Action Request Transmittal Aging and People with Disabilities



Erika Miller	<u>Number</u> : APD-AR-22-046
Authorized signature	<u>Issue date</u> : 10/12/2022
<u>Topic</u> : Provider Information	<u>Due date</u> :
<u>Subject</u> : Change in Ownership & Name Ch Change Residential Care Facility	ange Memory Care Facility and Name
Applies to (check all that apply):	
All DHS employees	☐ County Mental Health Directors
	☐ Health Services
Aging and People with Disabilities	Office of Developmental
Self Sufficiency Programs	Disabilities Services (ODDS)
☐ County DD program managers	ODDS Children's Intensive In
☐ Support Service Brokerage Directors	Home Services
ODDS Children's Residential Services	☐ Stabilization and Crisis Unit (SACU)
☐ Child Welfare Programs	Other (<i>please specify</i>):

Change in Ownership/Name Change Memory Care Facility		
Previous Provider Name	Location	
Pacifica Senior Living McMinnville	McMinnville	
Previous Provider Number	Expiration	
526163	9/30/2022	
New Provider Name		
McMinnville Memory Care LLC		
New Provider Number	Effective	
529472	10/1/2022	

Name Change Residential Care Facility		
Previous Provider Name	Location	
Hope N Care	Portland	
Provider Number		
524482		
New Provider Name	Effective	
IHome Care	9/13/22	

Action Required:

For changes in ownership listed above, staff must close the 512 for the previous provider numbers, must update the service plan and open a new 512 for all consumers under the new provider 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	⊠ 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 APD Medicaid policy questions please email:

APD.MedicaidPolicy@odhsoha.oregon.gov

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