

Action Request Transmittal Aging and People with Disabilities



Mike McCormick

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Number: APD-AR-21-021

Issue date: 4/28/2021

Topic: Contact Information

Due date: 5/31/2021

Subject: Provider Time Capture (PTC) Project Training and Implementation Tasks for Consumers and Consumer Employer Reps

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: Types A and 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:

Consumers

In order to prepare for Training and Implementation for the Provider Time Capture (PTC) Project, we are requesting updates be made when possible to Consumers contact information (address, phone number and email) in Oregon Access. If the demographic information needs to be updated in ONE, please use the [Updating Demographic QRG](#) for reference. Updating this information is critical to facilitate the set up of user profiles in OR PTC DCI and is being used for mailers. This will also help in relaying critical information out about training, pilot and statewide go live dates to Consumers. Pilot starts 8/1/21 and statewide go live starts 9/12/21.

Please see the screen shot below for the information the PTC Project needs to ensure is updated:

Oregon Access [Office : Senior and Disabled Services Division (5515) Profile Type :- Branch DB : access_prod_central]

File Edit Select Status View Mainframe Windows Help

Case for TESTING TEST (Case Branch : Senior and Disabled Services Division)

Person Address Vet / Nat Amer Contacts Prev Asst Education CM Service(s)

Person List

	Last Name	First Name	M.I.	Role	Verified
1	TEST	TESTING		Primary Applicant	No

Person Detail

SSN: 251-25-2588 DQB: 07/01/1965 Prime Nbr: KC800R5R

Citizenship: US Citizen Legal Alien Other Sex: Male Female Disabled: Blind:

Live in: House Death Date: 00/00/0000 Stay in Oregon:

Marital: Married Lang Spoken: English Spouse is or was a vet:

Race: White Lang Read: English Unpaid medical bills:

Ethnicity: Not - Hispanic or Latino Alt Format: None CAM:

1. Tele Nbr: (503) 285-5585 Ext: Type: Home

2. Tele Nbr: () - Ext: Type:

3. Tele Nbr: () - Ext: Type:

4. Tele Nbr: () - Ext: Type:

E-mail:

454D Comments

IE/ME: NO Verified:

hsbdbk00 (0000) 08/27/2018 12:58 pm

Oregon Access [Office : Senior and Disabled Services Division (5515) Profile Type :- Branch DB : access_prod_central]

File Edit Select Status View Mainframe Windows Help

Case for TESTING TEST (Case Branch : Senior and Disabled Services Division)

Person Address Vet / Nat Amer Contacts Prev Asst Education CM Service(s)

Address List

	Address	City	Verified
1	123 Testy Trail	Portland	Yes

Address Detail

Address: 123 Testy Trail

Line 2:

City: Portland

State ZIP: OR 97204 -

FJPS Cnty Code: 051

Directions:

OAA/NAPIS: Is this address within the city limits? Yes Verified:

Address Confidentiality Program: ACP Protected/Do Not Disclose Address: DND Homeless/No Fixed Address: TEMP

Address Owners

Name	Use
TEST , TESTING	Residence Address

Add Remove

Street address where the person lives or receives mail.

hsmds00 (5515) 08/11/2017 02:22 pm

Consumer Employer Representatives & Guardians Clean Up

We recently did a data pull of the Consumer Employer Reps and Guardians as they will have a role in OR PTC DCI for their respective Consumers. We noticed there are some Consumer Employer Reps and/or Guardians that are missing addresses, phone numbers, and email addresses. There are also some that have notes in some of those fields which will potentially cause issues if/when the Project does any physical mailings for communications. If you have contact with the Consumer Employer Reps or Guardian, we need their contact information updated (address, phone number and email address) to ensure we have the most current contact information to send updates for PTC Training and Implementation activities as well as setting up user profiles in OR PTC DCI.

Examples of Common Errors:

Invalid client street addresses with no spaces in text	13649SWHILLSHIREDR
Nick names include in first name in quotes	"NORM"
Profile names all upper case	CYNTHIA
Data with extra spaces	1082 PINECREST DR

Field/stakeholder review: Yes No

If yes, reviewed by: APD Operations Team

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

Contact(s): PTC Project	
Phone: N/A	Fax: N/A
Email: PTCProject.Info@dhsola.state.or.us	