

# Action Request Transmittal Aging and People with Disabilities



Mike McCormick

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**Number: APD-AR-20-005**

**Issue date: 1/24/2020**

**Topic:** Long Term Care

**Due date:**

**Subject:** Required APD AFH enrollment for new placements of APD consumers in DD Adult Foster Homes

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

**Action Required:**

To bring consistency to the local offices and align Medicaid provider types and consumer payments, the APD Provider Relations Unit (PRU) is communicating the current process for placement of an APD Medicaid consumer in a DD Adult Foster Home. When an APD consumer requires placement in an ODDS licensed and Medicaid enrolled foster home, PRU enrolls the DD Adult Foster Home provider, as an APD AFH (70-700) and assigns a new APD provider number.

**Case Managers:**

Prior to, or the next business day following an urgent placement, case managers are required to request from the AFH licenser at the local office, a new completed 738 (Foster Home Medicaid Provider Enrollment Agreement), ensuring the "Adult foster home for older or physically disabled adults" box is checked. The new 738 and a copy of the current Adult Foster Home license are to be emailed to [SPD.PROVIDERNUMBER@dhsosha.state.or.us](mailto:SPD.PROVIDERNUMBER@dhsosha.state.or.us) along with the placement date of the APD consumer in the body of the email.

**APD Provider Relations staff:**

Upon receipt of a new completed 738 and upon successful completion of all required screenings, PRU staff will enroll the DD AFH provider as an APD AFH provider and will notify the licensor with the new APD provider number and effective credential date via email.

**Providers:**

Continued enrollment as an APD AFH provider would be dependent upon continued licensure of the Adult Foster Home and submission of a new Provider Enrollment Agreement (PEA) annually as set forth in the PEA and report any changes affecting the credentialing process.

**Field/stakeholder review:**     Yes     No

**If yes, reviewed by:**

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

Contact(s):  Dana Vafiades, Policy Analyst III, Provider Relations Enrollment questions Doug Livengood, APD Adult Foster Home enrollment	
Phone: Dana Vafiades: 503-945-5836 Doug Livengood: 503- 947-5268	Fax: 503-947-5357
Email: SPD.ProviderNumber@dhsoah.state.or.us	