

OREGON BULLETIN

Supplements the 2013 *Oregon Administrative Rules Compilation*

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Secretary of State
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INFORMATION ABOUT ADMINISTRATIVE RULES

General Information

The Administrative Rules Unit, Archives Division, Secretary of State publishes the Oregon *Administrative Rules Compilation* and the online *Oregon Bulletin*. The *Oregon Administrative Rules Compilation* is an annual print publication containing complete text of Oregon Administrative Rules (OARs) filed through November 15 of the previous year. The *Oregon Bulletin* is a monthly online supplement that contains rule text adopted or amended after publication of the print Compilation, as well as Notices of Proposed Rulemaking and Rulemaking Hearing. The Bulletin also includes certain non-OAR items when they are submitted, such as Executive Orders of the Governor, Opinions of the Attorney General and Department of Environmental Quality cleanup notices.

Background on Oregon Administrative Rules

ORS 183.310(9) defines “rule” as “any agency directive, standard, regulation or statement of general applicability that implements, interprets or prescribes law or policy, or describes the procedure or practice requirements of any agency.” Agencies may adopt, amend, repeal or renumber rules, permanently or temporarily (up to 180 days), using the procedures outlined in the *Oregon Attorney General’s Administrative Law Manual*. The Administrative Rules Unit assists agencies with the notification, filing and publication requirements of the administrative rulemaking process.

OAR Citations

Every Administrative Rule uses the same numbering sequence of a three-digit chapter number followed by a three-digit division number and a four-digit rule number (000-000-0000). For example, Oregon Administrative Rules, chapter 166, division 500, rule 0020 is cited as OAR 166-500-0020.

Understanding an Administrative Rule’s “History”

State agencies operate in an environment of ever-changing laws, public concerns and legislative mandates which necessitate ongoing rulemaking. To track changes to individual rules and organize the original rule documents for permanent retention, the Administrative Rules Unit maintains history lines for each rule, located at the end of the rule text. OAR histories contain the rule’s statutory authority, statutes implemented and dates of each authorized modification to the rule text. Changes are listed chronologically in abbreviated form, with the most recent change listed last. In the history line “OSA 4-1993, f. & cert. ef. 11-10-93,” for example, “OSA” is short for Oregon State Archives; “4-1993” indicates this was 4th administrative rule filing by the Archives in 1993; “f. & cert. ef. 11-10-93” means the rule was filed and certified effective on November 10, 1993.

Locating Current Versions of Administrative Rules

The online version of the OAR Compilation is updated on the first of each month to include all rule actions filed with the Administrative Rules Unit by the 15th of the previous month. The annual printed OAR Compilation volumes contain text for all rules filed through

November 15 of the previous year. Administrative Rules created or changed after publication in the print Compilation will appear in a subsequent edition of the online Bulletin. These are listed by rule number in the Bulletin’s OAR Revision Cumulative Index, which is updated monthly. The listings specify each rule’s effective date, rule-making action, and the issue of the Bulletin that contains the full text of the adopted or amended rule.

Locating Administrative Rule Publications

Printed volumes of the Compilation are deposited in Oregon’s Public Documents Depository Libraries listed in OAR 543-070-0000. Complete sets and individual volumes of the printed OAR Compilation may be ordered from the Administrative Rules Unit, Archives Division, 800 Summer Street NE, Salem, Oregon 97301, (503) 373-0701.

Filing Administrative Rules and Notices

All hearing and rulemaking notices, and permanent and temporary rules, are filed through the Administrative Rules Unit’s online filing system. To expedite the rulemaking process, agencies are encouraged to file a Notice of Proposed Rulemaking Hearing specifying hearing date, time and location, and to submit their filings early in the submission period. All notices and rules must be filed by the 15th of the month to be included in the next month’s Bulletin and OAR Compilation postings. Filings must contain the date stamp from the deadline day or earlier to be published the following month.

Administrative Rules Coordinators and Delegation of Signing Authority

Each agency that engages in rulemaking must appoint a rules coordinator and file an Appointment of Agency Rules Coordinator form with the Administrative Rules Unit. Agencies that delegate rule-making authority to an officer or employee within the agency must also file a Delegation of Rulemaking Authority form. It is the agency’s responsibility to monitor the rulemaking authority of selected employees and keep the forms updated. The Administrative Rules Unit does not verify agency signatures as part of the rulemaking process.

Publication Authority

The Oregon Bulletin is published pursuant to ORS 183.360(3). Copies of the original Administrative Orders may be obtained from the Archives Division, 800 Summer Street, Salem, Oregon, 97310; (503) 373-0701. The Archives Division charges for such copies.

The official copy of an Oregon Administrative Rule is contained in the Administrative Order filed at the Archives Division. Any discrepancies with the published version are satisfied in favor of the Administrative Order.

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EXECUTIVE ORDERS

EXECUTIVE ORDER NO. 13 - 14

OREGON COUNCIL ON DEVELOPMENTAL DISABILITIES (RESCINDS EXECUTIVE ORDER NO. 02 - 24)

The U.S. Congress has enacted Public Law 106-402 to assist states to provide persons with developmental disabilities the opportunities necessary to become fully integrated and included in their communities, and to achieve their potential for independence, productivity, and self determination. Under Public Law 106-402, states receive grants to establish and maintain a Council to undertake advocacy, capacity building and system change activities that contribute to a coordinated, consumer and family-centered, consumer and family-directed, comprehensive system of community services, individualized supports, and other forms of assistance for people with developmental disabilities.

The Oregon Council on Developmental Disabilities was initially established by Executive Order No. 74-18, and was continued by Executive Order Nos. 76-25, 79-11, 83-07, 88-07 (amended by EO 98-08 and EO 99-08) and 02-24. The Oregon Council on Developmental Disabilities, previously known as the Oregon Developmental Disabilities Council, should be continued under the mandate of PL 106-402 and as directed in this executive order.

NOW THEREFORE, IT IS HEREBY DIRECTED AND ORDERED:

1. The Oregon Council on Developmental Disabilities Council is established to serve as an advocate for persons with developmental disabilities, and to advise the Governor, the Legislative Assembly, state agencies, and the public on matters relating to the needs and rights of such persons and their families. In doing so, the Council shall:

a. Prepare an Oregon Council on Developmental Disabilities State Plan, as required by federal law, which describes the extent and scope of services provided to persons with developmental disabilities by federally assisted state programs, sets out specific objectives and related activities to be achieved under the Plan, and lists the state and federal resources to be used to meet such objectives.

b. Monitor, review, and evaluate annually the implementation of the Council's plan. Submit to the Administration on Developmental and Intellectual Disabilities, Administration on Community Living, in the Health and Human Services Department of the federal government, annual reports describing the strategies, activities, and outcomes of the preceding year in relation to the Council's state plan, together with an accounting of the manner in which the federal and matching state funds were expended.

c. Engage in activities necessary to achieve the goals identified in the 5 Year Plan.

d. Review and make recommendations to the Governor and relevant state agencies regarding the administration, management, and resources utilization of programs pertaining to persons with developmental disabilities.

e. Review and make recommendations to the Governor and relevant state agencies regarding current or proposed legislation affecting persons with developmental disabilities.

f. Review and make recommendations regarding the state's system for monitoring the quality of, and human rights protections in, state-sponsored programs for persons with developmental disabilities.

g. Assist state and local agencies to do coordinated planning by conducting public policy forums, studies, and other assessments of the major issues and challenges facing the service delivery system.

h. Coordinate public education efforts that seek and promote positive attitudes toward, and valued acceptance of, persons experiencing disabling conditions.

2. The Department of Human Services shall be the designated state agency to review the administration of the Council's state plan, keep records as needed by the Council and the federal government, and provide fiscal support and fund accounting.

3. The Council shall recommend to the Governor through the designated state agency, a staffing pattern adequate to carry out its duties and functions. Consistent with state law, the Council shall recruit, hire, supervise, and evaluate the Executive Director. The Administrator of the designated state agency shall appoint the Council's Executive Director upon decision of the Council. Other Council staff shall be appointed upon the recommendation of the Council Executive Director, within the Council's hiring authority.

4. Council members shall be appointed by the Governor. The Council may offer recommendations regarding membership for the Governor's consideration. Council members shall serve four-year terms. The Governor may reappoint the same person to a second succeeding term. Membership shall consist of representatives as specified in Public Law 106-402.

5. The Council shall elect a Chairperson by majority vote. The Chairperson shall serve for a term of two years and may serve no more than one succeeding term. The Council shall meet at the call of the Chairperson, but not less than four times per year. The chairperson may appoint committees, as needed, consisting of Council members and non-members.

6. Except as otherwise specified herein, Council members shall receive no compensation for their services, but are entitled to reimbursement for actual and necessary travel and other expenses incurred in the performance of their duties. Such expenses shall be paid from the budget of the Council, except that members who are public employees or employees of represented organizations or constituency groups shall be reimbursed by the respective agencies. Members of committees shall also not receive compensation, but may receive reimbursement for travel as in the case of members of the Council.

7. Subject to the availability of funds designated in the budget of the Council, all Council members, except public employees and employees of represented organizations or constituency groups, shall be eligible for a stipend for each day or partial day the member attends a meeting(s) sanctioned by the Chairperson or Executive Director. Such payments are set by the Council and may not exceed the amount established in ORS 292.500.

8. Consistent with Oregon and federal law, the Council shall develop a budget for its personnel, administration, and activities necessary to implement the Council's State Plan, which shall be submitted to the Department of Human Services to allow the Department to keep records as needed by the Council and the federal government, and provide fiscal support and fund accounting.

9. Executive Order No. 02-24 is rescinded.

Done at Salem, Oregon, this 18th day of November, 2013.

/s/ John A. Kitzhaber
John A. Kitzhaber, M.D.
GOVERNOR

ATTEST

/s/ Kate Brown
Kate Brown
SECRETARY OF STATE

OTHER NOTICES

REQUEST FOR COMMENTS PROPOSAL TO UPDATE DESCRIPTIONS OF THE POPULATIONS ELIGIBLE FOR MEDICAID AND ESTABLISH OHP BENEFITS FOR THE NEW ADULT POPULATION UNDER THE AFFORDABLE CARE ACT

COMMENTS DUE: December 19, 2013

PROPOSAL: Due to changes in the federal definition of eligible Medicaid populations made by the Affordable Care Act, the Oregon Health Authority (OHA) proposes the following:

1) Consolidate Oregon's 14 Medicaid eligibility categories to four categories: adults, children, pregnant women and parents/caretaker relatives; eliminate deprivation requirements and base income on Modified Adjusted Gross Income (MAGI).

2) Define the OHP benefit package for the new adult population which will receive the current OHP Plus benefit, this includes coverage for EPSDT services including family planning.

BACKGROUND: For background and detailed information, please see the final rule on Alternative Benefit Plans for the new adult Medicaid population in the Federal Register/ Vol 78, No 135, published on July 15, 2013. It is available at <http://www.gpo.gov/fdsys/pkg/FR-2013-07-15/pdf/2013-16271.pdf>.

EFFECTIVE DATE: 1/1/14

HOW TO COMMENT: Send written comments by fax, mail or email to:

Jesse Anderson, State Plan Manager
Division of Medical Assistance Programs
500 Summer Street NE
Salem, Oregon 97301
Fax: 503-947-1119
Email: jesse.anderson@state.or.us

NEXT STEPS: OHA will consider all comments received. A State Plan Amendment will be submitted to the Centers for Medicare and Medicaid.

REQUEST FOR COMMENT PROPOSED CONSENT JUDGMENT FOR PROSPECTIVE PURCHASE AGREEMENT FOR SCHMIDT PROPERTY BY MWSH TIGARD LLC, WASHINGTON COUNTY, OREGON

COMMENTS DUE: Dec. 31, 2013

PROJECT LOCATION: 8325 SW Ross Street, Tigard, Oregon
PROPOSAL: The Department of Environmental Quality is proposing to enter into a Consent Judgment for a Prospective Purchaser Agreement with MWSH Tigard LLC concerning its acquisition of a single family residence known as the Schmidt Farm located at 8325 SW Ross Street, Tigard, Oregon. MWSH Tigard intends to purchase the property and develop it into a senior living community with approximately 154 units. The units will include individual living, assisted living, and memory care accommodation.

The Property is an approximately six-acre parcel that has been used for farm and residential purposes since approximately 1900. Between the 1970s and the 1990s a portion of the property was used for a commercial sanitation disposal business by Schmidts Sanitary Service, Inc. Various underground storage tanks and above the ground storage tanks have existed on the property. These tanks stored fuel for farm and commercial uses as well as heating oil. Releases from the tanks occurred in the past. Subsequent investigations revealed that gasoline and diesel, or heating oil, contamination was detected in the soil and groundwater at the property and at the adjacent property to the east of the property.

Remedial actions were carried out to address these releases. To date, all of the tanks have been decommissioned and removed from the property. Remedial actions included the removal of a large volume of contaminated soils and groundwater from the tank areas on the property. In June 2012, DEQ issued no further action letters to Schmidt Farm LLC, and Schmidts Sanitary Service.

MWSH Tigard is acquiring the Property and has agreed to perform the following tasks: 1) demolish the existing structures and redevelop the property into a senior living community; 2) submit the recently

completed Phase II limited subsurface sampling investigation report to DEQ for review; this information will be used by DEQ as necessary to specify how site development activities should be conducted in the relation to the contaminated material; 3) develop a Contaminated Material Management Plan and submit to DEQ for review and approval; all site development activities shall be performed in accordance with the management plan including ensuring protection of excavation and construction worker safety; 4) connect to the municipal water supply to serve the planned senior residence facility; regarding the existing water well, propose to DEQ to either decommission the well or limit well water use to landscaping irrigation purposes; 5) make a contribution to ensure that it has been connected to municipal water and to decommission the existing water well; 6) submit a request to DEQ to either remove or amend the existing Easement and Equitable Servitude, depending on whether the existing water well is decommissioned or limited in use; 7) demonstrate that significant progress has been made towards development within five years following entry of this Consent Judgment and acquisition of this property; and 8) submit a Completion Report to DEQ upon completion of the above tasks.

MWSH Tigard's development will provide a substantial public benefit to the community. It is an Oregon-based company addressing the growing need for senior housing in an urbanized area; contributing to the economic viability of the area by providing employment opportunities to the area, initially in construction and then for elderly care; increasing tax revenue by expanding the use of the property; addressing potential residual contamination under DEQ oversight; and providing a more reliable water supply than the existing water wells.

DEQ's prospective purchaser agreement program was created in 1995 through amendments to the state's Environmental Cleanup Law. The prospective purchase agreement is a tool that expedites the cleanup of contaminated property and encourages property transactions that would otherwise not likely occur because of the liabilities associated with purchasing a contaminated site.

The proposed Consent Judgment will provide MWSH Tigard with a release from liability for claims by the State of Oregon under ORS 465.200 to 465.545 and 465.990, 466.640, and 468B.310 regarding existing hazardous substance releases at or from the property. The proposed consent judgment will also provide MWSH Tigard with third party liability protection.

HOW TO COMMENT: The project file may be reviewed by appointment at DEQ's Northwest Region office at 2020 SW 4th Avenue, Suite 400, Portland, OR 97201. To schedule an appointment to review the file or to ask questions, please contact Rob Hood at 503-229-5617. Summary information and copies of the documents referenced above are available in DEQ's Leaking Underground Storage Tank Cleanup Site database on the Internet. To review this material, go to <http://www.deq.state.or.us/lq/tanks/lust/LustPublicLookup.asp>, then enter 34-99-0697 in the Leaking Underground Storage Tank Number box and click "Lookup" at the bottom of the page. Next, click the link labeled 03-06-1571 in the Log Number column. To be considered, written comments should be sent Rob Hood, Project Manager, at the address listed above or by email at hood.robert@deq.state.or.us and must be received by 5 p.m. Friday, Dec. 31, 2013. A public meeting will be held upon written request by ten or more persons or by a group with a membership of 10 or more.

THE NEXT STEP: DEQ will consider all public comments received by the date and time stated above before making a final decision regarding the prospective purchaser agreement. A public notice of DEQ's final decision will be issued in this publication.

ACCESSIBILITY INFORMATION: DEQ is committed to accommodating people with disabilities. Please notify DEQ of any special physical or language accommodations or if you need information in large print, Braille or another format. To make these arrangements, contact DEQ Communications and Outreach 503-229-5696 or toll free in Oregon at 800-452-4011; fax to 503-229-6762; or e-mail to deqinfo@deq.state.or.us. People with hearing impairments may call or 711.

OTHER NOTICES

REQUEST FOR COMMENT PROPOSED CONSENT ORDER FOR PROSPECTIVE PURCHASE AGREEMENT FOR POHLPETER/MARTIN BY METRO, WASHINGTON COUNTY, OREGON

COMMENTS DUE: Dec. 31, 2013

PROJECT LOCATION: 9665 SW River Road, Washington County, Oregon

PROPOSAL: The Oregon Department of Environmental Quality is proposing to enter into a Consent Order for a Prospective Purchaser Agreement with Metro concerning its acquisition of a single-family residence, which includes a machine shop and a barn, at 9665 SW River Road, Washington County, Oregon. Metro intends to purchase the property and develop it and an adjoining parcel it has previously acquired into a non-motorized boat launch recreation area. The site cleanup number is ECSI #5841.

Historical aerial photograph and city directory review indicates that the property was used for agricultural purposes from before 1936 until the 1970s. In the photographs reviewed, the agricultural crop appears to be hay or other grasses. During the 1970s to early 1980s, the property was occupied by the non-profit Tualatin Valley Workshop, which employs persons with mental and physical disabilities to assemble products and complete secondary packaging. In the 1990s, the property was occupied by DB Custom Leather Co./Denman & Herber Saddle and a trailer repair facility. Residential use of the property also occurred during this time. After 1999, the property has been used for single-family residential purposes, including an on-site machine shop and barn.

Metro is acquiring the property and has agreed to perform the following tasks:

1) Machine shop and house (including former heating oil cleanup and above-ground storage tank): After the shop and house are razed, a magnetometer survey will be conducted to ensure there is not an additional tank under the building. In the area of remaining contamination from the former heating oil tank, Metro will remove remaining contaminated soil and compare any remaining concentrations to risk-based screening levels for the appropriate receptors. Metro will conduct any additional investigation and cleanup as necessary in the vicinity of the above-ground storage tank and if a new tank is discovered;

2) Barn: Metro will properly dispose of drums and contents and other items that appear to be of environmental concern;

3) Burn pile area: Metro will properly dispose of the hazardous substance container identified by NW GeoTech Inc. and will address any obvious environmental concerns;

4) 200-gallon steel tank: The tank is located west of the barn. Metro will properly dispose of the tank and contents and will address environmental concerns, if present, in the tank's vicinity;

5) Western land-filled area: Metro plans to remove between two to seven feet of material throughout the land-filled area (thus far material consists of construction-type fill). Contingent on field observations, Metro will conduct soil and groundwater investigation within and down gradient of the land-filled area. Soil or groundwater samples, if collected, will be analyzed for suspected contaminants based on field observations;

6) Surface areas affected by lead: Metro will remove surface soil in this area as necessary;

7) Pending any remaining contaminants posing unacceptable risks, institutional or engineering controls may be implemented;

8) Following cleanup and additional investigation activities, Metro will submit a completion report that includes field activities, confirmation sample results, risk evaluation and conclusions/recommendations.

Metro's development and remediation plans will provide a substantial public benefit to the community by restoring a property to a more natural setting for public recreational use.

DEQ's prospective purchaser agreement program was created in 1995 through amendments to the state's environmental cleanup law. The prospective purchase agreement is a tool that expedites the cleanup of contaminated property and encourages property trans-

actions that would otherwise not likely occur because of the liabilities associated with purchasing a contaminated site.

The proposed Consent Order will provide Metro with a release from liability for claims by the State of Oregon under ORS 465.200 to 465.545 and 465.990, 466.640, and 468B.310 regarding existing hazardous substance releases at or from the property. The proposed Consent Order will also provide Metro with third-party liability protection.

HOW TO COMMENT: Interested persons may review the project file by appointment at DEQ's Northwest Region office at 2020 SW 4th Ave., Suite 400, Portland, OR 97201. To schedule an appointment to review the file or to ask questions, please contact Rob Hood at 503-229-5617. Summary information and copies of documents referenced above are available in DEQ's Environmental Contamination Site Information database on the Internet. To review this material, go to <http://www.deq.state.or.us/lq/ecsi/ecsiquery.asp?listtype=lis&listtitle=Environmental+Cleanup+Site%20Information+Database>, then enter 5841 in the Site ID box and click "Submit" at the bottom of the page. To be considered, written comments should be sent Rob Hood, project manager, at the address listed above or by email at hood.robert@deq.state.or.us and must be received by 5 p.m. on Tuesday, Dec. 31, 2013. DEQ will hold a public meeting upon written request by 10 or more persons or by a group with a membership of 10 or more.

NEXT STEP: DEQ will consider all public comments received by the date and time stated above before making a final decision about this prospective purchaser agreement. A public notice of DEQ's final decision will be issued in this publication.

ACCESSIBILITY INFORMATION: DEQ is committed to accommodating people with disabilities. Please notify DEQ of any special physical or language accommodations or if you need information in large print, Braille or another format. To make these arrangements, contact DEQ's communications office at 503-229-5696 or call toll-free in Oregon at 800-452-4011; fax to 503-229-6762; or e-mail to deqinfo@deq.state.or.us. People with hearing impairments may call 711.

REQUEST FOR COMMENT PROPOSED CONSENT ORDER FOR PROSPECTIVE PURCHASE AGREEMENT FOR MARCOLA KITCHEN PROPERTY, LANE COUNTY BY TOMAHAWK INVESTMENT GROUP LLC

COMMENTS DUE: Dec. 31, 2013

PROJECT LOCATION: 92178 Marcola Road, Marcola, Lane County, Oregon

PROPOSAL: The Department of Environmental Quality is proposing to enter into a consent order for a prospective purchaser agreement with Tomahawk Investment Group LLC concerning its acquisition of a property located at 92178 Marcola Road, Marcola, Ore. The property is currently vacant, and includes a restaurant and out of service gasoline station and related underground storage tanks. Tomahawk intends to purchase the property and reopen the restaurant as a Marcola community gathering center; there will be no gasoline station. The site cleanup numbers are LUST #20-96-7045 and #20-13-1477.

