

Developmental Disabilities Services

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Number: APD-IM-14-021

Issue date: 4/18/2014

Topic: Provider Information

DD Individual In-Home Provider Request to Update Provider Record

Subject: Information Process

Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Aging and People with Disabilities | <input checked="" type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Other (<i>please specify</i>): Brokerage Directors, CDDP Service Coordinators, Brokerage Personal Agents, Oregon Home Care Commission, ODDS Central Office staff; Provider Relations Unit staff, |
| <input checked="" type="checkbox"/> County DD Program Managers | |

Message: For individual providers delivering in-home services to I/DD individuals (such as DD Personal Support Workers or Independent Contractor Personal Support Workers) who have an active record in the SPD Provider database, there is now a process to request an update to the provider's record information. The type of information update request may include updates to the provider's address, phone number, email, etc.

Effective the date of this transmittal, providers may request to update their SPD provider record using the attached process, which includes:

- The ODDS Request to Update Provider Record Information **FORM**,
- **Instructions** for requesting an update and completing the request form.
- A flow-chart of the information update **request process**.

These forms and information are included with this transmittal.

If you have any questions about this information, contact:

Contact(s):	Julie Harrison, DD Payment Systems & Program/Policy Liaison		
Phone:	desk: 503-947-4224 cell: 503-569-6357	Fax:	
Email:	Julie.a.harrison@state.or.us		

Provider is working for clients associated with:

CDDP

CDDP Name:

Brokerage

Brokerage Name:

CIIS

Comments/Notes/Additional Information:

SIGNATURE OF PERSON SUBMITTING INFORMATION:

DATE:



DD PSW or Individual In-Home Provider Change of Information Request Form INSTRUCTIONS

For providers who have been successfully enrolled and/or have a SPD/DHS provider number assigned, the attached form and process should be used to request an update or change to the provider's DHS provider record information. Multiple sections or changes can be requested on a single form; just indicate by checking the appropriate box(es) on the form for changes requested.

This Change of Information Request form is ONLY for changes only to the DHS Provider record for associated to provider types/specialties related to providing ODDS In-Home Services. This request form *does not* make changes to the provider's record related to any APD funded services, their profile in the Oregon Home Care Commissions Referral & Registry system, nor does it change the provider's eXPRS user enrollment profile.

1. Providers, CDDPs and Brokerages may soon access the ***DD PSW or Individual In-Home Provider Change of Information Request*** form from:
 - a. eXPRS Help Menu
 - b. CDDPs/Brokerages
 - c. PSW forms website links
 - d. DHS Forms website
 - e. Oregon Home Care Commission (OHCC)

2. Providers, CDDPs or Brokerages can complete the ***DD PSW or Individual In-Home provider Change of Information Request*** form, indicating what information is requested to be changed/updated for the provider.
 - a. **TYPE OF ACTION:** please check the appropriate box(s) for the type of change(s) to the provider record being requested. Providers may request multiple changes at one time using a single form.

 - b. **CURRENT PROVIDER NAME:** this is the name that is currently listed on the provider's DHS provider record.

- c. **PROVIDER NUMBER:** list the provider's 6-digit SPD provider number for the record being requested.
 - d. **CHANGE OF PROVIDER NAME, SSN or TIN:** If a change to information in this section is being requested, check this box, and add the NEW information to be added to the provider's record.
 - **PLEASE NOTE:** A requested change to any of this information will necessitate a recheck of the provider's identity, per ACA regulations. The provider **MUST** attach & submit copies of their new Social Security card or other tax documentation from the IRS verifying the new name or tax number information for the provider.
 - e. **CHANGE OF PROVIDER ADDRESS:** If a change to information in this section is being requested, check this box, and add the NEW information to be added to the provider's record.
 - f. **CHANGE/ADD PROVIDER EMAIL:** If a change to information in this section is being requested, check this box, and add the NEW information to be added to the provider's record.
 - g. **UPDATE CRIMINAL HISTORY CHECK INFORMATION:** A CDDP or Brokerage would complete the form and this section if new or updated CHC Information is being submitted. CDDPs or Brokerages would check this box, and add the NEW information to be added to the provider's record, and submit to DHS.
 - h. **ADDITIONAL INFORMATION:** Please indicate which programs (CDDP, Brokerage, or CIIS) for the client(s) for whom the provider is working. Also add additional comments, as necessary.
 - i. **SIGNATURE OF PERSON SUBMITTING FORM:** The person completing the form (either the provider themselves, or a representative from a CDDP or Brokerage) signs and dates the form.
3. When completed, send the ***DD PSW or Individual In-Home Provider Change of Information Request*** form and other documents must be sent to the DHS Provider Relations Unit by one of the following methods:

BY EMAIL:

- a. Send an email to spd.providernumber@state.or.us requesting a secure email.
- b. DHS will reply with a secure email to the requestor.
- c. The requestor then replies to that secure email received from DHS, attaching the completed form and other documents and sends.

BY FAX:

Fax the completed form and other documents to:

Attn: Provider Relations Unit

Fax number: **503-947-5357**

BY US POSTAL MAIL:

- Mail the completed form and other documents to:
Provider Relations Unit
P. O. Box 14960
Salem, OR 97309-5045

4. When the form and other documents are received by DHS, the Provider Relations Unit will update the provider's record information, as requested/indicated on the form.

→ PLEASE NOTE: As stated above, some requested changes will require a re-check of the provider's identity, per federal ACA regulations. If the provider does not pass the ACA validation re-checks, they will be notified that they have not passed, that they are no longer "approved to work" and that their provider record with DHS has been/will be closed.

Changes that do NOT require ACA validation re-checks:

- a. Changes to address, phone, email, or update of CHC approval.

Changes that DO require ACA validation re-checks:

- b. Change of name (such as due to marriage/divorce).
- c. Change to Social Security number.
- d. Change or addition of another Tax Identification number.

FLOW – DD PSW/Individual In-Home Provider - Change of Provider Information Request

(v8; 4/8/2014)

