Lilia Teninty  

**Authorized signature**

**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):**
- [ ] All DHS employees
- [ ] Area Agencies on Aging: {Select type}
- [ ] Aging and People with Disabilities
- [ ] Self Sufficiency Programs
- [x] County DD program managers
- [ ] Support Service Brokerage Directors
- [ ] ODDS Children’s Residential Services
- [ ] Child Welfare Programs
- [ ] County Mental Health Directors
- [ ] Health Services
- [ ] Office of Developmental Disabilities Services (ODDS)
- [ ] ODDS Children’s Intensive In Home Services
- [ ] Stabilization and Crisis Unit (SACU)
- [ ] Other *(please specify)*

**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@dhsoha.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:

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<th>Contact(s):</th>
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<tbody>
<tr>
<td>Bruce Baker</td>
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<td>Caitlin Shockley</td>
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