



# **Residential Referral Process Worker Guide**

**Version 1.0**

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## **Worker Guide Purpose**

This ODDS Worker Guide focuses on residential referral processes for adults and children in Intellectual/Developmental Disabilities (I/DD) services. It is for use by Designated Referral Contacts (DRCs), Services Coordinators (SCs), Personal Agents (PAs) and others in non-provider, non-customer roles engaged in residential referral processes. It is consistent with Oregon Administrative Rules (OARs) and Office of Developmental Disabilities Services (ODDS) Policies. It also incorporates guidance on sound practices and strategies. Case Management Entity (CME) policies and procedures for residential referrals must be consistent with the information in this Worker Guide.

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## Chapter 1: Definitions

**Review of abbreviations, acronyms and terms is recommended prior to using this Guide:**

<b>ACHP</b>	Adult Care Home Program (Multnomah County adult foster care home licensing program)
<b>AFH</b>	Adult Foster Home, licensed by ODDS, HSD, or APD
<b>ALF</b>	Assisted Living Facility (for adults) licensed by APD
<b>APD</b>	Oregon Aging and People with Disabilities Program
<b>CCO</b>	Coordinated Care Organization (contracted to OHA)
<b>CDDP</b>	Community Developmental Disabilities Program
<b>CFH</b>	Child Foster Home certified by ODDS or Child Welfare
<b>Child or Children</b>	Any individual under age 18 years
<b>CIIS</b>	Children's Intensive In-Home Support Services Program
<b>CLS</b>	Community Living Supports credentialed by ODDS
<b>CME</b>	Case Management Entity (Brokerage or CDDP)
<b>CMS</b>	Centers for Medicare and Medicaid Services
<b>Conditions</b>	When in reference to a provider endorsement, license, or certificate, the Department may attach conditions that limit, restrict, or specify other criteria for operation of the agency. The type of condition attached to a certificate must directly relate to the risk of harm or potential risk of harm to individuals.
<b>CW or ODHS-CW</b>	Oregon Department of Human Services Child Welfare
<b>DME</b>	Durable Medical Equipment
<b>DOC</b>	Oregon Department of Corrections
<b>DRC</b>	Designated Referral Contact (at a Brokerage or CDDP)
<b>DSA</b>	Day Support Activity with ODDS-endorsed agency
<b>DSP</b>	Direct Support Professional (works for an agency)

<b>Exception</b>	Used when an individual's rate or service exceeds that of their assessment or the ODDS Expenditure Guidelines
<b>FBA</b>	Functional Behavior Assessment
<b>HCBS</b>	Home & Community-Based Services
<b>HSD</b>	Oregon Health Services Division
<b>IBL</b>	Individually Based Limitation
<b>ICF</b>	Intermediate Care Facility
<b>ISP</b>	Individual Support Plan
<b>LGBTQIA+</b>	Lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, Two-Spirit
<b>LTC</b>	Long-Term Care - Medicaid pays Long-Term Care costs for eligible individuals. Each program providing LTC has different eligibility criteria; Services can be provided in a person's home, other HCBS setting or a NF
<b>NF</b>	Nursing Facility
<b>NOPA</b>	Notice of Planned Action – required whenever a Medicaid funded service is reduced or terminated
<b>OAH</b>	Oregon ODHS Office of Administrative Hearings
<b>OAR</b>	Oregon Administrative Rule
<b>OHA</b>	Oregon Health Authority
<b>ONA</b>	Oregon Needs Assessment
<b>OSBN</b>	Oregon State Board of Nursing
<b>OSH</b>	Oregon State Hospital
<b>OYA</b>	Oregon Youth Authority
<b>PA</b>	Personal Agent, provides Support Services Brokerage case management
<b>PASRR</b>	Pre-Admission Screening and Resident Review required for nursing facility access
<b>PBSP</b>	Positive Behavior Support Plan funded by ODDS
<b>PEAA</b>	Provider Enrollment Application and Agreement
<b>PS</b>	Protective Services
<b>PSRB</b>	Psychiatric Security Review Board (related to OSH community release conditions)
<b>Resource Family</b>	DHS Child Welfare term replaces former "Foster Families"
<b>RCF</b>	Residential Care Facility licensed by APD
<b>RTF or RTH</b>	Residential Treatment Facility or Residential Treatment

	Home licensed by HSD or APD
<b>ROI</b>	Authorization for Release of Information
<b>SACU</b>	Stabilization and Crisis Unit operated by State of Oregon
<b>SC</b>	Services Coordinator, provides CDDP case management
<b>SCIP / SAIP</b>	Secure Children's Inpatient Program / Secure Adolescent Inpatient Program
<b>Screening</b>	<p>A person-centered process where:</p> <ol style="list-style-type: none"> <li>Individuals, guardians, prospective providers, and relevant CME staff gather, review, and compare referral information about specific individuals, and the homes and providers where they've been referred for residential services;</li> <li>Based on information considered, DRCs or SCs/PAs provide choice counseling to individuals and their guardians, and guidance to providers in making informed choices and "goodness of fit" decisions in the residential placement process;</li> <li>Based on information considered, individuals, their guardians and prospective providers make their residential placement decisions.</li> </ol>
<b>SE or SI</b>	Safeguarding Equipment or Safeguarding Intervention
<b>SGL</b>	Service Group Level
<b>SLP</b>	Supported Living Program
<b>SNAP</b>	Support Needs Assessment Profile (for I/DD child or adult foster home placements)
<b>SRTF</b>	Secure Residential Treatment Facility
<b>SUD</b>	Substance Use Disorder
<b>TESP</b>	Temporary Emergency Safety Plan - a proactive support for designated support providers to follow to help mitigate a behavioral risk while the FBA and PBSP are being completed
<b>Variance</b>	When approved, it allows a temporary exemption from a regulation or rule for which the variance is granted, with an alternative practice in place. In residential services, variances may be approved for a specific resident or for the entire home in general.

## Chapter 2: Worker Guide User Tips

- A. Hyperlinks to administrative rules, ODDS webpages, ODDS staff contact lists, forms, transmittals, other ODDS Worker Guides or other sections of this Worker Guide appear throughout.
- B. If a hyperlink also shows a number inside of parentheses, that means the link connects to an ODHS Form identified by that number or to the ODHS Publications and Forms Search Page. If the link goes to the ODHS Publications and Forms Search Page, enter the number into the search box on that page to find the corresponding form. For example: if the Worker Guide reads; “[Adult Residential Referral Packet Checklist \(2720\)](#),” click on that link and go to the DHS Forms Search Page. Once on the Search Page, enter “2720” in the search box to find the relevant form.
- C. Some terms are used interchangeably such as:
  - “home,” “setting” and “placement”
  - “individual” and “customer”
- D. When the term “Case Manager” is used, it is applicable to CDDP Service Coordinators, Brokerage Personal Agents, CIIS SCs and ODDS Children’s Residential Specialists alike.
- E. Worker Guide content will be reviewed for accuracy and updated as needed.

