

Cathy Cooper
Authorized Signature

Number: SPD-AR-10-093

Issue Date: 10/15/2010

CORRECTED

Topic: Developmental Disabilities

Due Date:

Subject: Updated DD Eligibility/Enrollment/Update Form (DHS 0337) and Instructions

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 Services
Coordinators; SPD DD Regional
Coordinators; SPD DD Services
Coordination Unit |

Action Required: The **DD Eligibility/Enrollment/Update Form** (DHS0337), code reference sheet and form instructions have been updated. This transmittal provides a reminder of, as well as some updates to, the actions required in using the DHS0337 form. These actions are designed to support accurate client case coding activity necessary for successful service authorization and provider billing in eXPRS.

Please share this transmittal with any and all staff at your agency who are responsible for completing and/or submitting to SPD central office:

- the **DD Eligibility/Enrollment/Update Form** (DHS0337)
- the **Title XIX Waiver Form** (DHS0520), and/or
- the **DD Foster Care Data Change Form** (DHS4547) **and**
- the required DD FC SNAP budget pages (see [SPD-AR-10-077](#)).

You are able to identify the latest version of the DHS0337 form by the date in parentheses in the bottom right hand corner of the form itself. The newest version will have the date "**11/10**" listed.

CDDPs shall begin using the newest version of the DHS0337 form **IMMEDIATELY**.

To allow some time to transition to the new form, the previous version dated 04/09 will continue to be accepted by the DD Eligibility/Enrollment unit through Oct 31, 2010, as

long as all the information required on the newest version is included on the form (CDDPs can utilize the comments box to add the additional information required on the new form, as needed).

Beginning Nov 1, 2010, only the newest (the 10/10) version of the form will be accepted. Older versions submitted after Nov 1st will be returned to the CDDP unprocessed.

A. When to submit the DD Eligibility/Enrollment/Update Form (DHS0337)

The DHS0337 form must be submitted in cases where an individual:

- is new to developmental disability services;
- goes through a DD eligibility re-determination (e.g., early intervention to school age; child to adult; other re-determinations as needed).
- experiences circumstances requiring a name change;
- experiences change in service (e.g., transfers from 24-hour residential to supported living, adds employment services, drops transportation services, transfers to a Brokerage, etc.);
- transfers from one county to another (e.g., leaves case management services with Multnomah County CDDP and enters case management services with Lane County CDDP -- in this case we would expect to get DHS0337 forms from both the sending and receiving CDDPs);
- has a new/update to the TXIX Waiver form (eg: client in services and not on the waiver now becomes TXIX eligible, so the TXIX waiver form is resubmitted).
- terminates from a developmental disability service.

B. How to submit the DD Eligibility/Enrollment/Update Form (DHS0337)

▪ **Secure Email Submission:**

To use this feature, the CDDP must select and designate at least one person as the individual to receive the monthly secure email from the DD Eligibility/Enrollment email box. Receipt of this secure email sets up a secure response format which may be utilized by the CDDP to submit their 0337 forms electronically to the DD Eligibility/Enrollment unit.

A new email will be sent to the CDDP from DD Eligibility/Enrollment email account on the first and fifteenth of every month. This bi-monthly email is easily recognized, as it contains **#secure#** in the subject line. Each time the designated person receives the **#secure#** email, they should forward it to anyone in the CDDP who will be responsible for submitting the 0337 forms to the State.

Any CDDP wishing to use email submission of the DHS0337 forms during the month must:

1. REPLY to the State's most current **#secure#** email every time they are going to send a DHS0337 form containing confidential client information; and
2. Attach the applicable form(s) (e.g., DHS0337 form, **TXIX Waiver Form** (DHS0520); **Foster Care Data Change Form** (DHS4547) *and* the required DD FC SNAP budget pages) to that reply email.

Please note: In order for the emails to remain secure, **you must REPLY to** the **#secure#** email **every time** you submit a DHS0337 forms and attachments.

CDDPs cannot send emails larger than 20MB using this method. This means the CDDP may have to limit the number of attachments in each of their emails sent in reply to the **#secure#** email.

