Action Request Transmittal Aging and People with Disabilities



Mike McCormick	<u>Number</u> : APD-AR-20-100	
Authorized signature	<u>Issue date</u> : 11/18/2020	
<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	ODDS Children's Intensive In Home Services	
ODDS Children's Residential Services	Stabilization and Crisis Unit (SACU)	
Child Welfare Programs	Other (please specify):	
Change in Ownership/Cha	ange In Home Care Agency	
	er's Information	
Previous Provider Name	Location	
Evergreen In Home Care Inc.	Bend	
Previous Provider Number	Expiration Date	
524565	10/11/2020	
	s Information	
New Provider Name	Location	
Evergreen In Home Care	Bend	
New Provider Number	Effective Date	
528676	10/12/2020	

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:

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Contact(s):		
Dana Vafiades, Policy Analyst III, Provider Relations Enrollment questions Jackie Gibbins, Medicaid Eligibility and Training Questions Ben Sherman, Long Term Care Community Support		
Phone:	Fax:	
Dana Vafiades: 503-945-5836	503-947-5357	
Jackie Gibbons 541-693-2838		
Ben Sherman-(503) 602-3471		
Email: APD.ProviderEnrollment@dhsoha.state.or.us		