

# Action Request Transmittal Aging and People with Disabilities



Mike McCormick

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**Number: APD-AR-21-027**

**Issue date: 6/7/2021**

**Topic:** Provider Information

**Due date:**

**Subject:** Changes in Ownership In-Home Care Agencies

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

**Change in Ownership In-Home Care Agency**

<b>Previous Provider Name</b>	<b>Location</b>
Adeo In Home Care	Tigard
<b>Previous Provider Number</b>	<b>Expiration Date</b>
524655	4/17/2021
<b>New Provider Number</b>	<b>Effective Date</b>
528908 MMIS # 500792711	4/18/2021

**Change in Ownership In-Home Care Agency**

<b>Previous Provider Name</b>	<b>Location</b>
Adeo In Home Care	St. Helens
<b>Previous Provider Number</b>	<b>Expiration Date</b>
524593	04/17/2021
<b>New Provider Number</b>	<b>Effective Date</b>
528907 MMIS # 500792705	04/18/2021

## Change in Ownership In-Home Care Agency

<b>Previous Provider Name</b>	<b>Location</b>
Adeo In Home Care	Newport
<b>Previous Provider Number</b>	<b>Expiration Date</b>
524427	04/17/2021
<b>New Provider Number</b>	<b>Effective Date</b>
528911 MMIS# 500792769	04/18/2021

### **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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