Action Request Transmittal Aging and People with Disabilities



Mike McCormick	Number: APD-AR-20-070
Authorized signature	<u>Issue date</u> : 7/10/2020
<u>Topic</u> : Provider Information	Due date:
<u>Subject</u> : Change in Ownership/Change Nar Ownership/Name Changes Assisted Living F Assisted Living Facilities, New In Home Care Foster Home Contract	Facilities, New Memory Care Provider, Nev
Applies to (check all that apply):	
 ☐ All DHS employees ☑ Area Agencies on Aging: Type B ☑ Aging and People with Disabilities ☐ Self Sufficiency Programs ☐ County DD program managers ☐ ODDS Children's Residential Services ☐ Child Welfare Programs 	 County Mental Health Directors Health Services Office of Developmental Disabilities Services (ODDS) ODDS Children's Intensive In Home Services Stabilization and Crisis Unit (SACU) Other (please specify):
Change in Ownership/Change In Name M	emory Care Facility:
Previous Provider Name: Elderhealth & Living- Springfield Previous Provider Number: 516429 Expiration New Provider Name: TSL Elderhealth & Living Village New Provider Number: 528564 Effective day	

Change in Ownership and Name Changes Assisted Living Facility:

Previous Provider Name:

Lancaster Assisted Living-Salem

Previous Provider Number: 501681 Expiration date: 6/29/2020*

New Provider Name: Lancaster Village 1

New Provider Number: 528577 Effective date: 7/1/2020 The effective date of 7/1/2020 is correct. Provider has agreed the 512's will be effective 7/1/2020.

Previous Provider Name: Lancaster Village-Salem

Previous Provider Number: 518543 Expiration date: 6/29/2020*

New Provider Name: Lancaster Village 2

New Provider Number: 528576 Effective date: 7/1/2020 The effective date of 7/1/2020 is correct. Provider has agreed the 512's will be effective 7/1/2020.

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.

New Memory Care Facility:

Mountain Park Memory Care Community- Clackamas

Provider Number: 528560 Effective date: 6/1/2020

New Assisted Living Facilities:

Aubrey Place- Bend

Provider Number: 528556 Effective date: 6/4/2020

Carriage Place- Prineville

Provider Number: 528553 Effective date: 6/4/2020

Chinook Place-Madras

Provider Number: 528552 Effective date: 6/4/2020

Hillside Place- Lincoln City

Provider Number: 528551 Effective date: 6/4/2020

New In-Home Care Agency:

Caring Angels In Home Care LLC-Gresham

Provider Number: 528563 Effective date: 7/2/2020

New Advanced Care Adult Foster Home Contract: Roxanne Anderson-Riddle Provider Number: 523299 Effective date: 7/1/2020 **Action Required: None Information Only** Field/stakeholder review: ☐ Yes ☒ No If yes, reviewed by: If you have any questions about this action request, contact: Contact(s): Dana Vafiades, Policy Analyst III, Provider Relations Enrollment guestions Darwin Frankenhoff, Policy Analyst, Long Term Care Services and Supports Sarah Hansen, Policy Analyst, Policy Analyst III, Central Delivery Supports Jackie Gibbins, Medicaid Eligibility and Training Questions Phone: Fax: Dana Vafiades: 503-945-5836 503-947-5357 Darwin Frankenhoff 503-947-5162

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