

# Information Memorandum Transmittal Aging and People with Disabilities



Jenny Cokeley

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**Number:** APD-IM-23-018

**Issue date:** 2/14/2023

**Topic:** Provider Information

**Due date:**

**Subject:** New Memory Care Facility, New Residential Care Facility, New In-Home Care Agency.

**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                        |   |

| New Memory Care Facility |           |
|--------------------------|-----------|
| Provider Name            | Location  |
| CLG- Bend Buildings 1-3  | Bend      |
| Provider Number          | Effective |
| 529625 (36 Beds)         | 2/8/2023  |

| New Residential Care Facility |           |
|-------------------------------|-----------|
| Provider Name                 | Location  |
| CLG- Bend Buildings 1-3       | Bend      |
| Provider Number               | Effective |
| 529626 (82 Beds)              | 2/8/2023  |

| New In-Home Care Agency |           |
|-------------------------|-----------|
| Provider Name           | Location  |
| Care Givers NW LLC      | Portland  |
| Provider Number         | Effective |
| 529624 MMIS # 500814377 | 2/8/2023  |

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*If you have any questions about this information, contact:*

|   |                     |
|---|---------------------|
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