The gas station operated from the mid-1940s through 2012, and has had at least three generations of underground storage tanks installed. A petroleum release was reported at the property in 1996, and a no further action letter was issued when it was determined that soil and ground water contamination concentrations did not exceed applicable cleanup standards. However, soil and groundwater sampling data collected in 2012 as part of a "Phase 2" investigation indicated that soil and groundwater contamination significantly exceeded historical data collected in 1996.

Tomahawk proposes to allow DEQ access to the property for the purpose of completing an environmental investigation of petroleum contamination known to exist. The extent and magnitude of the contamination will be determined in order to evaluate the need for appropriate remedial actions to be taken to protect human health and the environment. This environmental investigation will include but may

OTHER NOTICES

not be limited to, soil and groundwater sampling, soil gas sampling and removal of existing underground storage tank systems. Tomahawk will enter into an easement and equitable servitudes agreement as needed to prevent exposure risks to any contamination remaining after the investigation is completed. Tomahawk will contribute \$10,000 towards the completion of the environmental investigation and subsequent remediation work.

Tomahawk's remediation and redevelopment plans will provide a substantial public benefit to the community by returning a vacant building to economic use as a business and community gathering center, and also through accomplishing removal and cleanup of soil and groundwater contamination.

DEQ's prospective purchaser agreement program was created in 1995 through amendments to Oregon's environmental cleanup law. The prospective purchase agreement is a tool that expedites the cleanup of contaminated property and encourages property transactions that would otherwise not likely occur because of the liabilities associated with purchasing a contaminated site.

The proposed consent order will provide Tomahawk Investment Group LLC with a release from liability for claims by the State of Oregon under ORS 465.200 to 465.545 and 465.990, 466.640, and 468B.310 regarding existing hazardous substance releases at or from the property. The proposed consent judgment will also provide Tomahawk Investment Group LLC with third party liability protection.

HOW TO COMMENT: The project file may be reviewed by appointment at DEQ's Western Region Coos Bay office at 381 North 2nd Street, Coos Bay, Ore. To schedule an appointment to review the file or to ask questions, please contact Eric Clough at 541-269-2721 x231. Summary information and copies of the documents referenced above are available in DEQ's Leaking Underground Storage Tank database on the Internet. To review this material, go to www.deq.state.or.us/lq/tanks/lust/LustPublicLookup.asp then enter "20-13-1477" in the Site ID box and click "Submit" at the bottom of the page. To be considered, written comments should be sent to Eric Clough, Project Manager, at the address listed above or by email at clough.eric@deq.state.or.us and must be received by 5 p.m. on Dec. 31, 2013. A public meeting will be held upon written request by ten or more persons or by a group with a membership of 10 or more.

THE NEXT STEP: DEQ will consider all public comments received by the date and time stated above before making a final decision regarding the prospective purchaser agreement. A public notice of DEQ's final decision will be issued in this publication.

ACCESSIBILITY INFORMATION: DEQ is committed to accommodating people with disabilities. Please notify DEQ of any special physical or language accommodations or if you need information in large print, Braille or another format. To make these arrangements, contact DEQ Communications and Outreach 503-229-5696 or toll free in Oregon at 800-452-4011; fax to 503-229-6762; or e-mail to deqinfo@deq.state.or.us. People with hearing impairments may call 711.

REQUEST FOR COMMENTS PROPOSED REMOVAL FROM CONFIRMED RELEASE LIST AND INVENTORY FOR COBB LANDFILL – HAGGEN DEVELOPMENT SITE

COMMENTS DUE: 5 p.m., Thursday, Jan. 2nd

PROJECT LOCATION: 9055 SW Murray Boulevard, Beaverton, OR 97008

PROPOSAL: The Oregon Department of Environmental Quality proposes to remove the Cobb Landfill – Haggen Development Site (ECSI # 3498) from the Confirmed Release List and Inventory. The 8.9 acre site includes a 61,100-square foot building, parking area, and access roads. The site is bounded by Murray Boulevard to the east, SW Gordonite Street to the south, residences to the west, and SW Maverick Terrace to the north.

HIGHLIGHTS: Cobb Rock Products operated a quarry at this location from approximately 1950 until 1970. The quarry was subsequently filled with construction debris including soil, concrete,

asphalt and organic debris. In 2003, construction began on a Haggen Grocery Store on the west side of the property. A survey for potential contamination during construction found no problems other than occasional occurrences of methane.

The store was constructed with engineering controls in place to ensure methane did not enter the store or collect under the parking area. Methane monitoring started in 2005 with 11 separate monitoring events encompassing 40 locations performed through 2007. During these events, no methane was detected inside the building and only two detections were recorded in the parking area but at concentrations less than 10 percent of the action level.

Wal-Mart Stores, Inc. purchased the property in 2011 and a final round of monitoring was performed at that time. Fifty locations were checked and no detections were found. In April 2013, DEQ released the site from its deed restriction known as easement and equitable servitude, required continued maintenance of the building floor and parking lot asphalt as an impermeable methane barrier. DEQ has determined that methane levels do not pose an unacceptable threat to public health, safety and welfare, or the environment and is proposing to remove the site from the Confirmed Release List and Inventory.

HOW TO COMMENT: Send comments by 5 p.m., Thursday, Jan. 2, 1014, to DEQ Project Manager Kenneth Cameron at 2020 SW 4th, Portland, OR, 97201, through e-mail at cameron.kenneth@deq.state.or.us or fax 503-229-6945.

To review the project file, please fill out the records request form at <http://www.deq.state.or.us/records/RecordsRequestForm.pdf>

To access site summary information and other documents in the DEQ Environmental Cleanup Site Information database, go to <http://www.deq.state.or.us/lq/ECSI/ecsi.htm> and click "Search complete ECSI data base." Next, enter 3498 in the Site ID window and click "Submit" at the bottom of the page.

THE NEXT STEP: Once the comment period has closed all comments submitted will be reviewed and fully addressed by the Project Manager. Response to comments will be placed in the project file and made available to the public.

ACCESSIBILITY INFORMATION: DEQ is committed to accommodating people with disabilities. If you need information in another format, please contact DEQ toll free in Oregon at 800-452-4011, email at deqinfo@deq.state.or.us, or 711 for people with hearing impairments.

PUBLIC NOTICE FINAL REMEDIAL ACTION AND NO FURTHER ACTION FOR NEW (EAST) ELEMENTARY SCHOOL SITE, SALEM, OR

PROJECT LOCATION: 2170 Walker Road NE, Salem, Marion County

PROPOSAL: The Department of Environmental Quality (DEQ) has selected a final remedy and is issuing a No Further Action decision regarding remediation activities at the above referenced site based upon an approval of work done to date and a Risk-Based Remedial Action Plan.

HIGHLIGHTS: The New Elementary School property is a 9.31 acre parcel previously used for growing agricultural crops (grass seed). Site investigations confirmed the presence of dieldrin impacted soil. The implemented remedial action capped the surface contamination by importing clean soil in those areas that were not being capped with asphalt, concrete or a building.

A conceptual site model was developed and a risk-based assessment performed showing that residual dieldrin do not pose an unacceptable risk through all reasonably likely complete exposure pathways.

If implemented as proposed, this risk-based remedial action will achieve protective conditions at the site as defined in OAR 340-122-0040.

If you have questions about this decision you may contact Mr. Bruce Scherzinger via email at scherzinger.bruce@deq.state.or.us, or by phone at 503-378-5038.

NOTICES OF PROPOSED RULEMAKING

Notices of Proposed Rulemaking and Proposed Rulemaking Hearings

The following agencies provide Notice of Proposed Rulemaking to offer interested parties reasonable opportunity to submit data or views on proposed rulemaking activity. To expedite the rulemaking process, many agencies have set the time and place for a hearing in the notice. Copies of rulemaking materials may be obtained from the Rules Coordinator at the address and telephone number indicated.

Public comment may be submitted in writing directly to an agency or presented orally at the rulemaking hearing. Written comment must be submitted to an agency by 5:00 p.m. on the Last Day for Comment listed, unless a different time of day is specified. Oral comments may be submitted at the appropriate time during a rulemaking hearing as outlined in OAR 137-001-0030.

Agencies providing notice request public comment on whether other options should be considered for achieving a proposed administrative rule's substantive goals while reducing negative economic impact of the rule on business.

In Notices of Proposed Rulemaking where no hearing has been set, a hearing may be requested by 10 or more people or by an association with 10 or more members. Agencies must receive requests for a public rulemaking hearing in writing within 21 days following notice publication in the Oregon Bulletin or 28 days from the date notice was sent to people on the agency mailing list, whichever is later. If sufficient hearing requests are received by an agency, notice of the date and time of the rulemaking hearing must be published in the Oregon Bulletin at least 14 days before the hearing.

**Auxiliary aids for persons with disabilities are available upon advance request. Contact the agency Rules Coordinator listed in the notice information.*

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Board of Accountancy
Chapter 801

Rule Caption: Amended to update the effective date of professional standards adopted by the Board.
Stat. Auth.: ORS 673.410, 673.170, 673.015 & 673.445
Stats. Implemented: ORS 673.410, 673.170, 673.015 & 673.445
Proposed Amendments: 801-001-0035
Last Date for Comment: 12-23-13, 5 p.m.
Summary: The amendment ensures the Board is referencing the most current edition of the professional standards.
Rules Coordinator: Kimberly Sisk
Address: Board of Accountancy, 3218 Pringle Rd. SE, Suite 110, Salem, OR 97302
Telephone: (503) 378-2268

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Rule Caption: Recognize the National Association of State Boards of Accountancy as foreign credentialing agency.
Stat. Auth.: ORS 673.040, 673.050, 673.015 & 673.060
Stats. Implemented: ORS 673.040, 673.050, 673.015 & 673.060
Proposed Amendments: 801-010-0050, 801-010-0085
Last Date for Comment: 12-23-13, 5 p.m.
Summary: The amendment recognizes the National Association of State Boards of Accountancy (NASBA) as the foreign credentialing agency for individuals who obtained their education in a foreign country and wish to apply for either the CPA examination or a CPA license in the State of Oregon.
Rules Coordinator: Kimberly Sisk
Address: Board of Accountancy, 3218 Pringle Rd. SE, Suite 110, Salem, OR 97302
Telephone: (503) 378-2268

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Board of Architect Examiners
Chapter 806

Rule Caption: Reciprocal Registration of NCARB Certified Licensees of Other Jurisdictions

Date: 12-19-13
Time: 9:30 a.m.
Location: 205 Liberty St. NE, Suite A
Salem, Or. 97301

Hearing Officer: James Denno
Stat. Auth.: ORS 671.020 & 671.125
Stats. Implemented: ORS 671.020 & 671.125
Proposed Amendments: 806-010-0035
Last Date for Comment: 12-19-13, 4:30 p.m.
Summary: Allows individuals licensed in other jurisdictions that have the NCARB Certificate to register by reciprocity without additional requirements.
Rules Coordinator: Jim Denno
Address: Oregon Board of Architect Examiners, 205 Liberty St. NE, Suite A, Salem, OR 97301
Telephone: (503) 763-0662

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Rule Caption: Use of Electronic Seals and Signatures
Date: 12-19-13
Time: 9:30 a.m.
Location: 205 Liberty St. NE, Suite A
Salem, Or. 97301

Hearing Officer: James Denno
Stat. Auth.: ORS 671.025 & 671.125
Stats. Implemented: ORS 671.025 & 671.125
Proposed Amendments: 806-010-0045
Last Date for Comment: 12-19-13, 4:30 p.m.
Summary: Clarifies rules relating to requirements for the use of electronic seals and signatures.
Rules Coordinator: Jim Denno
Address: Oregon Board of Architect Examiners, 205 Liberty St. NE, Suite A, Salem, OR 97301
Telephone: (503) 763-0662

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Board of Examiners for Engineering and Land Surveying
Chapter 820

Rule Caption: Amend rules related to application, PDHs, digital signatures, and to adopt the Board's budget.
Stat. Auth.: ORS 672.255
Other Auth.: ORS 182.462, 670.010, 670.020, & 670.310
Stats. Implemented: ORS 672.002–672.325
Proposed Adoptions: 820-050-0001
Proposed Amendments: 820-001-0020, 820-010-0010, 820-010-0225, 820-010-0226, 820-010-0227, 820-010-0228, 820-010-0305, 820-010-0325, 820-010-0442, 820-010-0620, 820-010-0621
Proposed Repeals: 820-010-0260
Last Date for Comment: 1-14-14, Close of Business
Summary: OAR 820-050-0001 — Adopts language to clarify the professional development requirements for Certified Water Right Examiners.
OAR 820-001-0020 — Updates the methods and process in which the public may request records. Language is more consistent with the Oregon Public Records Law (SB 554, 2007 Legislation).
OAR 820-010-0010 — Adds language to define 'Certificate Authority' and 'Digital Certificate' used in OAR 820-010-0620.
OAR 820-010-0225 — Revises the timeframe to be consistent with the enabling statute.
OAR 820-010-0226 — Revises the timeframe to be consistent with the enabling statute.
OAR 820-010-0227 — Decreases the fee for an initial FE examination application to \$0.00.
OAR 820-010-0228 — Decreases the fee for an initial FLS examination application to \$0.00.
OAR 820-010-0305 — Decreases the fees for an initial application and an application for reexamination for the FE and FLS examinations to \$0.00.
OAR 820-010-0325 — Adopts the budget of the Board for the 2013–2015 biennium.
OAR 820-010-0442 — Housekeeping. Removes language regarding a process that is not statutorily required. However, the process

NOTICES OF PROPOSED RULEMAKING

does currently allow applicants one additional opportunity to submit any lacking documentation by a secondary deadline. If documents are not received, the application package will be incomplete and the application will be considered withdrawn.

OAR 820-010-0620 — Clarifies the requirements of a digital signature.

OAR 820-010-0621 — Changes the ‘will’ to a ‘must’; the original intent of the Board.

OAR 820-010-0260 — Repeal. The Board follows the requirements contained in ORS Chapter 183 and the Administrative Procedures Act (APA) with regard to providing notice and hearing rights.

Rules Coordinator: Mari Lopez

Address: Board of Examiners for Engineering and Land Surveying, 670 Hawthorne Ave. SE, Suite 220, Salem, OR 97301

Telephone: (503) 362-2666

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**Board of Examiners for Speech-Language
Pathology and Audiology
Chapter 335**

Rule Caption: Revises rule regarding qualifications of audiologists supervising required clinical experience of doctoral students in audiology.

Date:	Time:	Location:
12-17-13	4 p.m.	800 NE Oregon St., Rm. 445 Portland OR

Hearing Officer: Sandy Leybold

Stat. Auth.: ORS 681

Stats. Implemented: ORS 681.264

Proposed Amendments: 335-060-0007

Last Date for Comment: 12-18-13, 5:30 p.m.

Summary: Revises the qualifications for supervisors of audiology trainees completing their supervised clinical experience after August 1, 2007 as part of a clinical doctoral program in audiology.

Rules Coordinator: Sandy Leybold

Address: Board of Examiners for Speech-Language Pathology and Audiology, 800 NE Oregon St., Suite 407, Portland, OR 97232

Telephone: (971) 673-0220

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**Board of Licensed Professional Counselors and Therapists
Chapter 833**

Rule Caption: LMFT minimum experience requirements and graduate degree standards

Stat. Auth.: ORS 675.705–675.835

Stats. Implemented: ORS 675.705–675.835

Proposed Amendments: 833-020-0051, 833-040-0021, 833-060-0012

Last Date for Comment: 12-31-13, Close of Business

Summary: Reduces minimum length of supervised work experience for LMFT interns from 3 to 2 years.

Clarifies graduate degree standards, making it clear that in order for graduate degrees to meet education requirements for license, the degree must be from a regionally accredited university or a nationally accredited program.

Rules Coordinator: Becky Eklund

Address: Board of Licensed Professional Counselors and Therapists, 3218 Pringle Rd. SE, Suite 250, Salem, OR 97302

Telephone: (503) 378-5499, ext. 3

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**Board of Optometry
Chapter 852**

Rule Caption: Revises rules governing additional and multiple practice location licenses for optometrists.

Stat. Auth.: ORS 683

Other Auth.: ORS 181. 182. 431

Stats. Implemented: ORS 182.466, 491.972, 683.070, 683.100, 683.120, 683.120 & 683.270

Proposed Amendments: Rules in 852-010, 852-010-0080, Rules in 852-050, 852-050-0005, 852-050-0016

Last Date for Comment: 11-14-13, 4 p.m.

Summary: Overall: This rule change simplifies licensing requirements and eliminates fees for optometric physicians practicing at more than one location. Additional practice location licenses will no longer be required, and all actively licensed optometric physicians will receive a portable multiple practice location license at no charge.

Division 10: 852-010-0080 — Eliminates fees for additional practice location license and portable multiple practice location license.

Division 50: 852-050-0005 — Removes requirement to purchase additional practice location license or portable multiple practice location license for those optometric physicians practicing elsewhere than primary practice location. Provides free portable multiple practice location license to all active licensees.

852-050-0016 — Removes requirement that active licensees hold additional practice location license for work elsewhere than primary practice location.

Rules Coordinator: Nancy DeSouza

Address: Board of Optometry, 1500 Liberty St. SE., Suite 201, Salem, OR 97302

Telephone: (503) 399-0662, ext. 23

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**Board of Tax Practitioners
Chapter 800**

Rule Caption: 2013 Overhaul of OARs.

Date:	Time:	Location:
12-16-13	10 a.m.	3218 SE Pringle Rd., #120 Salem, Oregon 97302

Hearing Officer: Monica J. Walker

Stat. Auth.: ORS 673.605–673.740 & 673.990

Stats. Implemented: ORS 673.605–673.740 & 673.990

Proposed Adoptions: 800-025-0080

Proposed Amendments: Rules in 800-010, 800-015, 800-020, 800-025

Last Date for Comment: 12-16-13, 5 p.m.

Summary: Proposed amendments for a \$10 decrease in consultant, preparer and business registration fees is due to an unexpected revenue surplus.

Additional amendments/adoptions to the OARs, under which the Board operates, result from the Rules Advisory Committee, Assistant Attorney General and Board staff recommendations and are for general “housekeeping” and “maintenance” as well as to change language to better reflect the “norm” in industry standards and the practices of other state agencies. In addition, the proposed amendments/adoptions will provide better clarification to constituents as well as continue to conform to the current standards.

Rules Coordinator: Monica J. Walker

Address: Board of Tax Practitioners, 3218 Pringle Rd. SE, Suite 120, Salem, OR 97302

Telephone: (503) 378-4860

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**Department of Administrative Services
Chapter 125**

Rule Caption: Amends rule to implement 2009 legislation removing deposit requirement to purchase state real property.

Date:	Time:	Location:
12-16-13	10 a.m.	Dept. of Administrative Services Mt. Jefferson Conference Rm. 1225 Ferry St. SE, U100 Salem, OR 97301

Hearing Officer: Elaine Schacher

Stat. Auth.: ORS 270.015(2) & 270.100(1)(d)

Other Auth.: 2009 OL Ch. 481, Sec. 1 (SB 970)

Stats. Implemented: ORS 270.010, 270.110, 270.130, 270.135 & 270.140

Proposed Amendments: 125-045-0235

Last Date for Comment: 12-19-13, 5 p.m.

NOTICES OF PROPOSED RULEMAKING

Summary: The proposed amendments update the rule to respond to changes in ORS 270.135 made by the 2009 Legislative Assembly, which removes the requirement that proposals for purchase of real property from the state be accompanied by certified check or bond furnished by a surety company in the amount not less than 10 percent of total value of proposal.

Rules Coordinator: Janet Chambers

Address: Department of Administrative Services, 155 Cottage St. NE, Salem, OR 97301

Telephone: (503) 378-5522

Department of Agriculture Chapter 603

Rule Caption: Housekeeping updates to six invertebrate quarantines.

Stat. Auth.: ORS 561.510 & 570.305

Other Auth.: ORS 561.190

Stats. Implemented: ORS 561.510

Proposed Amendments: 603-052-0126, 603-052-0127, 603-052-0129, 603-052-0150, 603-052-1221, 603-052-1300

Last Date for Comment: 12-31-13, 5 p.m.

Summary: The Department of Agriculture is proposing housekeeping changes to six rules related to insects and other invertebrates. The changes would:

(1) Remove mention of Pierce's disease from the glassy-wing sharpshooter quarantine (ODA proposes to move Pierce's disease requirements to the grape quarantine,

(2) Rewrite the European corn borer quarantine in plain language,

(3) Clarify that the prohibition on raising and selling exotic snails applies to snails raised for any purpose,

(4) Eliminate specific treatment options in the Japanese beetle quarantine in favor of general ones,

(5) Correct an omission in the Cherry Fruit Fly Control Area Order, and

(6) Adds 13 insects/mites and one snail to the approved invertebrate list, removes *Atheta coriaria*, a non-native rove beetle, corrects a spelling error, and renumbers the list for clarity.

The Department also considered a request to reinstate monarch butterflies to the approved list. After considering information supplied by both proponents and opponents, the Department proposes to leave the current status of monarch butterflies unchanged (not approved for importation or release).

Rules Coordinator: Sue Gooch

Address: Department of Agriculture, 635 Capitol St. NE, Salem, OR 97301

Telephone: (503) 986-4583

Rule Caption: Housekeeping updates to plant disease quarantines.

Stat. Auth.: ORS 561.510 & 570-305

Other Auth.: ORS 561.190

Stats. Implemented: ORS 561.510

Proposed Amendments: 603-052-0075, 603-052-0120, 603-052-0825, 603-052-1230, 603-052-1236, 603-052-1245, 603-052-1250

Last Date for Comment: 12-31-13, 5 p.m.

Summary: These proposed housekeeping amendments would:

(1) Change "special quarantine exemption" to "special permit" in the chestnut blight quarantine;

(2) Add a special permits section to oak wilt quarantine to harmonize with other plant quarantines;

(3) Delete an orphan heading in the hazelnut quarantine;

(4) Update references to federal protocols and fix a typo in the sudden oak death quarantine;

(5) Add three additional hosts to the blueberry nursery stock control area (*Vaccinium macrocarpon*, *V. membranaceum*, and *Sambucus nigra*); and

(6) Update references to federal protocols in the *Phytophthora ramorum* regulated area for nursery stock.

Rules Coordinator: Sue Gooch

Address: Department of Agriculture, 635 Capitol St. NE, Salem, OR 97301

Telephone: (503) 986-4583

Rule Caption: Housekeeping: add two plants to weed quarantine and renumber list, allow container production of *Arundo*.

