Seniors and People with Disabilities

Action Request Transmittal

James Toews  
**Authorized Signature**

**Number:** SPD-AR-09-025  
**Issue Date:** 7/24/2009

**Topic:** Developmental Disabilities  
**Subject:** Child Foster Care transfers from Child Welfare

**Applies to (check all that apply):**
- [x] All DHS employees
- [ ] Area Agencies on Aging
- [ ] Children, Adults and Families
- [x] County DD Program Managers
- [ ] County Mental Health Directors
- [ ] Health Services
- [ ] Seniors and People with Disabilities
- [ ] Other (please specify): Regional Crisis Managers, CDDP service coordinators

**Action Required:**
Effective immediately SPD will notify DHS-CW of the need to close the CW medical cases and sub care payments when service responsibility transfers to the CDDP. CDDP must not send the DHS CW closure memo to the local Child Welfare office. Please pass this information onto Service Coordinators and other appropriate personnel.

**Reason for Action:** To assure correct time lines for closure of CW medical and financial cases when transferring service and payment responsibility.

**Field/Stakeholder review:**  
- [x] Yes  
- [ ] No

**If yes, reviewed by:** Regional Crisis Coordinators and Managers for Developmental Disabilities Services.

If you have any questions about this action request, contact:

**Contact(s):** Diana Jacobsen  
**Phone:** 503 378 5001  
**Fax:** 503 378 5297  
**E-mail:** Diana.Jacobsen@state.or.us

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