

# Action Request Transmittal Aging and People with Disabilities



Erika Miller

**Authorized signature**

**Topic:** Long Term Care

**Subject:** Air Conditioner Distribution and Installation

**Number:** APD-AR-22-039

**Issue date:** 8/25/2022

**UPDATED:** 8/26/2022

**Due date:**

## **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:**

Refer to [APD-IM-22-077](#) for background information on this topic, including qualifying criteria and CCO enrollment requirements.

While KEPRO continues to call qualifying APD consumers, Case Managers may also receive requests for Air Conditioners (AC).

Effective 8/15/2022, if an APD consumer meets the prioritization criteria for receiving an AC unit and contacts their APD or AAA Local Office, the Case Manager may complete an online application with the consumer using this online [application](#). **DO NOT send this link** to applicants. Only those consumers who have been vetted by a health care organization, community-based organization (CBO), or Case Manager will be eligible to receive a unit at this time.

The following information is needed for each consumer:

- Consumer's name, phone number, year of birth, address, whether he/she has a working AC, prime#/Medicaid#/Medicare#, CCO, preferred language, chronic condition/illness-specific information, and information about installation needs;

- Person to contact for coordinating AC unit delivery and/or installation (if not consumer), relationship to consumer, phone number, physical address, email address and organization, if any.

If consumers have questions, they may call OHP Client Services at 1-800-273-0557; or they may send an email to: [OHP.ComplaintResolution@odhs.oregon.gov](mailto:OHP.ComplaintResolution@odhs.oregon.gov)  
 If Local Offices or Community-Based Organizations (CBO) have AC program questions, they may email: [ACdistribution@odhs.oregon.gov](mailto:ACdistribution@odhs.oregon.gov)

This program (and completion of an online application) **does not** convey a promise of receiving an AC unit. OHA will prioritize available AC units to those with the greatest need.

**Reminder:** If an individual is enrolled in a CCO (i.e., full coverage), the CCO is responsible for providing the AC. Please refer high risk individuals to their CCO if they contact the local office requesting an AC. Anyone who gets their medical coverage (OHP) through a CCO, except those who are only receiving dental and behavioral health coverage, will need to apply for flexible services through their CCO, not through APD.

**Reason for action:** APD and AAA Local Offices are receiving requests for AC units from their consumers. This Action Request Transmittal provides necessary steps to address them.

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:**

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

Contact(s):	
Phone:	Fax:
Email: APD.MedicaidPolicy@odhs.oregon.gov	