Stat. Auth.: ORS 561.510 & 570.305

Other Auth.: ORS 561.190

Stats. Implemented: ORS 561.510

Proposed Amendments: 603-052-1025, 603-052-1200, 603-052-1211

Last Date for Comment: 12-31-13, 5 p.m.

Summary: These proposed housekeeping amendments would: add false indigo bush and tree of heaven to the state noxious weed quarantine; update the ratings of weeds listed in the quarantine that were reclassified in 2013; re-number the list of weeds in the quarantine to improve clarity; update the name of the Commodity Inspection Division to Market Access and Certification in the small broomrape quarantine, and amend the *Arundo* quarantine to allow container production of rootstock.

Rules Coordinator: Sue Gooch

Address: Department of Agriculture, 635 Capitol St. NE, Salem, OR 97301

Telephone: (503) 986-4583

Department of Consumer and Business Services, Insurance Division Chapter 836

Rule Caption: Health Insurer Segregation of Premium Accounting Methodology

Date:

Time:

Location:

1-23-14

9:30 a.m.

350 Winter St. NE, Rm. E
Salem, OR 97301

Hearing Officer: Jeannette Holman

Stat. Auth.: ORS 731.244 & 743.758

Other Auth.: Section 1303 (b)(E)(i) of the federal Affordable Care Act (Pub. L. 111-148, 2010, as amended)

Stats. Implemented: ORS 743.758

Proposed Adoptions: 836-011-0050

Proposed Repeals: 836-011-0050(T)

Last Date for Comment: 1-31-14, Close of Business

Summary: This permanent rule will replace temporary rule OAR 836-011-0050(T).

This proposed rule brings the Insurance Division into compliance with Section 1303 of the Affordable Care Act (Pub. L. 111-148, 2010) requirements. That federal law requires health insurers to establish separate accounts that segregate federal subsidy funding for essential health benefits of a health benefit plan from other premium funds received from persons who enroll through the Oregon Health Insurance Exchange for coverage that may exceed the essential health benefits. The section also requires inclusion of notice of the fund segregation in the summary of benefits and coverage explanation. Section 1303 (b)(E)(i) places the obligation to ensure compliance with the segregation requirements on state insurance commissioners. This proposed rule is necessary for the Insurance Division to comply with the Affordable Care Act's requirements in this regard. The rule requires a health insurer to obtain the approval of the Oregon Insurance Commissioner of the accounting methodology the insurer will use to segregate the accounting. The proposed rules also requires health insurer to file certain information and imposes additional reporting requirements related to the segregated accounts with the insurer's annual financial statement.

Rules Coordinator: Victor Garcia

Address: Department of Consumer and Business Services, Insurance Division, 350 Winter St. NE, Salem, OR 97301

Telephone: (503) 947-7260

NOTICES OF PROPOSED RULEMAKING

Department of Corrections Chapter 291

Rule Caption: Assignment of Maximum Custody Inmates to Special Security Housing

Stat. Auth.: ORS 179.040, 423.020, 423.030 & 423.075

Stats. Implemented: ORS 179.040, 423.020, 423.030 & 423.075

Proposed Amendments: 291-055-0019, 291-104-0111

Last Date for Comment: 1-15-14, 5 p.m.

Summary: These rule amendments are necessary in order for the department to clarify and conform its administrative rules to reflect the department's historical policy and practice of classifying inmates that are pending retrial in a case in which a death sentence may be re-imposed as maximum custody, and assigning these inmates to special security housing separate from the general inmate population, to provide the maximum level of inmate security, control, and supervision. The department intends that these temporary rule amendments apply retroactively to persons sentenced to the legal and physical custody of the department before, on or after the effective date of these rule amendments.

Rules Coordinator: Janet R. Worley

Address: Department of Corrections, 2575 Center St. NE, Salem, OR 97301-4667

Telephone: (503) 945-0933

Department of Environmental Quality Chapter 340

Rule Caption: Updating Oregon's air quality rules to address federal regulations

Date:	Time:	Location:
12-18-13	5 p.m.	DEQ, 811 SW 6th Ave. Portland, OR 97201-1390
12-18-13	5 p.m.	DEQ, 475 NE Bellevue Dr., Suite 110 Bend, OR 97701
12-18-13	5 p.m.	DEQ, 221 Stewart Ave. Suite 201 Medford, OR 97501

Hearing Officer: Gregg Dahmen, Gregg Dahmen via teleconference

Stat. Auth.: ORS 468.020, 468A.025, 468A.035, 468A.040, 468A.050 & 468A.310

Stats. Implemented: ORS 468.020, 468A.025, 468A.035, 468A.040, 468A.050 & 468A.310

Proposed Adoptions: 340-230-0415, 340-230-0500
Proposed Amendments: 340-230-0010, 340-230-0020, 340-230-0030, 340-238-0040, 340-238-0060, 340-238-0090, 340-244-0020, 340-244-0030, 340-244-0220

Last Date for Comment: 12-23-13, 5 p.m.

Summary: DEQ proposes rules to adopt new and amended federal air quality regulations. This includes adopting:

New federal standards for boilers and process heaters, stationary internal combustion engines, nitric acid plants, and crude oil and natural gas production, transmission and distribution

Newly amended federal standards

Rules to implement new federal emission guidelines for commercial and industrial solid waste incineration units; and adopting the federal plan for hospital, medical, and infectious waste incinerators

BACKGROUND: The federal Clean Air Act requires the U.S. Environmental Protection Agency to establish National Emission Standards for Hazardous Air Pollutants, known as NESHAPs, for both major and area sources of hazardous air pollutants. EPA finished establishing major source standards in 2004. EPA began establishing area source standards in 2006 and concluded in 2011. EPA may adopt additional NESHAPs in the future for new source categories or source categories it may have missed.

This proposed rulemaking is the final phase for Oregon's adoption of area source standards. The first four phases concluded in December 2008, December 2009, February 2011 and March 2013.

The Clean Air Act also requires EPA to develop New Source Performance Standards for categories of sources that cause or sig-

nificantly contribute to air pollution that may endanger public health or welfare. Such regulations apply to each new source within a category without regard to source location or existing air quality. When EPA establishes New Source Performance Standards for a category of sources, it may also establish emission guidelines for existing sources in the same category. States must develop rules and a state plan to implement Emission Guidelines or request delegation of the federal plan. State plans, called Section 111(d) plans, are subject to EPA review and approval.

EPA performs a residual risk analysis for major source NESHAPs and periodic technology reviews for New Source Performance Standards and NESHAPs. These reviews are ongoing and in some cases result in EPA updating the standards. EPA also revises NESHAPs to address errors, implementation issues and lawsuits.

Rules Coordinator: Maggie Vandehey

Address: Department of Environmental Quality, 811 SW Sixth Ave., Portland, OR 97204-1390

Telephone: (503) 229-6878

Department of Fish and Wildlife Chapter 635

Rule Caption: Establish Average Market Values of Food Fish for Determining Damages Related to Commercial Fishing Violations

Date:	Time:	Location:
1-10-14	8 a.m.	Oregon Dept. of Fish & Wildlife 4034 Fairview Industrial Dr. SE Salem, OR 97302

Hearing Officer: Oregon Fish & Wildlife Commission

Stat. Auth.: ORS 506.119

Stats. Implemented: ORS 506.109 & 506.720

Proposed Amendments: 635-006-0232

Last Date for Comment: 1-10-14, 8 a.m.

Summary: Amend rule to establish the average market value of food fish species used to determine damages for commercial fishing violations.

Rules Coordinator: Therese Kucera

Address: Department of Fish and Wildlife, 4034 Fairview Industrial Dr. SE, Salem, OR 97302

Telephone: (503) 947-6033

Rule Caption: Allow permitless take of wolves caught in the act of depredating livestock or working dogs

Date:	Time:	Location:
1-10-14	8 a.m.	Oregon Dept. of Fish & Wildlife 4034 Fairview Industrial Dr. SE Salem, OR 97302

Hearing Officer: Oregon Fish & Wildlife Commission

Stat. Auth.: ORS 496.012, 496.138, 496.146, 496.162 & 498.012

Stats. Implemented: ORS 496.171-496.192, 498.002, 498.006 & 498.012

Proposed Amendments: 635-110-0000, 635-110-0010, 635-110-0020, 635-110-0030

Last Date for Comment: 1-10-14, 8 a.m.

Summary: These rules implement 2013 Oregon Laws Ch. 626 (HB 3452), which amended ORS 498.012 and authorized in certain circumstances take of a wolf or wolves caught in the act of biting, wounding, killing or chasing livestock or working dogs without a permit.

Rules Coordinator: Therese Kucera

Address: Department of Fish and Wildlife, 4034 Fairview Industrial Dr. SE, Salem, OR 97302

Telephone: (503) 947-6033

NOTICES OF PROPOSED RULEMAKING

**Department of Human Services,
Aging and People with Disabilities and
Developmental Disabilities
Chapter 411**

Rule Caption: Pediatric Nursing Facilities — Annual Rebasing
Date: 12-20-13 **Time:** 11:30 a.m. **Location:** Human Services Bldg.
500 Summer St. NE, Rm. 160
Salem, OR 97301

Hearing Officer: Staff
Stat. Auth.: ORS 410.070
Other Auth.: HB 2216 (2013) & OL 2013 Ch. 608
Stats. Implemented: ORS 410.070 & OL 2011 Ch. 630
Proposed Amendments: 411-070-0452
Proposed Repeals: 411-070-0452(T)
Last Date for Comment: 12-23-13, 5 p.m.

Summary: The Department of Human Services (Department) is proposing to amend OAR 411-070-0452 for pediatric nursing facilities to make permanent the temporary rule that became effective on October 7, 2013. The proposed rule changes to OAR 411-070-0452 implement annual rebasing of the pediatric nursing facility rate in accordance with HB 2216 (2013).

Rules Coordinator: Christina Hartman
Address: Department of Human Services, Aging and People with Disabilities and Developmental Disabilities, 500 Summer St. NE, E-10, Salem, OR 97301-1074
Telephone: (503) 945-6398

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Rule Caption: Children's Intensive In-Home Services — Behavior Program
Date: 12-17-13 **Time:** 3:30 p.m. **Location:** Human Services Bldg.
500 Summer St. NE, Rm. 160
Salem, OR 97301

Hearing Officer: Staff
Stat. Auth.: ORS 409.050
Other Auth.: 42 CFR 441
Stats. Implemented: ORS 427.005, 427.007, & 430.215
Proposed Amendments: Rules in 411-300
Proposed Repeals: 411-300-0110(T), 411-300-0120(T), 411-300-0130(T), 411-300-0140(T), 411-300-0150(T)
Last Date for Comment: 12-23-13, 5 p.m.

Summary: The Department of Human Services (Department) is proposing to amend the rules in OAR chapter 411, division 300 for the Children's Intensive In-home Services Behavior Program. The proposed rules:

- Make permanent the temporary rules that became effective on July 1, 2013 to implement the 1915(k) Community First Choice state plan option, comply with the Code of Federal Regulations, and implement Centers for Medicare and Medicaid Service (CMS) requirements;
- Bring definitions in alignment with the Community First Choice state plan option;
- Clarify the eligibility requirements for waived services and Community First Choice state plan services;
- Describe requirements for completing initial and annual level of care and functional needs assessment for children receiving services;
- Align service descriptions with waived services and services allowable under the Community First Choice state plan;
- Reflect new Department terminology and current practice; and
- Correct formatting and punctuation.

Rules Coordinator: Christina Hartman
Address: Department of Human Services, Aging and People with Disabilities and Developmental Disabilities, 500 Summer St. NE, E-10, Salem, OR 97301-1074
Telephone: (503) 945-6398

Rule Caption: Employment and Alternatives to Employment Services for Adults with Intellectual or Developmental Disabilities
Date: 12-18-13 **Time:** 3 p.m. **Location:** Human Services Bldg.
500 Summer St. NE, Rm. 160
Salem, OR 97301

Hearing Officer: Staff
Stat. Auth.: ORS 409.050 & 430.662
Other Auth.: 42 CFR 441 & Governor's Executive Order 13-04
Stats. Implemented: ORS 430.610, 430.662, & 430.670
Proposed Amendments: Rules in 411-345
Proposed Repeals: 411-345-0020(T), 411-345-0140(T)
Last Date for Comment: 12-23-13, 5 p.m.

Summary: The Department of Human Services (Department) is proposing to amend the rules in OAR chapter 411, division 345 for employment and alternatives to employment services for adults with intellectual or developmental disabilities. The proposed rules:

- Make permanent the temporary rules that became effective on July 1, 2013 to implement the 1915(k) Community First Choice state plan option, comply with the Code of Federal Regulations, and implement corrective actions required by the Centers for Medicare and Medicaid Services (CMS);
- Bring definitions in alignment with the Community First Choice state plan option;
- Clarify the eligibility requirements for home and community-based waived services, Community First Choice state plan services, and employment and alternatives to employment services;
- Provide access to employment services for individuals 18 years of age and over who are not accessing public education supports to comply with the Governor's Executive Order 13-04;
- Clarify the process, notice requirements, and hearing rights for an involuntary transfer or exit from services;
- Specify under what conditions a service provider may transfer or exit an adult involuntarily;
- Address the roles and responsibilities of a designated representative;
- Reflect new Department terminology and current practice; and
- Correct formatting and punctuation.

Rules Coordinator: Christina Hartman
Address: Department of Human Services, Aging and People with Disabilities and Developmental Disabilities, 500 Summer St. NE, E-10, Salem, OR 97301-1074
Telephone: (503) 945-6398

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Rule Caption: Medically Fragile Children's Services
Date: 12-17-13 **Time:** 3:30 p.m. **Location:** Human Services Bldg.
500 Summer St. NE, Rm. 160
Salem, OR 97301

Hearing Officer: Staff
Stat. Auth.: ORS 409.050
Other Auth.: 42 CFR 441
Stats. Implemented: ORS 427.005, 427.007, & 430.215
Proposed Amendments: Rules in 411-350
Proposed Repeals: 411-350-0020(T), 411-350-0030(T), 411-350-0040(T), 411-350-0050(T)
Last Date for Comment: 12-23-13, 5 p.m.

Summary: The Department of Human Services (Department) is proposing to amend the rules in OAR chapter 411, division 350 for medically fragile children's services. The proposed rules:

- Make permanent the temporary rules that became effective on July 1, 2013 to implement the 1915(k) Community First Choice state plan option and Centers for Medicare and Medicaid Service (CMS) requirements;
- Bring definitions in alignment with the Community First Choice state plan option;
- Describe requirements for completing initial and annual level of care and functional needs assessment for children receiving services;

NOTICES OF PROPOSED RULEMAKING

- Align service descriptions with waived services and services allowable under the Community First Choice state plan;
- Reflect new Department terminology and current practice; and
- Correct formatting and punctuation.

Rules Coordinator: Christina Hartman

Address: Department of Human Services, Aging and People with Disabilities and Developmental Disabilities, 500 Summer St. NE, E-10, Salem, OR 97301-1074

Telephone: (503) 945-6398

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Rule Caption: Medically Involved Children's Program

Date:	Time:	Location:
12-17-13	3:30 p.m.	Human Services Bldg. 500 Summer St. NE, Rm. 160 Salem, OR 97301

Hearing Officer: Staff

Stat. Auth.: ORS 409.050 & 417.345

Other Auth.: 42 CFR 441

Stats. Implemented: ORS 417.345, 427.007, & 430.215

Proposed Amendments: Rules in 411-355

Proposed Repeals: 411-355-0010(T), 411-355-0020(T), 411-355-0030(T), 411-355-0040(T)

Last Date for Comment: 12-23-13, 5 p.m.

Summary: The Department of Human Services (Department) is proposing to amend the rules in OAR chapter 411, division 355 for the Medically Involved Children's Program. The proposed rules:

- Make permanent the temporary rules that became effective on July 1, 2013 to implement the 1915(k) Community First Choice state plan option, comply with the Code of Federal Regulations, and implement Centers for Medicare and Medicaid Service (CMS) requirements;
- Bring definitions in alignment with the Community First Choice state plan option;
- Clarify the eligibility requirements for waived services and Community First Choice state plan services;
- Describe requirements for completing initial and annual level of care and functional needs assessment for children receiving services;
- Align service descriptions with waived services and services allowable under the Community First Choice state plan;
- Reflect new Department terminology and current practice; and
- Correct formatting and punctuation.

Rules Coordinator: Christina Hartman

Address: Department of Human Services, Aging and People with Disabilities and Developmental Disabilities, 500 Summer St. NE, E-10, Salem, OR 97301-1074

Telephone: (503) 945-6398

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Rule Caption: In-Home Support for Children with Intellectual or Developmental Disabilities

Date:	Time:	Location:
12-17-13	3:30 p.m.	Human Services Bldg. 500 Summer Street NE, Rm. 160 Salem, OR 97301

Hearing Officer: Staff

Stat. Auth.: ORS 409.050 & 430.662

Other Auth.: 42 CFR 441

Stats. Implemented: ORS 427.005, 427.007, 430.610, 430.620 & 430.662-430.670

Proposed Amendments: Rules in 411-308

Proposed Repeals: 411-308-0010(T), 411-308-0020(T), 411-308-0030(T), 411-308-0050(T), 411-308-0060(T), 411-308-0070(T), 411-308-0080(T), 411-308-0100(T), 411-308-0120(T)

Last Date for Comment: 12-23-13, 5 p.m.

Summary: The Department of Human Services (Department) is proposing to amend the rules in OAR chapter 411, division 308 for in-home support for children with intellectual or developmental disabilities. The proposed rules:

- Make permanent the temporary rule language that became effective on July 1, 2013 to implement the 1915(k) Community First Choice state plan option, comply with the Code of Federal Regulations, and implement Centers for Medicare and Medicaid Service (CMS) requirements;

- Bring definitions in alignment with the Community First Choice state plan option;

- Specify eligibility requirements for in-home support to include OSIP-M (Oregon Supplemental Income Program-Medical) eligibility and level of care determination;

- No longer require a regional process when there is a change or increase in a child's support needs;

- Clarify that a family home may include a child welfare certified foster home;

- Specify that in-home support services must end on a child's 18th birthday;

- Clarify that individual support needs are identified through a functional needs assessment, that the manner and frequency in which services are delivered are reflected in a child's Individual Support Plan (ISP), and that the ISP reflects whether services are purchased through a waiver, state plan, or provided through a child's natural supports;

- Specify that natural supports are voluntary by nature, may not be assumed, and are resources that are not paid for by the Department;

- Clarify that services may be provided through a qualified independent provider or provider organization and that attendant care and relief care may be provided in the family home and community;

- Update the scope of community nursing services;

- Specify what environmental accessibility adaptations and specialized equipment and supplies include, funding limitations, and approval requirements;

- Add chore services and community transportation as new services through the state plan;

- Align service descriptions with waived services and services allowable under the Community First Choice state plan;

- Specify the notice requirements and hearing rights process for denial, termination, suspension, or reduction of Medicaid services;

- Change all references to long-term support to in-home support;

- Reflect new Department terminology and current practice; and

- Correct formatting and punctuation.

Rules Coordinator: Christina Hartman

Address: Department of Human Services, Aging and People with Disabilities and Developmental Disabilities, 500 Summer St. NE, E-10, Salem, OR 97301-1074

Telephone: (503) 945-6398

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Rule Caption: Supported Living Services for Adults with Intellectual or Developmental Disabilities

Date:	Time:	Location:
12-18-13	3 p.m.	Human Services Bldg. 500 Summer St. NE, Rm. 160 Salem, OR 97301

Hearing Officer: Staff

Stat. Auth.: ORS 409.050 & 430.662

Other Auth.: 42 CFR 441

Stats. Implemented: ORS 430.610, 430.662 & 430.670

Proposed Amendments: Rules in 411-328

Proposed Repeals: 411-328-0560(T), 411-328-0790(T), 411-328-0800(T)

Last Date for Comment: 12-23-13, 5 p.m.

Summary: The Department of Human Services (Department) is proposing to amend the rules for supported living services for adults with intellectual or developmental disabilities in OAR chapter 411, division 328. The proposed rules:

- Make permanent the temporary rule language that became effective on July 1, 2013 to implement the 1915(k) Community First Choice state plan option, comply with the Code of Federal Regula-

NOTICES OF PROPOSED RULEMAKING

tions, and implement corrective actions required by the Centers for Medicare and Medicaid Services (CMS);

- Bring definitions in alignment with the Community First Choice state plan option;
- Clarify the eligibility requirements for home and community-based waiver services, Community First Choice state plan services, and supported living services;
- Specify that natural supports are voluntary by nature and are not paid for by the Department;
- Clarify the process, notice requirements, and hearing rights for an involuntary transfer or exit from services;
- Specify under what conditions a supported living services provider may transfer or exit an individual involuntarily;
- Add definitions and requirements related to a comprehensive functional needs assessment;
- Address the roles and responsibilities of a designated representative;
- Require that individuals accessing supported living services have the financial resources to pay for their food, utilities, and housing;
- Reflect new Department terminology and current practice; and
- Correct formatting and punctuation.

Rules Coordinator: Christina Hartman

Address: Department of Human Services, Aging and People with Disabilities and Developmental Disabilities, 500 Summer St. NE, E-10, Salem, OR 97301-1074

Telephone: (503) 945-6398

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Rule Caption: Community Developmental Disability Programs

Date:	Time:	Location:
12-18-13	1:30 p.m.	Human Services Bldg. 500 Summer St. NE, Rm. 160 Salem, OR 97301

Hearing Officer: Staff

Stat. Auth.: ORS 409.050 & 430.662

Other Auth.: 42 CFR 441

Stats. Implemented: ORS 427.005, 427.007, 430.610, 430.620 & 430.662–430.695

Proposed Amendments: Rules in 411-320

Proposed Repeals: 411-320-0020(T), 411-320-0030(T), 411-320-0040(T), 411-320-0060(T), 411-320-0070(T), 411-320-0090(T), 411-320-0100(T), 411-320-0110(T), 411-320-0120(T), 411-320-0130(T)

Last Date for Comment: 12-23-13, 5 p.m.

Summary: The Department of Human Services (Department) is proposing to amend the rules in OAR chapter 411, division 320 for community developmental disability programs (CDDP) to make permanent temporary rule language that became effective on July 1, 2013 and to adapt the CDDP rules to:

- Implement the 1915(k) Community First Choice state plan option approved by the Centers for Medicare and Medicaid Services (CMS) in July of 2013;

- Include modifications to Oregon's Home and Community-Based 1915(c) waivers approved by CMS; and

- Implement corrective actions to address elements that were found to be insufficient to meet federal standards.

