

# Policy Transmittal Aging and People with Disabilities



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**Authorized signature**

**Number: APD-PT-18-044**

**Issue date: 10/24/2018**

**Topic:** Long Term Care

**Due date:**

**Transmitting (check the box that best applies):**

- New policy   
  Policy change   
  Policy clarification   
  Executive letter  
 Administrative Rule   
  Manual update   
  Other:

**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: Types A and 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"/> ODDS Children’s Residential Services             | <input type="checkbox"/> Other (please specify):                              |
| <input type="checkbox"/> Child Welfare Programs                           |   |

<b>Policy/rule title:</b>	Adult Foster Home Licensing		
<b>Policy/rule number(s):</b>	411-050-0635, 411-050-0640	<b>Release number:</b>	
<b>Effective date:</b>	Immediately	<b>Expiration date:</b>	N/A
<b>References:</b>			
<b>Web address:</b>			

**Discussion/interpretation:** The license for an Aging & People with Disabilities (APD) Adult Foster Home (AFH) provider is valid for one year unless revoked or suspended by the Department pursuant to OAR 411-050-0635(7). The AFH licensee must complete the Department’s Renewal Application form (SDS 448C) and timely submit it, with the required information and non-refundable fee, to the local licensing authority at least 45 days prior to the expiration date of the current license pursuant to OAR 411-050-0640(3).

Pursuant to OAR 411-050-0640(3), “Timely submission of the renewal application and non-refundable fee shall keep the license in effect until the local licensing authority or the Department takes action.” The licensing renewal application is not complete until

all the required application information is submitted to the local licensing authority. A renewal application remaining incomplete at the time of license expiration or failure to provide accurate information on the renewal application may result in the denial of the application. Under OAR 411-050-0640(5), if the required renewal information and fee are not timely submitted to the local licensing authority as required in (3) of this rule, and residents remain in the home after the date the license expires, the home shall be treated as an unlicensed facility, subject to civil penalties.”

In addition, due to recent audit outcomes, Provider Relations Unit (PRU) is now required to maintain copies of the actual APD AFH license in the Medicaid provider file.

**Implementation/transition instructions:**

To request an extension of an APD AFH Medicaid provider number when the expiring license remains in process, the PRU will require the following:

1. An email sent to [spd.providernumber@state.or.us](mailto:spd.providernumber@state.or.us) with a subject line of [Provider Number] APD AFH License In-Process Extension Request.
2. The body of the email needs to provide a brief explanation of why the AFH license remains in-process of being renewed.
3. Attach a copy of the current AFH license.
4. Attach a copy of the date-stamped license renewal form SDS 448C showing it was received at least 45 days prior to the current AFH license expiration date.

The Foster Home Medicaid Provider Enrollment Agreement (PEA), Form SDS 0738, remains valid for the “term of the provider’s current license or certification and shall remain in effect during the term of the license or certification unless terminated earlier in writing in accordance with the terms of this Agreement.” Accordingly, a new PEA will not be required until the new license is issued.

For all other new and renewing APD AFH provider number requests, PRU must now receive a copy of the actual APD AFH license due to recent audit requirements. When the PEA - Form SDS 0738 is submitted to [spd.providernumber@state.or.us](mailto:spd.providernumber@state.or.us), a copy of the actual license document must be attached. When there is a delay in the actual printing of the APD AFH license, then a copy of the actual APD AFH license must be submitted as soon as the document is officially issued.

**Training/communication plan:**

**Local/branch action required:** As described above.

**Central office action required:** As described above.

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:** APD Policy & Operations

**Filing instructions:**

*If you have any questions about this policy, contact:*

Contact(s): Deb Satterfield	
Phone: 800-241-3013	Fax: 503-947-5357
Email: spd.providernumber@state.or.us	