

# Action Request Transmittal Aging and People with Disabilities



Mike McCormick

**Authorized signature**

**Number: APD-AR-19-051**

**Issue date: 12/10/2019**

**Topic: Provider Information**

**Due date:**

**Subject: New In Home Care Agency, Change in Ownership Memory Care**

**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 Adult Day Service:**

Northridge Adult Day Center of Grants Pass  
Provider Number: 842271 Effective Date: 12/1/2019

**New In Home Care Agency:**

For The People Care LLC  
Provider Number: 528295 Effective Date: 11/19/2019

**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 III, Provider Relations Enrollment questions  
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Supports, In Home Care questions  
Jackie Gibbins, Medicaid Eligibility and Training Questions

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