If the CDDP has not yet designated an individual to receive the monthly **#secure#** email and wishes to submit their DHS0337 forms electronically by this method, please submit the name and email address of the designated individual to:

DD-Eligibility.Enrollment@state.or.us

All DHS0337 forms will be returned to the CDDP once processing has been completed.

▪ **Fax Submission:**

Complete the **DD Eligibility/Enrollment/Update Form (DHS0337)**, and then fax to:

**Attn: DD Eligibility/Enrollment Unit
(503) 947-5044**

When faxing, remember to attach any additional materials necessary to support case coding or enrollments (e.g., **TXIX Waiver Form** (DHS0520); **Foster Care Data Change Form** (DHS4547) *and* the required DD FC SNAP budget pages).

▪ **US Postal Mail Submission:**

Complete the **DD Eligibility/Enrollment/Update Form (DHS0337)**, and mail to:

DHS, SPD
Attn: DD Eligibility/Enrollment Unit
500 Summer St NE; E-12
Salem, OR 97301-1075

When mailing, remember to attach any additional materials necessary to support case coding or enrollments (e.g., **TXIX Waiver Form** (DHS0520); **Foster Care Data Change Form** (DHS4547) *and* the required DD FC SNAP budget pages).

C. Status Requests for forms submitted

The **VIEW CLIENT** screens in eXPRS have been updated to show an individual's DD Eligibility, Level of Care determination, Service/Waiver coding information and date segments. Users can now view this information directly through eXPRS to see the status of the information they have submitted via the DHS0337 and other forms. Please see the "**How to View Client Information in eXPRS**" guide, available on the HELP menu in eXPRS for assistance.

DD Eligibility/Enrollment/Update Forms (DHS0337)

A DHS0337 form processing status may be requested if 30 days have passed from the initial email or fax submission date, but the form has not yet been returned to the CDDP.

If a CDDP cannot find an individual's prime number in eXPRS, or is unable to determine if an enrollment/update or termination has been completed by viewing the client's information in eXPRS, the CDDP may request the status of the DHS0337 form for that specific individual in question.

Requests should be made in writing to the DD Eligibility/Enrollment Unit via email or by fax, using the email or fax contact information listed in Section B, above.

TXIX Waiver Forms

Please submit your requests regarding the current status of waiver forms via email or fax using the contact information listed in Section B, above. Be sure to include "**Waiver status update request**" in the subject line of your email, or on the cover sheet of your fax. This notation allows the email or fax to be routed differently than the other materials submitted.

DD Foster Care Data Change Forms

Please submit your requests regarding the status of Foster Care Data Change Forms to Eligibility/Enrollment Unit using the contact information listed in Section B, above.

These requests will be forwarded to the individual processing the DD foster care enrollments.

REMINDER: Whenever a DHS0337 or TXIX Waiver form status is requested, the following elements must be included in the request:

- Client name,
- Prime number (if known; otherwise SSN and DOB), and
- Date of form submission to DD Eligibility/Enrollment Unit.

IMPORTANT:

Form status requests are not to be sent as DHS Service Desk tickets.

D. Using the updated DD Eligibility/Enrollment/Update form (DHS0337), code reference sheet, and instructions

Attached with this transmittal are samples of the new DHS0337 form, its code reference sheet and updated instructions. The electronic version of the new DHS0337 form and additional information is available for download at the [Oregon DHS Forms website](#). Enter the form number "0337" in the form number search field to take you to the form and other documents.

The processing time for any DHS0337 form is contingent upon multiple variables. There are a number of actions the CDDP can take which positively impact DHS0337 form processing time lines.

1. Submit forms only as necessary to affect a required coding or service change. Do not submit forms simply because the individual has not yet had a form submitted, or because the version of the DHS0337 has changed.
2. Be certain forms are completed with all required information according to current instructions. For example, when services are terminating, please use the comments box to provide additional information regarding the reasons for the terminations.
3. Be certain forms are legible.
4. When targeting enrollment to a waived service for an individual, be certain the Title XIX Waiver form is submitted at the same time (or as close as possible to the same time) as the DHS0337 is submitted. Also, note in the comments box that the TXIX Waiver form will follow. In addition, provide the support and information necessary for the individual that will enable the SPD Central Office

staff to work with the Local APD field office to obtaining eligibility determination for a medical card.

