Action Request Transmittal Aging and People with Disabilities



Corissa Neufeldt	Number: APD-AR-23-035
Authorized signature	Issue date : 11/21/2023
<u>Topic</u> : Provider Information	<u>Due date</u> :
Subject: Change in Ownership/Name Ch	nange Adult Day Services Programs
Applies to (check all that apply):	
 ☐ 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):
Change in Ownership/Name C	Change Adult Day Services Program
Previous Provider Name	Location
Northridge Center Inc.	Medford
Previous Provider Number	Expired
758978	10/31/23
New Provider Name	
Northridge Senior Living LLC	
New Provider Number	Effective
865774	11/1/2023
Change in Ownershin/Name C	Change Adult Day Services Program
Previous Provider Name	Location
Northridge Center Adult Day Center Grants Pass	Grants Pass
Previous Provider Number	Expired
842271	10/31/23
New Provider Name	10.0 1120

Northridge Senior Living LLC	
New Provider Number	Effective
865775	11/1/2023

Action Required:

For changes in ownership listed above, vouchers under the previous provider numbers can no longer be issued, effective 11/01/2023.

Using the new provider numbers, staff must identify consumers who are receiving services from these providers and issue new vouchers in the CEP system.

Field/stakeholder review: ☐ Yes ☐ No If yes, reviewed by:

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

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