The adaptations include:

- Removing the requirement to maintain a waitlist for developmental disability services;

- Assuring the maximum number of individuals are enrolled in OSIP-M (Oregon Supplemental Income Program-Medical);

- Choice advising to provide individuals with intellectual or developmental disabilities information about case management and other available service delivery options;

- Accommodating individuals who choose to live in their own home or family home by providing for the delivery of case management services by a CDDP or a support services brokerage;

- Changing the eligibility for brokerage services by eliminating the requirement for enrollment to the 1915(c) support services waiver;

- Refining the Individual Support Plan (ISP) process and the composition of an ISP team;

- Describing requirements for completing an initial and annual level of care determination;

- Requiring a functional needs assessment to determine and define the supports necessary for an individual to live in the setting of their choice;

- Aligning service descriptions with waiver services and services allowable under the Community First Choice state plan;

- Updating the qualifications of a services coordinator;

- Bringing definitions in alignment with the proposed rule changes;

- Addressing the roles and responsibilities of a designated representative;

- Reflecting new Department terminology and current practice; and

- Correcting formatting and punctuation.

Rules Coordinator: Christina Hartman

Address: Department of Human Services, Aging and People with Disabilities and Developmental Disabilities, 500 Summer St. NE, E-10, Salem, OR 97301-1074

Telephone: (503) 945-6398

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Rule Caption: Comprehensive In-Home Support for Adults with Intellectual or Developmental Disabilities

Date:	Time:	Location:
12-20-13	1:30 p.m.	Human Services Bldg. 500 Summer St. NE, Rm. 160 Salem, OR 97301

Hearing Officer: Staff

Stat. Auth.: ORS 409.050 & 430.662

Other Auth.: 42 CFR 441

Stats. Implemented: ORS 427.005, 427.007, 430.610, 430.620 & 430.662–430.670

Proposed Amendments: Rules in 411-330

Proposed Repeals: 411-330-0020(T), 411-330-0030(T), 411-330-0040(T), 411-330-0050(T), 411-330-0060(T), 411-330-0070(T), 411-330-0080(T), 411-330-0090(T), 411-330-0110(T)

Last Date for Comment: 12-23-13, 5 p.m.

Summary: The Department of Human Services (Department) is proposing to amend the rules for comprehensive in-home support for adults with intellectual or developmental disabilities in OAR chapter 411, division 330 to make permanent temporary rule language that became effective on July 1, 2013 and to adapt the rules to:

- Implement the 1915(k) Community First Choice state plan option approved by the Centers for Medicare and Medicaid Services (CMS) in July of 2013;

- Include modifications to Oregon's Home and Community-Based 1915(c) waivers approved by CMS; and

- Implement corrective actions to address elements that were found to be insufficient to meet federal standards.

The adaptations include:

- Changing service eligibility by adding requirements for Oregon Supplemental Income Program-Medical (OSIP-M) eligibility and the need to meet level of care and eliminating the requirement for an individual's need for a minimum annual budgeted amount;

- Allowing an individual to designate a representative to be involved in service planning;

- Requiring a functional needs assessment to determine and define the supports necessary for an individual to live in the setting of their choice;

- Aligning service descriptions with waiver services and services allowable under the Community First Choice state plan;

- Bringing definitions in alignment with the proposed rule changes;

- Reflecting new Department terminology and current practice; and

- Correcting formatting and punctuation.

NOTICES OF PROPOSED RULEMAKING

Rules Coordinator: Christina Hartman

Address: Department of Human Services, Aging and People with Disabilities and Developmental Disabilities, 500 Summer St. NE, E-10, Salem, OR 97301-1074

Telephone: (503) 945-6398

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Rule Caption: Support Services for Adults with Intellectual or Developmental Disabilities

Date:	Time:	Location:
12-20-13	3 p.m.	Human Services Bldg. 500 Summer St. NE, Rm. 160 Salem, OR 97301

Hearing Officer: Staff

Stat. Auth.: ORS 409.050, 427.402 & 430.662

Other Auth.: 42 CFR 441

Stats. Implemented: ORS 427.005, 427.007, 427.400 to 427.410, 430.610, 430.620 & 430.662–430.695

Proposed Amendments: Rules in 411-340

Proposed Repeals: 411-340-0020(T), 411-340-0100(T), 411-340-0110(T), 411-340-0120(T), 411-340-0125(T), 411-340-0130(T), 411-340-0150(T)

Last Date for Comment: 12-23-13, 5 p.m.

Summary: The Department of Human Services (Department) is proposing to amend the rules for support services for adults with intellectual or developmental disabilities in OAR chapter 411, division 340 to make permanent temporary rule language that became effective on July 1, 2013 and to adapt the rules to:

- Implement the 1915(k) Community First Choice state plan option approved by the Centers for Medicare and Medicaid Services (CMS) in July of 2013;

- Include modifications to Oregon's Home and Community-Based 1915(c) support services waiver approved by CMS; and

- Implement corrective actions to address elements that were found to be insufficient to meet federal standards.

The adaptations include:

- Changing service eligibility by eliminating the requirement for enrollment to the 1915(c) support services waiver and not requiring individuals to exit support services upon the loss of Oregon Supplemental Income Program-Medical (OSIP-M) eligibility;

- Allowing an individual to designate a representative to be involved in service planning;

- Removing references to benefit caps and budget authority formerly included in the 1915(c) support services waiver;

- Describing requirements for completing an initial and annual determination of level of care;

- Requiring a functional needs assessment to determine and define the service level necessary for an individual to live in his or her own home or family home;

- Aligning service descriptions with waiver services and services allowable under the Community First Choice state plan;

- Updating the qualifications of a personal agent;

- Bringing definitions in alignment with the proposed rule changes;

- Reflecting new Department terminology and current practice; and

- Correcting formatting and punctuation.

Rules Coordinator: Christina Hartman

Address: Department of Human Services, Aging and People with Disabilities and Developmental Disabilities, 500 Summer St. NE, E-10, Salem, OR 97301-1074

Telephone: (503) 945-6398

Department of Human Services, Child Welfare Programs Chapter 413

Rule Caption: Changing OARs affecting Child Welfare programs

Date:	Time:	Location:
12-16-13	8:30 a.m.	500 Summer St. NE, Rm. 254 Salem, OR

Hearing Officer: Annette Tesch

Stat. Auth.: ORS 409.050, 418.005 & 419B.035

Stats. Implemented: ORS 409.010, 409.225, 419A.255, 419B.035, 2013 OL Ch. 346 (SB 623) & 2013 OL Ch. 417 (SB 622)

Proposed Amendments: 413-010-0000, 413-010-0010, 413-010-0030, 413-010-0035, 413-010-0045, 413-010-0055, 413-010-0065, 413-010-0068, 413-010-0075

Last Date for Comment: 12-17-13, 5 p.m.

Summary: These rules about confidentiality of client information are being amended to implement changes made by Senate Bills (SB) 622 and 623 (2013), to update the rules, and keep them consistent with other Department wide rules that apply to child welfare programs. SB 622 relating to juvenile court proceedings clarifies the records that are contained in juvenile court files, the confidential nature of those records, and the rights of access to those records. SB 623 relating to adoption proceedings allows the Department to access, use, or disclose sealed adoption records in its possession without a court order for the purpose of providing adoption services or administering child welfare services.

In addition, the above rules may also be changed to reflect new Department terminology and to correct formatting and punctuation.

Written comments may be submitted until December 17, 2013 at 5:00 p.m. Written comments may be submitted via e-mail to Annette.Tesch@state.or.us, faxed to 503-373-7032, or mailed to Annette Tesch, Rules Coordinator, DHS - Child Welfare Programs, 500 Summer Street NE, E-48, Salem, Oregon, 97301. The Department provides the same consideration to written comment as it does to any oral or written testimony provided at the public hearing.

Rules Coordinator: Annette Tesch

Address: Department of Human Services, Child Welfare Programs, 500 Summer St. NE, E-48, Salem, OR 97301-1066

Telephone: (503) 945-6067

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Rule Caption: Changing OARs affecting Child Welfare programs

Date:	Time:	Location:
12-16-13	8:30 a.m.	500 Summer St. NE, Rm. 254 Salem, OR

Hearing Officer: Annette Tesch

Stat. Auth.: ORS 409.050, 418.005, 2013 OL Ch. 515, Section 3 (SB 123)

Stats. Implemented: ORS 409.010, 418.005, 419B.343, 2013 OL Ch. 515 (SB 123)

Proposed Adoptions: 413-010-0185

Proposed Amendments: 413-010-0170, 413-010-0175, 413-010-0180

Last Date for Comment: 12-17-13, 5 p.m.

Summary: These rules about the rights of children and young adults are being changed to implement Senate Bill 123 (2013), which requires the Department to adopt rules establishing the Oregon Foster Children's Bill of Rights. The rule changes clarify the existing rights of every child and young adult in the Department's custody, and highlight the rights of children and young adults in substitute care. The rules also specify the Department's responsibilities to implement SB 123.

In addition, the above rules may also be changed to reflect new Department terminology and to correct formatting and punctuation.

Written comments may be submitted until December 17, 2013 at 5:00 p.m. Written comments may be submitted via e-mail to Annette.Tesch@state.or.us, faxed to 503-373-7032, or mailed to Annette Tesch, Rules Coordinator, DHS - Child Welfare Programs, 500 Summer Street NE, E-48, Salem, Oregon, 97301. The Depart-

NOTICES OF PROPOSED RULEMAKING

ment provides the same consideration to written comment as it does to any oral or written testimony provided at the public hearing.

Rules Coordinator: Annette Tesch

Address: Department of Human Services, Child Welfare Programs, 500 Summer St. NE, E-48, Salem, OR 97301-1066

Telephone: (503) 945-6067

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Rule Caption: Changing OARs affecting Child Welfare programs

Date:	Time:	Location:
12-16-13	8:30 a.m.	500 Summer St. NE, Rm. 254 Salem, OR

Hearing Officer: Annette Tesch

Stat. Auth.: ORS 109.119, 409.050, 418.005, 419B.116 & 419B.192

Stats. Implemented: ORS 109.119, 418.005, 419B.116, 419B.192, 419B.337, 419B.440, 419B.875 & 2013 OL Ch. 436 (HB 3249 (2013))

Proposed Amendments: 413-010-0300, 413-010-0310, 413-010-0320, 413-010-0330, 413-010-0340, 413-070-0800, 413-070-0810, 413-070-0830, 413-070-0840, 413-070-0855, 413-070-0860, 413-070-0870, 413-070-0880

Last Date for Comment: 12-17-13, 5 p.m.

Summary: These rules about rights of relatives, visits, and other types of child and family contact are being changed as part of the implementation of House Bill 3249 (2013) relating to grandparent rights which (1) requires the Department to make diligent efforts to identify and obtain contact information for legal grandparents of a child in the Department's custody and give the grandparents notice of hearings concerning the child; (2) gives the grandparents the opportunity to be heard at hearing; and (3) provides that grandparents may ask for court-ordered visitation or other contact with the child. These rules are also being amended to clarify and update terminology and references.

Written comments may be submitted until December 17, 2013 at 5:00 p.m. Written comments may be submitted via e-mail to Annette.Tesch@state.or.us, faxed to 503-373-7032, or mailed to Annette Tesch, Rules Coordinator, DHS - Child Welfare Programs, 500 Summer Street NE, E-48, Salem, Oregon, 97301. The Department provides the same consideration to written comment as it does to any oral or written testimony provided at the public hearing.

Rules Coordinator: Annette Tesch

Address: Department of Human Services, Child Welfare Programs, 500 Summer St. NE, E-48, Salem, OR 97301-1066

Telephone: (503) 945-6067

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Rule Caption: Changing OARs affecting Child Welfare programs

Date:	Time:	Location:
12-16-13	8:30 a.m.	500 Summer St. NE, Rm. 254 Salem, OR

Hearing Officer: Annette Tesch

Stat. Auth.: ORS 109.309, 409.050, 418.005 & 418.240

Other Auth.: Inter-Country Adoption Act of 2000 (42 USC 14923), 22 CFR 96.48

Stats. Implemented: ORS 109.304, 109.309, 109.311, 109.312, 109.318, 109.328, 109.342, 109.346, 109.353, 109.385, 109.400, 109.425-109.507, 409.010, 418.005, 418.240 & 2013 OL Ch. 346

Proposed Adoptions: 413-140-0031, 413-140-0032, 413-140-0033, 413-140-0047

Proposed Amendments: 413-140-0000, 413-140-0010, 413-140-0026, 413-140-0030, 413-140-0035, 413-140-0040, 413-140-0065, 413-140-0110

Proposed Repeals: 413-140-0045, 413-140-0055, 413-140-0080, 413-140-0120

Last Date for Comment: 12-17-13, 5 p.m.

Summary: OAR 413-140-0000 to 413-140-0120 about non-departmental adoptions (formerly called independent adoptions) are being changed to reflect new legislation (SB 623, 2013) that goes into effect in January 2014. These rule changes also clarify the role

and administrative procedures of the Department for non-departmental adoptions. Additionally, these rule changes also modify fees that may impact the public.

OAR 413-140-0000 about the purpose of the independent adoption rules is being amended to better describe the purposes of the rules about non-departmental adoptions.

OAR 413-140-0010 about definitions used in the non-departmental adoption rules is being amended to adjust the definitions certain common terms as used in the revised rules.

OAR 413-140-0026 is being amended to set out the current requirements regarding service of an adoption petition upon the Department.

OAR 413-140-0030 about required documentation is being amended to update which documents will be considered, consistent with SB 623, when determining whether the Department may issue a waiver of the 90-day waiting period, adoption home study, or placement report.

OAR 413-140-0031 is being adopted to describe administrative procedures followed by the Department once an adoption petition has been served upon the Department.

OAR 413-140-0032 is being adopted to summarize the types of waivers that may be granted by the Department as well as to describe eligibility for those waivers and required documentation to obtain each waiver. The policy on waivers had been set out in OAR 413-140-0035.

OAR 413-140-0033 is being adopted to comply with ORS 109.309(7)(a) by setting forth administrative rules regarding minimum standards for Oregon adoptive homes.

OAR 413-140-0035 is being amended to set out conditions that must be met in order for an adoption home study to be considered valid in a Non-Departmental adoption. This rule is also being amended to remove the Department policy on waivers, which will be set out in OAR 413-140-0032, and the policy on fees which will be covered in OAR 413-140-0047.

OAR 413-140-0040 is being amended to revise the Department's procedures for placement report assignments and completion, remove the policy about the placement report fee (which will be covered in OAR 413-140-0047), and remove the policy about waiver of the report (which will be covered in OAR 413-140-0032).

OAR 413-140-0045 about waiver of fees is being repealed because this policy will be addressed in OAR 413-140-0047.

OAR 413-140-0047 is being adopted to set out the fees for the placement report (previously in OAR 413-140-0040) and certificate of approval (previously in OAR 413-140-0035). Under this rule, the maximum allowable fee that can be charged is increasing. This rule changes the fee policy associated with Non-Departmental adoptions and revises steps the public must take to obtain a waiver of those fees. The policy on home study fees had previously been set out in OAR 413-140-0035.

OAR 413-140-0055 about limits to adoption is being repealed because this policy will be set out in OAR 413-140-0035.

OAR 413-140-0065 is being amended to state the types of background checks required for the Department to consider a home study waiver request.

OAR 413-140-0080 about interviewing birth parents and OAR 413-140-0120 about storage and destruction of information about adoptions are being repealed because these topics do not need to be set out in Department rules.

OAR 413-140-0110 about release of information and confidentiality is being amended to implement SB 623 (2013) and clarify cross-references to other rules.

In addition, the above rules may also be changed to reflect new Department terminology and to correct formatting and punctuation.

Written comments may be submitted until December 17, 2013 at 5:00 p.m. Written comments may be submitted via e-mail to Annette.Tesch@state.or.us, faxed to 503-373-7032, or mailed to Annette Tesch, Rules Coordinator, DHS - Child Welfare Programs, 500 Summer Street NE, E-48, Salem, Oregon, 97301. The Depart-

NOTICES OF PROPOSED RULEMAKING

ment provides the same consideration to written comment as it does to any oral or written testimony provided at the public hearing.

Rules Coordinator: Annette Tesch

Address: Department of Human Services, Child Welfare Programs, 500 Summer St. NE, E-48, Salem, OR 97301-1066

Telephone: (503) 945-6067

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Department of Human Services, Self-Sufficiency Programs Chapter 461

Rule Caption: Changing OARs affecting public assistance, medical assistance, or Supplemental Nutrition Assistance Program clients

Date:	Time:	Location:
12-16-13	10 a.m.	500 Summer St. NE, Rm. 254 Salem, OR

Hearing Officer: Annette Tesch

Stat. Auth.: ORS 411.060, 411.095, 411.300, 411.404, 411.816 & 412.049

Other Auth.: FNS Waiver #2130017

Stats. Implemented: ORS 192.856, 410.150, 411.060, 411.095, 411.099, 411.103, 411.117, 411.300, 411.320, 411.335, 411.404, 411.632, 411.816, 411.837, 412.049, 412.074, 418.100 & 418.130

Proposed Amendments: 461-025-0315, 461-025-0375, 461-105-0100, 461-105-0130, 461-135-0505, 461-140-0300, 461-175-0206, 461-175-0210

Last Date for Comment: 12-17-13, 5 p.m.

Summary: OAR 461-025-0315 about expedited hearings, OAR 461-025-0375 about final orders, OAR 461-105-0100 about release of client information to law enforcement officers, OAR 461-105-0130 about disclosure of client information, OAR 461-135-0505 about categorical eligibility for SNAP, OAR 461-140-0300 about adjustments to the disqualification for asset transfer, and OAR 461-175-0206 about benefit standard change notices are being amended to address for the removal of "medical assistance" from the definition of "public assistance" in HB 2859 (2013) while continuing existing policies.

OAR 461-175-0210 about notices sent to clients when they move or their location is unknown is being amended to make permanent a temporary rule change adopted October 3, 2013 stating that no notice is needed in the SNAP program when a SNAP case is closed for returned mail and the clients whereabouts are unknown. This rule is also being amended to make permanent a temporary rule change adopted October 1, 2013 removing the policies for certain medical assistance programs from this rule because this topic is now covered in OAR 410-200-0120.

In addition, the above rules may also be changed to reflect new Department terminology and to correct formatting and punctuation.

Written comments may be submitted until December 17, 2013 at 5:00 p.m. Written comments may be e-mailed to Annette.Tesch@state.or.us, faxed to 503-373-7032, or mailed to Annette Tesch, Rules Coordinator, DHS - Self-Sufficiency Programs, 500 Summer Street NE, E-48, Salem, Oregon, 97301. The Department provides the same consideration to written comment as it does to any oral or written testimony provided at the public hearing.

Rules Coordinator: Annette Tesch

Address: Department of Human Services, Self-Sufficiency Programs, 500 Summer St. NE, E-48, Salem, OR 97301

Telephone: (503) 945-6067

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Rule Caption: Changing OARs affecting public assistance, medical assistance, or Supplemental Nutrition Assistance Program clients

Date:	Time:	Location:
12-16-13	10 a.m.	500 Summer St. NE, Rm. 254 Salem, OR

Hearing Officer: Annette Tesch

Stat. Auth.: ORS 409.050, 411.060, 411.404, 411.816, 412.014, 412.049, HB 2089 (2013, Section 10)

Stats. Implemented: ORS 409.010, 411.060, 411.404, 411.816, 412.014 & 412.049

Proposed Amendments: 461-110-0210, 461-110-0330, 461-110-0340, 461-110-0530, 461-110-0630, 461-115-0030, 461-115-0071, 461-115-0150, 461-115-0430, 461-120-0030, 461-120-0050, 461-120-0125, 461-120-0210, 461-120-0310, 461-120-0315, 461-120-0345, 461-120-0350, 461-120-0510, 461-120-0630, 461-125-0150, 461-130-0328, 461-135-0010, 461-135-0070, 461-135-0080, 461-135-0900, 461-135-0930, 461-135-0950, 461-135-1070, 461-140-0040, 461-140-0120, 461-140-0210, 461-140-0270, 461-145-0040, 461-145-0050, 461-145-0080, 461-145-0086, 461-145-0090, 461-145-0110, 461-145-0120, 461-145-0130, 461-145-0150, 461-145-0220, 461-145-0230, 461-145-0300, 461-145-0330, 461-145-0340, 461-145-0360, 461-145-0365, 461-145-0380, 461-145-0410, 461-145-0420, 461-145-0430, 461-145-0433, 461-145-0440, 461-145-0455, 461-145-0460, 461-145-0470, 461-145-0505, 461-145-0510, 461-145-0540, 461-145-0590, 461-145-0600, 461-145-0820, 461-145-0830, 461-145-0860, 461-145-0910, 461-145-0920, 461-145-0930, 461-150-0020, 461-150-0070, 461-150-0080, 461-150-0090, 461-155-0030, 461-155-0350, 461-155-0670, 461-160-0015, 461-160-0040, 461-160-0060, 461-160-0100, 461-160-0160, 461-160-0630, 461-165-0030, 461-165-0120, 461-170-0011, 461-170-0130, 461-170-0200, 461-175-0200, 461-175-0270, 461-175-0305, 461-180-0020, 461-180-0050, 461-180-0065, 461-180-0085, 461-180-0100, 461-180-0105, 461-180-0120

Proposed Repeals: 461-110-0400, 461-115-0530, 461-115-0705, 461-135-0095, 461-135-0096, 461-135-0170, 461-135-1060, 461-135-1100, 461-135-1101, 461-135-1102, 461-135-1120, 461-135-1149, 461-145-0870, 461-155-0235, 461-160-0120, 461-160-0125, 461-160-0190, 461-160-0200, 461-160-0700, 461-175-0203, 461-180-0097

Last Date for Comment: 12-17-13, 5 p.m.

Summary: These rules about eligibility for medical programs are being changed as part of the process to move policies about financial eligibility for medical assistance from OAR 461 (DHS) into the OAR 410-200 (under OHA), and as part of the implementation efforts for the federal Affordable Care Act (ACA). For applications for medical assistance starting on October 1, 2013, financial eligibility policies are changing and will be set out in OAR 410-200. These amendments make permanent temporary changes adopted October 1, 2013.

