

Funding Review Request- Form Instructions

GENERAL INFORMATION

A funding review request form is completed and submitted to ODDS when an individual requests services or supports in excess of assessed need or service funding limitations. One form should be used for each item or service unless they are related and used to achieve the same goal.

The form may be completed electronically or printed and completed by hand.

- Manual- Be aware of the content choices of the drop-down boxes in the Item/Service section. Add information on separate sheets of paper any time space is insufficient on the printed form, being sure to number the responses.
- Electronic- The form will scroll to allow sufficient information to be entered

Responses should be clear but brief, with sufficient information provided in supporting documentation. It is expected attachments will be sent to support the statements on the form and to justify the funding request.

SPECIFIC FORM INSTRUCTIONS

Complete the identifying information at the top right on the form. Please do not use nick-names or aliases.

TODAY'S DATE: Enter the date the form is completed.

SUPERVISOR NAME: Enter the name of the supervisor who has reviewed the request

SUPERVISOR E-MAIL: Enter the e-mail address of the supervisor who reviewed the request

Item/Service section

ITEM/SERVICE/RATE REQUESTED: Briefly identify the specific service or item for which ODDS funding approval is requested.

NEW REQUEST TO ODDS: Check this box if the request has not previously been approved by ODDS. A new request would include continuation of services now required to be approved by ODDS, though previously authorized by a Services Coordinator/CDDP or Personal Agent/Brokerage and identified in the most recent plan.

RENEWAL REQUEST: Check the box if the item or service has been approved by ODDS prior to this request and continuation is requested upon expiration of the approved timeframe.

CONTINUING SERVICE: Check the “yes” box if the individual has been receiving the service as part of a current Individual Support Plan (ISP). The item may now need approval from ODDS when approval may not have been required previously. If “yes” is checked, enter the date the current plan will expire. Check the “no” box if the request is for a new service/item to be added to the ISP.

DATE REQUEST RECEIVED: Enter the date the individual requested the service. The date may be the date of assessment or an ISP meeting, although there may have been a telephone or written request. Enter the date the Services Coordinator or Personal Agent received the request.

REQUESTED EFFECTIVE DATE: Enter the date the service is requested to start. The date identified should allow adequate time for the funding review process, usually at least one month.

TYPE OF SERVICE: Use the drop-down selection to identify the type of service to which the request applies, and click on it to make the selection. The request may be associated with employment, alternatives to employment, or community inclusion, rather than the home environment.

TYPE OF SERVICE SETTING: Use the drop-down selection to identify the type of service setting in which the individual resides, and click on it to make the selection. The individual does not have to be receiving “residential services” as they may receive brokerage services or other supports.

LIVING ENVIRONMENT: Select the most appropriate choice from the drop-down menu to identify whether the individual lives alone, with family, or with others. Living with others may be in a group home or other type of congregate living or may include roommates, related or not.

ASSESSMENT DATE: Enter the date of the most recent I/DD assessment completed by CDDP, brokerage, regional, or DHS staff.

ASSESSMENT TOOL: Enter the ODDS assessment tool used to determine support needs. The tool identified should be the most recent assessment tool completed and completed on the date entered as the previous response on this form.

DOCUMENTS SUBMITTED SUPPORTING NEEDS AND SERVICE REQUEST: List the documents to be attached to the request upon submission. Documents could include assessments or assessment summaries, medical reports, clinical evaluations, treatment records, provider staffing schedules, etc. The Individual Support Plan document need not be submitted, though it may be attached to support the request if it provides information not presented in other records submitted. Documentation supporting the need and identified service must be provided so the committee can effectively review the request. Lack of sufficient documentation or information may delay the committee’s work and could result in an unfavorable decision.

Summary of Service Need section

1. **INDIVIDUAL’S NEED AND PROPOSED SUPPORT:** Explain the support need based upon the individual’s intellectual or developmental disability and what the requested service or item will do or change to meet the identified need. Include

sufficient information about the situation or background to provide a picture of the situation.

2. PREVENTING CRISIS OR DISPLACEMENT: Provide an explanation of how the requested support will prevent the individual from experiencing a crisis, deterioration, placement of a child outside their home, a move to a more restrictive environment, or a catastrophic event. If this item does not apply to the individual's situation, enter "NA" or not applicable. An explanation should be provided for General Fund requests as they may be denied without such information.

3. OAR/POLICY/REGULATION LIMITING ACCESS TO DESIRED SUPPORT: Identify the basis of why the request is being submitted. What rules, regulations or policy guidelines prevent implementation prior to ODDS authorization?

4. ISP GOAL: Explain what goal is or will be identified on the ISP in connection with the requested service. There should be a clear connection between what is identified as a need on an assessment and how the support requested will assist in meeting a goal of the individual.

5. EQUIPMENT USAGE: Although an item can provide support for an individual, it is important they can and will use the item. Explain how it is known the individual has the desire, interest, skills and support necessary to incorporate the requested equipment into their life activities. Describe the monitoring planned for assuring the item is addressing the individual's needs and meeting their expectations.

Resource Considerations section

6. ALTERNATIVE RESOURCES: Alternative methods of addressing the supports need must be identified and considered. Other possible appropriate ways to meet the need should be listed and why each of them was ruled out as a viable option.

7. NATURAL SUPPORTS: Describe the available natural supports considered, which natural supports will and will not be utilized to meet the identified need, and how natural supports will reduce the support required for the identified need.

8. ASSISTIVE DEVICES: Additional staff may not be needed if a device might provide a similar level of support. Identify assistive devices considered to meet the individual's need and why they are not acceptable or sufficient to replace staff time.

Cost Justification and Analysis section

9. RESEARCH: Identify the items or services considered to meet the individual's need, state whether or not they are readily available, and list general costs for the different options. Complete costs, to include shipping and handling or fees, should be included in this section or with the price comparisons below.

10. ITEM/SERVICE SELECTION: Identify how the specific item or service requested was chosen as the best option to meet the individual's need. Specify why the item/service was selected if it is not the least cost item/service and justify the choice.

11. PRICE COMPARISONS: For items or services not having a rate or rate range established by ODDS, state the results of the cost comparison for each of the items/services which would meet the individual's need. Include three price quotes or, if they are not provided, an explanation of why they are not provided with this request. Include expenses for shipping and handling and fees. Note if there are any ongoing costs associated with an equipment purchase.

Submission of request and documents

Funding Requests must be submitted electronically to ODDS at ODDS.FundingReview@state.or.us using the DHS secure e-mail system. First,

send an e-mail to the address above to request a secure e-mail. In the subject line, identify your CDDP or Brokerage and the client initials. You will receive an automatic reply. The request and documentation can be submitted securely as a reply to the automated response. Be sure the confidential information is inside the secure part of the message. Include in the body of the message up to three e-addresses to receive the decision result. You will receive a confirmation reply for receipt of your secure information.