

Action Request Transmittal Aging and People with Disabilities



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Number: APD-AR-22-022

Issue date: 4/14/2022

Topic: Other

Due date: 5/13/2022

Subject: Action Request- PTC Provider Referrals

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: Types A and B | <input checked="" 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 checked="" type="checkbox"/> Other (<i>please specify</i>): Comagine |
| <input type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Action required:

The PTC Team is working to identify Providers who may need additional assistance with OR PTC DCI and who would benefit from an individualized learning session.

In order to facilitate this process, the PTC Team is providing a link to a Provider Referral form for local offices to complete for Providers who are struggling to use OR PTC DCI. The referral form has areas the local offices can check off or provide information on what the Provider's learning needs are. Please send completed forms to the PTC Support team at PTC.Support@dhs.oha.state.or.us.

[Click here - *PTC Provider Referral Form*](#)

As there is a small window of time to submit these referrals to the PTC Team with a deadline of May 13, 2022, we ask that the local offices begin this process right away.

Please note if we do not receive this information by **May 13, 2022**, there is no guarantee we will be able to meet with the Provider.

Field/stakeholder review: Yes No

If yes, reviewed by:

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

Contact(s):	
Phone:	Fax:
Email: PTC.Support@dhsosha.state.or.us	