

Donna Keddy
Authorized Signature

Number: SPD-AR-12-012
Issue Date: 03/22/2012

Topic: Provider Information

Due Date: 04/01/2012

Subject: Provider number change

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 changed from a standard RCF contract to a supplemented rate contract. The local office staff will need to update the 512 Records for all clients residing in this facility.

Name of facility Golden Age Center

Old Provider Number (522497) is closed effective 03/31/2012:
New Provider Number (523497) is opened effective 04/01/2012:

The Effective date of these changes is: 4/1/2012

Staff will need to close the 512 with the old provider number and open a new 512 with the new provider number.

Reason for Action: The listed facility has a new supplemented rate contract and as 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 X No

If yes, reviewed by:

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

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