

Lilia Teninty

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**Number:** APD-AR-16-060

**Issue date:** 8/12/2016

**Topic:** Developmental Disabilities

**Due date:**

**Subject:** Recommendations to Inactivate or Terminate Providers

**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                  | <input type="checkbox"/> Health Services   |
| <input type="checkbox"/> Aging and People with Disabilities      | <input checked="" type="checkbox"/> Office of Developmental<br>Disabilities Services(ODDS)                       |
| <input type="checkbox"/> Self Sufficiency Programs               | <input checked="" type="checkbox"/> ODDS Children's Intensive<br>In Home Services                                |
| <input checked="" type="checkbox"/> County DD Program Managers   | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)  |
| <input type="checkbox"/> ODDS Children's<br>Residential Services | <input checked="" type="checkbox"/> Other ( <i>please specify</i> ): Service<br>Coordinators and Personal Agents |
| <input type="checkbox"/> Child Welfare Programs                  |  |

**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](mailto: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](#)

**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:*

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