

Information Memorandum Transmittal Aging and People with Disabilities



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Number: APD-IM-22-001

Issue date: 1/13/2022

Topic: Contact Information

Due date:

Subject: Central Deliver Supports Email Addresses - Defining the purpose for each one

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:

This transmittal serves as a notice of the email boxes and the forms completed by the Central Delivery Supports Team. Using the contacts below, and not specific individuals within the unit, will allow for faster response.

Contracts:

Specific Needs Contract statement of work(s), facility contact information etc can be found at the [Specific Needs Contract Staff Tools](#) page.

For other questions or concerns not addressed on the web, please email: Specific-Needs.Contract-Team@dhsosha.state.or.us

For providers interested in obtaining a Specific Needs Contract, please provide the following email address so we may inform them accordingly:

APD.SpecificNeedContractApplications@dhsosha.state.or.us

Complex Case:

Assistance with complex placements must be submitted to the Complex Case Team. Complete the Complex Case Consultation Referral Form 2841, upon completing the form, staff with your manager, submit the form and any applicable records to:

APDComplexCase.ConsultationTeam@dhsoha.state.or.us

Additional information can be found:

http://www.dhs.state.or.us/spd/tools/complex_consult/index.htm.

AFH and RCF Exceptions:

Requests for new or renewal of exception requests must be submitted to:

APD.CBCExceptions@dhsoha.state.or.us and must include completed Forms 514 and 514a. Please include “hospital discharge,” “closure,” or “urgent” in the subject line for those requests to be prioritized. Rate adjustment extensions specific to an AFH or RCF Exceptions should be sent to the same email address.

Admission Requests:

Specific Need Contract admissions require a completed form 494 which should be emailed to APD Admissions: APD.Admissions@dhsoha.state.or.us. Please add “hospital discharge” or “closure” to the subject line of the email for those emails to be prioritized.

The current form and instructions can be found on the Forms Server under SDS 0494 or [Specific Needs Contract Staff Tools](#). The process for *new* rate adjustments will be outlined in the approval email.

Rate Adjustments:

Rate renewals for Specific Needs Contract admissions, standard AFH ventilator or Enhanced Care Outreach Services (ECOS) must be renewed annually. Email the following information with the subject line “Rate Adjustment” to:

APD.Admissions@dhsoha.state.or.us.

Consumer Name:

Prime:

Provider Name:

Provider Number:

Effective Date:

Initial standard ventilator AFH placements forms (SDS 0490V) should be sent to APD.Admissions@dhsoha.state.or.us after the admission has been approved by the Local Licensing Authority

If you have any questions about this information, contact:

Contact(s): Sarah Hansen APD CDS Contracts Lead Trevin Butler, APD CDS Manager	
Phone: 971-600-7239 (Sarah) 503-302-1309 (Trevin)	Fax:
Email: Sarah.L.Hansen@dhsoha.state.or.us Trevin.Butler@dhsoha.state.or.us	