

Aging and People with Disabilities

Jane-ellen Weidanz

Authorized signature

Number: APD-IM-16-093

Issue date: 10/04/2016

Topic: Provider Information

Subject: HCBS Heightened Scrutiny Provider Deadline for returning Heightened Scrutiny Worksheet

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 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"/> ODDS Children’s Residential Services | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Child Welfare Programs | |

Message:

94 Adult Foster Care Providers and 193 Residential Care, Assisted Living and Memory Care Communities are required to submit *HCBS Heightened Scrutiny Evidence Worksheets* as part of the process of determining their HCBS status. The deadline for returning to avoid further regulatory action is **10/7/16**.

The attached message is being sent through the Community-Based Care Provider Alert system and the Adult Foster Care List Serve messaging system as a reminder of the approaching deadline.

Questions regarding HCBS can be submitted to:

HCBS.Oregon@state.or.us

If you have any questions about this information, contact:

Contact(s):	Bob Weir		
Phone:	971-600-7876	Fax:	
Email:	bob.weir@state.or.us		

Provider Alert

Date: 10/3/16

From:

Subject: **Heightened Scrutiny Deadline 10/7/16**: Home and Community-Based Services (HCBS)

This alert is only for facilities that received the Heightened Scrutiny letter and worksheet. If you did not receive this letter you may disregard this alert.

Providers of Residential Care, Assisted Living, Memory Care Communities, and Adult Foster Care who received Heightened Scrutiny letters dated 9/9/16 are reminded that the *HCBS Heightened Scrutiny Evidence Worksheet* is due **October 7, 2016**.

The original letter gave only mailing instructions:

Return completed Worksheet to:

DHS APD

500 Summer St NE

Attn: HCBS, 1st floor E-10

Salem, OR 97301

Providers may also Fax to: 503-947-4245

Or, Scan and email to: hcbs.oregon@dhsosha.state.or.us

Completing this form is **Mandatory** and is not optional. Your cooperation is required to meet Federal expectations. Submit by the deadline to avoid further regulatory action. In addition to this alert you may also receive reminder calls as the deadline nears.

If you have questions, please send them to the following email address:

hcbs.oregon@dhsosha.state.or.us