

Aging and People with Disabilities

Mike McCormick

Authorized signature

Number: APD-AR-17-038

Issue date: 6/28/2017

Topic: Provider Information

Due date:

Subject: New Facilities, and CBC Change of Ownerships, and Name Changes for CBC and new Specific Needs contracts.

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

Action Required.

Changes of ownership:

Tabor Crest Residential Care (Memory Care) - Portland

Previous Provider Number: 521580 closed 5/31/2017

New Provider Number: 526849 effective 6/1/2017

Nehalem Bay House (ALF) - Nehalem

Previous Provider Number: 503696 closed 5/31/2017

New Provider Number: 526857 effective 6/1/2017

Kilchis House (ALF) -Tillamook

Previous Provider Number: 581830 closed 5/31/2017

New Provider Number: 526858 effective 6/1/2017

New RCF Medicaid Enrolment

Brookdale Beaverton (RCF)

Provider Number:526872 effective 6/1/2017

New Memory Care Medicaid Enrollment:

Brookdale Beaverton (Memory Care)
Provider Number: 526870 effective 6/1/2017

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:

Field/stakeholder review: Yes No

If yes, reviewed by:

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

| | | | |
|--------------------|--|-------------|--------------|
| Contact(s): | Dana Vafiades, Policy Analyst Provider Relations ALF's, RCF/MC Katherine Bodi, 512 questions | | |
| Phone: | Dana Vafiades: 503-945-5836 Katherine Bodi: 503-945-6455 | Fax: | 503-373-7823 |
| Email: | Dana.Vafiades@state.or.us Katherine.M.Bodi@state.or.us | | |