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



| Mike McCormick  | Number: APD-AR-21-013                  |  |
|---|--|--|
| Authorized signature  | <u>Issue date</u> : 3/10/2021          |  |
|   | CORRECTED                              |  |
| <b>Topic</b> : Provider Information   | <u>Due date</u> :                      |  |
| <u>Subject</u> : Changes in Ownership/Change in Name Community Based Care Facilities, Change in ownership In Home Care Agency  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 (please specify):                |  |
| <del>-</del>  | · · · · · · · · · · · · · · · · · · ·  |  |
| Change in Ownership Assisted Living Facility and Memory Care Facility   |  |  |
| Provider Name   | Location                               |  |

| Change in Ownership Assisted Living Facility and Memory Care Facility |                 |  |
|---|-----------------|--|
| Provider Name   | Location        |  |
| Bayside Terrace Assisted Living                                       | Coos Bay        |  |
| Previous Provider Number  | Expiration Date |  |
| 526920  | 2/28/2021       |  |
| New Provider Number   | Effective Date  |  |
| 528813  | 3/1/2021        |  |
| Provider Name   | Coos Bay        |  |
| Bayside Terrace Memory Care   |                 |  |
| Previous Provider Number  | Expiration Date |  |
| 526904  | 2/28/2021       |  |
| New Provider Number   | Effective Date  |  |
| 528814  | 3/1/2021        |  |

Continued on next page

| Change in Ownership Assisted Living Facility and Memory Care Facility |                 |  |
|---|-----------------|--|
| Provider Name   | Location        |  |
| Cedar Village Assisted Living Community                               | Salem           |  |
| Provider Number   | Expiration Date |  |
| 526908  | 2/28/2021       |  |
| New Provider Number   | Effective Date  |  |
| 528811  | 3/1/2021        |  |
| Provider Name   |                 |  |
| Cedar Village Memory Care Community                                   | Salem           |  |
| Provider Number   | Expiration Date |  |
| 526907  | 2/28/2021       |  |
| New Provider Number   | Effective Date  |  |
| 528812  | 3/1/2021        |  |

| Change in Ownership Assisted Living Facility and Memory Care Facility |                 |  |
|---|-----------------|--|
| Provider Name   | Location        |  |
| Pheasant Pointe Assisted Living                                       | Molalla         |  |
| Community   |                 |  |
| Previous Provider Number  | Expiration Date |  |
| 526917  | 2/28/2021       |  |
| New Provider Number   | Effective Date  |  |
| 528808  | 3/1/2021        |  |
| Provider Name   | Location        |  |
| Pheasant Pointe Memory Care   | Molalla         |  |
| Community   |                 |  |
| Previous Provider Number  | Expiration Date |  |
| 526196  | 2/28/2021       |  |
| New Provider Number   | Effective Date  |  |
| 528809  | 3/1/2021        |  |

| Change in Ownership Assisted Living Facility |                 |  |
|--|-----------------|--|
| Previous Provider Name                       | Location        |  |
| Ocean Ridge Assisted Living Community        | Coos Bay        |  |
| Previous Provider Number                     | Expiration Date |  |
| 526903                                       | 2/28/2021       |  |
| New Provider Number Effective Date           |                 |  |
| 528804                                       | 3/1/2021        |  |

| Change in Ownership Assisted Living Facility |                 |
|--|-----------------|
| Provider Name                                | Location        |
| Princeton Village Assisted Living            | Clackamas       |
| Community                                    |                 |
| Previous Provider Number                     | Expiration Date |
| 527962                                       | 2/28/2021       |
| New Provider Number                          | Effective Date  |
| 528803                                       | 3/1/2021        |

| Change in Ownership Assisted Living Facility |           |  |
|--|-----------|--|
| Previous Provider Name                       | Location  |  |
| Redwood Heights                              | Salem     |  |
| Previous Provider Number Expiration Date     |           |  |
| 526919                                       | 2/28/2021 |  |
| New Provider Number Effective Date           |           |  |
| 528805                                       | 3/1/2021  |  |

| Change in Ownership/Change in Name Memory Care Facility |                 |  |
|---|-----------------|--|
| Previous Provider Name                                  | Location        |  |
| Pacifica Senior Living-Portland                         | Portland        |  |
| Previous Provider Number                                | Expiration Date |  |
| 526100  | 2/28/2021       |  |
| New Provider Name                                       | Effective Date  |  |
| The Cottages Senior Living                              | Portland        |  |
| New Provider Number                                     |                 |  |
| 528806  | 3/1/2021        |  |

| Change in Ownership In Home Care Agency |                        |
|---|------------------------|
| Provider Name                           | Location               |
| ComForCare Home Care Portland           | Beaverton              |
| Previous Provider Number                | <b>Expiration Date</b> |
| 524656                                  | 12/31/2020             |
| Provider Number Effective Date          |                        |
| 528798                                  | 1/1/2021               |

## **Action Required:**

For In-Home Care Agency changes in ownership:

Staff must delete Plan of Care for old provider number and create a new Plan of Care under the new provider number.

Continued on next page For ALF/RCF/Memory Care Facilities:

Staff must update the service plan and open a new 512 for all consumers served by the previous owner. To update the consumer records, staff will need the provider 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.
- Close the current 512 with the old provider number.
- 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 ves, reviewed by:      |     |      |

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

| Contact(s): Dana Vafiades, Policy Analyst III, Provider Relations Unit Jackie Gibbons, Medicaid Eligibility and Training Questions Ben Sherman, Policy Analyst Long Term Care Community Support |  |  |
|---|--|--|
| Phone: Fax: 503-947-5357 Jackie Gibbons: 541-693-2338 Ben Sherman: 503 602 3471   |  |  |
| Email: APD.ProviderEnrollment@dhsoha.state.or.us  |  |  |