



NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 411

DEPARTMENT OF HUMAN SERVICES

AGING AND PEOPLE WITH DISABILITIES AND DEVELOPMENTAL DISABILITIES

FILED

10/14/2025 4:36 PM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: ODDS: Transitioning I/DD Foster Home Licensing from Community Developmental Disabilities Programs to ODDS

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 11/28/2025 11:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

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Filed By:
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HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 11/17/2025

TIME: 10:30 AM

OFFICER: Staff

REMOTE HEARING DETAILS

MEETING URL: [Click here to join the meeting](#)

PHONE NUMBER: 1-669-254-5252

CONFERENCE ID: 1615118318

SPECIAL INSTRUCTIONS:

Special Instructions: A rule hearing is a chance for people to share comments about the proposed rule changes. Please join within the first 15 minutes. The rule hearing will end after 30 minutes if no one joins or provides comments.

Questions about the rule content or other developmental disabilities services are not answered during a rule hearing. If you need any help or have questions, please email ODDS.Rules@odhs.oregon.gov or call 971-413-4225.

Language Access and Support:

<https://www.oregon.gov/odhs/Pages/language-assistance.aspx>

We provide free help so everyone can use our services.

Some examples:

- Sign language and spoken language interpreters
- Written materials in other languages
- Braille
- Real-time captioning (CART)

- Large print
 - Audio and other formats
-

NEED FOR THE RULE(S)

The Oregon Department of Human Services, Office of Developmental Disabilities Services (ODDS) needs to make changes to the rules in:

- OAR chapter 411, division 320 about Community Developmental Disabilities Programs (CDDPs).
- OAR chapter 411, division 360 about adult foster homes for individuals with intellectual or developmental disabilities (I/DD).

ODDS needs to make these rule changes to:

- Implement the budget approved in Senate Bill 5526 (2025), Package 090. This budget package transfers responsibility for licensing and certifying I/DD adult and child foster homes from CDDPs to ODDS by January 1, 2026.
- Revise the background check process to require that licensed providers conduct biennial background checks on subject individuals after an initial background check is completed. Beginning January 1, 2026, newly licensed providers will be responsible for conducting these checks every two years. By January 1, 2027, this requirement will apply to all licensed providers.

Additionally, ODDS might need to make other minor changes to provide clarity or address issues raised during the public comment period. These changes will not affect services or introduce additional requirements.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

1. Enrolled Senate Bill 5526 (2025). Available at:

<https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB5526/Enrolled>

2. Senate Bill 5526 (2025) Budget Report and Measure Summary. Available at:

<https://olis.oregonlegislature.gov/liz/2025R1/Downloads/CommitteeMeetingDocument/308494>

3. I/DD Foster Home Licensing, Licensing and Certification Transition. Available at:

<https://www.oregon.gov/odhs/licensing/idd-foster-homes/Pages/default.aspx#transition>

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

The rule changes affect I/DD foster home providers. Oregon's diverse I/DD foster home providers often identify or associate with one or more racial, ethnic, or culturally-based communities.

The move of licensing and certification-related activities from CDDPs to ODDS licensing should have little measurable impact to racial equity. The change is anticipated to improve consistency in application of standards for regulatory oversight and in availability and quality of training resources. These improvements will likely result in more equitable access to licensing-related services and support for the diverse foster home provider (and potential provider) community in Oregon.

The anticipated improvements in consistency and operational efficiency of consolidating licensing and certification activities under one state program will have a positive impact on the provider community by improving equitable access to resources, support, and application of standards. This change will increase empowerment by offering more direct access to the state oversight and governance system for requesting support, providing feedback, and advocating for system changes.

The rule changes are intended to improve disparities through improved access, support, and consistency in licensing and certification-related activities.

ODDS has engaged in a transition process working with the local CDDPs to mitigate possible gaps in resource availability. The transition efforts include:

- Establishing a timeline for transition.
- Hiring of, or transitioning of, licensing and certification staff as ODDS employees.
- Developing core competency curriculum for licensors and certifiers.
- Communicating and engaging with community partners and community groups.

Additionally, ODDS intends to make more expansive rule changes in 2026 to provide additional clarification and improve quality standards specific to the I/DD licensed and certified foster home settings.

FISCAL AND ECONOMIC IMPACT:

The fiscal and economic impact is described below in the cost of compliance statement and is based on data and information currently available to ODDS.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s).

ODDS does not expect any cost of compliance for other state agencies or members of the public because they are not impacted by the rule changes.

ODDS: Moving I/DD foster home licensing and certification directly under the ODDS state delivery system from a contracted CDDP is intended to be a cost-saving measure, reducing personnel and operational expenses. The direct employment of licensing and certification staff will also create workload efficiencies and streamline components of licensing and certification-related activities.

Case Management Entities (units of local government): The CDDPs will experience a reduction in contract funding attributed to the licensing and certification activities. However, the CDDPs will no longer be responsible for licensing activities, resulting in a cost-neutral impact to CDDPs overall. Brokerages do not engage in licensing or certification activities and will not be impacted by the change.

Individuals receiving services: The movement of all licensing and certification-related duties from CDDPs to ODDS should have no impact to individuals receiving services.

Providers: There should be no measurable impact to providers with the movement of licensing and certification responsibilities from CDDPs to ODDS. There may be some efficiencies and improved consistency as a result of the change, but there is not an anticipated fiscal impact.

(2) SMALL BUSINESSES:

(a) Estimate the number and type of small businesses subject to the rule(s);

The proposed rule changes affect I/DD adult and child foster homes for individuals with intellectual or developmental disabilities.

There are approximately:

- 925 licensed adult foster homes
- 160 adult foster homes licensed in Multnomah County
- 150 certified child foster homes

In almost all cases, foster homes are considered a small business as defined by ORS 183.310.

(b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s);

The impact to providers is described in the cost of compliance statement.

(c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

The impact to providers is described in the cost of compliance statement.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Small businesses are included in the public review and comment period.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?

ODDS was granted an exception on the use of an Administrative Rule Advisory Committee because the rule changes are very minor and ODDS has been working very closely with CDDPs and foster home providers through community engagement.

Representatives from CDDPs were aware of the legislative actions throughout the 2025 session that led to the need for the rule changes. Transitioning foster home licensing and certification to the state was discussed in depth with CDDP directors at a monthly meeting with ODDS leadership on April 10, 2025.

There is a detailed plan for engaging foster home providers and individuals receiving foster care and their families. A “provider kick-off” in the form of a webinar took place on August 20, 2025.

Even though not directly impacted by this change, a representative from SEIU, who represents adult foster providers, will be included in all provider engagements.

Most CDDPs hold regular meetings with providers. ODDS representatives will begin to attend these meetings to address provider questions or concerns.

ODDS hosts monthly “community conversations” with anyone who wants to join, but people receiving services and their

families are the main audience. October's conversation focused on the foster home transition.

Director's messages are also being regularly sent to CDDPs, foster home providers, and individuals receiving services and their families explaining the action being taken and the opportunities to engage.

RULES PROPOSED:

411-320-0030, 411-320-0040, 411-360-0040, 411-360-0050, 411-360-0070, 411-360-0110, 411-360-0120, 411-360-0130, 411-360-0180

AMEND: 411-320-0030

RULE SUMMARY: OAR 411-320-0030 is being amended to remove the requirements for a CDDP foster care licensing and certification specialist.

Other minor changes may be made to this rule to provide clarity or address issues raised during the public comment period. These changes will not affect services or introduce additional requirements.

CHANGES TO RULE:

411-320-0030

Organization and Program Management for Community Developmental Disabilities Programs (CDDPs)

(1) ORGANIZATION AND INTERNAL MANAGEMENT. A CDDP must have written standards governing the operation and management of the CDDP. The standards must be up to date, available upon request, and include all of the following:¶¶

(a) An up-to-date organization chart showing lines of authority and responsibility from the LMHAocal Mental Health Authority to the CDDP manager and the components and staff within the CDDP.¶¶

(b) Position descriptions for all staff providing community developmental disabilities services.¶¶

(c) Personnel policies and procedures concerning:¶¶

(A) Recruitment and termination of employees.¶¶

(B) Employee compensation and benefits.¶¶

(C) Employee performance appraisals, promotions, and merit pay.¶¶

(D) Employee development and training.¶¶

(E) Employee conduct, including the requirement that abuse of an individual by an employee, staff, or volunteer of the CDDP is prohibited and is not condoned or tolerated.¶¶

(F) Reporting of abuse, including the requirement that as a mandatory reporter any employee of the CDDP must report incidents of abuse when the employee comes in contact with and has reasonable cause to believe that an individual has suffered abuse. Notification of mandatory abuse reporting status must be made at least annually to all employees. ¶¶

(2) PROTECTING INDIVIDUAL RIGHTS. A CDDP must have and implement written policies and procedures that protect the individual rights described in OAR 411-318-0010.¶¶

(3) PROGRAM MANAGEMENT.¶¶

(a) Staff delivering developmental disabilities services must be organized under the leadership of a designated CDDP manager and receive clerical services sufficient to perform their required duties.¶¶

(b) An LMHAocal Mental Health Authority, public entity, or a public or private corporation operating a CDDP must designate a full-time employee who must, on at least a part-time basis, be responsible for management of developmental disabilities services within a specific geographic service area.¶¶

(c) In addition to other duties as may be assigned in the area of developmental disabilities services, a CDDP must at a minimum develop and assure all of the following:¶¶

(A) Implementation of plans as may be needed to provide a coordinated and efficient use of resources available to serve individuals.¶¶

(B) Maintenance of positive and cooperative working relationships with legal and designated representatives, families, providers, brokerages, the Department, local government, and other state and local agencies with an interest in developmental disabilities services.¶¶

(C) Implementation of programs funded by the Department to encourage pursuit of defined program outcomes and monitor the programs to assure service delivery that complies with related contracts and applicable local, state, and federal requirements.¶¶

(D) Collection and timely reporting of information as may be needed to conduct business with the Department

including, but not limited to, ~~information needed to license foster homes, collecting federal funds supporting services; and investigating complaints related to services or suspected abuse.~~¶

(E) Use of procedures that attempt to resolve complaints involving individuals or providers that are associated with developmental disabilities services.¶

(4) QUALIFIED STAFF. A CDDP must provide a qualified CDDP manager, services coordinator, eligibility specialist, designated referral contact, assessor, ~~and abuse investigator specialist for adults with intellectual or developmental disabilities; and foster care licensing and certification specialist.~~ A CDDP may have an agreement with another case management entity to provide a qualified eligibility specialist, designated referral contact, assessor, ~~or abuse investigator specialist for adults with intellectual or developmental disabilities; or foster care licensing and certification specialist.~~¶

(a) CDDP MANAGER.¶

(A) A CDDP manager must have knowledge of the public service system for developmental disabilities services in Oregon and at least one of the following:¶

(i) A bachelor's degree in behavioral science, social science, health science, special education, public administration, or human service administration and a minimum of four years of experience with at least two of those years of experience in developmental disabilities services that provided recent experience in program management, fiscal management, and staff supervision.¶

(ii) Six years of experience with staff supervision.¶

(iii) Six years of experience in technical or professional level staff work related to developmental disabilities services.¶

(B) On an exceptional basis, a CDDP may hire a person who does not meet the qualifications in subsection (A) of this section if the county and the Department have mutually agreed on a training and technical assistance plan that assures that the person quickly acquires all needed skills and experience.¶

(C) When the position of a CDDP manager becomes vacant, an interim CDDP manager must be appointed to serve until a permanent CDDP manager is appointed. A CDDP must request a variance as described in section (7) of this rule if the person appointed as interim CDDP manager does not meet the qualifications in subsection (A) of this section and the term of the appointment totals more than 180 calendar days.¶

(b) CDDP SUPERVISOR. ¶

(A) A CDDP supervisor (when designated) must have knowledge of the public service system for developmental disabilities services in Oregon and at least one of the following:¶

(i) Five years of experience with staff supervision. ¶

(ii) Five years of experience in technical or professional level staff work related to developmental disabilities services.¶

(B) A bachelor's degree or equivalent course work in a field related to management such as business or public administration, or a field related to developmental disabilities services may be substituted for up to three years required experience.¶

(c) SERVICES COORDINATOR. A services coordinator must meet the qualifications for a case manager described in OAR 411-415-0040.¶

(d) ELIGIBILITY SPECIALIST AND DESIGNATED REFERRAL CONTACT. An eligibility specialist and a designated referral contact must have knowledge of the public service system for developmental disabilities services in Oregon and at least one of the following:¶

(A) A bachelor's degree in behavioral science, social science, or a closely related field.¶

(B) A bachelor's degree in any field and one year of human services related experience.¶

(C) An associate's degree in behavioral science, social science, or a closely related field and two years of human services related experience.¶

(D) Three years of human services related experience.¶

(e) ASSESSOR. An assessor must meet the qualifications described in OAR 411-425-0035.¶

(f) ABUSE INVESTIGATOR SPECIALIST. An abuse investigator specialist must have at least one of the following:¶

