Information Memorandum Transmittal Aging and People with Disabilities



Diana Nott	<u>Number</u> : APD-IM-24-032
Authorized signature	<u>Issue date</u> : 3/27/2024
Topic: Provider Information Due date: Subject: New Memory Care and Specific Needs Providers	
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):
New Memory Care Provider	
Provider Name Pacific Living Centers of Hood River	Location Hood River
Provider Number	Effective
530214	3/8/2024
Beds	11
New Complex Behavior Specific Needs Provider	
Provider Name	Location
Senior Haven RCF	Portland
Provider Number	Effective
530213 Beds	2/1/2024 24
If you have any questions about this information, contact:	
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