

# Policy Transmittal Developmental Disabilities Services



**UPDATED**

Acacia McGuire Anderson

**Authorized signature**

**Number: DD-PT-22-017**

**Issue date: 07/13/2023**

**Topic:** Developmental Disabilities

**Due date:**

**Transmitting (check the box that best applies):**

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

**Applies to (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> All ODHS Employees                              | <input type="checkbox"/> County Mental Health Directors                                  |
| <input type="checkbox"/> Area Agencies on Aging: {Select type}           | <input type="checkbox"/> Health Services   |
| <input type="checkbox"/> Aging and People with Disabilities              | <input checked="" type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs                       | <input checked="" type="checkbox"/> ODDS Children's Intensive In Home Services           |
| <input checked="" type="checkbox"/> County DD Program Managers           | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)                            |
| <input checked="" type="checkbox"/> Support Service Brokerage Directors  | <input type="checkbox"/> Other ( <i>please specify</i> ):                                |
| <input checked="" type="checkbox"/> ODDS Children's Residential Services |  |
| <input type="checkbox"/> Child Welfare Programs                          |  |

<b>Policy/rule title:</b>	Certified ONA Assessor Initial Qualifications and Training		
<b>Policy/rule number(s):</b>	OAR 411-425-0035 (3)(a) and (b)	<b>Release number:</b>	v2
<b>Effective date:</b>	8/1/2023	<b>Expiration date:</b>	
<b>References:</b>			
<b>Web address:</b>	<a href="https://secure.sos.state.or.us/oard/view.action?ruleNumber=411-425-0035">https://secure.sos.state.or.us/oard/view.action?ruleNumber=411-425-0035</a>		

**Discussion/interpretation:**

Training is required to obtain initial certification as an Oregon Needs Assessment (ONA) Assessor with the Office of Developmental Disabilities Services (ODDS).

**Initial ONA Assessor Certification requirements:**

To obtain full ONA Assessor Certification, the following must be completed:

- Attend the ODDS facilitated 2-day ONA New Assessor Training which will result in a conditional certification and eXPRS ONA Assessor permissions, **and**

### **within\* ten weeks:**

- Shadow a Quality Assurance/Trainer (QAT) from the ODDS Assessment Unit conduct an ONA, **and**
- Complete an ONA, collaboratively with the QAT, **and**
- Complete at least one (1) but no more than three (3) ONAs independently which will then be desk reviewed by a QAT, **and**
- Complete an Inter-rater Reliability (IRR) ONA
  - Inter-rater Reliability (IRR) ONA: The new assessor conducts the ONA independently, while the QAT observes. After the ONA has been completed, not submitted, in eXPRS, the QAT will conduct a desk review of the ONA. There will be a debrief session between the QAT and the new assessor to answer any questions the assessor has and for the QAT to provide feedback and guidance, if follow up is necessary.

\*If all steps to the certification process are complete prior to the end of the 10-week timeline, the new assessor becomes certified, and the training process is complete.

### **If initial training requirements are not met:**

- An ODDS scoring matrix, available on the Compass page, will inform the QAT and the new assessor what additional training will be required to meet initial certification standards.

### **Newly certified assessors are required to:**

- Participate in all ongoing training requirements as outlined in [DD-PT-22-018](#).

### **Implementation/transition instructions:**

Register for ONA Trainings through [Workday Learning](#).

### **Communication/training:**

This transmittal will be discussed during the next Monthly Transmittal Review. Please send questions in advance to [ODDS.Questions@odhs.oregon.gov](mailto:ODDS.Questions@odhs.oregon.gov).

The Monthly Transmittal Reviews are held the second Wednesday of every month at 2 pm using the Zoom platform. Please register in advance for these meetings:

<https://www.zoomgov.com/meeting/register/vJlsc-qvqD8iGURx5OQk8TAdIS6Arg9ZAf4>

After registering, you will receive a confirmation email containing an appointment and information about joining the meeting. American Sign Language (ASL) and live

captioning will be provided. To request other accommodations or languages, please send an email to [ODDS.Questions@odhs.oregon.gov](mailto:ODDS.Questions@odhs.oregon.gov) at least three business days prior to the meeting.

**Local/branch action required:**

**Central office action required:**

**Field/stakeholder review:**  Yes      No

**If yes, reviewed by:** Engagement and Innovation input

**Filing instructions:**

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

Contact(s): Carrie Forty	
Phone:	Fax: NA
Email: <a href="mailto:ODDS.AssessmentQuestions@odhs.oregon.gov">ODDS.AssessmentQuestions@odhs.oregon.gov</a>	