(A) A bachelor's degree in human science, social science, behavioral science, or criminal science and two years of human services, law enforcement, or investigative experience.¶

(B) An associate's degree in human science, social science, behavioral science, or criminal science and four years of human services, law enforcement, or investigative experience.¶

~~(g) FOSTER CARE LICENSING AND CERTIFICATION SPECIALIST. A foster care licensing and certification specialist must have knowledge of the public service system for developmental disabilities services in Oregon and at least one of the following:¶~~

~~(A) A master's degree in social work.¶~~

~~(B) A bachelor's degree in behavioral science, social work, social science, or a closely related field.¶~~

~~(C) A bachelor's degree in any field and one year of human services related experience, such as work providing assistance to people and groups with economical disadvantages, employment, abuse and neglect, substance~~

abuse, aging, disabilities, prevention, health, cultural competencies, or housing.¶¶

(D) An associate's degree in a behavioral science, social science, or a closely related field and two years of human services related experience, such as work providing assistance to people and groups with economical disadvantages, employment, abuse and neglect, substance abuse, aging, disabilities, prevention, health, cultural competencies, or housing.¶¶

(E) Three years of human services related experience, such as work providing assistance to people and groups with economical disadvantages, employment, abuse and neglect, substance abuse, aging, disabilities, prevention, health, cultural competencies, or housing.¶¶

(5) EMPLOYMENT APPLICATION. An application for employment at a CDDP must inquire whether an applicant has had any founded report of child abuse or substantiated adult abuse.¶¶

(6) BACKGROUND CHECKS.¶¶

(a) An employee, volunteer, advisor of a CDDP, or any subject individual as defined in OAR 407-007-0210, including staff who are not identified in this rule but use public funds intended for the operation of a CDDP, who has or will have contact with a recipient of CDDP services, must have an approved background check in accordance with OAR 407-007-0200 through 407-007-0370 and ORS 181A.200.¶¶

(A) A CDDP may not use public funds to support, in whole or in part, any employee, volunteer, advisor of the CDDP, or any subject individual as defined in OAR 407-007-0210, who shall have contact with a recipient of CDDP services and who has been convicted of a disqualifying crime in ORS 443.004.¶¶

(B) A person does not meet the qualifications described in this rule if the person has been convicted of a disqualifying crime in ORS 443.004.¶¶

(C) Any employee, volunteer, advisor of a CDDP, or any subject individual as defined in OAR 407-007-0210, must self-report any potentially disqualifying crime in accordance with OAR 407-007-0281 or potentially disqualifying condition in accordance with OAR 407-007-0290. The person must notify the Department or the Department's designee within 24 hours.¶¶

(b) Subsections (A) and (B) of section (a) do not apply to employees who were hired prior to July 28, 2009 that remain in the current position for which the employee was hired.¶¶

(7) VARIANCE. A CDDP must submit a written variance request to the Department prior to employing a person not meeting the minimum qualifications in section (4) of this rule. A variance request may not be requested for sections (5) and (6) of this rule. The written variance request must include all of the following:¶¶

(a) An acceptable rationale for the need to employ a person who does not meet the minimum qualifications in section (4) of this rule.¶¶

(b) A proposed alternative plan for education and training to correct the deficiencies.¶¶

(A) The proposal must specify activities, timelines, and responsibility for costs incurred in completing the alternative plan.¶¶

(B) A person who fails to complete the alternative plan for education and training to correct the deficiencies may not fulfill the requirements for the qualifications.¶¶

(8) STAFF DUTIES. ¶¶

(a) SERVICES COORDINATOR DUTIES. The duties of a services coordinator must be specified in the employee's position description and at a minimum include all of the following:¶¶

(A) The delivery of case management services to individuals as described in OAR chapter 411, division 415.¶¶

(B) Assisting the CDDP manager in monitoring the quality of services delivered within the county.¶¶

(C) Assisting the CDDP manager in the identification of existing and insufficient service delivery resources or options.¶¶

(b) ELIGIBILITY SPECIALIST DUTIES. The duties of an eligibility specialist must be specified in the employee's position description and at a minimum include all of the following:¶¶

(A) Completing intakes and eligibility determinations for individuals applying for developmental disabilities services.¶¶

(B) Completing eligibility redeterminations for individuals requesting continuing developmental disabilities services.¶¶

(C) Assisting the CDDP manager in the identification of existing and insufficient service delivery resources or options.¶¶

(c) DESIGNATED REFERRAL CONTACT DUTIES. The duties of a designated referral contact must be specified in the employee's position description and at a minimum include all of the following:¶¶

(A) Assisting with coordination of the activities related to the entry of an individual into a residential setting.¶¶

(B) Assisting providers to maintain their inventory of available residences using the vacancy tool provided by the Department and providing technical assistance to providers on using the vacancy tool when needed.¶¶

(C) Making information about residential setting options available to an individual who is looking for a residential setting, or as applicable the individual's legal or designated representative.¶¶

(D) Supporting case managers to identify local and statewide residential setting options. The designated referral

contact is the liaison to the Department for issues related to residential setting entries.¶¶

(E) Assisting the CDDP manager and local and statewide licensing and certification entities in the identification of existing and insufficient service delivery, trainings, rule compliance, resources, or options.¶¶

(F) Assisting providers within the county to assess referrals the provider receives for goodness of fit. ¶¶

(d) ASSESSOR DUTIES. The duties of an assessor must be specified in the employee's position description and at a minimum include conducting Oregon Needs Assessments as described in OAR chapter 411, division 425. ¶¶

(e) ABUSE INVESTIGATOR SPECIALIST DUTIES. The duties of an abuse investigator specialist must be specified in the employee's position description and at a minimum include all of the following:¶¶

(A) Conducting abuse investigation and protective services for adult individuals with intellectual or developmental disabilities enrolled in, or previously eligible and voluntarily terminated from, developmental disabilities services.¶¶

(B) Assisting the CDDP manager in monitoring the quality of services delivered within the county.¶¶

(C) Assisting the CDDP manager in the identification of existing and insufficient service delivery resources or options.¶¶

~~(f) FOSTER CARE LICENSING AND CERTIFICATION SPECIALIST DUTIES. The duties of a foster care licensing and certification specialist must be specified in the employee's position description and at a minimum include all of the following:¶¶~~

~~(A) In coordination with the Department, assisting in the initial licensing and certification and renewals of licenses and certifications of local adult foster homes as described in OAR chapter 411, division 360 and children's foster homes as described in OAR chapter 411, division 346.¶¶~~

~~(i) Assuring completed application forms from applicants are submitted to the Department.¶¶~~

~~(ii) Completing and submitting inspection reports.¶¶~~

~~(iii) Completing and submitting background checks, as needed.¶¶~~

~~(iv) Making test sites available, administering tests provided by the Department, and sending completed tests to the Department for scoring.¶¶~~

~~(v) Maintaining a link to the Adult Foster Home Training website where the Basic Training Course, self-study manual, and associated information are maintained and distributing information upon request.¶¶~~

~~(vi) Assisting in completing any other information necessary for licensing or certifying homes.¶¶~~

~~(B) Completing foster home visits for rule compliance, issuing violation citations, and monitoring for correction.¶¶~~

~~(C) Coordinating the recruitment, retention, placement, and training of foster providers.¶¶~~

~~(g) Staff must appear as a witness on behalf of the Department during an informal conference and hearing when required by the Department. Staff may not act as a representative for a claimant during an informal conference and hearing.¶¶~~

(9) STAFF TRAINING. Qualified staff of a CDDP must maintain and enhance their knowledge and skills through participation in education and training. The Department shall provide training materials and training may be conducted by the Department or CDDP staff, depending on available resources.¶¶

(a) MANDATORY ABUSE REPORTING. All CDDP staff must be trained on mandatory abuse reporting annually. Training must be completed by using the training module in the Department's learning management system (Workday) or by signature on a form approved by the Department.¶¶

(b) CDDP MANAGER AND SUPERVISOR TRAINING. ¶¶

(A) A CDDP manager and CDDP supervisor (when designated) must complete core competencies for case management within the first year of entering into the position.¶¶

(B) A CDDP manager and CDDP supervisor (when designated) must continue to enhance their knowledge, as well as maintain a basic understanding of developmental disabilities services and the skills, knowledge, and responsibilities of the staff they supervise.¶¶

(i) A CDDP manager and CDDP supervisor (when designated) must participate in a minimum of 20 hours per year of additional Department-sponsored training or other training in the areas of intellectual or developmental disabilities, equity and diversity, mental health, or substance abuse.¶¶

(ii) A CDDP manager and CDDP supervisor (when designated) must attend trainings to maintain a working knowledge of system changes in the area they manage or supervise.¶¶

(c) SERVICES COORDINATOR TRAINING. A services coordinator must participate in the case manager training described in OAR 411-415-0040.¶¶

(d) ELIGIBILITY SPECIALIST TRAINING. An eligibility specialist must participate in a basic training sequence. The basic training sequence is not a substitute for the normal procedural orientation that must be provided by a CDDP to a new eligibility specialist.¶¶

(A) The orientation provided by a CDDP to a new eligibility specialist must include all of the following:¶¶

(i) An overview of eligibility criteria and the intake process.¶¶

(ii) An overview of developmental disabilities services and related human services within the county.¶¶

(iii) An overview of the Department's rules governing the CDDP.¶¶

- (iv) An overview of the Department's licensing and certification rules for providers.¶
- (v) An overview of the enrollment process and required documents needed for enrollment into the Department's electronic payment and reporting systems.¶
- (vi) A review and orientation of Medicaid, SSIsupplemental Security Income, Social Security Administration, home and community-based waiver and state plan services, and the medical assistance programs delivered by the Oregon Health Authority.¶
- (vii) A review (prior to having contact with individuals) of the eligibility specialist's responsibility as a mandatory reporter of abuse, including abuse of individuals with intellectual or developmental disabilities, individuals with mental illness, older adults, individuals with physical disabilities, and children.¶
- (B) An eligibility specialist must attend and complete eligibility core competency training within the first year of entering into the position and demonstrate competency after completion of core competency training. Until completion of eligibility core competency training, or if competency is not demonstrated, the eligibility specialist must consult with another trained eligibility specialist or consult with a Department diagnosis and evaluation coordinator when making eligibility determinations.¶
- (C) An eligibility specialist must continue to enhance their knowledge, as well as maintain a basic understanding of the skills, knowledge, and responsibilities necessary to perform the duties of their position.¶
- (i) An eligibility specialist must participate in Department-sponsored trainings for eligibility on an annual basis.¶
- (ii) An eligibility specialist must participate in a minimum of 20 hours per year of Department-sponsored training or other training in the areas of intellectual or developmental disabilities, equity and diversity, mental health, or substance abuse.¶
- (e) DESIGNATED REFERRAL CONTACT TRAINING. ¶
- (A) The training for a designated referral contact must include, at a minimum, all of the following: ¶
- (i) An overview of developmental disabilities services and related human services within the county.¶
- (ii) An overview of the forms and processes for referrals to residential programs.¶
- (iii) An overview of the Department's rules governing the CDDP.¶
- (iv) An overview of the Department's licensing and certification rules for providers.¶
- (v) A review and orientation of Medicaid, SSIsupplemental Security Income, Social Security Administration, home and community-based waiver and state plan services, and the medical assistance programs delivered by the Oregon Health Authority.¶
- (vi) A review (prior to having contact with individuals) of the designated referral contact's responsibility as a mandatory reporter of abuse, including abuse of individuals with intellectual or developmental disabilities, individuals with mental illness, older adults, individuals with physical disabilities, and children.¶
- (B) A designated referral contact must complete 20 hours of additional training each year to continue to enhance their knowledge, as well as maintain a basic understanding of the skills, knowledge, and responsibilities necessary to perform the duties of their position.¶
- (f) ASSESSOR TRAINING. An assessor must participate in and complete the training described in OAR 411-425-0035.¶
- (g) ABUSE INVESTIGATOR SPECIALIST TRAINING. An abuse investigator specialist must participate in core competency training. Training materials are provided by the Oregon Department of Human Services' Office of Training, Investigations, and Safety (OTIS). The core competency training is not a substitute for the normal procedural orientation that must be provided by a CDDP to a new abuse investigator specialist.¶
- (A) The orientation provided by a CDDP to a new abuse investigator specialist must include all of the following:¶
- (i) An overview of developmental disabilities services and related human services within the county.¶
- (ii) An overview of the Department's rules governing the CDDP.¶
- (iii) An overview of the Department's licensing and certification rules for providers.¶
- (iv) A review and orientation of Medicaid, SSIsupplemental Security Income, Social Security Administration, home and community-based waiver and state plan services, the medical assistance programs delivered by the Oregon Health Authority, and the individual support planning processes.¶
- (v) A review (prior to having contact with individuals) of the abuse investigator specialist's responsibility as a mandatory reporter of abuse, including abuse of individuals with intellectual or developmental disabilities, individuals with mental illness, older adults, individuals with physical disabilities, and children.¶
- (B) An abuse investigator specialist must attend and pass core competency training within the first six months of entering into the position and demonstrate competency after completion of core competency training. Until completion of core competency training, or if competency is not demonstrated, the abuse investigator specialist must consult with OTIS prior to completing an abuse investigation and protective services report.¶
- (C) An abuse investigator specialist must complete 20 hours of additional training each year to continue to enhance their knowledge, as well as maintain a basic understanding of the skills, knowledge, and responsibilities necessary to perform the duties of their position. An abuse investigator specialist must participate in quarterly meetings held by OTIS. ¶

