

## Adult Foster Home Provider Alert

### Policy updates, rule clarifications and announcements

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**Date:** Nov. 7, 2024  
**To:** APD Adult Foster Home Providers  
**From:** Safety, Oversight and Quality Unit  
**Topic:** **Medicaid Provider Enrollment Agreement Updates**

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Adult Foster Home (AFH) providers must notify their Local Licensing Agency (LLA) of any changes to information affecting their license or their Medicaid enrollment.

If you operate your AFH as a Limited Liability Company (LLC), Corporation, Non-Profit Corporation or Partnership, it is your responsibility as a business owner to ensure that your business and any assumed business name being used is registered correctly with the Oregon Secretary of State. If you are making changes to your Secretary of State registry, and you receive Medicaid payments, you will need to submit a new Provider Enrollment Agreement (Agreement) showing the changes at the same time you make any changes to your Secretary of State registrations.

As an AFH provider who contracts to offer Medicaid services, it is critical the Agreement be accurate and up-to-date. Changes to the structure of your business, ownership, the officers within your business, and business name changes impact the Agreement and its legality. Not updating timely puts the Agreement at risk and can impact payments. Oregon Administrative Rule (OAR) is very clear about the risks of not providing updates timely.

#### **411-049-0145 Medicaid Provider Enrollment Agreement (PEA)**

(10) The Department must terminate a Medicaid PEA under the following circumstances:

- (a) The licensee fails to permit access by the Department, the LLA, OHA, or CMS to any AFH licensed to and operated by the licensee.
- (b) The licensee submits false or inaccurate information.

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APD means Aging and People with Disabilities. APD adult foster homes are licensed to care for adults who are older and adults with physical disabilities.

(c) Any person with five percent or greater direct or indirect ownership interest in the AFH did not submit timely and accurate information on the Medicaid PEA form or fails to submit fingerprints if required under the Background Check Rules in OAR 407-007-0200 to 407-007-0370.

(d) Any person with five percent or greater direct or indirect ownership interest in the AFH has been convicted of a criminal offense related to the person's involvement with Medicare, Medicaid, or Title XXI programs in the last 10 years.

(e) Any person with an ownership or control interest, or who is an agent or managing employee of the AFH, fails to submit timely and accurate information on the Medicaid PEA form.

Any changes in ownership, including adding and removing co-licensees, requires sixty-days (60) advanced notice to the licensor. This notice helps to ensure payments are issued correctly and aids in preventing in the risk of overpayments. AFH providers must submit new a new Agreement to licensing for the following reason:

- Provider or co-provider information, including name changes and adding or removing co-licensees.
- Business information, including changes to an LLC or adding partnerships.
- Information about members of LLC's or owners and those with 5% or more ownership or controlling interest. This includes adding or removing partners with at least 5% interest in the AFH.
- Changing the Tax ID associated to your Medicaid enrollment from a TAX ID number to a social security number or from social security number to a TAX ID. Or changing your Tax ID to a new Tax ID for any reason.

This list is only a guide, if you have questions or are uncertain about next steps, please contact licensing or [apd.afhteam@odhs.oregon.gov](mailto:apd.afhteam@odhs.oregon.gov) for support.

Changing the resident manager or administrator details requires that you notify licensing and that a criminal background check for their role is submitted and approved PRIOR to the new resident manager beginning their work in the AFH. You must also submit an updated page 2 of the Agreement with the new Resident Manager disclosures name, social security number, date of birth and phone number.

If you are planning any changes to the information that affects your license or Agreement, and you are not sure what is required, please contact your local office AFH Licensor. To be clear, a **new Agreement** is required when making changes, even if your license is not yet due for renewal.

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These notification requirements can be found in the Agreement:

2. Provider must notify DHS of any changes to the information contained in this Agreement within thirty (30) days of the date of the change. Provider understands and agrees DHS may terminate this Agreement if it determines that the provider did not fully and accurately make any disclosure required in this Agreement or if the provider fails to notify DHS of any changes within thirty (30) days.

**Note:** any other changes with the Agreement must be provided within thirty (30) days to avoid the potential for negative outcomes that could impact payments.

8. Provider may terminate this Agreement at any time by submitting a written notice in person or by certified mail with the specific date on which termination will take place. Notification must be submitted a minimum of sixty (60) days prior to the termination date. Termination by the Provider must be sent to the local office and to DHS. Provider must also submit appropriate and timely notice to all residents affected by this termination as outlined in the applicable program specific rules.

**Note:** changes of ownership, including adding or removing a licensee, requires sixty (60) days' notice and is considered termination because one version of the Agreement is ending, and another is beginning. Failure to properly notify the provider enrollment unit of changes puts providers at risk of overpayments which must be paid back to the Department.