5. Unless additional information has been specifically requested by a DDPTUA staff person to be returned to them directly, PLEASE use only the approved submission methods and subject line or "attention" notations for the DHS0337 form and submit forms attention to the DD Eligibility/Enrollment Unit, and not a specific staff person.
6. Be certain the CDDP is using only one submission method for submitting forms. If the CDDP uses the **#secure#** email submission format, DO NOT also send the same form via fax. Every single DHS0337 form that arrives in central office is processed by arrival date from the central submission unit. If the same form has been sent via email, via fax, and via US Postal mail, all three forms must be prioritized, routed and processed. Once the first form is processed, subsequent forms confuse and slow processing across the unit.

Reason for Action: eXPRS requires verification of eligibility for services (via case coding information) prior to allowing the authorization of any DD service. Information provided via the DHS0337 and TXIX Waiver form is entered into the DHS mainframe systems using specific case coding. eXPRS uses the case coding information in processing service authorization and claims.

Field/Stakeholder review: Yes No

If yes, reviewed by:

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

Contact(s):	Kim Bienkowski, Business Analyst DD Systems Coordination Unit		
Phone:	503-947-5174	Fax:	503-947-5044
E-mail:	Kim.M.Bienkowski@state.or.us		

DD Eligibility/Enrollment/Update Form

1. Client information		
Last name: _____	Birth name: _____	Prime number: _____
First name: _____	Date of birth: ____ / ____ / ____	SSN number: _____
Street: _____	City: _____	State: _____
ZIP code: _____	County of residence: { B - J } { K - Y }	Phone: (____) _____
Gender: {Select one}	Race: {Select one}	Ethnicity: {Select one}
Language: { A - E } { F - L } { M - Q } { R - Z }	Living arrangements: {Select one}	

2. DD eligibility information		
Community developmental disability program: { B - J } { K - Y }		
Dates: Initial DD eligibility: ____ / ____ / ____ Re-determined DD eligibility: ____ / ____ / ____ Adult DD eligibility: ____ / ____ / ____		
DD eligibility qualifying diagnosis		
Mental retardation: {Select one}		
Additional DD qualifying diagnosis:		
{Select one}	{Select one}	
{Select one}	{Select one}	
<input type="checkbox"/> Other Developmental Disability that meets criteria as addressed in 411-320-0080. (<i>NOTE: Enter specific diagnosis in comment box.</i>)		

State of Oregon use only	CDDP branch code: { B - J } { K - Y }
Benefit plan: _____	Client case verified/Created by state: _____ Date: ____ / ____ / ____

3. Enrollment plan service	Start date	End date	Comments
{Select one}	__ / __ / __	__ / __ / __	
{Select one}	__ / __ / __	__ / __ / __	
{Select one}	__ / __ / __	__ / __ / __	
{Select one}	__ / __ / __	__ / __ / __	
{Select one}	__ / __ / __	__ / __ / __	
Reason for case management termination: {Select one}			

4. CPMS information			
CMHP no.	Provider no.	Opening date	CPMS case no.
		__ / __ / __	
		__ / __ / __	
		__ / __ / __	

5. Waiver status — Individual has been placed on the:	Individual has not been placed on the waiver due to the following:
<div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">State of Oregon use only</div> <div> <input type="checkbox"/> DD Comprehensive Services (DDC) Waiver <input type="checkbox"/> DD Support Services (DDS) Waiver <input type="checkbox"/> Children’s Medically Fragile (MFW) Waiver <input type="checkbox"/> Children’s Behavioral (ICF/MR) Model (DDB) Waiver <input type="checkbox"/> Children’s Medically Involved (MIW) Waiver Level of care approval date: ____ / ____ / ____ </div> <div> <input type="checkbox"/> Not ICF/MR – Hospital – Nursing level of care <input type="checkbox"/> Not receiving waiverable services <input type="checkbox"/> Not Title XIX eligible <input type="checkbox"/> Contact SPD field office for 300% rule eligibility Current waiver date: ____ / ____ / ____ </div> </div>	<p>Had the individual been eligible for a medical card (Title XIX) he/she would have been placed on the:</p> <input type="checkbox"/> DD comprehensive services (DDC) waiver <input type="checkbox"/> DD support services (DDS) waiver
6. Eligible service category code:	{Select one}
Eligible service category code: {Select one}	Start date: ____ / ____ / ____ End date: ____ / ____ / ____
Title XIX waiver specialist signature: _____	Process date: ____ / ____ / ____