(h) ~~FOSTER CARE LICENSING AND CERTIFICATION SPECIALIST TRAINING.~~ A foster care licensing and certification specialist must participate in any Department required trainings.¶¶

(A) The orientation provided by a CDDP to a new foster care licensing and certification specialist must include all of the following:¶¶

(i) An overview of developmental disabilities services and related human services within the county.¶¶

(ii) An overview of the Department's rules governing the CDDP.¶¶

(iii) An overview of the Department's licensing and certification rules for providers.¶¶

(iv) A review of policy and procedures that address conflict of interests, including the prohibition against licensing or certifying a foster home in the following circumstances:¶¶

(I) While also providing case management services to the individuals or children in the home.¶¶

(II) By a licensor or certifier who is related by blood, marriage, or adoption to the foster care applicant or current foster provider, or an individual or child to receive services in the foster home.¶¶

(III) A local CDDP assessment identifies a conflict of interest or appearance of conflict of interest.¶¶

(B) A review (prior to having contact with individuals) of the licensor and certifier's responsibility as a mandatory reporter of abuse, including abuse of individuals with intellectual or developmental disabilities, individuals with mental illness, older adults, individuals with physical disabilities, and children.¶¶

(i) ~~DOCUMENTATION OF TRAINING.~~ A CDDP must keep documentation of required training in the personnel files of each employee including the CDDP manager, CDDP supervisor (when designated), services coordinator, eligibility specialist, designated referral contact, assessor, abuse investigator specialist, ~~foster care licensing and certification specialist,~~ and other employees providing services to individuals.¶¶

(10) ~~ADVISORY COMMITTEE.~~ A CDDP must have an advisory committee.¶¶

(a) The advisory committee must meet at least quarterly.¶¶

(b) The membership of the advisory committee must be broadly representative of the community with a balance of age, gender, ethnic, socioeconomic, geographic, professional, and consumer interests represented. Membership must include advocates for individuals as well as individuals and the individuals' families.¶¶

(c) The advisory committee must advise the LMHAocal Mental Health Authority, CDDP director, and CDDP manager on community needs and priorities for services, and assist in planning, reviewing, and evaluating services, functions, duties, and quality assurance activities described in the CDDP's management plan.¶¶

(d) When the Department or a private corporation is operating the CDDP, the advisory committee must advise the LMHAocal Mental Health Authority, CDDP director, and CDDP manager on community needs and priorities for services, and assist in planning, reviewing, and evaluating services, functions, duties, and quality assurance activities described in the CDDP's management plan.¶¶

(e) The advisory committee may function as the disability issues advisory committee as described in ORS 430.631 if so designated by the LMHAocal Mental Health Authority.¶¶

(11) ~~LOCAL NEEDS ASSESSMENT, PLANNING, AND COORDINATION.~~ Upon the Department's request, the CDDP must assess local needs for services to individuals and must submit planning and assessment information to the Department.¶¶

(12) ~~FINANCIAL MANAGEMENT.~~¶¶

(a) There must be up-to-date accounting records for each developmental disabilities service accurately reflecting all revenue by source, all expenses by object of expense, and all assets, liabilities, and equities. The accounting records must be consistent with generally accepted accounting principles and conform to the requirements of their contract with the Department.¶¶

(b) There must be written statements of policy and procedure as are necessary and useful to assure compliance with any Department administrative rules pertaining to fraud and embezzlement and financial abuse or exploitation of individuals.¶¶

(c) Billing for Title XIX funds must in no case exceed customary charges to private pay individuals for any like item or service.¶¶

(13) ~~SUBCONTRACTING.~~ When a county chooses not to operate a CDDP or a portion of a CDDP, the county must comply with all subcontracting requirements of their contract with the Department.¶¶

(14) ~~POLICIES AND PROCEDURES.~~ There must be such other written and implemented statements of policy and procedure as necessary and useful to enable a CDDP to accomplish its service objectives and to meet the requirements of their contract with the Department, these rules, and other applicable standards and rules.¶¶

(a) A CDDP must have procedures for the ongoing involvement of individuals and their requested family member or other representative in the planning and review of consumer satisfaction with the delivery of case management provided by the CDDP.¶¶

(b) Copies of the procedures for planning and review of case management services, consumer satisfaction, and complaints must be maintained on file at the CDDP offices. The procedures must be available to all of the following:¶¶

(A) CDDP employees who work with individuals.¶¶

(B) Individuals who are receiving services from the CDDP and the families of individuals.¶¶

(C) Legal or designated representatives (as applicable) and providers of individuals.¶¶

(D) The Department.

Statutory/Other Authority: ORS 409.050, 427.104, 427.105, 427.115, 427.154, 430.662, 430.731

Statutes/Other Implemented: ORS 409.010, 427.005-427.154, 430.215, 430.610, 430.620, 430.662, 430.664, 430.731-430.768

RULE SUMMARY: OAR 411-320-0040 is being amended to remove foster home requirements for CDDPs.

Other minor changes may be made to this rule to provide clarity or address issues raised during the public comment period. These changes will not affect services or introduce additional requirements.

CHANGES TO RULE:

411-320-0040

Program Responsibilities¶¶

for Community Developmental Disabilities Programs (CDDPs)

A CDDP must ensure the provision of the following services and system supports.¶¶

(1) ACCESS TO SERVICES.¶¶

(a) A person may not be denied developmental disabilities services or otherwise discriminated against on the basis of race, color, religion, sex, gender identity, sexual orientation, national origin, marital status, age, disability, source of income, duration of residence, or other protected classes under federal and Oregon Civil Rights laws.¶¶

(b) A CDDP must ensure that eligibility for developmental disabilities services is determined in accordance with OAR 411-320-0080 by an eligibility specialist trained in accordance with OAR 411-320-0030.¶¶

(c) An individual determined eligible for developmental disabilities services by a CDDP must also be eligible for any developmental disabilities services subject to the eligibility requirements described in the rules associated with the service.¶¶

(2) COORDINATION OF SERVICES.¶¶

(a) COMMUNITY SERVICES. A CDDP must coordinate planning and implementation of services for an individual between components of the CDDP, other local and state human service agencies, and any other providers as appropriate for the needs of the individual.¶¶

(b) NONRESIDENT CHILDREN.¶¶

(A) A CDDP must compile and maintain a list of local providers who are qualified to provide home and community-based services in their service area. A CDDP must assist a parent in obtaining home and community-based services for the parent's child if:¶¶

(i) The parent is an Oregon resident who meets the residency requirements in OAR 461-120-0010;¶¶

(ii) The parent has a child who does not reside in Oregon but who visits the parent in Oregon for at least six weeks each year; and¶¶

(iii) The child qualifies for home and community-based services in the child's state of residence.¶¶

(B) A CDDP must:¶¶

(i) Provide the parent with a list of local providers;¶¶

(ii) Contact the state Medicaid agency in the child's state of residence to facilitate payment for the home and community-based services;¶¶

(iii) Assist the parent in providing any documentation required by the child's state of residence; and¶¶

(iv) Notify the Department of the child seeking services.¶¶

(3) PAYMENT AND REPORTING SYSTEM.¶¶

(a) A CDDP must ensure all individuals determined to be eligible for developmental disabilities services are enrolled in the Department's electronic payment and reporting systems. The county of origin must enroll an individual into the Department's electronic payment and reporting systems for all developmental disabilities services except in the following circumstances:¶¶

(A) The Department completes the enrollment or termination for children entering or leaving a licensed 24-hour residential setting that is directly contracted with the Department.¶¶

(B) The Department completes the enrollment, termination, and billing forms for children entering or leaving ~~CH~~Children's Intensive In-Home Services.¶¶

(C) When an individual is enrolled in a brokerage and the individual moves from one CDDP geographic service area to another CDDP geographic service area, the new CDDP must enroll the individual in the Department's electronic payment and reporting systems.¶¶

(b) A CDDP must terminate an individual's authorization of services prior to terminating the individual's enrollment into the CDDP in the Department's electronic payment and reporting systems when the individual exits all developmental disabilities services.¶¶

(c) A CDDP retains responsibility for maintaining case management enrollment in the Department's electronic payment and reporting systems for an individual enrolled in a brokerage until the individual exits the brokerage.¶¶

(4) CASE MANAGEMENT SERVICES.¶¶

(a) A CDDP must deliver case management, as described in OAR chapter 411, division 415, to individuals who are

eligible for and desire case management from the CDDP. A CDDP may provide case management to individuals who are waiting for a determination of eligibility and reside in the county at the time they apply.¶

(b) For an individual newly determined eligible for developmental disabilities services, a CDDP must assure that the individual and the individual's legal representative are provided a description of case management and other service delivery options. This information must include all of the following:¶

(A) A description of processes involved in using developmental disabilities services, including person-centered planning, evaluation, and how to raise and resolve concerns about developmental disabilities services.¶

(B) Clarification of CDDP employee responsibilities as mandatory abuse reporters.¶

(C) Disclosure of any potential affiliation between the CDDP and providers available to the individual.¶

(D) For an adult, information about all case management entities operating in the county of origin, using materials provided by each case management entity when the materials are made available to the CDDP.¶

(5) ABUSE INVESTIGATIONS.¶

(a) A CDDP must assure that abuse investigations for adults with intellectual or developmental disabilities are appropriately reported and conducted by trained staff according to statute and administrative rules, including the investigation of complaints of abuse, writing investigation reports, and monitoring the implementation of report recommendations. When there is reason to believe a crime has been committed, a CDDP must report to law enforcement.¶

(b) A CDDP must report any suspected or observed abuse of a child directly to the Department or local law enforcement.¶

(6) PROTECTIVE SERVICES. When a ~~CDDP or OTIS abuse investigator~~ abuse investigator from a CDDP or the Office of Investigations, Training, and Safety determines that a CDDP must take a protective services action following a report of abuse, the CDDP must implement the action. If unable to implement the action, the CDDP must immediately notify the abuse investigator.¶

(a) Any protective services must be provided in a manner that is least intrusive to adult individuals and provides for the greatest degree of independence available within existing resources.¶

(b) The CDDP must report the outcome of protective services to the abuse investigator upon completion.¶

(7) RECOMMENDED ACTIONS. When a CDDP receives a recommended action included in an abuse investigation and protective services report, as described in OAR 419-100-0080, the CDDP must:¶

(a) Implement the recommended action within the specified timeline and report back to the abuse investigator that the recommended action was completed; or¶

(b) With prior agreement from the abuse investigator, implement an alternative action and report back to the abuse investigator that the action was completed.¶

(8) FOSTER HOMES. ~~When there is need for additional foster care providers, a CDDP must recruit applicants to operate foster homes and maintain forms and procedures necessary to license or certify the foster homes.~~ The CDDP must maintain copies of all of the following records for a foster home licensed or certified by the CDDP:¶

(a) Initial and renewal applications.¶

(b) All inspection reports completed by the CDDP, including required annual renewal inspection and any other inspections.¶

(c) General information about the foster home.¶

(d) Documentation of references, classification information, credit check (if necessary), background check, and training for providers and substitute caregivers.¶

(e) Documentation of foster care exams for adult foster home providers.¶

(f) Correspondence.¶

(g) Meeting notes.¶

(h) Financial records.¶

(i) Annual agreement or contract.¶

(j) Legal notices and final orders for rule violations, conditions, denials, or revocations (if any).¶

(k) Copies of the annual license or certificate for the foster home.¶

(9) AGENCY COORDINATION. A CDDP must assure coordination with other agencies to develop and manage resources within the county or region to meet the needs of individuals.¶

(10) EMERGENCY PLANNING. A CDDP must ensure the availability of a written emergency procedure and disaster plan for meeting all civil or weather emergencies and disasters. The emergency procedure and disaster plan must be immediately available to the CDDP manager and employees. The emergency procedure and disaster plan must be integrated with the county emergency preparedness plan, where appropriate, and include all of the following:¶

(a) Provisions for coordinating with all developmental disabilities service provider agencies in the county and any Department offices, as appropriate.¶

(b) Provisions for identifying individuals most vulnerable.¶

(c) Any plans for health and safety checks, emergency assistance, and any other plans that are specific to the type

of emergency.¶¶

(d) Business continuity plans that are inclusive of business operation procedures in the event of a civil or weather-related emergency.¶¶

(11) CIVIL COMMITMENT. Civil commitment services must be provided in accordance with ORS 427.215 through 427.306.¶¶

(12) VARIANCE REQUESTS. A CDDP must forward a signed variance request form submitted by a provider to the Department within 30 calendar days from the receipt of the request indicating the position of the CDDP on the proposed variance.

