

Jeanette Burket
Authorized Signature

Number: SPD-AR-10-075
Issue Date: 9/3/2010

Topic: Forms

Due Date:

Subject: 599A Agency Provider Invoice In-Home Services

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 type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Other (please specify): |

Action Required:

Some 599A's related to On The Move in Oregon (OTM) clients have been coming up to central office for authorization. Effective immediately these will be sent to the local office for authorization. The local office should mail authorized forms ready for payment along with their other 599A's to:

SPD Provider Payments
PO Box 14960
Salem, OR 97309

Field/Stakeholder review: Yes No

If yes, reviewed by: Operations

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

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