DHS Oregon Department of Human Services

Seniors and People with Disabilities

Action Request Transmittal

Donna Keddy
Authorized Signature

Number: **APD-AR-12-031**
Issue Date: 7/11/2012

Topic: Provider Information

Due Date:

Subject: Change of Ownership – Rose Linn Care Center

Applies to (check all that apply):

- ☐ All DHS employees
- ☒ Area Agencies on Aging
- ☐ Children, Adults and Families
- ☐ County DD Program Managers
- ☐ County Mental Health Directors
- ☐ Health Services
- ☒ Seniors and People with Disabilities
- ☐ 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: Rose Linn Care Center
New Facility Name: Rose Linn Care Center
Facility Address: 2330 Debok Road, West Linn, OR 97068
Mailing Address: 2330 Debok Road, West Linn, OR 97068

Old Provider Number: 800289, end effective date for this number is 06/30/2012
New Provider Number: 500646173, start effective date for this number is 07/01/2012

The effective date of this change is: July 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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