the right to choose if they want to use Professional Behavior Services.

- If a person declines to work with a Behavior Professional, the agency may choose to pay for a consultation at their own expense.
  - ODDS maintains a [list of Behavior Professionals](#) who are enrolled or endorsed.
- This can improve understanding of the person's needs and level of support required to address identified risks.
- Paying for a consultation may help the agency develop proactive strategies, staff guidelines, or a safety plan.
- The consultation from a Behavior Professional may ensure the health and safety of both the person being supported and the supporting staff.



# Agency Executive Director Orientation Reference Materials

## Delivering Positive Behavior Supports

### Chemical Restraints

- In Oregon, the use of chemical restraints is strictly prohibited and considered a form of abuse.
- Chemical restraints involve the use of medications or substances to sedate an individual.
- Using chemical restraints not only compromises a person's independence but also undermines their dignity.



- It is crucial to note that whether it is a prescribed medication or an over-the-counter one, administering a substance to physically subdue a person is always impermissible.
- The use of chemical restraints can have severe consequences.

### Psychotropic Medications

- Psychotropic medications are a type of medication used to treat mental health conditions by changing the way certain chemicals in the brain work.
- A written order from a medical or mental health practitioner is necessary for psychotropic medication. It must include information on:
  - purpose
  - dosage
  - administration
  - monitoring
- Medication must be administered consistently and regularly reviewed by the prescriber to ensure its effectiveness and avoid negative consequences.
- Psychotropic medications may not be administered on an as-needed (PRN) basis.
- Staff cannot have discretion to administer it based on observation of the person's behavior.





## Agency Executive Director Orientation Reference Materials

### Delivering Positive Behavior Supports

- If a PRN order is received, the provider must contact the prescriber and inform them that it is not permitted.
- In rare cases, a variance for PRN use of psychotropic medication may be allowed if other options have been exhausted and the condition or behavior poses extreme consequences.



- A variance request must be submitted to the person's Services Coordinator or Personal Agent and include information such as the behaviors, authorization process, and monitoring plan.
- ODDS written approval is required before administering PRN psychotropic medication, and the written variance must be kept in the person's file.

The use of any psychotropic medications requires a written order from the prescribing physician, who must also closely monitor for any adverse side effects.

- Psychotropic medications require a written order from a physician.
- The physician must monitor for adverse side effects and complete an annual balancing test.
- The balancing test must be completed on form [DE4110](#). You will need to provide this form to the prescriber.
- Agency must provide information about the behaviors to be addressed and train staff to monitor for symptoms and side effects.
- Agency must provide physician with necessary documentation for monitoring effectiveness of medication
- Staff must be trained to watch for side effects and take appropriate action if observed.



# Agency Executive Director Orientation Reference Materials

## Providing Support with People's Finances

### Providing Support with People's Finances

#### Preparation

You should review the reference materials in this chapter and complete the following reflection questions prior to attending the session on Providing Support with People's Finances.



Biases and attitudes can inform how we approach supporting people with managing their own money. Most people receiving support from ODDS are capable of managing their funds.

- How does your own intersectionality impact your skills around spending and saving money?
- How does your identity help you enjoy money?
- How do your values shape your decisions around money and managing money?
- Have you ever heard, while in line at a store, someone judging what someone else is purchasing with SNAP benefits or types of government funds? What did you think? What did you do? Was this ever you?
- Why do you believe it is important that your agency protect people's funds?

#### Learning Outcomes

By the end of this orientation module, you will be able to:

- Recognize your role in supporting money management while honoring the person's choice.
- Identify the responsibilities of overseeing someone's finances.
- Describe procedures to minimize risk of financial exploitation.
- Identify documentation you are required to maintain for finances and property belonging to people you support.
- Recognize your responsibility to repay losses to a person.
- Recognize your responsibility to report financial exploitation and abuse.

# Agency Executive Director Orientation Reference Materials

## Providing Support with People's Finances

### **Managing people's money**

Having adequate policies and procedures around handling people's funds is important for any provider who may have access to someone's money. This includes both providers who will be managing all of a person's spending money and bank accounts as well as any time your agency might be asked to have access to any amount of a person's money. For example, some CLS or employment providers initially say they aren't going to handle a person's funds but then a person or their guardian asks staff to hang on to their spending money for lunch or an outing. If the agency doesn't have a policy and procedure around handling a person's funds, the agency must decline supporting the person. This information is important for everyone who may need to ever provide any support with any level of financial management. Tracking and documentation will help prevent mismanagement of a person's funds. Let's start with having documented procedures for managing a person's cash.



Keeping a person's funds secure is particularly important.

- We assist people vulnerable to financial exploitation.
- Unethical staff may exploit or steal from people with intellectual/developmental disabilities.
- Provider settings with rotating staff may provide opportunity for theft.
- Agency responsible for putting procedures in place to prevent theft.
- Some people with disabilities manage own finances, talk to person and Services Coordinator/Personal Agent if support needed.

## Agency Executive Director Orientation Reference Materials

### Providing Support with People's Finances

Financial exploitation is abuse.

- Financial exploitation is the illegal or unethical use of a person's financial resources, assets, or property.



- It is often committed by someone with a trusted relationship such as a family member, staff, or financial advisor.
- Forms of financial exploitation include theft, fraud, scams, embezzlement, or mismanagement of funds.
- It can result in significant financial losses and have long-term consequences.
- Financial exploitation is considered abuse as it takes advantage of a vulnerable person and violates their rights.
- It can cause harm to their financial well-being, sense of security, and stability.

The money belongs to the person; you must keep that in mind and ensure that your staff understands this as well.

- A person may choose not to let the agency manage their funds.
- The agency needs to know the endorsement rules related to managing funds.
- If a person needs support with managing their funds, the ISP team will discuss the necessary supports and security measures.
- The agency may need to update or create a financial plan for the person.
- If a person already has an ISP with a financial plan, the agency must review it to understand the support needed.
- Resources for financial planning are available on the [Oregon ISP website](#).



## Agency Executive Director Orientation Reference Materials

### Providing Support with People's Finances

Your agency may be responsible for ensuring the person's resources don't exceed the limit for Medicaid eligibility.



- Medicaid eligibility has a limit of \$2,000 for single individuals and \$3,000 for married couples.
- Information on resource limits and work incentives can be found in "[The Redbook-A Guide to Work Incentives](#)" and "[Understanding SSI-Resources](#)".
- Information on ABLE Accounts in Oregon is available on the [Oregon ABLE Account website](#).
- Services Coordinator or Personal Agent can provide choice advising and connect the person with "Benefits Counseling."

### Representative Payee

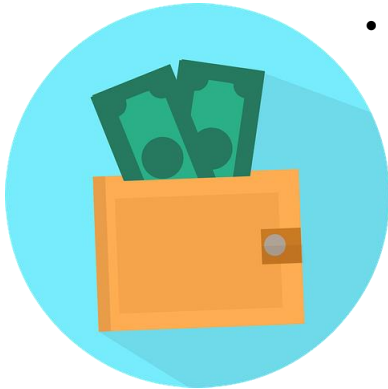
- A Representative Payee is a person or organization appointed to manage Social Security or SSI benefits for another person.
- ODDS acts as the representative payee for children in 24-Hour Residential or Host-Home settings. Providers receive funds through claiming Room and Board in the payment and reporting system.
- Some adults may have family or friends as their representative payee, while others may not need a representative payee.
- Agencies can offer to serve as representative payee, but a person cannot be required to choose the agency as their representative payee.
- The representative payee must use the funds for the benefit and in the best interest of the person and must ensure bills are paid.
- If an agency is the representative payee, they will have additional responsibilities and the ISP website offers [a webinar](#) on being a representative payee.
- ODDS does not have jurisdiction over representative payee requirements and questions should be directed to the Social Security Administration.



## Agency Executive Director Orientation Reference Materials

### Providing Support with People's Finances

The agency provider's responsibility is to support the person in making decisions about spending their money and if they are not spending, suggest ways they may want to spend it.



- A person's spending money is their own to decide how to spend.
  - The person's money may come from different sources, including Personal Incidental Funds (PIF) after paying for room and board.
  - PIF can be used for personal items such as clothing, bills, beauty supplies, snacks, hobbies, and entertainment
- PIF should not be used to pay for household expenses like groceries or cleaning supplies.
  - The provider and staff should not impose their values or biases on how the person spends their money.

Provider agency must never:



- Allow staff to borrow or take a loan from a person's money. Be sure staff are trained and understand that they may not borrow from or loan money to people.
- Borrow cash from one person's funds to cover the expenses of another.
- Comingle a person's funds with another person's or with the provider's funds/house or petty cash for staff.
- Loan a person money.

Not only could these result in violations, but they can also meet the definition of abuse and neglect.



# Agency Executive Director Orientation Reference Materials

## Providing Support with People's Finances

### **Tracking and documentation**

Tracking and documentation will help prevent mismanagement of a person's funds.

Your agency must have a system in place to track the available cash for each individual. Certain endorsement regulations mandate that a policy and system must be established to manage the individual's "petty cash". These procedures need to account for:

- How frequently you will audit records?
- How will you document?
- What staff must or should do?
- What will you do if errors are found?
- How will you plan and budget?



- Monitor finances while considering a person's future plans and desired purchases.
- Support in informed spending decisions
- Remember that the money belongs to the person, and they have final say on spending.

### Tracking Cash

- Agency needs to track all cash received and disbursed for each person separately.
- Document money given to the person.
- Keeping receipts for purchases made with the person's money is a safer practice to protect from exploitation and to identify any theft or carelessness by staff.
- Routinely reviewing receipts helps in catching and correcting any potential financial abuse by staff.





## Agency Executive Director Orientation Reference Materials

### Providing Support with People's Finances

Staff training to provide support with people's finances.

- Train staff to review and follow financial protocols and to look for red flags like a lack of receipts.
- Train staff to ask questions about a person's spending in a non-controlling manner.
- Coach staff to pay attention to any hesitation or discomfort when asking questions.



- Staff should never control how a person spends their money.
- Responsibility of the Medicaid agency executive director is to safeguard the funds of the people they support and ensure they are not victims of financial abuse or exploitation.

### Managing Bank Accounts

If your agency is responsible for managing the person's bank accounts, your agency must:

- Reconcile it with bank statements.
- Verify amounts withdrawn.
- Ensure that a person's spending money is sufficient for their chosen activities. This will be outlined in the person's ISP or financial plan.
- Maintain a ledger.
- The ledger or register must be unique for each person and can be either on paper like you see in this photo or electronic like a spreadsheet or using money management software.



# Agency Executive Director Orientation Reference Materials

## Providing Support with People's Finances

### Ledger Records

- Ledger should include:
  - Date
  - Amount
  - Source of funds received
  - Amount and purpose of funds distributed/expended
  - Signature of staff making entry



- Regularly check the person's funds and make sure the ledger is accurate.
- Keep separate ledgers for gift/credit cards, cash, and bank accounts.
- If money is identified as missing your agency is responsible for reimbursing the missing amount.

### ALWAYS:

- Keep each person's cash/record separate from other person's cash/record.
- Store a person's gift cards with their own ledger and tracking system.
- Keep records private.
- Use a person's funds only for the person's benefit.
- Reimburse any prorated room and board funds if the person moves out
- Keep financial records for seven years.



## Agency Executive Director Orientation Reference Materials

### Providing Support with People's Finances

#### Personal Property Record

According to endorsement rules, it is mandatory for the provider agency to keep a yearly updated property record for every person under their care, starting from the time of their admission. You must know the rules for the endorsements you are seeking.

- Personal property record should include items of monetary or sentimental value.
- The record must show when items are purchased or disposed of.
  - Staff should add items to the ledger and document items that are broken, disposed of, sold, or removed.
  - The agency should regularly check the ledger for missing or added items.
- It is a good practice to review the ledger quarterly or multiple times a year.
- During the review, ask the person to which of their belongings they attach sentimental value and ensure that those items are on the property record.



ODDS does not require any specific format to be used. The record **MUST** include:

- The descriptions and, if applicable, identifying number of the items
- The date the item was added to the record.
- The date and reason why an item was removed from the record.
- The signature of the providers making each entry.
- A signed and dated annual review of the record for accuracy.

Agency Executive Director Orientation  
Reference Materials

Providing Support with People's Finances

| Sample Property Record          |                                 |                                |                               |              |                                |            |
|---------------------------------|---------------------------------|--------------------------------|-------------------------------|--------------|--------------------------------|------------|
| <b>Persons Name: Jane Smith</b> |                                 |                                | <b>Date of Birth: 7/29/92</b> |              |                                |            |
| <b>Entry date: 2/8/20</b>       |                                 |                                | <b>Exit Date:</b>             |              |                                |            |
| Date added                      | Item                            | ID#                            | Signature                     | Date removed | Reason                         | Signature  |
| 2/08/20                         | 1 pair <a href="#">sneakers</a> | White Nike Air Jordan, size 7' | Sally May                     |              |                                |            |
| 2/08/20                         | Canon SD750 digital camera      | DVG2343 -R                     | Sally May                     |              |                                |            |
| 2/08/20                         | 1 Blue Coat                     | <del>Northface</del> size 8    | Sally May                     | 9/21/20      | Outgrown donated to St Vincent | Nikki Peel |
| 2/08/20                         | 1 Photo Album                   | Red leather cover              | Sally May                     |              |                                |            |
| 2/08/20                         | 1 19" television                | Emerson E195439879             | Sally May                     |              |                                |            |

# Agency Executive Director Orientation Reference Materials

## Providing Support with People's Finances

### **Monitoring for mismanagement and theft**

- The Executive Director of an agency serving individuals with Intellectual and Developmental Disabilities has a crucial role in preventing financial exploitation, mismanagement, and theft through vigilant oversight.
- You are accountable for the actions and decisions made by employees and must establish clear expectations, provide training, and support, and actively monitor and evaluate employee performance.
- You are responsible for ensuring that employees align with the organization's mission and values and has the ultimate responsibility for their actions and inactions.

### Bank Accounts and Cash

Maintaining accurate financial records is important for accountability, transparency, and trust in the agency. Regular reconciliation of accounts and petty cash ledgers with receipts is essential to prevent errors and ensure the accuracy of financial records.

#### Watch For

- Pattern of missing receipts
- Incorrect math in the ledger
- Sudden increase in spending
- Overdraft charges
- Bounced checks.
- Receipts that do not match the person's interest or needs.
- Items reportedly purchased are not found.



## Agency Executive Director Orientation Reference Materials

### Providing Support with People's Finances

#### Debit or Gift Cards

The agency is responsible for preventing unauthorized use of a person's debit or gift card and implementing strong security protocols to manage access and track card usage. Keeping receipts of card transactions is crucial for accountability and record-keeping. This helps the agency to effectively protect the person's financial resources and maintain trust in the agency as a provider.

Watch for:

- Do not match the person's interest/needs.
- Show cash back that is not accounted for.
- Are for items not found/entered on property record.
- Are for activities the person did not participate in.
- Are for purchases the person did not make.



#### Your responsibilities



- As a Medicaid agency executive director, you are responsible for proper handling of funds, preventing theft and mismanagement, and establishing policies and procedures for your staff.
- If funds go missing, reimbursement must be made within 10 days, and the incident must be reported to the abuse investigator.
- If financial exploitation is suspected, it must be reported to the CDDP Abuse Investigator.
- Your agency may choose to take legal action against staff members found to have stolen or misused funds, but the agency still has the responsibility to ensure reimbursement within the specified period.

What measures will your agency implement to reduce the risk of theft and loss of funds?

Agency Executive Director Orientation  
Reference Materials

Providing Support with People's Finances

**Activity**

Review the following in the role of quality assurance.

- [Contents of George's Cash Envelope](#)
- [George's Financial Plan](#)
- [Ledgers](#)
- [Receipts for Ledger Activity](#)
  - What techniques or approaches did you discover to be helpful in identifying issues in George's financial records?
  - What were some of the easier discrepancies to spot, and what might pose more difficulty and why?



# Agency Executive Director Orientation Reference Materials

## Providing Support with People's Finances

### CONTENTS OF GEORGE'S CASH ENVELOPE



# Agency Executive Director Orientation Reference Materials

## Providing Support with People's Finances



### Financial Plan

Person's name: George Person      Location of use: Home

Preferred name: George

Written by: Ann Example      Date: 8/19/21

#### Section 1: About George's financial support needs

---

Describe George's financial support needs:

George has been exploited by peers, former staff, extended family and community members many times. George has difficulty counting math and remembering bill values. George expects other people are honest and does not like to tell people "no."

What does George do for themselves regarding financial management?

George handles small amounts of money (up to \$20) if he receives support to know how much he has. George will put his money away in his wallet and get it out at an appropriate time. George knows how to make his signature to endorse a check and will ask for help if he does not know where to sign. George will ask for support if he receives mail that looks like money or a bill.

What is George's preference for how to be supported with their finances?

George likes to carry 20 when he is goes shopping, dining or to events. He likes to carry \$10 other times he is in the community. If staff are unsure, they should ask George what he might want to buy and assist him in deciding how much cash to carry, up to \$20.

Agency Executive Director Orientation  
Reference Materials

Providing Support with People's Finances

What is George's preference for what to spend their money on?

George likes books, music and video games. George is not saving for any particular item or event at this time.

**Section 2: Steps to take to safeguard George's finances**

---

Responsibility

George has a representative payee.

Name: ABC Agency

If this provider is the representative payee, complete the Income and Expenses section below.

Is George independent with handling any amount of money?

Yes  No     Amount: \$20 \_\_\_\_\_

Who is responsible for reporting George's wages to Social Security?

ABC Agency, XVZ House Manager  
\_\_\_\_\_

Budgeting personal expenses

Does George want support with budgeting or planning priorities for

Yes  No spending money?

If yes, describe or indicate where budget information is located:

House manager pays George's bills and assures that George has spending money for planned outings or at least \$20 if no outings are planned. Bank balance must be kept at \$90 or higher to cover the Verizon and Spotify bills which come and are due late in the month.

Agency Executive Director Orientation  
Reference Materials

Providing Support with People's Finances

Risks and notification

Are any supports in place at this location to prevent George from exceeding

- Yes       No financial resource limits?

Describe:

House Manager is responsible for monthly resource review

Are there purchases where additional review, action or notification?

- Yes       No will occur?

Describe:

Staff should check with House manager prior to making purchases over \$100 on George's behalf.

Describe the expected review, action or notification:

House manager must confirm that George will have enough remaining funds for bills and at least \$20 per week left for spending during the remainder of the month. If the purchase would result in George not having enough spending money, staff must inform George and support him to decide whether or not he wishes to make the purchase. This discussion should be recorded in the shift notes.

Receipts

Receipts are required for purchases made by support staff on behalf of

- George.  
 Receipts are not required in these circumstances (e.g., vending machines, farmers markets, etc.): vending machines
- 

At this provider location, George receives supports with:

- Cash  Gift cards  Checks  Checking account  Shopping for personal items  
 Paying bills

Other: EPD reporting

# Agency Executive Director Orientation Reference Materials

## Providing Support with People’s Finances

Describe how direct support staff supports George with this:

Staff assure George carries no more than \$20 in the community. Staff assist George with counting change on purchases and carry excess funds/gift cards. Staff file receipts in George's envelope and enter purchases and distributions to George on ledger.

Describe how provider management supports George with this:

House manager monitors George's bills and writes out checks for George to sign for bill and other purchases. House manager reconciles check book and George's personal spending money monthly. House manager complete EPD and SSA reporting.

Describe the manner and frequency of reconciliation of program-managed financial records:

House manager reconciles check book and George's personal spending money monthly. House manager complete EPD and SSA reporting.

come and expenses

| Income source |               | Approximate amount |                    |
|---------------|---------------|--------------------|--------------------|
|               | Income source |                    | Approximate amount |
| SSI           |               | 794                |                    |
| wages         |               | 450                |                    |
| Expense types |               |                    | Approximate amount |
| Room & Board  |               | 617                |                    |
| Spotify       |               | 12                 |                    |
| Verizon       |               | 70                 |                    |
|               |               |                    |                    |
|               |               |                    |                    |

Agency Executive Director Orientation  
Reference Materials

Providing Support with People's Finances

Assets

All personal property valued at or purchased over \$50 and any items of sentimental value will be recorded on a Personal Property Record.

Does George want support to maintain any other assets? (e.g., burial plan, life insurance policy, retirement account, etc.) Yes/No

Additional information

George has requested staff support him when his adult nieces Sarah or Megan visit. He does not want to give them money because he thinks they buy drugs, and they ask often. George will give staff all of his pocket money if he knows they are visiting. If they arrive unexpectedly, staff should privately ask George if he wants them to put his money in the cash box. Staff must enter the funds being returned to the envelope on the ledger. Staff should ask George if he wants the money back after they leave. Sometimes he prefers to wait until the next time he goes out.



# Agency Executive Director Orientation Reference Materials

## Providing Support with People's Finances

|                            |                      |               |                           |               |                |                |                        |
|----------------------------|----------------------|---------------|---------------------------|---------------|----------------|----------------|------------------------|
| <b>Individual:</b>         | George Person        |               |                           |               |                |                |                        |
| <b>Date</b>                | <b>Income Source</b> | <b>Amount</b> | <b>Expenditure</b>        | <b>Amount</b> | <b>Receipt</b> | <b>Balance</b> | <b>Staff signature</b> |
| 03/01/2021                 | Balance Forward      |               |                           |               |                | \$ 188.00      | <i>Sue Baker</i>       |
| 03/05/2021                 |                      |               | Super sub                 | \$ 17.80      | #1             | \$ 170.20      | <i>Tallia King</i>     |
| 03/08/2021                 |                      |               | cash to George            | \$ 50.00      |                | \$ 120.20      | Evan Ralph             |
| 03/14/2021                 |                      |               | Darts store               | \$ 64.65      | #2             | \$ 45.50       | <i>Tallia King</i>     |
| 03/18/2021                 |                      |               | Dollar Tree               | \$ 11.00      | lost           | \$ 34.50       | Evan Ralph             |
| 03/24/2021                 |                      |               | Super Carwash             | \$ 12.00      | #3             | \$ 22.50       | <i>Nikhil Gupta</i>    |
| 03/25/2021                 |                      |               | Great Grocery Store       | \$ 20.00      | lost           | \$ 2.50        | Evan Ralph             |
|                            |                      |               |                           |               |                |                |                        |
|                            |                      |               |                           |               |                |                |                        |
| <b>Bank Account Ledger</b> |                      |               |                           |               |                |                |                        |
| <b>Individual:</b>         | George Person        |               |                           |               |                |                |                        |
|                            | <b>Deposit</b>       |               | <b>Withdrawals</b>        |               | <b>Ck#</b>     | <b>Balance</b> |                        |
| 03/01/2021                 | Balance Forward      |               |                           |               |                | \$ 122.00      | <i>Sue Baker</i>       |
| 03/03/2021                 | SSI                  | \$ 794.00     |                           |               |                | \$ 916.00      | <i>Sue Baker</i>       |
| 03/03/2021                 |                      |               | ABC, Inc. (Room & Board)  | \$ 617.00     | #271           | \$ 299.00      | <i>Sue Baker</i>       |
| 03/11/2021                 | wages                | \$ 242.50     |                           |               |                | \$ 541.50      | <i>Tallia King</i>     |
| 03/16/2021                 |                      |               | Cash - George (spending)  | \$ 100.00     | #273           | \$ 441.50      | <i>Tallia King</i>     |
| 03/25/2021                 |                      |               | Verizon (cell bill)       | \$ 74.00      | #274           | \$ 367.50      | <i>Sue Baker</i>       |
| 03/25/2021                 |                      |               | Spotify - debit (autopay) | \$ 12.00      | debit          | \$ 355.50      | <i>Sue Baker</i>       |




# Agency Executive Director Orientation Reference Materials

## Providing Support with People's Finances

|                                       |              |
|---------------------------------------|--------------|
| <b>Super Sub</b>                      |              |
| 522 Wake Way<br>Sample Town, OR 97355 |              |
| Mar 5, 2021 6:37 p.m.                 |              |
| Footlong Whammy Sammy -Combo          |              |
| Coke                                  | 8.90         |
| Footlong Super Italian- Combo         |              |
| Coke                                  | 8.90         |
| <b>Total</b>                          | <b>17.80</b> |
| Cash sale                             | 20.00        |
| Change                                | 2.20         |
| Tkt 54398723                          |              |

|   |                |
|---|----------------|
|  |                |
| <b>Darts</b>  |                |
| Shady Center, Sample Town OR 97355  |                |
| March 14, 2021 1:19 p.m.  |                |
| Toritos   | \$3.80         |
| Mens Socks  | \$4.80         |
| Darts gift card   | \$20.00        |
| Activation complete   |                |
| Code: 0879640WR6KS78945   |                |
| Refrescha 12 oz -6 pk   |                |
| \$3.50  |                |
| Saved \$1.45  |                |
| OR bottle deposit   | \$0.60         |
| Mens Jeans  | \$24.00        |
| Saved \$8.00  |                |
| Mens Tshirt (clearance)   | \$7.96         |
| Saved \$7.09  |                |
| <b>TOTAL</b>  | <b>\$64.65</b> |
| Cash tendered   | \$80.00        |
| Change  | \$15.35        |
| Receipt 79865200009800976498711007  |                |

|  |                |
|--|----------------|
| <b>Super Carwash</b>  |                |
| 03.24.2021 09:07 am  |                |
| Super shine wash   | \$12.00        |
| <b>Total</b>   | <b>\$12.00</b> |
| Cash   | \$12.00        |
| Change   | \$ .00         |

# Agency Executive Director Orientation Reference Materials

## Abuse, Investigations, and Incidents

### **Abuse, Investigations, and Incidents**

#### **Preparation**

You should review the reference materials in this chapter and complete the following reflection questions prior to attending the session on abuse, investigations, and incidents.

