

# Policy Transmittal Developmental Disabilities Services



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**Authorized signature**

**Number:** APD-PT-19-004  
**Issue date:** 2/1/2019

**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 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 (please specify): Service Coordinators and Adult Foster Care Providers |
| <input type="checkbox"/> Child Welfare Programs                |                                                                                                                  |

<b>Policy/rule title:</b>	AFH Provider Expectations When Individuals are Admitted to a Hospital or Nursing Facility		
<b>Policy/rule number(s):</b>		<b>Release number:</b>	
<b>Effective date:</b>	February 1, 2019	<b>Expiration date:</b>	
<b>References:</b>			
<b>Web address:</b>			

**Discussion/interpretation:**

Medicaid payments are considered payment in full for services. When an individual is admitted to a hospital or nursing facility the payment to the hospital or nursing facility covers all services required during the individual’s stay including ADL, IADL, and behavior supports. Adult Foster Home providers may not be paid when the individual has been admitted to the hospital overnight or to a nursing facility.

In addition, to assist the hospital or nursing facilities to support individuals admitted, and to mitigate risks to providers, this policy outlines the role of the foster care provider and service coordinator when an individual is admitted to a hospital overnight or a nursing facility.

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

For purposes of this transmittal “Hospital Admission” means the formal acceptance by a hospital of a patient who is provided a bed and continuous nursing service in an area of the hospital where patients generally reside at least overnight and is primarily engaged in inpatient services. Being evaluated or treated in an emergency room is not considered an admission. Outpatient treatment (day surgery for example) in a hospital setting where the individual does not spend the night is not considered a “hospital admission”. Providers should attempt to confirm with hospital staff when the individual is considered admitted to the hospital.

When an individual is admitted to a hospital or nursing facility, the AFH provider must within twenty-four hours:

- Notify the Community Developmental Disabilities Program service coordinator
- Provide the hospital/nursing facility staff with relevant information to provide needed supports to the individual during their hospitalization/nursing facility stay.

AFH providers should give hospital or nursing facility staff the following information:

- Individual Summary Sheet
  - Includes contact information for legal representative, health care representative or identified medical decision maker
- One Page Profile
- Relevant information from the Emergency Information record for the individual including, but not limited to:
  - How the individual communicates
  - Health needs of the individual including medications, allergies, and diagnosis information
  - Dietary limitations and supports
  - Physical limitations and supports
  - Supervision requirements and risks
  - Behavior support needs and strategies
- Supporting documents for needed supports, for example:
  - Behavior Support Plans
  - Nursing Care Plans
  - Protocols
  - Court orders
  - Risk management plan
  - Advanced Directive or POLST

Providers should document in the individuals record the forms and documents provided to the hospital or nursing facility. Where information cannot be found providers must attempt to gather the information. This may include contacting the services coordinator. AFH providers should document in the individual's record the actions they took to identify the missing information. This information may be included as a follow up to the original incident report related to the hospitalization/nursing facility stay, if appropriate.

AFH providers are not required to remain with an individual to provide unpaid supports once and individual is "admitted" to the hospital or nursing facility. A provider may not submit a claim for day of service on the day an individual is admitted overnight to the hospital or any day(s) after admission while the individual remains in the hospital or nursing facility. The AFH provider may submit a claim for the day of service that the individual returns to the home if the requirements in [APD-PT-18-052](#) are met.

Services coordinators, through the person-centered planning process, will identify the individual's needs and preferences around communicating with hospital or nursing facility staff and record them as appropriate in the ISP or its supporting documents. This identification of communication may take place during back-up planning conversations. Services coordinators need to provide information as necessary when informed of a hospitalization or nursing facility stay.

Individuals may have natural supports who are willing and able to provide support information to the hospital or nursing facility however this does not absolve the hospital from meeting the individual's needs during their stay.

**Training/communication plan:**

ODDS will review information with service coordinators and licensors as needed including monthly transmittal call-in.

**Local/branch action required:**

CDDP service coordinator and licensors will review transmittal and assist providers with information.

**Central office action required:**

ODDS will post Policy Transmittal to I/DD Foster Care Provider Resource website found at: <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Pages/provider-resources.aspx>

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:** Engagement and Innovations website

**Filing instructions:**

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

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