## Chapter 3: Applicability

### A. Rule Language

This Worker Guide addresses the Adult and Child HCBS Residential Services listed below. For full details about these service types, refer to the OARs listed at right:

#### 1. Adult Foster Homes (AFHs) licensed by:

- a. **CDDPs** for adults with I/DD [OAR 411-360-0010](#)
- b. **APD** for adults who are age 65 and older or have physical disabilities [OAR 411-050-0705](#)

- c. **HSD** for adults who experience chronic or persistent mental or emotional disturbances [OAR 309-040-0300](#)
  - d. **Multnomah County ACHP** for adult homes located in Multnomah County only [MCAR 023-010-100](#)
- 2. **Group Homes (24-Hour Residential) supporting adults, licensed by ODDS:** [OAR 411-325-0010](#)
- 3. **Supported Living Program Services supporting adults, credentialed by ODDS** [OAR 411-328-0550](#)
- 4. **Assisted Living and Residential Care Facilities (ALFs and RCFs) supporting adults, licensed by APD** [OAR 411-054-0000](#)
- 5. **Residential Treatment Facilities and Residential Treatment Homes (RTFs and RTHs) licensed by HSD** [OAR 309-035-0100](#)
- 6. **Child Foster Homes certified by:**
  - a. ODDS for children with I/DD [OAR 411-346-0010](#)
  - b. ODHS Child Welfare [OAR 413-200-0260](#)  
If ODDS is funding the placement, the CW-certified CFH must comply with [OAR 411-346-0010](#) while also meeting CW certification rules.
- 7. **Group Homes (24-Hour Residential) supporting children, licensed by ODDS:** [OAR 411-325-0010](#)
- 8. **Host Home Agencies endorsed by ODDS,** that recruit, provide training for and oversee licensed family homes for children [OAR 411-348-0010](#)
- 9. **Although Nursing Facilities are not HCBS settings,** Chapter 9 provides basic information on why and how an adult or child with I/DD may access Nursing Facility (NF) services, including the role and responsibilities of SCs and PAs in the process of discharging from a NF to a long-term residence for an adult or child.

## **B. WHEN?**

1. This Worker Guide covers referral processes beginning with the Case Manager's awareness that a new residential setting is needed or being considered for the individual and ending AFTER:
  - a. The provider and individual or their legal representative have selected a placement after receiving choice advising from their case manager, AND
  - b. The Certifier (for CFHs), the ODDS Children's Residential Program Manager (for child group homes), and the CDDP DRC (for all adult residential programs) have been notified and have had any concerns they expressed about the move shared and addressed, AND
  - c. Funding for the placement has been identified, agreed upon and the CME has the ability to authorize it, AND
  - d. Residential service entry meeting has been scheduled
2. This Worker Guide does not provide guidance for entry meetings, file transfers, ISP development or case management transfers. For guidance on these processes, refer to applicable ODDS OARs and Policies, CME Policies and Procedures, the [ODDS Partners and Providers Resource](#) webpage and [the ODDS Worker Guide webpage](#).

## **Chapter 4: Designated Referral Contacts (DRC)**

- A.** OARs require, at minimum, one position at each CME identified as the DRC. Depending on workload or CME practice, CMEs may have more than one DRC position. For example, a CDDP may assign one DRC position to coordinate residential referrals and resources for adults only and another DRC to address those duties for children only. Internal and external colleagues need to be able to easily identify the appropriate DRC for each CME and their contact information. This is accomplished through maintaining accurate information on the [DRC Contact List](#). To update the DRC Contact List please send an email to the ODDS Case Management Liaison Inbox, or [ODDS.casemanagementliaison@odhs.oregon.gov](mailto:ODDS.casemanagementliaison@odhs.oregon.gov) describing the contact change. An ODDS Case Management Liaison will

update the DRC Contact List. Note: The CME should also update the ODDS email distribution list as well as the CDDP or Brokerage Directory.

- B.** DRC qualifications and training requirements are the same for all CME types. The CDDP DRC qualifications are described in OAR 411-320-0030(5)(d) and the Brokerage DRC qualifications are described in OAR 411-340-0070(11)(a). The CDDP DRC training requirements are described in OAR 411-320-0030(10)(e) and the Brokerage DRC training requirements are described in OAR 411-340-0070(11)(c).
- C.** The CDDP OAR 411-320-0030(9)(c) describes the minimum required duties for the CDDP DRC and OAR 411-340-0070(11)(b) describes the minimum required duties for the Brokerage DRCs. These duties are listed out below. The specific tasks and duties for DRCs are also determined by the policies and procedures of the CME based on OAR language.

**DRCs in both the CDDP and Brokerage share the following duties as defined by OAR:**

1. Assisting with coordination of the activities related to the entry of an individual into a residential setting.
2. Making information about residential setting options available to an individual who is looking for a residential setting, or as applicable the individual's legal or designated representative.
3. Supporting Case Managers to identify local and statewide residential setting options. The DRC is the liaison to the Department for issues related to residential setting entries.
4. Assisting providers to assess referrals the provider receives from the brokerage for goodness of fit.

**The OAR defines the following additional duties to the CDDP DRCs only:**

1. Assisting providers to maintain their inventory of available residences using the Provider Vacancy Tool provided by the Department and providing technical assistance to providers on using the Provider Vacancy Tool when needed. The Provider Vacancy Tool referenced in the rule is voluntary and currently only applies to residential **programs for adults**.



2. Assisting the CDDP manager and local and statewide licensing and certification entities in the identification of existing and insufficient service delivery, trainings, rule compliance, resources, or options.

## **Statewide Site/Vacancy Information Reporting Form**

An ODDS Case Management Liaison maintains a Provider Vacancy Report. The Provider Vacancy Report is a document anyone can access through the [ODDS Partners and Providers Resource](#) webpage. The Provider Vacancy Report is regularly updated. The Provider Vacancy Report includes Adult 24-Hour Residential Homes; Adult Foster Homes; and Supported Living Programs. The Provider Vacancy Report is voluntary, meaning a provider can choose not to have their site listed on the vacancy report. Please note residential sites licensed to support children are not included on the Provider Vacancy Report.

In order to have a site listed on the Provider Vacancy Report, a provider must complete a [Statewide Site/ Vacancy Information Reporting Form \(4124\)](#), also referred to as the Provider Profile. This form also has [Instructions \(4124i\)](#). If ODDS does not have a Vacancy Information Reporting Form for a site, then the provider must first submit the form to the DRC from the county where the home is located. To the best of their ability, the DRC reviews the Vacancy Information Reporting Form for accuracy. Once reviewed, the DRC submits the Provider Profile to ODDS through the ODDS Case Management Liaison inbox. Then, the ODDS Case Management Liaison adds the site to the Provider Vacancy Report.

If ODDS has already received a Provider Profile for the site, then the provider can submit any updates to the Provider Profile directly to ODDS through the ODDS Case Management Liaison inbox. On the email, the provider should copy the DRC from the county where the home is located. DRC's should review the Provider Profile for any changes the provider may have made and communicate directly with the provider and the ODDS Case Management Liaison if there are questions about these changes.

