

Donna Keddy
Authorized Signature

Number: SPD-AR-12-002
Issue Date: 1/20/2012

Topic: Provider Information

Due Date:

Subject: Change of Ownership - Harbor Care Reedwood

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 type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Other (please specify): |

Action Required: The following facility has a change in ownership and local office staff will need to change the provider number on the MMIS plan of care for all clients residing in this facility.

Old Facility Name: Harbor Care Reedwood
New Facility Name: Prestige Care and Rehabilitation of Reedwood
Facility Address: 3540 SE Francis St, Portland, OR 97202
Mailing Address: 3540 SE Francis St, Portland, OR 97202

Old Provider Number: 800091, end effective date for this number is 12/31/2011
New Provider Number: 500641380, start effective date for this number is 01/01/2012

The effective date of this change is: January 1, 2012

Following are steps to update POC with the new provider number; for technical assistance with MMIS changes, please refer to: <http://www.dhs.state.or.us/spd/tools/mmis/index.htm>

1. Update the Service Plan in ACCESS
 - End old service plan with the end effective date
 - Create new service plan with new provider number and new effective date.
(The plan end-date remains the same.)
2. Integrate with a change; Need Resource must also be changed to the new provider #.
3. Live update UCMS
4. Perform the following actions in MMIS:

- POC/Search with client prime number
- Select current POC line item
- End the current POC with end-date (on the Line Item NOT Base Info); then save.
- Select the same line item; use the “Add” button on the line item.

Reason for Action: The listed facility has new ownership and as a result a new provider number has been issued. Staff will need to update all client records due to this provider number change.

Field/Stakeholder review: Yes No

If yes, reviewed by:

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

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