Lilia Teninty

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Number: APD-AR-16-075
Issue date: 10/21/2016

Topic: Developmental Disabilities

Subject: Relief care enrollment for foster care providers

Applies to (check all that apply):

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

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:

<table>
<thead>
<tr>
<th>Contact(s):</th>
<th>Chelas Kronenberg</th>
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