

# Information Memorandum Transmittal Aging and People with Disabilities



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**Number:** APD-IM-18-050

**Issue date:** 06/05/18

**Topic:** Long Term Care

**Due date:**

**Subject:** Updated Complex Case Consultation Referral Form

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

**Message:**

**Please begin using the updated Complex Case Consultation Referral – DHS 2841 – form effective immediately. Please discontinue use of all other versions of this form immediately.**

**For further details on Complex Case Consultation see:**

[http://www.dhs.state.or.us/spd/tools/complex\\_consult/index.htm](http://www.dhs.state.or.us/spd/tools/complex_consult/index.htm)

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

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