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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: 10/29/2026 3:58 PM
ARCHIVES DIVISION SECRETARY OF STATE

FILING CAPTION: ODDS: SB 739 (2025) Policies and Procedures for Residential Settings, Including Adult Foster Homes

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 12/11/2026 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:
Christina Hartman
Rules Coordinator

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

DATE: 12/08/2026
TIME: 2:00 PM
OFFICER: Staff

REMOTE HEARING DETAILS
MEETING URL: Click here to join the meeting
PHONE NUMBER: 1-669-254-5252
CONFERENCE ID: 1654313648
SPECIAL INSTRUCTIONS:
Please join within the first 15 minutes. The rule hearing will stay open for 30 minutes or until all comments have been received.

A rule hearing is the time for people to share comments about the proposed rule changes. At the rule hearing, the hearing officer will listen and record the comments for the hearing report. Questions about the rule content or other developmental disabilities services are not answered during a rule hearing.

If you need help or have questions, please email ODDS.Rules@odhs.oregon.gov or call (971) 413-4225. ODDS accepts calls through all types of relay services.

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 permanent changes to the following rules:
- OAR chapter 411, division 325 about 24-hour residential programs and settings for children and adults with intellectual or developmental disabilities.
- OAR chapter 411, division 348 about host home programs and settings for children with intellectual or developmental disabilities.
- OAR chapter 411, division 360 about adult foster homes for individuals with intellectual or developmental disabilities.

These rules need to be updated to implement Senate Bill 739 (2025), Section 7, which amended ORS 443.415 to require that providers of ODDS residential settings, including adult foster homes, adopt written policies and procedures about:
- Staff and administrator training.
- Service planning.
- Medication administration.
- Food preparation and distribution.
- Safety and emergency response.
- Facility closure.

The rule changes implement Senate Bill 739 (2025), Section 7, by including the policies and procedures from ORS 443.415 into the licensing standards for 24-hour residential settings (411-325), host homes (411-348), and adult foster homes (411-360).

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

1. Senate Bill 739 (2025). Available at:
https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB0739/Enrolled

2. ORS 443.415. Available at: https://www.oregonlegislature.gov/bills_laws/ors/ors443.html

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

The proposed rule changes impact developmental disabilities services. People receiving or delivering these services are often part of one or more racial, ethnic, or culturally diverse communities.

The proposed rule changes are expected to have little to no impact on racial equity in Oregon. They are driven by Senate Bill 739 (2025), Section 7, which amended ORS 443.415 to require adult foster home providers and Medicaid agency-operated licensed residential home providers to adopt written policies and procedures about:

- Staff and administrator training.
- Service planning.
- Medication administration.
- Food preparation and distribution.
- Safety and emergency response.
- Facility closure.

The proposed rule changes reflect the new statutory requirements. Licensed residential settings, including adult foster homes, serve diverse and often underrepresented racial populations. The statutory standards for policies and procedures are intended to improve service delivery, quality, and safety standards.

These changes may help reduce existing disparities by increasing consistency and promoting more equitable access to quality services for people with intellectual or developmental disabilities.

To minimize adverse impacts and prevent potential harm, ODDS has engaged people receiving services, advocacy organizations, and service providers throughout the rulemaking process. ODDS also plans to provide communication, training, technical assistance materials, and ongoing support during implementation.

FISCAL AND ECONOMIC IMPACT:

The fiscal and economic impact is described below in the cost of compliance statement. The fiscal and economic impact was evaluated as part of the Rules Advisory Committee process 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).

(1) ODDS:

- Adult Foster Homes (411-360): ODDS anticipates a significant increase in policy, operations, and licensing workload for the development of forms and guidance, training, and implementation of requiring policies and procedures for adult foster home providers. There will be an ongoing workload impact to ODDS Licensing for the receipt, review, and approval of the policies and procedures. This is a new added workload demand since policies and procedures where not previously required for adult foster home providers.
- 24-Hour Residential Settings and Host Homes (411-325, 348): ODDS anticipates an initial increase in workload to communicate, train, and implement updated legislative requirements. Providers have previously been required to have policies and procedures. The updates to the rules add components to existing areas requiring policies and procedures.

OTHER STATE AGENCIES: Other state agencies should not be directly impacted by the proposed rule changes.

CASE MANAGEMENT ENTITIES (UNITS OF LOCAL GOVERNMENT): There should be little to no impact to case management entities as a result of the rule changes. The rule updates reflect requirements of residential service providers. ODDS Licensing is responsible for oversight of compliance.

PEOPLE RECEIVING SERVICES: There should be no impact to people receiving services

ADULT FOSTER HOME PROVIDERS: Adult foster home providers will incur some fiscal impact as a result of the rule changes. The impact is cost related to provider time for training, technical assistance, completion of the policies and procedures forms, and submission to ODDS Licensing. The impact will be minimal with the bulk of impact as part of the initial implementation. In most situations, providers will only be required to submit the policies and procedures one time with an initial or renewal application.

AGENCIES WITH 24-HOUR RESIDENTIAL SETTINGS AND HOST HOMES: Medicaid agency providers operating 24-hour residential licensed settings and host homes will have a small fiscal impact. The rule updates may require some providers to update or add policies and procedures in specific areas. The impact is based on workload with time spent updating or adding policies and procedures. Components related to submission and interface with ODDS Licensing are already established with current rules and practices.

MEMBERS OF THE PUBLIC: There is no anticipated impact for members of the public.

(2)(a) There are currently over 900 licensed adult foster homes delivering developmental disabilities services. All, or nearly all, adult foster home providers may be considered a small business as defined in ORS 183.310.

There are currently over 1800 licensed 24-hour residential homes and 7 host homes. ODDS has received over 500 new home applications in the past 10 months for 24-hour residential homes. Medicaid agencies operating licensed residential homes represent a diverse range of business models with some programs representing large multi-state operations and others limiting operation to one or two homes and a small cadre of staff. Some of the providers may be considered a small business as defined in ORS 183.310.

(2)(b) Expected reporting, recordkeeping, and administrative activities and costs required for providers to comply with the rules is included in the cost of compliance statement.

(2)(c) The cost of professional services, equipment supplies, labor, and increased administration required for providers to comply with the rules is included in the cost of compliance statement.

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

Small businesses were invited to participate on the Rules Advisory Committee (RAC) and are included in the public review and comment period.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:
411-325-0025, 411-325-0130, 411-325-0230, 411-325-0390, 411-325-0430, 411-348-0025, 411-348-0130, 411-348-0230, 411-348-0390, 411-348-0430, 411-360-3600

AMEND: 411-325-0025

RULE SUMMARY: OAR 411-325-0025, about program management for 24-hour residential programs and settings, is being amended to implement Senate Bill 739 (2025), Section 7, by requiring that a provider develop and implement a written policy and procedure about staff and administrator training.

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:

411-325-0025
Program Management for 24-Hour Residential Programs and Settings
(1) CERTIFICATION, ENDORSEMENT, AND ENROLLMENT. To operate a 24-hour residential program, a provider must have:¶
(a) A certificate and an endorsement for a 24-hour residential program as set forth in OAR chapter 411, division 323;¶
(b) An Agency Identification Number assigned by the Department as described in OAR chapter 411, division 370; and¶
(c) A Medicaid Performing Provider Number assigned by the Department as described in OAR chapter 411, division 370.¶
(2) PROVISIONAL ENDORSEMENT. An initial endorsement to these rules is provisional. An agency operating under a provisional endorsement may not be issued more than one license under OAR 411-325-0030 unless:¶
(a) The licensed setting has been serving individuals for at least two years; and¶
(b) The setting's license, issued while the agency was under a provisional endorsement, has been renewed as described in OAR 411-325-0070; and ¶
(c) There are no active advisory letters, serious violation letters, unresolved plan of corrections, conditions, or other administrative sanctions; and ¶
(d) The licensed setting is in compliance with applicable Oregon Administrative Rules.¶
(3) INSPECTIONS AND INVESTIGATIONS. A provider must allow inspections and investigations as described in OAR 411-323-0040.¶
(4) MANAGEMENT AND PERSONNEL PRACTICES. A provider must ~~c~~;¶
(a) Develop and implement policies and procedures that ensure all agency employees receive adequate training for their role; and¶
(b) Comply with the management and personnel practices ~~as described~~ in OAR 411-323-0050.¶
(5) STAFFING SURVEY. ¶
(a) A provider must submit annual staffing data to the nationally standardized reporting survey organization specified by the Department.¶
(b) A provider must ensure completion of the direct support professional staffing survey by the provider's employees when required by the Department.¶
(6) COMPETENCY-BASED TRAINING PLAN. A provider must have and implement a Competency-Based Training Plan that meets, at a minimum, the competencies and timelines set forth in the Department's Oregon Core Competencies. At a minimum, the Competency-Based Training Plan must:¶
(a) Address health, safety, rights, values, personal regard, and the mission of the provider.¶
(b) Describe competencies, training methods, timelines, how competencies of staff are determined and documented, including steps for remediation, and when a competency may be waived by the provider to accommodate the specific circumstances of a staff member.¶
(7) GENERAL STAFF QUALIFICATIONS. Each staff member providing direct assistance to an individual must:¶
(a) Have knowledge of the individual's ISP and the medical, behavioral, and additional support needs of all individuals in the home; and¶
(b) Have met the basic qualifications in the Competency-Based Training Plan. The provider must maintain and keep current written documentation that the staff member has demonstrated competency in areas identified by the Competency-Based Training Plan as required by section (6) of this rule, and that is appropriate to their job description.¶
(8) CONFIDENTIALITY OF RECORDS. A provider must ensure confidentiality of all individuals' records as described in OAR 411-323-0060.¶
(9) DOCUMENTATION REQUIREMENTS. Unless stated otherwise, all entries required by these rules must comply with the agency documentation requirements described in OAR 411-323-0060. ¶
(10) ABUSE AND INCIDENT HANDLING AND REPORTING. ¶
(a) Complaints of abuse and the occurrence of serious incidents must be treated as described in OAR 411-323-

