

Action Request Transmittal Aging and People with Disabilities



Mike McCormick

Authorized signature

Number: APD-AR-21-018

Issue date: 4/7/2021

Topic: Provider Information

Due date:

Subject: New CBC Facility, Change in Ownership

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"/> Support Service Brokerage Directors | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

<u>New Memory Care Facility</u>	
Provider Name	Location
Iuditas Memory Care LLC	Salem
Provider Number	Effective Date
528840	03/22/2021

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 Unit Jackie Gibbons, Medicaid Eligibility and Training Questions	
Phone: Dana Vafiades: 971-149-6490 Jackie Gibbons: 541-693-2338	Fax: 503-947-5357
Email: APD.ProviderEnrollment@dhs.oha.state.or.us	