

Action Request Transmittal Aging and People with Disabilities



Erika Miller

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Number: APD-AR-23-011

Issue date: 4/13/2023

Topic: Provider Information

Due date:

Subject: Changes in Ownership & Name Changes for In Home Care Agencies

Applies to (check all that apply):

- All DHS employees
- Area Agencies on Aging: Type B
- Aging and People with Disabilities
- Self Sufficiency Programs
- County DD program managers
- Support Service Brokerage Directors
- ODDS Children’s Residential Services
- Child Welfare Programs
- County Mental Health Directors
- Health Services
- Office of Developmental Disabilities Services (ODDS)
- ODDS Children’s Intensive In Home Services
- Stabilization and Crisis Unit (SACU)
- Other (*please specify*):

Change in Ownership/Name Change In Home Care Agency	
Previous Provider Name	Location
Pro Quality Home Care	Eugene
Previous Provider Number	Expiration
527057 MMIS # 500732729	4/1/2023
New Provider Name	
Almost Family LLC	
New Provider Number	Effective
529654 MMIS # 500815117	4/2/2023

Change in Ownership/Name Change In Home Care Agency	
Previous Provider Name	Location
Pro Quality Home Care	Klamath Falls
Previous Provider Number	Expiration
526818 MMIS # 500725077	4/1/2023
New Provider Name	
Almost Family LLC	
New Provider Number	Effective
529661 MMIS # 500815180	4/2/2023

Change in Ownership/Name Change In Home Care Agency	
Previous Provider Name	Location
Pro Quality Home Care	Tigard
Previous Provider Number	Expiration
527646 MMIS # 500748989	4/1/2023
New Provider Name	
Almost Family LLC	
New Provider Number	Effective
529660 MMIS # 500815175	4/2/2023

Action Required:

Staff must delete the Plan of Care for old provider number and create a new Plan of Care under the new provider number.

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 Ben Sherman, Operations & Policy Analyst, APD Long Term Care Services & Support For APD Medicaid policy questions please email: APD.MedicaidPolicy@odhsaha.oregon.gov For training questions please email: APD.Training@odhsaha.oregon.gov	
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