

# Information Memorandum Transmittal Aging and People with Disabilities



Jenny Cokeley

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**Number:** APD-IM-23-012

**Issue date:** 1/31/2023

**Topic:** Provider Information

**Due date:**

**Subject:** New Specific Needs Provider

**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                        |                                                                               |

New Behavioral Specific Needs Provider	
<b>Previous Provider Name</b>	<b>Location</b>
The Butte	Gresham
<b>Provider Number</b>	<b>Effective</b>
529600	1/24/2023
<b>Beds</b>	17

*If you have any questions about this information, contact:*

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