

James Toews
Authorized Signature

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

Topic: Developmental Disabilities

Due Date:

Subject: Child Foster Care transfers from Child Welfare

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): 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: 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:

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