Action Request Transmittal
Aging and People with Disabilities

DHS | Oregon Department of Human Services

Mike McCormick

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Number: APD-AR-21-070

Issue date: 12/17/2021

Topic: Provider Information

Due date:

Subject: New Memory Care Facility and Change in facility name & provider number

Applies to (*check all that apply*):

- [ ] All DHS employees
- [x] Area Agencies on Aging: Type B
- [x] 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*):

New Memory Care Facility	
Provider Name	**Location**
Chinook Place Memory Care	**Madras**
Provider Number	**Effective Date**
529100	12/1/2021

Information Only

Residential Care Facility Provider Name & Provider Number Change	
Previous Name	**Location**
Pelican Pointe Memory Care Community	Klamath Falls
Previous Provider Number	**Expired**
527434 (memory care)	10/22/2021
New Provider Name	**Effective**
Pelican Pointe	
New Provider Number	10/23/2021
529108 (RCF)	

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For the changes in provider number listed above:

The 512's under the previous provider number have already been closed.
Staff must update the service plan and open a new 512 for all consumers under the new RCF number above. 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.

- 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:	
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