

Lilia Teninty

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**Number:** APD-AR-16-058

**Issue date:** 8/5/2016

**Topic:** Developmental Disabilities

**Due date:**

**Subject:** Family Reconnections Process Worker Guide

**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"/> Aging and People with Disabilities    | <input checked="" type="checkbox"/> Office of Developmental Disabilities Services(ODDS)                                   |
| <input type="checkbox"/> Self Sufficiency Programs             | <input type="checkbox"/> ODDS Children's Intensive In Home Services   |
| <input checked="" type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)   |
| <input type="checkbox"/> ODDS Children's Residential Services  | <input checked="" type="checkbox"/> Other (please specify): Service Coordinators and Brokerage Managers / Personal Agents |
| <input type="checkbox"/> Child Welfare Programs                |   |

**Action required:** If a family member contacts the case management entity for assistance in locating an individual who was discharged from either Fairview Training Center (Fairview) or Eastern Oregon Training Center (EOTC), the case management entity may give the family member Form SDS0290 (Family Reconnection Form) and assist the family member in completing the form if requested. The family member may also contact the Office of Developmental Disabilities Services directly by emailing the Department at [ODDS.INFO@state.or.us](mailto:ODDS.INFO@state.or.us). If the case management entity is assisting the family member, no information about the individual being sought may be given to the family member, including the DD eligibility or enrollment status of the individual until the individual or the individual's legal representative signs a release of information giving the case management entity permission to release information to the family member.

**Reason for action:** This worker guide articulates specific case management tasks to be completed when a family member of an individual who was discharged from either Fairview or EOTC desires to reconnect with said individual.

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:** Sara Jane Owens, Katie Rose, Dana Hittle

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

|                    |                              |             |              |
|--------------------|------------------------------|-------------|--------------|
| <b>Contact(s):</b> | Michael Harmon               |             |              |
| <b>Phone:</b>      | 541-974-4445                 | <b>Fax:</b> | 503-373-7274 |
| <b>Email:</b>      | michael.a.harmon@state.or.us |             |              |

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|-----------------------------|--|
| <b>Topic:</b>               | Fairview Training Center and Eastern Oregon Training Center Family Reconnection Procedures |
| <b>Date Issued/Updated:</b> |  |

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### Overview

**Description and Purpose:** This worker guide articulates specific case management tasks to be completed when a family member of an individual who was discharged from either the Fairview Training Center (herein referred to as Fairview) or the Eastern Oregon Training Center (herein referred to as EOTC) desires to reconnect with said individual.

**Applicability:** This worker guide applies to CDDPs, Brokerages and ODDS internal staff.

### Procedure(s) that apply:

When a family member inquires about the reconnection process, the case management entity must ensure the following:

If a family member contacts the case management entity for assistance in locating an individual who was discharged from either Fairview or EOTC, the case management entity may give the family member [Form SDS0290](#) (Family Reconnection Form) and assist the family member in completing the form if requested. The family member may also contact the Office of Developmental Disabilities Services directly by emailing the Department at [ODDS.INFO@state.or.us](mailto:ODDS.INFO@state.or.us). If the case management entity is assisting the family member, no information about the individual being sought may be given to the family member, including the DD eligibility or enrollment status of the individual until the individual or the individual’s legal representative signs a release of information giving the case management entity permission to release information to the family member.

Whether the case management entity assists the family member to complete the Family Reconnection form or refers the individual to ODDS, the following steps will apply:

- A. ODDS shall determine:
  - 1. If the individual was previously a resident of Fairview or EOTC;
  - 2. If the individual is deceased or living;
  - 3. If the individual is currently or previously enrolled in Department services and,

4. If applicable, the case management entity in which services are being provided;
  5. If applicable, the county in which services are being provided;
- B. If the individual is enrolled in Department services, the Department shall send the completed request form to the individual or to the individual's legal or designated representative and the case management entity.
- a. Within 5 business days, the Case management entity or Department shall send a response to the family member, acknowledging the receipt of the signed request.
- C. The case manager must participate in the following:
1. The case manager must assist the individual in evaluating the information to make a decision regarding initiating contact, including providing the information from the form and any relevant history with the family member that may support contact or present a risk to the individual.
  2. If the individual is unable to express his or her wishes and does not have a legal or designated representative, the ISP team of the individual must be convened to review risk and other mitigating factors and choose the best response for the individual after evaluating the situation.
- D. If the individual wishes to have contact, the individual or the legal or designated representative or the individual's ISP team designee may directly contact the family member to make arrangements for the contact.
- E. If the individual does not wish to have contact, the case management entity must notify the Department. The Department shall inform the family member in writing that no contact is requested.
- F. Whether by the Department or by the case management entity, the notification to the family member regarding the decision of the individual must be within 60 business days from the receipt of the information form from the family member.
- G. The decision by the individual is not appealable.
- H. If the individual being sought is deceased: Per [OAR 411-415-0050\(25\)\(f\)](#) and [ORS 192.573](#), the case management entity or the Department shall follow the process for identifying the personal representative of the individual as follows:
- I. If the personal representative and the requesting family member are the same, the Department shall inform the personal representative that the individual is deceased.
  - II. If the personal representative is different from the requesting family member, the Department shall contact the personal representative for permission before sharing information about the individual with the requesting family member. The Department must make a good faith effort to find the personal representative and obtain a decision concerning the sharing of information as soon as practicable.
- I. For requesting family members wishing to obtain the individual's remains, they

may find information detailing a list of unclaimed cremains and the requirements for retrieval on the Oregon State Hospital dedicated website at <http://www.oregon.gov/oha/osh/Pages/cremains.aspx>.

### **Definitions**

Individual: "Individual" means a child, young adult, or an adult applying for, or determined eligible for, Department-funded developmental disability services.

### **Form(s) that apply:**

[Family Reconnection Form \(Form SDS 0290\)](#)

### **Reference(s):**

[411-320-0090](#)(6) Family Reconnection

[OAR 411-415-0050](#)(25) (f)

[ORS 192.573](#)

### **Contact(s):**

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