

Action Request Transmittal Developmental Disabilities Services



Lilia Teninty

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Number: APD-AR-20-076

Issue date: 8/3/2020

Topic: Developmental Disabilities

Due date: 8/7/2020

Subject: Expanded Family Support: Outstanding Approvals

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 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"/> Support Service Brokerage Directors | <input type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Action required:

CDDPs must provide ODDS with data on Expanded Family Support purchases that have not yet been entered into eXPRS. They may complete this requirement by either of these methods:

CDDPs will enter all outstanding, approved Expanded Family Support purchases into eXPRS by 8/7/2020. "Approved" has the meaning explained in APD-PT-20-089.

OR

CDDPs will provide ODDS with the following information via email to Carrie Salehiamin (CARRIE.A.SALEHIAMIN@dhsosha.state.or.us) no later than 8/7/2020, using this [spreadsheet](#):

1. Name of CDDP
2. Number of "approved" (per PT-20-089) requests not yet in eXPRS
3. Total cost of approved requests not yet in eXPRS
4. CDDP point of contact

Reason for action: ODDS needs accurate, up-to-date information in order to assess the current budget situation.

Field/stakeholder review: Yes No

If yes, reviewed by:

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

Contact(s): Bruce Baker Caitlin Shockley	
Phone:	Fax:
Email: bruce.m.baker@dhsoha.state.or.us caitlin.shockley@dhsoha.state.or.us	