

Action Request Transmittal Aging and People with Disabilities



Mike McCormick

Authorized signature

Number: APD-AR-19-051

Issue date: 12/10/2019

Topic: Provider Information

Due date:

Subject: New In Home Care Agency, Change in Ownership Memory Care

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 | |

New Adult Day Service:

Northridge Adult Day Center of Grants Pass
Provider Number: 842271 Effective Date: 12/1/2019

New In Home Care Agency:

For The People Care LLC
Provider Number: 528295 Effective Date: 11/19/2019

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):

Dana Vafiades, Policy Analyst III, Provider Relations Enrollment questions
Darwin Frankenhoff, Policy Analyst, Policy Analyst III, Long Term Care Services and Supports, In Home Care questions
Jackie Gibbins, Medicaid Eligibility and Training Questions

Phone:

Dana Vafiades: 503-945-5836
Darwin Frankenhoff 523-947-5162
Jackie Gibbons 541-693-2838

Fax:

503-947-5357

Email: APD.ProviderEnrollment@dhsosha.state.or.us