In addition, the above rules may also be changed to reflect new Department terminology and to correct formatting and punctuation.

Written comments may be submitted until December 17, 2013 at 5:00 p.m. Written comments may be e-mailed to Annette.Tesch@state.or.us, faxed to 503-373-7032, or mailed to Annette Tesch, Rules Coordinator, DHS - Self-Sufficiency Programs, 500 Summer Street NE, E-48, Salem, Oregon, 97301. The Department provides the same consideration to written comment as it does to any oral or written testimony provided at the public hearing.

Rules Coordinator: Annette Tesch

Address: Department of Human Services, Self-Sufficiency Programs, 500 Summer St. NE, E-48, Salem, OR 97301

Telephone: (503) 945-6067

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Department of Justice Chapter 137

Rule Caption: Adopts Rules Required by 2013 Legislation to Implement Oregon Foreclosure Avoidance Program

Date:	Time:	Location:
1-7-14	9 a.m.	340 Vista Ave SE Salem, OR 97302

Hearing Officer: Jermaine Brown

Stat. Auth.: 2013 OL Ch. 304, Sec. 2(1)(b), 2(2), 2(3), 3(1), 3(2), 3(4) & 6(1)

Stats. Implemented: 2013 OL Ch. 304

NOTICES OF PROPOSED RULEMAKING

Proposed Adoptions: 137-110-0300, 137-110-0605, 137-110-0675
Proposed Amendments: 137-110-0010, 137-110-0110, 137-110-0200, 137-110-0210, 137-110-0410, 137-110-0420, 137-110-0600, 137-110-0610, 137-110-0620, 137-110-0630, 137-110-0640, 137-110-0650, 137-110-0670

Proposed Repeals: 137-110-0001, 137-110-0005, 137-110-0020, 137-110-0430, 137-110-0500, 137-110-0510, 137-110-0520, 137-110-0660

Last Date for Comment: 1-10-14, Close of Business

Summary: These rules implement the Oregon Foreclosure Avoidance Program established by Oregon Laws 2013, chapter 304. These rules provide:

- The minimum training, qualifications and experience required of program facilitators;
- The fees that must be paid by the parties, the time of fee payments, and the requirements for obtaining a waiver by low-income grantors;
- The contents of the notices that will be issued by the service provider;
- The form for, and contents of, an affidavit exempting a beneficiary from the requirement to enter into a resolution conference with a grantor
- The guidelines that provide for the role of program facilitators; the contents of the notices that will be issued by the service provider; documents required of both parties; procedures for rescheduling resolution conference sessions; role of interpreters; means of executing agreements; the form for, and contents of the certificate of compliance or notice that no certificate of compliance will be issued to a beneficiary.

Rules Coordinator: Carol Riches

Address: Department of Justice, 1162 Court St. NE, Salem, OR 97301

Telephone: (503) 947-4700

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Rule Caption: Adopts Rules Implementing 2013 Legislation Regarding Foreclosure Avoidance Measure Notices

Date:	Time:	Location:
1-7-14	9 a.m.	340 Vista Ave SE Salem, OR 97302

Hearing Officer: Jermaine Brown

Stat. Auth.: 2013 OL Ch. 304 Sec. 6(1)(g)

Stats. Implemented: 2012 OL Ch. 112, Sec. 4(a)

Proposed Amendments: 137-120-0020

Proposed Repeals: 137-120-0010

Last Date for Comment: 1-10-14, Close of Business

Summary: These amended rules implement the foreclosure avoidance measure notice provisions of Oregon Laws 2013, chapter 304. They provide a form and content of the notice issued by a beneficiary when the beneficiary determines that a grantor is not eligible for any foreclosure avoidance measure or that the grantor has not complied with the terms of a foreclosure avoidance measure to which the grantor has agreed. They also provide the address to which a copy of the notice must be sent to the Attorney General.

Rules Coordinator: Carol Riches

Address: Department of Justice, 1162 Court St. NE, Salem, OR 97301

Telephone: (503) 947-4700

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Department of Oregon State Police, Office of State Fire Marshal Chapter 837

Rule Caption: Designate Emergency Planning Districts

Date:	Time:	Location:
12-17-13	10:30 a.m.	4760 Portland Rd. NE Salem, OR 97305-1760

Hearing Officer: John Caul

Stat. Auth.: ORS 476.030(2)

Stats. Implemented: ORS 453.520

Proposed Adoptions: Rules in 837-095

Last Date for Comment: 12-17-13, 12 p.m.

Summary: These rules designate emergency planning districts as required by the Emergency Planning and Community Right to Know Act (EPCRA) of 1986 (42 U.S.C. Chapter 116, Section 11001 et seq.); and establish Local Emergency Planning Committees (LEPCs).

Rules Coordinator: Valerie Abrahamson

Address: Department of Oregon State Police, Office of State Fire Marshal, 4760 Portland Rd. NE, Salem, OR 97305-1760

Telephone: (503) 934-8211

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Rule Caption: Rule changes align with U.S. Environmental Protection Agency 40 CFR Part 370

Date:	Time:	Location:
12-17-13	1:30 p.m.	4760 Portland Rd. NE Salem, OR 97305

Hearing Officer: John Caul

Stat. Auth.: ORS 453.367

Other Auth.: U.S Environmental Protection Agency 40 CFR Part 370

Stats. Implemented: ORS 453.307-453.414

Proposed Amendments: Rules in 837-085

Last Date for Comment: 12-17-13, 3 p.m.

Summary: This rule is being amended to align with changes to U.S. Environmental Protection Agency 40 CFR Part 370.

Rules Coordinator: Valerie Abrahamson

Address: Department of Oregon State Police, Office of State Fire Marshal, 4760 Portland Rd. NE, Salem, OR 97305-1760

Telephone: (503) 934-8211

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Department of Public Safety Standards and Training Chapter 259

Rule Caption: Eliminate eligibility dates (HB 2235); Housekeeping changes.

Stat. Auth.: ORS 181.640 & 181.652

Stats. Implemented: ORS 181.640 & 181.652

Proposed Amendments: 259-008-0025

Last Date for Comment: 12-23-13, 5 p.m.

Summary: 2013 HB 2235 extended the sunset clause of the DOC Basic Corrections Course. As a result, the eligibility dates found in rule were outdated. Because these dates are found in statute, eligibility dates are removed from rule to eliminate to need to again update the dates in the future. Additionally, there are several housekeeping changes for clarity and consistency.

Rules Coordinator: Linsay Hale

Address: Department of Public Safety Standards and Training, 4190 Aumsville Hwy SE, Salem, OR 97317

Telephone: (503) 378-2431

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Rule Caption: Clarifies staff ability to summarily dispose of/administratively close cases involving discretionary disqualifying misconduct.

Stat. Auth.: ORS 181.878, 181.882 & 181.885

Stats. Implemented: ORS 181.878 & 181.885

Proposed Amendments: 259-060-0300

Last Date for Comment: 12-23-13, Close of Business

Summary: This rule allows DPSST staff to consult and reach a consensus to summarily dispose of or administratively close cases involving discretionary disqualifying misconduct of private security providers. Additionally, it corrects an ORS citation for the crime of Interfering with Public Transportation and minor housekeeping.

Rules Coordinator: Linsay Hale

Address: Department of Public Safety Standards and Training, 4190 Aumsville Hwy SE, Salem, OR 97317

Telephone: (503) 378-2431

NOTICES OF PROPOSED RULEMAKING

Rule Caption: Adds core values; Clarifies denial, suspension and revocation process; adds mandatory and discretionary disqualifiers.
Stat. Auth.: ORS 703.415, 703.430, 703.450, 703.465 & 703.480
Stats. Implemented: ORS 703.415, 703.430, 703.450, 703.465 & 703.480

Proposed Adoptions: 259-061-0300

Proposed Amendments: 259-061-0040

Last Date for Comment: 12-23-13, 5 p.m.

Summary: ORS 703.465 and 703.480 authorize the Board on Public Safety Standards and Training, in consultation with the Private Security/Investigator Policy Committee (PSIPC), to develop rules outlining reasonable minimum standards of moral fitness to be upheld by licensed private investigators in the State of Oregon. The Board, through the Policy Committee, has developed rules establishing procedures which detail when and how private investigator licensure may be denied, suspended, or revoked.

This proposed rule change adds core values which are believed to be integral to the private investigator profession. All person felonies as defined by the Criminal Justice Commission will be an automatic disqualifier for licensure. Any arrest or conviction which does not constitute a person felony, or any violation of the core values committed by a licensed investigator or committed within 10 years of an application for licensure would be considered a discretionary disqualifier.

Staff will have the ability to consult and reach a consensus to summarily dispose of or administratively close cases involving discretionary disqualifying misconduct. Only cases in which staff are unable to reach a consensus will be presented to the Board, through the Private Investigator Subcommittee and Policy Committee, for final determination.

Rules Coordinator: Linsay Hale

Address: Department of Public Safety Standards and Training, 4190 Aumsville Hwy SE, Salem, OR 97317

Telephone: (503) 378-2431

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Rule Caption: Clarifies instructor certification requirements; Housekeeping.

Stat. Auth.: ORS 176.260, 181.534, 181.612, 181.640, 181.644, 181.650, 181.651, 181.652, 181.653, 181.654, 181.661, 181.662, 181.664, 181.665, 183.341, 206.015 & 2011 OL Ch. 644

Stats. Implemented: ORS 176.260, 181.612, 181.640, 181.644, 181.650, 181.651, 181.652, 181.653, 181.654, 181.661, 181.662, 181.664, 181.665, 183.341, 206.015 & 2011 OL Ch. 644

Proposed Amendments: 259-008-0005, 259-008-0010, 259-008-0020, 259-008-0025, 259-008-0060, 259-008-0069, 259-008-0070, 259-008-0075, 259-008-0080, 259-008-0090, 259-008-0100, 259-013-0000, 259-013-0220, 259-013-0230

Last Date for Comment: 12-23-13, Close of Business

Summary: Current ORS and OAR requires that anyone instructing a mandated Basic Course be certified by DPSST. There are three types of instructor certification; Certified Instructor, Allied Professions Instructor, and Subject Matter Expert Instructor. This proposed rule change ensures certified instructors are held to the same standard as other certifications, including criminal records checks, notification of conviction, moral fitness, education, experience, training requirements and renewal cycle timelines. This rule change adds the definitions of "Instructor", "Allied Professions Instructor", and "Subject Matter Expert Instructor" to OAR 259-008-0005. Further, it makes "Public Safety Professional" a stand-alone definition, which includes corrections officers, emergency medical dispatchers, parole and probation officers, police officers, certified reserve officers, telecommunications, liquor enforcement inspectors, and instructors. OAR 259-008-0080 is updated to add fingerprint requirements, criminal records checks, notice of conviction requirements, moral fitness standards, training requirements, experience requirements, and document submission requirements. Further, OAR's in Divisions 8 and 13 are updated to reflect definition changes. Finally, minor housekeeping changes are made for clarity.

Rules Coordinator: Linsay Hale

Address: Department of Public Safety Standards and Training, 4190 Aumsville Hwy SE, Salem, OR 97317

Telephone: (503) 378-2431

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Department of State Lands

Chapter 141

Rule Caption: Clarify, streamline, and simplify estates and unclaimed property reporting and claims procedures.

Date: 12-18-13	Time: 3 p.m.	Location: Dept. of State Lands, Land Board Rm. 775 Summer St. NE Suite 100 Salem, OR 97301
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Hearing Officer: Patrick Tate or Cynthia Wickham

Stat. Auth.: ORS 98.302-98.436, 111-119 & 273.045

Stats. Implemented: ORS 98 & 111-119

Proposed Amendments: 141-030-0015, 141-030-0025, 141-030-0037, 141-035-0012, 141-035-0013, 141-035-0016, 141-035-0018, 141-035-0020, 141-035-0025, 141-035-0030, 141-035-0035, 141-035-0040, 141-035-0045, 141-035-0047, 141-035-0048, 141-035-0050, 141-035-0065, 141-035-0068, 141-040-0020, 141-040-0214, 141-045-0010, 141-045-0031, 141-045-0041, 141-045-0061, 141-045-0100

Proposed Repeals: 141-030-0036, 141-035-0015

Last Date for Comment: 12-31-13, Close of Business

Summary: The revised rules repeal all references to institutional escheat property which was no longer reportable to the Department when ORS 179.540 was repealed in 1997, and all such property currently being held has been held for more than 10 years and is no longer available for claim. Other sections of the rules are revised to reflect the current statutory authority and/or remove authority that has been repealed.

The revised rules clarify the types of abandoned tangible personal property that are not considered reportable as unclaimed. The revisions provide specific exclusions for willful abandonment of things such as automobiles, furniture, household goods, used clothing, and hazardous materials.

The agency and its stakeholders have been able to achieve efficiencies in administration of and compliance with program requirements by advances in technology. The rules have been revised to reflect the increased use of technology and electronic reporting and record keeping.

The Division 35 rules were last revised in December 2003. The majority of the revisions are intended to provide clarity and improve the readability of the rules.

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

For additional information on this rulemaking process please visit the following link on the Department's website:

http://www.oregon.gov/dsl/Pages/rules_activity

To comment on this rulemaking, submit your comments by mail to:

Tiana Teeters, Rules Coordinator
Estates/Unclaimed Property Rulemaking
Department of State Lands
775 Summer Street N.E., Suite 100
Salem, Oregon 97301

To comment on this rulemaking, submit your comments by e-mail to: Estates.UP.Rulemaking@dsl.state.or.us

Rules Coordinator: Tiana Teeters

Address: Department of State Lands, 775 Summer St. NE, Suite 100, Salem, OR 97301

Telephone: (503) 986-5239

NOTICES OF PROPOSED RULEMAKING

Department of Transportation, Transportation Safety Division Chapter 737

Rule Caption: Traffic Safety Education and Reimbursement
Stat. Auth.: ORS 184.616, 184.619, 802.345 & 336.790–366.815
Stats. Implemented: ORS 336.800, 336.805, 336.810, 802.110, 802.345, 807.065 & 807.070(3)
Proposed Adoptions: 737-015-0035, 737-015-0074, 737-015-0076, 737-015-0085, 737-015-0105, 737-015-0120, 737-015-0130
Proposed Amendments: 737-015-0010, 737-015-0020, 737-015-0030, 737-015-0070, 737-015-0090, 737-015-0100, 737-015-0110
Last Date for Comment: 12-23-13, Close of Business
Summary: These revisions to Chapter 737, Division 15, Traffic Safety Education rules implement HB 2264 which allows the Department to amend current reimbursement policy and sanction policy, as well as implement provisions for low/no income subsidy for qualified students.
Rules Coordinator: Lauri Kunze
Address: Department of Transportation, Transportation Safety Division, 355 Capitol St. NE, MS 51, Salem, OR 97301
Telephone: (503) 986-3171

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**Department of Veterans' Affairs
Chapter 274**

Rule Caption: Conservatorship fees, fee waiver and retraction of fee waiver
Date: 12-19-13 **Time:** 10 a.m. **Location:** Dept. of Veterans Affairs, Auditorium, 700 Summer St. NE, Salem, OR 97301

Hearing Officer: Laurie Skillman
Stat. Auth.: ORS 406.005, 406.050 & 406.100
Stats. Implemented: ORS 406.110 & 406.120, 2013 OL Ch. 258 & 2013 OL Ch. 190,
Proposed Amendments: 274-015-0010
Proposed Repeals: 274-015-0010(T)
Last Date for Comment: 12-19-13, Close of Business
Summary: The Department filed this rule as a temporary rule on August 29, 2013 that is effective from August 30, 2013 through January 3, 2014. The rule is needed to implement Chapter 258, 2013 Oregon Laws (HB 2044) and Chapter 190, 2013 Oregon Laws (HB 2046), that amended ORS 406.100 and 406.110.

The amendments to ORS 406.100 (HB 2044) changed the fees the Department may charge when acting as a conservator for a protected person. The fees were "an amount not to exceed 5% of the income to the estate" for all ordinary and usual conservatorship services. The statute now allows the Department to charge a "reasonable" compensation for ordinary services. The amended rule provides that the Department will charge 7% for ordinary services, an hourly rate of \$40 for unusual services and \$50 per real property inspection. The amendments to ORS 406.110 (HB 2046) allow the Department to retract a previously granted waiver of all or a portion of the fees charged to the estate of a protected person.

The amendments to the rule include adding some definitions, and housekeeping for readability and clarity.

Rules Coordinator: Laurie Skillman
Address: Department of Veterans' Affairs, 700 Summer St. NE, Salem, OR 97301
Telephone: (503) 373-2016

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Rule Caption: Veteran's loans made by the Oregon Department of Veteran's Affairs
Date: 12-19-13 **Time:** 10 a.m. **Location:** Dept. of Veterans Affairs, Auditorium, 700 Summer St. NE, Salem, OR 97301

Hearing Officer: Laurie Skillman
Stat. Auth.: ORS 406.030 & 407.115
Stats. Implemented: ORS 407.205 & 407.225
Proposed Amendments: 274-020-0200, 274-020-0265, 274-020-0285, 274-020-0348, 274-045-0001
Proposed Repeals: 274-020-0200(T), 274-020-0265(T), 274-020-0285(T), 274-020-0348(T), 274-045-0001(T)
Last Date for Comment: 12-19-13, Close of Business
Summary: The Department filed temporary rules for the five named rules on July 23, 2013, effective July 23, 2013 through January 19, 2014.

The rules are needed to implement Chapter 227, 2013 Oregon Laws (SB 34) and Chapter 228, 2013 Oregon Laws (SB 35), that amended ORS 407.202 and 407.225. The amendments to ORS 407.205 changes the number of loans a veteran may obtain from two to four loans. The amendments to ORS 407.225 increased the loan-to-value ratio for loans.

The amendments to the temporary rules include housekeeping for readability and clarity.

Rules Coordinator: Laurie Skillman
Address: Department of Veterans' Affairs, 700 Summer St. NE, Salem, OR 97301
Telephone: (503) 373-2016

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**Higher Education Coordinating Commission
Chapter 715**

Rule Caption: Renumber administrative rules concerning career schools. Update rules to reflect Commission's oversight career schools.
Date: 1-9-14 **Time:** 1 p.m. **Location:** 900 Court St. NE, Hearing Rm. 50, Salem, OR 97301

Hearing Officer: Staff
Stat. Auth.: ORS 345.030, 345.080, & 345.325, as amended by sections 24, 28, & 33, 2012 OL Ch. 104
Other Auth.: Sections 13 & 18, chapter 104, Oregon Laws 2012
Stats. Implemented: 2012 OL Ch. 104

Proposed Ren. & Amends: 581-045-0001 to 715-045-0001, 581-045-0003 to 715-045-0003, 581-045-0006 to 715-045-0006, 581-045-0007 to 715-045-0007, 581-045-0008 to 715-045-0008, 581-045-0009 to 715-045-0009, 581-045-0012 to 715-045-0012, 581-045-0013 to 715-045-0013, 581-045-0014 to 715-045-0014, 581-045-0018 to 715-045-0018, 581-045-0019 to 715-045-0019, 581-045-0022 to 715-045-0022, 581-045-0023 to 715-045-0023, 581-045-0029 to 715-045-0029, 581-045-0032 to 715-045-0032, 581-045-0033 to 715-045-0033, 581-045-0034 to 715-045-0034, 581-045-0036 to 715-045-0036, 581-045-0037 to 715-045-0037, 581-045-0038 to 715-045-0038, 581-045-0039 to 715-045-0039, 581-045-0060 to 715-045-0060, 581-045-0061 to 715-045-0061, 581-045-0062 to 715-045-0062, 581-045-0063 to 715-045-0063, 581-045-0064 to 715-045-0064, 581-045-0065 to 715-045-0065, 581-045-0066 to 715-045-0066, 581-045-0067 to 715-045-0067, 581-045-0068 to 715-045-0068, 581-045-0190 to 715-045-0190, 581-045-0200 to 715-045-0200, 581-045-0210 to 715-045-0210

Last Date for Comment: 1-23-14, Close of Business
Summary: In 2012, the Legislative Assembly transferred the duties, functions, and powers of the State Board of Education, Department of Education, and Superintendent of Public Instruction relating to career schools to the Higher Education Coordinating Commission, see sections 13 through 39, chapter 104, Oregon Laws 2012. The commission is renumbering the department's administrative rules regarding career schools for the purpose of bringing them into the commission's chapter of the Oregon Administrative Rules (OAR chapter 715). The commission is also amending these rules to replace

NOTICES OF PROPOSED RULEMAKING

references to the board, department, and superintendent in the rules with references to the commission and its executive director.

Rules Coordinator: Angela Rico

Address: Higher Education Coordinating Commission, 900 Court St. NE, Suite 160, Salem, OR 97301

Telephone: (503) 378-5690

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Oregon Board of Naturopathic Medicine
Chapter 850

Rule Caption: Add substances to the formulary compendium for Naturopathic physicians and Pharmacists reference

Stat. Auth.: ORS 685.125

Stats. Implemented: ORS 685.145

Proposed Amendments: 850-060-0226

Last Date for Comment: 1-8-14, 3 p.m.

Summary: As part of the Naturopathic formulary classifications make the following amendments: add Mechlorethamine, add a miscellaneous classification to antidiabetic agents, and correct (25) to include minerals.

Rules Coordinator: Anne Walsh

Address: Oregon Board of Naturopathic Medicine, 800 NE Oregon St., Suite 407, Portland, OR 97232

Telephone: (971) 673-0193

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Oregon Business Development Department
Chapter 123

Rule Caption: This new division of rules relates to the Oregon Seismic Rehabilitation Grants Program.

Stat. Auth.: ORS 285A.093, 285A.098, 286A.760–286A.772, 401.910 & 2013 OL Ch. 782

Stats. Implemented: ORS 285A.093, 285A.098, 286A.760–286A.772, 401.910 & 2013 OL Ch. 782

Proposed Adoptions: 123-051-0100 – 123-051-1200

Last Date for Comment: 12-20-13, 5 p.m.

Summary: The 2013 Legislature passed SB 813 transferring the Oregon Seismic Rehabilitation Grants Program from the Office of Emergency Management to the Oregon Business Development Department's Infrastructure Finance Authority. This new division of rules provides criteria, processes and standards for the program.

