Action Request Transmittal
Aging and People with Disabilities

DHS | Oregon Department of Human Services

Mike McCormick
Authorized signature

Number: **APD-AR-20-078**
Issue date: 8/14/2020

Topic: Provider Information

Due date:

Subject: Change in Ownership Assisted Living Facility, Change in Ownership Memory Care Facility

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

☐ 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*):

Change in Ownership Assisted Living Facility:

Tanner Spring Assisted Living- West Linn
Previous Provider Number: 523763 Expiration Date: 7/31/2020
New Provider Number: 528594 Effective date: 8/1/2020

Change in Ownership Memory Care Facility:

Tanner Spring Memory Care – West Linn
Previous Provider Number 523729 Expiration date**:** 7/31/2020
New Provider Number: 528595 Effective date: 8/1/2020

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 Sarah Hansen, Policy Analyst, Policy Analyst III, Central Delivery Supports Jackie Gibbins, Medicaid Eligibility and Training Questions	
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