Action Request Transmittal Aging and People with Disabilities



Becky Daniels	<u>Number</u> : APD-AR-21-063		
Authorized signature	<u>Issue date</u> : 10/21/2021		
Topic : Provider Information	<u>Due date</u> :		
Subject: Change in Ownership Specific Nagency	Needs Providers, Re-enrollment In Home Care		
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): 		
Specific Needs-Change in Ownership			
Previous Provider Name	Location		
The Bridge Assisted Living	Grants Pass		
Previous Provider Number	Expired		
527867	09/30/2021		
New Provider Number	Effective Date		
529054	10/1/2021		
Specific Needs Change in Ownership			

Specific Needs-Change in Ownership		
Previous Provider Name	Location	
Orchards Assisted Living	Medford	
Previous Provider Number	Expired	
527576	09/30/2021	
New Provider Number	Effective Date	
529055	10/1/2021	

Re-enrollment In Home Care Agency		
Provider Name	Location	
Sunshine In Home Care LLC	Medford	
Provider Number	Effective Date	
528523	10/11/2021	

For changes in ownership- 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's 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:		
Contact(s): For provider number questions: Dana Vafiades, Operations and Policy Analyst, APD Provider Relations Unit For training questions please email: APD.Training@dhsoha.state,or.us		
Phone:	Fax:	
Dana Vafiades (971) 719-6490	503-947-5357	
Email: APD.ProviderEnrollment@dhsoha.state.or.us		