7. Bed hold waiver stops and starts only	
Date out of residence: ____ / ____ / ____	Date returned to residence: ____ / ____ / ____
Reason for absence: {Select one}	

(Service coordinator signature) _____
(Date)

[See code sheet DHS 0337C](#) / [See instructions DHS 0337i](#)

DD Eligibility/Enrollment/Update Form (DHS 0337) Code Reference Sheet

Section 1

County of residence	Gender	Language
01 Baker	Male	<i>See below</i>
02 Benton	Female	
03 Clackamas	Unknown	
04 Clatsop		Living arrangement
05 Columbia		01 - Alone
06 Coos		02 - With spouse
07 Crook		03 - Parents/Relative/Children
08 Curry		04 - Non relative foster home
09 Deschutes		05 - Institution
10 Douglas		06 - Friends or others
11 Gilliam		07 - Skilled nursing facility
12 Grant		08 - ICF semi-skilled
13 Harney		16 - Room and board
14 Hood River		20 - DD residential home
15 Jackson		23 - CW funded res. setting
16 Jefferson		26 - Supported living
17 Josephine		99 - Unknown
18 Klamath		
19 Lake		

Race
A - Asian
B - African American
B - Black
I - Alaskan Native
I - Native American
P - Native Hawaiian
P - Pacific Islander
U - Undeclared/Unknown
W - White

Ethnicity
Y - Hispanic
N - Non-hispanic

Language - Use in section 1

AE – Armenian	FJ – Fijian	MA – Mandarin	RO – Romanian
AF – Afrikaans	FN – Finnish	Dialect	RU – Russian
AG – Afghan	FR – French	MR – Marshallese	SA – Samoan
AL – Albanian	FC – French Creole Haitian	MN – Mayan	SE – Serbian
AM – Amharic	GE – German	MY – Malay (Malayan)	SI – Sign Language
AR – Arabic	GR – Greek	MI – Mien	SM – Somali
BA – Bantu	GT – Guatamalan Indian	NI – Native American Dialect	SP – Spanish
BE – Bengali	HC – Haitian Creole	NO – Norwegian	SH – Swahili
BN – Bosnian	HE – Hebrew	OF – Other African	SW – Swedish
BU – Burmese	HI – Hindi	OM – Other American	TA – Tagalog
CA – Cambodian	HM – Hmong	OS – Other Asian	TW – Taiwanese
CF – Creole French	HU – Hungarian	OC – Other Chinese	TM – Tamil
CH – Chamarro	IL – Ilocano	OE – Other European	TC – Taochiew
CO – Crotian	IN – Indonesian	OP – Other Pacific Islander	TG – Tigrinia
CT – Cantonese	IR – Iranian	OO – Oromo	TH – Thai
CZ – Czech	IT – Italian	OT – Other – Use only if	TT – Tibetan
DA – Danish	JA – Japanese	PA - Pashto/Pashtu	TI – Tigre
DU – Dutch	KN – Kannada	PE – Persian	TN – Togan Island
EN – English	KO – Korean	PL – Polish	TO – Tongan
ES – El Salvadorian	KU – Kurdish	PO – Portuguese	UR – Urdu
FA - Farsi	LA – Laotian	PU – Punjabi	VI – Vietnamese
			YI – Yiddish

DD Eligibility/Enrollment/Update Form (DHS 0337) Code Reference Sheet

Section 2 continued

DD Eligibility qualifying diagnosis (select from drop down)