Indirect exposure to abuse, investigations and incidents may result in secondary trauma to staff. There is a toll on physical and emotional wellbeing. You, as the executive direction, need to be aware of secondary trauma and protect staff health to ensure that the best support is provided. Your agency will need to consider training your staff on how to support people who may be experiencing direct or indirect trauma. Refer to the “Introduction” chapter of your Orientation Reference Materials for resources.



- How do the cultural norms that you bring with you impact how you look at abuse and incidents?
- What beliefs or biases do you have regarding abuse affecting individuals with specific identities?
- How might your unconscious biases affect your understanding of abuse or incidents?

#### **Learning Outcomes**

By the end of this orientation online seminar module, the intention is that you will be able to:

- Recognize that the agency must inform staff that they are mandatory reporters
- Recognize the importance of reporting abuse directly to an appropriate entity
- Recognize incidents that require notification and written incident reports
- Identify specific information that must be included in incident reports
- Recognize protective service instructions and recommended actions

## Agency Executive Director Orientation Reference Materials

### Abuse, Investigations, and Incidents

#### **Incident Reporting**

Staff must receive training in identifying and reporting incidents. This training equips them with the knowledge of when to take action and report any incidents that occur to ensure the protection of people receiving services. Your agency must also educate staff on the forms and procedures required for reporting. Oregon has identified ten types of events that are categorized as “[serious incidents](#).”

#### Notification

Provider agencies must [notify](#) the person’s Services Coordinator or Personal Agent immediately, but no later than one business day when a person experiences a serious incident, in the following circumstances:

- Suspected abuse
- Use of emergency physical restraint
- Injury related to safeguarding equipment or physical restraint
- Serious illness or injury
- Death
- Missing for longer than outlined in Individual Support Plan
- Notification can be made via phone, in person, or email
- Document the notification including who made it and the method
  - In case of suspected child abuse, must also notify Child Welfare
  - If a crime has been committed, must also notify Local Law Enforcement
  - You are responsible for knowing who needs to be notified, as listed in [OAR 411-323](#)

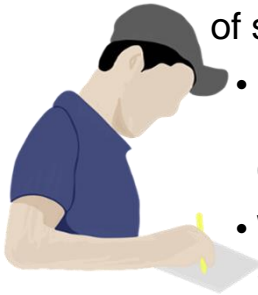


# Agency Executive Director Orientation Reference Materials

## Abuse, Investigations, and Incidents

Documenting incidents is an important aspect of providing services.

- Documentation of incidents is mandatory according to regulations
- Keeping records of incidents can assist in identifying areas for improvement and training needs
- Incident documentation can detect patterns and prevent further escalation and incident reports provide information on the effectiveness of support being provided



- Incident documentation communicates the details of the incident to the person's Personal Agent or Services Coordinator
- Written incident reports must be submitted to the person's Services Coordinator or Personal Agent within five business days.

The rules for reporting incidents and the required timelines for doing so can be found in [OAR 411-323](#).

Submitting written incident report to the person's Services Coordinator or Personal Agent is mandatory in the following situations:

- Suspected Abuse
- Death
- Emergency Medical Care
- Fire requiring Fire Dept
- Medication Error with Adverse Consequences
- Missing Person
- Physical Aggression
- Physical Restraints
- Psychiatric Hospitalization
- Safeguarding Equipment with injury
- Serious Illness/Injury
- Suicide Attempt
- Unplanned Hospitalization



## Agency Executive Director Orientation Reference Materials

### Abuse, Investigations, and Incidents



it is advisable to submit an incident report for any event that has a noteworthy impact on the person being supported.

“When in doubt, fill it out!”

A written incident report must meet specific requirements defined in the Definitions Rule ([OAR 411-317](#)). ODDS provides an Incident Reporting Form (IR), but you can use your own form as long as it contains all the required information. If using the provided form, you will need to search for [Form # 2565](#).

If your agency uses an electronic record system, make sure that it has the functionality for incident reporting. Check the template to ensure that it meets the minimum requirements set out in the rule.

Incident reports must include:

- Name of the person about whom the IR is being written.
- Date, time, duration, type, and location of the incident.
- Conditions prior to, or leading to, the incident.
- Detailed description of the incident, including staff response.
- Description of injury if injury occurred.
- Name of staff, including their position title, and witnesses to the incident.
- Follow-up your agency will take to prevent a recurrence of the incident.

Your agency should have a system in place for reviewing and evaluating incident reports.

## Agency Executive Director Orientation Reference Materials

### Abuse, Investigations, and Incidents



- Focus on documenting steps taken to prevent future incidents
  - Consider consulting with experts (e.g., behavior professionals or nurses)
  - Confirm that all necessary parties were informed within required timelines
- Ensure confidential information has been redacted before sharing with anyone other than the case management entity
  - Submit incident reports to the Services Coordinator or Personal Agent on time
  - Keep incident reports in the person's confidential file
  - Follow guidelines outlined in Orientation Reference Materials
  - Review agency documentation to ensure it meets OAR requirements and is written professionally, as incident reports may be used in legal proceedings.

### Recommended actions and agency reviews

The purpose of a recommended action is to prevent the incident or abuse from occurring again

- The main goal of implementing recommended actions is to prevent reoccurrence of incidents/abuse.
- Proactive measures to prevent similar incidents should be documented in agency's review section of the incident reporting form.
- If assigned a recommended action, agency must be notified and complete it within the given time limit and report back to the assigned entity.
- In case of inability to complete the recommended action, agency must contact the assigned entity to develop an alternative action.
- Information about recommended actions can be found in the resources section of orientation reference materials.



# Agency Executive Director Orientation Reference Materials

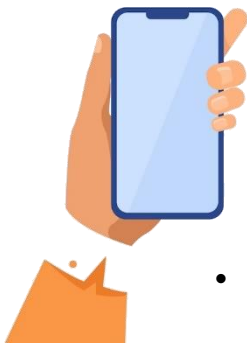
## Abuse, Investigations, and Incidents

### **Preventing and reporting abuse and neglect**

- In Oregon, individuals providing support to people with Intellectual or Developmental Disabilities are considered Mandatory Reporters and have a legal obligation to report suspected abuse
- The agency must establish policies and procedures to prevent abuse and ensure reporting
- Staff must be educated on what constitutes abuse and instructed to avoid abusive practices
- Failing to report abuse can have serious consequences for both the person experiencing abuse and the Mandatory Reporter
- ODDS has dedicated and well-trained abuse investigators to maintain impartial and thorough investigations, thus preventing external pressures or biases from influencing the agency's handling of abuse cases. This can ensure fair and objective handling of all abuse cases, even in the face of situations such as staff shortages.
- Additional resources can be found on the [ODHS How to Report Abuse and Neglect webpage](#)



### Additional reporting requirements for children



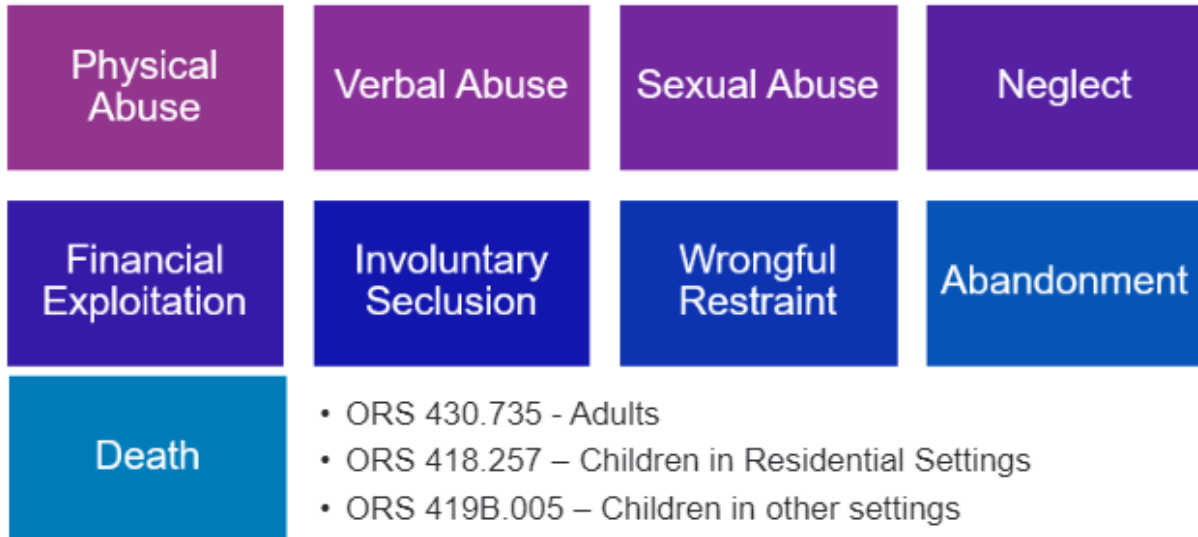
- You do not need permission to call 911
- If a crime has been committed, contact local law enforcement
- Residential or Host Home settings, ask that the report go to OTIS
- Notify the child's Services Coordinator
  - Document
  - Complete any required actions given
- Complete a detailed incident report

855-503-7233 (SAFE)



# Agency Executive Director Orientation Reference Materials

## Abuse, Investigations, and Incidents

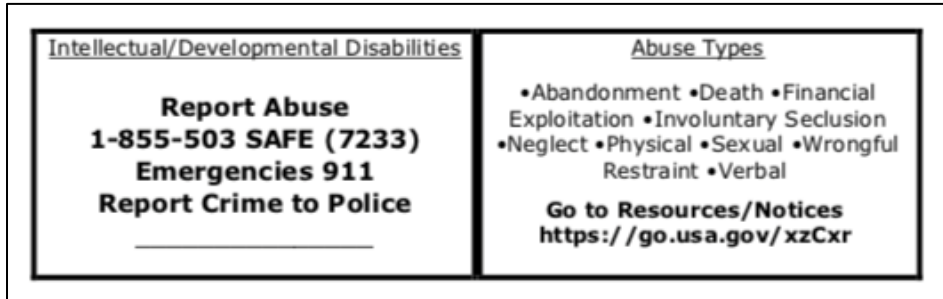


- OTIS mandatory abuse training must be completed in Workday as part of pre-class work. You will need to log in to Workday to access these links.
  - [ODHS/OHA OTIS Mandatory Reporting Abuse Reporting for Individuals Working with Adults](#)
  - [ODHS - ODDS - Mandatory Reporting for Children](#)
  - Also see [ODHS ODDS Mandatory Reporting for Children webpage](#)
- The training is critical for ensuring safety and well-being of people being supported
- Knowledge and skills to identify and address harmful acts, as well as understand reporting process, are acquired through the training
- Additional mandatory training on reporting abuse is required for organizations working with children
- Trainings must be completed annually with regular reminders and reinforcement to maintain awareness
- The aim is to create a culture of safety and prevent abuse from occurring.

## Agency Executive Director Orientation Reference Materials

### Abuse, Investigations, and Incidents

- In addition to the mandatory training annually you need to provide an [abuse reporting cards](#) to your staff. (Scroll down on page. Cards are available in multiple languages on lower right.)



### Required agency policies and procedures

- All instances or suspicions of abuse must be reported, regardless of perceived risk level or previous history of reporting unsubstantiated abuse
- Report must be made immediately if there is reason to believe a person has been abused
- Person who suspects, observes, or first discovers the potential abuse must make the report, not the agency provider or staff
- Policies and procedures must not require reporting abuse to a manager or internal screening before reporting to the abuse investigator
- Agency must report all suspected instances of abuse without screening or filtering the reports
- Requirements for abuse reporting outlined in OAR 411-323



# Agency Executive Director Orientation Reference Materials

## Abuse, Investigations, and Incidents

### Trauma informed mandatory abuse reporting

- Balancing obligation to report abuse with trauma responsivity is challenging; important to provide support for staff and encourage report making
- Agencies should take proactive measures to protect both potential victim and reporter, including having protective actions in place
- Retaliation against those who report abuse or cooperate in investigation is strictly prohibited
- Negative actions taken within 90 days of reporting abuse or participating in investigation considered retaliation
- Examples of retaliation include harassment, demotion, termination of employment for staff, or reduction of services, transfer or discharge of person being supported



- OAR 411-323 specifies that self-reporting as the abuser is not allowed to initiate the 90-day clock for investigation process
- Ensure individuals feel safe and protected when reporting abuse and not subjected to negative consequences for doing so
- Promote culture of transparency and accountability and ensure thorough investigation of all abuse cases.

If you suspect or observe abuse, you must report it to the appropriate authorities.

- Contact your local CDDP to report abuse
- Report within one business day
- Implement any protective services directed by the abuse investigator
- Contact local law enforcement



If someone is in immediate danger or being hurt call 911 right away.

# Agency Executive Director Orientation Reference Materials

## Abuse, Investigations, and Incidents



### **IMPORTANT**

Train your staff to trust their instincts and understand that it is better to report suspected abuse, even if it turns out to be incorrect, rather than not reporting and regretting it later. Their role is not to prove the occurrence of abuse, but simply to report their suspicions, thereby ensuring appropriate measures are taken to protect those involved and prevent further harm. Staff should never be directed to seek permission to call 911.

### **Investigations**

You and your agency staff play a critical role in the investigation process. Your cooperation and timely response can help ensure a thorough and accurate investigation.

CDDPs responsible for investigating allegations of abuse for adults with developmental disabilities, regardless of case management services source



- OTIS or Child Welfare investigators conduct investigations for allegations of abuse for children with developmental disabilities, with possible involvement of law enforcement
- Investigations into allegations of abuse will still be conducted even if alleged abuser is no longer at the agency
- Thorough reporting and documentation important in all cases of suspected abuse to support investigations

## Agency Executive Director Orientation Reference Materials

### Abuse, Investigations, and Incidents

Provider agency has responsibility to follow through with assigned actions by abuse investigator, Services Coordinator, Personal Agent, or Child Welfare

- Assigned actions (referred to as "recommended actions") are required
- Provider agency responsible for implementing assigned actions to protect person if investigation determines person at risk
- If unable to complete assigned action, agency must immediately notify investigator
- Assigned actions should minimize disruption to person's daily life and allow for independence
- Agency must report back to investigator to confirm completion of assigned actions
- Cooperation with protective services is critical for ensuring safety and well-being of those receiving support from agency.



Agency responsibilities during an abuse investigation

- Encourage and support staff to report abuse
- Protect staff and all individuals involved from retaliation
- Allow abuse investigator to conduct investigation
- Have enough staff available during investigation
- Train staff on trauma-informed care
- Comply with assigned actions from abuse investigator or case manager
- Maintain communication with abuse investigator



- Prioritize safety and well-being of all individuals involved in abuse reporting and investigations
- Work closely with relevant authorities for effective response

# Agency Executive Director Orientation Reference Materials

## Abuse, Investigations, and Incidents

### Death reviews and abuse investigations

- Every death of a person receiving developmental disabilities services must be reviewed by the abuse investigator to determine if there are indications of neglect or abuse that may have contributed to it.
- The review process is similar to other abuse investigations.
- The focus of the review is to understand what happened, determine the cause of death, and identify potential areas for improvement in care and support.
- The death review is not meant to confirm or establish abuse, but to identify any possible signs of neglect or abuse that need further investigation.
- A formal death review must be conducted regardless of whether the death was anticipated or not.
- It's important to understand the role in ensuring thorough and accurate evaluations of incidents that may have led to a death.





Agency Executive Director Orientation  
Reference Materials

Abuse, Investigations, and Incidents

| Serious Incident                           | Definition   |
|--|--|
| Act of Physical Aggression                 | OAR 411-317-0000 (160) "Physical Aggression" means an intentional action taken by an individual meant to harm another person that results in injury, including to the individual.  |
| Death                                      | Any death under any circumstance.  |
| Emergency Medical Care                     | OAR 411-317-0000 (79) "Emergency Medical Care":<br>Means an individual receives care from any of the following:<br>An urgent care center.<br>Emergency room.<br>Emergency medical technicians regardless of whether the individual is transported.<br>A psychiatric intervention team regardless of whether the individual is transported.<br>Care delivered in a physician's office that is typically received in an emergency room or urgent care center.<br>Emergency medical care does not include medical care by a paid provider or routine physical health care at an urgent care center or emergency room. |
| Emergency Physical Restraint               | OAR 411-317-0000 (80) "Emergency Physical Restraint" means a manual physical restraint that is:<br>Part of an ODDS approved behavior intervention curriculum.<br>Delivered by a designated person trained to deliver the intervention.<br>Not a safeguarding intervention.<br>Not included in a Positive Behavior Support Plan or not agreed to in an individually based limitation.   |
| Medication Error with Adverse Consequences | OAR 411-317-0000 (133) "Medication Error with Adverse Consequences" means any medication error that results in direct harm or jeopardizes an individual's health and safety resulting in emergency treatment or a required call to the prescriber.<br>Note: OAR 411-317-0000 also defines "Medication Error":<br>(132) "Medication Error" means the following:<br>A medication to address a condition or illness that, if the condition or illness is left untreated may likely result in hospitalization or bodily injury, was:<br>Taken in the wrong dosage; or  |



Agency Executive Director Orientation  
Reference Materials

Abuse, Investigations, and Incidents

| Serious Incident   | Definition  |
|--|---|
|  | Administered by the wrong route; or<br>Not given.<br>A medication was given to a person for whom it was not prescribed.   |
| Missing Person   | An individual is missing without support beyond the time limit identified in the individual's ISP.  |
| Psychiatric Hospitalization                                    | Admission for any length of time for psychiatric treatment.   |
| Injury resulting from a Safeguarding Intervention or Equipment | Any use of a Safeguarding Intervention/Equipment that results in an injury  |
| Suicide Attempt  | Any incident in which any individual actively engages in a non-fatal, self-directed, potentially injurious action with an intent to die because of that action, which may or may not result in an injury. |
| Unplanned Hospitalization                                      | Any unplanned admission to a hospital.  |

## Agency Executive Director Orientation Reference Materials

### Abuse, Investigations, and Incidents

| Incident Type  | Who To Contact<br>(as applicable)  | Timelines for Notification   |
|--|--|--|
| Alleged Abuse  | Local CDDP<br>Local Law Enforcement (if a crime occurred)<br>Child Welfare (if a child is involved)<br>Abuse Hotline   | Immediate  |
| Death  | CME<br>Individual's Guardian/Legal Representative<br>Any significant person identified by the individual to be contacted<br>Any other agency delivering services to the individual                                 | Immediate, no more than one business day   |
| Emergency Physical Restraint                         | CME  | Immediately, no more than one business day. The timelines written into a person's TESP replace this timeline requirement if timelines are identified as sooner than one business day |
| Missing Person                                       | CME<br>Local Law Enforcement Agency<br>Individual's Guardian/Legal Representative<br>Any significant person identified by the individual to be contacted<br>Any other agency delivering services to the individual | Immediate  |
| Serious Illness or Injury                            | CME<br>Individual's Guardian/Legal Representative<br>Any significant person identified by the individual to be contacted<br>Any other agency delivering services to the individual                                 | Immediate, no more than one business day   |
| Injury from a Safeguarding Intervention or Equipment | CME<br>Individual's Guardian/Legal Representative<br>Any significant person identified by the individual to be contacted   | Immediate, no more than one business day, The timelines written into a person's TESP replace this timeline requirement if timelines are identified as sooner than one business day   |

# Agency Executive Director Orientation Reference Materials

## Monitoring, Inspections, and Licensing Violations

### **Monitoring, Inspections, and Licensing Violations**

#### **Preparation**

You should review the reference materials in this chapter and complete the following reflection questions prior to attending the session on monitoring, inspections, and licensing violations.

Inspections and monitoring can result in stress for not only the Medicaid agency executive director, but also for the staff and those being supported, especially if they have a history of trauma from past unannounced visits or lack of respect for personal space and boundaries.



- Based on your identities what expectations do you have for guests in your home or personal space?
- What can you do, as the executive director, to minimize the impact on the people you support while your agency is undergoing a licensing inspection or monitoring examination?

#### **Learning Outcomes**

By the end of this orientation online seminar module, the intention is that you will be able to:

- Describe what happens before, during, and after monitoring, inspections, and licensing reviews
- Recognize your roles in cooperating with the processes
- Identify what is expected for a Plan of Correction
- Identify the different actions that could be taken if there are violations
- Identify additional resources to support you

# Agency Executive Director Orientation Reference Materials

## Monitoring, Inspections, and Licensing Violations

### **Monitoring**

- Two types of monitoring: Service Monitoring & Site Monitoring
- Service Monitoring involves checking if support plan is being implemented and if ISP is meeting person's needs
- Service Monitoring frequency varies based on the service and person's needs
- Site Monitoring conducted by Community Developmental Disabilities Program (CDDP)
- Site Monitoring aims to ensure safety and accessibility of the environment
- Site Monitoring may include checking fire alarms, smoke detectors, water temperature in residential settings
- Site Monitoring involves discussions with the supported person to verify their rights are respected
- Site Monitoring frequency may vary based on the type of service and person's needs
- It's crucial to work closely with the Case Management Entity in monitoring efforts.



The person's Services Coordinator or Personal Agent is your partner in supporting the person.

