

Aging and People with Disabilities

Action Request Transmittal

Mike McCor	mick		<u>N</u>	umber: APD-AR-18-007		
Authorized signature		_	Issue date : 1/30/2018			
Topic: Pro	ovider Information		<u>Du</u>	<u>e date</u> :		
Subject: Ne	w Facilities.					
All DHS Area Ag Aging a Self Suf County ODDS (Resider	check all that apply): semployees gencies on Aging nd People with Disabilities ficiency Programs DD Program Managers Children's htial Services felfare Programs	Health Office Disabil ODDS In Hon Stabiliz	Service of Devel lities Se Childre ne Service zation a	elopmental ervices(ODDS) en's Intensive		
New Medicaid Providers:						
Memory Care:						
Mill View Memory Care-Bend Provider Number: 527193 effective 12/12/2017						
Reason for Action: 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 Provider Relations Enrollment questions Sarah Hansen, Policy Analyst, APD Central Delivery Support Katherine Bodi, 512 questions					
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