

**Seniors and People with Disabilities**

Mike McCormick

**Authorized Signature**

**Number: SPD-IM-10-099**

**Issue Date: 12/21/2010**

**Topic:** Systems Issues

**Subject:** Changes to HATH Screen for Behavioral Support Services

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

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

**Message:**

An option has been added to the HATH screen to support the Behavior Support Services program when it becomes operational in the future. This option is not yet in use.

```

HATH In-home Service Authorization 12/20/2010
Trans Typ _ Upd Date Upd RACF
Vch Mmbr Prcs Tran
Prim Id Recip
Prov Mmbr Prov Name City/St
Service Auth Beg Auth End Ist Work
Cat Contact Br Auth Wkr
Hrly/Hrly Paid Leave (Y/N) Spousal Pay (Y/N)
Live-in (Y/N) Days work per wk: 7 6 5 2 1
Live-in - Leave (hours) Reg Live-in Prov Mmbr
MHD/DD Pers Care Prov (Y/N) CIIS (Y/N) Behav Spt (Y/N)
Mileage (Y/N) Pub Trans Allowance (Y/N)
Proc Description Units/Mil Rate Line Tot
    
```

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

<b>Contact(s):</b>	Megan Hornby, Policy Questions or DHS Service Desk, System Issues		
<b>Phone:</b>	503-945-6415, Megan 503-945-5623, Service Desk	<b>Fax:</b>	503-378-8966, Megan 503-945-5643, Serv Desk
<b>E-mail:</b>	<a href="mailto:Megan.Hornby@state.or.us">Megan.Hornby@state.or.us</a> or <a href="mailto:Dhs.servicedesk@state.or.us">Dhs.servicedesk@state.or.us</a>		