0063. ¶
(b) NOTIFICATION OF SUBSTANTIATED ABUSE.¶
(A) When a provider receives notification of a substantiated allegation of abuse, the provider must immediately give written notification to all of the following:¶
(i) The person found to have committed abuse.¶
(ii) Individuals residing in the home and their legal representatives.¶
(B) A provider's written notification of a substantiated allegation of abuse must include all of the following:¶
(i) The type of abuse.¶
(ii) When the allegation was substantiated.¶
(iii) How to request a public record copy of the Abuse Investigation and Protective Services Report.¶
(C) A provider must have policies and procedures to describe how the provider implements notification of substantiated abuse as described in this section.
Statutory/Other Authority: ORS 409.050, 427.104, 430.662, 441.715, 443.450, 443.455
Statutes/Other Implemented: ORS 409.010, 427.007, 427.101, 427.104, 430.215, 430.610, 430.662, 441.705-441.720, 441.740, 441.745, 443.384, 443.392, 443.400-~~443.445,~~ 443.450, 443.455, 443.880, 443.881, 443.991

AMEND: 411-325-0130

RULE SUMMARY: OAR 411-325-0130, about food and nutrition in 24-hour residential programs and settings, is being amended to implement Senate Bill 739 (2025), Section 7, by requiring that a provider develop and implement a written policy and procedure about food preparation and distribution.

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:

411-325-0130
Food and Nutrition in 24-Hour Residential Programs and Settings
(1) A provider must have and implement written policies and procedures:¶
(a) For food preparation, including options for individuals to prepare their own food; and¶
(b) Describing how individuals may obtain food.¶
(2) A provider must support an individual's freedom to have access to ~~his or he~~their personal food at any time. A limitation may only be used when there is a health or safety risk and written informed consent is obtained as described in OAR 411-325-0430 and OAR 411-004-0040.¶
(~~2~~3) 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 individuals. Special consideration must be given to individuals with chewing difficulties and other eating limitations as described in section (~~3~~4) of this rule.¶
(c) If an individual misses or plans to miss a meal at a scheduled time, or requests an alternate mealtime, an alternative meal must be made available. Individuals are not restricted to specific mealtimes and are encouraged to choose when, where, and with whom to eat.¶
(d) Provision of food beyond the required three meals and two snacks are the responsibility of the individual.¶
(~~3~~4) MODIFIED OR SPECIAL DIETS. For an individual with a modified or special diet ordered by a physician or 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 modified or special diet; and¶
(b) Maintain documentation that identifies how the modified or special diet~~s~~ is prepared and served to the individual.¶
(~~4~~5) Unpasteurized milk and juice and home canned meats and fish may not be served or stored in a home.¶
(~~5~~6) A provider must maintain adequate supplies of staple foods for a minimum of one week and perishable foods for a minimum of two days on the premises.¶
(~~6~~7) Food must be stored, prepared, and served in a sanitary manner.
Statutory/Other Authority: ORS 409.050, 427.104, 430.662, 441.715, 443.450, 443.455
Statutes/Other Implemented: ORS 409.010, 427.007, 427.101, 427.104, 430.215, 430.610, 430.662, 441.705-441.720, 441.740, 441.745, 443.384, 443.392, 443.400-~~443.445,~~ 443.450, 443.455, 443.880, 443.881, 443.991

AMEND: 411-325-0230

RULE SUMMARY: OAR 411-325-0230, about emergency planning and safety reviews for 24-hour residential programs and settings, is being amended to implement Senate Bill 739 (2025), Section 7, by requiring that a provider develop and implement a written policy and procedure about safety and emergency response.

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:

411-325-0230
Emergency Plan<u>ning</u> and Safety Review~~¶~~
<u>s for 24-Hour Residential Programs and Settings</u>
(1) Providers must provide the emergency plan and safety review requirements as described in this rule.¶
(2) EMERGENCY PLANNING. ¶
(a) Providers must post the following emergency telephone numbers in close proximity to all phones used by staff. ¶
(A) The telephone numbers of the local fire, police department, and ambulance service, if not served by a 911 emergency service~~s~~; and¶
(B) The telephone number of the executive director, emergency physician, and additional people to be contacted in the case of an emergency.¶
(b) If an individual regularly accesses the community independently, the provider must provide the information to the individual 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.¶
(3) Providers must develop, maintain, update, and implement ~~a written emergency plan~~<u>written policies and procedures that ensure a written emergency plan is in place and current</u> for the protection of all individuals in the event of an emergency or disaster. ¶
(a) The emergency plan must:¶
(A) Be practiced at least annually. The emergency plan practice 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 home, such as a pandemic or an earthquake.¶
(C) Include provisions and sufficient supplies, such as sanitation supplies, to shelter in place, when unable to relocate, for at least three days under <u>any of</u> the following conditions:¶
(i) Extended utility outage~~;~~.¶
(ii) No running water~~;~~.¶
(iii) Inability to replace food or supplies~~; and~~.¶
(iv) Staff unable to report as scheduled.¶
(D) Include provisions for evacuation and relocation that identifies:¶
(i) The duties of staff during evacuation, transporting, and housing of individuals, including instructions to staff to notify the Department, local office, or designee of the plan to evacuate or the evacuation of the home as soon as the emergency or disaster reasonably allows;¶
(ii) The method and source of transportation; ¶
(iii) Planned relocation sites that are reasonably anticipated to meet the needs of the individuals in the home;¶
(iv) A method that provides a person unknown to the 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, local office, or designee, the physical location of each individual until a different entity resumes responsibility for the individual.¶
(E) Address the needs of the individuals, including provisions to provide:¶
(i) Immediate and continued access to medical treatment with the evacuation of the individual summary sheets described in OAR 411-325-0180 and the emergency information described in OAR 411-325-0185 and other information necessary to obtain care, treatment, food, and fluids for the individuals. ¶
(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.¶
(b) The provider must instruct and provide training about the duties and responsibilities for implementing the

emergency plan to all staff.¶
(c) The provider must re-evaluate and revise the emergency plan at least annually or when there is a significant change in the home.¶
(d) Applicable parts of the emergency plan must coordinate with each applicable employment provider to address the possibility of an emergency or disaster during work hours.¶
(4) ~~A documented safety review must~~QUARTERLY SAFETY REVIEW. A provider must develop and implement policies and procedures that ensure the safety of the individuals. The policies and procedures must include that a documented safety review be conducted quarterly to ensure that each home is free of hazards. The provider must keep the quarterly safety review reports for three years and must make them available upon request by the C~~DDP~~ommunity Developmental Disability Program or the Department.
Statutory/Other Authority: ORS 409.050, 427.104, 430.662, 441.715, 443.450, 443.455
Statutes/Other Implemented: ORS 409.010, 427.007, 427.101, 427.104, 430.215, 430.610, 430.662, 4~~43.400-443.455~~1.705-441.720, 441.740, 441.745, 443.384, 443.392, 443.400-443.450, 443.455, 443.880, 443.881, 443.991

AMEND: 411-325-0390

RULE SUMMARY: OAR 411-325-0390 about entry, exit, transfer, and closure of 24-hour residential programs and settings, is being amended to implement Senate Bill 739 (2025), Section 7, by requiring that a provider develop and implement a written policy and procedure for when a home closes.

