

Cathy Cooper  
Authorized Signature

**Number:** SPD-AR-10-024  
**Issue Date:** 4/5/2010

**Topic:** Developmental Disabilities

**Due Date:**

**Subject:** Foster Care absence notification procedures

**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): Central Office DD Program staff |

**Action Required:**

Using the DD Eligibility/Enrollment/Update form (DHS0337) and the Foster Care Data Change form (SDS4547), please notify the Developmental Disabilities Provider Technical Support Unit of Foster Care absences as soon as possible. As is the case for all submissions of the 0337, you are encouraged to make the best possible use of the **COMMENTS BOX** to provide any information not otherwise noted on the form which may aid in completing the system coding entries or changes that will most quickly and effectively support accurate service authorizations and payments.

Notifications (0337 forms and Foster Care Data Change forms) are to be sent via the secure email process to [DD-Eligibility.Enrollment@state.or.us](mailto:DD-Eligibility.Enrollment@state.or.us)

For CDDP offices not wishing to use the secure email process, the forms may be faxed to DD Eligibility and Enrollment, (503) 947-5044. The forms may also be submitted via regular mail to: Department of Human Services, DD Eligibility and Enrollment, 500 Summer Street NE E-12, Salem OR 97301. Regular mail submissions will take longer to process, due to time in transit and sorting for delivery to the unit.

The required action is particularly critical in cases where the absence occurs due to admission to another institutional setting such as hospitalization, short-term nursing facility, psychiatric treatment centers, or incarceration (jail or prison).

**Reason for Action:** In order to process payments for DD Foster Care providers during

periods of allowable client absences, case coding must be updated in the DHS eligibility systems to more accurately reflect the funding requirements for these payment types. If the case coding is not updated in a timely manner, the foster care payments will either suspend, or will be funded incorrectly.

The information submitted on the 0337 form supports the system activity that removes the waiver coding from a case, to prevent federal match funds on the bed-hold payment during the period of absence.

The Foster Care Data Change form is the source documentation for all service and rate authorizations in DD foster care. Therefore, when changes to the service or rate occur, submission of a new or updated FCDC form with the 0337 assures the file contains a current authorization for these changes. In the case of absences, the updated FCDC form authorizes the absence and the bed-hold payment.

Because the most critical payment complications occur in cases where an individual is out of the home due to time spent in another institutional setting, or in cases of incarceration, these types of absences are the primary focus at this point in time. Transmittals regarding other types of absences from Foster Care service will be released at a future date.

**Field/Stakeholder review:**       Yes       No

**If yes, reviewed by:**

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

|                    |  |             |              |
|--------------------|--|-------------|--------------|
| <b>Contact(s):</b> | Kim Wise   |             |              |
| <b>Phone:</b>      | 503-947-5174   | <b>Fax:</b> | 503-947-5044 |
| <b>E-mail:</b>     | <a href="mailto:Kim.M.Wise@state.or.us">Kim.M.Wise@state.or.us</a> |             |              |