

Action Request Transmittal Aging and People with Disabilities



Mike McCormick

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Number: APD-AR-20-093

Issue date: 10/30/2020

Topic: Long Term Care

Due date:

Subject: AFH Standard Ventilator Rate Requests

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Type B | <input type="checkbox"/> Health Services |
| <input checked="" 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 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:

Effective immediately, please send all AFH Standard Ventilator Rate Requests to APD Admissions at APD.Admissions@dhsosha.state.or.us

Reason for action: All APD rate adjustment requests are now processed in one central location.

Field/stakeholder review: Yes No

If yes, reviewed by:

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

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