

Action Request Transmittal Aging and People with Disabilities



Mike McCormick

Authorized signature

Number: APD-AR-21-050

Issue date: 8/27/2021

Topic: Long Term Care

Due date:

Subject: New APD Provider Enrollment Procedure for APD Consumers Served in ODDS or HSD 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"/> 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 | |

Action required:

This transmittal replaces [APD-AR-20-005](#). Effectively immediately, Aging and People with Disabilities (APD) and Area Agency on Aging local staff are not required to request a Foster Home Medicaid Provider Enrollment Agreement (SDS 738) or obtain a copy of the adult foster home license when an individual eligible for APD services requires placement in an Office of Developmental Disabilities Services (ODDS) or Health Systems Division (HSD) licensed, and Medicaid enrolled adult foster home.

New procedure: Send an email to the APD Provider Relations Unit (PRU) at SPD.PROVIDERNUMBER@dhsosha.state.or.us with the following information:

- Name and provider number of the ODDS or HSD adult foster home
- Date of placement

The APD PRU will verify the adult foster home's Medicaid enrollment and licensure dates through the appropriate Oregon Department of Human Services (ODHS) or Oregon Health Authority (OHA) programs and issue an APD provider number. PRU will inform the local office via email of the new APD provider number. PRU will automatically extend the APD provider number credential in MMIS after verifying the

adult foster home continues to be licensed and enrolled through ODDS or HSD. The local office will not be required to submit documentation for this to occur.

Reason for action:

An APD provider number is used to issue payment to the ODDS or HSD adult foster home. The homes are licensed and enrolled by ODDS and HSD after all state and federal Medicaid enrollment requirements are met. It is a duplication of effort by APD to obtain a new provider enrollment agreement and copy of licensure.

Field/stakeholder review: Yes No

If yes, reviewed by: APD OPS

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

Contact(s): Jenny Cokeley, APD Provider Relations Unit Manager	
Phone: 503-871-9782	Fax:
Email: Jenny.e.cokeley@dhsosha.state.or.us	