

Cathy Cooper

Authorized Signature

Number: SPD-PT-10-029
Issue Date: 7/28/2010

Topic: Developmental Disabilities

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 | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input checked="" type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): AFH-DD providers, CDDP licensing staff |

Policy/Rule Title:	Foster Provider Reporting of Substantiated Abuse		
Policy/Rule Number(s):	Chapter 411, Division 360	Release No:	
Effective Date:	July 29, 2010	Expiration:	
References:	ORS 443.HB 2442,		
Web Address:			

Discussion/Interpretation: Due to the passage of Senate Bill 2442 in July 2009, the Oregon Revised Statutes (ORS) have been updated to include additional requirements for resident protections. This section, ORS 443.875, requires that all providers give written notification of substantiated abuse findings to:

- * the individual found to have committed the abuse,
- * all individual's receiving care in the AFH-DD,
- * each individual's service coordinator or case managers (e.g, Seniors, Mental Health, CDDP)
- * each individual's legal guardian (if applicable), of individual's living in the AFH-DD

The written notification is required to occur immediately upon receipt of the substantiation. The notification must include:

- * the date the allegation was substantiated,

- * the type of abuse as defined in OAR 407-045-0260; and
- * how to request a copy of the Abuse Investigation and Protective Services Report should additional information be requested.

DHS has drafted a sample letter for your modification and use. It contains the required elements, as well a statement assuring the safety of current residents and a stipulation on the limits of information sharing. If individuals, family members, service coordinators, and guardians would like information above and beyond what the agency or provider is comfortable disclosing, they can submit a request for public records, as indicated in the template letter.

Implementation/Transition Instructions: Please provide this transmittal to all Adult Foster Home licensors, DD Service Coordinators, QA coordinators, and Protective Service staff.

Training/Communication Plan: Implementation of this policy is effective immediately.

Local/Branch Action Required: Distribute copies of template letters as requested.

Central Office Action Required: Technical Assistance is available to assist the CDDP and providers in understanding the implications of these changes as it relates to licensing and investigation.

Field/Stakeholder review: Yes No

If yes, reviewed by:

Filing Instructions: ORS's are available at <http://www.leg.state.or.us/ors>

OAR's can be located at <http://www.dhs.state.or.us/policy/spd/home.htm>

If you have any questions about this policy, contact:

Contact(s):	Shelly Reed / Barb Southard		
Phone:	503-945-5828 / 503-945-9816	Fax:	503-945-7811
E-mail:	Shelly.M.Reed@state.or.us / Barbara.L.Southard@state.or.us		

(Date)

(Name)

(Address)

Effective July 1, 2010, Oregon Administrative Rule (411-360-0210, 16-17) and ORS 443.875, requires adult foster home providers to immediately inform all individuals receiving care in the AFH-DD, as well as individual's guardians, service coordinators, case managers and the identified perpetrator(s) in writing, when there has been a substantiated allegation of abuse in the foster home.

This letter is to inform you that on **(date)** a notification of substantiated abuse for **(insert abuse type)**, was determined by the Department of Human Services (or its designee). Please be advised that all the necessary steps have been taken to ensure the immediate health and safety of the individuals in care.

If you have questions, please contact **(provider name)** at **(provider number)**.

Please understand that specific details are confidential and the information that a provider can share is very limited. If you want additional information, you may request a copy of the redacted protective services report from the Community Developmental Disabilities Program in **(insert county)** at **(insert county #)**.

Sincerely,

Provider Name