Statutory/Other Authority: ORS 409.050, 427.104, 427.105, 427.115, 427.154, 430.662, 430.731

Statutes/Other Implemented: ORS 409.010, 427.005-427.154, 430.215, 430.610, 430.620, 430.662, 430.664, 430.731-430.768

AMEND: 411-360-0040

RULE SUMMARY: OAR 411-360-0040 is being amended to:

- Specify ODDS will recognize adult foster home licenses issued by Multnomah County as a valid license until the license expires or a new license is issued.
- Transfer administrative sanctions issued by Multnomah County to ODDS.

Other minor changes may be made to this rule to provide clarity or address issues raised during the public comment period. These changes will not affect services or introduce additional requirements.

CHANGES TO RULE:

411-360-0040

License Required for Adult Foster Homes for Individuals with Intellectual or Developmental Disabilities (AFH-DD)

(1) Any home that meets the definition of an AFH-DD as defined in OAR 411-360-0020 must first apply for and obtain a license from the Department or an exempt area county before providing care and services for compensation to an individual.¶

(2) The Department shall recognize an adult foster home license issued by the Multnomah County Adult Care Home Program pursuant to ORS 443.780 as a valid license to operate an AFH-DD under these rules on and after January 1, 2026, until the expiration date of the license or upon the issuance of a new license under these rules. Any administrative sanction imposed under Multnomah County Administrative Rule 023-160-100 prior to January 1, 2025, is a de facto sanction administered by the Department. ¶

(3) A person or entity may not represent themselves as operating an AFH-DD or accept placement of an individual without being licensed as an AFH-DD. ¶

(34) No person, employed and requiring a background check may be a provider, resident manager, substitute caregiver, or otherwise be in training, employed by the provider, a volunteer for the AFH-DD, or reside in or on the property of an AFH-DD who: ¶

(a) Has been convicted of any of the disqualifying crimes listed in OAR 407-007-0275; RS 443.004; ¶

(b) Has not complied with Department rules for review of background checks in accordance with OAR 407-007-0200 to 407-007-0370; or ¶

(c) Has been disapproved to work based on current Department policy and procedures for background checks in accordance with OAR 407-007-0200 to 407-007-0370. ¶

(45) Section (34) of this rule does not apply to individual service recipients of the AFH-DD. ¶

(56) Section (34)(a) of this rule does not apply to employees hired prior to July 28, 2009. ¶

(67) LIMITED LICENSE. Any home that meets the definition of a limited license AFH-DD as defined in OAR 411-360-0020 must apply for and obtain a license from the Department before providing care and services to an individual for compensation. ¶

(a) To qualify for a limited license and for compensation from the Department, the provider must: ¶

(A) Submit a completed provider enrollment agreement, application for a limited license, appropriate licensing fee, physician's statement, and a background check in regards to criminal records, founded abuse of children, and substantiated abuse of an adult; ¶

(B) Demonstrate a clear understanding of the individual's care, service, and support needs; ¶

(C) Acquire any additional training necessary to meet the specific care, service, and support needs of the individual; ¶

(D) Meet the standards of an AFH-DD; ¶

(E) Meet minimal fire safety compliance including the installation of smoke alarms, carbon monoxide alarms, and fire extinguishers; and ¶

(F) Obtain any training deemed necessary by the Department to provide adequate care and services to support the individual. ¶

(b) A limited license is limited to the care and services of the individual named on the license only and may not be transferred to another individual. ¶

(78) PROVISIONAL LICENSE. Any AFH-DD that meets the definition of a provisional license, due to an emergency situation in which the licensed provider is no longer able to oversee the operation of the AFH-DD, must be licensed by the Department. The applicant for the provisional license must meet the standards in OAR 411-360-0070 and OAR 411-360-0110.

Statutory/Other Authority: ORS 409.050, 410.070, 27.104, 430.662, 443.001, 443.004, 443.725, 443.730, 443.734, 443.735, 443.738, 443.742, 443.760, 443.765, 443.767, 443.775, 443.790

Statutes/Other Implemented: ORS 409.010, 427.007, 427.101, 427.104, 430.662, 441.993, 443.001-443.004,

443.705--443.825, 443.875, 443.991

RULE SUMMARY: OAR 411-360-0050 is being amended to clarify that prior to being licensed, an applicant must attend the orientation offered by the Department, not the local CDDP.

Other minor changes may be made to this rule to provide clarity or address issues raised during the public comment period. These changes will not affect services or introduce additional requirements.

CHANGES TO RULE:

411-360-0050

~~AFH-DD~~ License Application and Fees ¶

for Adult Foster Homes for Individuals with Intellectual or Developmental Disabilities (AFH-DD)

(1) An applicant for an AFH-DD license must complete a written application on the applicable Department forms and submit the application to the Department with a non-refundable fee. ¶

(a) The amount of the non-refundable fee is: ¶

(A) For an AFH-DD sited in Multnomah, Clackamas, or Washington counties: ¶

(i) For an initial license, \$75 per individual according to the license capacity of the AFH-DD. ¶

(ii) To renew a license, \$50 per individual according to the license capacity of the AFH-DD. ¶

(B) For an AFH-DD not sited in Multnomah, Clackamas, or Washington counties: ¶

(i) For an initial license, \$50 per individual according to the license capacity of the AFH-DD. ¶

(ii) To renew a license, \$50 per individual according to the license capacity of the AFH-DD. ¶

(C) For a limited license, \$50 per individual according to the license capacity of the setting. ¶

(D) For a provisional license, \$50 per individual according to the license capacity of the setting. ¶

(b) License capacity is the maximum number of individuals that may reside in each setting. ¶

(2) The Department may waive or reduce a fee required by section (1) of this rule if: ¶

(a) The need for an application, as described in section (1) of this rule, arises to address a crisis. The crisis must be likely to lead to a loss of services or present a serious risk to the health or safety of an individual, and no reasonable alternative has been found to address the crisis. A crisis may be indicated if: ¶

(A) An individual is not receiving necessary supports to address life threatening issues resulting from behavioral or medical conditions; ¶

(B) An individual engages in self-injurious behavior serious enough to cause injury that requires professional medical attention; ¶

(C) An individual undergoes, or is at imminent risk of undergoing, loss of caregiver due to caregiver inability to provide supports; ¶

(D) An individual experiences a loss of home; or ¶

(E) An individual is not receiving the necessary supports to address significant safety risks to others, including but not limited to: ¶

(i) A pattern of physical aggression; ¶

(ii) Fire-setting behaviors; or ¶

(iii) Sexually aggressive behaviors or a pattern of sexually inappropriate behaviors. ¶

(b) The Department or a case management entity requests a provider to take an action that prompts an application, as described in section (1) of this rule. ¶

(c) The Department determines there is good cause to waive or reduce a fee. ¶

(3) An application is not complete until the Department receives the information and non-refundable fee described in this rule. ¶

(4) An incomplete application is void 60 calendar days from the date the Department receives the application. ¶

(5) Failure to provide accurate information may result in the denial of an application. ¶

(6) An applicant applying to operate more than one AFH-DD must complete a separate application for each home. ¶

(7) An application for an AFH-DD with a resident manager must include a completed application for the resident manager on the applicable Department forms. ¶

(8) An application for an AFH-DD license must include the following: ¶

(a) The applicant's mailing address, if different from the address of the AFH-DD, and a business address for electronic mail. ¶

(b) The maximum capacity in accordance with OAR 411-360-0060. ¶

(c) Identification of the following: ¶

(A) Each person that resides in the home and receives care, including family members that require care and recipients of respite, relief care, or day care services; and ¶

- (B) All other occupants that reside in the home or on the property of the home, including family members, friends, and room and board tenants.¶¶
- (d) The classification being requested in accordance with OAR 411-360-0070, including information and supporting documentation regarding qualifications, relevant work experience, and training of caregivers as required by the Department.¶¶
- (e) The statement of a health care provider, on the applicable Department form, regarding the ability of the applicant to deliver services.¶¶
- (f) Financial information, including the following:¶¶
 - (A) A completed Financial Information Sheet on the applicable Department form.¶¶
 - (i) An applicant must demonstrate the financial ability and maintain sufficient liquid resources to pay the operating costs of an AFH-DD for at least two months without solely relying on potential income from individuals and room and board payments.¶¶
 - (ii) An applicant applying to operate more than one AFH-DD must demonstrate the financial ability and maintain sufficient liquid resources to pay the operating costs of all the homes for at least two months without solely relying on potential income from individuals and room and board payments.¶¶
 - (iii) If an applicant is unable to demonstrate the financial ability and resources required by this rule, the Department may require the applicant to furnish a financial guarantee, such as a line of credit or guaranteed loan.¶¶
- (B) Copies of bank statements from the last three months demonstrating banking activity in both checking and savings accounts, as applicable, or demonstration of cash on hand, if requested.¶¶
- (C) Documentation of the following, if applicable:¶¶
 - (i) Unsatisfied judgments, liens, and pending lawsuits where a claim for money or property is made against the applicant.¶¶
 - (ii) Bankruptcy filings by the applicant.¶¶
 - (iii) Unpaid taxes due from the applicant including, but not limited to, property taxes, employment taxes, and state and federal income taxes.¶¶
- (D) A copy of a complete and current credit report for the applicant, if requested.¶¶
- (g) If an applicant is leasing or rents the home, a copy of the lease or rental agreement. The agreement must be a standard lease or rental agreement for residential use and include the following:¶¶
 - (A) Name of the owner and landlord;¶¶
 - (B) Verification the rent is a flat rate; and¶¶
 - (C) Signatures of the landlord and applicant and date signed.¶¶
- (h) If an applicant is purchasing or owns the home, verification of purchase or ownership.¶¶
- (i) A current and accurate floor plan for the home that indicates the following:¶¶
 - (A) Size of each room;¶¶
 - (B) Size of each window;¶¶
 - (C) Bedrooms to be used by individuals, the provider, and as applicable, caregivers, room and board tenants, and recipients of day care, relief care, or respite services;¶¶
 - (D) Each exit on each level of the home, including emergency exits such as windows;¶¶
 - (E) Wheelchair ramps, if applicable;¶¶
 - (F) Each fire extinguisher, smoke alarm, carbon monoxide alarm, and sprinkler if the home has an interior sprinkler system;¶¶
 - (G) Planned evacuation routes; and¶¶
 - (H) Designated smoking areas in or on the premises of the home, if applicable.¶¶
- (j) The non-refundable fee described in section (1) of this rule. ¶¶
- (k) Three personal references for the applicant. The personal references may not be family members, current or potential licensees, or co-workers of current or potential licensees.¶¶
- (l) If applying to operate more than one AFH-DD, a plan covering administrative responsibilities and staffing qualifications for each home. ¶¶
- (m) A written description of the daily operation of the AFH-DD, including the following:¶¶
 - (A) The use of a resident manager and substitute caregivers, as applicable.¶¶
 - (B) The schedule of the provider, resident manager, and substitute caregivers, as applicable.¶¶
 - (C) The plan for coverage in the absence of the provider, resident manager, or substitute caregivers, as applicable.¶¶
- (n) Documentation of the following for each subject individual as defined in OAR 411-360-0020:¶¶
 - (A) Signed background check, and if needed, the mitigating information and fitness determination form;¶¶
 - (B) Signed consent form for a background check with regards to abuse of children; and¶¶
 - (C) Founded reports of child abuse or substantiated adult abuse allegations, including the dates, locations, and resolutions.¶¶

(o) A copy of the Residency Agreement for the AFH-DD.¶

(9) After receipt of the completed application materials, including the non-refundable fee, the Department shall investigate the information submitted and inspect the home. Compliance is determined upon submission and completion of the application and the process described in these rules.¶

(a) An applicant shall receive a copy of the Department's inspection form citing any deficiencies and specifying a time frame for correction, no later than 60 calendar days from the date of inspection.¶

(b) Deficiencies noted during an inspection of the home must be corrected in the time frame specified by the Department. ¶

(10) An applicant must comply with these rules before the Department issues a license. An application is denied if cited deficiencies are not corrected within the time frames specified by the Department.¶

(11) Prior to being licensed, an applicant must attend the orientation offered by the local CDDP ~~Department~~.¶

(12) An applicant may withdraw an application at any time during the application process by notifying the Department in writing.¶

(13) An applicant whose application has been denied or whose license has been revoked, non-renewed, or voluntarily surrendered during a revocation or non-renewal process, may not submit a new application for at least one year from the date the action is final, or for a longer period of time if specified in a final order.¶

(14) All monies collected under these rules are paid to the Quality Care Fund.

Statutory/Other Authority: ORS 409.050, 427.104, 430.662, 443.001, 443.004, 443.725, 443.730, 443.734, 443.735, 443.738, 443.742, 443.760, 443.765, 443.767, 443.775, 443.790

Statutes/Other Implemented: ORS 409.010, 427.007, 427.101, 427.104, 430.61062, 430.66241.993, 443.001-443.004, 443.705-443.825, 443.875, 443.991

AMEND: 411-360-0070

RULE SUMMARY: OAR 411-360-0070 is being amended to:

- Specify a provider may not admit an individual whose care and service needs exceed the licensed classification of their I/DD adult foster home.
- No longer require prior approval from a CDDP before admitting an individual to a Level 2B or 2M I/DD adult foster home.

