Lilia Teninty  

**Authorized signature**  

**Number:** APD-AR-16-060  
**Issue date:** 8/12/2016  
**Due date:**

**Topic:** Developmental Disabilities  
**Subject:** Recommendations to Inactivate or Terminate Providers

**Applies to (check all that apply):**
- [ ] All DHS employees  
- [ ] Area Agencies on Aging  
- [ ] Aging and People with Disabilities  
- [x] Self Sufficiency Programs  
- [x] County DD Program Managers  
- [ ] ODDS Children's Residential Services  
- [ ] Child Welfare Programs  
- [ ] County Mental Health Directors  
- [ ] Health Services  
- [x] Office of Developmental Disabilities Services (ODDS)  
- [x] ODDS Children’s Intensive In Home Services  
- [ ] Stabilization and Crisis Unit (SACU)  
- [x] Other (please specify): Service Coordinators and Personal Agents

**Action required:**
Effective 8/1/2016, all recommendations to take action against an Independent Provider (Personal Support Worker or non-agency Independent Provider) must use form 0572, “Recommendation to Take Action Against an Independent Provider (IP).”

Additionally, within 5 days of being notified that an Independent Provider is under investigation for abuse, serious crime, or fraud, the Case Management Entity must notify ODDS via a secure email to ODDSPRoviderActionRecommendation@state.or.us. The notification should use form 0572. For more details, reference the Independent Provider Terminations and Inactivations Worker Guide.

The Independent Provider Terminations and Inactivations Worker Guide is available for use on the DD Case Management Tools web page under the, “Case Management Reference” heading and on the DD Brokerage Personal Agent Tools web page under the, “Basic Brokerage References” heading.

This transmittal and associated worker guide replaces APD-AR-14-071

DHS 0078 (8/15)
Reason for action:
Form and procedures updated to account for new language as a result of rule revisions.

Field/stakeholder review: ☒ Yes ☐ No
If yes, reviewed by: Brokerage and CDDP Stakeholders

If you have any questions about this action request, contact:

<table>
<thead>
<tr>
<th>Contact(s)</th>
<th>Chrissy Fuchs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone:</td>
<td>(503) 947-4241</td>
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<tr>
<td>Email:</td>
<td><a href="mailto:CHRISSY.FUCHS@state.or.us">CHRISSY.FUCHS@state.or.us</a></td>
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