Rules Coordinator: Mindee Sublette

Address: Oregon Business Development Department, 775 Summer St. NE, Suite 200, Salem, OR 97301

Telephone: (503) 986-0036

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Rule Caption: These rule amendments relate to the Water Fund administered by the Infrastructure Finance Authority.

Stat. Auth.: ORS 285B.563 & 285A.075

Stats. Implemented: ORS 285B.560–285B.599

Proposed Amendments: Rules in 123-043

Last Date for Comment: 12-20-13, 5 p.m.

Summary: These rule amendments result from SB 181 in the 2013 regular Legislative session. The maximum term limits on a loan made by the Infrastructure Finance Authority for the Water Fund has been changed from 25 years to 30 years.

Language for the criteria for technical assistance grants has been amended to clarify what a grant shall be made for and how often.

Other minor housekeeping changes have been made.

Rules Coordinator: Mindee Sublette

Address: Oregon Business Development Department, 775 Summer St. NE, Suite 200, Salem, OR 97301

Telephone: (503) 986-0036

Oregon Department of Education
Chapter 581

Rule Caption: Public Charter Schools

Date:
1-6-14

Time:
1 p.m.

Location:
Dept. of Education
255 Capital St. NE, 200A
Salem, OR

Hearing Officer: Emily Nazarov

Stat. Auth.: ORS 326.051 & 338.025

Stats. Implemented: ORS 338

Proposed Adoptions: 581-026-0005, 581-026-0055, 581-026-0060, 581-026-0110

Proposed Ren. & Amends: 581-020-0301 to 581-026-0050, 581-020-0331 to 581-026-0065, 581-020-0311 to 581-026-0100, 581-020-0321 to 581-026-0120, 581-020-0345 to 581-026-0125, 581-020-0341 to 581-026-0130, 581-020-0334 to 581-026-0200, 581-026-0336 to 581-026-0210, 581-020-0338 to 581-026-0300, 581-020-0342 to 581-026-0305, 581-020-0343 to 581-026-0310, 581-020-0359 to 581-026-0400, 581-020-0361 to 581-026-0405, 581-020-0380 to 581-026-0500, 581-020-0385 to 581-026-0505, 581-020-0390 to 581-026-0510, 581-020-0395 to 581-026-0515

Last Date for Comment: 1-6-14, 5 p.m.

Summary: The rule amendments implement HB 2150, 2875 and 3093. The rules modify the charter application process, appeal process, renewal process, annual audit and state board sponsorship process. The rules also create a separate division for charter school rules:

- Division 26
- Public Charter Schools
- 581-026-0005 Definitions
- Proposal Process
- 581-026-0050 Public Charter School Proposal Submission and Completeness
- 581-026-0055 Public Charter School Proposal Review and Resubmission
- 581-026-0060 Public Charter School Proposal Reconsideration
- 581-026-0065 Appeal Process
- Charter Contract Development and Timelines
- 581-026-0100 Development and Execution of a Charter
- 581-026-0110 Public Charter School Mediation Provided by the State Board of Education
- 581-026-0120 Charter School Development Timelines
- 581-026-0125 Timeline Extensions
- 581-026-0130 Procedure to Waive Certain Provisions of the Charter School Law
- Finance
- 581-026-0200 Financial Management System
- 581-026-0210 Annual Financial Reporting
- Virtual Public Charter Schools
- 581-026-0300 Virtual Public Charter Schools
- 581-026-0305 Virtual Public Charter School Student Enrollment
- 581-026-0310 Virtual Public Charter School Student Enrollment
- Appeal Procedure
- Renewal
- 581-026-0400 Process to Renew Charter
- 581-026-0405 Appeal of Sponsor's Decision Not to Renew a Charter
- Termination
- 581-026-0500 Process for Sponsor to Terminate Charter
- 581-026-0505 Process to Appeal Decision by Sponsor to Terminate Charter
- 581-026-0510 Process for Charter School Governing Body to Terminate Charter and Dissolve Public Charter School
- 581-026-0515 Distribution of Assets of a Terminated or Dissolved Public Charter School

Rules Coordinator: Cindy Hunt

NOTICES OF PROPOSED RULEMAKING

Address: Oregon Department of Education, 255 Capitol St. NE,
Salem, OR 97310
Telephone: (503) 947-5651

Rule Caption: Implement provisions of HB 3233 relating to educator effectiveness and common core state standards implementation.

Date:	Time:	Location:
1-6-14	1 p.m.	Dept. of Education 255 Capitol St. NE, 200A Salem OR

Hearing Officer: Emily Nazarov
Stat. Auth.: 2013 OL Ch. 661, Sec. 1 (Enrolled HB 3233)
Stats. Implemented: 2013 OL Ch. 661, Sec. 1 (Enrolled HB 3233)
Proposed Adoptions: 581-018-0300, 581-018-0305, 581-018-0310, 581-018-0315, 581-018-0320, 581-018-0325
Last Date for Comment: 1-6-14, 5 p.m.
Summary: Implement the provisions of HB 3233 relating to educator effectiveness (SB 290) and common core state standards (CCSS) implementation. The rules establish the Educator Effectiveness and CCSS Implementation Grant Program including eligibility, criteria, grant funding and reporting.
Rules Coordinator: Cindy Hunt
Address: Oregon Department of Education, 255 Capitol St. NE, Salem, OR 97310
Telephone: (503) 947-5651

Rule Caption: Implements provisions of HB 3232 by establishing a Mentoring, Monitoring, and Accelerated program.

Date:	Time:	Location:
1-6-14	1 p.m.	255 Capital St. NE, 200A Salem OR

Hearing Officer: Emily Nazarov
Stat. Auth.: 2013 OL Ch. 660, Sec. 1 (Enrolled HB 3232)
Stats. Implemented: 2013 OL Ch. 660, Sec. 1 (Enrolled HB 3232)
Proposed Adoptions: 581-017-0200, 581-017-0205, 581-017-0210, 581-017-0215, 581-017-0220
Last Date for Comment: 1-6-14, 5 p.m.
Summary: The proposed rules implement the provisions of House bill 3232 by establishing a Mentoring, Monitoring and/or Accelerated program designed to re-enroll, return, or maintain eighth and ninth grade student progress toward graduation. School districts and non-profit organizations are eligible for the grant.
Rules Coordinator: Cindy Hunt
Address: Oregon Department of Education, 255 Capitol St. NE, Salem, OR 97310
Telephone: (503) 947-5651

Rule Caption: Repeals rule relating to athlete agents.

Stat. Auth.: 702.063
Stats. Implemented: ORS 702
Proposed Repeals: 581-054-0007
Last Date for Comment: 1-6-14, 5 p.m.

Summary: Repeals rule relating to athlete agents. The rule is duplicative of the state statute and unnecessary.
Rules Coordinator: Cindy Hunt
Address: Oregon Department of Education, 255 Capitol St. NE, Salem, OR 97310
Telephone: (503) 947-5651

Rule Caption: Fingerprinting of Subject Individuals Employed by Private Schools
Stat. Auth.: ORS 326.603
Stats. Implemented: ORS 326.603
Proposed Amendments: 581-045-0586
Last Date for Comment: 1-6-14, 5 p.m.

Summary: The rules remove specific references to crimes listed in ORS 342.143 that if a person is convicted of a school may choose to not employ or contract with the person.

Rules Coordinator: Cindy Hunt
Address: Oregon Department of Education, 255 Capitol St. NE, Salem, OR 97310
Telephone: (503) 947-5651

Rule Caption: Fingerprinting of subject individuals employed by public schools

Stat. Auth.: ORS 326.603
Stats. Implemented: ORS 326.603
Proposed Amendments: 581-021-0500
Last Date for Comment: 1-6-14, 5 p.m.

Summary: Adds early childhood education program who are community college faculty members to list of subject individuals to reflect new enacted legislation.

Eliminates list of "forever" crimes from rule. Crimes are still listed in statute.

Rules Coordinator: Cindy Hunt
Address: Oregon Department of Education, 255 Capitol St. NE, Salem, OR 97310
Telephone: (503) 947-5651

Oregon Health Authority, Division of Medical Assistance Programs Chapter 410

Rule Caption: Payment process for doula services provided at the time of labor and delivery

Date:	Time:	Location:
12-17-13	10:30 a.m.	500 Summer St. NE, Rm.137C Salem, OR

Hearing Officer: Sandy Cafourek
Stat. Auth.: ORS 413.042 & 414.065
Stats. Implemented: ORS 414.065
Proposed Adoptions: 410-130-0015
Last Date for Comment: 12-19-13, 5 p.m.
Summary: House Bill 3650, passed during the 2011 legislative session, mandates that members enrolled in Medicaid have access to Traditional Health Workers (THWs) to facilitate culturally and linguistically appropriate care. The Traditional Health Worker Steering Committee under the Office of Equity and Inclusion identified doulas as Traditional Health Care workers. The Authority adopted OAR 410-180-0300 through 0380 establishing the process for training, certification, and registry enrollment of doulas and other traditional healthcare workers. This rule sets forth the requirement for reimbursing doula services provided to eligible members.
Rules Coordinator: Sandy Cafourek
Address: Oregon Health Authority, Division of Medical Assistance Programs, 500 Summer St. NE, Salem, OR 97301
Telephone: (503) 945-6430

Rule Caption: OHP standard benefit plan is eliminated effective January 1, 2014

Date:	Time:	Location:
12-17-13	10:30 a.m.	500 Summer St. NE, Rm. 137C Salem, OR 97301

Hearing Officer: Sandy Cafourek
Stat. Auth.: ORS 413.042
Stats. Implemented: ORS 414.706
Proposed Adoptions: 410-120-0003
Last Date for Comment: 12-19-13, 5 p.m.
Summary: The current OHP Standard benefit package is eliminated effective January 1, 2014. Those clients receiving this benefit package will be eligible under a new Medicaid eligibility expansion under the Affordable Care Act. The OHA will offer a single benefit package for full benefit Medicaid eligibles, pending approval by the Centers of Medicare and Medicaid services (CMS).

NOTICES OF PROPOSED RULEMAKING

Rules Coordinator: Sandy Cafourek
Address: Oregon Health Authority, Division of Medical Assistance Programs, 500 Summer St. NE, Salem, OR 97301
Telephone: (503) 945-6430

Rule Caption: Add definitions, Change chemical dependency to substance use disorder, detox services available in other settings
Date: 12-17-13 **Time:** 10:30 a.m. **Location:** 500 Summer St. NE, Rm. 137C Salem, OR 97301

Hearing Officer: Sandy Cafourek
Stat. Auth.: ORS 413.042
Stats. Implemented: ORS 414.025, 414.041, 414.065, 414.329, 414.705, 414.706, 414.707, 414.708 & 414.710
Proposed Amendments: 410-120-0000, 410-120-0045, 410-120-1160, 410-120-1200, 410-120-1210, 410-120-1855
Last Date for Comment: 12-19-13, 5 p.m.
Summary: The Authority needs to amend these rules to replace "chemical dependency" with "Substance Use Disorder" as it is considered to be the standard terminology in the industry and to reflect that detox services is not restricted to a particular settings.
Rules Coordinator: Sandy Cafourek
Address: Oregon Health Authority, Division of Medical Assistance Programs, 500 Summer St. NE, Salem, OR 97301
Telephone: (503) 945-6430

Rule Caption: Traditional Health Worker Certification and Registry Application and Renewal Process and Background Check Requirements
Date: 12-18-13 **Time:** 10 a.m. **Location:** Portland State Office Bldg. 800 NE Oregon St. Portland, OR

Hearing Officer: Staff
Stat. Auth.: ORS 413.042, 414.635 & 414.665
Other Auth.: 2011 OL Ch. 602 & 2012 OL Ch. 8
Stats. Implemented: ORS 181.437, 414.635 & 414.665
Proposed Adoptions: 410-180-0325, 410-180-0326
Last Date for Comment: 12-20-13, 5 p.m.
Summary: House Bill 3650, passed during the 2011 legislative session, mandates that members enrolled in Oregon's Coordinated Care Organizations (CCOs) have access to Traditional Health Workers (THWs) to facilitate culturally and linguistically appropriate care. THWs include community health workers, personal health navigators, peer wellness specialists and other health care workers who are not regulated or certified by this state, including birth doulas. The Authority needs to adopt these rules which establish the application and renewal process for THW certification and registry enrollment. These rules also set forth the THW background check requirements, which THWs must pass before being certified, enrolled on the Authority's registry and to be eligible for Medicaid reimbursement for their services.

The Authority needs to adopt these to ensure the full engagement and utilization of THWs in Oregon's Integrated and Coordinated Healthcare System to ensure quality healthcare for its clients.

Rules Coordinator: Sandy Cafourek
Address: Oregon Health Authority, Division of Medical Assistance Programs, 500 Summer St. NE, Salem, OR 97301
Telephone: (503) 945-6430

Oregon Health Authority, Office of Private Health Partnerships Chapter 442

Rule Caption: Small Employer Health Plans abolished; Administrative Rules repealed
Stat. Auth.: ORS 735.708
Other Auth.: 2011 OL Ch. 70, 2013 OL Ch. 681 (Enrolled HB 2240)

Stats. Implemented: ORS 735.700 & 735.714
Proposed Repeals: 442-006-0000, 442-006-0010, 442-006-0020, 442-006-0030, 442-006-0040
Last Date for Comment: 12-24-13, 5 p.m.

Summary: The Oregon Health Authority, Office of Private Health Partnerships, is proposing to permanently repeal Oregon Administrative Rules related to programs within the Office of Private Health Partnerships. Due to Medicaid expansion as a result of federal legislation, these programs are no longer necessary.
Rules Coordinator: Wanda Davis
Address: Oregon Health Authority, Office of Private Health Partnerships, 250 Church St. SE, Suite 200, Salem, OR 97301
Telephone: (503) 378-5901

Rule Caption: Office of Private Health Partnerships abolished; Administrative Rules repealed
Stat. Auth.: ORS 735.707
Other Auth.: 2013 OL Ch. 681 (Enrolled HB 2240)
Stats. Implemented: ORS 735.700-735.714

Proposed Repeals: 442-001-0000, 442-001-0005, 442-001-0050, 442-001-0060, 442-001-0070, 442-001-0080, 442-001-0090, 442-001-0100, 442-001-0110, 442-001-0120, 442-001-0130, 442-001-0140, 442-001-0150, 442-001-0160
Last Date for Comment: 12-24-13, 5 p.m.

Summary: The Oregon Health Authority, Office of Private Health Partnerships, is proposing to permanently repeal Oregon Administrative Rules related to programs within the Office of Private Health Partnerships. Due to Medicaid expansion as a result of federal legislation, these programs are no longer necessary.
Rules Coordinator: Wanda Davis
Address: Oregon Health Authority, Office of Private Health Partnerships, 250 Church St. SE, Suite 200, Salem, OR 97301
Telephone: (503) 378-5901

Oregon Health Authority, Public Health Division Chapter 333

Rule Caption: WIC Participant, Vendor and Farmer Administration
Date: 12-18-13 **Time:** 1 p.m. **Location:** Portland State Office Bldg. Rm. 705C 800 NE Oregon St. Portland, OR 97232

Hearing Officer: Jana Fussell
Stat. Auth.: ORS 413.500
Other Auth.: 7 CFR 246, Public Law 108-265
Stats. Implemented: ORS 413.500
Proposed Adoptions: 333-053-0000, 333-054-0052
Last Date for Comment: 12-23-13, 5 p.m.

Summary: The Oregon Health Authority, Public Health Division is proposing to permanently adopt an administrative rule in chapter 333, division 53 as it pertains to WIC participants and chapter 333, division 54 as it pertains to vendors and farmers that are authorized by the Oregon WIC Program. These rule adoptions address temporary suspensions of WIC participant benefits and vendor and farmer agreements in the event of a government or program closure or the lack of government funding for the program.
Rules Coordinator: Brittany Sande
Address: Oregon Health Authority, Public Health Division, 800 NE Oregon St., Suite 930, Portland, OR 97232
Telephone: (971) 673-1291

Rule Caption: New process for claiming a nonmedical exemption to school/children's facility immunization requirements

NOTICES OF PROPOSED RULEMAKING

Date: 12-17-13
Time: 1:30 p.m.
Location: Portland State Office Bldg.,
Rm. 1E
800 NE Oregon St.
Portland, OR 97232

Hearing Officer: Jana Fussell
Stat. Auth.: ORS 433.004, 433.273, 433.282 & 433.283
Other Auth.: 2013 OL Ch. 516
Stats. Implemented: ORS 433.001, 433.004, 433.006 & 433.235–433.284
Proposed Amendments: 333-050-0010, 333-050-0020, 333-050-0040, 333-050-0050, 333-050-0060, 333-050-0070, 333-050-0080, 333-050-0100, 333-050-0110, 333-050-0120, 333-050-0130, 333-050-0140

Last Date for Comment: 12-23-13, 5 p.m.
Summary: The Oregon Health Authority, Public Health Division is proposing to permanently amend administrative rules in chapter 333, division 50, relating to school immunization law.

These amendments describe the new process for claiming a non-medical exemption to school/children's facility/post-secondary immunization requirements that was passed into law in 2013. Parents claiming a nonmedical exemption for their children will be required to submit either: documentation from a health care practitioner that they have discussed the risks and benefits of vaccines, or a certificate proving they had watched an online interactive educational module on the risks and benefits of vaccines. Documentation will be on a form prescribed by the Public Health Division. The new process for claiming a nonmedical exemption will apply to new enterers to school and children's facilities and to exemptions claimed on or after March 1, 2014. These amendments address the definition of health care practitioner. These amendments modify reporting requirements for schools and children's facilities to report the number of nonmedical exemptions from each source, whether from a health care practitioner, from the online educational module or from an exemption claimed prior to the operative date of the law, March 1, 2014. These amendments delay the phase-in schedule for the hepatitis A immunization requirement.

Deletions have been made to remove outdated information. Word-ing changes have been made to clarify these rules.

Rules Coordinator: Brittany Sande
Address: Oregon Health Authority, Public Health Division, 800 NE Oregon St., Suite 930, Portland, OR 97232
Telephone: (971) 673-1291

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Rule Caption: Oregon Farm Direct Nutrition Program Administration

Date: 12-18-13
Time: 1 p.m.
Location: Portland State Office Bldg.,
Rm. 705C
800 NE Oregon St.
Portland, OR 97232

Hearing Officer: Jana Fussell
Stat. Auth.: ORS 413.500
Other Auth.: 7 CFR 248, 7 CFR 249, Public Law 108-265
Stats. Implemented: ORS 413.500
Proposed Amendments: 333-052-0040, 333-052-0043, 333-052-0044, 333-052-0120

Last Date for Comment: 12-23-13, 5 p.m.
Summary: The Oregon Health Authority, Public Health Division is proposing to permanently amend administrative rules in chapter 333, division 52 as they pertain to Oregon Farm Direct Nutrition Program participants, and farmers that are authorized by the Oregon Farm Direct Nutrition Program. These changes include amendments to definitions, senior participant eligibility requirements, WIC participant eligibility requirements, and complaints.

Rules Coordinator: Brittany Sande
Address: Oregon Health Authority, Public Health Division, 800 NE Oregon St., Suite 930, Portland, OR 97232
Telephone: (971) 673-1291

Rule Caption: Nontransplant Anatomical Research Recovery Organizations Licensing

Date: 12-18-13
Time: 11 a.m.
Location: Portland State Office Bldg.,
800 NE Oregon St., Rm. 612
Portland, OR 97232

Hearing Officer: Staff
Stat. Auth.: 2013 OL Ch. 356
Stats. Implemented: 2013 OL Ch. 356
Proposed Adoptions: 333-081-0000, 333-081-0005, 333-081-0010, 333-081-0015, 333-081-0020, 333-081-0025, 333-081-0030, 333-081-0035, 333-081-0040, 333-081-0045, 333-081-0050, 333-081-0055, 333-081-0060, 333-081-0065, 333-081-0070, 333-081-0075, 333-081-0080, 333-081-0085, 333-081-0090

Last Date for Comment: 12-23-13, 5 p.m.
Summary: The Oregon Health Authority, Public Health Division, is proposing to permanently adopt administrative rules in chapter 333, division 81 in order to create a licensing program for Nontransplant Anatomical Research Recovery Organizations ("NARROs"). Oregon Laws 2013, chapter 356 (Enrolled House Bill 3345) requires that NARROs be licensed and directs the Oregon Health Authority to adopt implementing rules. The proposed rules create a licensing structure and requirements for NARROs.

Rules Coordinator: Brittany Sande
Address: Oregon Health Authority, Public Health Division, 800 NE Oregon St., Suite 930, Portland, OR 97232
Telephone: (971) 673-1291

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Rule Caption: Updating rules for Medical Marijuana pertaining to registration fees and adding a new medical condition

Stat. Auth.: ORS 475.309, 475.312 & 475.338
Other Auth.: 2013 OL Ch. 337
Stats. Implemented: ORS 475.300–475.346

Proposed Amendments: 333-008-0010, 333-008-0020, 333-008-0045

Proposed Repeals: 333-008-0020(T)
Last Date for Comment: 12-23-13, 5 p.m.

Summary: The Oregon Health Authority, Public Health Division, Oregon Medical Marijuana Program (OMMP) is proposing to permanently amend OAR 333-008-0010 relating to a new medical condition, and OAR 333-008-0020 and 333-008-0045 relating to registration for medical marijuana use.

In 2013 the Legislature approved medical marijuana fee reductions for individuals that are eligible for Oregon Health Plan (OHP) benefits or are receiving food stamp benefits through the Oregon SNAP program. In addition, the passage of SB 281 added Post Traumatic Stress Disorder (PTSD) as a new medical condition. The fee reductions were implemented beginning October 1, 2013 with a temporary rulemaking that expires on March 30, 2014. This proposed rulemaking will make those fee changes in rule permanent.

The Oregon Medical Marijuana Act (OMMA) mandates the Authority to adopt a fee structure in rule. In order to comply with the OMMA and legislative direction, the OMMP must amend its rules to reduce the application fee for OHP clients and SNAP recipients, and to add PTSD as a qualifying medical condition. Additionally, the Authority is simplifying the proof of residency requirements for those individuals submitting a reduced application fee, and clarifying that the replacement card fee is non-refundable in order to be consistent with other fees.