- Site and service monitoring aims to identify and resolve potential problems
- The role of Services Coordinator or Personal Agent is important in providing support

## Agency Executive Director Orientation Reference Materials

### Monitoring, Inspections, and Licensing Violations

Strategies for effective relationship with case managers:



- Prompt response to inquiries
- Allow case manager to conduct monitoring visits
- Ensure knowledgeable person present during all visits
- Work closely with case manager to resolve issues

Facility-based Community Living Supports including Day Support Activities (DSA) and employment services endorsement rules require provider agencies to conduct a self-assessment prior to offering services.


- Complete an [online site self-assessment](#) before providing employment services or Community Living Supports
- Complete a separate assessment for each type of service provided and each service location
- Site self-assessment must be completed before providing services
- Link to the site self-assessment can be found in the Participant Guide
- Questions about the site self-assessment should be sent to [employment.first@odhsoha.oregon.gov](mailto:employment.first@odhsoha.oregon.gov)



# Agency Executive Director Orientation Reference Materials

## Monitoring, Inspections, and Licensing Violations

### **Inspections and licensing reviews**

- Inspections are mandatory and cooperation from you and staff is required
  - Train staff on the inspection process and allow licensors entry. Staff should verify licensor's identity by asking to see their state ID badge
  - Licensors conduct onsite inspections to check compliance with Oregon Administrative Rules
  - Inspections may also be triggered by complaints from various sources
- 
- First review for 24-hour Residential and Host Home providers conducted by ODDS state licensors after 120 days of service.
  - First review for Status endorsements conducted by a Regional Status Specialist

### Licensing inspections and reviews

- All licensed sites in Oregon (24-Hour Residential and Host Home) must have a licensing inspection.
  - More information about ODDS Licensing is available on their [website](#).
- Non-residential settings must have a Quality Assurance Review
- Inspections and reviews may include:
  - Observation of service delivery
  - Interviews with support people and staff
  - Inspection of documentation (care records, personnel records, facility, or vehicle records, etc.)
  - Site inspection for site-based services (smoke detectors, exits, home or building condition, etc.)
  - May be a lengthy process and could take several hours to a full day.



## Agency Executive Director Orientation Reference Materials

### Monitoring, Inspections, and Licensing Violations

ODDS conducts a "Complaint Review" when they receive information about non-compliance or complaints about a provider agency.



- Complaint reviews are always unannounced
- Licensors will review the areas included in the complaint
- Licensors may review other records or concerns observed while on site

### **Licensing violations**

- A violation is a determination by ODDS that an agency is not in compliance with federal regulations, Oregon administrative rules, or the provider enrollment agreement.
- During inspection or review, licensor or reviewer makes notes of violations in areas of noncompliance
- At end of review, licensor or reviewer meets with provider to give summary of violations found
- Provider has the opportunity to clarify and ask questions about violations and required corrections
- Immediate risks may require correction before the licensor or reviewer leaves
- Rules are in place to uphold people's rights and maintain health and safety of those supported
- Licensing and review process ensures compliance with these rules.
- After each licensing inspection or review, a document which lists the areas of non-compliance is received
- The report usually requires the provider to write a Plan of Correction





## Agency Executive Director Orientation Reference Materials

### Monitoring, Inspections, and Licensing Violations

- Instructions for responding will be provided, which must be done in writing as directed.



- ODDS Licensing has an email box dedicated to sending and receiving information regarding corrections from Plan of Corrections (POC), Advisory Letters, and Serious Violation Letters. More information can be found in [Informational Memorandum 22-048](#).

### Plan of Correction (POC)

- There is a space provided on the document given by the Licensor or Reviewer for writing the Plan of Correction (POC)
- The POC must address the non-compliance areas found during inspection or review
- The POC may include a list of documents/photos to be submitted
- Instructions for writing the POC can be found in the Participant Guide
- Contact the licensor or reviewer if unsure about how to correct a violation
- Consider seeking help from a provider association, consultant, or experienced provider for staying in compliance.



### Serious violation letters



- A serious violation is a condition that may cause immediate harm or death to a person.
- A Serious Violation Letter is sent by the Licensor or Reviewer when such a violation is found.
- The letter includes a short timeline for correction, such as "within 5 days".
- Correction and response as directed in the letter is mandatory.

# Agency Executive Director Orientation Reference Materials

## Monitoring, Inspections, and Licensing Violations

Ignoring the Serious Violation Letter may result in further actions.

### Advisory letters

- ODDS may learn of licensing violations from sources such as case managers or abuse investigators
- In such cases, ODDS Licensing may send an Advisory letter
- The letter will indicate the area of reported non-compliance and instruct the provider to correct the issue
- The provider must correct the issue and respond as directed
- The provider may need to submit evidence of correction through photos or documentation



ODDS may take further steps if problems identified in violation or advisory letters are not corrected

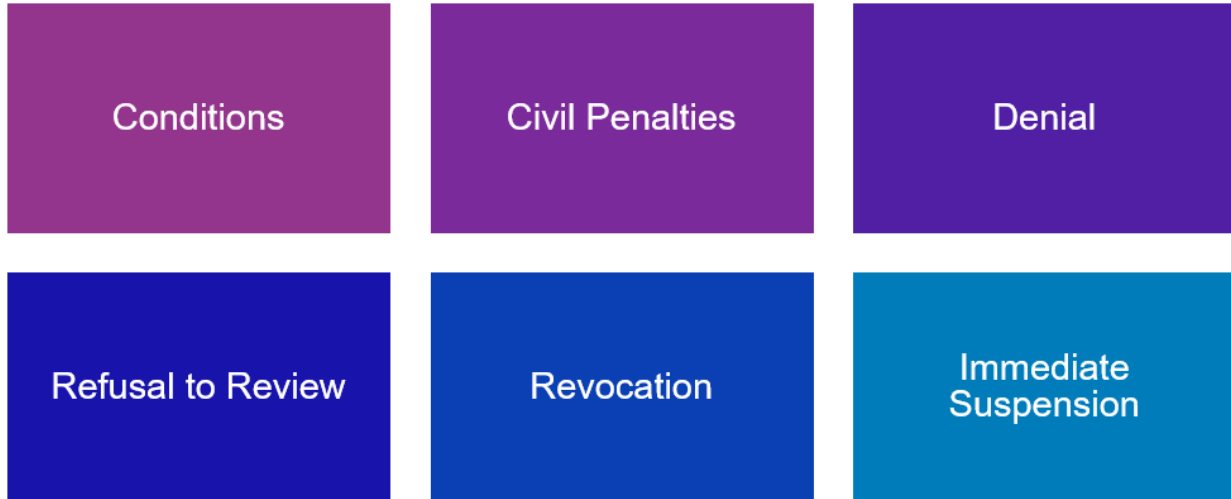


- Your agency may not be able to receive referrals or placements without written approval from ODDS.
  - Your staff may be required to complete additional training.
  - Your certificate or license may be suspended
- Civil penalties may be charged

## Agency Executive Director Orientation Reference Materials

### Monitoring, Inspections, and Licensing Violations

Administrative sanctions aim to protect those being supported and promote timely correction of compliance issues



- The severity of the administrative sanction will match the severity of the violation
- ODDS may issue multiple administrative sanctions for the same violation

[OAR 411-323](#) outlines each of these administrative sanctions.

Conditions are restrictions or limitations on how the agency may operate. A condition placed on a Medicaid Agency Certificate will immediately impact all services and endorsements under the certificate, unless otherwise indicated and will remain in effect until ODDS has notified you that the condition has been remedied. Conditions placed on an endorsement will only impact on that endorsement, unless otherwise stated. Conditions on a license apply only to the licensed location.

# Agency Executive Director Orientation Reference Materials

## Monitoring, Inspections, and Licensing Violations

Some examples of conditions include:

- Limiting the number of people that may be supported
- Limiting the type of services and supports the agency can provide
- Requiring additional staff
- Requiring additional training
- Requiring additional documentation
- Restricting specific person(s) from being at your site
- Restricting admissions or referrals to the agency



### Civil penalties

- Some violations may result in a civil penalty
- Oregon statute (ORS 427.90) authorizes ODDS to impose civil penalties
- Civil penalty is a dollar amount ordered to be paid due to violations of Oregon Administrative Rules
- Civil penalty amounts are listed in OARs and ORSs and deposited into the Oregon Quality of Care fund



- Situations requiring a civil penalty are specified in state statute
- Examples of violations that may result in a civil penalty: substantiated abuse, failure to complete recommended actions following an abuse investigations, failure to complete the required staffing survey, failure to complete department required business or financial reports, or failure to implement the requirements of an advisory or serious violation letter.
- For abuse, civil penalties will not be less than \$2500 per substantiated incident of abuse, up to

## Agency Executive Director Orientation Reference Materials

### Monitoring, Inspections, and Licensing Violations

\$15000 in a 90-day period. For other violations, civil penalties may be up to \$500 for each violation.

#### Denial, refusal to renew, or revocation

- ODDS may refuse to renew or revoke your certificate, endorsement, or license
- This means you can no longer provide or be paid for services
- You will receive a written notification of the denial, refusal, or revocation
- The notification will include information about your hearing rights.
- ODDS has the authority to deny, refuse renewal, or revoke a Medicaid Agency certificate, endorsement, or license when any of the following apply to any person who is on the agencies' board of directors or owns 5% or more of the agency or any financial liability or asset:
  - A person's identity cannot be verified.
  - Is found to have substantial failure to comply with the rules or has violated the Provider Enrollment Agreement.
  - Provides false information or omits information required to be maintained or submitted regarding program services, agency finances, or funds belonging to the people supported.
  - Has a conviction of a crime that would result in a failed background check.
  - Is convicted of a crime associated with operation of an agency or program services.

## Agency Executive Director Orientation Reference Materials

### Monitoring, Inspections, and Licensing Violations

- Has been found to have permitted, aided, or supported any illegal act that has had significant adverse impact on a supported person's health, safety, or welfare.



- Has surrendered a certificate or endorsement following service of a notice that would have resulted in revocation.
- Has been determined by the federal government that they are not eligible to be paid with federal funds, this is often referred to as being on the exclusion or debarred list.
- Has been excluded, terminated, or suspended from the Oregon Medicaid program.
- Has voluntarily surrendered certification while corrective action was pending, been revoked, or denied certification during the previous three years.
- Has voluntarily surrendered licensure while corrective action was pending, been revoked, or denied licensure during the previous ten years.
- Has been found responsible for fraud or abuse by a state or federal court, or there is a credible allegation or pending proceeding of fraud or abuse.
- Has failed to comply with a request for fingerprinting or background check, documents, records, or access for the purpose of a site visit or other inspection.
- ODDS has the authority to deny, refuse renewal, or revoke a Medicaid Agency certificate, endorsement, or license when any of the following applies to the agency:
  - The agency is not registered with the [Oregon Office of the Secretary of State](#) as a business as required in [ORS 648](#). Your agency must remain registered with the SoS for the duration of the Provider Enrollment Agreement.
  - The agency does not have the policies required by Oregon Administrative Rules.

## Agency Executive Director Orientation Reference Materials

### Monitoring, Inspections, and Licensing Violations

- The agency fails to maintain insurance coverage outlined in the Provider Enrollment Agreement
- The agency's business plan shows inadequate resources for sustainability including labor costs for all programs for at least three months.
- When a provider's site where services will be delivered is determined to be unsafe.



# Agency Executive Director Orientation Reference Materials

## Monitoring, Inspections, and Licensing Violations

### Hearings

- If ODDS denies an application, refuses to renew, revokes, or suspends a certificate, endorsement or license, the applicant or provider is entitled to a hearing.
- An Administrative Law Judge conducts the hearing to determine if ODDS acted in compliance with Oregon laws and rules.
- A request for a hearing must be submitted in writing within the timelines identified in rule.
- The agency may continue to operate and provide services during the hearing process until a finding is issued by the Administrative Law Judge except in the case of immediate suspensions.



### Immediate Suspension

- ODDS determines that there is a serious and immediate threat to person's health and safety
- ODDS delivers a written notice that will identify the specific reasons for the determination.
- The agency may not continue operating the service(s)



# Agency Executive Director Orientation Reference Materials

## Monitoring, Inspections, and Licensing Violations

### **Other inspections and reviews**

Inspections and reviews not conducted by ODDS may occur and will be handled by different entities.

- Local, state, and federal agencies can become involved when a provider agency is out of compliance with rules or breaks the law.
- The [Occupational Safety and Health Administration \(OSHA\)](#) can respond to health and safety concerns at workplaces.
- OSHA may perform inspections based on a complaint or to ensure staff safety.
- The local building or fire authority may perform inspections following a complaint or an accident/fire.
- Actions taken by other agencies are outside of ODDS' authority and questions should be referred to the entity who conducted the inspection.
- Resources for starting a business can be found on the [Oregon Secretary of State's website](#).



### Endorsement-Specific Health and Safety Inspections

- You are responsible for making the arrangements within the required timeline.
- They must occur at least every five years
- The inspections may be performed by:



- The [Oregon Occupational Safety and Health Division](#)
- A provider agency's worker's compensation insurance carrier
- Appropriate experts
- The [Oregon Health Authority, Public Health Division](#)

# Agency Executive Director Orientation Reference Materials

## Staffing Requirements

### Staffing Requirements

#### Preparation

You should review the reference materials in this chapter and complete the following reflection questions prior to attending the staffing requirements session.

Hiring a diverse staff can bring many benefits to your provider agency:

- A diverse workforce can bring a range of perspectives and experiences to the table, leading to better decision-making and problem-solving.
- A diverse team can lead to fresh ideas, approaches and new ways of thinking.
- Hiring a diverse staff can ensure that the company is better able to serve and understand the needs of its customers who come from diverse backgrounds.
- A diverse workforce can create a more inclusive and respectful workplace culture.



- Reflect for a moment about what do you bring to your services based on your own beliefs and values?
- How do those values shape your decisions about staffing?
- What are the benefits of hiring people who represent the cultures or other identities of the people you support?
- How do you and your agency include the people you support in the hiring process?
- Have you already thought about how many staff your agency will need to hire to begin providing services?

# Agency Executive Director Orientation Reference Materials

## Staffing Requirements

### **Learning Outcomes**

By the end of this orientation module, the intention is that you will be able to:

- Recognize your agency is responsible for all actions or inactions of your staff.
- Identify basic qualifications for staff providing developmental disability services.
- Retrieve staff qualifications in the OAR rules.
- Discuss principles around maintaining personnel records.
- Identify staff training resources.
- Recognize basic staffing requirements.

### **Recruiting staff**



As the executive director of a Medicaid agency, you are responsible for the actions and performance of your staff. It is important to select qualified personnel and provide initial and ongoing training as this can impact on their ability to perform their duties effectively and safely. Good training can make the difference between a safe or harmful outcome.

- Sufficient staff must be provided to meet the person's needs and fully implement their ISP, even if this requires more staff than the minimum listed in the rule.
- Minimum staffing levels listed in each endorsement rule is not a justification for having fewer staff than necessary to implement a person's ISP safely.
- Providers who provide support to people with exceptional support needs may require a larger staff.

## Agency Executive Director Orientation Reference Materials

### Staffing Requirements

Oregon Administrative Rules outline the minimum staffing requirements. but the actual minimum staffing is determined by the needs of the people being supported. Below you will find a summary of the staffing requirements.

#### Adult residential Settings

- 5 or fewer people = 1 staff onsite
- 6 or more people = 1 staff for every 15 people onsite
- 11p-6a staff onsite
- Limits to home-alone
- (ISP team decision)
- Staff must be available.
- Staff ratios per contract & ISP

#### Children's residential Settings

- 5 or fewer individual = 1 staff onsite
- 6 or more people= 1 staff for every 15 people onsite
- 11p-6a 1 AWAKE onsite staff
- Staff ratios per contract & ISP

#### Supported Living

- Appropriate to number and needs of people.
- On-call person/agency 24/7 availability to respond
- Staff ratios per contract

#### Host Homes

- Appropriate to needs of kids w/ and w/o ISPs and other care dependent people in home.
- Caregiver/staff present when child is home.
- Not left alone in vehicle unless approved by ISP.

#### Community Living Supports

- Day Support Activities 1:8 (min staff)
- Sufficient to meet needs.
- per ISP/PSA
- One staff with first aid/CPR & trained to ISPs.
- CLS – if the person requires 2:1, hours per ISP/FNA (or authorized exception)

# Agency Executive Director Orientation Reference Materials

## Staffing Requirements

### Employment

- Sufficient to meet needs.
- Per ISP/PSA
- 1:8 (min) for path & small group
- JC/Disc are 1:1 (no groups)
- One staff w/ first aid/CPR training to ISPs

### Supporting people with complex needs



Supporting people with complex support needs typically require more staff. Usually, agency staff will need additional experience and more training. Agency providers who are planning to support people with complex needs will need to have more staff and provide a higher level of training for those employees.

### Consider the following questions:

- How will you ensure that your agency has the staffing necessary to support the people you accept into your services?
- How will you ensure that your staff has the training and experience necessary to support the people you accept into your services?
- How will you ensure that your agency has enough staff to support ALL people you accept into your services?
- How will you guarantee that each person accepted into your services will align with the overall environment of your setting?

## Agency Executive Director Orientation Reference Materials

### Staffing Requirements

#### Individualized Staffing



- It is the provider's responsibility to meet each person's staffing needs.
- Staffing needs are determined by the individual's support requirements.
- Some supports may require more than one staff to perform a support task.
- Transportation may require additional staff for support, other than the driver.

#### Staffing considerations

It's crucial to have a staff that mirrors the demographic of the people being supported. To achieve this, tailor your job posting language to specifically mention language requirements, values, and interests related to the position being offered.

[Impact Oregon](#) is one resource that connects job seekers with jobs working with people who experience intellectual and developmental disabilities. Also consider:

- Online job posting sites
- Local newspapers
- Radio ads
- Community college's cooperative work experience programs
- Creating your own websites and list current openings





# Agency Executive Director Orientation Reference Materials

## Staffing Requirements

### Staff qualifications

- Verify that staff hired meet criteria listed in OARs
- Complete application must include question about founded report of child/adult abuse
- Check references and document the check
- Basic criteria for staff qualifications listed in Oregon Administrative Rules. Some determined by federal regulation. Others set in state statute
- Failure to ensure that all staff and contractors have met all qualifications and training requirements may result in a condition being placed on your certificate, endorsement, or license.
- Maintain documentation of staff qualifications in personnel files
- Specific training required varies by endorsement
- Personnel files should be complete for licensing team review
- Recognize extra training and experience needed for staff supporting people with complex medical or behavioral support needs
- Use ODDS provided checklist to verify all required qualifications
- Checklists are sent prior to on-site inspections and quality assurance reviews.
  - [Medicaid Agency Staff Checklist](#)
  - [24-Hour Residential Staff Checklist](#)
  - [Supported Living Staff Checklist](#)
  - [Host Home Staff Checklist](#)
  - [Employment Staff Checklist](#)

# Agency Executive Director Orientation Reference Materials

## Staffing Requirements

### **Interviewing and hiring**

Consider including people you support in some way in the selection process.

- If you were being supported, how would you want a say in the staff who would be helping you with supports that may be very personal?
- How will you create an interviewing and hiring process that involves the people you support?
- How will you ensure that the people your support collaborate with you to choose the best staff to support them?

### Background Checks

- [Background checks](#) are important to protect people from harm.
- People with a history of crimes or abuse may seek to harm individuals with I/DD.
- Your agency must have an approved background check employees, contractors, employees hired through a staffing agency, or volunteers:
  - Anyone who provides support to people.
  - Anyone who handles client information including client billing or funds.
- Providers must follow all background check requirements.
- The provider is responsible for the actions or failures of the employees.
- Your agency will need to assign someone to become a Qualified Entity Designee (QED). They will need to successfully complete the QED training program. Information is available on the [Background Check Unit \(BCU\) webpage](#).



# Agency Executive Director Orientation Reference Materials

## Staffing Requirements

### **Onboarding and training**

Required Onboarding Training varies by endorsement. It is very important that you know the specific rule requirements for the endorsements you are seeking. All staff, regardless of endorsement must:

- Mandatory Abuse Reporting training (prior to delivering services)
  - Your agency may choose to use the [OTIS - Mandatory Reporting Abuse Reporting for Individuals Working with Adults Who Experience Intellectual and Developmental Disabilities](#)
- CPR/First Aid (within 90 days of hire)
- 12 hours of in-service training annually
  - [ISP Training](#) and training on each person's plan, including all protocols and all other support documents prior supporting a person. (Documentation of training is required.) If your agency fails to fully impliment a person's ISP or other support documents or protocols, a condition may be placed on your certificate, endorsement, or license.
  - Remember to train all staff on your agency's policies and procedures.



### Endorsement Specific Training

- Employment and Behavior Professional providers have specific requirements for courses or topics that can be used to meet the 12-hour requirement.
- Residential settings are considered a healthcare facility. Occupational Safety and Health Administration (OSHA) requires bloodborne pathogens training for any healthcare facilities. Additional informaiton can be found on the [OSHA Bloodborne Pathogens and Needlestick Prevention website](#).
- All Community Living Supports staff must also complete 6 hours of preservice training. Pre-service training must be completed before supporting a person. This must include training on the ISPs or

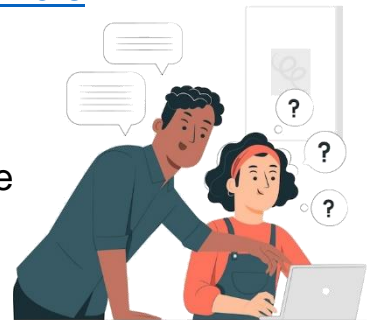
# Agency Executive Director Orientation Reference Materials

## Staffing Requirements

Service Agreements for each person supported. Agencies who provide the “Standard Model” of Community Living Supports must ensure that all staff complete both the 12 hours of in-service training annually as well as an additional 12 hours of training related to the delivery of Community Living Supports. This means that Standard Model Community Living Support staff must complete 24 hours of training each year.

### Oregon Core Competencies Training

- Required staff providing supports in 24-Hour, Host Home, and Supported Living settings.
- Includes online modules and “local training” that must be provided by the agency. Local training requirements are described in the Guide for Learners:
  - [DSP Core Competencies – Guide for Learners](#)
  - [Online DSP Core Competency Courses](#)
    - Tier 1 – before working unassisted and within 2 months of start date.
    - Tier 2 – within 3 months of start date
- While not required by rule, the core competencies are appropriate for all endorsements.



You are required by rule to ensure that your staff are trained and can demonstrate they understand each person’s needs outlined in their Individual Support Plan or Provider Service Agreement.



- This training must include all the person’s support documents.
- It is not enough to have them read the ISP and support documents and simply sign the training record.

Agency Executive Director Orientation  
Reference Materials  
Staffing Requirements

# Agency Executive Director Orientation Reference Materials

## Staffing Requirements

There will be additional required training based each person's needs, including:

- The person's ISP or PSA
- Medical support needs
- Positive Behavior Support Plans
- Delegated Nursing Tasks
- ISP Support needs
- Protocols
- Specialized diet and guidelines
- Staffing guidelines
- Protocols
  - How to implement each protocol
  - How to document services provided to the person



**You must maintain documentation that is evidence of each staff having completed each of these trainings.**

### **Leading and supervising**

Leadership and supervision are two distinct but related concepts in management.

Leadership refers to the ability of an individual to inspire and motivate a group of people towards a common goal. A leader creates a vision, sets direction, and influences others to follow. Leadership is about inspiring trust and confidence in others and taking a more holistic view of the organization or team.

