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



Mike McCormick	Number: APD-AR-20-050	
Authorized signature	<u>Issue date</u> : 4/16/2020	
<u>Topic</u> : Provider Information	Due date:	
<u>Subject</u> : New In Home Care Agency, Change in Ownership/Change in Name Nursing Facility		
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> </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>	
New In Home Care Agency:		
Interim Healthcare of Central Oregon-Bend Provider Number: 528462 Effective Date: 4/6/2020		

## **Action Required:**

Information Only

## **Change in Ownership/Change in Name Nursing Facility**:

Previous owner name: Pacific Regency Care LLC-Gresham Previous Provider Number: 800142 Expiration Date: 3/31/2020

New owner name: Sapphire At Gresham Rehab LLC

Multicultural In Home Care Services LLC- Portland Provider Number: 528467 Effective date: 4/2/2020

New Provider Number: 500776692 Effective Date: 4/1/2020

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	$oxed{\boxtimes}$ No
If yes, reviewed by:		

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

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