


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 via secure email to Jordan Kautz	No later than the 14 th of the current month to start Room & Board the 1 st of the following month	CFC Unit: Jordan Kautz PH: 503-378-5676 jordan.a.kautz@state.or.us Julie Van Nette PH: 503-378-5001 julie.l.vannette@state.or.us
2. County's Statement of Eligibility; and	CDDP			
3. Court Order <u>or</u> DHS 0032 - DD Child Placement Agreement	CDDP acquires from CW CDDP with parent/ guardian			
4. SSA-827 - Authorization to Disclose Information to the Social Security Administration (children 12 and older only) SSA-827 must be signed <u>by the child.</u>	CDDP obtains signature of child age 12 or older			
The above documents are shared with the Federal Resource Unit (FRU) 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) Via ODDS secure email system only; email Barbara Carroll to request a secure email.	MUST BE SENT TO CMEU at the same time the above documents are sent to the CFC Unit	CMEU: Barbara Carroll PH: 503-378-5795 barbara.e.carroll@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; and	CDDP			
5. Proof of income & resources (must be dated within the last 30 days).	CDDP			
6. MSC 0415H - Notification of Other Health Insurance with copy (front and back) of private insurance card (#6 required only if child has private insurance).	CDDP			
*All enrollment documents for <u>voluntary placements</u> must be submitted to the CFC Unit and CMEU <u>no earlier than</u> the actual date the child enters the foster home.				

CHILD FOSTER CARE PLACEMENT ~ REQUIRED ACTIONS

PURPOSE: To provide required information to open a foster care case, update a foster child's medical case, and provide information for changes such as a current provider address change or change to new provider.				
Document	Who Completes	Required DDEE/0337 Sections* *Refer to Policy Transmittal APD-PT-18-016 for additional guidance.	How to send	
DDEE/0337	CDDP	All applicable fields in the required sections of the DDEE/0337 must be completed.	Submit the completed DDEE/0337 in eXPRS	
		Required Sections		Important Tips
		Section 1. Client Information		<p>The following data fields MUST reflect the contact information for the child foster home when the 0337 is for a new enrollment in SE258 or the child is moving from one DD-funded foster care placement to another DD-funded foster care placement:</p> <ul style="list-style-type: none"> Phone Physical/Site Address, City, State, Zip Mailing Address (must be mailing address of the foster home) <p> The above information is what CMEU enters in the case record to enroll the child in the correct CCO and mail the R&B check. FRU must have the correct phone number for the CFH to collect information upon applying for & maintaining Rep Payee status for the child's SSI benefits.</p>
		Section 2. DD Eligibility Information		
		Section 3. Enrollment Plan Service		
		Section 5. SE 58 Foster Care		<ul style="list-style-type: none"> Foster Care Communication must reflect the appropriate Action. Provider name and Provider Medicaid # must be identified in the appropriate provider section. SNAP does not need to be uploaded.
Section 7. Additional Information to Assist the State with Processing	Please describe why the 0337 is being submitted; this will assist the processors in taking the appropriate action.			

CHILD FOSTER CARE PLACEMENT ~ REQUIRED ACTIONS

PURPOSE: To assign a Medicaid Provider Number (SPD #) to new providers. NOTE: The PEA is required for new children’s foster care providers. The PEA must be signed <u>on or before</u> the date that Medicaid funds will begin for the provision of DD-funded foster care services.			
Document	Child Foster Home (CFH) Certificate Issued by:	Who Collects the Completed Document from CFH Provider	How/Where to Send Completed Document
SDS 0738c – Child Foster Home Medicaid Provider Enrollment Application and Agreement (PEA)	ODDS	CFH Certifier	Via secure email to DD Licensing: dd.licensingfoster@state.or.us
<div style="display: flex; align-items: center;">  <div> <p>A new PEA is required for an existing enrolled Medicaid Provider upon a physical address change.</p> </div> </div>	Child Welfare	CDDP managing the case of the child being placed in the CFH	Via secure email to Jordan Kautz: jordan.a.kautz@state.or.us

CHILD FOSTER CARE PLACEMENT ~ REQUIRED ACTIONS

PURPOSE: To allow youth to remain in their current certified child foster home upon turning 18.