Supervision, on the other hand, is more focused on the day-to-day management of people and processes. A supervisor is responsible for overseeing the work of others, ensuring tasks are completed on time and to a high standard, and providing guidance and support where needed.

# Agency Executive Director Orientation Reference Materials

## Staffing Requirements

Supervision is often focused on the tactical aspects of running a team or organization.

Both leadership and supervision are important in any organization. Leadership provides the direction and vision needed to drive success, while supervision ensures that the day-to-day operations run smoothly and effectively. A good leader and supervisor will work together to create a positive work environment, where individuals are motivated and engaged, and the organization is able to achieve its goals.

### **Activity**

A new staff is being trained on supporting someone who is immobile.

They noticed that the person's shin was red and indented and they were attempting to itch under their arms. The staff saw a buildup that was "as thick as cottage cheese" and asked the seasoned staff for help.

The seasoned staff replied, "I think they should have had a shower yesterday, but because it is such a pain and a big job, they probably didn't."

An additional staff said, "They are supposed to shower every other day but because we are short staffed, we can't shower them, so it equates to every 4 days."

The new staff also noted that the person was never repositioned, their clothes were sideways, and their teeth weren't brushed.

- What do you think were some of the root causes of the problems?
- How will you provide leadership and supervision to avoid or address something like this?
- What kinds of training might your agency require that could keep this from happening?
- What is the most important step your agency will take to prevent this type of situation from happening in your services?
- What is one way your agency will identify staff issues like these early on?



# Agency Executive Director Orientation Reference Materials

## Staffing Requirements

### Trauma responsiveness for staff

Your staff may be exposed to a high level of emotional and psychological stress. To ensure the well-being of the staff and the quality of services provided, it is important for your agency to have a trauma responsiveness framework in place.

Trauma can have a significant impact on the mental and emotional health of staff. When working with people who have experienced trauma, it is crucial that the staff are equipped with the skills and resources necessary



to handle these situations. Trauma responsiveness helps to create a supportive and safe environment for staff, allowing them to better serve the people they are working with.

To build a trauma responsive framework, consider providing regular opportunities for staff to debrief and process their experiences, offer mental health support and resources, and train staff on how to recognize and respond to trauma. This helps to prevent burnout and compassion fatigue, and promotes a positive work environment. When staff are well-supported, they are better able to provide the necessary support and care to the people they are supporting.

Consider the following questions:

- How will your agency support staff who has been part of a challenging event?
- What will your agency do if a staff is injured?
- Remember, during the Behavior module we talked about the importance of “tapping in/tapping out”? How will you make sure your agency has enough staff so that they can “tap in” and support other staff during or after a challenging event?
- How will your agency support your staff’s emotional and psychological safety?

# Agency Executive Director Orientation Reference Materials

## Staffing Requirements



### Resilience, Healing and Empowerment

**Trauma is an emotional and physical response that alters your perception of the world and your sense of how to navigate it.** Trauma is usually described as a deeply disturbing or distressing experience. At these times we may be left feeling overwhelmed, frightened, powerless, alone, and perhaps hopeless. To address both reactions AND causes of trauma, we want to support resilience, healing, and empowerment.

**Resilience** is our *capacity* to overcome and move through trauma, stress, and adversity. Resilience does not mean there is an absence of difficulty, but rather an ability to navigate it. That capacity reflects both risk factors (such as additional stressors or lack of resources) and our protective factors (such as strong social supports). We strive to cultivate resilience for ourselves and others, but that does NOT mean we accept systemic issues and the status quo when they are harmful to individuals or communities.

**Healing** is the *process* of recovering from the injury of trauma and stress. These reactions and impacts include (but are not limited to):

- Physical (such as sleeplessness, teeth grinding, blood pressure)
- Emotional (such as anxiety, depression, and fear)
- Behavioral (such as risky or impulsive actions or changes in eating habits)
- Social (such as isolating or significant relationship changes)
- Cognitive (such as ‘foggy brain’, difficulty concentrating, hypervigilance)
- Spiritual (such as loss of meaning or purpose, shifts in how you view others)

Healing generally involves intentional efforts as opposed to a ‘time heals all wounds’ approach. Professionals such as doctors, therapists, masseuses, and clergy may be engaged in the healing process, while natural supports (such as family, friends, colleagues, neighbors) are also important. From a trauma informed approach, we begin by asking, “What happened to you?” instead of a traditional medical model approach which asks, “What is wrong with you?”

# Agency Executive Director Orientation Reference Materials

## Staffing Requirements

**Empowerment** is the critical third component. In trauma informed practice we emphasize **voice and choice**. We listen for the complexity of each person's situation and then ideally create an array of options to promote self-determination.


Because many sources of stress and trauma are systemic issues (such as racism, ableism, sexism, homophobia, poverty, and others) we look for opportunities to identify those dynamics and address them. People who are actively struggling may not have the energy or resources to take on systemic issues, and for them we can offer 'empowerment by proxy', meaning we can advocate with them and for them always aligning with their comfort level and wishes.

Without empowerment we run the risk of pathologizing people who are already experiencing oppression. Empowerment is significant in encouraging hope and action.

### Why do we need all three?

If we focus only on resilience, we unintentionally send a message that people should simply accept and cope. If we focus only on healing, people will be caught in an endless cycle of trying to fix themselves when their responses could be normal and predictable reactions to systemic issues, injustice, or discrimination. If we focus only on empowerment, people may struggle and suffer as an individual while working for solutions that involve others and may take more time.

Instead, we can recognize that involving all three provides the most opportunity for people to move beyond surviving to truly thriving. Like a braided cord – each strand provides some strength on its own, but collectively they are much more powerful.



**Resilience, Healing,  
and Empowerment**

# Agency Executive Director Orientation Reference Materials

## Staffing Requirements

### The Four 'Rs'

A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist re-traumatization**.

**-Substance Abuse and Mental Health Services Administration (SAMHSA)**

**In Trauma Aware Visioning conversations across the state, these sources of work-related trauma and toxic stress were identified by our colleagues:**

- **Heavy Workload** – *A sense of being overwhelmed by the amount of work or the pace of work. You may feel like you can never catch up. Common responses include hypervigilance (unable to stop thinking about work – even during off-time) or disengaging from work and colleagues.*
- **Team Dynamics** – *A sense of being excluded, not valued or experiencing unhealthy conflict in colleague relationships. A person does not have to be directly involved to feel the impact. It may or may not involve a supervisor. Common responses include feeling emotionally or professionally unsafe, withdrawing from discussions or avoiding team members.*
- **Discrimination and Marginalization** – *A sense that one is unseen, unappreciated, underutilized or excluded based on one's identity or lived experiences. (racism, ableism, sexism, homophobia, ageism, and other forms of oppression). You may experience microaggressions. It could be related to stalled career advancement, not being considered for special project assignments, or simply feeling unwelcome at the lunch table.*

3 – ODHS Trauma Aware August 2023



# Agency Executive Director Orientation Reference Materials

## Staffing Requirements

- **Physical Safety** – *A sense of being unsafe in your work environment or because of one’s role in the agency.* This is related to increases in violence in communities throughout Oregon. It may involve angry or frustrated Oregonians seeking assistance. In rural areas our employees report that there is little anonymity – meaning people know where you live or may know your family members.
- **Unsupported** – *A sense that society, the agency, or local leadership doesn’t value the work because it isn’t adequately supported through resources, training or staffing.*
- **Change Fatigue** – *A sense of being overwhelmed by either the volume or pace of change.* Change may relate to one’s work responsibilities, technology, the people you work with, the place where you work, etc.
- **Vicarious Trauma** – *A sense of being overwhelmed by the amount or complexity of challenges and traumas that Oregonians we serve are experiencing.* People in helping professions (as well as first responders and medical providers) can find themselves reacting to hearing the stories and examples of others’ pain.
- **Moral Injury** – *A sense that genuine need exists that falls beyond what our agency (or an individual worker) can assist with. We know people need and deserve assistance, but we are unable to make a difference.* An example might be someone experiencing homelessness, which is impacting their relationships and opportunities, and there are no viable shelter options.



# Agency Executive Director Orientation Reference Materials

## Staffing Requirements

### Experiencing Overwhelm & Trauma Reactions

**Laura van Dernoot Lipsky is the founder of the Trauma Stewardship Institute and author of both Trauma Stewardship and The Age of Overwhelm.** Her efforts are focused on both identifying common trauma reactions among helping professionals and creating pathways for resilience and healing. In her second book she recognized 21 reactions that we can identify within ourselves as indicators that we are being impacted by toxic stress and trauma:

- Loneliness, isolation, and strained relationships
- Feeling helpless, hopeless or sense that one can never do enough
- Hypervigilance and always serious
- Anger and cynicism
- Guilt, fear, and complicated grieving
- Lack of awe
- Sense of persecution
- Fight, flight, or immobility response (freeze)
- Dissociative moments (disconnected from yourself and the world)
- Inability to see options and diminished creativity
- Physical ailments (such as insomnia, grinding teeth, headaches, etc.)
- Depression, anxiety, and other mental health considerations
- Chronic exhaustion and saturated nervous system
- Pulled toward confirmation bias and away from critical thinking
- Lack of presence, deliberate avoidance, or cognitive overload
- Rigid, controlling, unable to embrace complexity
- Disheartened and dispirited
- Grandiosity (inflated sense of self and one's power)
- Negativity bias (not assuming best intentions in others)
- Difficulty empathizing, minimizing, or numbing oneself
- Not impeccable or toxic conduct or compromised impulse control
- Addictions

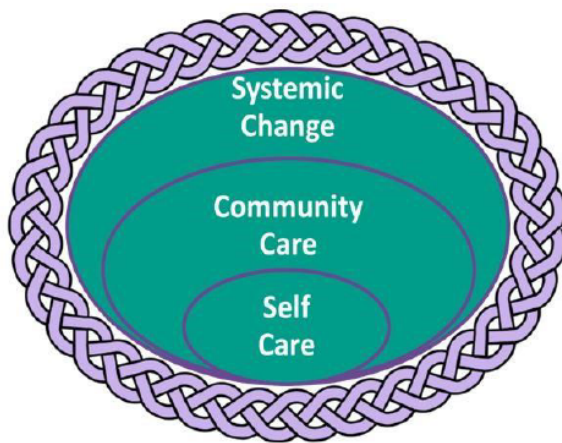
It is not unusual to experience some of these, but when a pattern emerges or our lives are being impacted, we want to explore avenues to enhance our wellness and overall well-being.

# Agency Executive Director Orientation Reference Materials

## Staffing Requirements

### Wellness and Well-being – What’s the difference?

These terms are often being used interchangeably and societally speaking, we have not reached consensus on a clear definition of each. That said, the emerging understanding is that **wellness** is about the state of being healthy and actively pursuing that (with an emphasis on physical health). **Well-being**, on the other hand, has to do with our overall sense of health and happiness – it is inclusive of our physical, emotional, social, psychological, and spiritual well-being. Simply put, wellness activities can help you achieve a state of well-being.



**Wellness practices** are how we put the concepts of resilience, healing, and empowerment into action. At ODHS we do that through supporting self-care, community care and systemic change opportunities.

The term ‘wellness’ is having an identity crisis. The global wellness industry has grown to almost 5 trillion dollars a year. That money has motivated many to

engage in cultural appropriation, promote unproven methods, and even market potentially dangerous supplements. Overpriced products and services are out of reach for people who might benefit most from them and the monetizing of wellness means that sometimes we forget accessible options such as drinking more water or taking walks. Understandably, many have become skeptical about wellness practices. And often, our employees think of well-being as something they support in others including those we serve, but minimize their own needs.

#### **We encourage well-being for our employees because it is the right thing to do.**

Social service roles inherently involve vicarious trauma and sometimes moral injury in addition to other work-related stress. We need to do it because there is a parallel process: when our people feel valued and understand well-being, they provide better services and promote well-being in those utilizing our programs. And, if addressing the topic as a business need, supporting well-being among our colleagues increases our ability to retain diverse, skilled, and innovative workers.



# Agency Executive Director Orientation Reference Materials

## Staffing Requirements

### **Solutions are as unique as the people experiencing trauma.**

People often ask, “why can two people experience the same event, and one will feel trauma while the other seems essentially fine?” There is a false assumption in that question because no two people CAN experience the same event. Each of us has a unique lived experience, with protective factors and risk factors. We hold different values, varying cultural and spiritual interpretations, and even personal expectations around safety and well-being. This gives each of us a unique experience of similar events. Therefore, **self-awareness** is foundational in both recognizing trauma responses and identifying the most healing approach. Many people incorporate all three areas of self-care, community care and systemic change into their lifestyles. Some activities include all three simultaneously.



### **Self-care** is what we do to build our own resilience and healing.

Self-care includes actions that support our physical, emotional, mental, social, and spiritual well-being. Wellness practices like these have been demonstrated to be a protective factor against trauma, helping us to navigate adversity and toxic stress.

### **Examples include (but are not limited to)**

- Good sleep patterns
- Time with pets
- Drinking more water
- Journaling
- Making music
- Cooking great food
- Tai Chi
- Cultural events
- Physical Exercise
- Reading a great book
- Eating nutritious food
- Drawing / other crafts
- Gardening
- Yoga & chair yoga
- Walking
- Saying “no” at times
- Meditation/Reflection
- Time with loved ones
- Stretching
- Listening to music
- Hiking & camping
- Getting a massage
- Gratitude reflection
- Take work breaks!

# Agency Executive Director Orientation Reference Materials

## Staffing Requirements



**Community care** is when we invest our time, energy, resources, and power in the well-being of others.

Some wellness practices are more about the communities we live in and belong to, such as our families, friends, and neighbors. At ODHS we can also think about team-wide or organizational efforts that invite us to lean into empathy and compassion.

Our society often reinforces a sense that we should be fiercely independent and even competitive with others. Community care acknowledges that we are actually interdependent and asks us to invest in mutual well-being. **Healing centered engagement** is when we do this in affinity groups comprised of others with whom we have shared life experiences. Even when we join in these activities with the intention of benefitting others, we generally find that our own lives are enriched by the experience. The care we extend to others creates an environment where we can all thrive and aligns with our agency [RiSE](#) efforts.

### Examples include (but are not limited to)

- [ODHS Employee Resource Groups](#)
- Faith based activities
- Neighborhood safety groups
- Recovery support groups
- PRIDE events and activities
- Grief support groups
- Community Garden
- Family meals and traditions
- Walking groups
- Culture/Race/Identity based groups
- Community food drives
- Veteran peer support programs
- Library events
- Child or elder care
- Office social committees
- Office wellness teams
- Virtual events and groups
- Volunteering in schools
- Domestic violence support groups
- Office wellness rooms



# Agency Executive Director Orientation Reference Materials

## Staffing Requirements



**Systemic change** is when we leverage our time, energy, resources, and power in addressing societal issues that are the source of trauma for ourselves and others.

As said earlier, many sources of stress and trauma are rooted in systemic issues. Racism, ableism, sexism, homophobia, ageism, and poverty (classism) are only some of the discriminations that we (and those we serve) experience.

We distinguish individual past trauma (perhaps from childhood) from historical trauma. We use the term ***historical trauma*** to describe multigenerational trauma experienced by a specific cultural, racial, or ethnic group. Within these communities there is a shared history of oppression, victimization, or massive group trauma exposure.

Systemic change efforts are generally designed to dismantle oppressions and promote social justice. To be clear, you cannot be doing trauma informed care unless you are doing equity, accessibility, and inclusion work. Trauma Aware efforts are integrated with our [ODHS Equity North Star](#). Identifying and addressing oppressions is fundamental in supporting hopefulness and empowerment in both those we serve and ourselves.

As state employees we do not all vote for the same candidates, face the same local issues, or prioritize the same political topics. We have limitations about what can be discussed or promoted during our work hours.

Opportunities within ODHS include (but are not limited to):

- Participating in [Employee Resource Groups](#)
- Identifying populations that are underserved, marginalized or retraumatized by our processes.
- [Equity and Inclusion Committees](#).

# Agency Executive Director Orientation Reference Materials

## Staffing Requirements

Nationwide, staff turnover for Direct Support Professionals is around 40% annually.

Having a healthy work environment will help create a culture that will help minimize burnout and turnover.



- Adequate staffing is necessary to cover routine shifts, staff absences (sick, vacation, personal/family emergency, abuse allegations), annual retraining, staff meetings, and other activities such as ISP meetings.
- Responsibility for staffing falls on the agency, and they must stay on top of staffing issues to avoid allegations of neglect or abandonment.
- Residential services require staff to accompany individuals to medical appointments and important activities.
- Understaffing increases stress on remaining staff and increases likelihood of staff quitting.
- Paying overtime to cover shifts is costly for the agency.
- Finding enough staff is a challenge, even for large, well-established agencies.
- Agencies must pay attention to staffing needs to avoid being understaffed.

# Agency Executive Director Orientation Reference Materials

## Staffing Requirements

### Oregon staffing report requirements

- 24-hour residential providers are required by law to submit annual staffing data to ODDS.
- The collected data is used by the state legislature and the Department to make decisions about funding and policies related to the DSP workforce.
- A report is produced based on the collected data, including information about retention efforts and benefits impacting recruitment and retention.



- Keeping provider contact information up to date is important.
- Instructions for the staffing report will be sent to the email address provided on the agency application.
- Additional information can be found on the [ODDS Licensing Website](#)

Agency Executive Director Orientation  
Reference Materials

Staffing Requirements

| Medicaid Agency: Staffing Checklist   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Agency Name: _____  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Address: _____  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Staff Code  | S1                       | S2                       | S3                       | S4                       | S5                       | S6                       | S7                       | S8                       | S9                       | S10                      |
| Staff initials  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Hire date (Date hired)</b>   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>18 Years old (Checkmark indicates age was verified)</b>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>References checked (checkmark indicates yes)</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Job description signed (checkmark indicates yes)</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Expiration date of Oregon Driver's License</b><br>If not, a driver fill in 'n/a.'            |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Expiration date of vehicle insurance.</b><br>If not, a driver fills in 'n/a.'                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Expiration date Professional Licenses (if applicable)</b>                                    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>*For each of the following categories, please attach a copy of each item.</b>                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>*Background check</b><br>(Enter date of approval from background check unit, copy of letter) |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>*US Legal worker (copy of I-9)</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Agency Executive Director Orientation  
Reference Materials

Staffing Requirements

| Medicaid Agency: Staffing Checklist  |  |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Agency Name: _____   |  |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Address: _____   |  |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Staff Code   | S1   | S2                       | S3                       | S4                       | S5                       | S6                       | S7                       | S8                       | S9                       | S10                      |
| <b>*CPR certificate expiration date</b><br>(copy of card)                      |  |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>*First aid certification expiration date</b><br>(copy of card)              |  |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>*Mandatory abuse training</b><br>(copy of form or certificate)              | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Executive Director Qualifications:</b><br>(check one and include documents) | <input type="checkbox"/> Bachelor's Degree AND <input type="checkbox"/> 2 years' experience in I/DD, Mental Health, Rehabilitation, Social Services, or related field<br><input type="checkbox"/> 6 Years' experience in in I/DD, Mental health, Rehabilitation, Social Services, or related field in lieu of Degree |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Form Completed by:</b>  |  |                          |                          |                          | <b>Contact Number:</b>   |                          |                          |                          |                          |                          |







# Agency Executive Director Orientation Reference Materials

## Staffing Requirements

| 24 Hour Residential Staffing Checklist                          |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|---|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Agency Name: _____  |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Staff Code  | SI | S2                       | S3                       | S4                       | S5                       | S6                       | S7                       | S8                       | S9                       | S10                      |
| Emergency<br>Disaster<br>Training<br>(date of last<br>training) |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Nursing task<br>delegation /<br>training<br>(expiration date)   |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Training on<br>ISPs and<br>support<br>documents                 | P1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | P2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | P3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | P4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | P5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PBSP<br>training by<br>Behavior<br>Professional                 | P1 |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|   | P2 |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|   | P3 |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|   | P4 |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|   | P5 |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Form completed by: _____  |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Date: _____   |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |











# Agency Executive Director Orientation Reference Materials

## Staffing Requirements

| Host Home Staffing Checklist   |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Agency Name: _____   |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Staff Code   | SI | S2                       | S3                       | S4                       | S5                       | S6                       | S7                       | S8                       | S9                       | S10                      |                          |
| Guardianship<br>and<br>educational<br>surrogates<br><small>(date of last<br/>training)</small> |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Sexual<br>development<br>and sexual<br>health<br><small>(date of last<br/>training)</small>    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Suicide<br>prevention<br><small>(date of last<br/>training)</small>                            |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Training on<br>ISPs and<br>support<br>documents  | P1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | P2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | P3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | P4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | P5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PBSP<br>training by<br>Behavior<br>Professional  | P1 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|  | P2 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|  | P3 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|  | P4 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|  | P5 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Form Completed by: _____   |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Date: _____  |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |



Agency Executive Director Orientation  
Reference Materials

Staffing Requirements

| Community Living Supports Endorsement Staffing Checklist |    |    |    |    |    |    |    |    |    |     |
|--|----|----|----|----|----|----|----|----|----|-----|
| Agency Name: _____                                       |    |    |    |    |    |    |    |    |    |     |
| Staff Code   | SI | S2 | S3 | S4 | S5 | S6 | S7 | S8 | S9 | S10 |
| Form Completed By: _____                                 |    |    |    |    |    |    |    |    |    |     |
| Date: _____  |    |    |    |    |    |    |    |    |    |     |











Agency Executive Director Orientation  
Reference Materials

Staffing Requirements

| Employment Staffing Qualification Checklist               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Agency Name: _____  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| County: _____   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Staff Code  | SI                       | S2                       | S3                       | S4                       | S5                       | S6                       | S7                       | S8                       | S9                       | S10                      |                          |
| Training on ISPs and support documents                    | P1                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | P2                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | P3                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | P4                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | P5                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>411-345-0030(3)(4)(5)(6) Employment Professionals:</b> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Job Coach   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Job Developer   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Discovery Provider  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Small Group Provider                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Form Completed By: _____                                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Date: _____   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |









Agency Executive Director Orientation  
Reference Materials

Staffing Requirements

| Supported Living Staffing Qualification Checklist |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Agency Name: _____                                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| County: _____                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Staff Code  | SI                       | S2                       | S3                       | S4                       | S5                       | S6                       | S7                       | S8                       | S9                       | S10                      |
| P5  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Form Completed By: _____                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Date: _____                                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |



# Agency Executive Director Orientation Reference Materials

## Provider Financials

### **Provider Financials**

#### **Preparation**

You should review the reference materials in this chapter prior to attending the provider financial session.

Interactions with government agencies can have different effects on individuals based on their unique identities. The staff of these agencies may possess varying levels of knowledge and awareness of identities and the systemic impacts experienced by different communities. Some individuals may have had experiences with government agencies that were perceived as unjust or unequal. As we are all human and constantly learning, there is room for improvement in the communication, processes, and relationships between the diverse community of providers and the Oregon Department of Human Services and the Office of Developmental Disabilities Services.

#### **Learning Outcomes**

By the end of this orientation module, the intention is that you will be able to:

- Identify those items NOT paid for by ODDS.
- Retrieve expenditure guidelines.
- Recognize rate setting methods.
- Retrieve eXPRS training and resources.
- Recognize business information required to be sent to ODDS.
- Recognize audit and review processes.