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:

411-325-0390
Entry, Exit, Transfer, and Closure of 24-Hour Residential Programs and Settings
(1) NON-DISCRIMINATION. An individual may not be denied services in a 24-hour residential setting 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 Oregon residence, or other protected classes under federal and Oregon Civil Rights laws. ¶
(2) ELIGIBILITY. An individual who enters a 24-hour residential setting is subject to eligibility as described in this section.¶
(a) To be eligible for services in a 24-hour residential setting, an individual must meet the following requirements:¶
(A) Be an Oregon resident who meets the residency requirements in OAR 461-120-0010.¶
(B) Be receiving: ¶
(i) A Medicaid Title XIX benefit package through Oregon Supplemental Income Program-Medical (OSIPM) or Health Systems Division (HSD) medical programs; or ¶
(ii) A benefit package through the Healthier Oregon medical program. ¶
(C) Be determined eligible for:¶
(i) Developmental disabilities services by the Community Developmental Disabilities Program (CDDP) of the county of origin as described in OAR 411-320-0080; or¶
(ii) Services for Aging and People with Disabilities as described in OAR chapter 411, division 015.¶
(D) Meet the level of care as defined in OAR 411-317-0000.¶
(E) Not receive other Department-funded in-home, community living support, or other services in another residential setting.¶
(b) Individuals receiving Medicaid Title XIX through HSD medical programs for services in a nonstandard living arrangement, as defined in OAR 461-001-0000, are subject to the requirements in the same manner as if they were requesting these services under OSIPM, including the rules regarding:¶
(A) The transfer of assets as set forth in OAR 461-140-0210 through 461-140-0300.¶
(B) The equity value of a home which exceeds the limits as set forth in OAR 461-145-0220.¶
(3) ENTRY. ¶
(a) A provider considering an individual for entry into the home must:¶
(A) Provide notification to the local CDDP of the intended entry prior to the individual moving into the home. ¶
(B) Be prior authorized to provide Medicaid-funded services to the individual if the individual is not private pay.¶
(C) Receive written permission from the Department prior to: ¶
(i) An individual under age 18 moving into a home with individuals age 18 or older; ¶
(ii) An individual 18 or older moving into a home with individuals under the age of 18; or¶
(iii) An individual who turns 18 and continues to reside in a home with individuals under the age of 18.¶
(D) Gather sufficient information to make an informed decision about the provider's ability to safely and adequately support the individual.¶
(b) A provider must participate in an entry meeting with the individual and the individual's case manager prior to delivering services to the individual in the home. The meeting must be in person except when: ¶
(A) The provider agency has been continuously operating as a 24-hour residential program for at least two years; and ¶
(B) There are no active conditions on the home according to OAR 411-325-0060 or on the agency according to OAR 411-323-0033; and ¶
(C) There is an urgent, unforeseen need for entry and an in-person entry meeting would cause undue delay, as determined by the Department or a CDDP manager or CDDP supervisor described in OAR 411-320-0030(5). ¶
(c) A provider may not enter a child into a home until the agency's executive director, or their designee, has completed a training course related to supporting children. The training course is provided by the Department.¶
(d) Prior to an entry, a provider must demonstrate diligent efforts to acquire and review the following individual

information from the referring case management entity:¶
(A) A copy of the eligibility determination document.¶
(B) A statement indicating the safety skills, including the ability of the individual to evacuate from a building when warned by a signal device and adjust water temperature for bathing and washing.¶
(C) A brief written history of any behavioral challenges, including supervision and support needs.¶
(D) A medical history and information on health care supports that includes (when available):¶
(i) The results of the most recent physical exam;¶
(ii) The results of any dental evaluation;¶
(iii) A record of immunizations;¶
(iv) A record of known communicable diseases and allergies; and¶
(v) A record of major illnesses and hospitalizations.¶
(E) A written record of any current or recommended medications, treatments, diets, and aids to physical functioning.¶
(F) A copy of the most recent functional needs assessment and previous functional needs assessment if the needs of the individual have changed over time. ¶
(G) Copies of protocols, the risk tracking record, and any support documentation (if available).¶
(H) Copies of documents relating to the guardianship, conservatorship, health care representation, power of attorney, court orders, probation and parole information, or any other legal restrictions on the rights of the individual (if applicable).¶
(I) Copies of medical decision-making documents, such as an Advance Directive and Portable Order for Life-Sustaining Treatment (POLST), if applicable.¶
(J) Written documentation that the individual is participating in out-of-residence activities, including public school enrollment for individuals less than 21 years of age.¶
(K) Written documentation to explain why preferences of the individual may not be implemented.¶
(L) A copy of the most recent Functional Behavior Assessment, Positive Behavior Support Plan or Temporary Emergency Safety Plan, ISP or Service Agreement, Nursing Service Plan, and Individualized Education Plan (if available).¶
(e) If an individual is being admitted from the family home of the individual and the information required in subsection (d) of this section is not available, the provider must assess the individual upon entry for issues of immediate health or safety and document a plan to secure the remaining information no later than 30 calendar days after entry. The plan must include a written justification as to why the information is not available.¶
(f) A provider retains the right to deny entry of any individual if the provider determines the support needs of the individual may not be met by the provider or for any other reason not specifically prohibited by these rules.¶
(g) A provider may not admit an individual for whom the home is not accessible. ¶
(h) A provider may not admit an individual whose service needs exceed the provider's capability to keep the individual healthy and safe. ¶
(4) VOLUNTARY TRANSFERS AND EXITS.¶
(a) A provider must promptly notify an individual's case manager if the individual gives notice of the intent to exit or abruptly exits services. An individual is not required to give notice to a provider if the individual chooses to exit the home.¶
(b) A provider must notify an individual's case manager prior to the voluntary transfer or exit of an individual from the home or services, even when the individual enters into another home operated by the same provider.¶
(c) Notification and authorization of the voluntary transfer or exit of the individual must be documented in the record for the individual.¶
(d) A provider is responsible for the provision of services until an individual exits the home when the exit is a voluntary exit from the home.¶
(5) INVOLUNTARY REDUCTIONS, TRANSFERS, AND EXITS.¶
(a) A provider must only reduce, transfer, or exit an individual involuntarily for one or more of the following reasons:¶
(A) The behavior of the individual poses an imminent risk of danger to self or others.¶
(B) The individual experiences a medical emergency that results in the individual requiring substantially increased ongoing support that the provider is unable to meet.¶
(C) The service needs of the individual exceed the ability of the provider.¶
(D) The individual fails to pay for services or room and board, and payment is not available from another third-party reimbursement. ¶
(E) The provider's license for the home is suspended, revoked, not renewed, or voluntarily surrendered.¶
(F) The provider's Medicaid provider enrollment agreement or contract has been terminated.¶
(G) The provider's certification or endorsement described in OAR chapter 411, division 323 is suspended, revoked, not renewed, or voluntarily surrendered. ¶

