

# Action Request Transmittal Aging and People with Disabilities



Mike McCormick

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**Number:** APD-AR-22-008

**Issue date:** 2/1/2022

**Topic:** Provider Information

**Due date:**

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

**Re-enrollment of Residential Care Facility**

<b>Provider Name</b>	<b>Location</b>
Farmington Square Tualatin	Tualatin
<b>Provider Number</b>	<b>Effective</b>
522964	12/14/2021

Information Only

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:**

*If you have any questions about this action request, contact:*

Contact(s):

For provider number questions:

Dana Vafiades, Operations and Policy Analyst, APD Provider Relations Unit

For APD Medicaid policy questions please email:

[APD.MedicaidPolicy@dhsoha.state.or.us](mailto:APD.MedicaidPolicy@dhsoha.state.or.us)

For training questions please email: [APD.Training@dhsoha.state.or.us](mailto:APD.Training@dhsoha.state.or.us)

Phone:

Dana Vafiades (971) 719-6490

Fax:

503-947-5357

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