

Aging and People with Disabilities

Action Request Transmittal

Mike	е Мс	Cormick	Number:	APD-AR-16-084	
Authorized signature				Issue date:	12/12/2016
<u>Topi</u>	<u>c</u> :	Provider Information		<u>Due date</u> :	
		New Facilities, and CBC Char CBC and new Specific Needs	_	• *	ne Changes for
Appi	All D Area Agin Self Coul ODD Resi	o (check all that apply): OHS employees A Agencies on Aging g and People with Disabilities Sufficiency Programs nty DD Program Managers OS Children's Idential Services CHARLES WEIFARE Programs		County Mental Health Health Services Office of Developmen Disabilities Services(C ODDS Children's Inte In Home Services Stabilization and Crisi Other (please specify)	ital DDDS) nsive is Unit (SACU)

Action Required.

Change in Ownership/Assisted Living Facilities:

Summerplace Assisted Living Community-Portland

Previous Provider Number: 502073

New Provider Number: 526487 effective 12/1/2016

Grace Manor Residential Care Center- Eugene

Previous Provider Number: 524968

New Provider Number: 526549 effective 12/1/2016

New Memory Care Facility:

Shore Pines Assisted Living-Gold Beach

Provider Number: 526529 effective 11/142016

Facility Name Change:

Previous Name: Our House of Portland- Portland

Provider Number: 511547 New Name: Our House

Reason for Action:

For the above changes of ownership, staff will need to update all client records with new provider numbers. Staff will need to close the 512 with the old provider number and open a new 512 with the new provider number for consumers who are currently Medicaid eligible.

New Adult Foster Home Specific Needs Contracts:

Jessica Train and Kellie Poe, Albany, OR 97322

Advanced: 5 Beds

Provider Number: 524770, Effective date: 12/1/16, 0 vacancies

Deborah Roe, The Hari Homestead LLC, Prineville, OR 97754

Advanced: 5 Beds

Provider Number: 526479, Effective date: 11/15/16, 0 vacancies

Admissions to the above Adult Foster Homes must be through the SDS 0494 process. Statements of Work and definitions of target populations can be found at this website: http://www.dhs.state.or.us/spd/tools/cm/transition/index.htm

Field/stakeholder review:	☐ Yes	\boxtimes No
If yes, reviewed by:		

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

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