The provider must update their Provider Profile or, if there are no updates, inform ODDS they still want their site on the Provider Vacancy Report at least once every six months. ODDS sends an email to the provider every six months reminding them that they need to either update their Provider Profile or communicate there are no updates needed. If the provider does not communicate with ODDS regarding a site on the Provider Vacancy Report every six months and after receiving this reminder email, then the site is

removed from the Provider Vacancy Report by ODDS. The provider can re-add the site at any point by following the process outlined above.

## **DRC Calls**

ODDS hosts two DRC calls. It is expected that DRCs attend these calls both to staff complex, challenging referrals and to assist and support DRCs from other CMEs with any complex, challenging referrals they may have.

One of these calls is facilitated by the Children's Residential Program Manager and ODDS Host Home Coordinator. The purpose of this call is to find residential options for youth for whom the local CDDP has not been able to identify a match among their local CFH providers.

During this weekly meeting, referrals to 24-hour and Host Homes are tracked by the ODDS Children's Residential Team. DRCs statewide also can share information with each other about possible CFH options in their counties. This allows DRCs from other counties to assist in identifying potential children foster homes in their area. The DRC is expected to come to the child referral call with knowledge about the child being referred. This includes, but is not limited to:

- The child's needs for support with activities of daily living (ADLs) and instrumental activities of daily living (IADLs)
- Whether there are any in-home supports for the child currently or if they will be put in place soon
- Being able to answer clarifying questions about information on the Children's Referral form (e.g. if sensory supports are noted, being able to provide specifics about the types)
- Whether the child has communication support needs
- Details around the child leaving supervised settings
- Any needs around high sexual behavior supports
- How the child does in school and extracurricular activities
- The child's current living situation

- Person-centered, positive support for the child, including their "best day" and positives about them
- any new developments or changes from week to week

The DRC should come prepared with knowledge of the referred child to have a productive and informed call about meeting the child's placement needs.

The second DRC call is facilitated by an ODDS Case Management Liaison and occurs approximately once every two weeks. This call focuses on adults and minors who need residential placement at a home licensed to support adults and who the CME is experiencing challenges in finding an appropriate residential placement. For this meeting, the DRCs are expected to come to these meetings prepared to give a general summary of the individual for whom they are looking for placement. This summary should include, but is not limited to, the individual's initials; age; gender; race information; area of the state where the individual is looking for placement; and a general explanation of the individual's support needs.

At this meeting, the individual will be added by the ODDS Case Management Liaison to the Big News. The Big News compiles all individuals in the state of Oregon who are looking for a residential placement at an adult licensed home and who were staffed at this DRC call. The ODDS Case Management Liaison who facilitates this DRC call will maintain the Big News and distribute the Big News to all DRCs statewide on the Friday following the DRC call via email. This email will also include the DRC Contact List; Current Conditions List; and a Call Schedule for the Adult DRC calls for the remainder of the calendar year.

During this call, DRCs statewide also can share information with each other about possible residential options in their counties. This allows DRCs from other counties to assist with identifying potential residential vacancies in their area.

## Chapter 5: Adult Residential Referrals

### **A. SC or PA leads the referral process for the individual on their caseload.**

**Note:** Even if a CIIS SC or ODDS Children's Residential Specialist is involved for a 17-year-old youth who will transition from child to adult

residential services, the CDDP SC takes the lead and collaborates with the CIIS SC or ODDS Children's Residential Specialist throughout the process.

- B. Verify Accuracy** of individual's needs assessments, ISP, protocols, PBSP, nursing care plan, TESP, Service Level and service rate information. If any need to be updated, follow up before sending out referral packets.
- C. Complete the ODDS [Adult Residential Form \(DHS 4123\)](#)**; this form is intended to be completed by the SC or PA and not by the individual, their legal representative or advocate. However, they will be consulted for responses on the form.
- D. Compile the Referral Packet** using the required [Adult Residential Packet Checklist \(2720\)](#) Obtain the individual's or guardian's permission using the [State Authorization to Disclose form \(MSC 3010\)](#) to send referral information to multiple providers.

**Note:** Find out whether the individual or guardian wants to FIRST meet with prospective providers in person and visit their homes BEFORE sharing their referral information, OR agrees to delay in-person visits until AFTER the referral packet has been sent to providers. Typically, providers want FIRST to review the individual's referral packet before having in-person contact and may decline an in-person meeting until they've reviewed the referral packet, which is their choice to do.

- E. If an ODDS Exception is needed** for the individual, for planning purposes, consider the timing for starting the request. The need for and/or response to an Exception request may be unknown until provider screening begins. Continue the referral planning inclusive of the expected timeline for getting a response to an Exception request.
- F. Cover Letter?** Support the individual, their guardian or ISP team if they want to create a [One Page Profile](#) or cover letter to include in their referral packet. This will offer directly from the perspective of the adult a personal introduction and note about their desires for a new home and/or provider.
- G. Though not required, SCs or PAs consult with the CME's DRC about the individual's referral**, possible options and parallel planning. Discuss

setting types that may work best for the individual seeking residential services.

- H. Review residential options** from among Supported Living Agencies (SLP), Foster Homes, and Group Homes and non-DD options that best match the individual's needs and preferences. If the individual's needs and preferences match better a NON-I/DD HCBS service setting, see Chapter 7 of this manual.
- I. Reminder: Per OARs, the Case Manager must present at least three licensed or certified residential setting options**, including at least two different types of settings to adults or their legal representatives when they want services in a licensed or certified residential setting. (Exceptions to this requirement are in the OAR.)
- I. SLP questions - If the individual is considering this option**, help them or their legal guardian to do a financial resource appraisal to make certain they can pay all their ongoing living expenses. Assist them to explore SLP providers with owner-controlled housing options. This route may limit the adult's housing preferences but could (not always) offer better affordability.
- J. Brokerage or CDDP policies and procedures notwithstanding**, consider provider preferences for receiving the referral information and choose one of two methods to send referral information. Method **#1** limits the amount of HIPAA-protected information being distributed. Method **#2** is best for more quickly expediting the referral process:
  - 1. **Send ONLY the completed Adult Residential Referral Form.** Instruct the Provider to review it and "Reply to ALL" to reply about whether they want next to receive the **full** referral packet or halt the referral based on their review of the Adult Residential Referral Form.
  - 2. **Send the entire Referral Packet and Referral Form to the provider all at once.**
- K. Send referral information by secure email to providers the individual has selected and copy selected others on the email:**
  - 1. Providers who post their vacancies to the [ODDS Residential Vacancy listings](#) include their email addresses, but not always phone numbers;
    - a. In the email, request of the provider their phone number for discussing the referral;