(b) NOTICE OF INVOLUNTARY REDUCTION, TRANSFER, OR EXIT. A provider must not reduce services, transfer, or exit an individual involuntarily without giving advance written notice 30 calendar days prior to the reduction, transfer, or exit. ¶
(A) The notice of involuntary reduction, transfer, or exit must be provided to an adult individual and the individual's legal or designated representative (as applicable), the Oregon Residential Facility Ombudsman's office, and the individual's case manager, except in the case of a medical emergency or when an individual is engaging in behavior that poses an imminent danger to self or others in the home as described in subsection (c) of this section.¶
(B) The written notice must be provided on the applicable Department form and include:¶
(i) The reason for the reduction, transfer, or exit; and¶
(ii) The right of the individual to a hearing as described in section (6) of this rule.¶
(C) A notice is not required when an individual requests the reduction, transfer, or exit. ¶
(c) A provider may give advance written notice less than 30 calendar days prior to an exit or transfer only in a medical emergency or when an individual is engaging in behavior that poses an imminent danger to self or others in the home and undue delay in moving the individual increases the risk of harm. The applicable Department form must be used to provide notice to an adult individual and the individual's legal or designated representative (as applicable), the Oregon Residential Facility Ombudsman's office, and the individual's case manager immediately upon the provider's determination of the need for a reduction, transfer, or exit.¶
(d) A provider must demonstrate through documentation, attempts to resolve the reason for the involuntary reduction, transfer, or exit, including consideration of alternatives to the reduction, transfer, or exit and engagement of the case manager in this process.¶
(e) A provider is responsible for the provision of services until the date of reduction, transfer, or exit identified in the notice, or when an individual requests a hearing, until the hearing is resolved.¶
(6) HEARING RIGHTS. ¶
(a) An individual must be given the opportunity for a hearing under ORS chapter 183 and OAR 411-318-0030 to dispute an involuntary reduction, transfer, or exit, except when a provider's license is revoked, not renewed, voluntarily surrendered, or the provider's Medicaid contract is terminated. ¶
(b) If an individual requests a hearing within 15 calendar days after the date of the notice and requests continuation of services, the individual must receive the same services until the hearing is resolved. ¶
(c) When an individual has been given written notice less than 30 calendar days in advance of a reduction, transfer, or exit as described in section (5)(c) of this rule and the individual has requested a hearing, the provider must reserve the room of the individual and deliver services according to the individual's needs until receipt of the Final Order.¶
(d) An individual or their legal or designated representative may request an expedited hearing as described in OAR 411-318-0030.¶
(7) EXIT MEETING. A provider must participate in an exit meeting before any decision to exit an individual is made when an exit meeting is requested by the individual or the individual's case management entity. ¶
(8) CLOSURE. A provider must ~~notify~~develop policies and procedures that apply to the closure of a home. The policies and procedures must ensure notification to the Department and case management entity in writing prior to announcing a voluntary closure of a home to individuals and their legal representatives ~~of the individual~~ (as applicable).¶
(a) The provider must give each individual, the legal representative of ~~the~~each individual (as applicable), and the case management entity written notice 30 calendar days in advance of the planned closure, except in circumstances where undue delay might jeopardize the health, safety, or welfare of the individuals, the provider, or caregivers.¶
(b) If the provider has more than one home, the individuals may not be transferred from one home to another home without providing each individual, the legal representative of ~~the~~each individual (as applicable), and the case management entity written notice 30 calendar days in advance of the planned closure, unless prior approval is given and agreement obtained from the individuals, the legal representative of the individuals (as applicable), and the case management entity, or when undue delay might jeopardize the health, safety, or welfare of individuals, the provider, or caregivers.¶
(c) A provider must return the license for a home to the Department if the home closes prior to the expiration of the license.
Statutory/Other Authority: ORS 409.050, 427.104, 430.662, 441.715, 443.450, 443.455
Statutes/Other Implemented: ORS 409.010, 427.007, 427.101, 427.104, 430.215, 430.610, 430.662, 441.705-441.720, 441.740, 441.745, 443.384, 443.392, 443.400-~~443.445,~~ 443.450, 443.455, 443.880, 443.881, 443.991

AMEND: 411-325-0430

RULE SUMMARY: OAR 411-325-0430, about Individual Support Plans for individuals in 24-hour residential programs and settings, is being amended to implement Senate Bill 739 (2025), Section 7, by requiring that a provider develop and implement a written policy and procedure about service planning.

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:

411-325-0430
Individual Support Plan~~¶~~
s for Individuals in 24-Hour Residential Programs and Settings
(1) A provider must develop and implement policies and procedures that ensure the provider will collect and summarize the following information prior to an I~~SP~~ndividual Support Plan (ISP) meeting:¶
(a) One page profile reflecting, at a minimum, information gathered by the provider at the setting where the individual receives services.¶
(b) Person-centered ~~i~~information reflecting, at a minimum, information gathered by the provider at the setting where the individual receives services.¶
(c) Information about known, identified serious risks.¶
(2) A provider must develop and implement policies and procedures that ensure the provider will develop and share the following information with an individual~~'s~~ and their case manager, and ~~the individual, or~~ if applicable, the ~~individual's~~ir legal or designated representative, as directed by the individual's ISP or Service Agreement.¶
(a) Implementation strategies, such as action plans, for desired outcomes or goals.¶
(b) Necessary protocols or plans that address health, behavioral, safety, and financial supports.¶
(c) A summary of the provider risk management strategies in place, including title of document, date, and where the document is located.¶
(d) A Nursing Service Plan, if applicable.¶
(e) Other documents required by the ISP team.¶
(3) When desired by an individual, their provider must participate in the individual's ISP team meetings.¶
(4) A provider must agree in writing to implement the portion of the ISP for which the provider is responsible for implementing. Agreement may be recorded by a signature on the ISP or a Service Agreement.¶
(5) A provider must maintain a copy of the ISP or Service Agreement provided by the case management entity.¶
(6) A provider must maintain documentation of implementation of each support and services specified in sections (2)(a) to (2)(e) of this rule ~~in an individual's ISP~~. The documentation must be kept current and be available for review by the individual, the individual's legal representative, case management entity, and Department representatives.¶
(7) INDIVIDUALLY-BASED LIMITATIONS.¶
(a) A provider may not place any limitations to the following freedoms without an individually-based limitation:¶
(A) Support and freedom to access the individual's personal food at any time.¶
(B) Visitors of the individual's choosing at any time.¶
(C) A lock on the individual's bedroom, lockable by the individual.¶
(D) Choice of a roommate, if sharing a bedroom.¶
(E) Freedom to furnish and decorate the individual's bedroom as the individual chooses in accordance with their Residency Agreement.¶
(F) Freedom and support to control the individual's schedule and activities.¶
(G) Freedom from restraint, except in accordance with the standards for developmental disabilities services set forth in ORS 443.739, OAR chapter 411, or the relevant Title XIX Medicaid-funding authority.¶
(b) When an individual's freedom in subsection (a) of this section may not be met due to a threat to the health and safety of the individual or others, an individually-based limitation must be authorized and documented in the individual's ISP in accordance with OAR 411-415-0070.¶
(c) A provider is responsible for all of the following:¶
(A) Maintaining a copy of the completed and signed form documenting an individual's consent to the appropriate individually-based limitation. The form must be signed by the individual or the individual's legal representative, if applicable.¶
(B) Regular collection and review of data to measure the ongoing effectiveness of, and the continued need for, the individually-based limitation.¶

(C) Requesting a review of the individually-based limitation when a new individually-based limitation is indicated, or change or removal of an individually-based limitation is needed.
Statutory/Other Authority: ORS 409.050, 427.104, 430.662, 441.715, 443.450, 443.455
Statutes/Other Implemented: ORS 443.400-443.455 409.010, 427.007, 427.101, 427.104, 430.215, 430.610, 430.662, 441.705-441.720, 441.740, 441.745, 443.384, 443.392, 443.400-443.450, 443.455, 443.880, 443.881, 443.991

AMEND: 411-348-0025

RULE SUMMARY: OAR 411-348-0025, about program management, endorsement, certification, and enrollment for host homes, is being amended to implement Senate Bill 739 (2025), Section 7, by requiring that a program provider develop and implement a written policy and procedure about staff and administrator training.

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:

411-348-0025
Program Management, Endorsement, Certification, and Enrollment for Host Homes
(1) CERTIFICATION, ENDORSEMENT, AND ENROLLMENT. To operate a Host Home Program, a program provider must have:¶
(a) A Medicaid agency certificate and an endorsement for a Host Home Program as set forth in OAR chapter 411, division 323; and¶
(b) A Medicaid Provider Identification Number assigned by the Department as described in OAR chapter 411, division 370.¶
(2) INSPECTIONS AND INVESTIGATIONS. A program provider and in-residence caregiver must allow for inspections and investigations as described in OAR 411-323-0040.¶
(3) MANAGEMENT AND PERSONNEL PRACTICES. A program provider must ~~c~~:¶
(a) Develop and implement policies and procedures that ensure all agency employees receive adequate training for their role: and ¶
(b) Comply with the management and personnel practices ~~described~~ in OAR 411-323-0050.¶
(4) IN-RESIDENCE CAREGIVER APPLICANT STUDY. A program provider must complete and submit an In-Residence Caregiver Applicant Study in accordance with OAR 411-348-0045 for each ~~H~~host ~~H~~home. The In-Residence Caregiver Applicant Study must be submitted to the Department as part of the application process for each host home license.¶
(5) STAFFING SURVEY. ¶
(a) A program provider must submit annual staffing data to the nationally standardized reporting survey organization specified by the Department. ¶
(b) A program provider must ensure completion of the direct support worker staffing survey by the program provider's staff, including the in-residence caregiver, when required by the Department.¶
(6) COMPETENCY-BASED TRAINING PLAN. ¶
(a) A program provider must have and implement a Competency-Based Training Plan that meets, at a minimum, the competencies and timelines set forth in the Department's Core Competencies. At a minimum, the Competency-Based Training Plan must:¶
(A) Address health, safety, rights, values, personal regard, and the mission of the program provider.¶
(B) Describe competencies, training methods, timelines, how competencies of staff and in-residence caregivers are determined and documented, including steps for remediation, and when a competency may be waived by the program provider to accommodate the specific circumstances of an in-residence caregiver or staff member.¶
(b) When a program provider opts to implement a Competency-Based Training Plan other than the Department's Core Competencies for an in-residence caregiver or other staff, the Competency-Based Training Plan must include the following curriculum in accordance with the timelines stated below:¶
(A) Prior to the admission of a child into a ~~H~~host ~~H~~home, the in-residence caregiver must have all of the following:¶
(i) Received sufficient training in all of the following areas to perform the basic duties of a primary caregiver providing support to a child with intellectual or developmental disabilities:¶
(I) Host Home Program policies and procedures, including complaint processes, safe body mechanics, mission~~s~~ and values, and financial management.¶
(II) Mandatory abuse reporting.¶
(III) Basic rights, including home and community-based services protections.¶
(IV) Confidentiality standards.¶
(V) Person-centered planning and person-centered practices.¶
(VI) Individual Support Plans (ISPs), including roles, how to locate information in an ISP document, and supporting documents such as nursing plans, behavior support documents, mental health plans, education plans, etc.¶
(VII) Medical services and supports, including basic health indicators, when to report change in health, risks, protocols, and medication management.¶

