

# Information Memorandum Transmittal Aging and People with Disabilities



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**Authorized signature**

**Number: APD-IM-19-038**

**Issue date: 6/6/2019**

**Topic:** Long Term Care

**Due date:**

**Subject:** Refunds to PACE participants

**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:**

PACE liability/pay-in payments that are submitted in error, either in the local office or on-line, can be refunded to the participant. Complete the [APD Client Payment Refund Request](#) and send the form via email to [APD.ClientReceipting@dhsola.state.or.us](mailto:APD.ClientReceipting@dhsola.state.or.us)

*If you have any questions about this information, contact:*

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