Action Request Transmittal Aging and People with Disabilities

529270



Mike McCormick	Number: APD-AR-22-023	
Authorized signature	<u>Issue date</u> : 4/18/2022	
Topic : Provider Information	<u>Due date</u> :	
Subject: Changes in Ownership Assisted Living and Residential Care Facilities		
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): 	
Change In Ownership Assisted Living Facility		
Previous Provider Name	Location	
Pelican Point Assisted Living Community	Klamath Falls	
Previous Provider Number	Expiration	
527509	3/31/2022	
New Provider Number	Effective	
529272	4/1/2022	
	Residential Care Facility	
Previous Provider Name	Location	
Pelican Pointe	Klamath Falls	
Previous Provider Number	Expiration	
529108	3/31/2022	
New Provider Number	Effective	

4/1/2022

For the changes in provider numbers listed above:

Staff must update the service plan and open a new 512 for all consumers under the new numbers 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	\boxtimes No
If yes, reviewed by:		

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

in your rearre and quies are and are are in	40:	
Contact(s): For provider number questions:		
Dana Vafiades, Operations and Policy Analyst, APD Provider Relations Unit		
For APD Medicaid policy questions please email: APD.MedicaidPolicy@dhsoha.state.or.us For training guestions please agail: APD Training@dhsoha.state.or.us		
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		