

# Action Request Transmittal Developmental Disabilities Services



Lilia Teninty

**Authorized signature**

**Number:** APD-AR-19-003

**Issue date:** 1/24/2019

**Topic:** Developmental Disabilities

**Due date:** March 15, 2019

**Subject:** Request to be authorized to be paid to provide mentoring for employment services

**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 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> ): ODDS Medicaid-Enrolled Provider Agencies |
| <input type="checkbox"/> Child Welfare Programs                |   |

**Reason for action:**

The Office of Developmental Disabilities Services (ODDS) recognizes that there is a large demand throughout Oregon for technical assistance by Medicaid-Enrolled Provider Agencies with an Employment Endorsement (Employment Provider Agencies) as they work to change business models. It also recognizes that many Medicaid-Enrolled Provider Agencies (Provider Agencies), such as Employment Agencies, Community Living Supports Agencies, 24-Hour Residential Agencies, Supported Living Agencies, etc. have developed various levels of expertise not only related to direct support of participants seeking jobs, but expertise related to the successful operation of a business and related programs.

ODDS has made funding available for a Mentoring Program that will pay qualified Agencies to provide mentoring for employment related services to Employment Provider Agencies seeking assistance on such topics as: Discovery, Job Development, Budgeting, Business Operation, Job Development Modeling, Rule Compliance, Behavioral Support, Protocol Development and other related topics.

For additional clarity please note, in order to apply to be a mentor of employment related services, the agency must be a Medicaid-Enrolled Provider Agency in the state of Oregon but not necessarily an Employment Agency if the type of technical assistance delivered is specific to budgeting, business model, professional behavior supports, etc. If specific to an employment service such as Discovery, the Agency must be able to demonstrate expertise in the area of employment service delivery.

Medicaid Agencies that apply to be a mentor of employment related services and are approved by ODDS to provide mentoring services will be compensated by ODDS at a rate of \$75 per hour. This program is budgeted for a total of \$60,000 and it will end once the funding is exhausted.

Once ODDS has reviewed and approved agencies qualified to deliver technical assistance, ODDS will send out information on how to request technical assistance.

**Action Required:**

To become a mentor of employment related services and be compensated at a rate of \$75 per hour, an Agency must do the following no later than March 15, 2019.

1. Do an internal evaluation and decide if your Agency is successful and/or has expertise in any of the following:
  - a. Discovery, Job Development, Business Operation, Business Management, Job Development Modeling, Rule Compliance, Job Coach Modeling, Behavioral Support, Protocol Development or other related topics.
2. Gather supporting documentation that helps prove that the Agency does have a level of expertise on the above listed topics. Below are examples of possible documentation:
  - a. Resume(s) of Staff with expertise on topics listed above. For example, the Agency may have a staff member with job development experience and has a proven track record of developing jobs for individuals who have intellectual and/or developmental disabilities.
  - b. Description of a program that the Agency considers successful. For example, the Agency may have a program related to Job Development or Discovery that it has deemed successful. The Agency should provide all relevant information that helps prove that the program is successful. Data, for example, showing the success of the program would be appropriate information to include with the Mentor Application.
  - c. Description of a business model that has been successful. For example, the Agency may have developed a business model that allows it to financially succeed based on the rates and funding available in Oregon.

The Agency should provide documentation that helps prove the success of the business and why it thinks that Employment Agencies may benefit by following a similar model.

3. Complete, in detail, the Mentor Application form and provide supporting documentation by March 15, 2019. Submit the application packet to: [EmploymentTraining.Review@dhsoha.state.or.us](mailto:EmploymentTraining.Review@dhsoha.state.or.us)
4. The application packet will be reviewed within 30 days of the submission date. The applicant will be informed in writing, via email, if the application was approved or denied.
5. Once approved the Agency will be included on a list of approved mentors of employment related services that ODDS will consider when connecting mentoring Agencies with Agencies that want technical assistance.

