

# Action Request Transmittal Aging and People with Disabilities



Mike McCormick

**Authorized signature**

**Number:** APD-AR-20-089

**Issue date:** 10/12/2020

**UPDATED**

**Topic:** Provider Information

**Due date:**

**Subject:** Change in Ownership Memory Care Facility

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees                             | <input type="checkbox"/> County Mental Health Directors                       |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Type B     | <input type="checkbox"/> Health Services                                      |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs                     | <input type="checkbox"/> ODDS Children's Intensive In Home Services           |
| <input type="checkbox"/> County DD program managers                    | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)                 |
| <input type="checkbox"/> ODDS Children's Residential Services          | <input type="checkbox"/> Other ( <i>please specify</i> ):                     |
| <input type="checkbox"/> Child Welfare Programs                        |   |

**Change in Ownership/Change in Name Memory Care Facility:**

**Previous Provider:**

Four Seasons Memory Care- Salem

Previous Provider Number: **526580** Expiration date: **9/30/2020**

**New Provider Name:**

Sweet Bye N Bye Memory Care-West

New Provider Number: **528652** Effective date: **10/1/2020**

**Action Required:**

*For the above changes of ownership, using the dates indicated, staff will need to update all consumer records with the new provider number, which includes:*

- Updating the service plan in Oregon ACCESS.*
- Closing the current 512 with the old provider number and open a new 512 with the new provider number.*

Staff may see a list of individuals that were served by the former provider by using the mainframe screen PESM,P,(provider #) and reviewing the recent payment authorizations.

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:**

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

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