

Mike McCormick

Authorized signature

Number: APD-AR-17-032

Issue date: 5/30/2017

Topic: Provider Information

Due date:

Subject: In Home Care Agency Change of Ownerships, and Name Changes.

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 (<i>please specify</i>): |
| <input type="checkbox"/> Child Welfare Programs | |

Action Required.

Change of ownership / Name Change:

Assured Quality Home Care-Coos Bay

Previous Provider # 524569 ended 4/27/2017

New Owner Name:

Pro Quality Home Care

New Provider Number: 526821 MMIS: 500725082 effective 4/28/2017

Assured Quality Home Care-Klamath Falls

Previous Provider # 524571, ended 4/27/2017

New Owner Name:

Pro Quality Home Care

New Provider Number: 526818 MMIS: 500725077 effective 4/28/2017

Assured Quality Home Care- Redmond

Previous Provider# 524610, ended 4/27/2017

New Provider Name:

Pro Quality Home Care

New Provider Number: 526820 MMIS: 500725079, effective 4/28/2017

Reason for Action:

For the above changes of ownership, staff will need to update all client records with new provider numbers. Staff will need to close the 546 and the old MMIS Plan of Care (POC) with the old provider number and open a new 546 and a new MMIS POC with the new provider number for consumers who are currently Medicaid eligible.

Field/stakeholder review: Yes No

If yes, reviewed by:

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

Contact(s):	Amy Gordin, IHCA Contract Administrator Darwin Frankenhoff, IHCA Policy Analyst Dana Vafiades, Provider Enrollment		
Phone:	Amy Gordin 503-945-5659 Darwin Frankenhoff 503-947-5162 Dana Vafiades, 503-945-5836	Fax:	503-373-7823
Email:	Amy.gordin@state.or.us Darwin.j.frankenhoff@state.or.us Dana.Vafiades@state.or.us		