

Action Request Transmittal Aging and People with Disabilities



Angela Munkers

Authorized signature

Number: APD-AR-19-045

Issue date: 10/10/2019

Topic: Provider Information

Due date:

Subject: Name Change Assisted Living Facility and new Behavior Support 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"/> ODDS Children's Residential Services | <input type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> Child Welfare Programs | |

Change in name Assisted Living Facility:

Previous Name:

Clatsop Retirement Village- Astoria

Provider Number: 505692

New Name:

Clatsop Care Retirement Village - Effective Date: 8/28/2019

Action Required:

None Information Only

New Behavior Support Provider

Provider Name:

SISO - Eugene

Provider Number: 840802- Effective Date: 4/30/2019

Action Required:

None Information Only

Field/stakeholder review: Yes No

If yes, reviewed by:

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

Contact(s):

Dana Vafiades, Policy Analyst, Provider Relations Enrollment questions
Sarah Hansen, Policy Analyst, APD Central Delivery Supports

Phone:

Dana Vafiades: 503-945-5836
Sarah Hansen 503-945-6465
Jackie Gibbons 541-693-2838

Fax:

503-947-5357

Email: APD.ProviderEnrollment@dhsosha.state.or.us