# **Action Request Transmittal Aging and People with Disabilities**



Mike McCormick	Number: APD-AR-19-039
Authorized signature	<u>Issue date</u> : 8/29/2019
<u>Topic</u> : Provider Information	<u>Due date</u> :
<u>Subject</u> : New Memory Care Facility, Name Change In Ownership/Name Change Nursing	•
Applies to (check all that apply):	
<ul> <li>✓ All DHS employees</li> <li>✓ Area Agencies on Aging: Type B</li> <li>✓ Aging and People with Disabilities</li> <li>☐ Self Sufficiency Programs</li> <li>☐ County DD program managers</li> <li>☐ ODDS Children's Residential Services</li> <li>☐ Child Welfare Programs</li> <li>New Memory Care Florence</li> </ul>	<ul> <li>☐ County Mental Health Directors</li> <li>☐ Health Services</li> <li>☐ Office of Developmental     Disabilities Services (ODDS)</li> <li>☐ ODDS Children's Intensive In     Home Services</li> <li>☐ Stabilization and Crisis Unit (SACU)</li> <li>☐ Other (please specify):</li> </ul>
Northwest Memory Care - Florence Provider Number: 528169 Effective: 8/13/20	19
Action required:	
Information Only	
Name Change In-Home Care Agency	
Previous Provider Name: Comforcare Home Care Hillsboro McMinnvill New Provider Name: Atlantis Care Giving- no provider number cha	
Action required:	
Information Only	

## **Change of Ownership – Nursing Facilities**

#### **Previous Provider Name:**

Rose City Nursing Home - Portland

Previous Provider Number: 800060 Expired: 7/31/2019

**New Provider Name:** 

New Name: East Portland Care Center

New Provider Number: 500766670 Effective: 8/1/2019

#### **Previous Provider Name:**

Marian Estates - Sublimity

Previous Provider Number: 804096 Expired: 7/31/2019

New Provider Name: Marquis Marian Estates

New Provider Number: 500766410 Effective: 8/1/2019

### **Action Required:**

For the above change of ownership, staff will need to update all client records with the new provider numbers. Staff will need to close the Plan of Care (POC) with the old provider number and open a new POC with the new provider number for consumers who are currently Medicaid eligible.

Field/stakeholder review:	Yes	⊠ No
If yes, reviewed by:		

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

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Contact(s):		
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