



ADMINISTRATIVE REQUIREMENTS AND ADVOCACY

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LEARNING OBJECTIVES

1

Understand the source and scope of legal and policy standards.

2

Identify opportunities to apply rule/regulation within CRB or CASA letters, reports and other materials.

3

Increase familiarity with locating relevant cites.

LEGAL AND POLICY CITATIONS

- Legally Binding:
 - State/Federal Statutes
 - State/Federal Rule
 - State/Federal Court Decisions
- Nonbinding / Policy Guides:
 - Oregon Child Welfare Procedure Manual

STATUTES / LEGISLATION

- Big picture
- Agenda / value setting
- Addresses multi-agency efforts
- Passed by Congress / state legislatures



RULE / REGULATION

- Provides more detailed direction
- Clear expectations for standards
- Addresses single agency or area
- Adopted by agency
- Drafted by administrators / technical analysts
- Informed by stakeholders / the public



PROCEDURES

- Granular detail
- Examples and explicit guidance
- Forward thinking
- Drafted by child welfare professionals
- Informed by practice experience



COMPARE:

Oregon Revised Statutes (ORS) Health Assessment for Foster Children

“A coordinated care organization shall provide an initial health assessment on any child enrolled in the coordinated care organization who is in the custody of the Department of Human Services no later than 60 days after the date that the Oregon Health Authority notifies the coordinated care organization that the child has been taken into the Department’s custody.”

COMPARE:

Oregon Administrative Rule:

- (1) Each child placed in substitute care must receive the following:
 - (a) An intake nursing assessment by a DHS contracted nurse, shortly after entering care;
 - (b) A comprehensive health assessment by the child's primary healthcare provider, within 30 calendar days of entering care;
 - (c) A dental assessment for children age 1 and older, within 30 calendar days of entering care;
 - (d) A Child and Adolescent Needs and Strengths (CANS) screening, within 60 calendar days of entering care;
 - (e) A mental-health assessment for children age 3 and older, within 60 calendar days of entering care; and
 - (f) An Early Intervention Screening for children ages 0-2, within 60 calendar days of entering care. (See CPS Early Intervention Referral form CF323.)
- (2) The caseworker of a child who is placed in substitute care must ensure that the child receives:
 - (a) All required assessments and screenings as described in section (1) of this rule; and
 - (b) All treatment and services that are recommended in the required assessments and screenings that are covered by either Oregon Health Plan (OHP) or the child's private health insurance.

POLICY MANUAL

Orthodontia Services

Procedure

Orthodontia treatment is only covered by OHP/Medicaid if a child or young adult has cleft lip or cleft palate. If a dentist feels strongly a child or young adult without cleft lip/palate has a need for orthodontia, please follow the process below:

Medicaid funds will cover only orthodontia services for Medicaid-eligible children with a cleft lip or cleft palate. When the child has that diagnosis, the provider must request prior authorization for payment to either DMAP in the case of an “open” card or through the Coordinated Care Organization (CCO) or Dental Care Organization (DCO) if the child is enrolled.

To Request Orthodontia Treatment

- Gather information and complete an initial review of the identified need.
- Review potential funding resources within the following parameters:
 - All available funding resources must be identified and secured prior to initiating orthodontia treatment
 - If child does not have cleft lip or cleft palate, orthodontia must be paid with other medical branch funds. Documentation of a complete evaluation of orthodontia needs must be provided by the dental care provider.
 - A letter outlining the treatment plan from the proposed orthodontic provider that includes the presenting medical condition or medical condition developed as a result of dental conditions, treatment plan correcting the presenting issues, timeline for treatment and the expected treatment outcome. This information must be kept in the medical section of the child or young adult’s file cabinet in OR-Kids and a copy submitted with the expenditure request.
- Identify and confirm other financial resources who have agreed to assist in the treatment plan (e.g., a relative or philanthropic or community service agency willing to provide financial assistance) and documentation that such resources will be expended prior to payment of other medical branch funds.

DECIDING WHEN / WHAT TO CITE:

- Consider:
 - Goals / Obstacles
 - Audience
 - Precedent



IMPROVING STANDARDS / RULES

- Legislative and administrative advocacy
- Stakeholder expertise
- Public and leader education
- Public comment periods
- Testimony submission





TOOLS FOR TURNING ADVOCACY INTO ACTION

Tricia Swallow

Citizen Review Board – Oregon Judicial Dept.

OREGON CHILD WELFARE PROCEDURE

- How do we find ODHS child welfare procedures?
 - Manual
 - Ctrl+F or the Table of Contents
- Example:
 - Paying for orthodontia when it is not covered by OHP



USING YOUR OARS: OREGON ADMINISTRATIVE RULES



- How do we look them up?
 - By number
 - By topic
- Example:
 - OAR 413-015-0465 – Required Assessments and Screenings

HYPOTHETICAL CASE

11-year-old Ellis entered care on 1/1/25. It is now 5/30/25. Ellis's resource parents are struggling with his behaviors and have considered having him moved.

As a CRB board member or CASA, you notice that his CANS assessment (completed on 2/15/25) determined he has a CANS 2 level of care.

In reviewing case materials provided to you, you note that Ellis does not have a Supervision Plan.



HYPOTHETICAL CASE

You are aware from a recent training that the Oregon Child Welfare Procedure Manual describes Supervision Plans (currently on page 894) as:

- A documented set of strategies to help a certified resource family to provide what is necessary to promote and ensure a child's safety and well-being in the areas of: I. **Additional support**, II. **Observation**, III. **Direction**, and IV. **Guidance**.(1)

You notice the Child Welfare Procedure manual cites OAR 413-020-0233, which you look up. It says that the caseworker must develop a Supervision Plan with the certified family with whom the child or young adult lives within 30 days of a child receiving an elevated CANS score or moving placements.

HYPOTHETICAL CASE

How might you use that information from the **Child Welfare Procedure Manual** and **OAR 413-020-0233** to advocate that Ellis and the resource family should immediately receive a Supervision Plan?

- CASA volunteer/staff thoughts
- CRB volunteer/staff thoughts

