

Action Request Transmittal Aging and People with Disabilities



Mike McCormick

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Number: APD-AR-19-030

Issue date: 6/6/2019

Topic: Provider Information

Due date:

Subject: New 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"/> ODDS Children's Residential Services | <input type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> Child Welfare Programs | |

New In-Home Care Agency:

Wellness At Home in Albany

Provider Number: 528044 effective date: 2/11/2019

Action required:

Information only.

Field/stakeholder review: Yes No

If yes, reviewed by:

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

Contact(s):

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Darwin Frankenhoff, Policy Analyst, Long Term Care Policy Section
Jackie Gibbons, Training and Development Specialist, 512 questions

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