# Agency Executive Director Orientation Reference Materials

## Provider Financials

### **Introduction to provider financials**

In Oregon, nearly all developmental disabilities services are funded through a combination of federal Medicaid funds and state dollars, making them Medicaid services. To be eligible for funding, these services must adhere to regulations set by the Centers for Medicare and Medicaid Services (CMS) and the [Provider Enrollment and Payment OAR](#) requirements set by the state. Both the federal Medicaid office, Centers for Medicare, and Medicaid Services (CMS), and the state's Office of Developmental Disabilities Services (ODDS), assess claims and payments to guarantee that payment activities align with both federal and state regulations.



- Enrollment
- Eligible for payment
- Payment
- Claims
- Reviews and Audits

For you to be paid for services all three of these things must be in place.

- You must be a fully qualified provider, AND
- The services must be fully authorized in eXPRS AND
- The services must be delivered in compliance with rules.
- Your agency cannot be paid for any services delivered before you have completed all these steps.
- These steps cannot be made retroactive.



# Agency Executive Director Orientation Reference Materials

## Provider Financials

### ✓ Certified as a Medicaid Agency

- Endorsed for the specific service
- Licensed (24 Hour Residential and Host Home only)

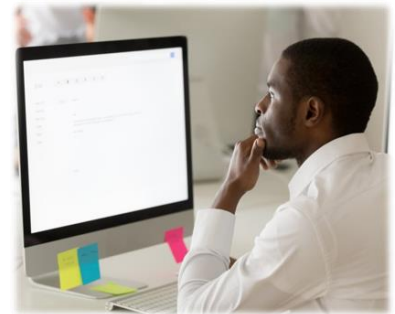
**Your agency CANNOT be paid for any services delivered by your agency before you have completed all these steps.**

**Neither the certificate nor the provider enrollment can be made retroactive.**

**Do NOT provide services before all of these processes are complete.**

### ✓ Enrolled as a Medicaid Provider

- You need a Medicaid Agency Certificate and the correct endorsement for each type of service you plan to provide. These are issued by ODDS Licensing after their review of your application packet and performing required checks, such as the criminal history check and making sure that your agency has the required insurance. You can find more information about the insurance requirements in the [checklist](#) available at the end of this chapter.
- This step is NOT complete until you receive the Certificate and Endorsements via email.



- Each 24-Hour Residential and Host Home site must undergo a site inspection before a license is issued.
- Licenses are specific to the individual home and are not transferable.
- This step is not complete until you receive the License for each site.

## Agency Executive Director Orientation Reference Materials

### Provider Financials

#### Medicaid Provider Enrollment Agreement (PEA)

- You will receive the PEA from ODDS Provider Administration Unit after certification.
- Complete and return PEA to Provider Administration Unit
- PEA reviewed by Provider Administration Unit with additional checks performed
- When PEA is accepted and approved, receive an email from ODDS Provider Unit
- Email informs enrollment is complete and contains provider numbers.
- This step is **not** complete until you receive this email from the Provider Administration Unit with your provider numbers.



Your certificate, endorsements, licenses must be kept current.



- Responsibility to reapply for certificate, endorsement, or license with enough time.
- 30-days prior to any change in contact information inform ODDS using the approved form.
- ODDS Licensing sends a renewal packet before expiration.
- Responsibility to contact ODDS Licensing if renewal materials not received.

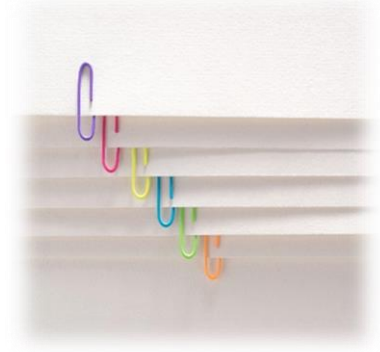
Service authorization is another step that is required before you can be paid for services.

- There are multiple steps to service authorization.
- The service must be authorized in the person's ISP including type and quantity of service.
- Copy of ISP or PSA required for each person supported.
- Agency must know authorized services to provide.

## Agency Executive Director Orientation Reference Materials

### Provider Financials

- Not eligible for payment for services not listed in ISP or PSA
- The services must be entered into eXPRS. Case Management Entities enter authorizations into eXPRS and are required to do so within 30 days of the ISP.
- Agencies won't be paid for services not outlined in ISP or PSA



You must ensure that you have a current copy of each person's ISP or PSA.



- Read the ISP or PSA
- Review for correct services
- Make sure authorizations in eXPRS match the ISP/PSA
- If there is an error, contact the Case Manager eXPRS staff

Current providers starting an agency.

- Changes in service type or amount must be discussed with the CME.
- Involvement of each person's case manager is required if change impacts them.
- The agency is responsible for informing the CME of changes.



- Communication with the case manager must be timely to amend the ISP.
- Switching to a different service or provider may require an ISP change.
- Self-direction: the person chooses the type of support and provider.
- The case manager must contact the person to discuss options during a transition.

## Agency Executive Director Orientation Reference Materials

### Provider Financials

The services you provide and the claims you submit to get paid for them must follow the [Oregon Administrative Rules](#). Claims are paid only after the service has been delivered.

Submission of a claim is provider's agreement that:

- Services were delivered and complied with rules.
- Records of the service are maintained.
- Claim is true and accurate.
- Falsification may result in prosecution under federal and state laws.



Medicaid funded supports are "Fee for Service." "Fee for service" means that you are paid for each service you provide, AFTER providing the service.



- Do not make claims from a roster of who is enrolled in your services.
- Providers are paid for actual service delivery and not based on enrollment.

### **Expenditures and rates**

- The Expenditure Guidelines contain information on the rate or rates for each service, including matrices for different types of services and levels of need.
- The Expenditure Guidelines are updated regularly for legislatively approved rate increases and changes in service types or rates.
- Access the [Expenditure Guidelines online](#), rather than printing a copy, to ensure access to the most current version.

# Agency Executive Director Orientation Reference Materials

## Provider Financials

| Small Group Supported Employment (ADULT and CHILD waiver service) (OAR 411-345) |            |                                  |
|---|------------|----------------------------------|
| Source  | POC Code   | POC Name                         |
| Waiver  | OR543 (W2) | Small Group Supported Employment |

Description and notes for inclusion on an ISP and POC

The expected outcome of Small Group Supported Employment is sustained paid employment and work experience leading to further career development and individual integrated employment in the general workforce for which an individual is compensated at or above the minimum wage.

Small Group Supported Employment includes services and training activities in regular business, industry and community settings for groups of two (2) to eight (8) individuals. This service must be provided in a manner that promotes integration into the work place and interaction with people without disabilities in those work places.

This service does not include:

- Support in a volunteer position.
- Support at a site that is owned or operated (leased) by a provider

• An employment related goal must be clearly documented in the individual's ISP and Career Development Plan (CDP). The employment goal must be related to obtaining, maintaining or advancing in competitive integrated employment in the general workforce.

• Small Group Supported Employment must be provided in a manner that promotes integration into the work place and interaction with people without disabilities in those work places.

The procedure code, also called the plan of care or POC code, describes the service you are authorized to provide.

| ces (ADULT and CHILD waiver service) (OAR 411-345) |            |                                      |
|--|------------|--------------------------------------|
| Source   | POC Code   | POC Name                             |
| Waiver   | OR541 (W1) |                                      |
| Waiver   | OR541 (W2) | Employment Path Services - Community |

Some POC name fields include a modifier. In this example (W1). The modifier provides more specificity about the service or rate.

## Standard Rate Model

The Office of Developmental Disabilities Services (ODDS) created the [Compass Project](#) to improve the way people with intellectual and developmental disabilities receive services.

- Oregon follows a standard approach for determining service rates.
- The rates are based on comprehensive survey and research of industry costs to deliver the services.
- The calculation method used is referred to as the "Rate Model".
- The service rates are fixed and cannot be negotiated.
- [Review of Provider Rates for Residential, Day, Employment, and Other HCBS](#) can be found online.
- Video of the Overview of Final Rate Models can be found on [YouTube](#).
- All rate models include:
  - staff wages & benefits.
  - an adjustment to account for staff time that is not billable, such as training time or time to complete documentation.



# Agency Executive Director Orientation Reference Materials

## Provider Financials

- Additional staff such as program supervisors.
- Agency overhead.
- Some rate models include other service specific costs.



Verify your rates.

Check your service authorizations in eXPRS and make sure the rate is correct.



- If an error results in a higher rate than you should be getting, or an overpayment, you are not entitled to keep it and it will be recovered.
- Errors need to be corrected within 12 months of the service delivery date.

- Billing issues can occur when providers miss the 12-month billing period.
- This is often due to human error, such as failure to resolve issues with claims or failure to check for missing claims.
- Your agency can use eXPRS reports to identify unclaimed balances.
- The person responsible for eXPRS work must stay on top of pending claims and payments and keep track of issues with claims.
- Claims must be submitted in a timely manner and within 12 months of the date of service, as required by both federal and state laws.
- Late claims are not eligible for payment by the state.
- Proper tracking and handling of claims can be complex, and it is important to not let it get out of control.

A year has:  
12 months,  
52 weeks,  
365 days,  
8,760 hours,  
525,600 minutes,  
3,153,600 seconds.

# Agency Executive Director Orientation Reference Materials

## Provider Financials

The [Compass Project](#) is refocusing Oregon's system on what a person needs to have a full life based on their unique needs, interests and preferences. This person-centered reorientation includes the creation of transparent rate models that align with our expectation for competent, well-trained providers who deliver safe, high-quality services that maximize independence and integration for people we serve. This effort meets our strategic goal of creating a system that is sustainable, easy to use, equitable and supports people to live rich, full lives while providing for their health and safety.

- [The Oregon Needs Assessment \(ONA\)](#) is conducted annually to assess the

| Adult 18+ | Adolescent 12 - 17 | Child 4 - 11      | Infant/Toddler 0 - 3    |
|-----------|--------------------|-------------------|-------------------------|
| Very Low  | Very Low           | Low to Very Low   | Infant/Toddler Supports |
| Low       | Low                | Moderate          |                         |
| Moderate  | Moderate           | High to Very High |                         |
| High      | High               |                   |                         |
| Very High | Very High          |                   |                         |

needs of individuals.

- The results of the assessment are used to determine the person's service group. Additional information can be found on the [service group framework website](#).
- Services such as Attendant Care have a fixed rate, regardless of assessed needs.
- Other services, such as Residential or Employment Path, have rates based on need.

The ONA is a crucial step in determining the type and level of services an individual may receive. The results of the assessment help to ensure that services are tailored to meet the specific needs and goals of each person. Understanding the different service groups and rates can also help individuals and their families make informed decisions about the services they receive. [Compass Project training](#) is available for people who receive services or work in the Office of Developmental Disabilities Services (ODDS) system and the families and guardians of those receiving services.

# Agency Executive Director Orientation Reference Materials

## Provider Financials

### Staffing

- Staffing is the largest cost for an agency.
- Staffing costs vary depending on the service category and level of need.
- You must meet the needs of each person.
- You must provide the staffing identified in each person's ISP or PSA and supporting documents.
- The amount of staffing funded per day is shown in the rate models.
- There is an allotment of shared staffing to ensure minimum staffing in the home.
- Higher service group levels may include funding for 1:1 support.
- The numbers in the rate models are based on extensive survey and research about industry costs, but agencies are not required to allocate staff as shown in the model.
- When evaluating a referral, the rate model is used to determine the amount of staffing time that a person's rate will cover. This information helps to determine if the agency has sufficient resources to meet the person's needs based on the specific setting.
- This example is based on a 4-5 bed 24-hour residential home for adults.
- The service level is listed across the top and determines the amount of staffing funding.

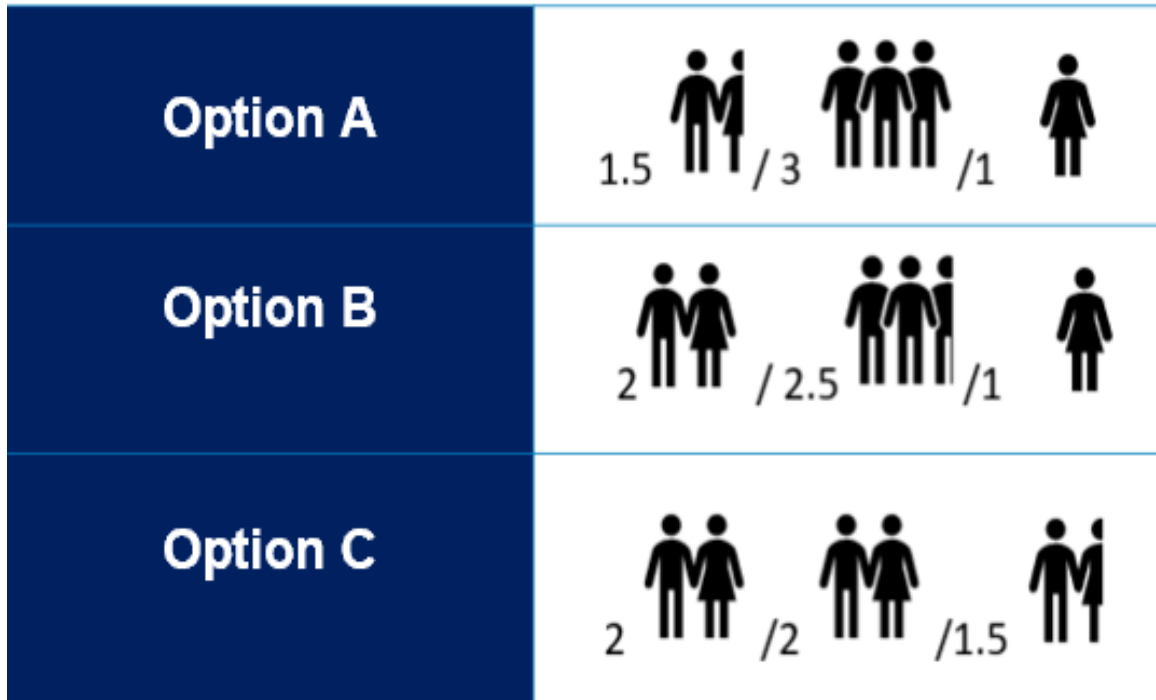
| Service Group               | 1<br>Very Low | 2<br>Low | 3<br>Moderate | 4<br>High | 5<br>Very High |
|-----------------------------|---------------|----------|---------------|-----------|----------------|
| Shared Daily Staffing Hours | 5.3           | 5.3      | 6.0           | 6.0       | 6.0            |
| Available Daily 1:1 Hours   | --            | --       | 2.6           | 4.8       | 7.8            |
| Total Daily Staffing Hours  | 5.3           | 5.3      | 8.6           | 10.8      | 13.8           |

Agency Executive Director Orientation  
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Provider Financials

Example of a general staffing pattern.

This example displays three different methods for scheduling routine staffing to meet the needs of people in a residential home.



- Option A concentrates the highest level of staffing during the middle of the day to support transitions and community activities.
- Option B provides slightly more support during the morning to assist with getting people ready for the day.
- Option C provides a consistent level of support throughout the day and evening, with a slightly increased need for staffing at nighttime.

The example also mentions a half-person depiction, which represents a staff member working part of a shift.

Additionally, it is important to consider the need for staff to have time to document and to consider overlapping staffing to cover both care and documentation.

# Agency Executive Director Orientation Reference Materials

## Provider Financials

### Rate Exceptions

- People may have complex needs beyond the usual range or unique needs not captured by standardized assessment.
- These needs may require more support than their rate could cover.
- An exception process is available through ODDS to consider such situations.
- Requesting an exception requires collaboration with the case manager and documentation of need.
- A training on the exceptions process is available at <https://www.youtube.com/watch?v=QbKEE0t9OqU>

Exceptions: When a person's needs are not in the usual range

Exceptions based on staffing patterns of a home or operational models adopted by a provider will not be approved.



### Your role with claims in eXPRS

- Utilization of trainings and resources provided in the [eXPRS help guides](#) is expected of agency providers. Agencies are expected to invest time in learning how to use required systems such as eXPRS.
- Staff responsible for filing claims must understand the importance of selecting the correct codes and ensuring correct service claim.
- As an Agency Provider organization new to using the [Express Payment and Reporting System \(eXPRS\)](#), there are a number of things you will need to know & do to get started. Much of the information and forms you will need can be found on the [help menu for eXPRS](#).
- Additional training is available in Workday including:
  - [An Overview of Billings, Claims and Payments in eXPRS](#)
  - [An Introduction to the eXPRS Payment and Reporting System](#)



# Agency Executive Director Orientation Reference Materials

## Provider Financials

- [eXPRS for Agency Providers](#)
- [eXPRS EVV for DD Agency Provider Direct Support Professional Staff](#)

### Residential Service Billing: 344 Billable Days per Year

- Providers can only bill for supports delivered.
- In residential settings, need to account for absences to maintain shared supports when someone is absent.
- Residential rate for 365 days of service spread over average days a person is present to receive support over a year (344 days).
- Residential providers paid for 365 days of support in first 344 days billed during a year.



- You must track the number of days of payment is available.
- You must budget for the 21 days (Days 345 through 365) that cannot be billed.

### Payment Adjustments

- There may be situations where payment for a claim is lower than the amount claimed.
- There are two types of adjustments: Provider Liability Amounts (PLA) and Client Liability Amounts (CLA)
- PLA is an amount owed back to ODHS due to an overpayment, which is recovered in full as soon as it is identified
  - Future payments are reduced until the provider's PLA balance is \$0
  - In some services, people with financial resources are required to contribute to their services (federal requirement)
- CLA logs the amount that a person must pay the provider for their service
  - eXPRS payments to the provider are reduced by the CLA amount
  - Medicaid is always the last payer and the CLA amounts are reduced from the first claim(s) paid in a month until the CLA is \$0

## Agency Executive Director Orientation Reference Materials

### Provider Financials

- The provider actually receives the difference between the rate and the CLA amount
- Providers can use the Client Liability report to determine the funds to be collected from people each month.
- Training is available in Workday: [Provider Liability & Client Liability Accounts in eXPRS](#) is a Sept. 2020 Webinar for Agency Providers.



### Room, board, and rent.

- In 24-Hour Residential settings, room and board costs are paid by the person.
- Your agency must use the Room and Board amount published annually by ODHS which will be published in a transmittal. You can search for the current policy on the [transmittal search page](#) using the search term “Provider Rent Subsidy and DD 156 General Fund Room & Board”. Ensure that you reference the current transmittal.
- It is your responsibility to collect room, board, or rent and to not allow delinquent payments to accrue.
- If you are renting or subletting a home or apartment owned or leased by the agency to a person you support in Community Living Supports or Supported Living, you must have a formal lease or rental agreement in writing. That agreement cannot require that the person continues to use your agency as their provider.



- 24-Hour Residential Settings must have a [residency agreement](#)



# Agency Executive Director Orientation Reference Materials

## Provider Financials

### Delinquent Payments

- Start by communicating with the person or the Representative Payee.
- If you suspect financial exploitation, contact the CDDP investigator.
- Ensure that the topic of non-payment is covered in the agreement and that you follow the process.
- Document your efforts to resolve the payment issue.



### Documentation and confidentiality



- eXPRS contains confidential information.
- Do not share eXPRS passwords.
- Create systems that ensure only the right people have access.

### **Reporting, audits, and compliance reviews**

- Application includes financial plan/business plan.
- Information about agency owners.
- Compensation for executives and staff.
- Submit annual staffing data. Oregon uses a national staffing survey for this reporting.
- Annual financial reporting. The specific requirements are outlined in [OAR 411-323](#).
- Other business reporting is required by ODDS.
- Failure to comply with any reporting requirements may result in a condition being placed on your certificate, endorsement, or license.



# Agency Executive Director Orientation Reference Materials

## Provider Financials

### Audits and compliance reviews

- Both the state and CMS conduct routine compliance audits and reviews.
- The Contract Compliance Team conducts most of the ODDS compliance reviews is.
- ODDS informs providers when a federal audit review is happening.



- You are required to cooperate with reviews.
- You must document the services you deliver.
- Reviewers will compare your documentation to the ISP and to the rate guidelines.

### Fraud

- Fraud is intentionally billing for service you did not provide.
- Careless or inappropriate billing practices can also result in negative outcomes.
- Fraud and issues that escalate to revocation of the provider number or certificate can result in owners being prohibited from accepting Medicaid funds.
- During an investigation, you must comply with the [Medicaid fraud control unit \(MFCU\)](#) and provide all requested documents and access. There are specific prohibitions listed in [OAR 411-323](#).
- You must not preform your own investigation, notify anyone involved in the allegation or take any administrative action against anyone involved in th allegation during the Department of Justice MFCU investigation.



Agency Executive Director Orientation  
Reference Materials

Provider Financials



**AGENCY INSURANCE REQUIREMENTS FOR DD SERVICES**

(Use this as a reference to work with your insurance carrier)

| <b>Insurance Requirement</b>                          | <b>Required Limit</b> | <b>Aggregate Limit</b>                     |
|---|-----------------------|--|
| <i>Workers Compensation &amp; Employer Liability</i>  | \$500,000             | \$500,000                                  |
| <i>Commercial General Liability</i>                   | \$1,000,000           | \$2,000,000                                |
| <i>Professional Liability</i>                         | \$1,000,000           | \$2,000,000                                |
| <i>Automobile Liability</i>                           | \$1,000,000           | \$1,000,000                                |
| <i>15+ Passenger Van or Bus</i>                       | \$5,000,000           | \$5,000,000                                |
| <i>Network Security and Privacy Liability</i>         | \$1,000,000           | \$1,000,000                                |
| <i>Physical Abuse and Molestation Insurance</i>       | \$1,000,000           | \$3,000,000                                |
| <i>Directors, Officers and Organization Liability</i> | \$1,000,000           | *Only required for Nonprofit Organizations |

All COI(s) must be submitted to: [ODDS.ProviderEnrollment@odhsoha.oregon.gov](mailto:ODDS.ProviderEnrollment@odhsoha.oregon.gov) upon signing this Agreement, annually upon renewal of insurance coverage and when there are changes to the policies.

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Provider Financials

**Exhibit C of the contract -Attached below**

**EXHIBIT C**

**Insurance Requirements**

Provider shall obtain at Provider's expense the insurance specified in this Exhibit C prior to performing under this Agreement and shall maintain it in full force and at its own expense throughout the duration of this Agreement, as required by any extended reporting period or continuous claims made coverage requirements, and all warranty periods that apply. Failure to maintain insurance coverage will result in administrative sanctions including but not limited to civil penalty and termination of this Agreement. Provider shall obtain the following insurance from insurance companies or entities that are authorized to transact the business of insurance and issue coverage in the State of Oregon and that are acceptable to Agency. Coverage shall be primary and non-contributory with any other insurance and self-insurance, with the exception of Professional Liability and Workers' Compensation. Provider shall pay for all deductibles, self-insured retention and self-insurance, if any.

**WORKERS' COMPENSATION & EMPLOYERS' LIABILITY**

All employers, including Provider, that employ subject workers, as defined in ORS 656.027, shall comply with ORS 656.017 and provide workers' compensation insurance coverage for those workers, unless they meet the requirement for an exemption under ORS 656.126(2). If Provider is a subject employer, as defined in ORS 656.023, Provider shall also obtain employers' liability insurance coverage with limits not less than **\$500,000** each accident. If Provider is an employer subject to any other state's workers' compensation law, Contactor shall provide workers' compensation insurance coverage for its employees as required by applicable workers' compensation laws including employers' liability insurance coverage with limits not less than \$500,000.

