



Division of Medical Assistance Programs

Information Memorandum Transmittal

Chris Norman, Manager  
Coordinated Care Support, DMAP

**Number:** DMAP IM 14-012

**Authorized Signature**

**Issue Date:** 3/14/2014

**Topic:** Medical Benefits

**Subject:** Updates regarding new DMAP 2405 and DMAP 3302 forms

**Applies to:**

- All DHS employees
- Area Agencies on Aging
- Children, Adults and Families
- County DD Program Managers
- County Mental Health Directors
- Aging and People with Disabilities
- Other (please specify): Plans and coordinated care organizations (CCOs)

**Message:**

Please note the following updates to [our previous transmittal](#) about the new [DMAP 2405](#) (Notice of Action template) and [DMAP 3302](#) (Medical Assistance Programs Service Denial Appeal and Hearing Request).

- **Revision to DMAP 2405:** DMAP has revised the DMAP 2405 to remove the following sentence from the third paragraph of the letter: “Also include any relevant Plan rules/requirements.”
- **Rule references to DMAP 3302:** Rules 410-141-0263 and 410-141-3260 refer to this form as the DMAP 1234 form. DMAP is revising these rules to change the form number reference to DMAP 3302.

Plans can download these forms from the [OHP Forms page](#), the [OHP Tools for Plans page](#), or the [DHS/OHA Forms Server](#).

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

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