

Lilia Teninty

**Authorized signature**

**Number:** APD-AR-15-051

**Issue date:** 08/13/2015

**Topic:** Developmental Disabilities

**Due date:** October 15, 2015

**Subject:** Living situations for individuals enrolled with DD

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

- |  |  |
|--|--|
| <input type="checkbox"/> All DHS employees                     | <input type="checkbox"/> County Mental Health Directors  |
| <input type="checkbox"/> Area Agencies on Aging                | <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 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 type="checkbox"/> ODDS Children's Residential Services  | <input checked="" type="checkbox"/> Other ( <i>please specify</i> ): Brokerage Directors; DD Service Coordinators; Brokerage personal Agents |
| <input type="checkbox"/> Child Welfare Programs                |  |

**Reason for action:**

In order to be eligible to receive in-home services as a child or an adult, the individual/customer must reside in their own home or the home of their family member (SE49, SE149; SE151). This means that the individual/customer must either live in a home that they personally rent, lease or own, or live in the home of a family member who is related by blood or marriage. If the individual/customer shares a home with another person, the room mates must have equal tenant rights and responsibilities and the room mate may not be a paid caregiver. The home cannot be rented or leased to the individual/customer by the same person, not related to the individual, who is hired to provide in-home services to the individual.

*Example: The individual/customer lives with their paid Personal Support Worker who is also the landlord of the home. This example is interpreted as the individual/consumer living in someone else's home who is also their paid caregiver.*

Individuals who live in the home of a non-relative caregiver and providers who provide paid services to individuals who are not related to the provider, may be in violation of ORS 443.705 to 443.825, when the home is not an officially licensed residential care setting.

**Action required:**

No later than October 15, 2015, CDDPs and Brokerages must identify all individuals who may be residing in a setting that has the appearance of being an unlicensed foster home setting, and report this information to ODDS/Chelas Kronenberg at [chelas.a.kronenberg@state.or.us](mailto:chelas.a.kronenberg@state.or.us) via a secure email.

*For example: Please send us data on individuals for whom all of the following apply:*

- 1. The paid provider (such as a PSW) lives with the individual, and*
- 2. is not related to the individual, and*
- 3. Is the primary holder of the lease, property owner, etc.*

The information that must be reported to ODDS is contained in the attached spreadsheet and includes:

- First and last name of the individual
- Prime number of the individual
- Date of Birth of the individual
- Type of service (service element or OR code from Plan of Care)
- Relationship of the paid provider (who lives in the home) and the individual
- CDDP or Brokerage, and
- Person at the CDDP or Brokerage who is the contact for this subject.

ODDS will gather the data provided by the CDDPs and Brokerages by the end of December 2015 and share results of the findings with each CDDP and Brokerage as appropriate.

\*\*\*Please note\*\*\*\*

This request for information does NOT include:

1. Children who reside in a setting where Child Welfare pays the service payment while DD pays for in-home services (in accordance with [APD-PT-14-038](#)) are excluded from this Action Request and should not be part of the data that is reported to ODDS.
2. Relief/respice care situations

**Field/stakeholder review:**       Yes       No

**If yes, reviewed by:** Brokerage and CDDP policy reviewers

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

<b>Contact(s):</b>	Chelas Kronenberg		
<b>Phone:</b>	971-600-7892	<b>Fax:</b>	503-373-7274
<b>Email:</b>	<a href="mailto:Chelas.a.kronenberg@state.or.us">Chelas.a.kronenberg@state.or.us</a>		

**Individuals residing in homes of paid providers**

<u>Last Name</u>	<u>First Name</u>	<u>Prime #</u>	<u>DOB</u>	<u>Type of Service</u>	<u>Relationship</u>	<u>County/ Brokerage</u>	<u>Contact</u>
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(Select)