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Provider Financials

**COMMERCIAL GENERAL LIABILITY:**

**Required**

Commercial General Liability Insurance covering bodily injury and property damage in a form and with coverage that are satisfactory to the State. This insurance shall include personal and advertising injury liability, products and completed operations, contractual liability coverage for the indemnity provided under this Agreement, and have no limitation of coverage to designated premises, project or operation. Coverage shall be written on an occurrence basis in an amount of not less than **\$1,000,000** per occurrence. Annual aggregate limit shall not be less than **\$2,000,000**.

**PROFESSIONAL LIABILITY:**

**Required**       **Not required**

**Professional Liability insurance** covering any damages caused by an error, omission or any negligent acts related to the services to be provided under this Agreement by the Provider and Provider's agents, officers or employees in an amount not less than **\$1,000,000** per claim. Annual aggregate limit shall not be less than **\$2,000,000**. If coverage is on a claims made basis, then either an extended reporting period of not less than 24 months shall be included in the Professional Liability insurance coverage, or the Provider shall provide Continuous Claims Made Coverage as stated below.

**AUTOMOBILE LIABILITY INSURANCE:**

**Required**       **Not required**

Automobile Liability Insurance covering Provider's business use including coverage for all owned, non-owned, or hired vehicles with a combined single limit of not less than **\$1,000,000** for bodily injury and property damage. This coverage

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may be written in combination with the Commercial General Liability Insurance (with separate limits for Commercial General Liability and Automobile Liability). Use of personal automobile liability insurance coverage may be acceptable if evidence that the policy includes a business use endorsement is provided.

**Special Provision for 15+ Passenger Vans or Buses:** Automobile Liability Insurance covering Provider's business use including coverage for all owned, non-owned, or hired vehicles with a combined single limit of not less than **\$5,000,000.00** for bodily injury and property damage is required.

**NETWORK SECURITY AND PRIVACY LIABILITY:**

**Required**       **Not required**

Provider shall provide network security and privacy liability insurance for the duration of the Agreement and for the period of time in which Provider (or its Business Associates) maintains, possesses, stores or has access to Agency or Individual data, whichever is longer, with a combined single limit of no less than **\$1,000,000** per claim or incident. This insurance shall include coverage for third party claims and for losses, thefts, unauthorized disclosures, access or use of Agency or Individual data (which may include, but is not limited to, Personally Identifiable Information ("PII"), Payment Card Data and Protected Health Information ("PHI")) in any format, including coverage for accidental loss, theft, unauthorized disclosure access or use of Agency data.

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Provider Financials

**PHYSICAL ABUSE AND MOLESTATION INSURANCE COVERAGE:**

**Required**       **Not required**

Abuse and Molestation Insurance in a form and with coverage that are satisfactory to the State covering damages arising out of actual, perceived, or threatened physical abuse, mental injury, sexual molestation, negligent: hiring, employment, supervision, training, investigation, reporting to proper authorities, and retention of any person for whom the Provider is responsible including but not limited to Provider and Provider's employees and volunteers. Policy endorsement's definition of an insured shall include the Provider, and the Provider's employees and volunteers. Coverage shall be written on an occurrence basis in an amount of not less than **\$1,000,000** per occurrence. Any annual aggregate limit shall not be less than **\$3,000,000**. Coverage can be provided by a separate policy or as an endorsement to the commercial general liability or professional liability policies. The limits shall be exclusive to this required coverage. Incidents related to or arising out of physical abuse, mental injury, or sexual molestation, whether committed by one or more Individuals, and irrespective of the number of incidents or injuries or the time period or area over which the incidents or injuries occur, shall be treated as a separate occurrence for each victim. Coverage shall include the cost of defense and the cost of defense shall be provided outside the coverage limit.



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Provider Financials

**DIRECTORS, OFFICERS AND ORGANIZATION LIABILITY (ONLY  
REQUIRED FOR NONPROFIT ORGANIZATIONS):**

**Required**       **Not required**

**Directors, Officers and Organization** insurance covering the Provider's Organization, Directors, Officers, and Trustees actual or alleged errors, omissions, negligent, or wrongful acts, including improper governance, employment practices and financial oversight - including improper oversight and/or use of use of grant funds and donor contributions which includes state or federal funds - with a combined single limit of no less than **\$1,000,000** per claim.

**EXCESS/UMBRELLA INSURANCE:**

A combination of primary and excess/umbrella insurance may be used to meet the required limits of insurance.

**ADDITIONAL INSURED:**

All insurance required under this Agreement must include an additional insured endorsement specifying the State of Oregon, its officers, employees and agents as Additional Insureds, including additional insured status with respect to liability arising out of ongoing operations and completed operations, but only with respect to Provider's activities to be performed under this Agreement. Coverage shall be primary and non-contributory with any other insurance and self-insurance. The Additional Insured endorsement with respect to liability arising out of your ongoing operations must be on ISO Form CG 20 10 07 04 or equivalent and the Additional Insured endorsement with respect to completed operations must be on ISO form CG 20 37 07 04 or equivalent.

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Provider Financials

**WAIVER OF SUBROGATION:**

Provider shall waive rights of subrogation which Provider or any insurer of Provider may acquire against the Agency or State of Oregon by virtue of the payment of any loss. Provider will obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not the Agency has received a waiver of subrogation endorsement from the Provider or the Provider's insurer(s).

**CONTINUOUS CLAIMS MADE COVERAGE:**

If any of the required liability insurance is on a claims made basis and does not include an extended reporting period of at least 24 months, then Provider shall maintain continuous claims made liability coverage, provided the effective date of the continuous claims made coverage is on or before the effective date of the Agreement, for a minimum of 24 months following the later of:

- a. Provider's completion and Agency's acceptance of all Services required under the Agreement, or
- b. Agency or Provider termination of this Agreement, or
- c. The expiration of all warranty periods provided under this Agreement.

**CERTIFICATE(S) AND PROOF OF INSURANCE:**

Provider shall provide to ODHS Certificate(s) of Insurance (COI) for all required insurance before delivering any Goods and performing any Services required under this Agreement. The Certificate(s) shall list the State of Oregon, its officers, employees and agents as a Certificate holder and as an endorsed Additional Insured. The Certificate(s) shall also include all required endorsements or copies of the applicable policy language effecting coverage required by this Agreement. If excess/umbrella insurance is used to meet the minimum insurance requirement, the Certificate of Insurance must include a list

Agency Executive Director Orientation  
Reference Materials

Provider Financials

of all policies that fall under the excess/umbrella insurance. As proof of insurance ODHS has the right to request copies of insurance policies and endorsements relating to the insurance requirements in this Agreement. **All**

**COI(s) must be submitted to**

**[ODDS.ProviderEnrollment@odhsoha.oregon.gov](mailto:ODDS.ProviderEnrollment@odhsoha.oregon.gov) upon signing this Agreement, annually upon renewal of insurance coverage and when there are changes to the policies.**

**NOTICE OF CHANGE OR CANCELLATION:**

The Provider or its insurer must provide at least 30 days' written notice to Agency before cancellation of, material change to, potential exhaustion of aggregate limits of, or non-renewal of the required insurance coverage(s).

**INSURANCE REQUIREMENT REVIEW:**

Provider agrees to periodic review of insurance requirements by Agency under this Agreement and to provide updated requirements as mutually agreed upon by Provider and Agency.

**STATE ACCEPTANCE:**

All insurance providers are subject to Agency acceptance. If requested by Agency, Provider shall provide complete copies of insurance policies, endorsements, self-insurance documents and related insurance documents to Agency's representatives responsible for verification of the insurance coverages required under this Exhibit C.

# Agency Executive Director Orientation Reference Materials

## Emergency and Fire Safety Planning

### **Emergency and Fire Safety Planning**

#### **Preparation**

You should review the reference materials in this chapter and complete the following reflection questions prior to attending the emergency and fire safety planning session.

When it comes to emergency responders such as EMS and fire personnel, those we support may react differently based on past experiences. Law enforcement can also be emergency responders and people we support may be wary of police or first responders due to their identities, experiences, lack of trust, or fear. This can complicate emergency situations further.

When dealing with emergency situations, it is essential to avoid imposing your beliefs and preferences on those you support. Be mindful of your biases, remain impartial, present all options, and provide support in their decision-making process.



- How do you manage things during a response based on your community and the people you will support?
- How will you ensure the plans are presented in people's preferred communication/language?
- How will you plan to help people through any trauma they may experience while in an emergency?

#### **Learning Outcomes**

By the end of this orientation module, the intention is that you will be able to:

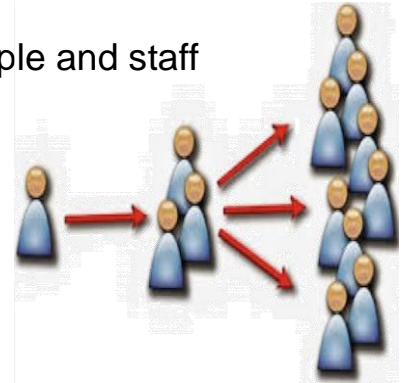
- Identify key requirements and provider responsibilities for emergency plans and fire safety based on services and settings.
- Recognize the importance of emergency information postings.
- Recognize the importance of having and training staff in the emergency and fire safety plans.
- Retrieve information about Emergency Plans.
- Identify what information you will need to prepare for people in case of emergency.

# Agency Executive Director Orientation Reference Materials

## Emergency and Fire Safety Planning

### Pandemic Precautions

- Document that staff are trained in standard precautions, infection control, and handwashing.
- Create and uphold policies that ensure both people and staff remain home when they are sick.
- Ensure you are not forcing your preferences and beliefs on people in your homes.
- Ensure a system is in place for preventing infectious diseases.



### Emergency plans

You are required to have emergency phone numbers posted by all phones when services are delivered at any provider site including Supported Living.

| EMERGENCY PHONE NUMBERS   |  |
|---|--|
| EMERGENCY<br>911  | FAMILY PEDIATRICIAN  |
| POISON CONTROL<br>1-800-222-1222  | HOSPITAL ER  |
| FIRE DEPARTMENT   | LOCAL PHARMACY   |
| FAMILY PHYSICIAN  | NEAREST PATIENT FIRST  |
| MY FAMILY'S INFORMATION<br>ADDRESS: _____<br>HOME PHONE: _____<br>PARENT CONTACT: _____<br>RELATIVE/NEIGHBOR CONTACT: _____ | NEAREST PATIENT FIRST<br>ADDRESS: _____<br><small>Not sure where your nearest Patient First is? Go to PatientFirst.com and click on the Locations tab to find out!</small> |

- Police
- Fire
- EMS
- Executive Director
- Emergency Physician
- Additional Emergency Contacts

### Emergency Information and Individual Summary

- 24-Hour Residential, Supported Living and Host Home Providers are required to maintain an Emergency Information document and Individual Summary Sheet for each person they support.
- Provides information about the person and their supports.
- Often kept with Individual Summary Sheet.
- Should be kept up to date.
- Readily available during an emergency (printed copy).

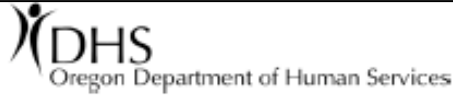
Agency Executive Director Orientation  
Reference Materials

Emergency and Fire Safety Planning

- The Individual Emergency Information Summary Sheet can be found on the [ODHS/OHA Publications and Forms website](#) by searching for form number 4204. Note: The ODHS Form SDS 4204 is missing the person address, you will need to add this or indicate if the provider address and phone are the same as the person.

Agency Executive Director Orientation  
Reference Materials

Emergency and Fire Safety Planning



**Individual Emergency Information**  
(Summary sheet addendum)

|  |  |               |  |
|--|--|---------------|--|
| Date completed:  |  | Date revised: |  |
| Individual's name:   |  |               |  |
| Licensed provider name:  |  |               |  |
| Licensed provider address (address where licensed provider resides): |  |               |  |
| Licensed provider phone:   |  |               |  |

**Identifying information**  
(A recent photo may be attached.)

|   |  |                |         |           |             |  |
|---|--|----------------|---------|-----------|-------------|--|
| Physical description of the individual: | Height:                                |                | Weight: |           | Hair color: |  |
| Eye color:                              |  | Scars/tattoos: |         | Piercing: |             |  |
| Individual's abilities:                 | Language understood by the individual: |                |         |           |             |  |
| How the individual communicates:        |  |                |         |           |             |  |
| Ability to follow instructions:         |  |                |         |           |             |  |
| Additional information:                 |  |                |         |           |             |  |

**Personal care information**

|   |                         |
|---|-------------------------|
| Describe the level of independence the individual has in the following areas: |                         |
| Toileting:  | Menses (if applicable): |
| Bathing:  | Dressing:               |
| Grooming (shaving, hair care, etc.):  |                         |
| Additional information:   |                         |

**Health support information**





|  |                   |
|--|-------------------|
| Diagnosis:   |                   |
| Current medications (attach list if necessary):                                    |                   |
| Allergies:   | Adverse drug use: |
| Other health issues (describe):  |                   |
| Dietary needs (specialized diet, modified textures, etc.):                         |                   |
| Food or fluid limitations:   |                   |
| Special supports needed for eating or drinking (positioning, specific directions): |                   |
| Physical limitations:  |                   |
| Specialized equipment:   |                   |
| Additional information:  |                   |



Agency Executive Director Orientation  
Reference Materials

Emergency and Fire Safety Planning

- The Emergency Information Document can be found on the [ODHS/OHA Publications and Forms website](#) by searching for form number 4203.

|   |                       |  |   |
|---|-----------------------|--|---|
|  |                       |  |  |
|  |                       |  |   |
| <b>Individual Summary Sheet</b>   |                       |  |   |
| Date of entry into the foster home: _____   |                       |  |   |
| Individual name: _____  |                       | DOB: _____   |   |
| Gender: _____   | Marital status: _____ | Religious preference: _____  |   |
| Current provider: _____   |                       | Phone: _____   |   |
| Current address: _____  |                       |  |   |
| Previous provider: _____  |                       | Phone: _____   |   |
| <b>Important contact information</b>  |                       |  |   |
| DD service coordinator: _____   |                       | Phone: _____   |   |
| Address: _____  |                       |  |   |
| Guardian (if applicable): _____   |                       | Phone: _____   |   |
| Address: _____  |                       |  |   |
| Parent(s)/family: _____   |                       | Phone: _____   |   |
| Address: _____  |                       |  |   |
| DHS caseworker: _____   |                       | Phone: _____   |   |
| Address: _____  |                       |  |   |
| Vocational provider: _____  |                       | Phone: _____   |   |
| Address: _____  |                       |  |   |
| Teacher (if applicable): _____  |                       | Phone: _____   |   |
| School address: _____   |                       |  |   |
| Parole/probation officer (if applicable): _____                                   |                       | Phone: _____   |   |
| Address: _____  |                       |  |   |
| Other/title: _____  |                       | Phone: _____   |   |
| Address: _____  |                       |  |   |
| Other/title: _____  |                       | Phone: _____   |   |
| Address: _____  |                       |  |   |
| <b>Medical provider information</b>   |                       |  |   |
| Primary physician: _____  |                       | Phone: _____   |   |
| Address: _____  |                       |  |   |
| Alternate clinic/physician: _____   |                       | Phone: _____   |   |
| Address: _____  |                       |  |   |
| Dentist: _____  |                       | Phone: _____   |   |
| Address: _____  |                       |  |   |
| Psychiatrist (if applicable): _____   |                       | Phone: _____   |   |
| Address: _____  |                       |  |   |
| Preferred hospital: _____   |                       | Phone: _____   |   |
| <small>Individual Summary Sheet - Page 1 of 2<br/>SDS 4203 (10/10)</small>        |                       |  |   |

## Agency Executive Director Orientation Reference Materials

### Emergency and Fire Safety Planning


Having emergency plans in place is a crucial aspect of offering any kind of service, regardless of whether it is site-based or non-site-based. If you offer services at a physical location, having an emergency plan is a mandatory requirement. On the other hand, if you provide non-site-based services, you are only required to have an emergency policy and procedure in place.

The Summary of Emergency Plan can be found on the [ODHS/OHA Publications and Forms website](#) by searching for form number 0938.

# Agency Executive Director Orientation Reference Materials

## Emergency and Fire Safety Planning

County: \_\_\_\_\_  Original  Revised (*attach explanation*)



**DHS** | Oregon Department  
of Human Services  
**AGING & PEOPLE WITH DISABILITIES**  
Safety, Oversight and Quality

### SUMMARY OF EMERGENCY PLAN

---

Site name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Site address: \_\_\_\_\_ Main phone: \_\_\_\_\_  
(Street address) (City and ZIP)

Type of facility: \_\_\_\_\_  24/7  Days  Nights/weekends 24-hour fax: \_\_\_\_\_  
 Affiliate of: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of residents/clients: \_\_\_\_\_ Number of staff day: \_\_\_\_\_ Number of staff night: \_\_\_\_\_

**Resident disability/care needs: (\*Please complete in numbers)**

Adults  Children  Mobility  Hearing  Sight  Non-verbal  
 Extremely obese  Cognitive/mental health/behavioral issues  Confined to bed  
 Special diet  Oxygen  Service animals

Additional significant condition(s): \_\_\_\_\_

**Principal contact:** \_\_\_\_\_  
(Name/title) (Phone 1/24 hr. carrier) (Phone 2/pager) (E-mail)

**Secondary contact:** \_\_\_\_\_  
(Name/title) (Phone 1/24 hr. carrier) (Phone 2/pager) (E-mail)

**Shelter in place:** Full plan includes plan to shelter in place (*number of days*)

Food: \_\_\_\_\_ Water: \_\_\_\_\_ Fuel/generator: \_\_\_\_\_

**Emergency transportation: \*site requires (numbers of)**

Seats for ambulatory residents  Tie-downs for wheel chairs  Medical transport  
 Extreme obese capability  Extra transportation for equipment  Child seats

Site has its own transportation: Capacity: \_\_\_\_\_ Number of seat belts: \_\_\_\_\_  
 Number of tie-downs: \_\_\_\_\_ Other: \_\_\_\_\_ Specify: \_\_\_\_\_

**List of transportation provider(s):**

| Name and phone number: | Verbal agreement         | Written agreement        | N/A                      |
|------------------------|--------------------------|--------------------------|--------------------------|
| _____                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**List evacuation arrangements (name, address and phone number):**

Local, immediate/short term:  
 Local, across town:  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_

Out of immediate area:  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_

**Resources you have that could assist others and how to access them (generator, kitchen facility, extra bed capacity, HAM radio, etc.):** \_\_\_\_\_

**Additional important information:** \_\_\_\_\_

**Where your site's full emergency plan is kept and date updated:** \_\_\_\_\_

[Click here for submitting instructions](#)

DHS 0938 (Rev. 07/18)

# Agency Executive Director Orientation Reference Materials

## Emergency and Fire Safety Planning

### Developing emergency plans and procedures

- List of emergency supplies
- Contact numbers and Communication Plan
- Staff role assignments
- Training plans for staff's responses
- Specific locations for individual service sites
- Evacuation routes and alternative locations
- Individual summary sheets
- Emergency Information Document



Remember that during an emergency your staff will need to be able to access the plan quickly. It is important that the up-to-date plan is available in a printed format.

There are numerous resources available to help you create a useful emergency plan.

- The Federal Emergency Management Agency has published a resource to help you [understand basic preparedness](#) and how to [prepare for a disaster](#).
- [Ready](#) is a National public service campaign designed to educate and empower the American people to prepare for, respond to and mitigate emergencies, including natural and manufactured disasters. Ready has a website that will help you create an [emergency communication plan](#).
- Oregon Health and Science University received a grant from the Centers for Disease Control and Prevention to publish an [Emergency Preparedness Tool Kit For People With Disabilities](#).
- Jackson County, Oregon published "[Creating a Disaster Plan for Your Group Home or Adult Foster Home](#)". This can be used as an example. The information and numbers listed in this plan are specific to foster homes in Jackson County.

## Agency Executive Director Orientation Reference Materials

### Emergency and Fire Safety Planning

- The states of Vermont and Michigan published an [Emergency Preparedness Planning manual](#), written for residential care homes intended to assist a facility in developing effective plans for coping with emergency scenarios. This can be used as an example. The information is specific to those states.

ODDS reviewed Emergency Plans and Emergency policies & procedures to assess pandemic response and provide technical assistance.

- Plans were found to have vague, generic language lacking specificity and individuality.
- Plans were not usable in actual emergencies as they were not specific to the agency and the community.
- Plans and procedures must be specific to the agency, the community, and the people being supported.
- Plans were too complicated and not clear enough to be used in an emergency.



- Plans were outdated and required review and updating to be effective in an emergency.

### Emergency training planning and practice

- Stress in a real emergency can make it difficult for people to think and react. Practicing the emergency plan helps the team know what to do in case of an emergency.
- Some endorsement rules require annual training of the emergency plan, check your rule.
- Asking staff to simply read the emergency plan or policy is not sufficient preparation.



## Agency Executive Director Orientation Reference Materials

### Emergency and Fire Safety Planning

- Regular training, such as fire and earthquake drills, helps staff know how to respond in an emergency.
- A tabletop exercise is a type of emergency drill that tests and practices emergency response plans.



- Participants sit around a table and discuss a simulated emergency scenario, role-playing and making decisions as they would in a real emergency.
- The goal is to evaluate the emergency plan, identify weaknesses, and improve coordination and communication.
- It's an efficient way to practice the emergency plan, identify problems, and train people to respond effectively in an actual emergency.
- FEMA has published [exercise and preparedness tools](#).

### Trauma awareness

When creating or reviewing your emergency plans, it is important to consider the involvement of the people you support. It is important to handle these conversations in a way that does not cause undue concern or trigger past traumas. Instead, reframe the conversation in a positive and sensitive manner, acknowledging that emergencies can happen, but emphasizing that the plans are in place to keep everyone safe and secure. By including the people, you support in the process, you can build trust and ensure that the emergency plans are tailored to meet their needs and address their unique concerns. Additionally, this can provide an opportunity for education and training to help the people you support feel more prepared and confident in the event of an emergency.







# Agency Executive Director Orientation Reference Materials

## Emergency and Fire Safety Planning

- The Federal Emergency Management Agency has published a resource to help you [build a kit for emergencies](#).
- Ready also has published a resource to help you [build a kit](#).

### Mass evacuation



- Mass evacuation occurs when a large number of people need to leave a place quickly due to an emergency or danger.
  - The cause could be a natural disaster like a tsunami or a wildfire.
  - People are instructed to leave their homes and go to a safe place such as a shelter or another building.
- It's important to listen to instructions from authorities and follow the evacuation plan of the agency.
  - Mass evacuation can be stressful, so it's important to stay calm and follow instructions to ensure safety.
  - Ready has published a website that can help you create an [evacuation plan](#), including specific guidance for [people with disabilities](#).
  - When planning for an evacuation consider:
    - Information on where you would relocate. FEMA has an [app](#) that may list open shelters during an active disaster in your local area.
    - Supplies, equipment, and records needed to be taken. Ready has a resource to help you [build a kit](#) to take with you.
    - How you will get people to the new location(s)
    - Training staff to know their roles
    - How your agency will keep track of people and notify other where they are
    - Ready has a site that can help you create a [communication plan](#).



# Agency Executive Director Orientation Reference Materials

## Emergency and Fire Safety Planning

Planning for supports in a new location.



- Ensure you have adequate staff.
  - Create plans that address the needs of people.
  - Have current emergency contact information for each person.
  - Sufficient medical, sanitation, and food supplies.
- Coordinate with other providers, the CME, and the person's family.
  - Stay in compliance with the rules.
  - Maintain health and safety.
  - No additional funding for the relocation site



## Ongoing Emergency Preparedness



- Review your emergency supplies.
- Check the emergency supplies quarterly.
- Make sure the individual summaries and emergency plans are updated.

