

Mike McCormick

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**Number:** APD-AR-15-045

**Issue date:** 7/7/2015

**Topic:** Provider Information

**Due date:**

**Subject:** New providers, Name and Ownership Changes for CBC and AFH

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees                       | <input type="checkbox"/> County Mental Health Directors                         |
| X Area Agencies on Aging   | <input type="checkbox"/> Health Services  |
| X Aging and People with Disabilities                             | <input type="checkbox"/> Office of Developmental<br>Disabilities Services(ODDS) |
| <input type="checkbox"/>   |   |
| <input type="checkbox"/> Self Sufficiency Programs               | <input type="checkbox"/> ODDS Children's Intensive<br>In Home Services          |
| <input type="checkbox"/> County DD Program Managers              | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)                   |
| <input type="checkbox"/> ODDS Children's<br>Residential Services | <input type="checkbox"/> Other (please specify):                                |
| <input type="checkbox"/> Child Welfare Programs                  |   |

**Action Required:** New Facility Effective 7/1/15

**Clatsop Care Memory Care (RCF)**

2219 SE Dolphin Road Warrenton. OR 97146

New provider number: 525646

**Action required:** Change in Ownership and Name Effective 7/1/15

**Blue Haven RCF - Dallas**

Previous Name: Four Seasons Dallas

Previous Provider Number: 509941

New Provider Number: 525649

**Blue Haven RCF - Independence**

Previous Name: Four Seasons - Independence

Previous Provider Number: 509093

New Provider Number: 525650

**Action required:** Specific Needs AFH effective 7/1/15

**Trinity Home Care (AFH) Grants Pass**

Advanced Dementia, 5 beds

Provider number: 525230

**Reason for Action:**

For the above changes of ownership, staff will need to update all client records with new provider numbers. Staff will need to close the 512 with the old provider number and open a new 512 with the new provider number for consumers who are currently Medicaid eligible. For name changes only, no action required. Information only.

**Field/stakeholder review:**       Yes      X No

**If yes, reviewed by:**

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

|                    |   |             |              |
|--------------------|---|-------------|--------------|
| <b>Contact(s):</b> | Dana Vafiades, Policy Analyst<br>Katherine Bodi, 512 questions  |             |              |
| <b>Phone:</b>      | Dana Vafiades, 503-945-5836<br>Katherine Bodi, 503-945-6455   | <b>Fax:</b> | 503-947-5357 |
| <b>Email:</b>      | <a href="mailto:Dana.Vafiades@state.or.us">Dana.Vafiades@state.or.us</a> <a href="mailto:Katherine.M.Bodi@state.or.us">Katherine.M.Bodi@state.or.us</a> |             |              |
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