Action Request Transmittal Aging and People with Disabilities



Mike McCormick	Number: APD-AR-21-024
Authorized signature	<u>Issue date</u> : 5/11/2021
<u>Topic</u> : Provider Information	<u>Due date</u> :
Subject : Changes in Ownership/Change in	Name Community Based Care Facilities
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 ☐ Support Service Brokerage Directors ☐ 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 Residentia	al Care and Memory Care Facility
Provider Name	Location
Harmony Guest Home (RCF)	Hillsboro
Previous Provider Number	Expiration Date
566070	04/30/2021
New Provider Name	
Inspired Senior Living of Hillsboro (RCF)	
New Provider Number	Effective Date
528874	05/01/2021
Previous Provider Name	Location
Harmony Guest Home (MC)	Hillsboro
Previous Provider Number	Expiration Date
512613	04/30/2021
New Provider Name	
Inspired Senior Living of Hillsboro (MC) New Provider Number	Effective Date
528875	05/01/2021
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Action Required:

Staff must update the service plan and open a new 512 for all consumers served by the previous owner. To update the consumer records, staff will need the provider name, provider number and the effective date. All needed information is in the new owner's information table above.

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 #)

A list of recent payment authorizations and consumers served by the previous owner will be displayed.

Field/stakeholder review:	Yes	⊠ 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 Unit	
Jackie Gibbons, Medicaid Eligibility and Training Questions		
Phone:	Fax:	
Dana Vafiades: 971-149-6490	503-947-5357	
Jackie Gibbons: 541-693-2338		
Email: APD.ProviderEnrollment@dhsoha.state.or.us		