

# Information Memorandum Transmittal Developmental Disabilities Services



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**Number:** DD-IM-22-076

**Issue date:** 07/25/2022

**Topic:** Developmental Disabilities

**Due date:**

**Subject:** Air Conditioner Unit Requests Form

**Applies to (check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> All ODHS 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 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 type="checkbox"/> Stabilization and Crisis Unit (SACU)                  |
| <input checked="" type="checkbox"/> Support Service Brokerage Directors | <input type="checkbox"/> Other (please specify):                               |
| <input type="checkbox"/> ODDS Children's Residential Services           |  |
| <input type="checkbox"/> Child Welfare Programs                         |  |

**Message:**

The Oregon Legislature has allocated funds to provide air conditioning (AC) units to Medicaid recipients and Medicaid eligible individuals at highest risk for heat related illness. ODDS is partnering with the Office of Resilience and Emergency Management (OREM) to coordinate requests for individuals to receive an AC unit. Case Management Entities (CMEs) may [submit a request](#) for individuals who live in their own home or family home (in unlicensed residential settings) and fall within set cohorts to receive an AC unit. The cohorts are listed below.

The information needed for each individual is as follows:

- Individual Name.
- Individual Prime.
- Individual address where the unit will be delivered.
- Individual cohort eligibility: select the cohort that best describes the individuals' needs based on CME knowledge. The cohorts are:
  - a) 0-4 years of age;
  - b) 65 or >65 years of age;

- c) obesity;
- d) diabetes;
- e) heart disease;
- f) at risk for social isolation.
- Main point of contact (name and phone number) for person to help arrange installation.
- Preferred spoken language of main point of contact.

The main point of contact for installation can be different from the individual receiving the AC unit and they should be able to provide the following details:

- Confirmation of the delivery address.
- For installation purposes, does the home where the unit is being installed have tilting or sliding windows?
- Does the individual receiving the AC unit need assistance with installation of the AC unit?

Currently, OREM can provide AC units to those within the cohorts identified above and do not have centralized AC in their home or have AC that is not effectively working.

There is currently no deadline for requests nor a finite number of air conditioning units that will be available to the State. Thus, there will be ongoing opportunities for individuals to inquire about receiving one. OREM is still working on an accessible way to identify individuals who are interested in getting an AC and to gather the information needed to process those requests.

CMEs can complete the request form using this [LINK](#) (same link as above).

### **Communication/training:**

This transmittal will be discussed during the next Monthly Transmittal Review. Please send questions in advance to [ODDS.Questions@dhsosha.state.or.us](mailto:ODDS.Questions@dhsosha.state.or.us).

The Monthly Transmittal Reviews are held the second Wednesday of every month at 2 pm using the Zoom platform. Please register in advance for these meetings:

<https://www.zoomgov.com/meeting/register/vJlsc-qvqD8iGURx5OQk8TAdIS6Arg9ZAf4>

After registering, you will receive a confirmation email containing an appointment and information about joining the meeting. American Sign Language (ASL) and live captioning will be provided. To request other accommodations or languages, please send an email to [ODDS.Questions@dhsosha.state.or.us](mailto:ODDS.Questions@dhsosha.state.or.us) at least three business days prior to the meeting.

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

Contact(s): Emily Terry	
Phone:	Fax:
Email: <a href="mailto:ODDS.FieldLiaison@odhsoha.oregon.gov">ODDS.FieldLiaison@odhsoha.oregon.gov</a>	

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