

# Action Request Transmittal Aging and People with Disabilities



Mike McCormick

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**Number: APD-AR-20-064**

**Issue date: 6/12/2020**

**Topic:** Provider Information

**Due date:**

**Subject:** New Memory Care Facility, New In-Home Care Agency

**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 Memory Care Facility:**

Battle Creek Memory Care-Salem  
Provider Number: 528535 Effective date: 6/1/2020

**New In-Home Care Agency:**

Provider Name:  
Sunshine In Home Care LLC- Grants Pass  
Provider number: 528523 Effective date: 5/20/2020

**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, Long Term Care Services and Supports

Jackie Gibbins, Medicaid Eligibility and Training Questions

Phone:

Dana Vafiades: 503-945-5836

Darwin Frankenhoff 503-947-5162

Jackie Gibbons 541-693-2838

Fax:

503-947-5357

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