# Agency Executive Director Orientation Reference Materials

## Emergency and Fire Safety Planning

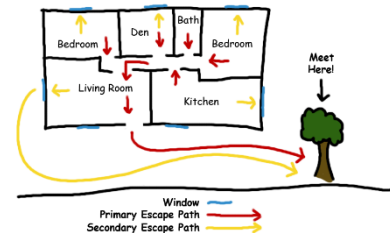
### **General fire safety requirements**

Fire safety requirements vary based on the endorsement type. However, there are certain fire safety standards that apply to all settings. These requirements ensure that the people being supported, and the staff are safe in the event of a fire. It's important to be aware of the fire safety requirements specific to your endorsement and to take the necessary steps to ensure that your setting is in compliance with those requirements. This can include installing fire alarms, having fire extinguishers readily available, and conducting regular fire drills. Additionally, it's crucial to regularly review and update your fire safety plan to ensure that it is up-to-date and meets the requirements of your endorsement.

[Fire safety environment checklists](#) are available at the end of this chapter.

As an agency provider you and your staff are responsible for the following regardless of setting:

- Ensuring that people can safely exit the service setting during emergencies.
- Training your staff to respond to people's specific evacuation needs.
- You are responsible for keeping up-to-date and complying with:
  - Applicable [Oregon Administrative Rules](#)
  - [Oregon Fire Code](#) that apply to the service setting.
  - [Oregon Building Code](#) that apply to the service setting.
  - Talk to the [State Fire Marshal](#) or your [local fire authority](#) if you have questions.




All site-based services require the following:

- You must complete an assessment of a person's ability to exit the setting.
- Request for site inspection for [Licensed facilities referral for fire safety inspection for Oregon Office of State Fire Marshal](#)
- You are required to [download the form](#) to request a fire inspection. The Oregon State Fire Marshal (OSFM) will receive and document the request, then refer your request to the appropriate local fire department or Deputy

# Agency Executive Director Orientation Reference Materials

## Emergency and Fire Safety Planning

State Fire Marshal to schedule and conduct the actual inspection at your facility. Inspections are scheduled within 45 days.

- You must ensure that people can safely exit the service setting during emergencies.
  - You must hold emergency drills.
- 

- You must assess and document evacuation needs according to your setting's requirements.
  - You must train your staff to respond to people's specific evacuation needs.

### **Environmental requirements**

Each endorsement has different rule requirements for fire and evacuation drills. This matrix will help you understand the rule requirements.

| <b>Service Setting Fire Drill and Evacuation Requirements<sup>1</sup></b>   |   |                         |   |                              |
|---|---|-------------------------|---|------------------------------|
| <b>Service Setting</b>  | <b>24-Hour Residential Host Home (5 or fewer)<sup>2</sup></b> | <b>Supported Living</b> | <b>Site Based Community Living Supports</b> | <b>Site Based Employment</b> |
| Upon entry must assess individual's ability to safely exit service setting and document the level of assistance required. | X   | X <sup>3</sup>          | X   | X                            |
| Quarterly fire drills required.   | X   |                         |   | X                            |
| Monthly fire drills required.   |   |                         | X   |                              |
| Fire drill documentation required:  | X   |                         | X   | X                            |
| • Date and time of the drill or simulated drill.  | X   |                         | X   | X                            |

<sup>1</sup> All information provided in this document is subject to change. It is the provider's responsibility to assure that they keep up to date on the applicable Oregon Administrative Rules.

<sup>2</sup> Settings may be homes, apartments, or duplexes.

<sup>3</sup> Includes identifying how the individual evacuates their residence, specifying at a minimum the routes to be used and the level of assistance needed.

Agency Executive Director Orientation  
Reference Materials

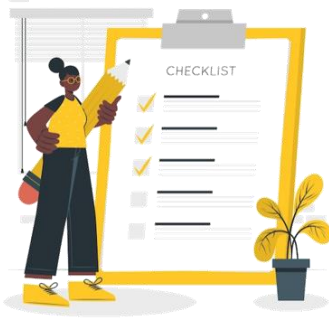
Emergency and Fire Safety Planning

| <b>Service Setting Fire Drill and Evacuation Requirements<sup>1</sup></b>  |   |                         |   |                              |
|--|---|-------------------------|---|------------------------------|
| <b>Service Setting</b>   | <b>24-Hour Residential Host Home (5 or fewer)<sup>2</sup></b> | <b>Supported Living</b> | <b>Site Based Community Living Supports</b> | <b>Site Based Employment</b> |
| • Location of the simulated fire or exit route.  | X   |                         | X   | X                            |
| • Last names of all individuals and staff present on the premises at the time of the drill.  | X   |                         | X   | X                            |
| • Type of evacuation assistance provided by staff to individuals as specified in each individual's safety plan.                        | X   |                         |   |                              |
| • Amount of time required by each individual to evacuate or staff simulating the evacuation.   | X   |                         |   |                              |
| • Amount of time required by each individual to evacuate if the individual needs more than the established time limit for the setting. |   |                         | X   | X                            |
| • Signature of the staff conducting the drill.   | X   |                         | X   | X                            |
| Fire drill documentation kept for two years from the date of the drill.  | X   |                         | X   | X                            |

# Agency Executive Director Orientation Reference Materials

## Emergency and Fire Safety Planning

All site-based services are required to complete a quarterly fire and emergency safety reviews.



- The agency/provider must conduct and document quarterly safety reviews.
- Any items needing to be addressed must be addressed in a timely manner
- Documentation is maintained verifying that the issues have been resolved.
- Safety review reports must be kept in a central location for three years.

Site-based Community Living Supports and Employment endorsements must also:

- Ensure that the service site has received initial fire and life safety inspections performed by the local fire authority or a Deputy State Fire Marshal. Request for site inspection for [Licensed facilities referral for fire safety inspection for Oregon Office of State Fire Marshal](#)
- Keep the documented results of the inspection for 5 years, including recommended modifications or changes and documentation of any resulting action taken.

### **Fire drills and fire evacuation plans**

Fire drills play a crucial role in emergency preparedness by allowing people to practice and familiarize themselves with evacuation procedures and processes. Additionally, fire drills provide an opportunity to measure evacuation times and identify any unique needs or accommodations for people in the event of a real fire or emergency. The frequency and documentation requirements for fire drills vary based on the endorsement type and service setting. It is the responsibility



of service providers to stay updated with the relevant regulations (OARs) and ensure they are meeting the fire drill requirements specific to their service setting.

## Agency Executive Director Orientation Reference Materials

### Emergency and Fire Safety Planning

The grid below shows the different safety review requirements:

| <b>Service Settings<br/>Safety Review Requirements<sup>4</sup></b>   |  |                             |  |                               |
|--|--|-----------------------------|--|-------------------------------|
| <b>Requirements</b>  | <b>24-Hr.<br/>Residential<br/>Settings</b> | <b>Supported<br/>Living</b> | <b>Facility<br/>Based<br/>Community<br/>Living<br/>Support<sup>5</sup></b> | <b>Employment<sup>6</sup></b> |
| A documented safety review must be conducted quarterly to assure setting is free from hazards.   | X  |                             | X  |                               |
| Quarterly safety review reports must be kept for three years. <sup>7</sup>   | X  |                             | X  |                               |
| The interior and exterior must be safely maintained. <sup>8</sup>  | X  | X                           |  |                               |
| Initial fire and life safety inspections must be performed by the local fire authority, or a Deputy State Fire Marshal as required by applicable OARs and/or Oregon Fire Code Requirements. <sup>9</sup> | X  | X                           | X  | X                             |
| <b>Once Every Five Years-Health &amp; Safety Inspections</b>   |  |                             |  |                               |
| At least once every five years, a provider agency must conduct a health and safety inspection.   |  |                             | X  | X                             |
| The inspection must cover all areas and buildings where  |  |                             | X  | X                             |

<sup>4</sup> All information provided in this document is subject to change. It is the provider's responsibility to assure that they keep up to date on the applicable Oregon Administrative Rules.

<sup>5</sup> Community living supports are facility-based if delivered at a fixed location outside the home of the individual, i.e., site is operated, owned, or controlled by a service provider.

<sup>6</sup> The requirements in the grid apply to those employment providers that own, lease a suite, and regularly have individuals present and receiving services at the site. It should be noted that most employment services are delivered in community settings and not in provider owned or leased sites.

<sup>7</sup> It is expected that the provider agency will act in a timely manner when health and safety issues are identified in the safety review.

<sup>8</sup> Refer to the applicable OAR for more physical environment requirements and safety supports.

<sup>9</sup> Refer to the applicable OAR for the service setting for more information. The documented results of the inspection, including documentation of recommended modifications or changes and documentation of any resulting action taken, must be kept by the provider agency for five years.



Agency Executive Director Orientation  
Reference Materials

Emergency and Fire Safety Planning

| <b>Service Settings<br/>Safety Review Requirements<sup>4</sup></b>  |  |                             |  |                               |
|---|--|-----------------------------|--|-------------------------------|
| <b>Requirements</b>   | <b>24-Hr.<br/>Residential<br/>Settings</b> | <b>Supported<br/>Living</b> | <b>Facility<br/>Based<br/>Community<br/>Living<br/>Support<sup>5</sup></b> | <b>Employment<sup>6</sup></b> |
| services are delivered to individuals, including administrative offices and storage areas.  |  |                             |  |                               |
| The inspection must be performed by: <ul style="list-style-type: none"> <li>• The Oregon Occupational Safety and Health Division.</li> <li>• A provider agency's worker's compensation insurance carrier.</li> <li>• An appropriate expert, such as a licensed safety engineer or consultant as approved by the Department; or The Oregon Health Authority, Public Division, when necessary.</li> </ul> |  |                             | X  | X                             |
| The inspection must cover the following: <ul style="list-style-type: none"> <li>• Hazardous material handling and storage.</li> <li>• Machinery and equipment used at the service site.</li> <li>• Safety equipment.</li> <li>• Physical environment.</li> <li>• Food handling, when necessary.</li> </ul>  |  |                             | X  | X                             |
| <b>Once Every Five Years-Health &amp; Safety Inspections</b>  |  |                             |  |                               |
| The documented results of the inspection, including recommended modifications or changes and documentation of any resulting action taken, must be kept by the provider agency for five years.   |  |                             | X  | X                             |

# Agency Executive Director Orientation Reference Materials

## Emergency and Fire Safety Planning

### Assessment of Evacuation Assistance



- Prior to determining a person's ability to safely exit the service setting, your agency will need to orient them to where the exits are.
- While it is site-based requirement, it is still a good idea regardless of your service to ensure that everyone is assessed for the level of evacuation assistance and the amount of time it takes a person to evacuate.
- Providers of 24-hour residential and host homes must have an Individual Fire Evacuation Safety Plan for people who do not participate in fire drills. Talk with the person's Services Coordinator or Personal Agent if supporting someone who may need an individual fire evacuation plan.

### Staff must be trained:

- Safe moving techniques
- Language and communication barriers
- Appropriate responses to behavior challenges and emotional reactions to crises



## Agency Executive Director Orientation Reference Materials

### Emergency and Fire Safety Planning

Upon a person’s entry (within 24 hours for 24-Hour Residential Service or Host Home Settings), your agency is responsible for assessing a person’s ability to safely exit the service setting in response to an alarm or simulated emergency.

| 24-Hour Residential Service Setting:<br>Assessment of Fire Evaluation Assistance and Fire Drill Requirements <sup>10</sup>  |                                     |                                   |                     |
|---|-------------------------------------|-----------------------------------|---------------------|
| Requirements  | Home/Duplex<br>5 or Fewer<br>People | Apartment<br>5 or Fewer<br>People | Home<br>6-11 People |
| Within 24 hours of an individual’s entry into the program the provider must assess the individual’s ability to evacuate in response to an alarm or simulated emergency.                 | X                                   | X                                 | X                   |
| Unannounced evacuation drills must be conducted when individuals are present, one per quarter each year with at least one drill per year occurring during hours of sleep. <sup>11</sup> | X                                   | X                                 | X                   |
| Fire drills must occur at different times during day, evening, and night shifts with exit routes being varied based on the location of a simulated fire.                                | X                                   | X                                 | X                   |
| Written fire drill documentation <sup>12</sup> required:<br><br>Date and time of the drill or simulated drill.  | X                                   | X                                 | X                   |

<sup>10</sup> All information provided in this document is subject to change. It is the provider’s responsibility to assure that they keep up to date on the applicable Oregon Administrative Rules.

<sup>11</sup> Fire drills during sleeping hours need to occur during hours that individuals are in deep sleep, i.e., usually between the hours between 1:00 a.m. and 4:00 a.m.

<sup>12</sup> Documentation must be done in ink.

# Agency Executive Director Orientation Reference Materials

## Emergency and Fire Safety Planning

| 24-Hour Residential Service Setting:<br>Assessment of Fire Evaluation Assistance and Fire Drill Requirements <sup>10</sup> |                                     |                                   |                     |
|--|-------------------------------------|-----------------------------------|---------------------|
| Requirements   | Home/Duplex<br>5 or Fewer<br>People | Apartment<br>5 or Fewer<br>People | Home<br>6-11 People |
| Location of the simulated fire or exit route.  | X                                   | X                                 | X                   |
| Last names of all individuals and staff present on the premises at the time of the drill.                                  | X                                   | X                                 | X                   |
| Type of evacuation assistance provided by staff to individuals as specified in each individual's safety plan.              | X                                   | X                                 | X                   |
| Amount of time required by each individual to evacuate or the staff simulating the evacuation. <sup>13</sup>               | X                                   | X                                 | X                   |
| The signature of the staff conducting the drill.   | X                                   | X                                 | X                   |
| Fire drill records must be kept available on the premises for three years for licensing review purposes. <sup>14</sup>     | X                                   | X                                 | X                   |

<sup>13</sup> Standard time for evacuation is 3 minutes or less with or without staff assistance.

<sup>14</sup> Refer to applicable Oregon Administrative Rules for record retention requirements.

# Agency Executive Director Orientation Reference Materials

## Emergency and Fire Safety Planning

| Fire Safety/Environmental Requirements  |  |        |
|---|--|--------|
| Agency:   | Site Location:   | Date:  |
| Agency staff participating in the review:   |  |        |
| Licensing staff completing review:  |  |        |
|   |  |        |
| <b>BEDROOMS:</b> describe (1 <sup>st</sup> right, front, blue, MBR) next to #   |  |        |
| <b>Window openings</b> must be at least 821 sq inches. The height can be no less than 22" and the width can be no less than 20 inches. Total sq inches could be 821 sq in, but not meet the minimum height and width. If a window opening has a width of 20 in, the height must be at least 42 in to = more than 821 sq in. If the height is 22 in, the width must be at least 38 inches to = more than 821 sq in. <b>Inside windowsill heights</b> can be no more than 44 in. <b>Outside windowsill heights</b> may be no more than 72 in. <b>Shared bedrooms:</b> must have 60 sq ft per person with beds 3 ft apart. |  |        |
| <b>Bedroom #1 -</b>   |  |        |
| Dimension of window opening:  |  | Notes: |
| Windowsill height (inside):   |  | Notes: |
| Windowsill height (outside):  |  | Notes: |
| Window coverings:   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Notes: |
| Screens on windows:   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Notes: |
| Smoke alarm:  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Notes: |
| Keyed single action door lock:  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Notes: |
| Key is specific to this room:   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Notes: |
| <b>Bedroom #2 -</b>   |  |        |
| Dimension of window opening:  |  | Notes: |
| Windowsill height (inside):   |  | Notes: |
| Windowsill height (outside):  |  | Notes: |
| Window coverings:   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Notes: |
| Screens on windows:   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Notes: |
| Smoke alarm:  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Notes: |
| Keyed single action door lock:  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Notes: |
| Key is specific to this room:   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Notes: |
| <b>Bedroom #3 -</b>   |  |        |
| Dimension of window opening:  |  | Notes: |
| Windowsill height (inside):   |  | Notes: |
| Windowsill height (outside):  |  | Notes: |
| Window coverings:   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Notes: |
| Screens on windows:   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Notes: |
| Smoke alarm:  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Notes: |
| Keyed single action door lock:  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Notes: |
| Key is specific to this room:   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Notes: |
| <b>Bedroom #4 -</b>   |  |        |
| Dimension of window opening:  |  | Notes: |
| Windowsill height (inside):   |  | Notes: |
| Windowsill height (outside):  |  | Notes: |
| Window coverings:   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Notes: |

# Agency Executive Director Orientation Reference Materials

## Emergency and Fire Safety Planning

| Fire Safety/Environmental Requirements   |  |  |
|--|--|--|
| Agency:  | Site Location:   | Date:  |
| Screens on windows:  | <input type="checkbox"/> Yes <input type="checkbox"/> No   | Notes:   |
| Smoke alarm:   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | Notes:   |
| Keyed single action door lock:   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | Notes:   |
| Key is specific to this room:  | <input type="checkbox"/> Yes <input type="checkbox"/> No   | Notes:   |
| <b>Bedroom #5 -</b>  |  |  |
| Dimension of window opening:   |  | Notes:   |
| Windowsill height (inside):  |  | Notes:   |
| Windowsill height (outside):   |  | Notes:   |
| Window coverings:  | <input type="checkbox"/> Yes <input type="checkbox"/> No   | Notes:   |
| Screens on windows:  | <input type="checkbox"/> Yes <input type="checkbox"/> No   | Notes:   |
| Smoke alarm:   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | Notes:   |
| Keyed single action door lock:   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | Notes:   |
| Key is specific to this room:  | <input type="checkbox"/> Yes <input type="checkbox"/> No   | Notes:   |
| <b>BATHROOMS: Describe (main, master, 1/2) next to #</b>   |  |  |
| *Turn hot water faucet all the way on if there is a separate hot/cold faucet or turn the single faucet all the way to hot. Put the thermometer under the water and let it run until the reading on the thermometer stops increasing or begins to decrease. You may also use a cup to capture the water if there is only a shower head* |  |  |
| Bathroom #1 -  | Hot Water Temperature:   | Single Action Lock: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bathroom #2 -  | Hot Water Temperature:   | Single Action Lock: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bathroom #3 -  | Hot Water Temperature:   | Single Action Lock: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Door Locks: External and Internal</b>   |  |  |
| <b>SA</b> =single action; <b>N</b> =No; <b>NL</b> =not locked; <b>N/A</b> : not applicable, (i.e., no laundry room) All internal locks must be simple hardware. Bedrooms must be single action locks   |  |  |
| Front Door   | <input type="checkbox"/> SA <input type="checkbox"/> N <input type="checkbox"/> NL <input type="checkbox"/> NA | Notes:   |
| Back Door  | <input type="checkbox"/> SA <input type="checkbox"/> N <input type="checkbox"/> NL <input type="checkbox"/> NA | Notes:   |
| Laundry Room   | <input type="checkbox"/> SA <input type="checkbox"/> N <input type="checkbox"/> NL <input type="checkbox"/> NA | Notes:   |
| Door to Garage   | <input type="checkbox"/> SA <input type="checkbox"/> N <input type="checkbox"/> NL <input type="checkbox"/> NA | Notes:   |
| Garage to outside  | <input type="checkbox"/> SA <input type="checkbox"/> N <input type="checkbox"/> NL <input type="checkbox"/> NA | Notes:   |
| Staff office   | <input type="checkbox"/> SA <input type="checkbox"/> N <input type="checkbox"/> NL <input type="checkbox"/> NA | Notes:   |
| Hall Closet  | <input type="checkbox"/> SA <input type="checkbox"/> N <input type="checkbox"/> NL <input type="checkbox"/> NA | Notes:   |
| Other:   | <input type="checkbox"/> SA <input type="checkbox"/> N <input type="checkbox"/> NL <input type="checkbox"/> NA | Notes:   |
| Other:   | <input type="checkbox"/> SA <input type="checkbox"/> N <input type="checkbox"/> NL <input type="checkbox"/> NA | Notes:   |
| Other:   | <input type="checkbox"/> SA <input type="checkbox"/> N <input type="checkbox"/> NL <input type="checkbox"/> NA | Notes:   |
| Other:   | <input type="checkbox"/> SA <input type="checkbox"/> N <input type="checkbox"/> NL <input type="checkbox"/> NA | Notes:   |
| Other:   | <input type="checkbox"/> SA <input type="checkbox"/> N <input type="checkbox"/> NL <input type="checkbox"/> NA | Notes:   |
| Magnetic locks:  | <input type="checkbox"/> Yes <input type="checkbox"/> No   | Notes:   |
| Alarmed doors & windows:   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | Notes:   |
| Motion detectors:  | <input type="checkbox"/> Yes <input type="checkbox"/> No   | Notes:   |

## Agency Executive Director Orientation Reference Materials

### Emergency and Fire Safety Planning

| Fire Safety/Environmental Requirements   |  |        |
|--|--|--------|
| Agency:  | Site Location:   | Date:  |
|  |  |        |
| A place to lock toxics, chemicals, poisons, etc.   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | Notes: |
| A place to lock flammables   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | Notes: |
| A place to lock sharps   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | Notes: |
| Bathroom window shades, curtains, coverings, etc.  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | Notes: |
| Operative Flashlights, 1 per floor   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | Notes: |
| First Aid Kits   | <input type="checkbox"/> Yes <input type="checkbox"/> No                             | Notes: |
| Fire Extinguishers 2A10BC, 1 per floor   | <input type="checkbox"/> Yes <input type="checkbox"/> No                             | Notes: |
| The interior and exterior must be well and safely maintained and accessible according to the needs of the individual   | <input type="checkbox"/> Yes <input type="checkbox"/> No                             | Notes: |
| Floors, walls, ceilings, windows, furniture, and fixtures must be in good repair, clean and free from odors. Walls, ceilings, and floors must be of such character to permit frequent washing, cleaning, or painting | <input type="checkbox"/> Yes <input type="checkbox"/> No                             | Notes: |
| Public Water Supply  | <input type="checkbox"/> Yes <input type="checkbox"/> No                             | Notes: |
| If non-municipal (well water) there must be a water sample tested by a certified water testing lab   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | Notes: |
| Septic tanks must be in good working order   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | Notes: |
| Adequate heating and cooling   | <input type="checkbox"/> Yes <input type="checkbox"/> No                             | Notes: |
| Handrails provided for all stairways. A stairway is defined as 4 or more rises. This includes steps up to the front and back doors, garages, off patio/decks up to the second floor                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | Notes: |
| 2nd story homes must have unobstructed egress out to a platform or deck with stairs to the ground level. Individuals cannot be expected to go through another person's room to exit for fire from the 2nd floor      | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | Notes: |
| Yard and exterior steps must be accessible and appropriate to the needs of the individual  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | Notes: |



## Agency Executive Director Orientation Reference Materials

### Emergency and Fire Safety Planning

| Fire Safety/Environmental Requirements   |  |        |
|--|--|--------|
| Agency:  | Site Location:   | Date:  |
| Is there screening for workable fireplaces and open-faced heaters  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | Notes: |
| Are there swimming pools, hot tubs, saunas, or spas  | <input type="checkbox"/> Yes <input type="checkbox"/> No                             | Notes: |
| Is the swimming pool, hot tub, sauna, or spa equipped with safety barriers designed to prevent injury and unsupervised access            | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | Notes: |
| Necessary measures taken to prevent entry of rodents, flies, mosquitoes, and other insects (i.e., screens on windows)                    | <input type="checkbox"/> Yes <input type="checkbox"/> No                             | Notes: |
| Was any remodeling done by your agency   | <input type="checkbox"/> Yes <input type="checkbox"/> No                             | Notes: |
| Provide documentation of permits and occupancy if applicable   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | Notes: |
|  |  |        |
| <b>All Licensed 24-Hour Residential Facilities</b>   |  |        |
| 13D residential sprinkler system   | <input type="checkbox"/> Yes <input type="checkbox"/> No                             | Notes: |
| Certificate of Occupancy   | <input type="checkbox"/> Yes <input type="checkbox"/> No                             | Notes: |
| At least 2 means of egress   | <input type="checkbox"/> Yes <input type="checkbox"/> No                             | Notes: |
| Unobstructed egress from back yard (no locked gates)   | <input type="checkbox"/> Yes <input type="checkbox"/> No                             | Notes: |
| Bedroom  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | Notes: |
| Centrally located in the corridor  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | Notes: |
| Centrally located in the corridor  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | Notes: |
| If smoke alarms are not permanently wired battery operated smoke alarms with 10-year life battery in each of the following are required: |  |        |
| Each Bedroom   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | Notes: |
| Adjacent hallways  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | Notes: |
| Common living areas  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | Notes: |
| Basement   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | Notes: |
| Top of stairways in two-story homes  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | Notes: |

# Agency Executive Director Orientation Reference Materials

## Getting Ready For Your First Referral and Entry

### Getting Ready For Your First Referral and Entry

#### Preparation

You should review the reference materials in this chapter and complete the following reflection questions prior to attending the session on getting ready for your first referral and entry.

