

# Action Request Transmittal Aging and People with Disabilities



Mike McCormick

*Authorized signature*

**Number: APD-AR-20-056**

**Issue date: 5/8/2020**

**CORRECTED**

**Topic:** Provider Information

**Due date:**

**Subject:** Change in Ownership/Change Name Residential Care Facility/New Advanced Care Adult Foster Home Contract

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

## Change in Ownership/Change In Name Residential Care Facility

### Previous Provider Name

All Comfort Residential Care Facility- Portland

Previous Provider Number: 525037 Expiration date: 4/30/2020

### New Provider Name:

Barbur Vista Residential Care

New Provider Number: 528493 Effective 5/1/2020

### Action Required:

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

**New Advanced Adult Foster Home Contract:**

**Provider Name:**

Abebe Yeshihareg

**Provider Number:** 526161 Effective date:4/22/2020

**Action Required:**

**None. Information Only**

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:**

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

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