## **Information Memorandum Transmittal Aging and People with Disabilities**



Jane-ellen Weidanz	Number: APD-IM-18-072
Authorized signature	Issue date: 9/18/2018
Topic: Long Term Care	Due date:
Subject: SPAN Form on Forms Server and Oregon ACCESS	
Applies to (check all that apply):	
<ul> <li>☐ All DHS employees</li> <li>☒ Area Agencies on Aging: Type B</li> <li>☒ Aging and People with Disabilities</li> <li>☐ Self Sufficiency Programs</li> </ul>	<ul> <li>County Mental Health Directors</li> <li>Health Services</li> <li>Office of Developmental Disabilities Services (ODDS)</li> </ul>
☐ County DD program managers	ODDS Children's Intensive In Home Services
<ul><li>☐ ODDS Children's Residential Services</li><li>☐ Child Welfare Programs</li></ul>	<ul><li>☐ Stabilization and Crisis Unit (SACU)</li><li>☐ Other (please specify):</li></ul>
<u>Message</u> : The Service Plan and Notice (SPAN) form (2780N) is now available on the forms server. The form is also accessible within Oregon ACCESS. Using the form within Oregon ACCESS will prepopulate demographic information on the first page of the form.	
The form is currently available in English. Translations into different languages will be provided at a future date.	
With this update, the Service Plan (001N) and Service Options (914) forms will be made obsolete within Oregon ACCESS.	
If you have any questions about this information, contact:	
Contact(s): Medicaid Services and Supports Unit	
Phone: F	ax:
Email: APD.MedicaidPolicy@dhsoha.state.or.us	