

Policy Transmittal

Office of Child Welfare Programs



Heidi Beaubriand, RN, BSN, Program Manager

Authorized Signature

Number: CW-PT-20-004

Issue Date: 02/07/2020

Topic: Temporary Amendment of Oregon Administrative Rule Division 20

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 DHS 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 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 type="checkbox"/> County DD program managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> Support Service Brokerage Directors | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> ODDS Children’s Residential Services | |
| <input checked="" type="checkbox"/> Child Welfare Programs | |

Policy/Rule Title:	Division 020 Case Management		
Policy/Rule Number(s):	413-020-0140, 413-020-0150	Release Number:	
Effective Date:	02/04/2020	Expiration Date:	
References:			
Web Address:			

Discussion/Interpretation: Oregon Administrative Rules [413-020-0140, 413-020-0150](#) have been temporary amended to incorporate current, inclusive language, management structure, and new units within Child Welfare. The update reflects the current [Oregon Revised Statute \(ORS\) 109.640](#).

Training/communication Plan: Managers to review with staff for knowledge in subject content. Staff should refer to procedure when working with any child or young adult with whom this subject matter applies.

If you have any questions about this policy, contact:

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