

Donna Keddy

Authorized Signature

Number: APD-PT-14-013
Issue Date: 5/12/2014

Topic: Licensing

Transmitting (check the box that best applies):

- New policy
 Policy change
 Policy clarification
 Executive letter
 Administrative Rule
 Manual update
 Other: _____

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County DD Program Managers |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Other (please specify): |

Policy/rule title:	ORS 648		
Policy/rule number(s):		Release no:	
Effective date:	Immediately upon issue date	Expiration:	
References:			
Web Address:	http://www.filinginoregon.com/pages/business_registry/research/		

Discussion/interpretation: Oregon law requires all persons (individuals and entities) who transact business in Oregon to register their business with the Oregon Secretary of State Corporation Division. Registration informs the public of the business owner’s intent to conduct business.

If the name of the business includes the “real and true” name of the owner, or each owner, if applicable, the Adult Foster Home (AFH) business is not required to register with the Corporation Division. A “real and true” name means a first name, middle initial or middle name and last name. For example:

Real and True Name of AFH Licensee	Registration Not Required	Registration Is Required
Monica L. Gayle	Monica L. Gayle Adult Care Home	Monica’s Adult Care Home
Monica Lori Gayle	Monica Lori Gayle Adult Foster Home	Monica Gayle’s Adult Foster Home

More information about registering business names in Oregon is available at:
http://www.filinginoregon.com/pages/business_registry/register/registering.html.

Implementation/transition instructions: The Provider Relations Unit will reject all Provider Enrollment requests for APD AFHs that are required to be registered with the Oregon Secretary of State, Corporation Division, if they are not registered at the time of the enrollment request. In addition, the APD AFH provider enrollment request will be rejected if the applicant/licensee is not associated with the business name on the registry.

Training/communication plan: Notice of this requirement will be sent to AFH licensees by means of an AFH Provider Alert on the AFH Provider Tools website. In addition to this transmittal, this information will be shared with local licensing offices via the AFH Licensing Listserv, the AFH Licensor's Tools Intranet site and the AFH Supervisors' meeting.

Local/branch action required: A designated individual within each local licensing authority shall check the Oregon Secretary of State, Corporate Division site at http://egov.sos.state.or.us/br/pkg_web_name_srch_inq.login to:

1. Verify each licensee applicant's business name is registered; and
2. Confirm the applicant's name is associated with that business.

Verification must be documented on the Provider Enrollment Agreement (SDS 738) or for private-pay only homes documentation must be included in the comments field of the Provider Enrollment form (SDS 739 series). Additionally, the local licensing authority must verify the Provider Enrollment Agreement:

1. The applicant, resident managers, owners and officers are not listed on the OIG exclusion list;
2. The applicant, resident managers, owners and officers are not listed on the GSA (SAM) exclusion list;
3. The applicant, and resident manager(s) if applicable, are not listed on the CNA Registry;
4. The applicant, and resident manager(s) if applicable, have no negative findings with the OSBN; and
5. The applicant, and resident manager(s) if applicable, have approved background

checks.

The verification outlined in this transmittal must be completed with the initial Provider Enrollment, annually with each license renewal and any other time another Provider Enrollment is submitted to the Provider Relations Unit. The Provider Enrollment Agreement (PEA) or the Provider Enrollment form, as appropriate, must be submitted to the Provider Relations Unit's SPD Provider Number inbox at SPD.PROVIDERNUMBER@state.or.us .

Central office action required: The Office of Licensing and Regulatory Oversight, APD AFH Team, will develop and post an AFH Provider Alert to inform AFH providers of this requirement.

Field/stakeholder review: Yes No

If yes, reviewed by: Operations Group

Filing Instructions: File according to local office protocol.

If you have any questions about this policy, contact:

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