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Authorized Signature

Number: SPD-IM-11-047
Issue Date: 6/28/2011

Topic: Developmental Disabilities

Subject: Adult Support Service Enrollment Eligibility Criteria and Process Changes effective July 1, 2011

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): DD Brokerage Directors; SPD/DD Program staff |

Message: Recent action by the Oregon Legislature requires that effective 10/1/11, only individuals who are eligible to be enrolled in the Developmental Disability Support Services (DDS) waiver must receive Support Services for Adults with Developmental Disabilities (Brokerage services). This policy change necessitates a change in the process for referring individuals to Support Service Brokerages. Individuals currently being served in Brokerages, but not enrolled in the DDS waiver, will no longer be eligible for Adult Support Services after 9/30/11 and must transition out of the service.

To facilitate implementation of this new policy on the Support Services for Adults program eligibility criteria, changes to the referral and enrollment processes are necessary by CDDPs, Brokerages and SPD. Beginning 7/1/11, these changes include implementing the requirement that individuals must be eligible for the DDS waiver to be referred to and enrolled in Support Services for Adults [i.e., (1) TXIX Medicaid, (2) meet Level of Care, (3) be (about to be) enrolled in waived service]. This is to lessen the number of individuals required to leave the service when the policy is fully implemented on 10/1/11.

This transmittal describes the necessary changes that will be required to support this new policy.

1. The official request date of an individual desiring Support Services for Adults with Developmental Disabilities (also known as the "Brokerage Request Date") will be the key determinant for prioritizing and initiating referrals to Brokerages. However,

the new requirement for establishing DDS waiver eligibility will also be a factor in determining the final order in which individuals are actually enrolled into service.

2. CDDPs must ensure the individual has overall Developmental Disability program eligibility determined according to current practice and rule requirements.
3. The individual must have OSIPM eligibility **PRIOR** to being referred to a Brokerage for services. OSIPM is the specific type of TXIX Medical card eligibility that an individual must have in order to qualify for enrollment to a Developmental Disability service Home and Community Based waiver. In order to facilitate timely enrollment into Brokerage services, the following should be considered:
 - a. The process of assessing whether an individual could be eligible for OSIPM benefits may involve the CDDP confirming if the individual is receiving some sort of Social Security disability financial benefits (SSI, SSDI, or combination). If the individual is not, the CDDP must assist that person in applying for and obtaining a Social Security disability determination in order to qualify for SSA disability benefits. Because the SSA disability determination process can be lengthy, assisting an individual to get an SSA disability determination, if needed, must be completed **PRIOR** to referring a client to a Brokerage.
 - b. If an individual being referred to a Brokerage does not already have OSIPM benefits, the CDDP must assist that person in applying for OSIPM benefits with the local APD/Medicaid field office. This would include having the DD Service Coordinator attend the intake appointment with the client at the APD/Medicaid field office to ensure that accurate information is communicated to facilitate the application for benefits, if necessary. Specific language will be provided to the CDDPs to assist in this communication, including direction around the application of the “300% rule”.
4. It is also important that a preliminary judgment be made as to the individual’s eligibility for waiver services as it relates to the level of care need. The CDDP should obtain from a Service Coordinator both an impression of the individual’s support needs and whether those needs appear to be at a level that indicates the individual **MAY** meet the LOC criteria for a DD HCBS waiver enrollment. (Official LOC is determined by the ODDS Diagnosis & Evaluation Coordinator when actual application for waiver enrollment is made).
5. The CDDPs and Brokerages must then coordinate/communicate to determine which Brokerage has available service capacity for potential referrals. If the CDDP has an individual ready to refer (the above steps have been completed), the Brokerage will identify and “reserve” an enrollment date for the individual, pending that person’s successful enrollment to the DDS waiver. **The individual must be eligible to be enrolled to the DDS waiver on their first day of Brokerage**

services. The current practice of using State general funds (aka SSG) to allow time for DDS waiver eligibility to be established will no longer be allowed for Brokerage service enrollment. Again to clarify, the “reserved enrollment date” from a Brokerage is an estimated or “target” enrollment date, and may not be the actual date of enrollment to Brokerage services. Once the necessary eligibility criteria have been confirmed and the individual is enrolled to the DDS waiver, the “actual” enrollment date will be communicated back to the CDDP by the DD Provider Technical Assistance Unit (DDPTAU).

6. The CDDP will need to have the individual (or legal representative) sign the TXIX Waiver form and submit that with the DHS 0337 form to the DDPTAU **BEFORE** the “reserved” Brokerage enrollment date. There are strict signature date timelines and parameters involved with this process, and more specific detailed steps will be forthcoming.
7. Once received, the DDPTAU will process the forms and enroll the individual to the DDS waiver upon confirming the individual is eligible. If the individual is enrolled to the DDS waiver, the DDPTAU staff will return information to the CDDP confirming the **actual Brokerage enrollment date**. This date could be different from the “reserved” enrollment date from the Brokerage. The CDDPs and Brokerages should use this “actual” enrollment date as the start date on the SE 48 CPAs that assign a Brokerage, and on the SE 148 CPAs for Brokerage enrollments.
8. Brokerages must not deliver services or expend Adult Support Service plan funds for the individual prior to the “**actual**” Brokerage service enrollment date provided by the DDPTAU.
9. There may be some process variations for individuals targeted to be referred Brokerage services as they turn 18 years old, depending on the services the individual is transitioning from. Specific referral instructions for the different scenarios will also be forthcoming.
10. SPD will be hosting a series of conference call forums to discuss these changes in more detail and answer questions.

If you have any questions about this information, contact:

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