

**Select originating cluster**

**Action Request  
Transmittal**

Catherine A. Cooper, Deputy Assistant Director  
**Authorized Signature**

**Number: SPD-AR-04-015**  
**Issue Date: 03/25/2004**

**Topic: Long Term Care**

**Due Date: 03/31/2004**

**Subject:** Closure Notices for Clients on the Dual Services List Transitioning to  
Developmental Disabilities Services

**Applies to (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> All DHS employees                     | <input type="checkbox"/> County Mental Health Directors                  |
| <input checked="" 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 type="checkbox"/> Other (please specify):                         |

**Action Required:**

Clients on the dual services list who are receiving services from Developmental Disabilities and programs serving Seniors and Persons with Physical Disabilities must be transitioned to the appropriate programs no later than April 30, 2004.

Clients who are receiving services from both programs, as indicated on the client transition list, must be given closure notices no later March 31, 2004 for closure effective April 30th, 2004. Clients on this list received a letter in January explaining the importance of planning for this transition. Updated lists will be e-mailed to each office. Local offices should check the updated lists before issuing closure notices as instructed in this action request.

The closure notice is related to those services currently paid for through the seniors and people with physical disabilities only. Clients on the client transition list have been determined eligible for services provided under the Developmental Disabilities County Office Programs or Support Services Brokerages and will continue to receive services through developmental disabilities programs.

The required actions and time frames are as follows:

Notification of Planned Action, SPD 540, should be issued before March 31, 2004 with an effective date of April 30, 2004. Closure notices should not have an earlier closure date than April 30, 2004 unless client requests earlier closure and signs a 540A, Agreement to Take Action.

Notification of Planned Action should site the following details:

On April 30, 2004 your service benefit will be closed.

**Administrative rules and reason for action**

Rules: OAR 411-015-0015(5) Persons under- sixty five years of age determined eligible for developmental disability services in accordance with OAR 411-032-0080 or having a primary diagnosis and primary need for service based on a mental illness are not eligible for Title XIX Home and Community Based Services paid for under the Department's 1915 (c) Waiver for seniors and people with physical disabilities. Because your are eligible for services under the Developmental Disability programs, you are not eligible for services through the programs serving seniors and people with physical disabilities. Your services through the programs serving seniors and people with physical disabilities will be closed/terminated. You continue to be eligible for services through programs serving People with Developmental Disabilities.

Clients who choose to voluntarily transistion earlier that April 30th, 2004 should be required to sign the 540A--Agreement to Take Action.

In completing the 540A, be sure to include the following information:

Action to be taken is close/terminate benefits.

Benefits affected are the Service Benefits.

Reason for change should say: "Client has agreed to accept services through the Developmental Disabilities programs. Service benefits are closed under the seniors and people with physical disability waiver and the client will receive services under programs serving people with Developmental Disabilities."

**Reason for Action:**

Persons under- sixty five years of age determined eligible for developmental disabilities services or having a primary diagnosis and primary need for service based on a mental illness are not eligible for Title XIX Home and Community Based Services paid for under the SPD 1915 (c) Waiver. Due to the exclusionary circumstances provided in the 1915(c) wavier, Centers for Medicare and Medicaid (CMS) directed the state to transition all Developmentally Disabled clients to the appropriate services. Clients currently on the transition list have been receiving services under two programs and have been prioritized for transition to the most appropriate program.

**Field/Stakeholder review:**       Yes       No

**If yes, reviewed by: Operations Committee**

*If you have any questions about this action request, contact:*

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