(VIII) Infection control and disease outbreak prevention and reporting.¶
(ii) First Aid and CPR.¶
(iii) Positive behavior supports.¶
(iv) Emergency preparedness and emergency ~~R~~response.¶
(v) Documentation standards.¶
(vi) Incident reporting and serious incidents.¶
(vii) Oregon Administrative Rules, including how to find rule information.¶
(viii) Trauma-informed care.¶
(B) Within six months following the licensure of a ~~H~~host ~~H~~home, the in-residence caregiver must have received sufficient training in all of the following areas:¶
(i) Mitigating risk and the dignity of risk.¶
(ii) Transition to adulthood.¶
(iii) Employment.¶
(C) Other training topics that are recommended for initial training or ongoing training credit hours as required ~~per~~by OAR 411-323-0050 for in-residence caregivers or staff include, but are not limited to, the following:¶
(i) Guardianship and educational surrogates.¶
(ii) Sexual development and sexual health.¶
(iii) Diversity and cultural awareness.¶
(iv) Suicide prevention.¶
(v) Department-approved behavior intervention curriculum (required for any in-residence caregiver or staff supporting a child with a Positive Behavior Support Plan that includes a safeguarding intervention or safeguarding equipment to address challenging behavior).¶
(7) GENERAL STAFF AND IN-RESIDENCE CAREGIVER QUALIFICATIONS.¶
(a) Each staff member or in-residence caregiver providing direct assistance to a child must:¶
(A) Have knowledge of the child's ISP and support needs, including medical, behavioral, and safety supports required by the child.¶
(B) Have met the basic qualifications in the Competency-~~-~~Based Training Plan. A program provider must maintain current written documentation that staff and in-residence caregivers have demonstrated competency in areas identified by the program provider's Competency-~~-~~Based Training Plan as required by section (6) of this rule, and that is appropriate to their job description.¶
(b) An in-residence caregiver must be at least 21 years of age and unrelated to a child receiving services in their ~~H~~host ~~H~~home.¶
(8) CONFIDENTIALITY OF RECORDS.¶
(a) A program provider must ensure all children's records are kept confidential as described in OAR 411-323-0060.¶
(b) A program provider, the in-residence caregiver, the in-residence caregiver's family, and staff must treat personal information about a child or a child's family in a confidential manner. Confidential information is to be disclosed on a need-to-know basis to law enforcement, Department staff, ~~Oregon Health Authority staff, CDDP staff, DHS-CW staff~~including staff from Child Welfare, Oregon Health Authority staff, staff from Community Developmental Disabilities Programs (CDDPs), the Residential Facilities Ombudsman, school personnel, and licensed health care providers who are treating or providing services to a child. The information shared must be limited to the child's health, safety, and service needs.¶
(c) In addition to the requirements in subsections (a) and (b) of this section, a program provider, the in-residence caregiver, the in-residence caregiver's family, and staff must comply with the provisions of ORS 192.553 through 192.568 and therefore may use or disclose a child's protected health information only:¶
(A) To law enforcement, Department staff, including staff from Child Welfare, Oregon Health Authority staff, CDDP staff, ~~DHS-CW staff,~~ and the child's parent or guardian, except when prohibited by a court order;¶
(B) As authorized by the child's parent or guardian appointed under ORS 125.305, 419B.372, 419C.481, or 419C.555;¶
(C) For purposes of obtaining health care treatment for the child;¶
(D) For purposes of obtaining payment for health care treatment; or¶
(E) As permitted or required by state or federal law or by order of a court.¶
(9) DOCUMENTATION REQUIREMENTS. Unless stated otherwise, all documentation required by these rules must comply with the agency documentation requirements ~~described~~ in OAR 411-323-0060.¶
(10) ABUSE AND INCIDENT HANDLING AND REPORTING.¶
(a) Complaints of abuse and the occurrence of serious incidents must be treated as described in OAR 411-323-0063.¶
(b) NOTIFICATION OF SUBSTANTIATED ABUSE.¶
(A) When a program provider receives notification of a substantiated allegation of abuse, the program provider

must immediately give written notification to all of the following:¶
(i) The person found to have committed abuse.¶
(ii) The parent or guardian of the children receiving services in the ~~H~~host ~~H~~home.¶
(B) A program provider's written notification of a substantiated allegation of abuse must include all of the following:¶
(i) The type of abuse.¶
(ii) When the allegation was substantiated.¶
(iii) How to request a public record copy of the Abuse Investigation and Protective Services Report.¶
(C) A program provider must have policies and procedures to describe how the program provider implements notification of substantiated abuse as described in this section.¶
(11) NEED FOR SERVICES. A program provider must develop and implement written policies and procedures to review and document that each child receiving services in a ~~H~~host ~~H~~home continues to require the structure of services specifically available in a ~~H~~host ~~H~~home~~.~~. The policies and procedures must include a frequency of review and address all of the following:¶
(a) The child's need for a formal Positive Behavior Support Plan based on the child's Functional Needs Assessment, ISP, and Functional Behavior Assessment.¶
(b) The child's risk to self and others, including frequency of significant threats to safety as a result of the child's actions or non-actions or serious behavioral incidents for the past 12 months.¶
(c) The frequency of psychiatric hospitalization for the last 12 months, excluding initial assessment and evaluation.¶
(d) The frequency and nature of community service response required as a result of the child's behavior, including law enforcement and other emergency personnel, juvenile justice, and providers related to juvenile dependency for the past 12 months.¶
(e) The child's behavioral challenges, including if the behavior challenges continue to be a barrier to the child's return to their family home.
Statutory/Other Authority: ORS 409.050, 427.104, 430.662, 441.715, 443.450, 443.455
Statutes/Other Implemented: ORS ~~427.104~~09.010, 427.007, 427.101, 427.104, 430.215, 430.610, 430.662, 441.705-441.720, 441.740, 441.745, 443.384, 443.392, 443.400-~~443.445,~~ 443.450, 443.455, 443.880, 443.881, 443.991

AMEND: 411-348-0130

RULE SUMMARY: OAR 411-348-0130, about food and nutrition in host homes, is being amended to implement Senate Bill 739 (2025), Section 7, by requiring that a program provider develop and implement a written policy and procedure about food preparation and distribution.

