

Developmental Disabilities Services

Action Request Transmittal

Lilia	I eninty	<u>Number</u> : APD-AR-14-063		
Auth	orized Signature	<u>Issue Date</u> : 12/5/2014		
<u>Topi</u>	c: Developmental Disabilities	CORRECTED <u>Due Date</u> : 12/5/2014		
<u>Subj</u>	ect: Notification of Rights			
	ies to (check all that apply): All DHS employees Area Agencies on Aging Aging and People with Disabilities Children, Adults and Families County DD Program Managers	 ☐ County Mental Health Directors ☐ Health Services ☐ Office of Developmental ☐ Disabilities Services(ODDS) ☐ Other (please specify): Brokerage ☐ Directors, service coordinators, persona agents, CIIS case managers 		

Reason for Action:

Effective July 1, 2014 and in response to the Department of Human Services (Department) transformation efforts, and the need to streamline operations to provide consistency across developmental disability services, the Department adopted OAR 411-318-0000 that provides updated individual rights and uniform complaints and hearings process.

With the revision of the Notification of Rights form <u>SDS 0948</u>, this provides consistency, convenience, and accountability while meeting the notification compliance requirement as stated in the rule.

The Notification of Rights form <u>SDS 0948</u> will be available on Wednesday, November 22nd.

Action Required (corrected):

Provide the Notification of Rights (form SDS 0948) to individuals and/or their legal quardians:

- At the time of intake (within 10 days of intake)
- Within 10 business days of receiving a completed application for eligible applicants, provide the Notification of Rights document to the individual and/or legal guardian (signature page does not need to be completed or returned at

this time).

- At the time of the LOC assessment or annual review (signature page must be received)
- On an annual basis (signature page must be received)
- As requested (signature page must be received).

Form SDS 0949 is now obsolete. You should discard any versions you have and use the last page of SDS0948 instead.

Keep a copy of the signed completed form with the consumer records.

Field/Stakeholder review: X Yes No

<u>If yes, reviewed by</u>: CDDP program managers, brokerage directors, children's residential and CIIS managers.

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

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