

# Action Request Transmittal Aging and People with Disabilities



Mike McCormick

***Authorized signature***

**Number: APD-AR-20-008**

**Issue date: 2/12/2020**

**Topic:** Provider Information

**Due date:**

**Subject:** Changes in Ownership and changes in names Residential Care and Assisted Living Facilities

**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 Ownership/Change in Name Residential Care Facility:**

**Previous Owner Name:**

Senior Haven Residential Care Facility- Portland

Previous Provider Number: 523869 Expiration date: 1/31/2020

**New Provider Name:**

Senior Haven RCF

New Provider Number: 528392 Effective date: 2/1/2020

**Change in Ownership Assisted Living Facility:**

Laurelhurst House- Portland

Previous Provider Number: 508396 Expiration date: 1/31/2020

New Provider Number: 528390 Effective date: 2/1/2020

## New Specific Needs Adult Foster Home Contracts

Maribeth Sanchez, AFH – Portland – Advanced  
Provider Number: 526747 Effective Date: 02/01/2020

Cozy Home Senior Care – Bend – Basic  
Provider Number: 526573 Effective Date: 02/01/2020

**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  
Sarah Hansen, Policy Analyst, Policy Analyst III, Central Delivery Supports  
Jackie Gibbins, Medicaid Eligibility and Training Questions

Phone:

Dana Vafiades: 503-945-5836  
Sarah Hansen 523-645-6465  
Jackie Gibbons 541-693-2838

Fax:

503-947-5357

Email: [APD.ProviderEnrollment@dhsosha.state.or.us](mailto:APD.ProviderEnrollment@dhsosha.state.or.us)