

Patricia Baxter
Authorized Signature

Number: APD-AR-14-030
Issue Date: 5/27/2014

Topic: Foster Care

Due Date:

Revised Children's Foster Care Documents: ODDS Notification Form and
Subject: Children's Foster Care Placement ~ Required Actions.

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"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental
Disabilities Services(ODDS) |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Other (<i>please specify</i>): CDDP Service
Coordinators, Program Specialists,
Eligibility Specialists, and Children's
Foster Home Certifiers. |
| <input checked="" type="checkbox"/> County DD Program Managers | |

Action Required:

Effective June 1, 2014, CDDPs must use the electronic version of the ODDS Notification Form for Children Entering Foster Care (CF 1415), when enrolling children in foster care. This form is now available on the Forms website at <https://apps.state.or.us/cf1/FORMS/>.

In addition, CDDPs are to use the revised Child Foster Care (CFC) Placement ~ Required Actions Document (v. 5/2014) to ensure foster care placement processes are consistently followed.

Reason for Action:

The ODDS Notification Form for Children Entering Foster Care is a required document for foster care enrollment. This document has been revised to capture important financial information and allow online completion. In addition, the CFC Placement~ Required Actions document, which outlines the processes to follow when placing a child in foster care and updating placement status, has been revised to reflect new contact information, as well as the change in Level of Care (LOC) requirements for children turning 18 (refer to [APD-AR-13-094](#)).

Field/Stakeholder review: Yes No

If yes, reviewed by: CDDP staff

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

Contact(s):	Julie Van Nette, Children's Foster Care Coordinator		
Phone:	(503) 378-5001	Fax:	(503) 378-5297
E-mail:	julie.l.vannette@state.or.us		

CHILD FOSTER CARE PLACEMENT ~ REQUIRED ACTIONS

PURPOSE: (1) Opening a child in foster care services, (2) Starting the SSI application process, and (3) Opening medical eligibility.				
Document/Task	Who Completes/ Collects	Where to Send***	Deadline	Technical Support Contact
1. CF 1415 - ODDS Notification Form for Children Entering Foster Care*;	CDDP	Children's Foster Care (CFC) Unit Fax: 503-378-5297	<u>No later than the 14th</u> of the month to open the 1 st of the following month.	<u>CFC Unit:</u> Julie Van Nette 503-378-5001 julie.l.vannette@state.or.us
2. County's Statement of Eligibility*; <u>and</u>	CDDP			
3. Court Order* <u>or</u> DSH 0032 - DD Child Placement Agreement *	CDDP acquires from CW CDDP with parent/ guardian			
4. When requested, other documents as required by SSI Unit for initial SSI application.	CDDP	SSI Unit (Fax number provided w/request of additional documents)		<u>SSI Unit:</u> Carol Hitchen 503-378-5352 carol.hitchen@state.or.us Jay Clark 503-378-5325 jay.w.clark@state.or.us
*These documents are shared with the SSI Unit and provide the required information for the SSI application process to begin. <u>The SSI application process cannot begin until the child is living in the foster home.</u>				
1. SDS 0539D - Children's Medical Eligibility Unit Application;	CDDP	Children's Medical Eligibility Unit (CMEU) Fax: 503-378-5588	MUST BE SENT TO CMEU at the same time the above documents are sent to the CFC Unit.	<u>CMEU:</u> Barbara Carroll (A-K) 503-378-5795 barbara.e.carroll@state.or.us Consuelo DeCamp (L-Z) 503-378-5768 consuelo.decamp@state.or.us
2. Copy of SS Card and Birth Certificate**;	CDDP			
3. Copy of CF 1415 - ODDS Notification Form for Children Entering Foster Care;	CDDP			
4. SDS 0620CH - Presumptive Medical Disability Approval; <u>and</u>	CDDP			
5. MSC 0415H - Notification of Other Health Insurance with copy of private insurance card (#5 required only if child has private insurance).	CDDP			
If SS card or BC is unavailable, contact CMEU for assistance with determining citizenship/SS status. * Each unit has their own fax number. Please be sure to fax the required documents to the corresponding unit's fax number.				

CHILD FOSTER CARE PLACEMENT ~ REQUIRED ACTIONS

PURPOSE: To provide required waiver information to open a comp services waiver, and provide information for changes such as a change of address or new provider.				
Document/Task	Who Completes/ Collects	Where to Send	Deadline	Technical Support Contact
1. LOC (Level of Care) Assessment for DD58 (initially);	CDDP (Regional Crisis may complete crisis enrollment)	Provider Technical Assistance Unit (PTAU) via eXPRS	No later than the 14 th of the month.	Provider Technical Assistance Unit (formerly known as Wavier and Enrollment Unit). Contact PTAU staff member assigned to your county.
2. DD Eligibility/Enrollment/ Update; and				
3. Completed and approved SNAP budget sheets.				

CHILD FOSTER CARE PLACEMENT ~ REQUIRED ACTIONS

PURPOSE: To assign a Medicaid provider number to new providers. It is a federal requirement that foster care providers be set up as Medicaid providers in order to be paid with Medicaid waiver funds.

NOTE: The PEA is required for new children’s foster care providers. The PEA must be signed on or before the date that Medicaid funds will begin for foster care services.