Other minor changes may be made to this rule to provide clarity or address issues raised during the public comment period. These changes will not affect services or introduce additional requirements.

CHANGES TO RULE:

411-360-0070

Classification-s for Adult Foster Homes for Individuals with Intellectual or Developmental Disabilities (AFH-DD)

A provisional, limited, level 1, level 2B, or level 2M license may be issued by the Department only if the qualifications of the applicant, resident manager (if applicable), and substitute caregiver fulfill the requirements of these rules.¶

(1) A provider may not admit an individual whose care and service needs exceed the licensed classification of the AFH-DD. ¶

(2) PROVISIONAL LICENSE. ¶

(a) A provisional license may be issued by the Department if:¶

(A) There is an emergency situation where the current licensed provider is no longer overseeing the operation of the AFH-DD; and¶

(B) An applicant meets the qualifications described in OAR 411-360-0110(1)(a-fg)(h-mi-n).¶

(b) A provisional license is valid for 60 days from the date of issue and is not renewable.¶

(23) LIMITED LICENSE. ¶

(a) A limited license may be issued by the Department if:¶

(A) An applicant intends to provide care and services to a specific individual who is unrelated to the applicant but with whom the applicant has an established relationship of no less than one year;¶

(B) The applicant meets the qualifications described in OAR 411-360-0110(1);¶

(C) The home meets the facility standards described in OAR 411-360-0130; and¶

(D) The applicant acquires any additional training necessary to meet the specific needs of the individual.¶

(b) The license is limited to only the care of the individual named on the license.¶

(34) LEVEL 1 LICENSE. A Level 1 license may be issued by the Department if: ¶

(a) The home and applicant are in compliance with OAR 411-360-0080; and¶

(b) An applicant and resident manager (if applicable): ¶

(A) Meets the qualifications described in OAR 411-360-0110;¶

(B) Completes the training requirements described in OAR 411-360-0120;¶

(C) Has the equivalent of one year of full-time experience in providing direct care and services to support individuals with intellectual or developmental disabilities; and¶

(D) Has current CPR and First Aid certification.¶

(i) Accepted CPR and First Aid courses must be provided or endorsed by the American Heart Association, the American Red Cross, the American Safety and Health Institute, or MEDIC First Aid.¶

(ii) CPR or First Aid courses conducted online are only accepted by the Department when an in-person skills competency check is conducted by a qualified instructor endorsed by the American Heart Association, the American Red Cross, the American Safety and Health Institute, or MEDIC First Aid.¶

(45) LEVEL 2B LICENSE. ¶

(a) A provider must be licensed as a Level 2B AFH-DD if the provider serves or intends to serve more than one individual who exhibits behavior that poses a significant danger to the individual or others. Examples of behaviors that may pose a significant danger to the individual or others include, but are not limited to:¶

(A) Acts or history of acts that have caused injury to self or others requiring medical treatment;¶

(B) Use of fire or items to threaten injury to persons or damage to property;¶

(C) Acts that cause significant damage to homes, vehicles, or other properties; or¶

(D) Actively searching for opportunities to act out thoughts that involve harm to others.¶

(b) A Level 2B license may be issued by the Department only if the applicant and resident manager (if applicable) has met the requirements described in section (34) of this rule for a Level 1 license and meets the following additional criteria:¶

- (A) Has two years of full time experience providing care and services to support individuals who exhibit the behavior described in subsection (a) of this section that poses significant risk to the individual or others;¶
- (B) Has completed OIS-G, OIS-IF, or OIS-C certification by a state approved OIS trainer; and¶
- (C) If available from the Department, has completed additional hours of advanced behavior intervention training per year based on the support needs of the individual.¶
- (c) A provider of a Level 2B AFH-DD must have a Transition Plan for each individual upon entry that addresses the individual's support and service needs.¶
- (d) A Positive Behavior Support Plan, if needed, must be implemented within 120 days of the individual's placement that:¶
- (A) Emphasizes the development of functional, alternative, and positive approaches to behavior intervention;¶
- (B) Uses the least intervention possible;¶
- (C) Ensures that abusive or demeaning intervention is never used; and¶
- (D) Is evaluated by an ISP Team through review of specific data at least every six months to assess the effectiveness of the Plan.¶
- (e) A provider of a Level 2B AFH-DD may not employ a resident manager or substitute caregiver who does not meet or exceed the qualifications and training standards described in subsection (b) of this section.¶
- ~~(f) A provider of a Level 2B AFH-DD may not admit an individual whose care and service needs exceed the licensed classification of the Level 2B AFH-DD and may not admit an individual without prior approval of the CDDP.¶~~

~~(56)~~ LEVEL 2M LICENSE.¶

- (a) A provider must be licensed as a Level 2M AFH-DD if the provider serves or intends to serve more than one individual who has a medical condition that is serious and may be life threatening. Examples of medical conditions that are serious and may be life threatening include, but are not limited to:¶
- (A) Brittle diabetes or diabetes not controlled through medical or physical interventions;¶
- (B) Significant risk of choking or aspiration;¶
- (C) Physical, intellectual, or mental limitations that render the individual totally dependent on others for access to food or fluids;¶
- (D) Mental health or alcohol or drug problems that are not responsive to treatment interventions; or¶
- (E) A terminal illness that requires hospice care.¶
- (b) A Level 2M license may be issued by the Department only if the applicant and resident manager (if applicable) has met the requirements described in section (34) of this rule for a Level 1 license and meets the following additional criteria:¶
- (A) Is a licensed health care provider such as a registered nurse or licensed practical nurse or has the equivalent of two years of full-time experience providing care and services to support individuals who have a medical condition described in subsection (a) of this section that is serious and may be life-threatening;¶
- (B) Has current satisfactory references from at least two licensed health care providers, such as a physician, physician's assistant, nurse practitioner, or registered nurse, who have direct knowledge of the applicant's ability and past experiences as a caregiver; and¶
- (C) Has fulfilled a minimum 6 of the 12 hours of annual training requirements in specific medical training.¶
- (c) A provider of a Level 2M AFH-DD must have a Transition Plan for each individual upon entry that addresses the individual's support and service needs.¶
- (d) A provider must develop, with an individual's ISP Team, a Medical Support Plan within 30 days of the individual's placement or whenever there is a change in the individual's health status.¶
- (e) A provider of a Level 2M AFH-DD may not employ a resident manager or substitute caregiver who does not meet or exceed the qualification and training standards described in subsection (b) of this section.¶
- ~~(f) A provider of a Level 2M AFH-DD may not admit an individual whose care and service needs exceed the licensed classification of the Level 2M AFH-DD and may not admit an individual without prior approval of the CDDP.~~

Statutory/Other Authority: ~~ORS 410.070, 409.050, 409.050, 427.104, 430.662, 443.001, 443.004, 443.725, 443.730, 443.734, 443.735, 443.738, 443.742, 443.760, 443.765, 443.767, 443.775, 443.790~~

Statutes/Other Implemented: ~~ORS 409.010, 427.007, 427.101, 427.104, 430.662, 441.993, 443.001-443.004, 443.705--443.825, 443.875, 443.991~~

RULE SUMMARY: OAR 411-360-0110 is being amended to revise the background check process to require that licensed providers conduct biennial background checks on subject individuals after an initial background check is completed. Beginning January 1, 2026, newly licensed providers will be responsible for conducting these checks every two years. By January 1, 2027, this requirement will apply to all licensed providers.

Other minor changes may be made to this rule to provide clarity or address issues raised during the public comment period. These changes will not affect services or introduce additional requirements.

CHANGES TO RULE:

411-360-0110

Qualifications for ~~AFH-DD~~ Providers, Resident Managers, and Caregivers ~~¶~~
of Adult Foster Homes for Individuals with Intellectual or Developmental Disabilities (AFH-DD)

(1) PROVIDER QUALIFICATIONS. A provider must: ~~¶~~

(a) Meet and maintain the level requirements of the AFH-DD license in accordance with OAR 411-360-0070. ~~¶~~

(b) Be at least 21 years of age. ~~¶~~

(c) Reside in the AFH-DD. ~~¶~~

(A) A provider resides in the home when the provider sleeps in the home four nights per week. ~~¶~~

(B) A resident manager resides in the AFH-DD when the resident manager sleeps in the same home multiple nights per week. ~~¶~~

(d) Provide evidence satisfactory to the Department regarding experience, training, knowledge, interest, and concern in providing care and services to support individuals with intellectual or developmental disabilities. Such evidence may include, but is not limited to, the following: ~~¶~~

(A) Certified nurse's aide training; ~~¶~~

(B) Nursing home, hospital, or institutional work experience; ~~¶~~

(C) Licensed practical nurse or registered nurse training and experience; ~~¶~~

(D) Training approved by the Department; or ~~¶~~

(E) Experience providing care and services and home management skills to individuals with intellectual or developmental disabilities. ~~¶~~

(e) Possess the physical health, mental health, good judgment, and good personal character determined necessary by the Department to deliver 24-hour care and services to support individuals with intellectual or developmental disabilities. ~~¶~~

(A) A provider must have a statement from a health care provider, on the applicable Department form, indicating the provider is physically and mentally capable of providing care and services. ~~¶~~

(B) A provider with a documented history or substantiated complaint of substance abuse or mental illness must provide evidence satisfactory to the Department of successful treatment and rehabilitation and references regarding current condition. ~~¶~~

(f) Have and maintain an approved background check in accordance with section (2) of this rule. ~~¶~~

(g) Have no founded report of child abuse or a substantiated abuse allegation. ~~¶~~

(h) Have the financial ability and maintain sufficient liquid resources to pay the operating costs of the AFH-DD for at least two months without solely relying on potential income from individuals and room and board payments. If a provider operates more than one AFH-DD, the provider must have the financial ability and maintain sufficient liquid resources to pay the operating costs of all the AFH-DDs for at least two months without solely relying on potential income from individuals and room and board payments. ~~¶~~

(A) Upon application, documentation of the following must be provided to the Department, if applicable: ~~¶~~

(i) Unsatisfied judgments, liens, and pending lawsuits where a claim for money or property is made against the applicant; ~~¶~~

(ii) Bankruptcy filings by the applicant; and ~~¶~~

(iii) Unpaid taxes due from the applicant including, but not limited to, property taxes, employment taxes, and state and federal income taxes. ~~¶~~

(B) The Department may require or permit an applicant to provide a current credit report to satisfy the financial requirements in this rule. ~~¶~~

(C) The Department may not issue an initial license to an applicant who has been adjudged bankrupt more than once. ~~¶~~

(D) If an applicant has an unpaid judgment (other than a current judgment for support), pending lawsuit, lien, or unpaid taxes, proof the applicant has the amount of resources necessary to pay the claims must be provided to the

Department.¶

(E) If an applicant is unable to demonstrate the financial ability and resources required by these rules, the Department may require the applicant to furnish a financial guarantee, such as a line of credit or guaranteed loan, as a condition of initial licensure.¶

(i) Be literate in the English language and demonstrate the ability to comprehend and communicate in English orally and in writing with individuals, licensed health care providers, services coordinators, and others involved in the care of the individuals.¶

(j) Be able to respond appropriately to emergency situations at all times.¶

(k) If transporting individuals, have a valid driver's license and vehicle insurance in compliance with the laws of the Department of Motor Vehicles.¶

(l) Annually review their responsibility as a mandatory reporter. Annual mandatory reporter notification must be documented on the applicable Department forms.¶

(m) Have a clear understanding of the job responsibilities, knowledge of the individuals' ISPs or Service Agreements, and the ability to provide the care and services specified for each individual.¶

(n) Not be listed on the Exclusion Lists of the Office of Inspector General or General Services Administration.¶

(2) BACKGROUND CHECKS.¶

~~(a) An AFH-DD provider must perform a background check on each subject individual as defined in OAR 411-360-0020 must have an approved background check in accordance with OAR 407-007-0200 through 407-007-0370 and, ORS 181A.200, prior to and ORS 409.027, prior to the subject individual operating, working, training, or residing in an AFH-DD. A preliminary determination may be made in accordance with subsection (b) of this section.¶~~

~~(A) As of September 1, 2017, a new background check must be completed in AFH-DD provider licensed after January 1, 2026 must perform a background check on each subject individual every two years once a subject individual has passed an initial background check and their fitness determination has been entered into the Long-Term Background Check Registry, in accordance with OAR 407-007-0600 through 407-007-0640.¶~~

~~(B) As of January 1, 2027, all AFH-DD providers must perform a new background check on each subject individual every two years once a subject individual has passed an initial background check and their fitness determination has been entered into the Long-Term Background Check Registry, in accordance with OAR 407-007-0600 through 407-007-0640.¶~~

~~(B) A new background check must be completed prior to the following:¶~~

~~(i) A change in the employment or volunteer position of a subject individual (i.e., such as changing from a caregiver to resident manager).¶~~

~~(ii) A subject individual working in another AFH-DD regardless of whether the employer is the same or not, unless subsection (c) of this section applies.¶~~

