

Hello Oregon Representative,

My name is April Vorhauer-Flatt and I am an Adult Foster Care DD Provider in Pendleton, OR. I am asking you for Legislative Concept 52 (or “LC 52”) to be introduced and pass this Special Session so that Oregonians experiencing disability can access healthcare, use support from people they trust while they are hospitalized and have support when making end of life decisions. As a Foster Care Provider to an adult with complex medical needs in addition to Intellectual-Developmental Disabilities I have spent many days in the hospital with this individual and a Life Flight trip to PDX. On more than one occasion this individual was in grave danger of death if not for my presence and advocacy. No one should have to be alone in the hospital, especially individuals from vulnerable populations.

I have been advocating for the individual's right to choose who supports them in the hospital for years now because hospital staff can not be expected to understand the complex communication, behavioral and health needs of people with I/DD. Each person with I/DD is unique, even within the same diagnoses. As the Oregon Administrative Rules are currently written I am not able to be paid to support an individual while they are hospitalized. In fact I have been instructed to drop them off at the ER with a notebook of information for the hospital staff. This is not good enough! Please read the following information so that you can better understand why people with I/DD must have support from people they are familiar with in the hospital and caregivers

should be paid to ensure their health and safety. The information of organized by the different perspectives from which I am advocating.

Thank you for your time, I am praying you make the right decision,

April Vorhauer-Flatt

Adult Foster Care DD Provider

Rights of the Individual:

1. This rule contradicts the ideal promoted by the State of Oregon that individuals receiving services are encouraged to make choices about their care and that services should be Person Centered.
2. Individuals being served by AFC-DD vary greatly in their needs and there needs to be options for a variance to the rule to accommodate people with very high needs.
3. A hospital stay creates a new baseline for the individual and home based documents will not apply.
4. This rule is more aligned with institutionalized care than community based support.

Hospital of Admission:

1. Who will make medical decisions for the individual?
2. How will family and friends be informed of medical status?
3. What will happen during medical transport i.e. ambulance or LifeFlight?
4. Will the hospital put an AFC Provider on staff to support the individual?
5. What will hospital do is needs and behaviors exceed their skills?
6. How will translator be provided to nonverbal individual?
7. What documents does the hospital need to support individual?
8. What will hospital do with documents submitted by AFC-DD Provider?
9. How will hospital inform Provider on instructions for patient upon release?

State of Oregon and Community Developmental Disabilities Program:

1. How is this rule person centered and respectful of individual's rights?
2. Who is responsible for making medical decisions for the client?
3. How will the State mitigate the domino effect when hospitalization causes a domino effect of losing one's placement in the community and being released from hospital into a housing and support crisis?
4. How will Service Coordinator respond when hospital admission happened out of office hours?
 - a. How will State/County provide documents should Provider be unable to do so?

5. Is the Provider under contract while client is in hospital and how long must the bed be held?
6. Training specific to individuals needs is required in the home, will hospital staff be qualified?
7. Can an individual require 2:1 support while hospitalized in order to pay Provider?
8. Can hospitalization be seen as a crisis and AFC Provider paid this way?
9. How will documents created for life in AFC Home apply to a hospitalization? The patients baseline has changed once admitted to hospital.
10. Is AFC-DD Provider responsible to take client home when released from the hospital? How will they have information of therapies and medications required for release?

Adult Foster Care Union:

1. How is this rule in line with Community Based Care, when an institution is more powerful than the individual?
2. What is the responsibility of AFC Provider while client is admitted to hospital?
3. Is the Provider covered for liability should they chose to provide care for client while hospitalized?
4. How long must provider hold the bed of a client that is hospitalized?
5. Is provider considered employed and under contract while client is in hospital?

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