

Lilia Teninty

**Authorized Signature**

**Number:** APD-AR-14-056

**Issue Date:** 10/10/2014

**Topic:** Developmental Disabilities

**Due Date:** Nov. 30, 2014

**Subject:** Provider Enrollment Agreement for Consultation Services

**Applies to (check all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> All DHS employees                  | <input checked="" type="checkbox"/> County DD Program Managers  |
| <input type="checkbox"/> Area Agencies on Aging             | <input checked="" type="checkbox"/> County Mental Health Directors  |
| <input type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Health Services  |
| <input type="checkbox"/> Children, Adults and Families      | <input checked="" type="checkbox"/> Other ( <i>please specify</i> ): CAU; Regional Crisis Programs; Support Services Brokerages; ODDS Regional Coordinators; ReBAR Staff; CIIS Program; ITBSU |

**Action Required:**

The Office of Developmental Disability Services (ODDS) is requiring all Behavior and Sex Offender Consultation service providers to complete and submit a Consultant Provider Enrollment Agreement (PEA), documentation of insurance as specified in Exhibit A, a completed Provider Ownership and Control Interest Statement as explained in Exhibit B, and documentation verifying requirements for education, experience and training are met as indicated in Exhibit C, to ODDS by November 30, 2014 in order to guarantee the ability to receive payment for completed work after December 31, 2014.

Anyone currently providing a Behavior or Sex Offender consultation service must complete and submit a Consultant Provider Enrollment Packet in order to receive authorization or continue current authorization and payment. A consultant employed by an agency is covered under the employing agency PEA for all consultation work completed under the course of employment by the agency. However, if a consultant performs consultation work outside the scope of employment by an agency for individuals funded through ODDS, the Consultant Provider Enrollment Agreement MUST be completed.

**Note:** Sexual offender treatment for group therapy, individual therapy, or group and individual therapy is not available through the Comprehensive Waiver/Medicaid.

This is a general Fund service authorized only under criteria specified in ODDS Standards and Procedures for DD57/Developmental Disability Special Projects.

Completed enrollment packets, including the Provider Enrollment Agreement form, may be submitted to [SPD.ProviderNumber@state.or.us](mailto:SPD.ProviderNumber@state.or.us) . Please include "Consultant PEA" in the subject line of the submission. Documents may also be faxed to (503) 947-4245 attn: Dan Boyd. A complete enrollment packet including all required attachments and verifications must be received by ODDS before a provider number may be issued.

The provider enrollment packet includes- Consultant Provider Enrollment Packet cover page; eXPRS User Enrollment Form; Direct Deposit Authorization; Background Check approval verification, and Consultant Provider Enrollment Agreement. These forms are available electronically on the ODDS [Developmental Disabilities Provider and Partner Resources](#) webpage.

Once a completed enrollment packet has been received and processed by ODDS, the provider submitting the packet will receive an email notification of their provider number.

If a provider submits a completed enrollment packet and does not receive a provider number by December 15, 2014, please contact Dan Boyd at (503) 945-6976.

**Action Request specific to Support Service Brokerages and CDDPs:**

Please assist in identifying all Behavior or Sex Offender Consultants providing services to individuals served by your case management entity. Share this Action Request with the consultant provider and coordinate with the consultant in obtaining and submitting the forms necessary to comply with this action.

**Reason for Action:** This action is in compliance with the Affordable Care Act for providers of Medicaid Services.

**Field/Stakeholder review:**     Yes     No

**If yes, reviewed by:**    CDDP and Brokerage Stakeholders.

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

<b>Contact(s):</b>	Dan Boyd		
<b>Phone:</b>	(503) 945-6976	<b>Fax:</b>	(503) 947-4245
<b>E-mail:</b>	<a href="mailto:Daniel.K.Boyd@state.or.us">Daniel.K.Boyd@state.or.us</a>		