

Action Request Transmittal Aging and People with Disabilities



Mike McCormick

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Number: APD-AR-21-026

Issue date: 5/27/2021

Topic: Provider Information

Due date:

Subject: Change in Ownership In Home Care Agency, New Community Based 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"/> Support Service Brokerage Directors | <input type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Change in Ownership In Home Care Agency

Provider Name	Location
Right At Home	Beaverton
Previous Provider Number	Effective Date
524648	
New Provider Number	
528899	05/08/2021

New Memory Care Facility

Provider Name	Location
Awbrey Place Memory Care	Bend
Provider Number	Effective Date
528897	04/28/2021

Action Required:

Staff must close the Service Plan/POC with the previous provider and open a new service plan/POC for all consumers served by the new 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.

Field/stakeholder review: Yes No

If yes, reviewed by:

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

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