

Information Memorandum Transmittal Aging and People with Disabilities



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Number: APD-IM-24-015

Issue date: 2/12/2024

Topic: Forms

Due date:

Subject: Reminder: Nursing Facility Rate Authorization Form

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:

The current version of the ODHS 3883, [Nursing Facility Bariatric Rate Authorization Request](#), dated 03/2023 is available on the ODHS Forms Server and the Nursing Facility & PAS [website](#). Effective immediately cease using all prior or alternate versions of this forms.

Local Office staff should provide nursing facility providers the current version of the form if or when they receive an older version and request only the new version be submitted.

Instructions for completing the form are available on the Nursing Facility & PAS [website](#). Training specific to this process is available via Teams by emailing APD.Admissions@odhsoha.oregon.gov.

Note: Other versions of the ODHS 3883 will no longer be accepted as valid after close of business on Friday, February 9, 2024.

If you have any questions about this information, contact:

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