

# Action Request Transmittal Aging and People with Disabilities



Erika Miller

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**Number: APD-AR-23-011**

**Issue date: 4/13/2023**

**Topic:** Provider Information

**Due date:**

**Subject:** Changes in Ownership & Name Changes for In Home Care Agencies

**Applies to (check all that apply):**

- All DHS employees
- Area Agencies on Aging: Type B
- Aging and People with Disabilities
- Self Sufficiency Programs
- County DD program managers
- Support Service Brokerage Directors
- ODDS Children’s Residential Services
- Child Welfare Programs
- County Mental Health Directors
- Health Services
- Office of Developmental Disabilities Services (ODDS)
- ODDS Children’s Intensive In Home Services
- Stabilization and Crisis Unit (SACU)
- Other (*please specify*):

Change in Ownership/Name Change In Home Care Agency	
<b>Previous Provider Name</b>	<b>Location</b>
Pro Quality Home Care	Eugene
<b>Previous Provider Number</b>	<b>Expiration</b>
527057 MMIS # 500732729	4/1/2023
<b>New Provider Name</b>	
Almost Family LLC	
<b>New Provider Number</b>	<b>Effective</b>
529654 MMIS # 500815117	4/2/2023

Change in Ownership/Name Change In Home Care Agency	
<b>Previous Provider Name</b>	<b>Location</b>
Pro Quality Home Care	Klamath Falls
<b>Previous Provider Number</b>	<b>Expiration</b>
526818 MMIS # 500725077	4/1/2023
<b>New Provider Name</b>	
Almost Family LLC	
<b>New Provider Number</b>	<b>Effective</b>
529661 MMIS # 500815180	4/2/2023

Change in Ownership/Name Change In Home Care Agency	
<b>Previous Provider Name</b>	<b>Location</b>
Pro Quality Home Care	Tigard
<b>Previous Provider Number</b>	<b>Expiration</b>
527646 MMIS # 500748989	4/1/2023
<b>New Provider Name</b>	
Almost Family LLC	
<b>New Provider Number</b>	<b>Effective</b>
529660 MMIS # 500815175	4/2/2023

**Action Required:**

Staff must delete the Plan of Care for old provider number and create a new Plan of Care under the new provider number.

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:**

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

Contact (s): For provider number questions: Dana Vafiades, Operations & Policy Analyst, APD Provider Relations Unit Ben Sherman, Operations & Policy Analyst, APD Long Term Care Services & Support For APD Medicaid policy questions please email: <a href="mailto:APD.MedicaidPolicy@odhsaha.oregon.gov">APD.MedicaidPolicy@odhsaha.oregon.gov</a> For training questions please email: <a href="mailto:APD.Training@odhsaha.oregon.gov">APD.Training@odhsaha.oregon.gov</a>	
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