(b) PRELIMINARY DETERMINATION.¶

(A) A subject individual may be hired following completion of a preliminary fitness determination in accordance with OAR 407-007-0200 through 407-007-0370, unless the subject individual is a licensee, co-licensee, or has partial ownership of the AFH-DD.¶

(B) A subject individual who is hired on a preliminary basis must be under the direct, on-site, supervision of another employee of the AFH-DD who has a current approved background check.¶

(c) PORTABILITY OF BACKGROUND CHECK APPROVAL. A subject individual, excluding licensees, may be approved to work in multiple homes within a county only when the subject individual is working in the same employment or volunteer position. The indication of worksite location must be included for each subject individual to show the intent of the subject individual to work at various AFH-DDs within the licensing jurisdiction of the county.¶

(d) Public funds may not be used to support, in whole or in part, a provider, a resident manager, employees of the provider, substitute caregivers, volunteers, or any other subject individual under OAR 407-007-0200 through 407-007-0370 who is subject to background checks, who has been convicted of any of the disqualifying crimes listed in ORS 443.004. This rule does not apply to a person hired prior to July 28, 2009.¶

(e) A person may not be authorized as a provider or meet qualifications as described in this rule if the person has been convicted of any of the disqualifying crimes listed in ORS 443.004. This rule does not apply to a person hired prior to July 28, 2009.¶

(f) A weighing test is applied to background checks for occupants who do not provide care in the AFH-DD.¶

(3) RESIDENT MANAGER REQUIREMENTS. A resident manager must meet and maintain the provider qualifications listed in section (1) of this rule and the level requirements of the AFH-DD license in accordance with OAR 411-360-0070.¶

(4) SUBSTITUTE CAREGIVER REQUIREMENTS. A substitute caregiver must:¶

(a) Not be an individual service recipient of the AFH-DD.¶

(b) Meet and maintain the level requirements of the AFH-DD license in accordance with OAR 411-360-0070, and

the training requirements in accordance with OAR 411-360-0120.¶

(c) Be at least 18 years of age.¶

(d) Possess the physical health, mental health, good judgment, and good personal character determined necessary by the Department to deliver care and services to support individuals with intellectual or developmental disabilities. A substitute caregiver with a documented history or substantiated complaint of substance abuse or mental illness must provide evidence satisfactory to the Department of successful treatment and rehabilitation and references regarding current condition.¶

(e) Have and maintain an approved background check in accordance with section (2) of this rule.¶

(f) Disclose on the application for employment if the substitute caregiver has been found to have committed abuse.¶

(g) Be literate in the English language and demonstrate the ability to comprehend and communicate in English orally and in writing with individuals, licensed health care providers, services coordinators, and others involved in the care of the individuals.¶

(h) Be able to respond appropriately to emergency situations at all times.¶

(i) Know fire safety and emergency procedures.¶

(j) If transporting individuals, have a valid driver's license and vehicle insurance in compliance with the laws of the Department of Motor Vehicles.¶

(k) Annually review their responsibility as a mandatory reporter. Annual mandatory reporter notification must be documented on the applicable Department forms.¶

(l) Have a clear understanding of the job responsibilities, knowledge of the individuals' ISPs or Service Agreements, and the ability to provide the care and services specified for each individual.¶

(m) Be able to meet the qualifications described in section (1) of this rule when left in charge of an AFH-DD for 30 calendar days or longer.¶

(5) A licensee may not hire or continue to employ a resident manager or substitute caregiver that does not meet the requirements stated in this rule.¶

(6) A licensee is responsible for the operation of the AFH-DD and the quality of care and services delivered in the AFH-DD.¶

(7) A licensee is responsible for the supervision and training of resident managers and substitute caregivers and their general conduct when acting within the scope of their employment or duties.¶

(8) A licensee, resident manager, caregiver, volunteer, or other subject individual must self-report any potentially disqualifying condition as described in OAR 407-007-0280~~1~~ and OAR 407-007-0290. The person must notify the Department within 24 hours.

Statutory/Other Authority: ORS 409.050, 427.104, 430.662, 443.001, 443.004, 443.725, 443.730, 443.734, 443.735, 443.738, 443.742, 443.760, 443.765, 443.767, 443.775, 443.790

Statutes/Other Implemented: ORS 409.010, 427.007, 427.101, 427.104, 430.662, 441.993, 443.001-443.004, 443.705-443.825, 443.875, 443.991

RULE SUMMARY: OAR 411-360-0120 is being amended to clarify a provider must complete the orientation provided by the Department, not the local CDDP, prior to placement of individuals in their I/DD adult foster home.

Other minor changes may be made to this rule to provide clarity or address issues raised during the public comment period. These changes will not affect services or introduce additional requirements.

CHANGES TO RULE:

411-360-0120

Training Requirements for ~~Providers~~ Adult Foster Homes for Individuals with Intellectual or Developmental Disabilities (AFH-DD)

- (1) A provider must complete the Department's Basic Training Course that includes but is not limited to taking and passing an examination on course work and necessary skills. Failure to obtain a passing score on the Basic Training Examination may result in the denial or non-renewal of a license pursuant to OAR 411-360-0270. If an applicant fails the first Examination, a second Examination may be taken. If the applicant fails the second Examination, the application may be denied.¶¶
- (2) All resident manager applicants must complete the Department's Basic Training Course and pass the Basic Training Examination prior to becoming a resident manager. If the applicant fails the first Examination, a second Examination may be taken. If the applicant fails the second Examination, the application may be denied.¶¶
- (3) All substitute caregivers must complete the Department's Basic Training Course and pass the Basic Training Examination prior to providing care and services. If a substitute caregiver fails the first Examination, a second Examination may be taken. If the substitute caregiver fails the second Examination, the substitute caregiver must wait 14 calendar days to retake the Examination. Each subsequent test failure requires a 14- calendar day waiting period until the substitute caregiver passes the Examination.¶¶
- (4) The provider or resident manager must keep documentation of the completion of the Department's Basic Training Course and annual training of substitute caregivers including the date of the training, subject content, name of the agency or organization providing the training, and the number of training hours.¶¶
- (5) Prior to placement of individuals in an AFH-DD, the provider must complete an AFH-DD orientation provided by the ~~local CDDP~~ Department that at a minimum covers the requirements of the rules governing AFH-DD services.¶¶
- (6) Prior to providing care and services to any individual, a resident manager and substitute caregiver must be oriented to the AFH-DD and to the individuals by the provider. Orientation must be clearly documented in the AFH-DD records. Orientation includes but is not limited to:¶¶
 - (a) The location of the fire extinguishers;¶¶
 - (b) Demonstration of evacuation procedures;¶¶
 - (c) Instruction on the emergency preparedness plan;¶¶
 - (d) Location of the individuals' records;¶¶
 - (e) Location of telephone numbers for the individuals' physicians, the provider, and other emergency contacts;¶¶
 - (f) Location of medication and key for medication cabinet;¶¶
 - (g) Introduction to individuals;¶¶
 - (h) Instructions for caring for each individual;¶¶
 - (i) Delegation by a registered nurse for nursing tasks if applicable; and ¶¶
 - (j) Instructions related to any Advance Directives.¶¶
- (7) All provider and resident manager applicants must have current certification in first aid and CPR by a training agency approved by the Department.¶¶
 - (a) Accepted CPR and First Aid courses must be provided or endorsed by the American Heart Association, the American Red Cross, the American Safety and Health Institute, or MEDIC First Aid.¶¶
 - (b) CPR or First Aid courses conducted online are only accepted by the Department when an in-person skills competency check is conducted by a qualified instructor endorsed by the American Heart Association, the American Red Cross, the American Safety and Health Institute, or MEDIC First Aid.¶¶
- (8) The Department requires at least 12 hours of Department-approved training annually for the provider, resident manager, and substitute caregivers. Training must be documented in the records of the AFH-DD.¶¶
- (9) If a provider, resident manager, or substitute caregiver is not in compliance with these rules, the Department may require additional training in the deficient area, whether or not the 12-hour approved annual training requirement has already been met.¶¶

(10) Providers, resident managers, or substitute caregivers who perform tasks of care that are delegated by a registered nurse or taught by a physician must receive appropriate training and monitoring from a registered nurse or physician on performance and implementation of the task of care. The delegated tasks of care must be addressed as part of an individual's ISP.

Statutory/Other Authority: ORS 409.050, ~~410.070~~427.104, 430.662, 443.001, 443.004, 443.725, 443.730, 443.734, 443.735, 443.738, 443.742, 443.760, 443.765, 443.767, 443.775, 443.790

Statutes/Other Implemented: ORS 409.010, 427.007, 427.101, 427.104, 430.662, 441.993, 443.001-443.004, 443.705—443.825, 443.875, 443.991

AMEND: 411-360-0130

RULE SUMMARY: OAR 411-360-0130 is being amended to clarify the current floor plan for the I/DD adult foster home must be on file with the Department, not the local CDDP.

Other minor changes may be made to this rule to provide clarity or address issues raised during the public comment period. These changes will not affect services or introduce additional requirements.

CHANGES TO RULE:

411-360-0130

~~AFH-DD Standards~~

Standards for Adult Foster Homes for Individuals with Intellectual or Developmental Disabilities (AFH-DD)

The following standards must be met to qualify for or renew an AFH-DD license:

- (1) DAILY OPERATION. An up-to-date plan for the daily operation of an AFH-DD must be maintained and include the following:
 - (a) The use of a resident manager and substitute caregivers, as applicable.
 - (b) The schedule of the provider, resident manager, and substitute caregivers, as applicable.
 - (c) The plan for coverage in the absence of the provider, resident manager, or substitute caregivers, as applicable.
 - (d) The plan for covering administrative responsibilities and staffing qualifications when multiple homes are operated by the same provider.
- (2) GENERAL CONDITIONS.
 - (a) Up-to-date documentation must be maintained verifying an AFH-DD meets the following:
 - (A) Applicable local business license, zoning, building, and housing codes; and
 - (B) State and local fire and safety regulations for a single-family residence.
 - (b) General buildings must be of sound construction and meet all applicable state and local fire and safety regulations in effect at the time of construction. It is the duty of the licensee to check with local government to be sure all applicable local codes have been met. A current floor plan of the AFH-DD must be on file with the local CDDP Department.
 - (c) Mobile homes must have been built in 1976 or later and designed for use as a home rather than a travel trailer. The mobile home must have the label from the manufacturer permanently affixed to the home that states the mobile home meets the requirements of the Department of Housing and Urban Development (HUD) or authority having jurisdiction.
 - (d) INTERIOR AND EXTERIOR.
 - (A) The building, patios, decks, walkways, and furnishings must be clean and in good repair.
 - (B) The interior and exterior must be well maintained and accessible according to the needs of the individuals residing in the home.
 - (C) Walls, ceilings, and floors must be of such character to permit frequent washing, cleaning, or painting, as appropriate.
 - (D) There must be no accumulation of garbage, debris, rubbish, or offensive odors.
 - (E) Interior and exterior stairways must have handrails and be adequately lighted. Yard and exterior steps must be accessible and appropriate to the needs of the individuals residing in the home.
 - (F) Hallways and exit ways must be at least 36 inches wide or as approved by the authority having jurisdiction. Interior doorways used by individuals must be wide enough to accommodate wheelchairs and walkers if used by individuals.
 - (e) LIGHTING. Adequate lighting must be provided in each room, interior and exterior stairways, and interior and exterior exit ways. Incandescent light bulbs and fluorescent tubes must be protected and installed per the directions of the manufacturer.
 - (f) TEMPERATURE.
 - (A) The heating system must be in working order. Areas of the AFH-DD used by individuals must be maintained at a comfortable temperature.
 - (B) Minimum temperatures during the day (when individuals are home) must be no less than 68 degrees Fahrenheit and no less than 60 degrees Fahrenheit at night when individuals are sleeping.
 - (C) During times of extreme summer heat, a provider must make every reasonable effort to make the individuals comfortable and safe using ventilation, fans, or air conditioners. The temperature may not exceed 85 degrees Fahrenheit in the AFH-DD.
 - (g) COMMON USE AREAS.
 - (A) There must be at least 150 square feet of common space and sufficient comfortable furniture in the AFH-DD to accommodate the recreational and socialization needs of all occupants at one time.