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:

411-348-0130
Food and Nutrition in Host Homes
(1) A program provider must have and implement written policies and procedures:¶
(a) For food preparation, including options when children who live in the host home may prepare their own food; and¶
(b) Describing how children in the host home may obtain food.¶
(2) An in-residence caregiver must offer three nutritious meals and two snacks daily. Meals must be offered at times consistent with those in the community. ¶
(a) Daily meals must include food from the four basic food groups according to the United States Department of Agriculture (USDA) and include fresh fruits and vegetables when in season, unless otherwise specified in writing by a health care provider. ¶
(b) There must be no more than a 14-hour span between the evening meal and breakfast, unless snacks and liquids are served as supplements.¶
(c) Food preparation must include consideration of the cultural and ethnic background, as well as the food preferences of a child. Special consideration must be given to children with chewing difficulties or other eating limitations as described in section (~~3~~4) of this rule.¶
(d) If a child is away from the ~~H~~host ~~H~~home during a mealtime, the in-residence caregiver must make arrangements for the child to have the meal available to the child at a time consistent with the community standard time range for the meal offered away from the ~~H~~host ~~H~~home.¶
(~~2~~3) A child must be permitted to acquire, store, and access personal food in a ~~H~~host ~~H~~home in a manner consistent with age-typical practices for children living in the community and in accordance with the child's ISP. ¶
(~~3~~4) MODIFIED OR SPECIAL DIETS. For a child with a modified or special diet ordered by a physician or health care provider, a program provider, in-residence caregiver, and staff must:¶
(a) Implement special diets only as prescribed in writing by a physician or health care provider; and¶
(b) Maintain documentation that identifies how the modified or special diet is prepared and served to the child.¶
(~~4~~5) Unpasteurized milk and juice and home canned meats and fish may not be served or stored in a ~~H~~host ~~H~~home.¶
(~~5~~6) Any home canned food used must be processed according to the guidelines of Oregon State University extension services (https://extension.oregonstate.edu/~~fch/~~food~~-~~/preservation). ¶
(~~6~~7) A program provider must ensure the in-residence caregiver maintains adequate supplies of staple foods for a minimum of one week and perishable foods for a minimum of two days on the premises.¶
(~~7~~8) Foods must be stored, prepared, and served in a sanitary manner¶
(~~8~~9) All food items must be used prior to their expiration date. ¶
(~~9~~10) A program provider, in-residence caregiver, or staff must prepare and serve meals in the ~~H~~host ~~H~~home. Payment for meals eaten away from the ~~H~~host ~~H~~home (e.g. restaurants) for the convenience of the program provider, in-residence caregiver, or staff, is the program provider's responsibility.
Statutory/Other Authority: ORS 409.050, 427.104, 430.662, 441.715, 443.450, 443.455
Statutes/Other Implemented: ORS ~~427.104~~09.010, 427.007, 427.101, 427.104, 430.215, 430.610, 430.662, 441.705-441.720, 441.740, 441.745, 443.384, 443.392, 443.400-~~443.445,~~ 443.450, 443.455, 443.880, 443.881, 443.991

AMEND: 411-348-0230

RULE SUMMARY: OAR 411-348-0230, about emergency planning and safety reviews for host homes, is being amended to implement Senate Bill 739 (2025), Section 7, by requiring that a program provider develop and implement a written policy and procedure about safety and emergency response.

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:

411-348-0230
Emergency Planning and Safety Reviews for Host Homes
(1) EMERGENCY INFORMATION AND EMERGENCY PLANS. A program provider must ensure:¶
(a) The in-residence caregiver maintains emergency information for each child placed in the ~~H~~host ~~H~~home according to OAR 411-348-0185~~;~~.¶
(b) Emergency telephone numbers are posted in an accessible location in the ~~H~~host ~~H~~home~~;~~. ¶
(c) The in-residence caregiver maintains a written emergency plan for the protection of all children in the ~~H~~host ~~H~~home in the event of an emergency or disaster.¶
(d) Children are provided with 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.¶
(2) EMERGENCY POLICIES AND PROCEDURES AND WRITTEN EMERGENCY PLAN.¶
(a) A program provider must develop, maintain, update, and implement ~~a written emergency plan that~~written policies and procedures that ensure a written emergency plan is in place and current and includes instructions for the in-residence caregiver, staff, and volunteers in the event of an emergency or disaster. The emergency plan must be available at the program provider's office and the ~~H~~host ~~H~~home setting. The program provider must also provide a copy to the C~~DDP~~ommunity Developmental Disabilities Program (CDDP). The emergency plan must: ¶
(A) Be practiced at least annually. The emergency plan practice may consist of a walk-through of the program provider's and in-residence caregiver's responsibilities, or a discussion exercise dealing with a hypothetical event.¶
(B) Consider the needs of the children receiving services and address all natural and human-caused events identified as a significant risk for the ~~H~~host ~~H~~home, such as a pandemic or an earthquake.¶
(C) At the ~~H~~host ~~H~~home, include provisions and sufficient supplies, such as sanitation and food supplies, to shelter in place, when unable to relocate, for a minimum of three days under any of the following conditions: ¶
(i) Extended utility outage~~;~~. ¶
(ii) No running water~~;~~. ¶
(iii) Inability to replace food or supplies~~; and~~. ¶
(iv) Alternate caregiver or staff is unable to provide respite or additional support and care. ¶
(D) Include provisions for evacuation and relocation that identifies: ¶
(i) The duties of the program provider, in-residence caregiver, and staff during evacuation, transporting, and housing of a child, including instructions to notify the child's parent or guardian, the Department ~~or~~, including Child Welfare (as applicable), or the Department's designee, and the CDDP services coordinator, ~~and DHS-CW as applicable,~~ of the plan to evacuate or the evacuation of the ~~H~~host ~~H~~home as soon as the emergency or disaster reasonably allows; ¶
(ii) The method and source of transportation; ¶
(iii) Planned relocation sites that are reasonably anticipated to meet the needs of the child; ¶
(iv) A method that provides a person unknown to the child the ability to identify each child by the child's name, and to identify the name of the child's supporting provider; and¶
(v) A method for tracking and reporting to the Department or the Department's designee and the local CDDP, the physical location of each child in the ~~H~~host ~~H~~home until a different entity resumes responsibility for the child. ¶
(E) Address the needs of the child, including provisions to provide: ¶
(i) Immediate and continued access to medical treatment and other information necessary to obtain care, treatment, food, and fluids for the child, during and after an evacuation and relocation; ¶
(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 supervision and supports needed to meet the life-sustaining and safety needs of the child. ¶
(b) A program provider must provide and document all training to in-residence caregivers and staff regarding their responsibilities for implementing the emergency plan.¶

(c) A program provider must re-evaluate and revise the emergency plan at least annually or when there is a significant change in the ~~H~~host ~~H~~home.¶
(3) EMERGENCY BACK-UP. A program provider must have a plan and assure for emergency back-up in the event the in-residence caregiver is unavailable.¶
(a) The emergency back-up plan may include, but is not limited to, the use of an alternate ~~H~~host ~~H~~home setting or other licensed or certified provider home, additional staffing, and behavior support consultation.¶
(b) A program provider must assure that in the event of the emergency absence of an in-residence caregiver, there is a written contingency plan for each child that is available for the staff and alternate caregivers.¶
(4) MONTHLY SAFETY REVIEW. A program provider must develop and implement policies and procedures that ensure the safety of the children who live in the host home. The policies and procedures must include that a documented safety review ~~must~~ be conducted monthly to ensure that each ~~H~~host ~~H~~home is free of hazards. The program provider must keep the monthly safety review reports for two years and must make them available upon request by the CDDP or the Department.
Statutory/Other Authority: ORS 409.050, 427.104, 4~~41.715, 430.662~~30.662, 441.715, 443.450, 443.455
Statutes/Other Implemented: ORS 409.010, 427.007, 427.101, 427.104, 430.215, 430.610, 430.662, 441.705-441.720, 441.740, 441.745, 443.384, 443.392, 443.400-443.450, 443.455, 443.880, 443.881, 443.991

AMEND: 411-348-0390

RULE SUMMARY: OAR 411-348-0390, about entry, exit, transfer, and closure of host homes, is being amended to implement Senate Bill 739 (2025), Section 7, by requiring that a program provider develop and implement a written policy and procedure for when a home closes.

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:

