

Developmental Disabilities Services

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Number: APD-IM-16-113
Issue date: 12/22/2016
Topic: Developmental Disabilities

Change in Ownership, Legal Entity, Legal Status or Management

Subject: Corporation
Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Aging and People with Disabilities | <input checked="" type="checkbox"/> Office of Developmental Disabilities Services(ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input checked="" type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input checked="" type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input checked="" type="checkbox"/> ODDS Children's Residential Services | <input checked="" type="checkbox"/> Other (<i>please specify</i>): Brokerage Director's, Service Coordinators, Personal Agents, CDDP Licensing staff; DD Licensing |
| <input type="checkbox"/> Child Welfare Programs | |

Message:

OAR 411-323-0030 requires a new certification and correct enrollment as a DD provider for any change in in the ownership, legal entity, legal status or Management Corporation or ownership interest of an agency 30 days prior to the change. The agency must notify the Department's DD Licensing unit within 30 days of any pending changes to the above. Pending changes must also be reported to the DD Program (CDDP, brokerage, CIIS) within 30 days of pending changes. The changes occur when a new organization is purchased or developed for the purpose of supporting individuals with I/DD, an organization is purchased by another entity, a provider changes business type (adult foster home converting to 24 hour residential) or there is a change in ownership interest as defined in OAR 411-323-0020 (11).

 DD Licensing: dd.licensing@state.or.us.

 Secretary of State: <http://sos.oregon.gov/business/Pages/default.aspx>

If you have any questions about this information, contact:

Contact(s):	Shelly Reed		
Phone:	503-945-5828	Fax:	
Email:	Shelly.M.Reed@state.or.us		

Change of Ownership, Legal Entity, Legal Status, or Management Corporation (Ownership Interest)

Action	Current Owner	New Owner	Change in Provider Type
Notify DD Licensing in writing 30 days prior	X	X	X
Notify DD Program 30 days prior	X	X	X
Apply for Certification / Endorsement		X	X
Request Medicaid Enrollment Packet		X	X
Complete Provider Enrollment Agreement		X	X
Upon Issuance of Provider # Notify the Secretary of State to relinquish business name	X		
Upon Issuance of Provider # register business with Secretary of State obtain business #		X	X
CDDP updates eXPRS		X	X

Change in provider type may include a change in name of business or change in business such as AFH to 24 hour residential provider.