- b. If the provider's vacancy information is not posted to the ODDS webpage, obtain the contact information from the DRC where the provider's program is located;
  2. Copy all email correspondence to the local DRC
  3. If providers receiving the referrals operate their residential programs outside the local county, contact the DRCs in those counties to find out which of the options below they prefer (the local DRC may know this information already and can advise the SC or PA):
    - a. Immediately receive a copy of the individual's [Adult Residential Referral Form](#) **only** to review, **OR**
    - b. Immediately receive their entire referral packet, **OR**
    - c. Wait until AFTER the provider screening has taken place before receiving any referral documentation from the SC or PA for those DRCs to review.
  4. In the email, give a deadline for response from the provider to indicate whether they want to proceed with the referral.
- M. **If the search for residential options is not producing viable options**, consult with the local DRC for help. DRCs should discuss the individual's referral on regularly scheduled ODDS Statewide DRC calls for help from other DRCs and ODDS partners. This call is described in [Chapter 4](#) of this manual.
- N. **Provide choice advising for the individual and/or their legal guardian as they meet providers and visit their programs:**
  1. Facilitate in-person introductions with one or more visits between referred adults and providers.
  2. SCs and PAs should assist their customers with additional inquiry. Some possible examples of questions to ask providers:
    - a. *How frequently will you and your staff support my customer to engage in their preferred activities?*
    - b. *How will you support my customer to resolve a disagreement with a housemate?*
    - c. *What are some ways you will help my customer to develop skills to be more independent?*
    - d. *Have you ever had to give an involuntary exit notice to a resident? If so, why?*

- e. *What kind of ongoing training and skill development do you provide for your employees?*
- f. *What languages are most spoken in the home?*
- g. *May I see your staffing plan? What is your backup plan if your employees are unexpectedly absent?*
- h. *Tell me about your experience collaborating with Behavior Professionals and RNs.*
- i. *How do you respond when there is disagreement between an adult and their legal guardian about supports?*

**O. After the provider and individual both say “YES,” and BEFORE making entry plans or scheduling an entry meeting, confirm the following:**

1. There are no licensing conditions that will prevent entry; **WITH conditions of “no new entry or transfer without ODDS and CDDP approval” the provider must obtain approval** from the CDDP where the home is located; if different, the CME providing case management services to the individual; and ODDS **BEFORE** the entry can be approved to proceed. See ODDS transmittal [APD-PT-19-047](#) for information on the required process. This could take several days-to-weeks to complete. All DRCs are notified regularly by ODDS of Conditions placed on agency licenses and certificates.
2. Rate is finalized and accepted by the provider. Any rate exception that may have been requested has received a response.
3. Though not required, it is best practice for the DRC for the CDDP where the home is located to have been given the opportunity to provide feedback on the proposed placement to the provider and to the referring SC or PA. The SC and PA should also share any concerns expressed by that DRC with the individual and/or their legal guardian for them to consider before making a final decision.
4. Provider shows minimum staffing levels are met and staff training is completed.
5. If applicable: nursing delegation training has been completed at the home, is in process or is scheduled to occur directly upon move-in; behavior support training or consult is scheduled for prior to or directly upon move-in.



6. Physician's orders and any needed equipment and environmental adaptations are achieved PRIOR to entry.
7. Agreement is reached between CMEs if a case management transfer needs to occur; everyone involved in the transition must know what to expect by whom and when to expect it.

## **P. Referring Adults to the SACU Program**

All CME policies and procedures must be consistent with the Policy Transmittal and Worker Guide listed below. DRCs, SCs and PAs must follow the process and expectations described in these publications for referring adults to SACU:

1. [SACU Adult Referral Policy Transmittal DD-PT-21-104](#)
2. [SACU Adult Referral Worker Guide](#)

## **Chapter 6: Residential Transitions**

Individuals may be met with an anticipated need for a new residential program, which means there is usually a specific target date identified for which the exit from the current residential situation must occur. Often, these anticipated situations provide the ISP team with an opportunity of more time for more planful transitions. However, sometimes the individual's I/DD service eligibility is determined in very tight proximity to their transition target date. That creates a more challenging, compressed timeline for the SC/PA and DRC to help plan for and achieve a good placement.

### **Anticipated Transition Examples:**

#### **A. When a 17- or 20-year-old individual who receives I/DD services in a residential program must exit at age 18 to 21 years.**

This is a natural transition from children I/DD services to adult I/DD services, when they are eligible. The deadline cannot change. For an individual receiving I/DD services in a residential program, planning with the individual and their ISP Team should begin when the individual turns 17 years-old. For individuals receiving Host Home services, planning with the individual and their ISP team should begin the



year they turn 18 years-old, or when they graduate high school as an individual can remain in a Host Home with a variance until 21 if they are on a modified diploma.

While coordinating the timing for a move, the ISP team should consider the end of one school year and beginning of the next school year and how the residential change may impact continuity of the individual's educational plan.

**NOTE:** [OARs 411-346-0180\(3\)\(f\)](#) and [DD-PT-23-068](#) outlines conditions under which an individual older than 18 years may be able to continue living in their current DD-CFH home until they are 26 years-old, only with prior approval of ODDS.

**B. When an individual is being released from incarceration by the Department of Corrections (DOC) and has been determined eligible for I/DD services:**

ODDS provides a Worker Guide for case managers and DRCs who are helping to coordinate residential services for adults who soon will be released back into the community from DOC. CME policies and procedures must be consistent with and case managers must follow:

1. ODDS transmittal [DD-IM-22-061](#), *Transitioning IDD Individuals in the Custody of the Department of Corrections Back Into a Community Setting*, and
2. ODDS Worker Guide, [Individuals Release from the Oregon Department of Corrections Facilities](#)

When possible, it's strongly recommended to begin the community residential placement planning when the target date is within about six months. Attention to timing is imperative as the DOC cannot continue to hold someone in prison beyond the date that their term of sentence has been completed.

**C. When an individual eligible for I/DD services is being released from the Oregon State Hospital or other secure institutional treatment settings and may or may not be under the jurisdiction of the Psychiatric Security Review Board (PSRB) or Juvenile PSRB:**

[Admission Types and Discharge Process from the Oregon State Hospital \(OSH\)](#) is the ODDS Worker Guide for case managers and DRCs to reference when coordinating I/DD residential services for individuals who soon will be released back into the community. CME policies and procedures must be consistent with this ODDS Worker Guide and the related transmittal

[DD-IM-21-033](#), *Oregon State Hospital Discharge Types and Procedures*.

The Worker Guide includes an OSH Transition Check List and Process Map outlining responsibilities of the OSH Social Worker, ODDS and the CME in this process. It provides detailed explanations of the roles and functions of the PSRB and JPSRB and how they impact residential support planning.

