

Aging and People with Disabilities

Erika Miller

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**Number:** APD-IM-17-038

**Issue date:** 5/5/2017

**Topic:** Disability Determination

**Subject:** MSC 2099 Authorization for Use and Disclosure of Individual Information

**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                  | <input type="checkbox"/> Health Services   |
| <input checked="" type="checkbox"/> Aging and People with Disabilities      | <input checked="" type="checkbox"/> Office of Developmental<br>Disabilities Services(ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs                          | <input checked="" type="checkbox"/> ODDS Children's Intensive<br>In Home Services          |
| <input checked="" type="checkbox"/> County DD Program Managers              | <input checked="" type="checkbox"/> Stabilization and Crisis Unit (SACU)                   |
| <input checked="" type="checkbox"/> ODDS Children's<br>Residential Services | <input checked="" type="checkbox"/> Other ( <i>please specify</i> ): Brokerages            |
| <input type="checkbox"/> Child Welfare Programs                             |  |

**Message:** The purpose of this transmittal is to clarify the appropriate completion of the "RELEASE TO" section of the MSC 2099 for application materials that are sent to the APD Collaborative Disability Determination Unit (CDDU) for a disability determination.

The CDDU is comprised of the Presumptive Medicaid Disability Determination Team (PMDDT), Disability Benefits Liaison (DBL), General Assistance (GA) and the State Family Pre-SSI/SSDI (SFPSS) programs.

**Please complete the "RELEASE TO" section exactly as follows:**

Full name: Oregon Department of Human Services-CDDU

Address: 3420 Cherry Ave NE Ste. 140

City, State and ZIP: Keizer, OR 97303

Phone number: 1-866-535-8431

Email address: [PMDDT.referrals@state.or.us](mailto:PMDDT.referrals@state.or.us)

Purpose of the requested use or disclosure: Determine Program Eligibility

Expiration date or event: 12 months from the date signed or sooner if requested

Mutual exchange: YES

**Please start using the information above immediately. Thank you.**

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

<b>Contact(s):</b>	APD Collaborative Disability Determination Unit		
<b>Phone:</b>	1-866-535-8431	<b>Fax:</b>	
<b>Email:</b>	PMDDT.referrals@state.or.us		