

Action Request Transmittal Developmental Disabilities Services



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Number: APD-AR-18-034

Issue date: May 11, 2018

Topic: Developmental Disabilities

Due date: 06/01/2018

Subject: Adult Residential Referral Forms

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 checked="" type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input checked="" type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input checked="" type="checkbox"/> ODDS Children's Residential Services | <input checked="" type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> Child Welfare Programs | DD Support Service Brokerage |
| | Directors, Case Management Entity |
| | Designated Referral Contacts (DRCs), |
| | DD Personal Agents, DD Service |
| | Coordinators |

Action required:

Service Coordinators and Personal Agents (SCs and PAs) must complete and utilize a statewide standardized Adult Residential Services Referral Form (DHS 4123) when assisting an individual to find an adult residential setting including foster care, 24-hour group home, or supported living settings. Beginning June 1, 2018, the Adult Residential Services Referral Form must be used for referral to any adult DD residential location or supported living program anywhere in the state, for any reason, even if the individual intends to remain living within the same county.

Upon their review of the Referral Form, providers may choose to continue the referral screening and request from the SC or PA a full Residential Referral Packet of additional information about the individual. The Referral Packet must be prepared using the Residential Referral Packet Contents Checklist (DHS 2720) to assure all

necessary and relevant documentation is included in the Referral Packet sent to providers. The Checklist must be the first page of the Referral Packet.

SCs and PAs should consult the Form Instructions (DHS 4123i) for guidance in completing the Referral Form. The Instructions provide guidance for responding to questions on the form, timelines, and communication with all participants involved in the referral process.

The children's residential and foster home referral process and forms remain unchanged at this time.

Links to the Adult Residential Services Referral Form, Instructions, and the Adult Residential Referral Packet Contents Checklist are below:

<https://apps.state.or.us/Forms/Served/de4123.pdf>

<https://apps.state.or.us/Forms/Served/de4123i.pdf>

<https://apps.state.or.us/Forms/Served/de2720.docx>

Reason for action:

To allow a standardized and consistent referral process for adults across the state, both SCs and PAs will share the same type of information and providers may rely on consistent information found on the required form.

Field/stakeholder review: Yes No

Stakeholder group consisting of providers, case managers and individuals receiving services; posted for comment to the ODDS Engagement & Innovations webpage.

If yes, reviewed by:

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

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