## Chapter 7: Non-I/DD HCBS Adult Residential Options

### A. Referring Adults to APD-Licensed, I/DD-Funded ALFs, RCFs and AFHs

1. If the individual chooses to explore APD-licensed AFHs, ALFs or RCFs funded by ODDS, [use this APD Long Term Care Setting Search tool](#) to search for facilities and homes that will accept Medicaid funding.
2. Once APD AFHs, ALFs or RCFs are identified as possible options, the SC or PA contacts the facility or home to find out if they already have a completed, signed PEAA with ODDS.
3. If the provider does not already have a signed DD PEAA, the SC or PA contacts [ODDS.ProviderEnrollment@odhsoha.oregon.gov](mailto:ODDS.ProviderEnrollment@odhsoha.oregon.gov) to request the appropriate enrollment application be sent to the providers.
4. A completed, signed PEAA and acceptance by the APD-licensed provider ALONE will NOT guarantee placement approval. The SC or PA must confirm that the program's licensing authority has approved the placement based on license classifications and other criteria.
5. It is at the discretion of the ALF, RCF or AFH to accept and sign the PEAA; if they decline, the placement cannot be funded by ODDS.
6. Each facility has its own referral screening process; SC or PA must inquire about their referral and screening processes, then support their customer accordingly. They may accept the ODDS Adult Residential Referral Form and Referral Packet or have other referral requirements.
7. **IMPORTANT NOTE:** the model of care provided in ALFs, RCFs, and APD AFHs is quite different than the model of care provided in I/DD-licensed group and foster homes. While APD homes and facilities reflect more the ["medical model" of providing supports, I/DD-licensed homes](#)

[reflect more the “social model”](#) of providing residential supports. Help the customer to determine if this setting type is a good match for their needs and preferences. (For a more comprehensive understanding about APD residential supports and the role of the APD Diversion/Transition Specialist, SCs, PAs and DRCs may want to consult [this APD guide](#).)

8. AFH rates in APD-licensed homes, when funded by ODDS for a resident who is an I/DD customer, are determined by the individual’s SNAP.
9. To determine ALF and RCF service rates, follow this guidance: [Service Rates for ALFs and RCFs through DD Funding](#).
10. **If the individual meets eligibility criteria and prefers to transition from ODDS case management and services to APD case management and services**, the residential placement search process will be facilitated by their APD case worker. The SC or PA should assist the individual to facilitate the transition to APD-funded services.
11. DRCs may establish connections in advance with their local APD Branches’ Diversion/Transition Specialists. Then, if an individual asks to explore a change to APD services, the local CME and APD will be supported by their existing professional connection.

## **B. Referring Adults to OHA HSD-Licensed Behavioral Health AFHs and Residential Programs**

1. Behavior Health **residential treatment programs** are not funded by ODDS due to Medicaid funding restrictions. An adult must meet admission criteria in [OAR 309-035-0100](#) to access behavioral health supports in a HSD-licensed Residential Treatment Home or Residential Treatment Facility (RTHs and RTFs) funded through HSD. Adults may remain in I/DD Case Management and some other I/DD services while they also access Residential Behavior Health Services. Read guidance in [ODDS Information Memorandum APD-IM-20-096](#).
2. If individuals in I/DD services meet admission criteria for HSD-licensed **AFHs established in [OAR 309-040-0395](#)**, it IS possible for this type of placement to be funded by ODDS through the same needs assessment and rate setting methodology established for adults living in ODDS-licensed and funded AFHs. However, admission to HSD-Licensed AFHs is limited to adults with a qualifying mental illness diagnosis and requires referral by the local county mental health program or approval of Oregon HSD. ODDS does not fund mental health services in

this type of AFH setting, only residential supports related to ADL and IADL needs based on the adult's ONA and SNAP.

3. OAR 309-035 defines conditions under which an individual may be **denied** admission to an RTH or RTF; one of those conditions for denial is the absence of available vacancies.
4. Most placements into HSD's RTHs, RTFs, and AFHs come from OSHs, other hospitals or acute care facilities.
5. The SC or PA **must** contact the local Community Mental Health Program (CMHP) to coordinate access to all of these community residential settings. This is the [Contact List](#) for those CMHP programs.
6. DRCs may want to establish professional networking connections in advance with the CMHP/s that serve their geographical area. Then, when an ISP team believes the individual (who has a qualifying mental health diagnosis) may be best supported in a behavioral health residential setting, a professional relationship already exists between the local CME and the county behavioral health program. This helps to set a table for discussion between the programs to explore options for the individual.
7. Adults under a 426 Mental Health Civil Commitment may be determined best supported in an RTH or RTF, but this is not always a direct route.
8. This [State Residential Treatment for Behavior Health Conditions Report Summary](#) provides comprehensive information that may support SCs and PAs to assist their adult customers with exploring eligibility for and access to HSD Behavioral Health residential programs.

## Chapter 8: Child Residential Referral Process

### A. Determine which Case Manager will take the lead on the child's referral:

1. The CDDP SC leads in collaboration with the local DRC and DD-CFH certifier **UNLESS** the child lives in an ODDS 24-Hour Children's Group Home and needs to move to a different ODDS 24-Hour Children's Group Home. In this case, the ODDS Children Residential Specialist leads, completes the tasks, and tracks progress. The CDDP SC leads in collaboration with the local DRC in all referrals made for a minor to an adult licensed 24-hour Group Home.
2. If the plan is for the child to "step down" from an ODDS 24-hour Children's Group Home to a CFH or return to the family home, the ODDS Children's Residential Specialist and SC collaborate with the DRC and CFH Certifiers on transition planning. The SC at the CDDP takes the lead in this transition.
3. If the child also has a CIIS SC, CIIS takes lead with choice advising and referral tasks for Host Homes and 24-Hour Children's Group Homes and the CDDP SC, DRC and CFH Certifier take lead for referral tasks with CFH and 24-Hour Adult Group Homes. The CIIS DRC will send referrals to Host Homes and 24-hour Children's Group Homes.

**B. Review and Confirm for Creating the Referral Packet:**

1. Medicaid eligibility status
2. Accuracy of youth's needs assessments, Service Level and Child Foster Service Rate; coordinate any needed updates.
3. Accuracy of the ISP, protocols and other supporting documents; determine whether a PBSP or nursing care plan needs to be updated or TESP developed
4. Possible need for an ODDS Exception for the services or rate; the need for an Exception may not be revealed until after providers have screened the child. Include the timing for getting a response on any Exception request in the process for referral and entry

**C. Support the youth and their family or guardian to develop a [One Page Profile](#) or to write a cover letter to include in the Referral**

Packet. This offers a more person-centered presentation about their interests, strengths, and perhaps a more personal message about what they hope to achieve with the move.

- D. Prepare the [Child Placement Referral Form](#)** and gather Referral Packet contents based on the [Checklist](#) on the final page of the Referral Form. The same Child Placement Referral Form and Packet Checklist is used for referrals to all I/DD HCBS types: CFHs, Host Homes, and Group Homes. It is the Case Manager's role to complete all parts of the Referral Form. It should not be given to the parent or guardian to complete. However, the Case Manager will gather information about the youth from parents and others. The Referral information should be sent to: [odds.childrensresidentialreferrals@odhsoha.oregon.gov](mailto:odds.childrensresidentialreferrals@odhsoha.oregon.gov)
- E. Consult with the local DRC and CFH Certifier** to learn about options among local CFHs specifically, and Host Home and Group Home settings in general that may be suitable choices. The local DRC and CFH Certifier should support the Case Manager to send a full referral packet to selected CFH providers.
- F. When placement is needed for a minor and no appropriate vacancies are available** in homes licensed or certified for youth under age 18, the SC consults with their supervisor and/or local DRC to explore possible options with residential providers licensed to support individuals aged 18 years and older. Pending comprehensive safety assessment outcomes and approval from the Licensing agency, there may be an option for placement of a minor in an adult home.