Mental retardation

Mild

Moderate

Severe

Profound

N/A

Additional DD qualifying diagnosis

Acquired Brain Injury (ABI)

Alcohol/Drug Related Neurological Disorder (ARND/DRND)

Angelman Syndrome

Autism Spectrum

Cerebral Palsy

Down Syndrome

Epilepsy

Fetal Alcohol/Drug Effects (FADE)

Fetal Alcohol/Drug Syndrome (FAS)

Fragile X Syndrome

Global Developmental Delay (only for 0-7)

Klinefelter's Syndrome

Neurofibromatosis (if it originates and directly impacts the brain)

Phenylketonuria (PKU)

Prader-Willi Syndrome

Traumatic Brain Injury (TBI)

Williams Syndrome

DD Eligibility/Enrollment/Update Form (DHS 0337) Code Reference Sheet

Section 3

3. Enrollment plan service

SE44 – Crisis services - In-home comp
 SE44 – Crisis services - Residential
 SE45 – Nursing facility specialized services
 SE48 – Case management
 SE49 – Comp in-home support services for adults
 SE50 – Adult 24-hr. residential facilities
 SE51 – Supported living services
 SE52 – Host homes
 SE53 – Transportation services
 SE54 – Employment - Community inclusion services
 SE58 – DD foster homes - CDDP
 SE141 – State operated community program (SOCP)
 SE142 – Children's 24-hr. residential program
 SE143 – Children's proctor foster homes
 SE145 – Children's intensive in-home support (CIIS)
 SE148 – Personal agent services
 SE150 – Family support services for children
 SE151 – Long term support for children
 Personal care 20 hours – (ending services only)
 Wait list enrollment

Case management term reason

Client refused services
 Deceased
 Ineligible for DD services
 Involuntary withdrawal - no contact/unavailable
 Moved out-of-state
 Transferred to another county
 Transferred to APD
 Transferred to MH
 Voluntary withdrawal by parent/guardian
 Voluntary withdrawal - dissatisfied w/ services

Section 6

6. Eligible service category code

BPD – 20hr personal care
 DDB – Children's behavior waiver
 DDC – Comprehensive services waiver
 DDE – Case management only
 DDG – DD service eligible - Non-LOC eligible-1yr. limit
 DDG – DD service eligible – Non-Title XIX – 1yr. limit
 DDS – Support services waiver
 FSG – Family support
 FSL – Family support long term

MFN – Med. fragile children non-waivered services
 MFW – Medically fragile children waiver
 MIW – Medically involved children waiver
 MF2 – \$ follows the person; EOTC to DDC service
 MF3 – \$ follows the person; nursing fac. to DDC
 MF5 – \$ follows the person; nursing fac. to MIW
 MF7 – \$ follows the person; OSH to DDC
 SSG – Support services non-waivered

Section 7

Bed hold waiver stops and starts ONLY

Absence without leave/runaway
 Convalescent care
 Detention
 Family visits/vacation
 Incarceration

Medical hospitalization
 Nursing home
 Oregon State Hospital
 Psychiatric hospitalization

DD Eligibility/Enrollment/Update Form Instructions

Section 1 — Client information

Following the determination of DD service eligibility, the CDDP completes **Section 1, Client information** of the DHS0337 form. This section requires entries be made for name (legal name and birth name, if different from current legal name), address, date of birth, contact telephone numbers, Social Security number (if available), prime number (if known). Notations for these items must be legibly entered.

Additional demographic entries in section 1 include: county of residence, gender, race/ethnicity, language, and living arrangement. Entries for these items will be made with either alpha or numeric codes, found in the drop down menus on the electronic version of the form, or on the Code Reference Sheet which is available on the DHS forms web page (search under 0337C).

A CMS case record cannot be established without an address. Therefore, forms submitted for all individuals must have an address entered. In cases where there is absolutely no mailing address available for the individual, the default address should be that of the CDDP.

Section 2 — DD eligibility information

To facilitate the client's enrollment to DD case management and other DD services, **Section 2, DD eligibility information** must be completed. This section requires entry of the case management CDDP location (county) which may be different than the residence county in Section 1.

