

Lilia Teninty

Authorized signature

Number: APD-AR-16-075

Issue date: 10/21/2016

Topic: Developmental Disabilities

Due date:

Subject: Relief care enrollment for foster care 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
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 type="checkbox"/> ODDS Children's
Residential Services | <input checked="" type="checkbox"/> Other (<i>please specify</i>): Brokerage
Directors; Personal Agents; Service
Coordinators |
| <input type="checkbox"/> Child Welfare Programs | |

Action required:

*** This process of enrolling foster care providers as relief care providers, replaces the process identified in AR-15-055***

When a child or adult foster care setting is identified as the chosen relief care setting, the case manager should identify whether the foster care provider is already set up with an eXPRS relief care provider number (Specialty type 70-837) for the time period of service delivery.

If the provider is not already enrolled with a relief care provider type number, the following must be emailed to ODDS.ProviderEnrollment@state.or.us:

- Foster care license/certificate number
- Physical address associated with license
- Full name of owner
- Date(s) needed for relief care use
- Copy of the license/certificate if available (this is especially useful for CFC certificates)

Once the provider relations unit has enrolled the provider as a relief care provider and a SPD eXPRS provider number assigned, the requestor will receive a return email with the provider number.

The following eXPRS How-To-Guide may be shared with new provider
<https://apps.state.or.us/exprsDocs/NewProviderInformation.pdf>

Reason for action:

The existing process needs to be better streamlined so that requests are being sent directly to the provider enrollment unit (PRU)

Field/stakeholder review: Yes No

If yes, reviewed by:

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

Contact(s):	Chelas Kronenberg		
Phone:	971-600-7892	Fax:	
Email:	chelas.a.kronenberg@state.or.us		