

Action Request Transmittal Aging and People with Disabilities



Mike McCormick

Authorized signature

Number: APD-AR-19-005

Issue date: 1/24/2019

Topic: Provider Information

Due date:

Subject: New CBC Facilities and Changes in Ownership, Name Changes, new Specific Needs contracts, and Adult Day Services

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: Types A and B | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input type="checkbox"/> County DD program managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> ODDS Children's Residential Services | <input type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> Child Welfare Programs | |

New Assisted Living Facility

Waverly Place Assisted Living- Albany

Provider Number: 527822 effective: 11/6/2018

New Adult Foster Home Specific Needs Contracts

Lorrie E. Amaya- Klamath Falls

Provider Number: 527565 Advanced contract effective: 12/1/2018

Yergeniy Zagoruyko, Tradition Care LLC- Eugene

Provider: 527640 Complex contract effective: 12/1/2018

Action required:

Information Only

Field/stakeholder review: Yes No

If yes, reviewed by:

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

Contact(s):

Dana Vafiades, Policy Analyst Provider Relations Enrollment questions
Sarah Hansen, Policy Analyst APD Central Delivery Supports
Darwin Frankenhoff, Policy Analyst, Long Term Care Policy Section
Jackie Gibbons, Training and Development Specialist, 512 questions

Phone:

Dana Vafiades: 503 - 947-1141
Darwin Frankenhoff- 5039475162
Jackie Gibbons 541-693-2838

Fax:

503-947-5357

Email: APD.ProviderEnrollment@state.or.us