- (i) Common space may not be in the basement or in the garage unless the space was constructed for that purpose or has otherwise been legalized under permit.¶¶
- (ii) Additional space may be required if wheelchairs are to be accommodated.¶¶
- (B) Individual access to, or use of, swimming or other pools, hot tubs, saunas, or spas, on the premise of the AFH-DD must be supervised. Swimming pools, hot tubs, spas, or saunas must be equipped with sufficient safety barriers or devices designed to prevent accidental injury or unsupervised access.¶¶
- (h) Marijuana must not be grown in or on the premises of an AFH-DD. An individual with an Oregon Medical Marijuana Program (OMMP) registry card must arrange for and obtain their own supply of medical marijuana from a designated grower as authorized by OMMP. A provider, caregiver, other employee, or any occupant in or on the premises of the AFH-DD, must not be designated as the grower for an individual and must not deliver marijuana from the supplier.¶¶
- (3) SANITATION.¶¶
- (a) A public water supply must be utilized if available. If a non-municipal water source is used, the water source must be tested annually for coliform bacteria by a certified agent and records must be retained for two years. Corrective action must be taken to ensure potability.¶¶
- (b) Septic tanks or other non-municipal sewage disposal systems must be in good working order.¶¶
- (c) Garbage and refuse must be suitably stored in readily cleanable, rodent proof, covered containers, pending weekly removal.¶¶
- (d) Prior to laundering, soiled linens and clothing must be stored in containers in an area separate from food storage and the kitchen and dining areas. Special pre-wash attention must be given to soiled and wet bed linens.¶¶
- (e) Sanitation for household pets and other domestic animals must be adequate to prevent health hazards.¶¶
- (A) Proof of current rabies or other vaccinations, as required by a licensed veterinarian, must be maintained on the premises of the AFH-DD.¶¶
- (B) Pets not confined in enclosures must be under control and must not present a danger or health risk to individuals or guests.¶¶
- (f) There must be adequate control of insects and rodents, including screens in good repair on doors and windows used for ventilation.¶¶
- (g) Universal precautions for infection control must be followed. Hands and other skin surfaces must be washed immediately and thoroughly if contaminated with blood or other body fluids.¶¶
- (h) Precautions must be taken to prevent injuries caused by needles and other sharp instruments or devices during procedures.¶¶
- (A) Disposable syringes, needles, and other sharp items must be placed in a puncture-resistant container for disposal.¶¶
- (B) The puncture-resistant container must be located as close as practical to the use area and disposed of according to local regulations and resources (ORS 459.386 through 459.405).¶¶
- (4) BATHROOMS. Bathrooms must meet the following conditions:¶¶
- (a) Provide for individual privacy and have a finished interior, a mirror, and a window capable of being opened with a window covering or other means of ventilation.¶¶
- (b) No person must have to walk through the bedroom of another person to access a bathroom.¶¶
- (c) Be clean and free of objectionable odors.¶¶
- (d) Bathtubs, showers, toilets, and sinks must be in good repair.¶¶
- (A) A sink must be located near each toilet. A toilet and sink must be provided on each floor where rooms of non-ambulatory individuals or individuals with limited mobility are located.¶¶
- (B) There must be at least one toilet, one sink, and one bathtub or shower for each six household occupants, including the provider and their family.¶¶
- (e) Hot and cold water must be in sufficient supply to meet the individuals' personal hygiene needs. Hot water temperature sources for bathing areas may not exceed 120 degrees Fahrenheit.¶¶
- (f) Shower enclosures must have nonporous surfaces. Glass shower doors must be tempered safety glass. Shower curtains must be clean and in good condition.¶¶
- (g) Bathtubs and showers must have non-slip floor surfaces.¶¶
- (h) Toilets, bathtubs, and showers must have grab bars as required by the individuals' needs.¶¶
- (i) The toilet, bathtub, and shower must have barrier-free access with appropriate fixtures for non-ambulatory individuals in the AFH-DD. Alternative arrangements for non-ambulatory individuals must be appropriate to individual needs for maintaining good personal hygiene.¶¶
- (j) Adequate supplies of toilet paper for each toilet and soap for each sink must be provided.¶¶
- (k) Each individual must be provided with a towel and wash cloth that is laundered in hot water at least weekly or more often if necessary.¶¶
- (A) Individuals must have appropriate racks or hooks for drying bath linens.¶¶
- (B) If individual hand towels are not provided, individually dispensed paper towels must be provided.¶¶

(5) BEDROOMS.¶

(a) Bedrooms for all household occupants must meet the following conditions:¶

(A) Constructed as a bedroom when the home was built or remodeled under permit.¶

(B) Finished interior with walls or partitions of standard construction that go from floor to ceiling.¶

(C) Door opens directly to a hallway or common use room without passage through another bedroom or common bathroom.¶

(D) Adequate ventilation, heat, and light, with at least one window capable of being opened that meets the fire regulations described in subsection (k) of this section.¶

(E) At least 70 square feet of usable floor space for each occupant or 120 square feet of usable floor space for two occupants.¶

(F) No more than two occupants per room.¶

(b) A provider or their family members must not sleep in areas designated as common use living areas or share a bedroom with an individual.¶

(c) If an individual chooses to share a bedroom with another individual, the individuals must be afforded an opportunity to have a choice of roommates.¶

(d) Individuals must have the freedom to decorate and furnish his or her own bedroom as agreed to within the Residency Agreement.¶

(e) SINGLE ACTION LOCKS.¶

(A) An AFH-DD licensed on or after January 1, 2016 must have single action locks on the entrance doors to the bedroom for each individual, lockable by the individual, with only appropriate staff having keys.¶

(B) An AFH-DD licensed prior to January 1, 2016 must have single action locks on the entrance doors to the bedroom for each individual, lockable by the individual, with only appropriate staff having keys by September 1, 2018.¶

(C) Limitations may only be used when there is a health or safety risk and a written informed consent is obtained as described in OAR 411-360-0170 and OAR 411-004-0040.¶

(f) Each individual must have a bed. The bed must include a frame, unless otherwise documented by an ISP team decision. The bed must include a clean and comfortable mattress, a waterproof mattress cover if an individual is incontinent, and a pillow.¶

(g) Each individual's bedroom must have a separate, private dresser and closet space sufficient for the individual's clothing and personal effects, including hygiene and grooming supplies. An individual must be provided private and secure storage space to keep and use reasonable amounts of personal belongings.¶

(h) Drapes or shades for windows must be in good condition and allow privacy for individuals.¶

(i) Bedrooms must be on ground level for individuals who are non-ambulatory or have impaired mobility.¶

(j) Individual bedrooms must be in close enough proximity to the provider to alert the provider to nighttime needs or emergencies or be equipped with an intercom or audio monitoring as approved by an ISP team.¶

(k) Each individual's bedroom must have at least one window or exterior door that readily opens from the inside without special tools and provides a clear opening of not less than 821 square inches (5.7 sq. ft.), with the least dimensions not less than 22 inches in height or 20 inches in width. If sill height is more than 44 inches from the floor level, approved steps or other aids for window egress must be provided. A grade floor window with a clear opening of not less than 720 square inches (5.0 sq. ft.) with a sill height of 48 inches may be accepted when approved by the State Fire Marshal or the authority having jurisdiction designee of the State Fire Marshal.¶

(6) MEALS.¶

(a) A provider must support an individual's freedom to have access to his or her personal food at any time.

Limitations may only be used when there is a health or safety risk and a written informed consent is obtained as described in OAR 411-360-0170 and OAR 411-004-0040.¶

(b) Three nutritious meals and two snacks must be provided daily. Meals must be offered at times consistent with those in the community.¶

(A) Each meal must include food from the basic food groups according to the United States Department of Agriculture (USDA) and include fresh fruit and vegetables when in season, unless otherwise specified in writing by a health care provider.¶

(B) Food preparation must include consideration of cultural and ethnic backgrounds, as well as the food preferences of the individuals.¶

(c) A schedule of meal times and menus for the coming week must consider individual preferences and be prepared and posted weekly in a location accessible to individuals and their families.¶

(A) Menu substitutions must comply with subsection (b) of this section.¶

(B) If an individual misses or plans to miss a meal at a scheduled time, or requests an alternate meal time, an alternative meal must be made available.¶

(C) Individuals are not restricted to specific meal times and must be encouraged to choose when, where, and with whom to eat.¶

- (d) An individual is responsible for the provision of food beyond the required three meals and two snacks.¶
- (e) MODIFIED OR SPECIAL DIETS. For an individual with a modified or special diet ordered by a physician or licensed health care provider, a provider must:¶
 - (A) Have menus for the current week that provide food and beverages that consider the preferences of the individual and are appropriate to the individual's modified or special diet; and¶
 - (B) Maintain documentation that identifies how modified or special diets are prepared and served.¶
- (f) Adequate storage must be available to maintain food at a proper temperature, including a properly working refrigerator. Food storage and preparation areas must protect food from dirt and contamination and be free from spoiled or expired food.¶
- (g) Meals must be prepared and served in the AFH-DD.¶
- (A) Payment for meals eaten away from the AFH-DD for the convenience of the provider (e.g. restaurants, senior meal sites) is the responsibility of the provider.¶
- (B) Meals and snacks as part of an individual recreational outing are the responsibility of the individual.¶
- (h) Household utensils, dishes, and glassware must be washed in hot soapy water, rinsed, and stored to prevent contamination.¶
- (i) Food storage, preparation areas, and equipment must be clean, free of objectionable odors, and in good repair.¶
- (j) Home-canned foods must be processed according to the guidelines of the Oregon State University Extension Service. Freezing is the most acceptable method of food preservation. Milk must be pasteurized.¶
- (7) TELEPHONE.¶
- (a) A telephone must be provided in the AFH-DD that is available and accessible for the use of the individuals for incoming and outgoing calls. Telephone lines must be unblocked to allow for access.¶
- (b) The following emergency telephone numbers must be posted in close proximity to each phone utilized by the provider, resident manager, individuals, and caregivers:¶
 - (A) Local CDDP;¶
 - (B) Police, fire, and medical if not served by 911;¶
 - (C) The provider if the provider does not reside in the AFH-DD;¶
 - (D) Emergency physician; and¶
 - (E) Additional persons to be contacted in the case of an emergency.¶
- (c) Telephone numbers for making complaints or a report of alleged abuse to the Department, the local CDDP, and Disability Rights Oregon, must also be posted.¶
- (d) A telephone must be accessible to individuals for outgoing calls 24 hours a day.¶
- (e) The telephone number for an AFH-DD must be listed in the local telephone directory.¶
- (f) The licensee must notify the Department, individuals, and as applicable the families, legal representatives, and service coordinators of the individuals, of any change in the AFH-DD's telephone number within 24 hours of the change.¶
- (8) SAFETY.¶
- (a) Buildings must meet all applicable state and local building, mechanical, and housing codes for fire and life safety. The AFH-DD may be inspected for fire safety by the Office of the State Fire Marshal at the request of the Department using the standards in these rules as appropriate.¶
- (b) Only ambulatory individuals capable of self-preservation may be housed on a second floor or in a basement.¶
- (c) Split level homes must be evaluated according to accessibility, emergency egress, and evacuation capabilities of the individuals.¶
- (d) Ladders, rope, chain ladders, and other devices may not be used as a secondary means of egress.¶
- (e) Heating in accordance with the specifications of the manufacturer and electrical equipment, including wood stoves, must be installed in accordance with all applicable fire and life safety codes, used and maintained properly, and be in good repair.¶
- (A) A provider who does not have a permit verifying proper installation of an existing wood stove must have the wood stove inspected by a qualified inspector, Certified Oregon Chimney Sweep Association member, or Oregon Hearth Products Association member, and follow the recommended maintenance schedule.¶
- (B) A fireplace must have a protective glass screen or metal mesh curtain attached to the top and bottom of the fireplace.¶
- (C) The installation of a non-combustible, heat resistant, safety barrier 36 inches around wood stoves may be required to prevent individuals with ambulation or confusion problems from coming in contact with the stove.¶
- (D) Un-vented portable oil, gas, or kerosene heaters are prohibited. Sealed electric transfer heaters or electric space heaters with tip-over shut-off capability may be used when approved by the authority having jurisdiction.¶
- (f) Extension cord wiring and multi-plug adaptors must not be used in place of permanent wiring.¶
- (A) UL-approved, re-locatable power tabs (RPTs) with circuit breaker protection are permitted for indoor use only and must be installed and used in accordance with the instructions of the manufacturer.¶
- (B) If RPTs are used, the RPTs must be directly connected to an electrical outlet, never connected to another RPT

(known as daisy-chaining or piggy-backing), and never connected to an extension cord.¶

(g) Each exit door and interior door used for exit purposes must have simple hardware that cannot be locked against exit and must have an obvious method of single action operation.¶

(A) Hasps, sliding bolts, hooks and eyes, and double key deadbolts are not permitted.¶

(B) An AFH-DD with an individual who has impaired judgment and is known to wander away from the AFH-DD must have a functional and activated alarm system to alert a caregiver of the individual's unsupervised exit.¶

(h) CARBON MONOXIDE ALARMS. Carbon monoxide alarms must be listed as complying with ANSI/UL 2034 and must be installed and maintained in accordance with the instructions of the manufacturer. A carbon monoxide alarm must be installed within 15 feet of each bedroom at the height recommended by the manufacturer.¶

(A) Carbon monoxide alarms may be hard wired, plug-in, or battery operated. Hard wired and plug-in alarms must be equipped with battery backup. Battery operated alarms must be equipped with a device that warns of a low battery.¶

(B) Bedrooms used by hearing-impaired occupants who may not hear the sound of a regular carbon monoxide alarm must be equipped with an additional carbon monoxide alarm that has visual or vibrating capacity.¶