411-348-0390
Entry, Exit, Transfer, and Closure of Host Homes
(1) NON-DISCRIMINATION. A child may not be denied services in a ~~H~~host ~~H~~home 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 Oregon residence, or other protected classes under federal and Oregon Civil Rights laws. ¶
(2) ELIGIBILITY. A child who enters a ~~H~~host ~~H~~home is subject to eligibility as described in this section. To be eligible for services in a ~~H~~host ~~H~~home, a child must meet the following requirements:¶
(a) Be an Oregon resident who meets the residency requirements in OAR 461-120-0010.¶
(b) Be receiving: ¶
(A) A Medicaid Title XIX benefit package through Oregon Supplemental Income Program (OSIPM) or H~~SD~~ealth Systems Division (HSD) medical programs; or ¶
(B) A benefit package through the Healthier Oregon medical program. ¶
(c) Be determined eligible for:¶
(A) Developmental disabilities services by the C~~DDP~~ommunity Developmental Disabilities Program (CDDP) of the county of origin as described in OAR 411-320-0080; or¶
(B) Services for Aging and People with Disabilities as described in OAR chapter 411, division 015.¶
(d) Meet the level of care as defined in OAR 411-317-0000.¶
(e) Not receive other Department-funded in-home, community living support, or other services in another residential setting.¶
(f) Be determined through the Department's approved assessment process to require the structure and service delivery specific to a ~~H~~host ~~H~~home.¶
(3) ENTRY. ¶
(a) A program provider considering a child for entry into a ~~H~~host ~~H~~home must:¶
(A) Provide notification and obtain approval from the Department prior to the placement of a child into a ~~H~~host ~~H~~home. ¶
(B) Be prior authorized to provide Medicaid-funded services to the child if the child is not private pay.¶
(C) Receive written permission from the Department prior to: ¶
(i) A child under age 18 moving into a ~~H~~host ~~H~~home with individuals age 18 or older; or¶
(ii) An individual who turns 18 and continues to reside in a ~~H~~host ~~H~~home with children under the age of 18.¶
(D) Gather sufficient information to make an informed choice about the ability of the program provider and in-residence caregiver to safely and adequately support the child.¶
(b) A program provider must participate in an entry meeting with a child's case manager prior to delivering services to the child for services to be funded in a ~~H~~host ~~H~~home.¶
(c) Prior to or upon an entry, a program provider must demonstrate diligent efforts to acquire the following information about the child from the referring case management entity:¶
(A) A copy of the eligibility determination document.¶
(B) A statement indicating the safety skills, including the ability of the child to evacuate from a building when warned by a signal device and adjust water temperature for bathing and washing.¶
(C) A brief written history of any behavioral challenges, including supervision and support needs.¶
(D) Medical insurance information and the child's medical card.¶
(E) A medical history and information on health care supports that includes (when available):¶
(i) The results of the most recent physical exams or well-child exams;¶
(ii) The results of any dental evaluation;¶
(iii) A record of immunizations;¶
(iv) A record of known communicable diseases and allergies; ¶
(v) A record of major illnesses and hospitalizations; ¶

(vi) A record of mental health diagnosis and treatment plans, if applicable; and¶
(vii) Any additional medical documentation relevant to the child's current care needs.¶
(F) A written record of any current or recommended medications, treatments, diets, and aids to physical functioning.¶
(G) A copy of the most recent ~~f~~Functional ~~n~~Needs ~~a~~Assessment and previous ~~f~~Functional ~~n~~Needs ~~a~~Assessment if the needs of the child have changed over time.¶
(H) Copies of protocols, the risk tracking record, and any support documentation (if available).¶
(I) Copies of documents relating to the guardianship, conservatorship, health care representation, power of attorney, court orders, probation and parole information, or any other legal protections or restrictions on the rights of the child (if applicable).¶
(J) Written documentation that the child is participating in out of residence activities, including public school enrollment.¶
(K) Written documentation to explain why preferences of the child or the child's parent or guardian may not be implemented.¶
(L) A copy of the most recent Functional Behavior Assessment, Positive Behavior Support Plan, Individual Support Plan (ISP) or Service Agreement, Nursing Service Plan, and Individualized Education Plan (if available).¶
(d) If a child is being admitted from the child's family home and the information required in subsection (c) of this section is not available, the program provider must assess the child upon entry for issues of immediate health or safety and document a plan to secure the remaining information no later than 30 calendar days after entry. The plan must include a written justification as to why the information is not available.¶
(e) A program provider retains the right to deny entry of any child if the program provider determines the support needs of the child may not be adequately or appropriately met by the program provider or for any other reason not specifically prohibited by these rules.¶
(f) A program provider may not admit a child from another funding source without first determining that the service and safety needs of all children in a ~~H~~host ~~H~~home shall be maintained and there is prior written approval from ODDS.¶
(4) VOLUNTARY TRANSFERS AND EXITS.¶
(a) A program provider must promptly notify a child's case manager if the child's parent or guardian gives notice of the intent to exit or abruptly exits services. A child's parent or guardian is not required to give prior notice to a program provider if the child's parent or guardian chooses to exit the child from the ~~H~~host ~~H~~home.¶
(b) A program provider must notify a child's case manager prior to the voluntary transfer or exit of a child from the ~~H~~host ~~H~~home or services, even when the child enters into another ~~H~~host ~~H~~home operated by the same program provider.¶
(c) Notification and authorization of ~~the~~a child's voluntary transfer or exit ~~of the child~~ must be documented in the ~~record for the chil~~child's record.¶
(d) A program provider is responsible for the provision of services until a child exits the ~~H~~host ~~H~~home when the exit is a voluntary exit from the ~~H~~host ~~H~~home.¶
(5) INVOLUNTARY TRANSFERS AND EXITS.¶
(a) A program provider must only transfer or exit a child involuntarily for one or more of the following reasons:¶
(A) The behavior of the child poses an imminent risk of danger to self or others.¶
(B) The child experiences a medical emergency that results in the child requiring substantially increased ongoing support that the program provider is unable to meet.¶
(C) The service needs of the child exceed the ability of the program provider.¶
(D) Payment is not available from Medicaid or other third-party reimbursement.¶
(E) The program provider's license for the home is suspended, revoked, not renewed, or voluntarily surrendered.¶
(F) The program provider's Medicaid provider enrollment agreement or contract has been terminated.¶
(G) The program provider's certification or endorsement described in OAR chapter 411, division 323 is suspended, revoked, not renewed, or voluntarily surrendered.¶
(b) NOTICE OF INVOLUNTARY REDUCTION, TRANSFER, OR EXIT. A program provider must not reduce services, transfer, or exit a child involuntarily without giving advance written notice 30 calendar days prior to the reduction, transfer, or exit. The notice of involuntary reduction, transfer, or exit must be provided to the child's parent or guardian and case manager, except in the case of a medical emergency or when a child is engaging in behavior that poses an imminent danger to self or others in the ~~H~~host ~~H~~home as described in subsection (c) of this section.¶
(A) The written notice must be provided on the applicable Department form and include:¶
(i) The reason for the reduction, transfer, or exit; and¶
(ii) The right of the child, or the child's parent or guardian on behalf of the child, to a hearing as described in section (6) of this rule.¶
(B) A notice is not required when a child's parent or guardian requests the reduction, transfer, or exit.¶
(c) A program provider may give advance written notice less than 30 calendar days prior to an exit or transfer only

in a medical emergency or when a child is engaging in behavior that poses an imminent danger to self or others in the ~~H~~host ~~H~~home and undue delay in moving the child increases the risk of harm. The notice must be provided to the child's parent or guardian and case manager immediately upon the program provider's determination of the need for a reduction, transfer, or exit.¶
(d) A program provider must demonstrate through documentation, attempts to resolve the reason for the involuntary reduction, transfer, or exit, including consideration of alternatives to the reduction, transfer, or exit, and engagement of the case manager in the process.¶
(e) A program provider is responsible for the provision of services until the date of reduction, transfer, or exit identified in the notice, or when a child's parent or guardian requests a hearing, until the hearing is resolved.¶
(6) HEARING RIGHTS.¶
(a) A child, or child's parent or guardian on behalf of the child, must be given the opportunity for a hearing under ORS chapter 183 and OAR 411-318-0030 to dispute an involuntary reduction, transfer, or exit, except when a program provider's license is revoked, not renewed, voluntarily surrendered, or the program provider's Medicaid contract is terminated.¶
(b) If a child's parent or guardian requests a hearing within 15 calendar days after the date of the notice and requests continuation of services, the child must receive the same services until the hearing is resolved.¶
(c) When a child has been given written notice less than 30 calendar days in advance of a reduction, transfer, or exit as described in section (5)(c) of this rule and the child's parent or guardian has requested a hearing, the program provider must reserve the room of the child and deliver services according to the child's needs until receipt of the Final Order.¶
(d) A child's parent or guardian may request an expedited hearing as described in OAR 411-318-0030.¶
(7) EXIT MEETING. A program provider must participate in an exit meeting before any decision to exit a child is made, unless the exit meeting is waived in accordance with OAR 411-415-0080.¶
(8) CLOSURE. A program provider must ~~notify~~develop policies and procedures that apply to the closure of a host home. The policies and procedures must ensure notification to the Department and case management entity in writing prior to announcing a voluntary closure of a ~~H~~host ~~H~~home to a child and the child's parent or guardian.¶
(a) The program provider must give each child's parent or guardian and the case management entity written notice 30 calendar days in advance of the planned closure, except in circumstances where undue delay might jeopardize the health, safety, or welfare of the children, the program provider, or in-residence caregiver.¶
(b) If the program provider has more than one ~~H~~host ~~H~~home, a child may not be moved from one ~~H~~host ~~H~~home to another without:¶
(A) Providing the child's parent or guardian and the case management entity written notice 30 calendar days in advance of the planned move, unless prior approval is given and agreement obtained from the child's parent or guardian and the case management entity, or when undue delay might jeopardize the health, safety, or welfare of the child, program provider, or in-residence caregiver;¶
(B) ~~C~~Providing choice advising ~~provided~~ to the child and the child's parent or guardian informing them of all alternative placement and service options available; and¶
(C) ~~A~~Meeting all exit and entry requirements ~~met~~ in accordance with this rule.¶
(c) A program provider must return the license for a ~~H~~host ~~H~~home to the Department if the ~~H~~host ~~H~~home closes prior to the expiration of the license.
Statutory/Other Authority: ORS 409.050, 427.104, 4~~41.715, 430.662~~30.662, 441.715, 443.450, 443.455
Statutes/Other Implemented: ORS 409.010, 427.007, 427.101, 427.104, 430.215, 430.610, 430.662, 441.705-441.720, 441.740, 441.745, 443.384, 443.392, 443.400-~~443.445,~~ 443.450, 443.455, 443.880, 443.881, 443.991

AMEND: 411-348-0430

RULE SUMMARY: OAR 411-348-0430, about Individual Support Plans for children in host homes, is being amended to implement Senate Bill 739 (2025), Section 7, by requiring that a program provider develop and implement a written policy and procedure about service planning.

