

Cathy Cooper
Authorized Signature

Number: SPD-AR-10-007
Issue Date: 2/5/2010

Topic: Developmental Disabilities

Due Date:

Subject: Dedicated fax number for the SPD DD Provider Payment Unit (DDPPU)

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities |
| <input checked="" type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): CDDP Services Coordinators; SPD DD Regional Coordinators; SPD Diagnosis & Eligibility Specialists; SPD DD Targeted Case Management Specialist |

Action Required: Beginning **Monday, February 8, 2010** **ALL** fax submissions for the below listed forms must be submitted using the new fax number: **503-947-5044**

- DD Enrollment/Eligibility/Update Form (DHS 0337)
- DD Title XIX Waiver form (DHS 0520)
- DD Foster Care Data Change form (SDS 4547)

Reason for Action: The SPD DD Provider Payment Unit has secured a dedicated fax line for the submission of the above referenced forms to prevent lost or misdirected faxes received.

Field/Stakeholder review: Yes No

If yes, reviewed by:

If you have any questions about this action request, contact:

Contact(s):	Kim Wise, Lead Worker , SPD DDPPU		
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