

Action Request Transmittal Aging and People with Disabilities



Mike McCormick

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Number: APD-AR-20-078

Issue date: 8/14/2020

Topic: Provider Information

Due date:

Subject: Change in Ownership Assisted Living Facility, Change in Ownership Memory Care Facility

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 (please specify): |
| <input type="checkbox"/> Child Welfare Programs | |

Change in Ownership Assisted Living Facility:

Tanner Spring Assisted Living- West Linn

Previous Provider Number: 523763 Expiration Date: 7/31/2020

New Provider Number: 528594 Effective date: 8/1/2020

Change in Ownership Memory Care Facility:

Tanner Spring Memory Care – West Linn

Previous Provider Number 523729 Expiration date: 7/31/2020

New Provider Number: 528595 Effective date: 8/1/2020

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

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