

Action Request Transmittal Developmental Disabilities Services



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Number: APD-AR-20-102

Issue date: 11/20/2020

Topic: Developmental Disabilities

Due date: 11/30/2020

Subject: Contacts for Central Coordination Unit (CCU) OregONEligibility DD service referrals

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 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: Case Management Entities must submit contact information for Long-Term Care Service (LTCS) request referrals from ONE to the Office of Developmental Disabilities Services (ODDS) for inclusion in the DD directory. The contact list will be utilized by the Oregon Department of Human Services (ODHS), Aging and People with Disabilities (APD), Central Coordination Unit (CCU) when a ONE system application has generated a service request for a child whose application is noted as needing a LTCS and has a disability.

The contact information must include a minimum of:

- Email address
- Contact name for individual and backup, or group name
- Phone number

If no specific contact or email address is identified, ODDS will default to sending referrals to the Eligibility Specialist and/or eligibility supervisor. If a specific staff is identified, a backup contact must also be identified for all ONE service request referrals to DD.

Example: Group Name: XXXX County Intakes; Group email: yourcounty@state.or.us;

Intake Phone: 800-555-1212

Contacts must be emailed to: odds.onequestions@dhsoha.state.or.us by close of business on the due date indicated in this transmittal.

Reason for action: In order to comply with guidance provided in APD-IM 20-117 for CME expectations for ONE service referrals, ODDS is requesting CME's to identify specific contacts for new service referrals. CCU will utilize eXPRS to identify the current case management entity for sending LTCS requests to office contacts identified for further action.

As eligibility determinations are delegated to the Community Developmental Disabilities Program (CDDP) offices, all service referrals without DD eligibility will be sent to the CDDP in the county identified in ONE.

Field/stakeholder review: Yes No
Deschutes CDDP; Multnomah CDDP; Columbia CDDP;
If yes, reviewed by: PMDDT

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

Contact(s): Rebecca Smallwood	
Phone: 503-957-9016	Fax:
Email: rebecca.smallwood@dhsoha.state.or.us	