

Cathy Cooper  
Authorized Signature

Number: SPD-AR-10-012  
Issue Date: 3/4/2010

Topic: Developmental Disabilities

Due Date:

Subject: Primary Diagnosis Information on the DD Eligibility/Enrollment/Update Form (DHS 0337)

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 type="checkbox"/> Seniors and People with Disabilities   |
| <input checked="" type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): CDDP Service Coordinators; SPD DD Provider Technical Support Unit; SPD DD Regional Coordinators |

Action Required: Beginning **IMMEDIATELY**, when completing section #2 of the **DD Eligibility/Enrollment/Update Form** (DHS 0337), CDDPs must now add/write in the qualifying condition(s) for the individual used to establish DD service eligibility, if not listed on the form as an option.

Reason for Action: SPD is currently updating the client eligibility system to allow for more developmental disability diagnosis or condition information for individuals receiving DD services. The current **DD Eligibility/Enrollment/Update Form** only lists 5 qualifying condition options to choose from, but there are other developmental disability diagnoses or qualifying conditions which may qualify a person to be eligible for DD services.

Therefore, when completing a DHS 0337 form for an individual and their qualifying condition(s) for being eligible for DD services is/are not found in section #2 of the form, CDDPs must now write in the applicable qualifying condition(s) for the individual, either in section #2 or in the comments section of the form.

This additional information will also assist the DDSCU in gathering data on all the reported qualifying conditions that may make an individual eligible for DD services and allow the DDSCU to update the DHS 0337 form with more qualifying condition options.

**Field/Stakeholder review:**     Yes     No

**If yes, reviewed by:**

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

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