DHS Oregon Department of Human Services

Seniors and People with Disabilities

Information Memorandum Transmittal

Carolyn Ross
Authorized Signature

Number: **SPD-IM-08-090**
Issue Date: 12/8/2008

Topic: Other

CORRECTED

Subject: SPD Transmittal Process

Applies to (check all that apply):

- ☐ All DHS employees
- ☐ Area Agencies on Aging
- ☐ Children, Adults and Families
- ☐ County DD Program Managers
- ☐ County Mental Health Directors
- ☐ Health Services
- ☐ Seniors and People with Disabilities
- ☒ Other (please specify): SPD Central Office only

Message:

- Transmittal forms should be used, as outlined below, to transmit information to employees, contractors or partners of DHS. Word or PDF versions of the form may be found on the DHS website: http://www.dhs.state.or.us/admin/forms and according to policy DO-010-001, DHS Communication Formats and Transmittal Forms Policy .

If you have any questions about this information, contact:

Contact(s):	Donna Weaver		
Phone:	503-945-5977	**Fax:**	503-945-6296
E-mail:	Donna.Weaver@state.or.us		

SPD Transmittal Process

Transmittal Instructions:

These instructions are specific to SPD; using and processing the forms are as follows:

Note: Please assure that information in the transmittal is included in the appropriate program manual or worker guide for future reference.

ACTION REQUEST (AR) FORM - DHS0078

What: ARs communicate actions to be taken within a specific timeframe and go to **Managers only**.

Examples:
- Audits
- Case Reviews and Changes
- Procedure changes

Authorization for release: AR's must be signed by the SPD Assistant Director or Deputy Assistant Director in the "Authorized Signature" field.

Complete the following fields:
- Cover Sheet – Enter basic information on Cover Sheet. (Make sure Audience is filled in);
- Topic – Select topic from drop down field that best applies;
- Subject – Title or subject of the actions required;
- Due Date – Date the actions must be completed;
- Applies To – Mark groups to send to, use "Other" for special or specific groups. (Example: *DMAP);*
- Action Required – Detailed description of the actions the recipients must take;
- Reason for Action – Explanation or justification for actions;
- Field/Stakeholder Review – Check the appropriate box;
- Contacts – The name(s) of those individuals who can answer questions about the AR.

POLICY TRANSMITTAL (PT) FORM – DHS0079

What: PT's are used to disseminate amended or new federal, state, or DHS policies or administrative rules, policy clarifications, executive letters, and manual updates. PT's should **not** be used for the communication of procedural changes.

Examples:
- New Policy or changes in Policy
- Clarification of Policy
- Revised rates

Authorization for release: PT's must be signed by the Assistant Director or Deputy Assistant Director in the "Authorized Signature" field.
Section Administrators may sign PT's only when releasing manual updates or other information.

Complete the following fields:

- Cover Sheet – Enter basic information on cover sheet. (Make sure Audience is filled in);
- Topic – Select topic from drop down field that best applies.
- Transmitting – Check the appropriate box;
- Applies To – Mark groups to send to, use "Other" for special or specific groups;
- Policy/Rule Title – Rule, policy or subject line;
- Policy/Rule Number(s) – List all that apply;
- Effective Date – Date to be effective;
- Expirations – Date a temporary rule or policy expires. If not applicable, enter N/A;
- Web Address – If the policy update is, or will be, included in the on-line manual, list the appropriate web addresses if known;
- Discussion/Interpretation – Background information or history;
- Implementation/Transition Instructions – Instructions on how to implement the policy or rule;
- Training/Communication Plan – Instructions on how to communicate about new or changed policy and how to obtain necessary training;
- Local/Branch Action Required – Actions that must be taken by local office staff to implement new or changed policy rules;
- Central Office Action Required – Actions that must be taken by Central office staff to implement new change policy or rules;
- Field/Stakeholder Review – Check the appropriate box;
- Filing Instructions – Instructions on how and where to file the new or changed policy or rules. Insert N/A if the information is only transmitted electronically;

- Contact(s) – The names of one or more individuals or the name of a unit that can answer questions about the transmittal.

INFORMATION MEMORANDUM (IM) FORM – DHS0080

What: IM's are used to distribute general information that **does not require any action** or involve policy.

Examples:

- Notifications of letters being sent to clients;
- SPD technical assistance information and resources;
- Upcoming meetings, training and conferences.

Authorization for release: An IM can be signed by SPD Administrators, the SPD Assistant Director or Deputy Assistant Director in the "Authorized Signature" field.

Complete the following fields:

- Cover Sheet – Enter basic information on Cover Sheet. Be sure Audience is filled in;
- Topic – Select topic from drop down field that best applies;
- Subject – Title or subject of the actions required;
- Applies To – Mark groups to send to, use "Other" for special or specific groups and fill in the specific group. Example: *DMAP*
- Message – Information being disseminated;
- Contact(s) – The names of one or more individuals or the name of a unit that can answer questions about the transmittal.

Distribution: Check all appropriate boxes. County DD and County Mental Health Directors should be checked only when transmittal relate specifically to DD services/programs.

REVIEW PROCESS FOR TRANSMITTALS

1) SPD Policy group via GroupWise at SPD POLICY@DHS.OR.US are all reviewed by SPD policy staff

2) Field Services Section (AR's and PT's only) will:

- Review the document for clarity and timeline reasonableness;
- Determine whether the review will be sent to Operations Committee electronically or schedule time on the agenda at the next Operations Meeting

3) OPERATIONS COMMITTEE (AR'S AND PT'S only) will:

- Provide electronic review and respond within a 5 day turnaround for comments or;
- Review and discuss at their next meeting;
- Rates are not subject to review.

Distribution:

Check all appropriate boxes. County DD Program Managers and County Health Directors should be checked only when transmittals relate specifically to DD services/programs.

Required: All signatures should be provided before Transmittal is sent to Central office to process.

IM/AR/PT Central Office Process:

The forms are processed for release as follows:

- Once the transmittal is completed, approved and signed, route the signed form and any attachments, as well as an electronic copy and all attachments to the Transmittal Coordinator (See TAG Website for Coordinator) http://www.dhs.state.or.us/spd/tools/index.htm;
- If there are attachments that are not available electronically, alert the Transmittal Coordinator so the documents can be scanned. Also, inform the Transmittal Coordinator of any web links that need to be activated within the document;
- After receipt of the signed originals and electronic copies, the Transmittal Coordinator proofreads for personal client information, logs and assigns the number. The Coordinator enters the number, date, and name of authorized signer on the electronic copy. The transmittal is sent to the indicated staff and various interest parties. The Coordinator files the signed copy.