

# Action Request Transmittal Aging and People with Disabilities



Angela Munkers

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**Number:** APD-AR-19-045

**Issue date:** 10/10/2019

**Topic:** Provider Information

**Due date:**

**Subject:** Name Change Assisted Living Facility and new Behavior Support Provider

**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: Type 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                        |   |

**Change in name Assisted Living Facility:**

**Previous Name:**

Clatsop Retirement Village- Astoria

Provider Number: 505692

**New Name:**

Clatsop Care Retirement Village - Effective Date: 8/28/2019

**Action Required:**

None Information Only

**New Behavior Support Provider**

**Provider Name:**

SISO - Eugene

**Provider Number:** 840802- Effective Date: 4/30/2019

**Action Required:**

None Information Only

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:**

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

Contact(s):

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