Lilia Teninty  
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Number: APD-IM-15-004  
Issue date: 1/13/2015

Topic: Developmental Disabilities

Revised form regarding Written Notice of Involuntary Reduction of Service, Transfer or Exit (SDS 0719DD)

Applies to (check all that apply):

- All DHS employees
- Area Agencies on Aging
- Aging and People with Disabilities
- Self Sufficiency Programs
- County DD Program Managers
- ODDS Children’s Residential Services
- Child Welfare Programs
- County Mental Health Directors
- Health Services
- Office of Developmental Disabilities Services (ODDS)
- ODDS Children’s Intensive In Home Services
- Stabilization and Crisis Unit (SACU)
- Other (please specify): Provider Organizations, CDDPs, Brokerages; DD providers

Message:

OAR 411-318-0030 requires that all Medicaid agency providers provide individuals receiving services a Notice of Involuntary Reduction of Service, Transfer or Exit (form SDS 0719DD) if the change isn’t one agreed to by the individual. This means that if the individual is not requesting the change or disagrees with the change, the provider must issue a Notice of Involuntary Reduction of Service, Transfer or Exit the individual.

In alignment with PT-13-014, the required form has been updated to accurately reflect OAR requirements in providing written notice and hearing rights when reducing a Medicaid service to an individual, enrolled in and receiving services from Developmental Disability Services.

Providers who chose to involuntarily reduce, terminate or transfer services of an individual receiving Medicaid funded services from ODDS, must provide 30 days written notice prior to taking the desired action.

The updated form can be found on the DHS forms webpage:
If you have any questions about this information, contact:

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