

Catherine A. Cooper

Authorized Signature

Number: SPD-AR-05-083

Issue Date: 12/09/2005

Topic: Developmental Disabilities

Due Date: February 1, 2006

ACTION: Screening of DD 47 SILP Residents to Identify Those

Subject: Potentially Eligible to Move to DD 51 Supported Living

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input checked="" 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): DD 47 providers, DD 54 providers, Brokerages, Oregon Advocacy Center, Oregon Rehabilitation Association |

Action Required:

Community Developmental Disabilities Programs in conjunction with provider organizations are requested to review and screen all persons in DD 47 Semi Independent Living (SILP) Services. The goal of the screening is to identify the health and safety supports presently provided to SILP residents and to determine targeted residents who may meet criteria for movement to supported living services. This AR provides the screening criteria, format, process and timelines. It is expected that the County Services Coordinator, SILP provider and Employment-Inclusion (DD54) provider will have essential information and input into submitted Individual Screening Form. A Screening Form should be completed for each individual in DD 47 and considered for Supported Living (DD 51). **Information is to be submitted to Molly Holsapple by February 1, 2006**

This initial screening is part of the process of in depth review and planning for individuals presently in DD 47 Semi Independent Living Services who will transfer to either to Supported Living (DD 51) or Brokerage Support Services (DD 148) on October 1, 2006. No movement will occur prior to that date.

Criteria For Supported Living Service Consideration

Consideration for placement in DD 51 Supported Living will only be possible for individuals who meet ALL of the following criteria:

- Individual needs and regularly receives health and safety related support from SILP staff or other paid service providers equal to that provided in other 24 hour residential settings :
- Individual presently meets or can meet criteria for Medicaid and waiver eligibility by the October 2006 transfer date. This may require individualized benefits planning related to earnings and SSA resources in collaboration with DD 54 provider/employer:
- Individual, with adequate education and benefits planning, agrees to pay required residential offsets, if necessary. (SSDI recipients non DAC).

This criterion is NOT based on supports what would be beneficial for the person to receive in the future, NOT focused on independent living skill training and NOT based on present provider payment levels.

Steps and Timelines:

This format and process is designed based upon a field test with 3 counties and provider agencies. The focus in the AR is on persons targeted and potentially eligible to remain in comprehensive services.

1. Attached with this Action Request, SPD is distributing the Screening Tool to be completed for targeted individuals.
2. Under separate cover (via e-mal and regular mail) SPD will provide to the County lists of DD 47 SILP residents with relevant service and available financial information.

All information provided is that deemed necessary for SPD and its contractors to do business. Essential financial information is provided only to the County and without a match to prime or social security numbers in order to protect individual rights and assure HIPPA compliance.

Please note that correct SSA financial information is not presently available for persons identified as Disabled Adult Child or DAC. This information is expected after February 1, 2006. The CDDP should still complete and submit a Screening Form in the designated time period noting this issue.

3. During December 2005, CDDPs are asked to:
 - a. Review lists for accuracy (names, providers etc.) and make necessary corrections;
 - b. Identify involved services coordinator and provider teams;
 - c. Assure each team understands the task, process, criteria, tools and timelines.

4. A separate Screening Form is to be completed for each individual that meets the criteria for placement in DD 51 Supported Living based on Team review. Screening is not required at this time for individuals expected to move to DD 148 Brokerage Support Services.
5. **Submission:** By February 1, 2006 the CDDP should submit the following to Molly Holsapple:
 - a. Resident Screening Forms
 - b. Corrections to the master DD 47 Resident List, in needed.
6. **Follow-Up:** Significant information will be reviewed with Regional Coordinators by March 1, 2006. A Regional Coordinator may contact the Services Coordinator to clarify information and or ask for an individual to sign a release of information if formal benefits' planning is recommended.
7. **Individualized Supports and Benefits Planning:**(if appropriate). SPD has secured the assistance of Molly Sullivan, PIP Benefits Planner, Oregon Advocacy Center on a case by case basis to help look at strategies to maintain employment, income and Medicaid eligibility whenever possible. With names and releases individual planning sessions will be scheduled involving all significant ISP team members. This is expected to occur between April 1, and June 30, 2006 for potential supported living residents. The specific time will depend upon schedules, location, and the number of individuals identified.
8. **Completing Steps For Individual Medicaid Eligibility, Determination of Service Payment, and Transfer SILP to DD 51.or DD 148** In the period July 1, 2006 through September 1, 2006, on a case by case basis. County staff will work with Regional Coordinators completing all paperwork necessary for transition to DD 51 service. This may include submission of Title XIX, contract modifications etc.

