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



Mike McCormick	Number: APD-AR-20-097	
Authorized signature	<u>Issue date</u> : 11/6/2020	
<u>Topic</u> : Provider Information	<u>Due date</u> :	
Subject: Change in Ownership/Change in	Name Memory Care Facility	
Applies to (check all that apply):		
All DHS employees	County Mental Health Directors	
	☐ Health Services	
□ Aging and People with Disabilities	Office of Developmental	
Self Sufficiency Programs	Disabilities Services (ODDS)	
County DD program managers	<ul><li>ODDS Children's Intensive In Home Services</li></ul>	
ODDS Children's Residential Services	Stabilization and Crisis Unit (SACU)	
Child Welfare Programs	Other (please specify):	
Change in Ownership/Change i	n Name of Memory Care Facility	
Previous Owner's Information		
Previous Provider Name	Location	
Mill Memory Care Community	Bend	
Previous Provider Number	Expiration Date	
527193	10/31/2020	
	s Information	
New Provider Name	Location	
The Arbor at Bend	Bend	
New Provider Number	Effective Date	
528686	11/1/2020	

## **Action Required:**

Staff must update the Service Plan and open a new 512 for all consumers served by the pervious owner. To update the consumer records staff will need the provider name and provider number and the effective date. All the information is above in the New Owners Information table.

Steps to update each consumer's record:

- Update the Service Plan in Oregon ACCESS
- Close the current 512 with the old provider number
- Open a new 512 with the new provider number

To access a list of all consumers served by the previous owner complete the following steps:

- Go to the Mainframe System
- Enter PESM, P, (provider #)

You will then be able to review a list of recent payment authorizations for the previous owner, which includes the consumers served.

Field/stakeholder review:	Yes	$\boxtimes$ No
If yes, reviewed by:		

If you have any questions about this action request, contact:		
Contact(s):		
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