

# Action Request Transmittal Aging and People with Disabilities



Mike McCormick

**Authorized signature**

**Number: APD-AR-21-053**

**Issue date: 9/15/2021**

**Topic:** Provider Information

**Due date:**

**Subject:** Change in Ownership

**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 (please specify):                              |
| <input type="checkbox"/> ODDS Children's Residential Services          |   |
| <input type="checkbox"/> Child Welfare Programs                        |   |

**Change in Ownership Residential Care Facility**

<b>Previous Provider Name</b>	<b>Location</b>
HOLI Senior Living	Hillsboro
<b>Previous Provider Number</b>	<b>Expiration date</b>
528707	08/31/2021
<b>New Provider Number</b>	<b>Effective date</b>
529000	09/01/2021

**Change in Ownership Memory Care Facility**

<b>Previous Provider Name</b>	<b>Location</b>
HOLI Senior Living	Hillsboro
<b>Previous Provider Number</b>	<b>Expiration date</b>
528704	08/31/2021
<b>New Provider Number</b>	<b>Effective date</b>
529001	09/01/2021

**Action:**

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 PESH, 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:*

Contact(s): For provider number questions: Dana Vafiades, Operations and Policy Analyst, APD Provider Relations Unit Sarah Hansen, Operations and Policy Analyst, Central Delivery Supports Unit For APD Medicaid policy questions please email: <a href="mailto:APD.MedicaidPolicy@dhsoha.state.or.us">APD.MedicaidPolicy@dhsoha.state.or.us</a> For training questions please email: <a href="mailto:APD.Training@dhsoha.state.or.us">APD.Training@dhsoha.state.or.us</a>	
Phone: Dana Vafiades (971) 719-6490 Ben Sherman (503) 602-3471	Fax: 503-947-5357
Email: <a href="mailto:APD.ProviderEnrollment@dhsoha.state.or.us">APD.ProviderEnrollment@dhsoha.state.or.us</a>	