Action Request Transmittal Aging and People with Disabilities



Mike McCormick	<u>Number</u> : APD-AR-22-006			
Authorized signature	Issue date: 1/24/2022			
<u>Topic</u> : Provider Information	<u>Due date</u> :			
<u>Subject</u> : Change in Ownership/Change in Name Specific Needs Provider, Change in Name Assisted Living Facility, New In-Home Care Agency				
Applies to (check all that apply):				
All DHS employees	County Mental Health Directors			
	Health Services			
☐ Aging and People with Disabilities☐ Self Sufficiency Programs	Office of Developmental Disabilities Services (ODDS)			
☐ County DD program managers ☐ Support Service Brokerage Directors	ODDS Children's Intensive In Home Services			
☐ ODDS Children's Residential Services ☐ Child Welfare Programs	☐ Stabilization and Crisis Unit (SACU)☐ Other (please specify):			

Change in Ownership/Change in Name Specific Needs Provider			
Previous Name	Location		
Our House	Portland		
Previous Provider Number	Expired		
511547	12/31/2021		
New Provider Name			
Cascade Aids Project/Our House of	Effective		
Portland			
New Provider Number			
529143	1/1/2022		

Change in Name Assisted Living Facility		
Previous Name	Location	
Elmcroft of Stayton	Stayton	
Provider Number		
527730		
New Provider Name	Effective Date	
Cascades of Stayton	12/1/2021	

New In-Home Care Agency			
Provider Name	Location		
Home Care Heroes LLC	Gresham		
Provider Number	Effective Date		
529130, MMIS # 500800718	12/29/2021		

Information Only

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For the changes in provider number listed above:

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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