

Action Request Transmittal Aging and People with Disabilities



Mike McCormick

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Number: APD-AR-21-020

Issue date: 4/21/2021

Topic: Provider Information

Due date:

Subject: Change in Name and Change Ownership and New Community Based Care Provider

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

Change in Ownership In-Home Care Agency

Previous Provider Name	Location
New Horizons In Home Care Medford	Medford
Previous Provider Number	Expiration Date
526176	03/31/2021
New Provider Name	Location
New Horizons In-Home Care Solutions Medford	Medford
New Provider Number	Effective Date
528854	04/01/2021

New In Home Care Agency

New Provider Name	Location
Ease My Way Community Care Agency LLC- DBA-EWCC	Portland
New Provider Number	Effective Date
528857 MMIS number is 500791151	4/15/2021

Action Required:

Staff must close the Service Plan/POC with the previous provider and open a new service plan/POC for all consumers served by the new owner. To update the consumer records staff will need the provider name and provider number and the effective date. All the information is above in the New Owners Information table.

Field/stakeholder review: Yes No

If yes, reviewed by:

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

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