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 youth's best interest to remain in the current certified child foster care home, a variance has been approved, and a Safety Assessment (SDS 4541) has been completed.

Documents	CFH Certified by:	Who Completes	Deadline	How/Where to Send Completed Document
DHS 6001, Variance Request	ODDS	Certifier completes with foster provider	Prior to youth turning 18	Via secure email to DD Licensing: dd.licensingfoster@state.or.us
	Child Welfare	CDDP completes with foster provider and CW certifier	Prior to youth turning 18	Via secure email to Julie Van Nette: julie.l.vannette@state.or.us
SDS 4541 - Safety Assessment for Children and Adults Living in the Same Home* *If CW is the guardian, the CW case worker must sign SDS 4541.	ODDS	CDDP	Prior to youth turning 18; annually thereafter.	Via secure email to DD Licensing: dd.licensingfoster@state.or.us
	Child Welfare	CDDP	Prior to youth turning 18; annually thereafter.	Via secure email to Julie Van Nette: julie.l.vannette@state.or.us

CHILD FOSTER CARE PLACEMENT ~ REQUIRED ACTIONS

Changing the SSI Rep Payee When a Child Turns 18

- ODDS will terminate Rep Payee status when a child turns 18. The last R&B check from ODDS to the foster provider will be paid the month following the 18th birthday (for example, if a child turns 18 in May, the last R&B check the provider will receive from ODDS will be for the month of June).
- One to two months prior to the child’s 18th birthday, Children’s Foster Care Unit will mail a Turning 18 (T-18) Letter to the foster provider (and copy the child’s Service Coordinator via email) to notify the foster provider of Rep Payee termination and provide guidance on applying for Rep Payee status.

PURPOSE: To change the SSI Rep Payee when a child turns 18.		
Task	Person Responsible	Technical Support Contact*
<p>Upon receipt of the T-18 Letter:</p> <p>Confirm the foster provider, family member, or representative (other than ODDS) has scheduled an appointment (<u>as instructed in the T-18 Letter</u>) to become the child’s representative payee for SSI 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>	<p>CDDP Service Coordinator</p>	<p>*Only for question related to the T-18 letter. Questions related to the Rep Payee application process must be addressed by the local SSA office.</p> <p><u>FRU:</u> Carol Hitchen PH: 503-378-5352 carol.hitchen@state.or.us</p> <p>Jay Clark PH: 503-378-5325 jay.w.clark@state.or.us</p>

CHILD FOSTER CARE PLACEMENT ~ REQUIRED ACTIONS

<p>Forms:</p> <ul style="list-style-type: none">• Authorization to Disclose Information to the Social Security Administration (SSA-827)• Children’s Medical Eligibility Unit Application (SDS 0539D)• DD Child Placement Agreement (DHS 0032)• Child Foster Home Medicaid Provider Enrollment Application and Agreement (SDS 0738c)• 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 6001) <p>How to access Department forms: https://apps.state.or.us/cf1/FORMS/</p>	<p>Transmittals:</p> <ul style="list-style-type: none">• Services for children under 18 years old, with intellectual or developmental disabilities (I/DD) and residing in a child welfare-funded foster family setting (ADP-PT-14-038)• CMEU Time Limits (APD-IM-17-017)• Entering Children’s Foster Care (SE258) into eXPRS (APD-PT-18-016)• Foster Care Licensing & Certification Renewal Extension Process (APD-PT-18-004) <p>How to access Department transmittals: • http://www.dhs.state.or.us/policy/spd/transmit/transmit.htm</p> <p>How to access DD Case Management Tools: • http://www.dhs.state.or.us/spd/tools/dd/cm/</p>
--	--