

Information Memorandum Transmittal Aging and People with Disabilities



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Number: APD-IM-19-038

Issue date: 6/6/2019

Topic: Long Term Care

Due date:

Subject: Refunds to PACE participants

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 | |

Message:

PACE liability/pay-in payments that are submitted in error, either in the local office or on-line, can be refunded to the participant. Complete the [APD Client Payment Refund Request](#) and send the form via email to APD.ClientReceipting@dhsoha.state.or.us

If you have any questions about this information, contact:

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