To place a minor in an adult foster requires an approved Variance and completed Safety Assessments. These completed [Variances \(6001\)](#) and [Safety Assessments \(4541\)](#) are emailed to [ODDS.Variances@odhsoha.oregon.gov](mailto:ODDS.Variances@odhsoha.oregon.gov) for approval by the Variance Committee.

To place a minor in a 24-hour Adult Group Home the request and completed Safety Assessments must be submitted to ODDS Licensing in order to change the license to allow for minors to be supported at the site. Requests and Safety Assessments to place a minor in a 24-hour Adult Group Home should be emailed to [dd.licensing@odhsoha.oregon.gov](mailto:dd.licensing@odhsoha.oregon.gov).

The provider has the choice to consider or decline this type of referral.



Note: Safety Assessments must be completed for ALL of the following: the minor entering into the Adult Foster Home or 24-hour Adult Group Home; every individual currently residing in the Adult Foster Home or 24-Hour Adult Group Home; and for any individual who moves into the Adult Foster Home or 24-Hour Adult Group Home while a minor lives at the site. When new Safety Assessments are completed they must be submitted to either the ODDS Licensing inbox (for 24-hour Adult Group Homes) or the ODDS Variance Committee inbox (for Adult Foster Homes) for approval.

**G. CDDP DRCs connect in a weekly forum with the ODDS Children's**

Residential Program Manager and ODDS Host Home Coordinator for the purpose of finding residential options for youth for whom the local CDDP has not been able to identify a match among their local CFH providers. During this weekly meeting, referrals to 24-hour and Host Homes are tracked by the ODDS Children's Residential Team. DRCs statewide also can share information with each other about possible CFH options in their counties. This allows DRCs from other counties to assist with identifying potential children foster homes in their area.

**H. Providers who have received residential referrals screen them while parents or guardians also screen the provider options.**

1. **For 24-Hour Group Home Referrals:** The ODDS Child Residential Specialists assigned to the specified homes coordinate the screening process, location and scheduling. They contact the Case Manager and DRC with screening information. The Case Manager contacts the parents or guardian of the youth to notify them of the screening schedule details.
2. **For Host Home Referrals –**
  - The DRC for the CDDP will discuss the minor at the weekly children's DRC call.
  - If ODDS and the CDDP feel like the child is a good fit for host homes, the DRC sends the Host Home Coordinator the 9 page referral and a Release of Information for the Host Home agency. This information should be sent to the Host Home inbox:  
[Host.Homes@odhsoha.oregon.gov](mailto:Host.Homes@odhsoha.oregon.gov)

- A referral notice is sent by the Host Home Coordinator to the DRC and the Host Home agency providing a timeline for the CDDP to send a full referral packet to the agency.

- The CDDP sends the full referral packet to the Host Home agency. The Host Home agency reaches out to the DRC to discuss next steps in the screening process. The agency will notify the CDDP either of a denial or request to screen the individual. At this point, the DRC includes the guardian/SC in the screening process.

- ODDS Children's Residential Specialist completes the referrals if the minor is moving from a 24-hour Child Group Home to a Host Home.

3. **For CFH homes in other Counties** – The DRC or CFH Certifier in the county where the home is located contacts the CFH provider, Case Manager and DRC to coordinate the screening details, and the Case Manager shares this information with the parents or guardian.
4. **In all situations – the youth's Case Manager should prioritize** responding to emails and calls from several partners in the process – other CDDP staff in other counties where CFHs are located, the ODDS Host Home Coordinator, the ODDS Children Residential Specialists and the providers to whom referrals have been sent -- so that steady progress continues in referral and screening.
5. **The Case Manager should attend the provider screenings.** Depending on the proximity of the youth and their family to the provider site, screenings may take place in person or virtually by computer or phone.

## **I. Notifications of Provider Screening Outcomes:**

1. **The Case Manager is notified by:**
  - a. Residential Provider - For 24-Hour Children's Group Homes (ODDS Children Residential Specialist also is notified by the provider)
  - b. Host Home Agency
  - c. DRC or CFH Certifier for the county where the home is located - For CFH homes in other Counties
2. **The Case Manager assures that the parents or guardian have**



**been notified** by the providers about their decision. Parents or guardians accept or decline the offer, if made by the provider.

**3. If the screening outcome is provider's offer of placement:**

- a. If the parent/guardian declines, the youth's referral to other residential programs remains active.
- b. If the parent/guardian accepts the offer, entry planning begins.

**4. If the screening outcome is a decline by the provider:**

The expectation is for parallel planning to take place throughout the referral process, so that with a decline from one provider, other referral options remain active.

**J. If the provider or the parent/guardian expresses strong interest in the placement YET have concerns about specific risks,** the

Case Manager may pull together the ISP team in collaboration with the prospective provider and either the CFH certifier (for a Child Foster Home) or the appropriate ODDS Residential Team staff (for a Group or Host Home) to explore risk mitigation strategies that could make it possible for the placement to proceed safely. For example:

1. Is staff training or task delegation needed?
2. Have home modifications and assistive technology been explored?
3. Is DME needed? Do we need to overcome barriers to acquiring any?
4. Would an approved ODDS request for additional staff support in the home make a difference?

**K. Case Manager should confirm prior to scheduling entry:**

1. Any pending needs assessments have been completed.
2. Any rate exception requests submitted to ODDS have been reviewed and a response received by the case manager.
3. No licensing conditions prevent entry; with "no new entry without ODDS and CDDP approval" conditions, the move-in is conditioned on **prior** approval by the CME where the home is located, the CME for the individual and ODDS. See the ODDS Transmittal [APD-PT-19-047](#) on the required process for a provider and CMEs to request the entry of a new resident when the home and/or agency license do NOT permit new entry of residents without prior CME and ODDS approval. All DRCs receive notification regularly of Licensing and Certification conditions.

4. Minimum staffing levels are met and staff training is completed, including any training required for positive behavior supports.
5. Physician' orders, medications, any needed equipment and environmental adaptations are achieved, and providers are alerted to scheduled medical appointments.
6. Enrollment documents, as needed, are completed:
  - a. [DD Child Placement Agreement Form \(ODHS 0032\)](#)
  - b. [Social Security Administration Authorization to Disclose Information \(SSA 827\)](#)
  - c. Birth Certificate;
  - d. [Notification of Other Health Insurance \(MSC 0415H\)](#). (A copy of the front and back of the private insurance card is needed)
7. Service rate is finalized and accepted by the provider.

## Chapter 9: Nursing Facility Discharges and Admissions

ODDS does not fund Nursing Facility (NF) stays because NFs are defined by CMS as “institutions” and NOT HCBS settings. ODDS can only authorize funding of services in HCBS settings. However, there are times when an adult or child in I/DD services may need to access a NF. All NF stays are funded through either medical insurance or another ODHS program. This chapter provides guidance on NF admissions, discharges, and how I/DD Case Managers can best support individuals during those transitions.

