

# Action Request Transmittal Aging and People with Disabilities



Mike McCormick

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**Number:** APD-AR-20-093

**Issue date:** 10/30/2020

**Topic:** Long Term Care

**Due date:**

**Subject:** AFH Standard Ventilator Rate Requests

**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                        |   |

**Action required:**

Effective immediately, please send all AFH Standard Ventilator Rate Requests to APD Admissions at [APD.Admissions@dhsosha.state.or.us](mailto:APD.Admissions@dhsosha.state.or.us)

**Reason for action:** All APD rate adjustment requests are now processed in one central location.

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:**

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

Contact(s): Sandra J. Yoro

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