

Action Request Transmittal Developmental Disabilities Services



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Number: APD-AR-20-016

Issue date: 3/6/2020

Topic: Developmental Disabilities

Due date: 4/1/2020

Subject: New Change of Information form for PSW / IC 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: {Select type} | <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 checked="" type="checkbox"/> Support Service Brokerage Directors | <input checked="" type="checkbox"/> Other (<i>please specify</i>): eXPRS PSWs |
| <input checked="" type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Action required: Effective 4/1/2020, personal support workers and independent providers are to use the new "Change of Information" form if they wish to change information on their provider record or eXPRS user account. Note: After 4/1/2020, former versions of the change of information form will NOT be processed.

This form should ONLY be sent to the PSW Enrollment inbox (PSW.Enrollment@dhsosha.state.or.us). Please do not send duplicates or to other inbox destinations to ensure timely entry and receipt.

The COI form's capabilities are limited to changing the following information:

- Provider's physical and mailing address
- Email address
- Phone number

Any social security number, name, or any other changes must submit new provider enrollment application and agreement (PEAA) or UEF.

All languages for the DHS 2577 Change of Information Form have been posted to the DHS forms server:

ENGLISH:

<https://apps.state.or.us/Forms/Served/de2577.pdf>
<https://apps.state.or.us/Forms/Served/de2577.docx>

SPANISH:

<https://apps.state.or.us/Forms/Served/ds2577.pdf>
<https://apps.state.or.us/Forms/Served/ds2577.docx>

TRADITIONAL CHINESE:

<https://apps.state.or.us/Forms/Served/d42577.pdf>
<https://apps.state.or.us/Forms/Served/d42577.docx>

SIMPLIFIED CHINESE:

<https://apps.state.or.us/Forms/Served/dn2577.pdf>
<https://apps.state.or.us/Forms/Served/dn2577.docx>

VIETNAMESE:

<https://apps.state.or.us/Forms/Served/dv2577.pdf>
<https://apps.state.or.us/Forms/Served/dv2577.docx>

RUSSIAN:

<https://apps.state.or.us/Forms/Served/dr2577.pdf>
<https://apps.state.or.us/Forms/Served/dr2577.docx>

SOMALI:

<https://apps.state.or.us/Forms/Served/di2577.pdf>
<https://apps.state.or.us/Forms/Served/di2577.docx>

Reason for action: Eliminating unnecessary fields and adding the capability for the provider to change their provider record information and eXPRS user account information simultaneously.

Field/stakeholder review: Yes No

If yes, reviewed by:

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

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