Eligibility dates

Initial DD eligibility determination date — (required; the first date the individual was determined DD eligible in the State of Oregon, regardless if this was determined by another CDDP)

Redetermined DD eligibility date — (required; the most recent date DD eligibility has been determined, this date could be the same as the Initial DD eligibility determination date and/or the same as the adult DD eligibility determination date)

Adult DD eligibility determination date — (required once adult eligibility has been determined) If MR is selected as (one of) the client's qualifying diagnosis(es), this date must be between the client's ages of 16.5 and 18. If MR is not selected as (one of) the client's qualifying diagnosis(es), this date must be between the client's ages of 16.5 and 22.

All eligibility dates could be the same or all could be different; all fields MUST be filled in with the one exception of adult eligibility — if it has not yet been determined.

DD Eligibility qualifying diagnosis

The data in this section is necessary to complete the central office CMS and DD eligibility coding. All entries must be legible.

This is the **disability diagnosis(es) or condition(s)** that has been determined and documented by a qualified professional **that makes the person**, per OAR eligibility criteria, **eligible for DD services** in Oregon. The CDDP must have copies of the documentation of the diagnosis(es) from the qualified professional in their file, as required by the OAR. A qualifying diagnosis is NOT something that the person is “suspected” to have or “appears” to have, but is the diagnosis that is formally established by a clinical or medical assessment/evaluation and documented by a qualified professional.

The person may have more than one qualifying diagnosis; this section of the form can list up to five different options from the drop down menus. If MR is (one of) the qualifying diagnosis(es), select the MR level from the drop down menu located next to “Mental retardation”. If the qualifying diagnosis(es) is something other than MR, select the appropriate diagnosis(es) from the four drop down menus located below “Additional DD qualifying diagnosis”.

If the documented qualifying diagnosis is not found in the drop down menus, select the “Other developmental disability” box, and list the specific diagnosis(es) in the COMMENTS BOX (Note: Other developmental disability that meets criteria as addressed in 411-320-0080(4)).

The “qualifying diagnosis” is NOT the same thing as the previously required “disability characteristics” listed on CPMS enrollment and expenditure forms.

Section 3 — Enrollment plan service

Enrollment plan requires identification of the service(s) which will be authorized. **At a minimum, case management services must be selected for each individual for whom a form is submitted.** If the individual is to receive services in addition to case management (e.g., SE 50, 24 hour residential; SE 49, Adult in-home comprehensive services; SE 58, DD foster care; SE 148, Brokerage services; SE150, General family supports, etc.), Section 3 of the form must also identify those services. Section 3 may be used for wait list enrollment, as well.

The CDDP must record the projected start date of the services (or end date if the form is being used for an update).

If the individual is targeted to enter a service covered under either of the DD waivers or under one of the children’s model waivers and the person is new or moving from “case management-only” to an additional service, the DD Eligibility/Enrollment/Update Form **must** be submitted and accompanied by a Title XIX Waiver form. The waiver form may be scanned and sent electronically with the 0337 form.

Section 3 must also be completed for service terminations.

Reason for case management termination: If SE48 is being terminated above, this field **MUST** indicate the reason using the drop down menu and/or code reference sheet.

Section 4 — CPMS information

Because CPMS must continue in operation to support those services not yet transitioned to other electronic payment systems, the 0337 form contains a section specifically designed to capture the information from CDDPs that is required to complete CPMS service enrollments successfully.

Until such time as all DD services and the wait list enrollments are contained within an electronic authorization and payment system, CDDPs must use **Section 4, CPMS Information**, to facilitate enrollment of clients to those services not yet transitioned to an electronic system.

Section 4 is to be completed for client enrollment to the following Service elements: Nursing facility specialized services (45) (there is a specific enrollment process for SE45 other than just submitting the 0337), Transportation (53), Support services brokerages (148), and wait list enrollments. Entries to the form for these services will use the existing CPMS provider enrollment codes. All fields in Section 4 (CMHP no., Provider no., Opening date and CPMS case no.) are required for CPMS enrollment.

