## **Action Request Transmittal Aging and People with Disabilities**



| Corissa Neufeldt   | <u>Number</u> : APD-AR-24-003                |
|--|--|
| Authorized signature   | <u>Issue date</u> : 1/12/2024                |
| <u>Topic</u> : Provider Information  | <u>Due date</u> :                            |
| <u>Subject</u> : Change in ownership Assisted Name Change Memory Care Facility   | d Living Facilities, Change in Ownership and |
| Applies to (check all that apply):   |  |
| <ul> <li>☐ All DHS employees</li> <li>☐ Area Agencies on Aging: Type B</li> <li>☐ Aging and People with Disabilities</li> <li>☐ Self Sufficiency Programs</li> <li>☐ County DD program managers</li> <li>☐ Support Service Brokerage Directors</li> <li>☐ ODDS Children's Residential Service</li> <li>☐ Child Welfare Programs</li> </ul> |  |
| Change in Ownersh  | nip Assisted Living Facility                 |
| Previous Provider  | Location                                     |
| The Village At Keizer Ridge  | Keizer                                       |
| Previous Provider Number   | Expired                                      |
| 527669   | 12/31/2023                                   |
| New Provider Number  | Effective                                    |
| 530090   | 1/1/2024                                     |
|  |  |
| Change in Ownership Memory Care Facility   |  |
| Previous Provider  | Location                                     |
| The Village At Keizer Ridge Memory Care  | Keizer                                       |
| Previous Provider Number   | Expired                                      |
| 527670   | 12/31/2023                                   |
| New Provider Number  | Effective                                    |
| 530088   | 1/1/2024                                     |

| Change in Ownership/Name Change Memory Care Facility |            |  |
|--|------------|--|
| Previous Provider Name                               | Location   |  |
| St. Andrews Memory Care                              | Portland   |  |
| Previous Provider Number                             | Expired:   |  |
| 525013   | 12/31/2023 |  |
| New Provider Name                                    |            |  |
| St. Andrews Community                                |            |  |
| New Provider Number                                  | Effective  |  |
| 530087   | 1/1/2024   |  |

## **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.

| <u>Field/stakeholder review</u> : ☐ Yes ☐                     | No               |  |
|---|------------------|--|
| If yes, reviewed by:  |                  |  |
| If you have any questions about this action request, contact: |                  |  |
| Contact(s):   |                  |  |
| Dana Vafiades, Policy Analyst III, Provider Relations Unit    |                  |  |
| Phone: 971-719-6490   | Fax 503-947-5357 |  |

Email: <u>APD.ProviderEnrollment@odhsoha.oregon.gov</u>