Document/Task	Who Completes/ Collects	Where to Send	Deadline	Technical Support Contact
SDS 0738 - Foster Home Medicaid Provider Enrollment Agreement (PEA)	CDDP	Children’s Foster Care (CFC) Unit Fax: 503-378-5297	<u>Five days prior</u> to child entry when possible or ASAP	CFC Unit: Ricki Dittmer 503-378-5676 RICKI.DITTMER@dhsola.state.or.us or Julie Van Nette 503-378-5001 julie.l.vannette@state.or.us

CHILD FOSTER CARE PLACEMENT ~ REQUIRED ACTIONS

PURPOSE: To allow youth ages 18 + to remain in their current certified child foster home. NOTE: Youth 18+ may remain in their current certified child foster home until age 21 if the ISP team decision reflects that it is in the child's best interest to remain in the current certified child foster care home and a Safety Assessment (SDS 4541) has been completed (Safety Assessment required unless child is in the custody of CW).				
Document/Task	Who Completes/ Collects	Where to Send	Deadline	Technical Support Contact
CDDP may need to review adult eligibility	CDDP	PTAU	Prior to turning 18	Contact PTAU staff member assigned to your county
DHS 60-01, Variance Request (if DD certified)	CDDP	Email or fax to Licensing for variance approval (only if DD certified) Fax: 503-373-2228	Prior to turning 18	<u>Licensing:</u> Gary Williams 503-373-2201 gary.williams@state.or.us
SDS 4541 - Safety Assessment for Children and Adults Living in the Same Home*	CDDP	CFC Unit Fax: 503-378-5297	Prior to turning 18	<u>CFC Unit:</u> Ricki Dittmer 503-378-5676 RICKI.DITTMER@dhsosha.state.or.us or Julie Van Nette 503-378-5001 julie.l.vannette@state.or.us

*In the event the child is in the custody of CW, it is best practice to work with CW and have the CW worker sign off on the Safety Assessment.

CHILD FOSTER CARE PLACEMENT ~ REQUIRED ACTIONS

PURPOSE: To change the payee when a child turns 18.				
Document/Task	Who Completes/ Collects	Where to Send	Deadline	Technical Support Contact
<p>Confirm the foster provider, family member, or representative (other than ODDS) has applied to become the child’s representative payee for SSA benefits;</p> <p style="text-align: center;"><i>and</i></p> <p>Inform the new payee that SSA may send them documents to complete; these documents must be completed or the youth could lose SSI eligibility.</p>	CDDP	N/A	<p><u>Upon the child turning 18*</u> (This allows the new payee time to process the change of payee application)</p> <p>*ODDS pays the Room & Board SSI for one month after the child turns 18.</p>	<p><u>SSI Unit:</u> Carol Hitchen 503-378-5352 carol.hitchen@state.or.us</p> <p>or</p> <p>Jay Clark 503-378-5325 jay.w.clark@state.or.us</p>

CHILD FOSTER CARE PLACEMENT ~ REQUIRED ACTIONS

PURPOSE: To make changes to a foster care child's medical case. Provides change of information to be added to a child's medical case, such as a change of address or new provider.				
Document/Task	Who Completes/ Collects	Where to Send	Deadline	Technical Support Contact
SDS 4547 - DD Foster Care Data Change Form (DCF) <u>or</u> electronic submission of enrollment information*	CDDP (Regional Crisis may complete crisis enrollment)	Children's Medical Eligibility Unit (CMEU) Fax: 503-378-5588 *If this is an electronic submission, a separate DCF does not need to be faxed to CMEU.	ASAP	CMEU: Barbara Carroll (A-K) 503-378-5795 barbara.e.carroll@state.or.us or Consuelo DeCamp (L-Z) 503-378-5768 consuelo.decamp@state.or.us

CHILD FOSTER CARE PLACEMENT ~ REQUIRED ACTIONS

Glossary of Terms

1. **CFC (Children's Foster Care) Unit**: Opens foster care services; processes PEAs; updates placement and enrollment changes; provides technical assistance.
2. **CMEU**: Children's Medical Eligibility Unit, Branch 5517. This is the branch where the medical case for children in foster care or residential services is set up. Fax (503) 378-5588.
3. **Foster Home Medicaid Provider Enrollment Agreement (PEA)**: The form completed by the foster home provider that allows a Medicaid provider number to be assigned. A provider must have a Medicaid number to receive payment for providing Medicaid services such as foster care.
4. **ODDS**: Office of Developmental Disability Services.
5. **Provider Technical Assistance Unit (PTAU)**: Formerly known as the Waiver and Enrollment Unit, the PTAU is where the LOC and DD Eligibility/Enrollment are processed via eXPRS.
6. **Regional Crisis**: Your CDDP Region that coordinates services and funding for individuals in crisis.
7. **SSA**: Social Security Administration.
8. **SSI Unit**: Applies for and maintains SSI/SSB on behalf of the child until age 18.

CHILD FOSTER CARE PLACEMENT ~ REQUIRED ACTIONS

Forms in use:

- Children's Medical Eligibility Unit Application (SDS 0539D)
- DD Child Placement Agreement (DHS 0032)
- DD Foster Care Data Change Form (SDS 4547)
- Foster Home Medicaid Provider Enrollment Agreement (SDS 0738)
- Notification of Other Health Insurance (MSC 0415H)
- ODDS Notification Form for Children Entering Foster Care (CF 1415)
- Presumptive Medical Disability Approval (SDS 0620CH)
- Safety Assessment for Children and Adults Living in the Same Home (SDS 4541)
- Variance Request (DHS 60-01)

Transmittal:

- CMEU Information Memorandum Transmittal (SPD-IM-10-036)

How to access forms:

- <https://apps.state.or.us/cf1/FORMS/>

How to access transmittals:

- <http://www.dhs.state.or.us/policy/spd/transmit/transmit.htm>