**Background/Shared Understanding**

This Memorandum of Understanding was created as a joint effort of CDDP and Brokerage staff to establish smoother and more equitable processes for individual choice advising and enrollment.

Advising people of their choices related to Case Management Entity (CME) is a shared responsibility of CDDPs, Brokerages, and ODDS. The current system structure requires that all people applying for services must do so through a CDDP. Once enrolled, people are able to move through choice from Brokerages to CDDPs and vice versa. Choice advising is therefore an important and on-going part of IDD case management work.

Communication amongst local CMEs is critical. To maintain positive working relationships and excellent customer service, it is recommended that local regions hold at least quarterly meetings. The meetings serve to establish and monitor these local processes, flag and resolve issues as they arise, and help to avoid unwanted policy drift over time.

Additionally, there may at times be large-scale CME structural change in the IDD system. When that occurs, there need to be local conversations and agreements in place to determine appropriate referral schedules and practices.

**Agreements**

1. **Data Sharing**
2. CDDPs agree to share information about eligibility numbers quarterly, including children aging into adult in-home services.
3. Brokerages agree to share quarterly capacity numbers to serve individuals in their catchment area without additional limits. Brokerages may have internal policies regarding limits based on paid capacity. Brokerages serving multiple counties in the catchment area will need to manage space for all counties.
4. Local CMEs must establish a process to track requests for a specific CME.
5. **Choice Advising Basics and Ongoing**
6. Choice advising of CME options will occur at the start of the intake process, upon inquiry and as an annual requirement per OAR 411-415-0050(8).
7. CMEs agree to ensure staff who are rendering choice of CME have a basic understanding and ability to describe the service offered by each CME.
8. Equity must be considered in the choice advising process. Translated materials should be provided. Each CME should be aware of and up to date on the local CME staff options for people to be served by someone who speaks their primary language and/or represents their cultural background.
9. CMEs will share the preferred materials of their local partners when rendering choice to individuals with IDD.
10. CMEs will collaborate toward CME choice events to be held both virtually and in-person. The purpose of these events is to provide the community the opportunity to learn about local CMEs and make informed choices.
11. **Choice Advising, Adults Newly Eligible for Services**
12. When a person applies for IDD services they will be provided information about service and case management options, advised of the CMEs serving their geographic location, and encouraged to conduct their own research to arrive at their CME selection.
13. Local CMEs will work together to determine what will be provided. Individual CMEs are responsible for sending written material to partnering CMEs for distribution. This may be digital, physical or both.
14. After an adult requesting in-home or case management only services is found eligible for IDD services they will be asked their choice of CME.
15. Within 5 days of the eligibility effective date, if a person has not made a choice of CMEs, they will be asked to make their decision from among the CMEs serving their location.
16. If a person does not select from the CMEs operating in their area or does not respond within 5 business days, CDDP staff will rotate default enrollment for CM services from amongst the local CMEs. (i.e., alternating enrollments with the Brokerage where there is only one, and rotating among all CMEs where there are more than two)
17. If a person opts to receive case management from a Brokerage, the CDDP will notify the Brokerage immediately, Brokerage will confirm capacity, and CDDP will begin file transfer. The customer file essentials (see below) must be sent to the Brokerage within 10 days of the eligibility effective date.
18. If a person opts to work with a Brokerage that does not currently have capacity:
19. The CDDP notifies the Brokerage of the request and provides contact for the individual.
20. While waiting for capacity to open, a CME (the CDDP or another local Brokerage) will provide case management services as usual until capacity opens up and the selected Brokerage is able to accept them.
21. The requested Brokerage should notify the serving CME within 5 business days of capacity opening to initiate transfer.
22. **Choice Advising, Children Aging Into Adult In-Home Services**
23. Starting at age 16, a person aging into adult services will be provided information about service and case management options, advised of the CMEs serving their geographic location, and encouraged to conduct their own research to arrive at their CME selection.
24. During the year leading up to the 18th birthday, a person will be provided the opportunity to meet with the CMEs in their catchment area. This process will be worked out with local agreements.
25. If a person does not indicate a preference of CME operating in their area, CDDP staff will rotate default enrollment for CM services from amongst the local CMEs. (i.e., alternating enrollments with the Brokerage where there is only one, and rotating among all CMEs where there are more than two).
26. If a person opts to work with a Brokerage that does not currently have capacity, the CDDP notifies that Brokerage, and connects them to the individual. A CME (the CDDP or another local Brokerage) will provide case management services as usual until capacity opens. The preferred Brokerage should notify the serving CME within 5 business days of capacity opening to initiate transfer.
27. **Choice Transfers from CME to CME**
28. Choice moves must be honored. The current CME should notify the chosen CME within 5 business days of the choice conversation.
29. The sending and receiving CME can negotiate a time-frame for transfer. The goals for this timing should be continuity and quality of services for the person. CMEs that have established local practices are responsible for proactively conveying those to other CMEs. Considerations include:
30. Honoring local practices and process requests when possible
31. Deadlines for ONA and ISP renewal
32. Time required to move active PSWs
33. Status of other services in progress, and their continuity
34. Basic QA measures
35. **File Transfers**
36. An ROI is not required to send customer information from CME to CME.
37. Timelines for sending file documents after an enrollment is agreed upon should be a part of the CME to CME negotiation process. Best practice is to consider a file complete that does not include documents expiring within 30 calendar days of transfer effective date.
38. These are the essential documents that must be received prior to finalizing an enrollment date.
39. Face sheet/demographics;
40. Progress notes from the last six months;
41. Level of care form (if unavailable in eXPRS)
42. Individual Support Plan (ISP) or Annual Plan;
43. ISP or Annual Plan supporting documents (including PCI, RIT and signed Service Agreements);
44. Print out of current Plan of Care
45. Functional needs assessment and any additional needs assessments and/or support plans;
46. Behavioral support plan, protocols and/or safety plans;
47. Employment-related documents;
48. Fiscal intermediary forms;
49. Request for Eligibility Determination (form 0552);
50. Statement of an eligibility determination;
51. Notification of eligibility determination;
52. Evaluations and assessments supporting eligibility.

   CME MOU: Choice Advising and Enrollment, created in October 2022   |