

Information Memorandum Transmittal Aging and People with Disabilities



Diana Nott

Authorized signature

Number: APD-IM-23-111

Issue date: 12/14/2023

Topic: Provider Information

Due date:

Subject: New In Home Care Agency, Re-enrollment In Home Care Agency

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 In-Home Care Agency	
Provider Name	Location
Caring Companion Caregivers LLC	Oregon City
Provider Number	Effective
530046, MMIS # 500827145	12/5/2023

Re-enrollment In-Home Care Agency	
Provider Name	Location
Rescue Life Senior Care Agency Inc.	Portland
Provider Number	Effective
527540, MMIS # 500744833	12/8/2023

If you have any questions about this information, contact:

Contact(s):

Dana Vafiades, Operations and Policy Analyst, Provider Relations Unit

Stacey Spelman, Program Analyst, Long Term Care and Community Supports

Phone:

(971) 719-6490 Dana

(541) 589-3971 Stacey

Fax: ((503) 947-5357

Email: APD.Providerenrollment@odhsoha.oregon.gov