Rules Coordinator: Brittany Sande
Address: Oregon Health Authority, Public Health Division, 800 NE Oregon St., Suite 930, Portland, OR 97232
Telephone: (971) 673-1291

NOTICES OF PROPOSED RULEMAKING

Oregon Health Insurance Exchange Chapter 945

Rule Caption: Assessment on State Programs

Date: 12-23-13
Time: 10 a.m.
Location: 16760 SW Upper Boones Ferry Rd.
Suite 200
Durham, OR 97224

Hearing Officer: Gregory Jolivet

Stat. Auth.: ORS 741.002

Stats. Implemented: ORS 741.105

Proposed Adoptions: 945-030-0045

Last Date for Comment: 12-30-13, 5 p.m.

Summary: Establishes the assessment on state programs as part of an Interagency Agreement between the Exchange and the Oregon Health Authority. Requires Exchange staff to annually report to the Finance and Audit Committee on the assessment on State programs.

Rules Coordinator: Gregory Jolivet

Address: Oregon Health Insurance Exchange, 16760 SW Upper Boones Ferry Rd., Suite 200, Durham, OR 97224

Telephone: (503) 373-9406

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Oregon Housing and Community Services Department Chapter 813

Rule Caption: Amends the procedural rules relating to State Housing Council review and determination for award proposals

Date: 12-16-13
Time: 2 p.m.
Location: 725 Summer St. NE,
Conference Rm. 124A
Salem, OR

Hearing Officer: Sandy McDonnell

Stat. Auth.: ORS 90.630, 90.771–90.775, 90.800–90.840, 183, 315.271, 317.097, 446.525–446.543, 456.515–456.725, 458.210–458.365, 458.405–458.460, 458.505–458.740, 566.310–566.350 & 757.612–757.617

Stats. Implemented: ORS 90.630, 90.771–90.775, 90.800–90.840, 183, 315.271, 317.097, 446.525–446.543, 456.515–456.725, 458.210–458.365, 458.405–458.460, 458.505–458.740, 566.310–566.350 & 757.612–757.617

Proposed Amendments: 813-001-0007

Proposed Repeals: 813-001-0007(T)

Last Date for Comment: 12-17-13, 5 p.m.

Summary: The descriptive and procedural rules within chapter 813, division 001 provide an overview of the department and related entities. The proposed amended rules describe the procedure for the State Housing Council's review and approval or disapproval of certain housing grants, loans and other funding awards proposed by the director of the department.

Rules Coordinator: Sandy McDonnell

Address: Oregon Housing and Community Services Department, 725 Summer St. NE, Suite B, Salem, OR 97301

Telephone: (503) 986-2012

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Rule Caption: Amends and consolidates common terms, policies and procedures used within department programs and rules

Date: 12-16-13
Time: 2 p.m.
Location: 725 Summer St. NE,
Conference Rm. 124A
Salem, OR 97301

Hearing Officer: Sandy McDonnell

Stat. Auth.: ORS 90.630, ORS 90.771–90.775, ORS 90.800–90.840, 183, ORS 315.271, 317.097, ORS 446.525–446.543, ORS 456.515–456.725, ORS 458.210–458.365, ORS 458.405–458.460, ORS 458.505–458.740, ORS 566.310–566.350 & ORS 757.612–757.617

Stats. Implemented: ORS 90.630, ORS 90.771–90.775, ORS 90.800–90.840, 183, ORS 315.271, 317.097, ORS 446.525–446.543, ORS 456.515–456.725, ORS 458.210–458.365, ORS 458.405–

458.460, ORS 458.505–458.740, ORS 566.310–566.350 & ORS 757.612–757.617

Proposed Adoptions: 813-005-0030, 813-005-0040, 813-005-0050, 813-005-0060, 813-005-0070

Proposed Amendments: 813-005-0001, 813-005-0005, 813-005-0016

Proposed Repeals: 813-005-0001(T), 813-005-0005(T), 813-005-0016(T), 813-005-0020(T), 813-005-0030(T), 813-005-0040(T), 813-005-0050(T), 813-005-0060(T), 813-005-0070(T)

Last Date for Comment: 12-17-13, 5 p.m.

Summary: The general rules have been amended to include common terms, policies and procedures with respect to the administration of the department and its programs.

Rules Coordinator: Sandy McDonnell

Address: Oregon Housing and Community Services Department, 725 Summer St. NE, Suite B, Salem, OR 97301

Telephone: (503) 986-2012

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Oregon State Lottery Chapter 177

Rule Caption: Clarifies that the Keno Multiplier does not apply to the Jackpot Bonus prizes; Housekeeping changes

Date: 12-16-13
Time: 2:30 p.m.
Location: Oregon State Lottery Headquarters
500 Airport Rd. SE
Salem, OR 97301

Hearing Officer: Larry Trott, Esq.

Stat. Auth.: ORS Chapter 461; 461.210, 461.220, 461.230, & 461.250

Other Auth.: Oregon Constitution, Article XV, Section 4(4)

Stats. Implemented: ORS 461.220

Proposed Amendments: 177-099-0095

Last Date for Comment: 12-16-13, 3 p.m.

Summary: The Oregon Lottery proposes to amend the Keno Multiplier Option rule to clarify that the Keno Multiplier does not apply to the Jackpot Bonus prizes. Other proposed amendments include housekeeping changes.

Rules Coordinator: Mark W. Hohlt

Address: Oregon State Lottery, 500 Airport Rd. SE, Salem, OR 97301

Telephone: (503) 540-1417

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Rule Caption: Requires Lottery retailers maintain secure premises; Lottery may require security plan or terminate retailer contract

Date: 12-16-13
Time: 1:30 p.m.
Location: Oregon State Lottery
500 Airport Rd. SE
Salem, OR 97301

Hearing Officer: Larry Trott, Esq.

Stat. Auth.: ORS 461, 461.217 & 461.300

Other Auth.: OR Constitution, Art. XV, Sec. 4(4)

Stats. Implemented: ORS 461.217 & 461.300

Proposed Adoptions: 177-040-0013

Last Date for Comment: 12-16-13, 2:30 p.m.

Summary: The Oregon Lottery proposes to adopt a new administrative rule regarding security at the premises of Lottery retailers.

The proposed rule requires Lottery retailers to maintain adequate security at the retailers' premises so that Lottery tickets and shares are sold in an environment that is free from unlawful or violent activities, that are severe or persistent.

In addition, the proposed rule requires all applicants for Video Lottery contracts to certify to the Lottery that they will maintain adequate security of their premises.

The Lottery may terminate the retailer contract of any retailer that does not maintain adequate security as specified in the rule, or the Lottery may require the retailer to implement a security plan.

Rules Coordinator: Mark W. Hohlt

NOTICES OF PROPOSED RULEMAKING

Address: Oregon State Lottery, 500 Airport Rd. SE, Salem, OR 97301
Telephone: (503) 540-1417

Oregon State Marine Board
Chapter 250

Rule Caption: Repeal Division 19: Procedures for Adopting, Amending and Repealing Local and Special Rules

Date:	Time:	Location:
1-7-14	5 p.m.	435 Commercial St. NE Salem, OR

Hearing Officer: Rachel Bullene

Stat. Auth.: ORS 830.110

Stats. Implemented: ORS 830.110

Proposed Repeals: Rules in 250-019

Last Date for Comment: 1-7-14, Close of Hearing

Summary: The agency will repeal division 019: Procedures for Adopting, Amending and Repealing Local and Special Rules. Definitions and procedures previously outlined in division 019 will be amended and included, as necessary, within division 001.

Rules Coordinator: June LeTarte

Address: Oregon State Marine Board, P.O. Box 14145, Salem, OR 97309-5065

Telephone: (503) 378-2617

Rule Caption: Amend petition request procedure, consolidate definitions, define scope and authority, reference Attorney General's Model Rules.

Date:	Time:	Location:
1-7-14	5 p.m.	435 Commercial St. NE Salem, OR

Hearing Officer: Rachel Bullene

Stat. Auth.: ORS 830.110

Stats. Implemented: ORS 183.341

Proposed Adoptions: Rules in 250-001

Proposed Amendments: Rules in 250-001

Proposed Repeals: Rules in 250-001

Last Date for Comment: 1-7-14, Close of Hearing

Summary: The agency will adopt, amend and repeal rules, as necessary, in division 001, to establish procedure for submitting and accepting public petitions to modify or request boating regulations, identify authority, consolidate terms and definitions, and streamline its rulemaking notification procedure.

Rules Coordinator: June LeTarte

Address: Oregon State Marine Board, P.O. Box 14145, Salem, OR 97309-5065

Telephone: (503) 378-2617

Rule Caption: Amend Guide Advisory Committee membership rules and maintain Columbia River reciprocity.

Date:	Time:	Location:
1-6-14	4 p.m.	South Beach Marina RV Bldg. 2120 SE Marine Science Dr. Newport OR
1-7-14	4 p.m.	435 Commercial St. NE Salem, OR

Hearing Officer: Randy Henry

Stat. Auth.: ORS 704.525, 830.435, 704.025 & 830.110

Stats. Implemented: ORS 704.525 & 830.435

Proposed Adoptions: 250-016-0090

Proposed Amendments: 250-016-0080

Last Date for Comment: 1-7-14, Close of Hearing

Summary: The proposed rule action will establish a new process of Guide Advisory Committee membership appointment and maintain reciprocal operations on the Columbia River with the state of Washington in compliance with the 2013 Oregon Legislative Session, House Bill 2039.

Rules Coordinator: June LeTarte

Address: Oregon State Marine Board, P.O. Box 14145, Salem, OR 97309-5065

Telephone: (503) 378-2617

Rule Caption: Amend Ocean Charter Vessel License requirements, update definitions and eliminate duplicity with statutory language.

Date:	Time:	Location:
1-6-14	4 p.m.	South Beach Marina RV Bldg. 2120 SE Marine Science Dr. Newport OR
1-7-14	5 p.m.	435 Commercial St. NE Salem, OR

Hearing Officer: Randy Henry

Stat. Auth.: ORS 704.025 & 8730.110

Stats. Implemented: ORS 704.500, 830.420 & 830.435

Proposed Adoptions: Rules in 250-015

Proposed Amendments: Rules in 250-015

Proposed Repeals: Rules in 250-015

Last Date for Comment: 1-7-14, Close of Hearing

Summary: The proposed rule amendments will update definitions, eliminate statutory language duplicity, remove state-specific carriage requirements and establish consistency with US Coast Guard license requirements in compliance with the 2013 Oregon Legislative Session, Senate Bill 25.

Rules Coordinator: June LeTarte

Address: Oregon State Marine Board, P.O. Box 14145, Salem, OR 97309-5065

Telephone: (503) 378-2617

Parks and Recreation Department
Chapter 736

Rule Caption: Prohibits smoking of tobacco products in State Parks

Date:	Time:	Location:
1-7-14	7 p.m.	Josephine Community Library 200 NW C St. Grants Pass, OR 97526
1-9-14	7 p.m.	Champoeg State Heritage Area, Visitor Center 8239 Champoeg Rd. NE St. Paul OR 97137
1-14-14	7 p.m.	Bend Park & Recreation Office Riverbend Community Rm. 799 SW Columbia St. Bend OR 97702
1-16-14	7 p.m.	Newport Recreation Center 225 Avery St. SE Newport, OR 97365

Hearing Officer: Staff

Stat. Auth.: ORS 390.124

Stats. Implemented: ORS 390.111; ORS 390.121; ORS 390.124

Proposed Amendments: 736-010-0015, 736-010-0020, 736-010-0022, 736-010-0040, 736-010-0050, 736-010-0055

Last Date for Comment: 1-10-14, 5 p.m.

Summary: Smoking is currently banned in public buildings on lands managed by the Oregon Parks and Recreation Department in accordance with the Oregon Indoor Clean Air Act, ORS 433.835 to 433.875. In order to further protect park resources and promote healthy lifestyles this rule revision will extend the smoking ban to park lands, including but not limited to trails, developed day use areas, waysides, park roadways and common areas of campgrounds. Smoking would be allowed in: personal vehicles and camping units; designated campsites in developed overnight camping areas; and where permitted by the park manager for traditional ceremonies in accordance with the American Indian Religious Freedom Act.

*Those who wish to make public comment must register with the hearing officer by 7:30 p.m. on the scheduled hearing date.

Rules Coordinator: Vanessa DeMoe

NOTICES OF PROPOSED RULEMAKING

Address: Parks and Recreation Department, 725 Summer St. NE, Suite C, Salem, OR 97301
Telephone: (503) 986-0719

Public Utility Commission
Chapter 860

Rule Caption: In the Matter of Amendments to OAR 860-001-0310 Agency Representation by Officer or Employee.

Stat. Auth.: ORS 756.040, 756.060

Stats. Implemented: ORS 183.452–183.458, 756.040, 756.600–756.575

Proposed Amendments: 860-001-0310

Last Date for Comment: 12-23-13, 5 p.m.

Summary: On October 16, 2013, the Attorney General reauthorized PUC agency representatives to appear on its behalf in hearings on actions initiated by the Commission (a) to recover (A) telecommunications assistive devices, (B) the value of devices which the recipients fail to return, or (C) the cost of repairing the equipment which the recipient returned damaged; and (b) in denial or termination of Oregon Telephone Assistance Program benefits. The Attorney General reauthorization required that the PUC make changes, as proposed in this rulemaking, to its administrative rule regarding representation at hearing by an officer or employee.

The Commission encourages participants to file written comments as early as practicable in the proceedings so that other participants have the opportunity to consider and respond to the comments before the deadline. Please reference Docket No. AR 576 on comments and file them by e-mail to the Commission's Filing Center at PUC. FilingCenter@state.or.us and also send a signed paper copy to the Filing Center at PO Box 1088, Salem, Oregon 97308-1088. For more information about the Commission's Filing Center, please see <http://apps.puc.state.or.us/edockets/center.htm>. Interested persons may review all filings online at <http://apps.puc.state.or.us/edockets/docket.asp?DocketID=18635>. For guidelines on filing and participation, please see OAR 860-001-0140 through 860-001-0160 and 860-001-0200 through 860-001-0250 found online at http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_860/860_001.html.

Rules Coordinator: Diane Davis

Address: Public Utility Commission of Oregon, PO Box 1088, Salem, OR 97308-1088

Telephone: (503) 378-4372

Secretary of State,
Audits Division
Chapter 162

Rule Caption: Update Minimum Standards for Audits of Oregon Municipal Corporations to reflect changes in professional standards

Stat. Auth.: ORS 297

Stats. Implemented: ORS 297.465

Proposed Amendments: 162-010-0000, 162-010-0010, 162-010-0020, 162-010-0030, 162-010-0050, 162-010-0115, 162-010-0120, 162-010-0140, 162-010-0190, 162-010-0200, 162-010-0230, 162-010-0260

Proposed Repeals: 162-010-0160, 162-010-0170

Last Date for Comment: 12-30-13, Close of Business

Summary: (1) Amend definitions to address terms and language in rules.

(2) Amend rules for outdated and clarifying language to bring rules up to date.

(3) Amend rules for minor edits.

(4) Repeal OAR 162-010-0160 — Duplicates information required for audits by professional standards.

(5) Repeal OAR 162-010-0170 — Duplicates information required for audits by professional standards.

Rules Coordinator: Julie A. Sparks

Address: Secretary of State, Audits Division, 255 Capitol St. NE, Suite 500, Salem, OR 97310
Telephone: (503) 986-2262

Secretary of State,
Elections Division
Chapter 165

Rule Caption: Clarifies method of filing exceptions to proposed orders

Stat. Auth.: ORS 246.150

Stats. Implemented: ORS 260.232 & 260.995

Proposed Amendments: 165-001-0050

Last Date for Comment: 12-27-13, Close of Business

Summary: This rule is a proposed amendment to clarify procedure for filing exceptions to a proposed order.

Rules Coordinator: Brenda Bayes

Address: Secretary of State, Elections Division, 255 Capitol St. NE, Suite 501, Salem, OR 97310

Telephone: (503) 986-1518

Rule Caption: Adopts 2014 Campaign Finance Manual and amends process for administratively discontinuing a political committee

Stat. Auth.: ORS 246.150, 260.046, 260.156 & 260.200

Stats. Implemented: ORS 260.005, 260.007, 260.035, 260.037, 260.038, 260.039, 260.041, 260.042, 260.043, 260.044, 260.045, 260.046, 260.049, 260.054, 260.055, 260.056, 260.057, 260.076, 260.078, 260.083, 260.085, 260.102, 260.112, 260.118, 260.156, & 260.232

Proposed Amendments: 165-012-0005, 165-012-0240

Last Date for Comment: 12-27-13 Close of Business

Summary: 165-012-0005: This rule adopts the 2014 Campaign Finance Manual and associated forms to comply with changes made by the 2013 Legislative Assembly.

To request a copy of the draft 2014 Campaign Finance Manual please contact Summer Davis, Compliance Specialist, phone 503-986-1518; fax 503-373-7414; or e-mail summer.s.davis@state.or.us

165-012-0240: This rule raises the amount of money a committee's ending cash balance can have in order to be administratively discontinued from \$3,000 to \$3,500, in addition to other non-substantive grammatical changes.

Rules Coordinator: Brenda Bayes

Address: Secretary of State, Elections Division, 255 Capitol St. NE, Suite 501, Salem, OR 97310

Telephone: (503) 986-1518

Rule Caption: Removes References to Spot Checks from the Penalty Matrix for Other Campaign Finance Violations

Stat. Auth.: ORS 246.150 & 260.200

Stats. Implemented: ORS 260.200, 260.215, 260.232 & 260.995

Proposed Amendments: 165-013-0010

Last Date for Comment: 12-27-13, Close of Business

Summary: This proposed rule amendment removes references to "spot checks", which were eliminated by the 2013 Legislative Assembly.

Rules Coordinator: Brenda Bayes

Address: Secretary of State, Elections Division, 255 Capitol St. NE, Suite 501, Salem, OR 97310

Telephone: (503) 986-1518

Rule Caption: Updating Candidate and Minor Party Manuals and Proposes for Repeal Write-In Acceptance Form

Stat. Auth.: ORS 246.150 & 249.009

Stats. Implemented: ORS 249.009

Proposed Amendments: 165-010-0005

Proposed Repeals: 165-010-0080

Last Date for Comment: 12-27-13, Close of Business

NOTICES OF PROPOSED RULEMAKING

Summary: 165-010-0005 — This rule adopts the 2014 Candidates Manual and associated forms to comply with changes made by the 2013 Legislative Assembly. In addition this rule designates the 2014 Minor Political Party Manual as the procedures and forms to be used to form a Minor Political Party and nominate candidates for elective office.

To request a copy of the draft 2014 Candidates Manual or 2014 Minor Political Party Manual please contact Summer Davis, Compliance Specialist, phone 503-986-1518; fax 503-373-7414; or e-mail summer.s.davis@state.or.us

165-010-0080 — This rule is proposed for repeal because the form and associated process are included in the 2014 Candidates Manual.

Rules Coordinator: Brenda Bayes

Address: Secretary of State, Elections Division, 255 Capitol St. NE, Suite 501, Salem, OR 97310

Telephone: (503) 986-1518

Rule Caption: Adopts the 2014 Initiative and Referendum Manuals, Recall Manual and Referral Manual

Stat. Auth.: ORS 246.150 & 250.015

Stats. Implemented: ORS 250.015

Proposed Amendments: 165-014-0005

Last Date for Comment: 12-27-13, Close of Business

Summary: This proposed rule amendment designates the 2014 State Initiative and Referendum Manual; 2014 Recall Manual; and the 2014 County, City and District Initiative and Referendum Manual and associated forms as the procedures and forms to be used for the initiative, referendum and recall processes. In addition this proposed rule amendment designates the 2014 County, City and District Referral Manual to be used for the local referral process.

To request a draft copy of these manuals please contact Summer Davis, Compliance Specialist, phone 503-986-1518; fax 503-373-7414; or e-mail summer.s.davis@state.or.us

Rules Coordinator: Brenda Bayes

Address: Secretary of State, Elections Division, 255 Capitol St. NE, Suite 501, Salem, OR 97310

Telephone: (503) 986-1518

Rule Caption: Propose for Repeal Notice of Local Measure Election Forms

Stat. Auth.: ORS 246.150

Stats. Implemented: ORS 250.175, 250.275, 250.285, 254.095, 254.103, 255.085 & 255.145

Proposed Repeals: 165-020-0025

Last Date for Comment: 12-27-13, Close of Business

Summary: This rule is proposed for repeal because the SEL 801, SEL 802 and SEL 803 Notices of Measure Election for county, city and districts are included in the 2014 Referral Manual adopted by OAR 165-014-0005.

Rules Coordinator: Brenda Bayes

Address: Secretary of State, Elections Division, 255 Capitol St. NE, Suite 501, Salem, OR 97310

Telephone: (503) 986-1518

Teacher Standards and Practices Commission

Chapter 584

Rule Caption: Amends licensure, accreditation and professional practices rules of the Commission.

Stat. Auth.: ORS 342

Stats. Implemented: ORS 342.120–342.143, 342.153, 342.165 & 342.223–342.232

Proposed Adoptions: 584-066-0015

Proposed Amendments: 584-018-0125, 584-020-0040, 584-036-0070, 584-050-0030, 584-050-0060, 584-050-0066, 584-060-0012, 584-060-0051, 584-060-0014, 584-060-0051, 584-060-0052, 584-60-0200, 584-070-0211, 584-070-0271, 584-080-0012, 584-080-0022

Last Date for Comment: 3-6-14, 12 p.m.

Summary: Removes multiple subjects tests for middle school grade authorizations; removes obsolete and incorrect language; establishes Military Spouse expedited service; updates professional practices rules with new statutes; amends professional conduct standards.

Rules Coordinator: Victoria Chamberlain

Address: Teacher Standards and Practices Commission, 250 Division St. NE, Salem, OR 97301

Telephone: (503) 378-6813

ADMINISTRATIVE RULES

Appraiser Certification and Licensure Board Chapter 161

Rule Caption: Adopts 2013–2015 biennium budget, and amends out-of-state credential holder applications and Appraiser Assistant education

Adm. Order No.: ACLB 4-2013

Filed with Sec. of State: 10-29-2013

Certified to be Effective: 11-15-13

Notice Publication Date: 10-1-2013

Rules Amended: 161-006-0025, 161-010-0080, 161-015-0025, 161-015-0030

Rules Repealed: 161-050-0050, 161-006-0025(T), 161-010-0080(T), 161-015-0025(T), 161-015-0030(T)

Subject: Permanently amends Oregon Administrative Rule 161, Division 006, Rule 0025 regarding the Board's budget; Division 010, Rule 0080 regarding Appraiser Assistant continuing education; Division 015, Rule 0025 regarding out-of-state credential holders, and Rule 0030 regarding submission of license or certificate application. Permanently repeals Oregon Administrative Rule 161, Division 050, Rule 050 regarding reciprocity.

