

Date: August 1, 2020
To: DD Adult Foster Care Providers
From: Dora Huber, Intellectual/Developmental Disabilities Services
Subject: Provider Enrollment Agreement

In order to assure timely payment to you, and accurate assignment of collective bargaining rights, it is important that the information that we receive is accurate.

Attached are some helpful hints that can assist you in completing the Provider Enrollment Agreement and minimize errors. Most commonly we find errors in Social Security and Tax ID numbers. Please double check to make sure these are correct, as they tie directly into your Medicaid provider number and service payment. Additionally, if you have co-providers or business partners, please include their information as they may have rights to collective bargaining.

Your attention to this matter is greatly appreciated.

If you have questions, please call the Licensing Unit at (503) 373-1320.

Helpful Hints

Completing the AFH provider Enrollment Agreement (PEA)

- Please **Print** clearly
- Provide all info, use NA if not applicable
- Use Legal name as it appears on your tax documents
- Provide accurate dates of birth
- Provider accurate Social Security Number or Tax ID Number

Section A - Foster Home Information

- Your provider number is the six-digit number on your foster care license
- Name to be listed on the License: Primary provider and Co-Provider name. Include business name if your foster home is registered with the Secretary of State as a business.

Section B - Provider, Co-Provider & Resident Manager Information

- It is very important to complete this section with the accurate information. Payment may be delayed if the information does not match your IRS and Social Security information.
- Check the appropriate box for Provider and Co-Provider: Do you/Does this person live in the foster home? Yes No.

Section C1 - Business Information, C2 - Information for other persons with ownership or controlling interest, and C3 - Information on ownership or controlling interest related to outside entities.

- List business name as filed with the Secretary of State or IRS.
- Check to indicate type of business (corporation, partnership, limited partnership, etc.) Please make sure you indicate if you want payment reported to your Tax ID Number or Social Security Number and include that number.

Agreement

- **Sign and date the top of Page 6.**
- Do not complete any other information on Page 6.