(i) SMOKE ALARMS. A smoke alarm must be installed in accordance with the instructions of the manufacturer in each bedroom, hallway or access area adjoining bedrooms, family room or main living area where occupants congregate, laundry room, office, and basement. In addition, a smoke alarm must be installed at the top of each stairway in a multi-level home.¶

(A) Ceiling placement of smoke alarms is recommended. If wall mounted, smoke alarms must be between 6 inches and 12 inches from the ceiling and not within 12 inches of a corner.¶

(B) Smoke alarms must be equipped with a device that warns of low battery when battery operated or with a battery backup if hard wired.¶

(C) When activated, smoke alarms must be audible in all bedrooms.¶

(D) Bedrooms used by hearing-impaired occupants who may not hear the sound of a regular smoke alarm must be equipped with an additional smoke alarm that has visual or vibrating capacity.¶

(j) Each carbon monoxide alarm and smoke alarm must contain a sounding device or be interconnected to other alarms to provide, when activated, an audible alarm in each bedroom. The alarm must be loud enough to wake occupants when all bedroom doors are closed.¶

(k) A licensee must test each carbon monoxide alarm and smoke alarm in accordance with the instructions of the manufacturer at least monthly (per NFPA 72). Testing must be documented in the AFH-DD records.¶

(l) FIRE EXTINGUISHERS. At least one 2A-10BC rated fire extinguisher must be in a visible and readily accessible location on each floor, including the basement. Fire extinguishers must be inspected at least once a year by a person qualified in fire extinguisher maintenance. All recharging and hydrostatic testing must be completed by a qualified agency properly trained and equipped for this purpose. Maintenance must be documented in the AFH-DD records.¶

(m) A licensee must maintain carbon monoxide alarms, smoke alarms, and fire extinguishers in functional condition. If there are more than two violations in maintaining battery operated alarms in working condition, the Department may require the licensee to hard wire the alarms into the electrical system.¶

(9) EMERGENCY PROCEDURES AND PLANNING.¶

(a) EVACUATION.¶

(A) A provider may have a fully operating and maintained interior sprinkler system approved by appropriate regulatory authorities allowing for evacuation of all individuals meeting applicable fire, life, and safety requirements; or¶

(B) A provider must demonstrate the ability to evacuate all occupants from the AFH-DD within three minutes. If the provider is not able to demonstrate the three-minute evacuation time, the Department may apply conditions to the license including, but not limited to, reducing the number of individuals receiving services, requiring additional staffing, increasing fire protection, or revoking the license.¶

(b) EVACUATION DRILLS.¶

(A) A provider must conduct unannounced evacuation drills when individuals are present, once every quarter, with at least one drill per year occurring during the hours of sleep. The availability of a fully operating interior sprinkler system does not substitute for the requirements of evacuation drills.¶

(i) Evacuation drills must occur at different times of the day, evening, and night, with exit routes being varied based on the location of a simulated fire.¶

(ii) All occupants must participate in the evacuation drills.¶

(B) Written documentation must be made at the time of each drill and kept by the provider for at least two years following the drill. Documentation of each evacuation drill must include the following:¶

(i) The date and time of the drill or simulated drill;¶

(ii) The location of the simulated fire and exit route;¶

(iii) The last names of each individual, provider, caregiver, and other occupants present on the premises of the

AFH-DD at the time of the drill;¶

(iv) The type of evacuation assistance provided to each individual;¶

(v) The amount of time required by each individual to evacuate; and¶

(vi) The signature of the provider or caregiver conducting the drill.¶

(c) A new individual must receive an orientation to basic safety and shown how to respond to a fire and carbon monoxide alarm and how to exit from the AFH-DD in an emergency within 24 hours of arriving. Documentation of orientation must be maintained in the individual's record.¶

(d) FLOOR PLANS. A provider must provide, post, and keep up to date, a floor plan on each floor.¶

(A) The floor plan must contain the following:¶

(i) Size of each room;¶

(ii) Size of each window;¶

(iii) The location of the bed for each individual;¶

(iv) Bedroom for the provider, and as applicable, caregivers, room and board tenants, and recipients of day care, relief care, or respite services;¶

(v) Each exit on each level of the home, including emergency exits such as windows;¶

(vi) Wheelchair ramps, if applicable;¶

(vii) Each fire extinguisher, smoke alarm, carbon monoxide alarm, and sprinkler, if the home has an interior sprinkler system; and¶

(viii) Exit routes.¶

(B) The floor plan must be updated to reflect any change and a copy of the updated floor plan must be submitted to the Department.¶

(e) At least one plug-in rechargeable flashlight must be available for emergency lighting in a readily accessible area on each floor, including the basement.¶

(f) If an individual accesses the community independently, the provider must provide the individual information about appropriate steps to take in an emergency, such as emergency contact telephone numbers, contacting police or fire personnel, or other strategies to obtain assistance.¶

(g) WRITTEN EMERGENCY PLAN. A provider must develop, maintain, and implement a written Emergency Plan for the protection of each individual in the event of an emergency or disaster. The Emergency Plan must:¶

(A) Be practiced at least annually. Practice of the Emergency Plan may consist of a walk-through of the duties or a discussion exercise dealing with a hypothetical event, commonly known as a tabletop exercise.¶

(B) Consider the needs of the individuals receiving services and address all natural and human-caused events identified as a significant risk for the AFH-DD, such as a pandemic or an earthquake.¶

(C) Include provisions and sufficient supplies, such as sanitation and food supplies, to shelter in place, when unable to relocate, for at least three calendar days under the following conditions:¶

(i) Extended utility outage;¶

(ii) No running water;¶

(iii) Inability to replace food supplies; and¶

(iv) Caregivers unable to report as scheduled.¶

(D) Include provisions for evacuation and relocation that identifies the following:¶

(i) The duties of caregivers during evacuation, transporting, and housing of individuals including instructions to caregivers to notify the Department and local CDDP of the plan to evacuate or the evacuation of the AFH-DD as soon as the emergency or disaster reasonably allows;¶

(ii) The method and source of transportation;¶

(iii) Planned relocation sites reasonably anticipated to meet the needs of the individuals;¶

(iv) A method that provides persons unknown to an individual the ability to identify each individual by name and to identify the name of the supporting provider for the individual; and¶

(v) A method for tracking and reporting to the Department and the local CDDP the physical location of each individual until a different entity resumes responsibility for the individual.¶

(E) Address the needs of the individuals including provisions for the following:¶

(i) Immediate and continued access to medical treatment with the evacuation of the individual summary sheet and the emergency information identified in OAR 411-360-0170, and other information necessary to obtain care, treatment, food, and fluids;¶

(ii) Continued access to life sustaining pharmaceuticals, medical supplies, and equipment during and after an evacuation and relocation;¶

(iii) Behavior support needs anticipated during an emergency; and¶

(iv) Adequate staffing to meet the life-sustaining and safety needs of the individuals.¶

(F) A provider must instruct and provide training to each caregiver about their duties and responsibilities for implementing the Emergency Plan.¶

(i) Documentation of caregiver training must be kept on record by the provider.¶

(ii) The provider must re-evaluate the Emergency Plan at least annually or when there is a significant change in the AFH-DD.¶

(G) Applicable parts of the Emergency Plan must coordinate with each applicable employment provider or day program provider to address the possibility of an emergency or disaster during day-time hours.¶

(10) SPECIAL HAZARDS.¶

(a) Flammable and combustible liquids and hazardous materials must be safely and properly stored in original, properly labeled containers or safety containers, and secured to prevent tampering by individuals and vandals.¶

(b) Oxygen and other gas cylinders in service or in storage must be adequately secured to prevent cylinders from falling or being knocked over.¶

(A) No smoking signs must be visibly posted where oxygen or other gas cylinders are present.¶

(B) Oxygen and other gas cylinders may not be used or stored in rooms where a wood stove, fireplace, or open flames are located.¶

(c) To protect the safety of the individuals, a provider must store hunting equipment and weapons in a safe and secure manner inaccessible to the individuals. Ammunition must be secured in a locked area separate from firearms.¶

(d) For an AFH-DD with one or more employees, smoking regulations in compliance with the Indoor Clean Air Act must be adopted to allow smoking only in outdoor designated areas. Signs must be posted prohibiting smoking in the workplace per OAR 333-015-0040.¶

(A) Designated smoking areas must be at least 10 feet from any entrance, exit, window that opens, ventilation intake, or accessibility ramp.¶

(B) Smoking is prohibited in bedrooms.¶

(C) Smoking is prohibited in vehicles when individuals or employees occupy the vehicle.¶

(D) Ashtrays of noncombustible material and safe design must be provided in areas where smoking is permitted.¶

(e) Cleaning supplies, poisons, and insecticides must be properly stored in original, properly labeled containers in a safe area away from food, food preparation and storage, dining areas, and medications, and in a manner to prevent tampering by individuals.¶

(11) POSTED ITEMS. The following items must be posted in a conspicuous location accessible to individuals and visitors and be available for inspection:¶

(a) The AFH-DD license and conditions attached to the license in accordance with OAR 411-360-0080;¶

(b) Poster for the Residential Facilities Ombudsman Program in accordance with ORS 443.392;¶

(c) The Bill of Rights and house rules in accordance with OAR 411-360-0170;¶

(d) The Department's procedure for making complaints in accordance with OAR 411-360-0220;¶

(e) A weekly menu in accordance with section (6) of this rule; and¶

(f) The current floor plan in accordance with section (8) of this rule.

Statutory/Other Authority: ORS 409.050, 427.104, 430.662, 443.001, 443.004, 443.725, 443.730, 443.734, 443.735, 443.738, 443.742, 443.760, 443.765, 443.767, 443.775, 443.790

Statutes/Other Implemented: ~~ORS 427.104~~ORS 409.010, 427.007, 427.101, 427.104, 430.662, 441.993, 443.001- 443.004, 443.705-443.825, 443.875, 443.991

AMEND: 411-360-0180

RULE SUMMARY: OAR 411-360-0180 is being amended to specify the Department and the CDDP must be notified of the name of a substitute caregiver and the plan of operation when a provider is absent beyond 72 hours.

Other minor changes may be made to this rule to provide clarity or address issues raised during the public comment period. These changes will not affect services or introduce additional requirements.

CHANGES TO RULE:

411-360-0180

General Practices~~¶~~

for Adult Foster Homes for Individuals with Intellectual or Developmental Disabilities (AFH-DD)

A foster care provider must:~~¶~~

- (1) Post the license for the AFH-DD in a conspicuous location in the AFH-DD that is accessible to individuals and visitors;~~¶~~
- (2) Cooperate with Department personnel or designees of the Department in complaint investigation procedures, abuse investigations and protective services, death reviews, planning for individual care and services, application procedures, and other necessary activities, and allow access of Department personnel to the AFH-DD, the individuals, and all records;~~¶~~
- (3) Give care and services as appropriate to the age and condition of the individuals and as identified in the ISP~~Individual Support Plan~~ or Service Agreement. The provider must be responsible for ensuring that the orders of physicians and health care providers are followed and that the physicians and health care providers are informed of changes in health status and if the individual refuses care and services;~~¶~~
- (4) In the absence of the provider, have a substitute caregiver on the premises that is capable of providing care and services as required by the age and condition of the individuals. An AFH-DD service recipient may not be a substitute caregiver. For provider absences beyond 72 hours, the CDDP and the Department must be notified of the name of the substitute caregiver and the plan of operation in the absence of the provider;~~¶~~
- (5) A provider, resident manager, or caregiver must be present in the AFH-DD at all times individuals are present, unless specifically stated in an ISP~~Individual Support Plan~~ or Service Agreement and granted as a variance by the Department;~~¶~~
- (6) Allow individuals to exercise all civil and human rights accorded to other citizens;~~¶~~
- (7) Not allow or tolerate physical, sexual, or emotional abuse or punishment, exploitation, or neglect of individuals;~~¶~~
- (8) Provide care and services as agreed to in an ISP~~Individual Support Plan~~ or Service Agreement;~~¶~~
- (9) Keep information related to individuals confidential as required under ORS 179.505;~~¶~~
- (10) Assure that the number of individuals requiring nursing care does not exceed the capability of the provider as determined by the Department;~~¶~~
- (11) Not admit individuals without developmental or intellectual disabilities prior to the express permission of the Department. The provider must notify the ~~CDDP~~Community Developmental Disabilities Program prior to admitting an individual not referred for placement by the ~~CDDP~~Community Developmental Disability Program.~~¶~~
- (12) Exercise reasonable precautions against any conditions that may threaten the health, safety, or welfare of individuals;~~¶~~
- (13) Notify the Department within 24 hours upon a change in the business address for electronic mail and the telephone number for the provider and the AFH-DD.

Statutory/Other Authority: ORS 409.050, 427.104, 430.662, 443.001, 443.004, 443.725, 443.730, 443.734, 443.735, 443.738, 443.742, 443.760, 443.765, 443.767, 443.775, 443.790

Statutes/Other Implemented: ORS ~~427.104~~409.010, 427.007, 427.101, 427.104, 430.662, 441.993, 443.001-443.004, 443.705-443.825, 443.875, 443.991