

Action Request Transmittal Aging and People with Disabilities



Corissa Neufeldt
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Number: APD-AR-24-019
Issue date: 6/10/2024

Topic: Provider Information

Due date:

Subject: Change in Ownership for In Home Care Agency

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
Right At Home Central Oregon	Bend
Previous Provider Number	Expiration
524564 MMIS # 500656164	5/11/2024
New Provider Number	Effective
530322 MMIS # 500834630	5/12/2024

Action Required:

Staff must end the service plan in Oregon ACCESS with the old provider number and create a new service plan with the new provider number. They must also end the Plan of Care for the old provider number in MMIS and create a new Plan of Care under the new provider number in MMIS.

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
Stacy Spelman, Operations & Policy Analyst, APD Long Term Care Services & Support

For APD Medicaid policy questions please email:

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