Section 5 — Waiver status

The CDDP does not complete any entries to Section 5 of the form; all entries will be made by the DD Eligibility/Enrollment unit staff in Central Office.

In cases where the level of care (LOC) determination process previously found the individual ineligible for waiver enrollment, but circumstances have recently changed to the point where the individual might now qualify for the waiver, CDDPs are encouraged to submit a 0337 and Title XIX Waiver form. Please use the **Comment box** on the 0337 to explain the reason for the submission (e.g., “Client’s support needs have changed and s/he may now meet LOC requirements”; or “Client now has medical card and needs LOC determination”, etc.).

The DD eligibility/enrollment unit staff will return the processed DHS 0337 and the Waiver form. Section 5 will notify the CDDP if/when the individual was enrolled to a specific waiver.

Section 6 — Eligible service category code

The CDDP does not make entry to Section 6 of the form.

This section of the form allows for DD eligibility/enrollment unit workers to make notation of the service category coding that has been selected, along with the corresponding start/end date.

For Non-waivered services, the service category code (e.g., FSG, FSL) **and the effective date** of that eligibility segment will be added to the line in Section 6.

For Waivered services, only the service category code (e.g., DDC, DDS) will be added to the line in Section 6. **The actual waiver enrollment/eligibility segment start date will be entered in Section 5 next to “Current waiver date”.**

Once all required information has been added to DHS systems, and the LOC determination is finished, the completed form and attachment will be returned to the CDDP for placement in the client’s file.

Section 7 — Bed hold waiver stop and starts ONLY

This section is only to be used when the CDDP has agreed to pay the provider for a bed hold. If the CDDP is not paying the provider for a bed hold, then the CDDP must complete Section 3 as a termination.

Date out of residence is the day the individual went into another setting, vacation/absence without leave, etc....

Date returned to residence (if applicable) is the day the individual came back into the DD provider setting.

A reason for absence **MUST** be selected from the drop down menu.

Example 1:

Client is incarcerated on 8/10/10 and returns to the residence on 8/14/10 and the CDDP has agreed to pay the provider for a bed hold:

Section 7 — should look like this

Date out of residence: 8/10/10
Date returned to residence: 8/14/10
Reason for absence: Incarceration

Example 2:

Client is incarcerated on 8/10/10 and returns to the residence on 8/14/10 and the CDDP has **not** agreed to pay the provider for a bed hold:
Do not complete Section 7; complete Section 3.

Section 3 should look like this

Enrollment plan service:	Start date	End date
SE48 Case management	7/1/2001	
SE50 24 HR residential	8/1/2005	8/9/2010
SE50 24 HR residential	8/14/2010	

Example 3:

Client is incarcerated on 8/10/10 and returns to the residence on 9/1/10 and the CDDP has agreed to pay the provider for a bed hold for equal to or less than the allowed amount of days per policy (In this example, the CDDP has agreed to pay the bed hold from 8/10/10 – 8/13/10):

Section 3 should look like this

Enrollment plan service:	Start date	End date
SE48 Case management	7/1/2001	
SE50 24 HR residential	8/1/2005	8/13/2010
SE50 24 HR residential	9/1/2010	

Section 7 should look like this:

Date out of residence: 8/10/10
Date returned to residence: 9/1/10
Reason for absence: Incarceration

Example 4:

Client enters a medical hospital on 7/5/10 and dies on 8/25/10:

Section 3 should look like this

Enrollment plan service:	Start date	End date
SE48 Case management:	7/1/2001	8/25/10
SE50 24 HR residential:	8/1/2005	8/24/10

Reason for case management termination: Deceased

Section 7 should look like this:

Date out of residence:	7/5/10
Date returned to residence:	<i>no date</i>
Reason for absence:	Medical hospital

Helpful Comments Box note would say “Bed hold payment then deceased”.

Comments box

Used for any information you wish to provide to assist with processing (i.e. waiver to follow, address change only, DD eligibility update, T18 waiver submission, etc) including DD eligibility information discussed in this document under Section 2 under Qualifying Diagnosis.

Please remember to include the service coordinator and date information on the bottom of the DHS 0337 form.