

Action Request Transmittal Aging and People with Disabilities



Corissa Neufeldt

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Number: APD-AR-24-008

Issue date: 2/23/2024

Topic: Provider Information

Due date:

Subject: Change in Ownership & Name Change for In Home Care Agency

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
Multicultural In Home Care Services	Portland
Previous Provider Number	Expiration
528467 MMIS # 500777262	1/3/2024
New Provider Name	
Multicultural Home Care Agency	
New Provider Number	Effective
530117 MMIS # 500829705	1/4/2024

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