

# Policy Transmittal Developmental Disabilities Program



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**Authorized signature**

**Number:** APD-PT-19-040  
**Issue date:** 11/22/2019  
**CORRECTED**

**Topic:** Developmental Disabilities

**Due date:**

**Transmitting (check the box that best applies):**

- New policy   
  Policy change   
  Policy clarification   
  Executive letter  
 Administrative Rule   
  Manual update   
  Other:

**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 type="checkbox"/> Other ( <i>please specify</i> ):                                |
| <input checked="" type="checkbox"/> ODDS Children's Residential Services |  |
| <input type="checkbox"/> Child Welfare Programs                          |  |

<b>Policy/rule title:</b>	Freedom of Choice Form Amendments		
<b>Policy/rule number(s):</b>		<b>Release number:</b>	
<b>Effective date:</b>		<b>Expiration date:</b>	
<b>References:</b>			
<b>Web address:</b>			

**Discussion/interpretation:** This transmittal replaces transmittal [SPD-IM-12-024](#) dated 5/1/2012, requiring the “Confirmation of Request for Services” form. It is still expected that every individual complete and sign an application before I/DD Eligibility is determined. However, if an application is misplaced, archived, etc. the Freedom of Choice form may replace the “Confirmation of Request for Services,” form.

Any time an individual transitions between the waivers which utilize the ICF/IDD Level of Care (LOC) including the CIIS Behavior, Children or Adult waivers it is required that the current LOC is reviewed by the CME and the offer of appropriate waiver services is provided. The Freedom of Choice form has been amended to provide documentation that an individual’s current support needs are accurately reflected in the Level of Care/Oregon Needs Assessment and that the individual continues to choose waiver or k-plan services. The addition was added to the Case Manager’s Certification section on page 2 of 2 on form [DHS 2808 – Freedom of Choice](#) to read:

*By signing below, I confirm that I have informed the individual of his or her right to choose an institutional setting or HCBS, and to accept or deny services. In addition, if an individual is transferring between waivers which have different LOC requirements, LOC determination needs to be completed according to the requirements of that waiver. I have reviewed the LOC and confirm it is accurate.*

**Implementation/transition instructions:** When an individual transitions from one ICF/IDD LOC waiver to another ICF/IDD LOC waiver (i.e., CIIS Behavior, Children or Adult waivers), *for any reason*, the following must be completed:

1. The current LOC (which is part of the Oregon Needs Assessment) must be reviewed for accuracy within 90 days of transferring waivers;
2. The individual must be given choice of waiver; and
3. The Freedom of Choice form must be completed.

If there are not significant changes in support needs upon review, no further action is needed, and a new ONA is *not* required. Current re-assessment timelines continue to apply.

Note: a review is not a re-assessment. A review may include both a record review and review of the current LOC, as well as a conversation with the individual and the individual’s team, as applicable.

In the event that there are significant changes in support needs, a new ONA should be completed.

**If an individual is transferring between waivers which have different LOC requirements, an entirely new ONA must be completed, and a new Freedom of Choice Form**

completed. This would include transfers between the CIIS Medically Involved and CIIS Medically Fragile waivers to the CIIS Behavior, Children or Adults waivers.

For those who have turned 18 years old since the ONA roll-out, CMEs must follow the current policies established in the Oregon Needs Assessment Manual.

**Resources:**

[The Oregon Needs Assessment Manual](#)

**Training /communication plan:**

**Local /branch action required:**

**Field/stakeholder review:**

Yes  No

**Filing instructions:**

*If you have any questions about this policy, contact:*

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