Information on the screening and planning for the remaining DD 47 SILP residents will be communicated in a separate AR.

Reason for Action:

In October 2006 individuals residing in DD 47 SILP services are due to transfer to Brokerages Support Services (DD 148). DD 47 SILP services will be eliminated at that time. SPD recognizes some DD 47 residents are receiving health and safety supports equal to those in a 24 hour residential settings. The identification of adequate resources to fund supported living services essential for these individuals will depend

upon establishing Medicaid eligibility and an individual's payment of required residential offsets, if necessary. Many individuals in SILP have never had the assistance of benefits planning to help review ways that would allow them to work, cover essential expenses, and maintain Medicaid eligibility. Effected SILP residents will need to understand and make informed choices about service options and impacts that take effect on October 1, 2006.

Field/Stakeholder review: Yes No

If yes, reviewed by:

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

Contact(s):	Molly Holsapple		
Phone:	(503) 945-9815	Fax:	(503) 947-4245
E-mail:	Molly.s.holsapple@state.or.us		

DD 47 SILP Resident Screening
COMPLETED ONLY FOR INDIVIDUALS
CONSIDERED FOR PLACEMENT IN SUPPORTED LIVING DD51

Section 1: Basic Information

County: _____ SILP Provider and Rate: \$ _____

Individual: _____ Voc Provider and Rate: \$ _____

SSA Status: SSI SSDI Only Average Monthly Benefit: \$ _____

Review with data provided by SPD with Action Request

Employment Status:

Not interested in working Interested, presently unemployed

Working ___ hours per week Site Employer: _____ Monthly Wages: \$ _____

Seasonal Work: Yes No With DD 54 Support: Yes No

Without DD 54 Support: Yes No Volunteering

Section 2: Health and Safety Review

Answer all questions based upon issues and needs being addressed with current resources.

1. Identify major health and or safety issues/concerns: (ex: behavior, medical, fire safety, aging)

2. Identify actual monthly hours spent addressing above issues by SILP staff:

(Review records including time spent during home visit, direct time with individual and actual time spent with related coordination with Service Coordinator, medical personnel, etc.)

September 2005	October 2005	November 2005

3. Identify actual time spent by DD 47 provider to address above issues, if any and if appropriate.

September 2005	October 2005	November 2005

4. Identify actual time spent by DD 54 provider to address above issues, if any and if appropriate.

September 2005	October 2005	November 2005

5. How many times per month has the individual used agency or emergency response mechanism?

September 2005	October 2005	November 2005

Section 3: Financial Medicaid Eligibility Review and Individual Decision Making

1. Disability type: MR: Yes No
2. Has Title XIX level of care been submitted? Yes No
3. Is the individual presently above resource limit? Yes No
4. Average monthly earnings for 9/05-11/05? \$_____
5. Has benefit analysis been done or have work incentives been considered? Yes No
 If Yes, Explain: _____

6. Has the individual previously refused pay/contribute supports? Yes No
7. Do you believe with education that he/she would participate in benefits planning? Yes No

Section 4: County Screening Team

CDDP Staff: _____

Phone: _____

DD 47 Staff: _____

Phone: _____

DD 54 Staff: _____

Phone: _____