

Action Request Transmittal Aging and People with Disabilities



Mike McCormick

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Number: APD-AR-22-008

Issue date: 2/1/2022

Topic: Provider Information

Due date:

Subject: Re-enrollment of Residential Care Facility

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

Re-enrollment of Residential Care Facility

Provider Name	Location
Farmington Square Tualatin	Tualatin
Provider Number	Effective
522964	12/14/2021

Information Only

Field/stakeholder review: Yes No

If yes, reviewed by:

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

Contact(s):

For provider number questions:

Dana Vafiades, Operations and Policy Analyst, APD Provider Relations Unit

For APD Medicaid policy questions please email:

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