### A. Pathways for an Individual to Access a NF

#### 1. Discharging from an inpatient hospital stay to a NF for health rehabilitation from injury or illness:

This is the most common way a child or adult is admitted to a NF. The NF stay is funded through the individual's medical insurance – private or Oregon Health Plan (OHP) – when skilled nursing care is needed for rehabilitation. Intended to be a short-term stay, it should never be considered an approval for Long Term Care (LTC). The

expectation is for the individual, when ready to discharge, to return to their previous residential setting OR to a different setting if their needs or choices result in a decision to make that change.

**2. When an individual aged 65 years or older with significant health care needs requests to move into LTC in a NF:**

Individuals have a choice from among programs for which they meet eligibility criteria. NF services can only be approved as a choice if deemed appropriate and necessary through the Pre-Admission Screening and Resident Review (PASRR-II) process. Funding for NF services is authorized through ODHHS' APD. If the PASRR-II determines the individual can be supported in a community HCBS setting, they are given a choice from among HCBS settings that can meet their needs, rather than a NF. If the PASRR-II determines the individual's needs CANNOT be supported in HCBS, then the process for NF admission may proceed.

**3. When an individual aged 64 years or younger requests to move into a NF:**

Per [OAR 411-015-0015](#), adults and children do not have a choice of being served by APD **if they are eligible for services through ODDS**. However, there are times when an individual has significant health needs and may need a NF stay. If this is requested by an individual 64 years or younger, a PASRR-II determination and all other eligibility criteria must be met for this to occur.

**4. When children and adults need to access a NF for respite care:**

Although this Worker Guide is intended to provide guidance on long term I/DD residential or other LTC placements, it is important to note that under the PASRR Rule, adults and children who meet criteria in [OAR 411-070-0043 \(5\)\(a-d\)](#) may request NF **respite**, a short term Service. For questions about this respite resource, eligibility and limitations, contact the [PASRR-II Coordinator for DD and APD](#)

**5. When DD Case Managers should intervene:**

Most NF admissions are not intended to be long term. A PASRR Level II is required if the individual needs to stay longer than 30 days. **It is the role and responsibility of the hospital** to report these situations to: [OR.PASRR@odhsoha.oregon.gov](mailto:OR.PASRR@odhsoha.oregon.gov). **However, if the Case Manager becomes aware** that their customer has been discharged from a hospital

to a NF, to help assure no steps are missed, the **Case Manager** also must notify the [PASRR-II Coordinator for DD and APD](#).

## **B. Support during a NF admission and transition**

### **1. What must the I/DD Case Manager consider when a child or adult in I/DD services is discharging from a NF with intent to return to HCBS?**

It is the I/DD Case Manager's role to assist with discharge and planning FROM the NF back to an HCBS setting, whether that's their existing home or elsewhere. It is vital for the Case Manager to stay in contact with the NF upon the individual's admission there to help ensure the NF is aware of the person's involvement with I/DD services. Many times, until the NF is contacted by the CME, they are never aware. The I/DD Case Manager can help the NF to understand the I/DD Case Manager's role in services coordination and how they can collaborate to help ensure the individual has the appropriate supports and residential setting upon NF discharge.

### **2. If an individual requires skilled care such as Physical Therapy or Occupational Therapy after an inpatient hospitalization:**

- a. The hospital's role** is to find an appropriate NF and coordinate the discharge from hospital to this type of facility.
- b. The Case Manager's role** is to help coordinate the transition back to "home" when they're ready to be discharged from the NF.

**In that transition coordination role, the Case Manager must assess:**



Can their current providers still support them?



Does the individual need an updated I/DD needs assessment to ensure relevant information about any changes is captured?



Does the home continue to provide the physical accessibility the individual needs?



Do they need new medical/physician's orders for Home Health services, medication, treatments, equipment?



Does the individual need new DME or adaptive technology?



Do they need an ODDS Exception or does the current residential provider need licensing/certification variance to continue support to the individual?

**3. If no new resources or new strategies can be put into place** to allow the discharging individual to safely return to the home from which they came, AND that home is a licensed/certified residential program where the individual's services were funded by ODDS, the residential provider must give their resident a written Notice of Involuntary Exit.

**4. This means the Case Manager must quickly provide choice counseling and coordinate the search for a new residential placement.**

**C. What must occur if the individual needs to stay in the NF a longer time than insurance will cover?**

Often, individuals need to stay in the NF longer than medical insurance will cover. If insurance coverage for their skilled care time ends and the individual needs to stay in the NF for continuation of rehab **OR** while their I/DD Case Manager is helping with a residential placement search, refer to these tips:

**1. The SC/PA may be asked by the NF, "how will ODDS fund the individual's extended stay".** Again, ODDS does not fund NFs, so the facility **MUST** contact the local APD/AAA branch to request an intake for eligibility and NF services.

2. **It is not the responsibility of the I/DD Case Manager** to initiate the request for funding and ICF waiver change; this should be initiated by the NF requesting the funding. However, the I/DD Case Manager may need to inform the NF of the correct contact information to initiate the request. To provide this assistance, reach out to the [PASRR-II Coordinator for DD and APD](#).

## Chapter 10: Out-of-State Referrals for Adults and Children - Roles of DRCs and Case Managers

Referrals for residential placement into or out of Oregon are not significantly different from any individual who is applying for and enrolling in I/DD services for the first time and needing a residential placement.

### A. For Individuals moving into Oregon:

ODDS requires an eligibility determination to access I/DD services. Each county's CDDP office determines eligibility and may provide resource and referral assistance and preliminary eligibility activities during an individual's transition to Oregon.

[The Request for Determination Application \(0552\)](#) cannot be signed or a decision issued by the CDDP until the individual is a resident of Oregon. If the individual is a minor, both the individual and their legal representative must reside in Oregon before an eligibility determination can be completed. However, with careful preplanning, if the CDDP has all documents needed to determine eligibility, the determination can occur quickly.

1. Individuals who currently reside in other states may request courtesy review of their I/DD eligibility documents if planning to move to Oregon. It is at the CDDP's discretion to provide this courtesy eligibility work. If the CDDP is unsuccessful obtaining eligibility records from the other state, contact the ODDS Interstate Compact Coordinator lead for assistance (see B.4).
2. As the eligibility process takes place, the CDDP's Eligibility Specialist and DRC should collaborate to help identify any residential supports the individual will need upon arrival in Oregon and how quickly they'll need them.

