

# Action Request Transmittal Aging and People with Disabilities



Erika Miller

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**Number: APD-AR-22-035**

**Issue date: 7/15/2022**

**Topic:** Long Term Care

**Due date:**

**Subject:** Those that process homecare worker credentials

**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:**

Effective immediately begin using the redesigned [Medicaid Provider Enrollment Agreement \(PEAA\)](#) form SDS 0736 (05/2022).

Discontinue use of the previous version and the Homecare Worker application form (APD 0355). Please recycle old forms.

**Reason for action:**

The new PEAA redesign eliminates the separate application, which is no longer needed, captures homecare worker demographic data, and improves readability of the document.

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:**

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

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