

# Action Request Transmittal Aging and People with Disabilities



Mike McCormick

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**Number: APD-AR-21-025**

**Issue date: 5/17/2021**

**Topic:** Provider Information

**Due date:**

**Subject:** New Community Based Care Facilities

**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"/> Support Service Brokerage Directors           | <input type="checkbox"/> Other (please specify):                              |
| <input type="checkbox"/> ODDS Children's Residential Services          |   |
| <input type="checkbox"/> Child Welfare Programs                        |   |

**New Residential Care Facility**

<b>Provider Name</b>	<b>Location</b>
Still Waters Inc	Bandon
<b>Provider Number</b>	<b>Effective Date</b>
528889	04/28/2021

**New Memory Care Facility**

<b>Provider Name</b>	<b>Location</b>
Bear Creek Memory Care LLC	Molalla
<b>Provider Number</b>	<b>Effective Date</b>
528888	04/29/2021

**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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