3. [OAR 411-415-0070\(8\)\(b\)](#) requires that services be available within 90 days of an eligibility determination when the individual making the request is enrolled in a Medicaid Title XIX benefit package. For individuals who will need immediate residential supports when they arrive in Oregon, careful coordination is essential for a successful transition.
4. The CDDP Eligibility Specialist should coordinate with the local APD Office as needed and guide the family to apply in ONE. Medicaid is determined after DD services are provided. A retro-active Medicaid request can be made for the Medicaid effective date and service start date to be the same.
5. A CDDP should arrange for the application to be signed and eligibility determination issued, and assessments (ONA/SNAP assessments), and a temporary ISP to include basic case management monitoring and placement, to be done on or very soon after the date of arrival in Oregon when immediate placement is required.
  - a. The ES should coordinate with the out-of-state residential provider and others to collect sufficient eligibility documentation as a courtesy and review prior to arrival in Oregon, so a determination notice may be issued on the day of arrival and application signature date.
6. If the CDDP's Policies and Procedures allow their help with a preliminary residential search for situations where immediate residential placement will be needed on arrival, the CDDP may:
  - a. Contact local I/DD residential providers with vacancies that appear to be an appropriate match for the individual's needs and preferences. This allows ability to identify an initial list of qualified, interested and available options. The DRC should explain to prospective providers:
    - i. Timeline for the individual's move to Oregon
    - ii. Pending nature of their I/DD and Medicaid eligibility
    - iii. The individual's ONA or SNAP assessments and service rate will not be finalized until after all eligibility is completed and the individual has physically arrived in Oregon with intent to stay



- iv. The CDDP CANNOT disclose PHI until they have a signed ROI from the individual, but can provide preliminary information to help the provider determine their interest in proceeding further with the referral, **OR**
    - v. The individual's signed ROI Authorization is attached with the individual's referral information for the provider to carefully review
  - b. If sufficient information has been gathered by the CDDP, they may choose to complete a first draft of the ODDS Adult or Child residential referral form for providers, clearly identifying the document as *"draft only, pending additional information"*. The DRC may send the partially completed draft referral form to residential providers who have expressed to the DRC strong interest and readiness, explaining that the full referral packet will be forthcoming once I/DD eligibility has been determined, assessments completed, and ROI signed. It should be with this full referral packet, plus the individualized rate information, that the provider makes their final decision to offer or decline placement.
  - c. Having that preliminary conversation with prospective providers - before the individual arrives and as eligibility activities are in process -- may help to accelerate the residential referral process and defer a crisis; however, the individual or their legal guardian are under no obligation to accept a provider's offer of placement.
7. Medicaid Closing/Opening: Out-of-state applicants or their representative who receive I/DD services in another state should be informed by the CDDP Eligibility Specialist that each state has its own I/DD eligibility criteria. Someone who is eligible in one state is not guaranteed eligibility in another state. If an individual is moving from a Medicaid-funded residential setting in another state to what they intend to be a Medicaid-funded residential setting in Oregon, the timing of ending/starting Medicaid is critical:
- a. After Oregon I/DD eligibility is determined, Medicaid-funded residential services still cannot be funded until Oregon Medicaid is established.
  - b. OARs require that the I/DD Case Manager support the applicant to request that Oregon Medicaid be retroactively approved. This may be a possibility for up to 90 days, if all Oregon Medicaid eligibility requirements are met. Every situation has individualized variables



that impact the outcome of this request.

- c. Clear documentation in progress notes and the ISP should identify who is taking lead on specific tasks to ensure the individual is Medicaid eligible. The individual may receive a NOPA if denied Medicaid and this must be documented on the ISP – otherwise Medicaid eligibility is presumed
- d. An individual is not allowed to have Medicaid in more than one state on the same date. It is important to coordinate carefully with the state Medicaid and I/DD services offices in the state from which the individual is moving, especially when an individual may need placement or transportation supports in Oregon immediately on arrival.
- e. For special situations, such as when the individual is legally a minor or needs transportation supports to travel to Oregon, coordination for transportation and other services may be the responsibility of the state **where** they receive Medicaid-funded services.

## **B. For Individuals moving out of Oregon:**

- 1. Case Managers should assist individuals to identify who they must communicate with in the destination state to begin the determination process and residential services coordination. **Important to know:** Unlike Oregon, individuals and their representatives should be informed that some have waiting lists to be enrolled in I/DD services.

### **2. Important notes regarding children:**

- a. **Families may arrange out-of-state placement** with independent insurance companies or private pay. However, if a parent asks for an ODDS funded out-of-state placement for their child, SCs must immediately notify their supervisor and their ODDS Case Management Supports Liaison. ODDS has been able to meet children's' support needs in Oregon and will continue to do so through collaboration and creative service planning.
- b. **If guardian parents move out of state and request that their child remain behind living** in their current Oregon I/DD residential placement, the SC must notify their supervisor and initiate a conversation with ODDS and ODHS CW to determine whether there are concerns about neglect or abandonment.

3. The CME should issue a NOPA to the individual or their legal **representative** upon determining the departure date from Oregon and when Medicaid Services will start in the destination state. The effective date should be the date of the move, but at least 10 days from the date of the NOPA. Case management CPAs in eXPRS should be ended the date of the move, closing Oregon Medicaid I/DD-funded services so new services may begin the next day in the new state.
4. Interstate Compact Coordinators: While Oregon is **not** part of an Interstate I/DD compact agreement, there is an assigned coordinator to provide technical assistance such as connecting CME staff with another state's Interstate Compact Coordinator. CME staff should contact the Oregon's I/DD Interstate Compact Coordinator at: [ODDS.DE@odhs.oregon.gov](mailto:ODDS.DE@odhs.oregon.gov) for this assistance and enter "Interstate Compact Question" in the subject line so the email goes to the appropriate contact person.

## Chapter 11: Forms, Rules, Transmittals and Other Resources

### Forms

- Authorization to Disclose (MSC 3010)
- Adult Residential Referral (4123)
- Adult Residential Referral Packet Checklist (2720)
- Statewide Adult Site/Vacancy Information Reporting Form
- Child Residential Services Referral Form (0508r) and Checklist
- Child Voluntary Placement Agreement (0032)
- Notification Form for Children Entering Host Homes (DHS 3747)
- Children's 24-Hour Residential Rate Exception Request Form and Decision Notification (DD-IM-21-037)

### Policy Transmittals, Action Requests, Information Memoranda

APD-AR-19-008	Provider Profiles and Vacancy Tracking
APD-PT-20-091	Standardized Child Placement Referral Form and Checklist
APD-IM-14-045	Service Rates for APD ALFs and RCFs through DD funding

DD-IM-22-061	Transitioning Individuals with I/DD from DOC back to Community Settings
DD-IM-21-033	Oregon State Hospital Discharge Procedures
DM-PT-21-104	SACU Adult Referral Worker Guide
DD-PT-22-008	Placement Planning for Children in the Legal Custody of Child Welfare
DD-PT-23-015	Guide to Temporary Lodging
APD-PT-19-047	Request for New Entries when ODDS Licensing or Certification Conditions Restrict Them

### ADDITIONAL RESOURCES

- [CDDP DRC Contact Information](#)
- [ODDS Statewide Adult Residential Vacancy Reporting Instructions](#)
- [ODDS Adult Provider Vacancy Report](#)
- [ODDS Providers & Partners Resources webpage](#)

For additional information regarding this Residential Referral Worker Guide contact:

[ODDS.casemanagementliaison@odhs.oregon.gov](mailto:ODDS.casemanagementliaison@odhs.oregon.gov)