Using person-centered approaches when reviewing, screening, and managing referrals, as well as when engaging in entry processes and meetings is critical. It's crucial to remember that the person you are supporting is not defined by a collection of papers and documents. During the review and screening process, it's important to keep in mind that the information you're reading may have been written from someone else's perspective and may contain biases. It's essential to take the time to get to know the person before making any decisions on their support.



- How do you feel when meeting someone new?
- How can you support a person who is entering your agency?
- What supports will you need to provide to help someone with this transition?
- When reviewing someone's ISP, what do you need to consider?
- How will you balance your personal bias with the person's history and records as well as your agency's ability to support the person?

#### Learning Outcomes

By the end of this orientation module, the intention is that you will be able to:

- Recognize the process of receiving referrals.
- Demonstrate reviewing referral documentation to determine if you are able to meet the person's needs.
- Identify and understand the entry processes.
- Demonstrate analyzing documentation as part of entry.

# Agency Executive Director Orientation Reference Materials

## Getting Ready For Your First Referral and Entry

### Referral to entry process overview



- The referral process can vary.
  - Start by informing local CDDP and Brokerage of accepting referrals.
  - Share information about your agency and its specialization.
  - Consider staffing needs to accept referrals and plan accordingly.
- Consider training, consultation, or recruiting staff to meet specific needs.
  - Identify areas of strength and communicate with the CME.
  - Maintain open communication with the CME to understand agency strengths.
  - Referrals for adults seeing supports in residential settings will typically come from a CDDP. If you are offering residential services, such as 24-Hour Residential or Supported Living and you receive a referral from any source other than your local CDDP, you must immediately involve your local CDDP.



### Children Referrals Sources

- Differences in how referrals come to potential providers: CDDP, Children's Residential Team, or Children's Intensive In-Home Services (CIIS).
- Different requirement for who participates in the meeting for kids: Court Appointed Special Advocates (CASA), guardian/parent, Kids Res Specialist, and CDDP.
- If a referral comes from someone other than a case management entity or from a different county: contact the local CDDP.



# Agency Executive Director Orientation Reference Materials

## Getting Ready For Your First Referral and Entry

### Adult Referrals – Employment and Community Living Supports

- People who live in their own or family homes often take the lead in the referral process.
- When the person or their representative directly contacts the agency, it's important to find out who their Services Coordinator or Personal Agent is.
- The Medicaid agency executive director is responsible for establishing communication with the Case Management Entity (CME) as soon as a person contacts them.



- If the person seeking services is not receiving case management from a CME in the same county as the agency, the local CDDP must be contacted.
- Adults may be referred to employment or CLS services from a CDDP or Brokerage.

### A person is not their paperwork.

- The referral process may not give an accurate representation of the person.
- Documentation may be biased and incomplete.
- Moving can be traumatic for a person and this may be reflected in the referral.
- The former provider may present only positive traits when hastening a person's move to a new agency.
- It is important to get to know the person before deciding to support them.



### Typical Process from Referral to Decision

When a provider agency is open to accepting referrals, it will collaborate with the designated case management entity to obtain referrals for people who require support services. This partnership ensures that the agency has the necessary information and resources to provide effective support to those in need. The case management entity often acts as a liaison between the person and the agency and helps to facilitate the referral process by providing

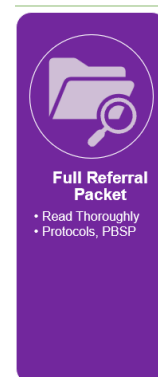
# Agency Executive Director Orientation Reference Materials

## Getting Ready For Your First Referral and Entry

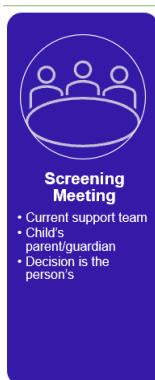
information about the person and their needs. In order to provide the best possible care, it's crucial for the agency to maintain open communication with the case management entity, to ensure that they have a clear understanding of the person's needs and the resources required to meet those needs.



- For adults seeking 24-Hour Residential or Supported Living supports, the case management entity may send an Adult Residential Services Referral Form.
- The Adult Residential Services Referral Form should be considered an initial inquiry only and not a decision-making tool.
- An agency should request a full referral packet when reviewing the Adult Residential Services Referral Form
- Agencies should ask specific questions, if necessary, when reviewing the Adult Residential Services Referral Form.

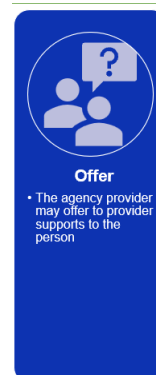


- The step of requesting a full referral packet does not occur for Kids Residential and Host Home due to regular meetings between the CME and ODDS Children's team.
- The CME and ODDS Children's team work together to match children's needs with the provider's openings and the provider receives the full referral packet right away for children.



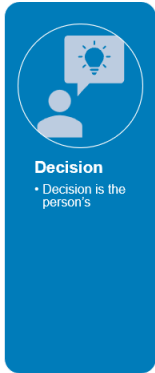
- When considering a referral, if the person's needs match what the agency can support and the person appears to be a good fit, a screening meeting with the current support team may be requested.
- The decision to have a screening meeting is up to the person and may be a virtual meeting or a site visit.
- A screening meeting provides an opportunity to ask more questions, ensure services will work for the person, and break through any biases in the paperwork.

- For children, the screening might include the parent/guardian, CDDP Case Manager, and a Children's Residential Specialist.
- After the screening meeting your agency may decide to offer to provide supports to the person.



# Agency Executive Director Orientation Reference Materials

## Getting Ready For Your First Referral and Entry



- The final decision of who will provide supports to the person belongs to the person themselves.

Before an agency offers its services to a person, it is important to make sure that they are a suitable fit. This means that the agency should carefully assess the person's needs and determine whether they can be adequately supported through the services that the agency provides. The agency should not offer a "trial period" for the person, as this could lead to difficulties down the line if the person is not a good fit for the services being provided. Instead, the agency should use the referral and screening processes to thoroughly assess the person's needs and determine if they are a good match for the agency's services. This will help to ensure that the person receives the support that they need, and that the agency can provide this support effectively.



# Agency Executive Director Orientation Reference Materials

## Getting Ready For Your First Referral and Entry

### Referrals

#### Referral Documentation May Include

- Adult Residential Services Referral Form



#### Full Referral

- ISP
- Risk Assessment
- Support needs
- Individually Based Limitations
- TESP/FBA/PBSP
- One-page profile
- ONA Service Group and rate
- Protocols

#### Referral Documentation Review Good Practices

- Review the complete packet.
- Ask questions.
- Follow up with the case manager to request additional information.
- Ensure you have the resources to support complex needs.
- Make sure you are reviewing the most current ISP and support plan documents.





## Agency Executive Director Orientation Reference Materials

### Getting Ready For Your First Referral and Entry

#### Good Screening Practices

- Both the person seeking supports and the provider determine the right fit during the screening.
- The person makes the final decision.
- The provider should create a list of important questions during the screening process, such as staff preferences, likes/dislikes, community considerations, and vehicle safety.



- Relevant staff members (house manager, lead staff, behavior professional) should participate in the screening.
- Service group levels should not be the primary consideration for accepting referrals, but rather a business consideration.

# Agency Executive Director Orientation Reference Materials

## Getting Ready For Your First Referral and Entry

### Activity

The Adult Residential Services Referral Form is utilized exclusively for adult individuals who are seeking 24-hour residential support services. Although it is a succinct document, it is being used here as an example due to its straightforward format that makes it ideal for practicing purposes. Using the example on the following pages answer these questions.



- What potential supports will be needed to address the reason the person is receiving notice from current placement to prevent future occurrence in new placement?
- What questions do you have for the current provider around the notice?
- What might you ask to learn about the person's strengths and values during a screening?
- How can your agency meet the person's priorities for next placement? What might you not be able to do?
- What professional resources will you need? Does your agency already have access to these resources?
- How can your agency support their employment path?
- What support documents would you expect to review if you requested a full referral?
- Are you able to make an informed decision on accepting this person into your agency based off the information on this form?
- Why?
- Why not?
- If you were to accept this person into your agency, what would you need to have in place prior to their entry?
- Additional questions/items you may ask before or at a screening:
  - How can you maintain a service equity perspective during review?
  - What information is missing in the form?

Agency Executive Director Orientation  
Reference Materials

Getting Ready For Your First Referral and Entry

**Adult Residential Services  
Referral Form**



Residential placement requested:  Adult foster home  24 hour group home  Supported living

**Contact Information**

Referred individual's first and last initials: AC  
Case manager name: Jean Service Coordinator Date of referral: 04/13/2022  
Case manager e-mail: JeanServiceCoordinator@cddp.or.us Case manager telephone: +1 (555) 123-4567  
Case manager's supervisor's name: Ima Supervisor  
Supervisor e-mail: imasupervisor@cddp.or.us Supervisor telephone: +1 (555) 123-4568  
Case management agency: CDDP Name of agency: County DD Program

**Referral Information**

Reason for referral: Increased behavioral issues and recent falls have caused need for placement. Is no longer safe living in current provider home w/supports. Needs Group Home  
Time lines for transition: Immediate health and safety issues prompt need for placement ASAP.

**Person Centered Information**

If this box is checked, a cover letter with personalized message from the referred individual is being sent to  the provider along with this Referral Form. The person's cover letter should be reviewed by the provider along with a review of information provided in this form.

Person's greatest interests/goals:  
Loves her family, classic cars, dump trucks, dogs, Likes Michael Jackson's music especially (she likes to dance) getting out into the community, electronics (TV, cell phone), Likes to watch cooking shows.

Person's greatest strengths:  
Friendly and outgoing, has great sense of humor loves to laugh,likes to cook, tries hard to be respectful of others.

Person's greatest values:  
relationship with family/parents, friends, working and earning a paycheck, Independence, smoking

Highest priorities for next placement/service:  
Easy access to community, as much independence as possible, wifi availability, having her own room, smoking

This person has a pet Describe the pet: \_\_\_\_\_

This person:  uses marijuana  uses alcohol  is aversive to cigarette smoke

**Demographic, Diagnostic & Assessment Information**

Gender: Female Age: 38 Marital status: Never Married  
Height: 5'4" Weight: 160 Native language: English Legal guardian? No

# Agency Executive Director Orientation Reference Materials

## Getting Ready For Your First Referral and Entry

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|  |  |   |
|--|--|---|
| IQ score/level:<br>68 w/"high" adaptives   | Primary diagnosis:<br>Intellectual Disability-Mild | Secondary diagnoses:<br>Depression  |
| Current living situation:<br>DD foster care  | Current day activities:<br>Employment              |   |
| Other, describe: Employment Path- Janitorial   | Activity schedule:                                 |   |
| City: Salem County: Marion   | Day Activity Location (City): Keizer               |   |
| Current assessments (complete all applicable):   |  |   |
| <input checked="" type="checkbox"/> SNAP rate  | <input checked="" type="checkbox"/> SIS tier level | <input type="checkbox"/> ANA assessed hours <input checked="" type="checkbox"/> ONA service level |
| <input checked="" type="checkbox"/> Legal Issues/Court Mandates Pending legal charges                      |  |   |
| Describe: Currently going through the judicial process for shoplifting at Local Walmart. Pending Diversion |  |   |

### **Behavior Supports Needed** - Demonstrated risk/supported within the last 5 years

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|   |   |
|---|---|
| <input type="checkbox"/> Threatens physical harm to others                                    | <input checked="" type="checkbox"/> Threatens physical harm to self |
| <input type="checkbox"/> Physically harms others  | <input checked="" type="checkbox"/> Physically harms self           |
| <input checked="" type="checkbox"/> Does not recognize danger                                 | <input type="checkbox"/> Extremely loud vocalizations               |
| <input type="checkbox"/> Provokes others  | <input type="checkbox"/> Fire setting risks                         |
| <input checked="" type="checkbox"/> Illegal behavior risk                                     | <input checked="" type="checkbox"/> False reporting                 |
| <input type="checkbox"/> Leaves supervised settings unsafely                                  | <input checked="" type="checkbox"/> Severely withdrawn              |
| <input type="checkbox"/> Drug/Alcohol issues  | <input type="checkbox"/> Uses weapons or objects as weapons         |
| <input type="checkbox"/> Property destruction   | <input checked="" type="checkbox"/> Inappropriate sexual behaviors  |
| <input checked="" type="checkbox"/> At risk of being sexually exploited                       | <input type="checkbox"/> Sexually offending behavior                |
| <input type="checkbox"/> Ingests or puts in mouth non-edible items                            | <input checked="" type="checkbox"/> Attempted or Threatens Suicide  |
| <input type="checkbox"/> Extreme food/fluid seeking   | <input checked="" type="checkbox"/> Refusal of medical supports     |
| Existing behavior support plan? <input checked="" type="radio"/> Yes <input type="radio"/> No | With Safeguarding Interventions                                     |
| Number of 1:1 hours assessed for behavior supports:<br>N/A                                    | Number of 2:1 hours assessed for behavior supports:                 |

Brief description of behaviors check-boxed above (duration, intensity, triggers, legal involvement):  
While independent in the community has exhibited risky behavior with strangers at risk of exploitation and history w/o conviction of shoplifting items from stores when not supervised or alone in the community. Suicidal ideation 2-3x per months. Recovers quickly when redirected as in PBSP. Refuses medical treatment 1-2 quarterly.

### **Medical Supports Needed**

Brief summary of current medical support needs:  
High blood pressure. Not an accurate reporter of pain/illness. Assist to know when to seek medical care/refuses medications and care. Diabetes (ADA Approved diet ordered)

Is there a nursing care plan?  Yes  No

# Agency Executive Director Orientation Reference Materials

## Getting Ready For Your First Referral and Entry

Is a new/updating care plan needed?  Yes  No

Nursing delegated tasks: \_\_\_\_\_

Ability to self-administer medications:  Yes  No

Status of Durable Medical Equipment: \_\_\_\_\_

Risks/Protocols needed or in existence:

Aspiration  Dehydration  Seizure  Constipation  Diabetes : Type 2

Other, Describe: Physician ordered American Diabetes Association approved diet. 1800 calories

### **Safety Supports Needed**

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In presence of children:

n/a

In presence of animals:

n/a

Fire evacuation supports needed:

needs assistance (reminders) but at times can exit independently without physical support

Nighttime supports needed:

Some supervision checks are currently in place due to her leaving the home and going out in the community unsupervised.

Does person smoke?  Yes  No

If "yes," what supports are needed related to smoking?

Schedule and safe place away from peers. No supports expected to be needed around smoking.

Water temperature adjustment support needed:

n/a

Other safety supports needed:

Assistance to identify people that have bad intentions and situations that could lead to exploitation.

### **ADL/IADL Supports Needed**

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Toileting supports needed:

Provide verbal reminders for thorough cleanup

Mobility/Physical/ Transfer limitations/Equipment:

Periodic unsteady gait late in the day, Risk of falls especially on stairs when unsteady may refuse assistance.

Dietary supports needed:

ADA Diet, supervision when AC is assisting with meal prep

Eating supports needed:

Independent, reminders to make good choices

Hearing or vision impairment? Describe:

Vision corrected with glasses

Transportation supports needed:

Rides community independently. Assist with reading bus schedules and correct fares.

# Agency Executive Director Orientation Reference Materials

## Getting Ready For Your First Referral and Entry

Socialization supports needed:

When mad she will express herself very loudly,

Cues to be mindful of language. Sometimes will swear, and can be intimidating when in crisis

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Receptive Communication supports needed:

May need information restated/simplified to understand to be able to make informed decisions. Check understanding.

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Expressive Communication supports needed:

Speaks, reads & writes English. Good communication skills but can difficult to understand at times. May mumble or speak softly.

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Number of 1:1 hours/day avg. assessed for Medical/ADL/IADL supports: \_\_\_\_\_

Number of 2:1 hours/day avg. assessed for Medical/ADL/IADL supports: \_\_\_\_\_

**Additional information that would impact placement & transition:**

Current provider has lost the majority of their trained staff. Current behavior and supervision needed exceeds what the foster provider can safely provide. 30 day notice 3/30/2022. Team feels strongly that AC needs a structured program with 24 hour staffing and an updated PBSP to stabilize AC.

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# Agency Executive Director Orientation Reference Materials

## Getting Ready For Your First Referral and Entry

### **Entry processes and documentation**

As an agency, you will be tasked with ensuring that all support documents for the people you support are centered around their needs and goals. This includes reviewing and preparing these documents, which will outline the support plan, services, and resources needed to help the person achieve their desired outcomes. It is crucial that these documents accurately reflect the person's individualized needs and preferences. These support documents must be regularly reviewed and updated to ensure they continue to meet their changing needs and circumstances. By taking a person-centered approach to support, you can help to ensure that the services provided to the person are tailored to their unique needs and promote their autonomy, independence, and overall well-being.

### Entry Meeting



- Happens when admitting a new person to your services.
- Attended by people the person chooses as well as some who are required to attend.
- Gather documentation and begin to complete your required support documents.
- The entry meeting is the last step in the referral process for the person to receive supports from the agency.
- No "trial period" is provided after the entry meeting.
- The agency is responsible for providing all the supports outlined in the ISP or PSA after the entry meeting.
- The case manager usually coordinates the entry meeting.
- Participants of the entry meeting may include:
  - the person receiving supports.
  - staff from the agency.
  - the case manager.
  - legal guardian (if any).
  - family or friends of the person's choice.



# Agency Executive Director Orientation Reference Materials

## Getting Ready For Your First Referral and Entry

- representative from the previous provider (if any).
- Child Welfare case manager (for children).
- Other advocates (for children).



### Entry Meeting Documentation

- Review and prepare person-centered support documents (ISP or PSA)
- Responsibility of the new provider to review and update support documents.
- Timeline for updating and implementing support documents after entry.
- Knowing the rules that govern the endorsement sought.
- Assumption of responsibility for the person once admitted.
- ISP as the contract with the person, need to follow through with commitments.
- At entry meeting:
  - Review and count medications, including controlled substances.
  - Review money and ledgers.
  - Review personal property record.

## Agency Executive Director Orientation Reference Materials

### Getting Ready For Your First Referral and Entry

- Participants: person, agency staff, case manager, legal guardian (if any), family or friends, previous provider (if any), Child Welfare case manager (for children)
- Expectation to ask questions, communicate with CME, and document missing information or items.



The exact documentation needed at entry will vary based on the specific endorsement requirements and the specific needs of the person. As you progress through the screening and entry processes, it is crucial to consider what information you should have in order to create comprehensive support documents for the person. All documents should accurately detail how your agency intends to meet the person's needs, and all must be properly stored in the person's file for reference and records purposes.

- ISP or PSA
- Person-Centered Information
- One-Page Profile
- Support documents & Protocols
- Physician Orders
- Functional Behavior Assessment and Positive Behavior Support Plan
- Individually Based Limitations (IBLs)
- Medical information
- Eligibility statement
- Risk Identification Tool (RIT)
- Career Development Plan
- Any court-ordered, legal documents
- ONA/Needs Assessment

## Agency Executive Director Orientation Reference Materials

### Getting Ready For Your First Referral and Entry

Use a trauma informed approach to entry meetings.

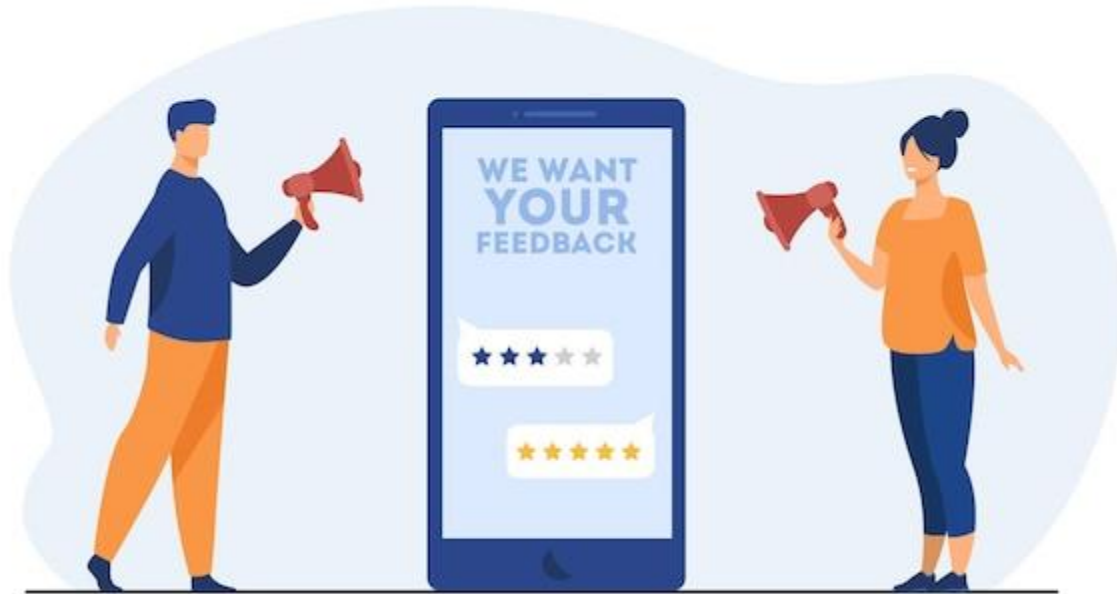
- Meetings may be emotionally challenging and difficult.
- Respectful communication and consideration of the person's preferences and comfort levels is crucial.
- The person should be actively engaged, and their voice should be heard



- Avoid talking over the person and give them time to express themselves.
- Take breaks if the person requests them.
- The meeting should be centered around the person and decisions should reflect their perspectives, opinions, and preferences.

# Agency Executive Director Orientation Reference Materials

## Feedback



Your voice matters!

After you have completed the Medicaid Agency Orientation, please help ODDS improve by taking a few minutes to fill out [our feedback survey](#). Your input is valuable and will directly contribute to creating a better experience for everyone. Your thoughts and opinions will help shape our future and make a real difference.

Thank you for your time and support!