

# Information Memorandum Transmittal Aging and People with Disabilities



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**Number:** APD-IM-21-104

**Issue date:** 11/12/2021

**Topic:** Other

**Due date:**

**Subject:** Provider Time Capture (PTC) - Statewide Survey Distribution

**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 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:**

Hello PTC users,

The PTC Team has released surveys for staff, consumers, and providers. These surveys will help us evaluate how the statewide rollout is going and how the PTC Team can better support all OR PTC DCI users.

Staff are encouraged to take 2 surveys:

[Staff EVV Survey](#), and

Either the [PTC Voucher Specialist Survey](#) or the [PTC Non-Voucher Specialist Survey](#)

**Voucher Specialist Survey:** intended for staff who typically spend a significant amount of time entering HCW time into DHR/Mainframe

**Non-Voucher Specialist Survey:** intended for all other staff impacted by OR PTC DCI

(Case Managers, supervisors, HCW Coordinators, etc.)

Paper surveys are being mailed to a sample group of consumers and providers.

**If you receive a completed paper survey from a consumer or provider, please scan and email the survey to [PTC.Support@dhsosha.state.or.us](mailto:PTC.Support@dhsosha.state.or.us).**

We also have electronic surveys available in several languages. Please feel free to share survey links with any consumers or providers who may be interested in providing feedback to the PTC Project. Links will also be posted to [PTC.Oregon.gov](http://PTC.Oregon.gov).

**Survey links:**

<a href="#">Provider Survey (English)</a>	<a href="#">Consumer Survey (English)</a>
<a href="#">Provider Survey (Simplified Chinese)</a>	<a href="#">Consumer Survey (Simplified Chinese)</a>
<a href="#">Provider Survey (Russian)</a>	<a href="#">Consumer Survey (Russian)</a>
<a href="#">Provider Survey (Somali)</a>	<a href="#">Consumer Survey (Somali)</a>
<a href="#">Provider Survey (Spanish)</a>	<a href="#">Consumer Survey (Spanish)</a>
<a href="#">Provider Survey (Vietnamese)</a>	<a href="#">Consumer Survey (Vietnamese)</a>

For more information on the PTC Project, please visit [PTC.Oregon.gov](http://PTC.Oregon.gov).

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

Contact(s): Provider Time Capture	
Phone:	Fax:
Email: <a href="mailto:PTC.Support@dhsosha.state.or.us">PTC.Support@dhsosha.state.or.us</a>	