



**Information  
Memorandum**

Oregon Department of Human Services

**Originating Cluster:**

**Seniors and People with Disabilities**

**Authorized by:** Elizabeth Lopez, Administrator  
*Signature*

**IM Number: SPD-IM-03-078**

**Date:** September 5, 2003

**Subject:** Former General Assistance (GA) Clients Referred to PMDDT  
Re: AR-03-020 – Treatment of Former General Assistance Cases

**Applies to (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> All DHS employees                   | <input type="checkbox"/> County DD Program Managers                      |
| <input checked="" type="checkbox"/> Area Agencies on Aging   | <input type="checkbox"/> County Mental Health Directors                  |
| <input type="checkbox"/> Children Adults and Families        | <input type="checkbox"/> Health Services                                 |
| <input checked="" type="checkbox"/> Community Human Services | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> Other (please specify): _____       |  |

**Message:** As a result of the Action Request mentioned above, PMDDT has been receiving some referrals on former GA clients. Thank you for identifying and referring appropriate former GA cases.

Some of the referrals coming into PMDDT have included outdated or incomplete SDS 708's, incomplete or missing DHS 2099's or outdated medical information. Missing or incomplete information is causing delays in the disability determination process. In order to process these referrals and make decisions as quickly as possible we are asking for your help in the following areas:

- 1) If medical information in the client file is older than 12 months, it is not necessary to send this. Refer the case onto PMDDT and they will gather current medical information.
- 2) Please have the client complete a new SDS708 to include exact name and addresses of all medical providers seen in the past six months and a detailed description of their employment history for the past 15 years, including how the work was actually performed.
- 3) Please have the client sign a release of information (DHS2099) and have the client include a list of all appropriate medical providers with exact names and address.
- 4) If you have requested a 620A or 620B (both forms are optional) and have not received these back from the client or third party, please proceed with the referral to PMDDT, without these forms. It is not necessary to delay forwarding a referral in these situations.
- 5) Continue using the special referral form, 620GA, included in AR-03-020.

Thank you for your assistance in helping to prevent delays in processing disability decisions.

*If you have any questions about this information, contact:*

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