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:

411-348-0430
Individual Support Plans for Children in Host Homes
(1) A program provider must develop and implement policies and procedures that ensure the program provider will collect and summarize the following information prior to a child's ISPndividual Support Plan (ISP) meeting:¶
(a) One-page profile reflecting, at a minimum, information gathered by the in-residence caregiver.¶
(b) Person-centered information reflecting, at a minimum, information gathered by the in-residence caregiver.¶
(c) Information about known, identified serious risks.¶
(2) A program provider must develop and implement policies and procedures that ensure the program provider will develop and share the following information with a child's case manager, the child, and the child's parent or guardian, as directed by the child's ISP or Service Agreement.¶
(a) Implementation strategies, such as action plans, for desired outcomes or goals.¶
(b) Necessary protocols or plans that address health, behavioral, safety, and financial supports.¶
(c) A summary of the program provider's risk management strategies in place, including title of document, date, and where the document is located.¶
(d) A Nursing Service Plan, if applicable.¶
(e) Other documents required by the ISP team.¶
(3) When desired by a child's parent or guardian, the program provider, including the in-residence caregiver, must participate in the child's ISP team meetings.¶
(4) A program provider must agree in writing to implement the portion of the ISP for which the program provider is responsible for implementing. Agreement may be recorded by a signature on the ISP or a Service Agreement.¶
(5) A program provider must maintain a copy of the ISP or Service Agreement provided by the case management entity.¶
(6) A program provider must maintain documentation of implementation of each support and services specified in section (2) of this rule ~~in a child's ISP~~. The documentation must be kept current and be available for review by the child, the child's parent or guardian, case management entity, and Department representatives.¶
(7) INDIVIDUALLY-BASED LIMITATIONS.¶
(a) A program provider, including the in-residence caregiver and staff, may implement structure and place reasonable restrictions on a child consistent with community parenting practices. The program provider is expected to collaborate with the child's parent or guardian and ISP team in identifying reasonable limits and boundaries a child may require.¶
(b) When a child's individual health and safety needs necessitate a program provider to place limitations on the child's home and community-based freedoms described in OAR 411-004-0020 that are more restrictive than community parenting practices, an individually-based limitation must be authorized and documented in the child's ISP in accordance with OAR 411-415-0070.¶
(c) A program provider may not place any limitations on a child's freedom from restraint without an individually-based limitation, except in accordance with the standards for developmental disabilities services set forth in OAR chapter 411 or the relevant Title XIX Medicaid-funding authority.¶
(d) When an individually-based limitation is implemented for a child, the program provider is responsible for all of the following:¶
(A) Maintaining a copy of the completed and signed form documenting a child's parent's or guardian's consent to the appropriate individually-based limitation. The form must be signed by the child's parent or guardian and the case manager.¶
(B) Regular collection and review of data to measure the ongoing effectiveness of, and the continued need for, the individually-based limitation.¶
(C) Requesting a review of the individually-based limitation when a new individually-based limitation is indicated or change or removal of an individually-based limitation is needed.¶
(8) TRANSITION SUPPORTS. The program provider, in coordination with the child's ISP team, must document a

plan, including specific strategies and responsibilities, to support the child's goal of returning to the family home or to an environment where the child may be successfully supported with less structured supports.
Statutory/Other Authority: ORS 409.050, 427.104, 430.662, 441.715, 443.450, 443.455
Statutes/Other Implemented: ORS 427.104409.010, 427.007, 427.101, 427.104, 430.215, 430.610, 430.662, 441.705-441.720, 441.740, 441.745, 443.384, 443.392, 443.400-443.445, 443.450, 443.455, 443.880, 443.881, 443.991

ADOPT: 411-360-3600

RULE SUMMARY: OAR 411-360-3600, about policies and procedures for adult foster homes for individuals with intellectual or developmental disabilities (AFH-DD), is being adopted to implement Senate Bill 739 (2025), Section 7, by requiring that an AFH-DD provider develop and implement written policies and procedures about:

- Training.
- Documentation standards.
- Service planning.
- Medication administration.
- Food preparation and distribution.
- Safety.
- Emergency response.
- Succession planning.
- AFH-DD closure.

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:

411-360-3600
Policies and Procedures for Adult Foster Homes for Individuals with Intellectual or Developmental Disabilities (AFH-DD)
(1) REQUIRED POLICIES AND PROCEDURES. In accordance with ORS 443.735, an AFH-DD provider must develop and implement written policies and procedures specific to each licensed home for: ¶
(a) PROVIDER, RESIDENT MANAGER, CAREGIVER, AND VOLUNTEER TRAINING. ¶
(A) Training requirements of this rule, including: ¶
(i) OAR 411-360-0070;¶
(ii) OAR 411-360-0120; and¶
(iii) OAR 411-360-0175.¶
(B) Documentation standards in accordance with:¶
(i) OAR 411-360-0120(4) and (6);¶
(ii) OAR 411-360-0170(13)(c)-(h); and¶
(iii) OAR 411-360-0175(8)(c).¶
(b) SERVICE PLANNING. Participation, contribution, and implementation of Individual Service Plans (ISPs) in accordance with OAR 411-360-0170(4).¶
(c) MEDICATION ADMINISTRATION. Administration of medications in accordance with OAR 411-360-0140, including standards for documentation and storage.¶
(d) FOOD PREPARATION AND DISTRIBUTION. Standards addressing cleanliness and safe food storage in accordance with OAR 411-360-0130(6).¶
(e) SAFETY. Safety standards in accordance with OAR 411-360-0130(8) and (10).¶
(f) EMERGENCY RESPONSE. Emergency planning and preparation to meet requirements of OAR 411-360-0130(9)(g). ¶
(g) SUCCESSION PLANNING. Plan for continued operations of the AFH-DD in the event a provider becomes incapacitated or is absent from the home for a period beyond 72 hours in accordance with OAR 411-360-0180(4). ¶
(h) AFH-DD CLOSURE. Addressing requirements of OAR 411-360-0190(8) for the voluntary closure of an AFH-DD, including standards for notification.¶
(2) REQUIRED CONTENT. The provider must document the following information for each policy and procedure:¶
(a) The topic or subject matter of the policy;¶
(b) A description of the policy;¶
(c) Details of policy implementation, including step-by-step instructions;¶
(d) Identification of roles and responsibilities related to implementation; and ¶
(e) Date of the policy creation or update.¶
(3) DEPARTMENT-APPROVED FORM REQUIRED. A provider must complete the Department-provided form for

all required policies and procedures. ¶
(4) SUBMISSION TO LICENSING.¶
(a) ONE-TIME WITH LICENSE APPLICATION. The policies and procedures required by this rule must be submitted to the Department as part of a complete license application for: ¶
(A) An initial license.¶
(B) An AFH-DD license renewal. Policies and procedures must be included with the first AFH-DD license renewal application submitted on or after January 1, 2027, unless the policies and procedures were previously submitted and approved as part of the initial license application process for the AFH-DD. ¶
(b) Once the Department has approved the AFH-DD policies and procedures as part of an initial or renewal license process, the policies and procedures do not need to be submitted as part of a complete AFH-DD license renewal application, unless specifically directed by the Department.¶
(5) UPDATES. Department approval is required prior to implementation of any change to AFH-DD policies and procedures.¶
(6) ISSUANCE OF LICENSE. An AFH-DD license will not be issued without Department approval of the policies and procedures.¶
(7) ADDITIONAL POLICIES AND PROCEDURES. The Department may require a provider to develop and implement additional or revised written policies and procedures.
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