DHS Oregon Department of Human Services

**Developmental Disabilities Services**

# Action Request Transmittal

Patricia Baxter
***Authorized Signature***

**Number: APD-AR-14-021**
**Issue Date:** 4/2/2014

**Topic:** Developmental Disabilities

**Due Date:** April 15, 2014

**Subject:** Individuals Receiving Nursing Services

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

- ☐ All DHS employees
- ☐ Area Agencies on Aging
- ☐ Aging and People with Disabilities
- ☐ Children, Adults and Families
- ☒ County DD Program Managers
- ☐ County Mental Health Directors
- ☐ Health Services
- ☐ Office of Developmental Disabilities Services(ODDS)
- ☒ Other *(please specify)*: Brokerage Directors, Personal Agents, Service Coordinators

**Action Required:**
For children and adults who are enrolled in and receiving services through DD 49 (Comprehensive Adult In-Home Services), DD 51 (Supported Living), DD 58 (Foster Care), DD 149 (Brokerage In-Home Services) and DD 151 (Children's In-Home Services), the Office of Developmental Disabilities (ODDS) requests that each Community Developmental Disabilities Program (CDDP) and Brokerage complete the attached form in order to identify individuals who are receiving direct care and delegated nursing services.

This form must be returned to Arlene Hollums via secure email to dorris.a.hollums@state.or.us or by Fax at 503-373-7274, no later than **April 15, 2014**.

Direct care nursing services include hands-on nursing, shift nursing and private duty nursing. Delegated nursing services include assessment, monitoring, training and care coordination. For individuals receiving nursing delegation services, identify if these services are being provided through the Long Term Care Community Nursing Program (LTC CN). Identify a contact person at each CDDP/Brokerage for the Long Term Care Community Nursing Program.

All CDDPS and Brokerages must complete the attached form even if you previously submitted a similar form in response to APD-AR-13-095. Identify a contact person for this form that can be contacted if further information is needed and send only compiled

information from one contact person per CDDP/Brokerage.

**Reason for Action:**
The collection of the above mentioned information will allow ODDS to evaluate and address the demand for nursing services in order to address policies regarding funding and the use of these services.

**Field/Stakeholder review:** ☐ Yes ☒ No
**If yes, reviewed by:**

*If you have any questions about this action request, contact:*

| | | | |
|---|---|---|---|
| **Contact(s):** | Arlene Hollums, RN, MSA | | |
| **Phone:** | 503-947-1142 | **Fax:** | 503-373-7274 |
| **E-mail:** | dorris.a.hollums@state.or.us | | |

**Office of Developmental Disabilities**
**Individuals Receiving Nursing Services Information Request Form**

CDDP/Brokerage: _____ Contact Name for this Form: _____Phone: _____ Email: _____

Please send only compiled information from one contact person per CDDP/Brokerage. Do not have each Services Coordinator/Personal Agent send a separate form.

| Name of Individual | Prime Number | Service Element Individual is Enrolled in (SE 49, 51, 58, 149, 151)) | Monthly **Direct Care** Nursing Hours Received | Funding Source for **Direct Care** Nursing Services | Name, Address, Phone of **Direct Care Nurse** (individual or agency) | If an Individual has **Nursing Delegation** Services, is the delegation provided by a nurse enrolled in the Long Term Care Community Nursing Program? |
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Total number of individuals in CDDP/Brokerage receiving direct care nursing services: _____

A contact person at each CDDP/Brokerage is needed for the Long Term Care Community Nursing Program:

Contact Name:_____ Phone Number:_____ Email:_____

Please complete and return to: Department of Human Services, ODDS, Arlene Hollums, RN, MSA, dorris.a.hollums@state.or.us or Fax: 503-373-7274