We realize that there may be a lot of questions about this program and have scheduled a conference call on February 6, 2019 from 9:30-10:30a.m. We highly recommend that you attend this call if you are interested in applying and are able. The call-in information is the following:

Phone: 877-411-9748

Code: 5268628

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:**

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

Contact(s): Gene Rada	
Phone: 503-945-5759	Fax:
Email: eugene.e.rada@dhsoha.state.or.us	

## Application to Be a Mentor for Medicaid Agencies with Employment Endorsement

### Instructions

#### Please read before beginning the application.

This application is for Medicaid-Enrolled Provider Agencies (Provider Agencies) that are interested in mentoring other Medicaid-Enrolled Provider Agencies with an Employment Endorsement (Employment Provider Agencies) that are seeking technical assistance for specific services or specialties. If approved, the Provider Agency providing the mentoring services will be compensated at a rate of \$75 per hour. The Office of Developmental Disabilities Services (ODDS) must receive a signed application with the necessary paperwork no later than March 15, 2019. **ODDS will reject any incomplete or illegible applications.**

The purpose of this application is to help ODDS determine that a Provider Agency has the expertise to become a mentor and be paid at a rate of \$75 per hour. As the Provider Agency completes this application it should provide all relevant information that helps prove it has the expertise on the specialty/services that it wants to mentor. It is important that the Provider Agency is thorough while completing the application.

Applications will be reviewed within 30 business days upon receipt of the application. Provider Agencies will be informed via email as to whether the application was approved or denied.

#### Requirement to Be a Mentor

- Application and supporting documentation submitted to [EmploymentTraining.Review@dhs.oha.state.or.us](mailto:EmploymentTraining.Review@dhs.oha.state.or.us) no later than March 15, 2019.
- Application and supporting document must prove that the Provider Agency has expertise on any of the following topics:
  - Discovery, Job Coaching Program, Job Development, Job Development Program, Business Operations, Business Budgeting, Rule Compliance, Behavioral Support, Protocol Development or other types of services and/or specialties.

#### Applications must include:

- Resume(s) of staff that will be delivering the mentoring service.
- If requesting to provide mentoring on a specific program or specialty, the documentation on the success of the program or specialty must be provided.
- If requesting to provide mentoring on business budgeting, program management or business operations then documentation proving the Provider Agency's success as a business must be provided.

# Application to Provide Mentoring Services

**Date:** Click or tap to enter a date.

**Agency Name:** Click or tap here to enter text.

**Email Address:** Click or tap here to enter text.

**Primary Business Address:** Click or tap here to enter text.

**City:** Click or tap here to enter text.

**Zip Code:** Click or tap here to enter text.

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**How far are you willing to travel to provide mentoring services and/or which counties are you willing to serve:**  
Click or tap here to enter text.

**Are you willing to host mentees at your primary business address?**  Yes  No

**Please check the services/specialties that you want to mentor:**

Discovery  Job Development  Job Development Program or Model  Rule Compliance

Business Operations  Business Budgeting/Finances  Job Coach Program or Model

Protocol Development  Behavior Support  Other: Click or tap here to enter text.

**Please describe your expertise and previous training experience, if any, on the specialties/services you want to mentor:**

Click or tap here to enter text.

**Please provide a list of supporting documentation including staff certifications that you are providing with this application:**

Click or tap here to enter text.

**Name of staff who will be providing the mentoring service(s):**

Click or tap here to enter text.

**Did you attach the resume(s) of the staff who are directly providing the mentoring service(s) as the application will be unable to processed without this documentation:**  Yes  No

**Agency Signature:** \_\_\_\_\_

**Printed name and Job Title:** \_\_\_\_\_

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ODDS Review

**Application Approved?**  Yes  No

**Application Approved with the following limitations?**  Yes  No

**Description of Limitations:** Click or tap here to enter text.

**ODDS Signature:** \_\_\_\_\_