

Action Request Transmittal Aging and People with Disabilities



Mike McCormick

Authorized signature

Number: APD-AR-22-032

Issue date: 6/24/2022

Topic: Provider Information

Due date:

Subject: Re-enrollment of Residential Care Facility and Change in Ownership Long Term Care Community Nursing Provider

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

Re-enrollment Residential Care Facility	
Provider Name	Location
Ashley Manor Wellsprings	Ontario
Provider Number	Effective
504862	06/22/2022

Information Only

Change in Ownership Long Term Care Community Nursing Provider	
Previous Provider Name	Location
OR Krew LLC DBA Comfort Keepers #753	Tualatin
Previous Provider Number	Expired
500728371	03/13/22
New Provider Name	
Henriksen LLC DBA Comfort Keepers #753	
New Provider Number	Effective
500806425	3/14/2022

Action Required:

Case managers need to close the Prior Authorization in MMIS, under the previous provider number listed above and open a new Prior Authorization with the new provider number due to the change of ownership.

Field/stakeholder review: Yes No

If yes, reviewed by:

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

<p>Contact(s): For provider number questions: Dana Vafiades, Operations and Policy Analyst, APD Provider Relations Unit Sarah Hansen, Operations and Policy Analyst, Central Delivery Support Unit For APD Medicaid policy questions please email: APD.MedicaidPolicy@odhsoha.oregon.gov For training questions please email: APD.Training@odhsoha.oregon.gov</p>	
<p>Phone: Dana Vafiades (971) 719-6490 Sarah Hansen (503) 945-6465</p>	<p>Fax: (503) 947-5357</p>
<p>Email: APD.ProviderEnrollment@odhsoha.oregon.gov</p>	