

Information Memorandum Transmittal Aging and People with Disabilities



Mat Rapoza

Authorized signature

Number: APD-IM-20-035

Issue date: 4/10/2020

Topic: Long Term Care

Due date:

Subject: Notice language for PACE cases

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:

Language was developed to properly address notice verbiage when a Program of All-inclusive Care for the Elderly (PACE) case is closed for non-payment of a monthly pay-in/liability. The new notice language can be found on the [Decision Notice Preparation Tips](#) page under Service: Closure.

Current language in the 'Decision Notice Preparation Tips' section of the APD worker guide for non-payment of a monthly pay-in/liability refers to system auto-generated notices, which does not apply to PACE cases.

Please note: This is considered an adverse action. It should not be taken while [APD-PT-02-034](#) is in effect.

If you have any questions about this information, contact:

Contact(s): Lisa Bouchell, PACE Policy Analyst

Phone: 503-947-0192

Fax:

Email: lisa.bouchell@dhsoha.state.or.us