Action Request Transmittal Aging and People with Disabilities



Becky Daniels	<u>Number</u> : APD-AR-22-016	
Authorized signature	<u>Issue date</u> : 3/16/2022	
Topic : Provider Information Subject: New Memory Care Facility, New	<u>Due date</u> : In-Home Care Agency	
Applies to (check all that apply):	in Florito Garo Agonoy	
 ☐ All DHS employees ☑ Area Agencies on Aging: Type B ☑ Aging and People with Disabilities ☐ Self Sufficiency Programs ☐ County DD program managers ☐ Support Service Brokerage Directors ☐ ODDS Children's Residential Services ☐ Child Welfare Programs 	 ☐ County Mental Health Directors ☐ Health Services ☐ Office of Developmental Disabilities Services (ODDS) ☐ ODDS Children's Intensive In Home Services ☐ Stabilization and Crisis Unit (SACU) ☐ Other (please specify): 	
New Memory Care Facility		
Provider Name	Location	
Farmington Square Eugene	Eugene	

New In-Home Care Agency	
Provider Name	Location
Dwell Care LLC	Portland
Provider Number	Effective
529236 MMIS# 500803390,	2/7/2022

Effective

12/3/2021

Information Only

Provider Number

529234

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 Ben Sherman, Operations and Policy Analyst, Long Term Care Community Supports		

For APD Medicaid policy questions please email:

APD.MedicaidPolicy@dhsoha.state.or.us

For training questions please email: <u>APD.Training@dhsoha.state.or.us</u>

Phone: Fax:

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