Information Memorandum Transmittal Aging and People with Disabilities



Mat Rapoza	<u>Number</u> : APD-IM-22-029
Authorized signature	<u>Issue date</u> : 04/12/2022
Topic: Long Term Care	<u>Due date</u> :
Subject: New APD LTSS Notice of Request Form	for Information or Verification Needed
Applies to (<i>check all that apply</i>):	
☐ All DHS employees	County Mental Health Directors
	☐ Health Services
□ Aging and People with Disabilities	Office of Developmental
Self Sufficiency Programs	Disabilities Services (ODDS)
County DD program managers	ODDS Children's Intensive In
Support Service Brokerage Directors	Home Services
ODDS Children's Residential Services	☐ Stabilization and Crisis Unit (SACU)
☐ Child Welfare Programs	Other (please specify):

Message:

A new Aging and People with Disabilities (APD) Long Term Services and Supports (LTSS) Notice of Request for Information or Verification Needed form was requested and created due to concerns related to the DHS 210 and DHS 210A not being LTSS program specific. This new form has been saved on the Client Details, Treatment, Forms, & Misc. LTC Information page on the Case Management (CM) Tools website and is available and ready for staff to begin using immediately.

The new form is intended to replace the use of the DHS 210 and the DHS 210A by APD LTSS CMs. The APD Long Term Care Services Form Requirements tool has also been updated to reflect these changes.

The new form has been sent to Publishing for assignment of a form #, translation, and will be available on the Form Server upon completion by Publishing. For the time being, staff can access the form on the CM Tools website on the page listed above.

If you have any questions about this information, contact:

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