

Information Memorandum Transmittal

Aging and People with Disabilities

Jane-ellen W Authorized s	eidanz, APD MLTC Manager ignature	Number: APD-IM-15-084 Issue date: 10/21/2015
Topic: Long	g Term Care	
Subject: HCBS Surveys		
All DHS Area Age Aging an Self Suff County D ODDS C Resident Child We Message: As providers have	tial Services elfare Programs described in APD-IM-15-061	County Mental Health Directors Health Services Office of Developmental Disabilities Services(ODDS) ODDS Children's Intensive In Home Services Stabilization and Crisis Unit (SACU) Other (please specify): dated 8/21/2015, consumers and ted to the new Home and Community
If consumers or providers return surveys to the local office instead of sending them to Acumentra, local office staff should send the surveys to:		
Acumentra Health Survey Dept. 2020 SW 4 th Ave, Suite 520 Portland, OR 97201		
If the consumer or provider has questions about the HCBS Survey, they should contact Acumentra at 1-866-432-8403 (then select Option 3).		
If you have any questions about this information, contact:		
Contact(s):	Chris Angel	
Phone:	503-945-7034	Fax:
Email:	chris.s.angel@state.or.us	