

Action Request Transmittal Developmental Disabilities Services



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Number: APD-AR-19-048

Issue date: 11/22/2019

Topic: Developmental Disabilities

Due date:

Subject: New Forms- Notice of Exit, Transfer, Suspension, or Reduction

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: {Select type} | <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"/> Support Service Brokerage Directors | <input checked="" type="checkbox"/> Other (<i>please specify</i>): DD Service Providers, including Residential Service Settings (Foster Homes, 24-Hour Residential Program Settings, Host Homes), Supported Living, Community Living Supports, Day Support Activities, and Employment Services; Provider Organizations, including ORA, CPAO, and SEIU |
| <input checked="" type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Action required: Effective immediately service providers are to use the new Notice of Exit forms specific to service or setting type.

ODDS has updated the Notice of Exit, Transfer, Reduction, or Suspension form (DHS 0719) by creating three versions of the Notice form. These forms are to be used whenever a provider is giving notice to an individual of an involuntary exit, suspension, transfer, or reduction of services.

The new Notice forms can be found on the DHS forms server at: https://aix-xweb1p.state.or.us/es_xweb/FORMS/

The new Notice forms are:



**DHS 0719R- Notice of Exit or Transfer-
ODDS Residential Settings**




**DHS 0719C- Notice of Exit, Suspension, or Reduction-
ODDS Community Living and Supported Living Services**



**DHS 0719E- Notice of Exit, Suspension, Transfer, or Reduction-
ODDS Day Support Activities or Employment Services**

Residential Services Settings- Form DHS 0719R:

<p>Notice of Exit or Transfer ODDS Residential Settings</p>			
<p>Date: _____ Name: _____</p>			
<p>Address: _____</p>			
<p>You are being provided with a notice from _____ to move from your home: <i>(residential service provider)</i></p>			
<p>_____ at _____. The home you are being asked to move from is a(n): <i>(check one)</i> <i>(name of home site)</i> <i>(address of home)</i></p>			
<p><input type="checkbox"/> Adult Foster Home (OAR 411-360-0190)</p>	<p><input type="checkbox"/> Child Foster Home (OAR 411-346-0240)</p>	<p><input type="checkbox"/> 24-Hour residential setting (OAR 411-325-0390)</p>	<p><input type="checkbox"/> Host home (OAR 411-348-0390)</p>

This form is to be used whenever a provider is giving a notice of exit or transfer to an individual residing in a(n):


- Adult Foster Home
- Child Foster Home
- 24-Hour Residential Program Setting
- Host Home

A provider must give notice to an individual any time a provider is requesting that an

individual move from the home and the individual (or their guardian) does not agree with the move. Notice is required for an involuntary move, even when the individual is moving to another setting operated by the same provider.

Due to the nature of the residential settings which combine housing and services together, a notice is required any time there is a request for the individual to move (when the individual is not in agreement with the move out), regardless of timing.

Community Living and Supported Living Services - Form DHS 0719C:

Notice of Exit, Suspension, or Reduction-ODDS Community Living and Supported Living Services	
Date: _____ Name: _____	
Address: _____	
You are being provided with a notice from _____ that you are being:	
	<i>(DD service provider)</i>
<input type="checkbox"/> Exited <input type="checkbox"/> Suspended <input type="checkbox"/> Reduced as follows: _____	
	<i>(describe)</i>
From the following services(s):	
<input type="checkbox"/> Community Living Supports (OAR 411-450-0040) <input type="checkbox"/> Supported Living (OAR 411-328-0790)	


This form is to be used whenever a provider is giving a notice of exit, suspension, or reduction of service to an individual receiving:

- Community Living Supports
- Supported Living Services

A provider must give notice to the individual whenever the individual's services from the provider are reduced, suspended, or terminated during the authorized service period reflected in the individual's ISP or Service Agreement, and the individual (or their guardian) does not agree with the reduction, suspension, or termination (exit).

Please note: When a provider of Supported Living services who is also the individual's landlord chooses to exit a person from services, this is separate from a move out notice. The housing entity must separately issue eviction notification and follow all applicable landlord tenant laws for an individual to be involuntarily moved from their housing.

Day Support Activities and Employment Services – Form DHS 0719E:

Notice of Exit, Suspension, Transfer, or Reduction- ODDS Day Support Activities and Employment Services	 INTELLECTUAL/DEVELOPMENTAL DISABILITIES	
Date: _____ Name: _____		
Address: _____		
You are being provided with a notice from _____ that you are being:		
<i>(DD service provider)</i>		
<input type="checkbox"/> Exited <input type="checkbox"/> Transferred <input type="checkbox"/> Suspended <input type="checkbox"/> Reduced as follows: _____		
<i>(describe)</i>		
From the following services(s):		
<i>(Employment Services – OAR 411-345-0140; Day Support Activities – OAR 411-450-0040)</i>		
<input type="checkbox"/> Job Coaching	<input type="checkbox"/> Employment Small Group	<input type="checkbox"/> Employment Discovery
<input type="checkbox"/> Employment Path – Community	<input type="checkbox"/> Employment Path – Facility	<input type="checkbox"/> Job Development – ODDS funded
<input type="checkbox"/> Day Support Activities – Community	<input type="checkbox"/> Day Support Activities – Facility	

This form is to be used whenever a provider is giving a notice of exit, suspension, transfer, or reduction of service to an individual receiving:

- Day Support Activities
- Employment Services

A provider must give notice to the individual whenever the individual's services from the provider are reduced, transferred, suspended, or terminated during the authorized service period reflected in the individual's ISP or Service Agreement, and the individual (or their guardian) does not agree with the reduction, transfer, suspension, or termination (exit).

Reason for action: ODDS has adopted the new forms to reflect Oregon Administrative Rule (OAR) language and standards.

Resources: For additional information related to standards in Oregon Administrative Rules, reference the following:

24-Hour Residential Program Settings- [OAR 411-325-0390](#)

Adult Foster Homes- [OAR 411-360-0190](#)

Child Foster Homes- [OAR 411-346-0240](#)

Community Living Supports- [OAR 411-450-0040](#)

Day Support Activities- [OAR 411-450-0040](#)

Employment Services- [OAR 411-345-0140](#)

Host Homes- [OAR 411-348-0390](#)

Field/stakeholder review: Yes No

If yes, reviewed by: n/a

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

Contact(s): Rose Herrera	
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