Rules Coordinator: Gae Lynne Cooper—(503) 485-2555

161-006-0025

Budget

The Board hereby adopts by reference the Board's 2013-2015 Biennium Budget of \$1,603,227 covering the period from July 1, 2013 through June 30, 2015. The Board will amend budgeted accounts as necessary within the approved budget of \$1,603,227 for the effective operation of the Board. The Board will not exceed the approved 2013-2015 Biennium Budget without amending this rule, notifying holders of licenses, and holding a public hearing thereon as required by ORS Chapter 182.462(1)(2). Copies of the budget are available from the Board's office.

Stat. Auth.: ORS 674.305(8) & 674.310

Stats. Implemented: ORS 674

Hist.: ACLB 4-2001(Temp), f. & cert. ef. 9-12-01 thru 3-1-02; ACLB 1-2002, f. & cert. ef. 2-26-02; ACLB 1-2003(Temp), f. & cert. ef. 1-14-03 thru 7-11-03; ACLB 3-2003, f. & cert. ef. 5-1-03; ACLB 4-2003(Temp), f. 6-25-03, cert. ef. 7-1-03 thru 12-28-03; ACLB 5-2003, f. & cert. ef. 11-10-03; ACLB 2-2005(Temp), f. 6-16-05, cert. ef. 7-1-05 thru 12-28-05; ACLB 4-2005, f. & cert. ef. 11-2-05; ACLB 2-2007(Temp), f. 6-6-07, cert. ef. 7-1-07 thru 11-30-07; BOC 1-2007, f. 10-31-07, cert. ef. 11-1-07; ACLB 3-2009(Temp), f. 5-15-09, cert. ef. 7-1-09 thru 11-30-09; ACLB 4-2009, f. & cert. ef. 10-27-09; ACLB 1-2011(Temp), f. 5-2-11, cert. ef. 7-1-11 thru 11-30-11; ACLB 3-2011, f. & cert. ef. 11-17-11; ACLB 2-2012(Temp), f. & cert. ef. 8-3-12 thru 1-30-13; ACLB 1-2013, f. 1-30-13, cert. ef. 1-31-13; ACLB 2-2013(Temp), f. 6-12-13, cert. ef. 7-1-13 thru 12-26-13; ACLB 4-2013, f. 10-29-13, cert. ef. 11-15-13

161-010-0080

Appraiser Assistant Registration — Application and Renewal Requirements

(1) A person desiring to participate in an appraiser training program must register with the Board and work under the direct supervision of one or more licensees who are in good standing with the Board, has been certified with the Board for a minimum of 24 months, and has a supervising appraiser endorsement. Experience gained prior to registration will be not accepted.

(2) Prior to registering with the Board, an Appraiser Assistant applicant must:

(a) Complete 75 hours of qualifying education in the following categories and successfully pass the applicable final examinations:

(A) 15-hour Appraisal Foundation's National USPAP course, or its equivalent, within two (2) years preceding the date of application;

(B) 30-hour Basic Appraisal Principles course within five (5) years preceding the date of application. The five-year requirement does not apply to licensees that register as an Appraiser Assistant to upgrade their license or certificate;

(C) 30-hour Basic Appraisal Procedures course within five (5) years preceding the date of application. The five-year requirement does not apply to licensees that register as an Appraiser Assistant to upgrade their license or certificate; and

(b) Make arrangements with one or more licensees who agree to directly supervise their real estate appraisal activities.

(c) Attend a four hour Board approved Supervising Appraiser/Appraiser Assistant Training Course and successfully pass the final exam.

(3) The applicant must submit an Appraiser Assistant Registration Application that meets the requirements of OAR 161-015-0010(1) through

(5) and includes a non-refundable application fee and a copy of their supervising appraiser's endorsement as described on the application form.

(4) An applicant must be at least 18 years of age.

(5) An applicant must be a citizen of the United States or have the legal authority to work in the United States.

(6) The Appraiser Assistant Registration must be renewed on an annual basis. The renewal application must be submitted on the prescribed form and include the following:

(a) Verification of successful completion of the Appraisal Foundation's National USPAP Update course or its equivalent, if applicable (required during their second year and every two years thereafter);

(b) Verification of successful completion of no less than fourteen hours of qualifying or continuing education. The fourteen education hours may include the USPAP Update course and must be obtained on or after the date their last registration was issued.

(7) During the period beginning on the day following the expiration date of the registration, and ending on the date of the renewal of the registration, an Appraiser Assistant will not receive experience credit for any experience accrued during the lapse in registration. If the Appraiser Assistant fails to renew the registration within one year from the expiration date, the registration is terminated and a new application must be submitted pursuant to ORS 161-010-0080.

(8) Appraiser Assistants on active duty with the United States Armed Forces at the time of renewal may, upon written request to the Board, be provided a military deferral allowing for their otherwise complete application, including fee and evidence of continuing education, to be considered timely if received by the Board within 180 days of release from active duty.

(9) Applicant may submit a written request to withdraw their application at any time prior to an official action being taken by the Board.

Stat. Auth.: ORS 674.305(8) & 674.310

Stats. Implemented: ORS 674

Hist.: ACLB 8-1991(Temp), f. & cert. ef. 12-31-91; ACLB 2-1992, f. & cert. ef. 4-30-92; ACLB 4-1993(Temp), f. & cert. ef. 6-25-93; ACLB 1-1994, f. & cert. ef. 2-1-94; ACLB 3-1996, f. & cert. ef. 2-13-96; ACLB 1-1998, f. 6-24-98, cert. ef. 7-1-98; ACLB 1-2002, f. & cert. ef. 2-26-02; ACLB 3-2003, f. & cert. ef. 5-1-03; ACLB 2-2004, f. 5-25-04, cert. ef. 6-1-04; ACLB 3-2005, f. & cert. ef. 7-22-05; ACLB 4-2005, f. & cert. ef. 11-2-05; ACLB 2-2006, f. & cert. ef. 7-26-06; ACLB 1-2007, f. & cert. ef. 2-9-07; ACLB 1-2008, f. & cert. ef. 5-13-08; ACLB 2-2008(Temp), f. & cert. ef. 8-6-08 thru 2-1-09; ACLB 3-2008, f. & cert. ef. 8-13-08; ACLB 2-2012(Temp), f. & cert. ef. 8-3-12 thru 1-30-13; ACLB 1-2013, f. 1-30-13, cert. ef. 1-31-13; ACLB 3-2013(Temp), f. 6-28-13, cert. ef. 7-1-13 thru 12-26-13; ACLB 4-2013, f. 10-29-13, cert. ef. 11-15-13

161-015-0025

Application from Out-of-State Credential Holder

(1) The Board may recognize and accept the education and experience of applicants who hold a license or certificate obtained from another state. The out-of-state license or certificate must be active and the applicant must be in good standing in all states in which they are licensed and/or certified.

(2) An applicant may apply for an Oregon real property appraiser license or certificate at a level consistent with their out-of-state license or certificate provided that:

(a) The appraiser licensing program of the other state is in compliance with the provisions of Title XI of the Financial Institutions Reform, Recovery and Enforcement Act of 1989 {12U.S.C.3331-3351} as amended by the Dodd-Frank Wall Street Reform and Consumer Protection Act of 2010; and

(b) The other state has credentialing requirements that meet or exceeds those of Oregon.

(3) Each out-of-state credential holder applying for an Oregon real estate appraiser license or certificate shall:

(a) Be at least 18 years of age;

(b) Be identified on the National Registry of the Appraisal Subcommittee as an active licensed or certified real property appraiser that currently conforms to the AQB criteria;

(c) Submit an application for a license or certificate on a form prescribed by the Board as set forth in OAR 161-015-0030; and

(d) Be subjected to a background check pursuant to OAR 161-030-0000.

Stat. Auth.: ORS 674.305(8) & 674.310

Stats. Implemented: ORS 674

Hist.: ACLB 3-2008, f. & cert. ef. 8-13-08; ACLB 1-2010(Temp), f. 1-29-10, cert. ef. 2-1-10 thru 7-27-10; ACLB 2-2010, f. & cert. ef. 4-23-10; ACLB 2-2012(Temp), f. & cert. ef. 8-3-12 thru 1-30-13; ACLB 1-2013, f. 1-30-13, cert. ef. 1-31-13; ACLB 3-2013(Temp), f. 6-28-13, cert. ef. 7-1-13 thru 12-26-13; ACLB 4-2013, f. 10-29-13, cert. ef. 11-15-13

161-015-0030

Submission of License or Certificate Application

(1) Each application must be accompanied by a non-refundable application fee.

ADMINISTRATIVE RULES

(2) An application that is not properly completed, does not contain all the required information, or is not accompanied by the required fee will be deferred. An application will also be considered incomplete if the check for payment of the required fees is dishonored;

(3) The application will be reviewed to determine whether the applicant has sufficient education and experience and is otherwise qualified to sit for the examination;

(4) An applicant who is not a resident of the State of Oregon must submit with the application, an irrevocable consent to service form appointing the Administrator of the Board as agent for service of process as provided in these rules, if, in an action against the applicant in a court of this state arising out of the applicant's activities as a licensed or certified appraiser, the plaintiff cannot, in the exercise of due diligence, effect personal service upon the applicant.

(5) An applicant must be a citizen of the United States or have the legal authority to work in the United States.

(6) An out-of-state credential holder applying for an Oregon real estate appraiser license or certificate must have successfully passed an AQB approved examination at a level consistent with the appraiser category applied for in the State of Oregon.

(7) Applicants for licensure or certification must have a license history submitted directly to the Board office from each state in which he or she has ever been licensed or certified, or the Board may obtain a National Registry Appraiser License History report. License histories must be received by the board within thirty (30) days of receipt of application. Applicants must be in good standing in all states in which they are licensed or certified or the application will be denied.

(8) Upon application approval, if applicable, the applicant is notified that they are approved to sit for the examination. Upon successful completion of the examination, the Board will notify the appraiser and within one year of the notification, the applicant must submit the ACLB License/Certificate Request form with the appropriate certification and national registry fees, requesting that their license/certificate be issued. The Administrator issues the license/certificate to the applicant. The appraiser's name is submitted to the FFIEC Appraisal Subcommittee for inclusion on the Federal Registry.

(9) Upon issuance of a license or certificate, consistent with the scope of practice as provided in OAR 161-025-0000 and 161-025-0005, the appraiser is authorized to conduct real estate appraisal activity between the date of the issuance of the license or certificate, and the expiration date of the license or certificate, unless sooner revoked or suspended. No more than one license or certificate shall be issued and outstanding to, or in favor of, any appraiser at one time.

(10) An applicant may submit a written request to withdraw their application at any time prior to an official action being taken by the board. An official action may include, but is not limited to, a notice of proposed denial of application.

Stat. Auth.: ORS 674.305(8) & 674.310

Stats. Implemented: ORS 674

Hist.: ACLB 4-1991(Temp), f. & cert. ef. 8-29-91; ACLB 8-1991(Temp), f. & cert. ef. 12-31-91; ACLB 2-1992, f. & cert. ef. 4-30-92; ACLB 1-1994, f. & cert. ef. 2-1-94; ACLB 1-1998, f. & cert. ef. 6-24-98, cert. ef. 7-1-98; ACLB 2-1999, f. & cert. ef. 4-20-99; ACLB 1-2000, f. & cert. ef. 2-29-00; ACLB 1-2002, f. & cert. ef. 2-26-02; ACLB 6-2003, f. & cert. ef. 11-24-03; ACLB 4-2005, f. & cert. ef. 11-2-05; ACLB 1-2007, f. & cert. ef. 2-9-07; ACLB 4-2007, f. 11-1-07, cert. ef. 1-1-08; ACLB 3-2008, f. & cert. ef. 8-13-08; ACLB 1-2010(Temp), f. 1-29-10, cert. ef. 2-1-10 thru 7-27-10; ACLB 2-2010, f. & cert. ef. 4-23-10; ACLB 2-2012(Temp), f. & cert. ef. 8-3-12 thru 1-30-13; ACLB 1-2013, f. 1-30-13, cert. ef. 1-31-13; ACLB 3-2013(Temp), f. 6-28-13, cert. ef. 7-1-13 thru 12-26-13; ACLB 4-2013, f. 10-29-13, cert. ef. 11-15-13

Rule Caption: Amends rules regarding definition of USPAP and the appraisal standards and USPAP

Adm. Order No.: ACLB 5-2013

Filed with Sec. of State: 10-29-2013

Certified to be Effective: 1-1-14

Notice Publication Date: 10-1-2013

Rules Amended: 161-002-0000, 161-025-0060

Subject: Permanently amends Oregon Administrative Rule 161, Division 002, Rule 0000 regarding the definition of USPAP; and Division 025, Rule 0060 regarding standards of practice and USPAP.

Rules Coordinator: Gae Lynne Cooper—(503) 485-2555

161-002-0000

Definitions

As used in OAR 161-01-005 to 161-50-050, the following terms (whether capitalized or not) shall have the following meanings:

(1) "Accredited College or University" means a college or university that is accredited by the Commission on Colleges, or by an accrediting agency that is recognized by the U.S. Department of Education.

(2) "Administrator" means the administrator of the Board appointed by the Board.

(3) "Affiliate" means a business organization sharing with a financial institution or insurance company some aspect of common ownership and control.

(4) "Appraisal" or "Real Estate Appraisal" means "appraisal" as defined in USPAP.

(5) "Appraisal Foundation" means the Appraisal Foundation established on November 30, 1987, as a not-for-profit corporation under the laws of Illinois.

(6) "Appraisal Report" means "report" as defined in USPAP.

(7) "Appraiser Assistant" or "AA" means a person who is not licensed or certified as an appraiser, but is registered as an appraiser assistant under ORS 674.310, and who assists with real estate appraisal activity under the direct supervision of a certified appraiser.

(8) "Appraisal Subcommittee" or "ASC" means the Appraisal Subcommittee of the Federal Financial Institutions Examination Council (FFIEC) established pursuant to the Federal Act.

(9) "Board" or "ACLB" means the Appraiser Certification and Licensure Board established under ORS Chapter 674.

(10) "Certificate" means the document issued by the Board indicating that the person named thereon has satisfied the requirements for certification as a state certified residential or state certified general appraiser.

(11) "Classroom hour" as used in reference to qualifying and continuing education means 50 minutes out of each 60 minute segment.

(12) "Completion" means interpreting, analyzing and reconciling data or compiled data, including reviewing and adopting another person's interpretations and reconciliations as one's own.

(13) "Complex one-to-four family residential property appraisal" means an appraisal in which the property to be appraised, market conditions, or form of ownership is atypical. For example, atypical factors may include, but are not limited to:

(a) Architectural style;

(b) Age of improvements;

(c) Size of improvements;

(d) Size of lot;

(e) Neighborhood land use;

(f) Potential environmental hazard liability;

(g) Property interests;

(h) Property Conditions

(i) Limited readily available comparable sales data; or

(j) Other unusual factors.

(14) "Continuing Education" means education that is creditable toward the education requirements that must be satisfied to renew a license, certificate or appraiser assistant registration.

(15) "Direct Supervision" of an appraiser assistant means:

(a) Disclosing in the appraisal report that the supervising appraiser has inspected the subject property both inside and out, and has made an exterior inspection of all comparables relied upon in the appraisal or disclose that the supervising appraiser did not inspect the subject property both inside and out, and did not inspect the exterior of comparables relied upon in the appraisal; and

(b) Reviewing the appraiser assistant's appraisal report(s) to ensure research of general and specific data has been adequately conducted and properly reported, application of appraisal principles and methodologies has been properly applied, that any analysis is sound and adequately reported, and that any analysis, opinions, or conclusions are adequately developed and reported so that the appraisal report is not misleading; and

(c) Reviewing the appraiser assistant's work product and discussing with the appraiser assistant any edits, corrections or modifications that need to be made to that work product to satisfy OAR 161-002-0000(14)(b); and

(d) Accepting sole and total responsibility for the appraisal report by signing the appraisal report and certifying that the appraisal report has been prepared in compliance with the current edition of the Uniform Standards of Professional Appraisal Practice.

(16) "Federal Act" means Title XI of the Federal Financial Institutions Reform, Recovery and Enforcement Act of 1989 (12 U.S.C 3310 et seq.).

(17) "Federal Financial Institution Regulatory Agency" means:

(a) The Board of Governors of the Federal Reserve System;

(b) The Federal Deposit Insurance Corporation;

(c) The Office of the Comptroller of the Currency; or

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(d) The National Credit Union Administration.

(18) "Financial Institution" means an insured depository institution as defined in section 3 of the Federal Deposit Insurance Act or an insured credit union as defined in section 101 of the Federal Credit Union Act.

(19) "Good Standing" means the status of a person whose license, certificate or registration is not currently suspended or been revoked.

(20) "Issuance" means the act of communicating the opinion of value either in writing or orally.

(21) "License" means the document issued by the Board indicating that the person named thereon has satisfied all requirements for licensure as a state licensed appraiser.

(22) "Licensee" means any person who holds an active or inactive Oregon appraiser license, certified residential appraiser certificate, or certified general appraiser certificate.

(23) "Mortgage banker" has the meaning defined in ORS 59.840.

(24) "Non-residential" appraising means to render a value on real property other than one-to-four family residential properties.

(25) "One-to-four family residential property" means a property that includes one to four residential units and is residential in character, i.e., zoning, land use.

(26) "Preparation" means compiling data, including reviewing and adopting such compiled data as one's own.

(27) "Prerequisite education" means the initial qualifying educational requirements to become licensed or certified with the Board.

(28) "Professional real estate activity" has the meaning defined in ORS 696.010.

(29) "Qualifying Education" means education that is creditable toward the education requirements for initial licensure or certification under one or more of the three real estate appraiser classifications.

(30) "Real estate appraisal activity" has the meaning defined in ORS 674.100.

(31) "Real Estate" or "Real Property" means an identified parcel or tract of land, together with any improvements, that includes easements, rights-of-way, undivided or future interests or similar rights in a tract of land, but does not include mineral rights, timber rights, growing crops, water rights or similar interests severable from the land when the transaction does not involve the associated parcel or tract of land.

(32) "State Certified General Appraiser or "SCGA" means an individual who has been certified as a state certified general appraiser by the Board.

(33) "State Certified Residential Appraiser or "SCRA" means an individual who has been certified as a state certified residential appraiser by the Board.

(34) "State Licensed Appraiser or "SLA" means an individual who has been licensed as a state licensed appraiser by the Board.

(35) "Subdivision" means either an act of subdividing land or an area or a tract of land subdivided to create four or more lots within a calendar year.

(36) "Supervising Appraiser" means a licensee who is directly supervising appraiser assistants pursuant to OAR 161-025-0025.

(37) "Supervising Appraiser Endorsement" means the document issued by the Board indicating that the licensee named thereon has satisfied all requirements of OAR 161-010-0085 to be a Supervising Appraiser.

(38) "Transaction Value" means:

(a) For loans or other extensions of credit, the amount of the loan or extension of credit; and

(b) For sales, leases, purchases and investments in or exchange of real property, the market value of the real property interest involved; and

(c) For the pooling of loans or interest in real property for resale or purchase, the amount of the loan or market value of the real property calculated with respect to each such loan or interest in real property.

(d) For determinations of the transaction value of real property or interests in real property in circumstances other than described in the proceeding (a) to (c) of this section, the market value of the real property interest involved.

(e) In condemnation or partial taking actions, the transaction value is deemed to be the value of the larger parcel before the taking.

(39) "Uniform Standards of Professional Appraisal Practice" or "USPAP" means the standards adopted and published by the Appraisal Standards Board of the Appraisal Foundation dated April 27, 1987, as amended January 1, 2014.

(40) "Workfile" means "workfile" as defined in USPAP.

Stat. Auth.: ORS 674.305 & 674.310

Stats. Implemented: ORS 674

Hist.: ACLB 2-1991(Temp), f. & cert. ef. 7-1-91; ACLB 7-1991, f. & cert. ef. 12-23-91; ACLB 1-1993(Temp), f. & cert. ef. 3-3-93; ACLB 1-1994, f. & cert. ef. 2-1-94, Renumbered from 161-010-0000; ACLB 4-1994, f. & cert. ef. 7-27-94; ACLB 4-1994, f. & cert. ef. 7-27-

94; ACLB 2-1996, f. & cert. ef. 2-13-96; ACLB 1-1997(Temp), f. 10-13-97, cert. ef. 1-1-98; ACLB 1-1998, f. 6-24-98, cert. ef. 7-1-98; ACLB 1-1999, f. 1-28-99, cert. ef. 3-31-99; ACLB 1-2000, f. & cert. ef. 2-29-00; ACLB 1-2001(Temp), f. & cert. ef. 1-26-01 thru 7-25-01; ACLB 2-2001, f. 4-11-01, cert. ef. 4-12-01; ACLB 3-2001(Temp), f. & cert. ef. 7-12-01 thru 1-8-02; ACLB 1-2002, f. & cert. ef. 2-26-02; ALCB 2-2002, f. & cert. ef. 5-30-02; ACLB 2-2003, f. & cert. ef. 1-27-03; ACLB 1-2004, f. & cert. ef. 2-3-04; ACLB 2-2004, f. 5-25-04, cert. ef. 6-1-04; ACLB 1-2005, f. & cert. ef. 1-12-04; ACLB 4-2005, f. & cert. ef. 11-2-05; ACLB 1-2006(Temp), f. 6-29-06, cert. ef. 7-1-06 thru 12-28-06; ACLB 2-2006, f. & cert. ef. 7-26-06; ACLB 5-2007(Temp), f. 11-1-07, cert. ef. 1-1-08 thru 6-27-08; ACLB 1-2008, f. & cert. ef. 5-13-08; ACLB 3-2008, f. & cert. ef. 8-13-08; ACLB 2-2009(Temp), f. 1-28-09, cert. ef. 1-30-09 thru 7-28-09; Administrative correction 8-21-09; ACLB 4-2009, f. & cert. ef. 10-27-09; ACLB 5-2009(Temp), f. 12-15-09, cert. ef. 1-1-10 thru 6-27-10; ACLB 2-2010, f. & cert. ef. 4-23-10; ACLB 3-2011, f. & cert. ef. 11-17-11; ACLB 4-2011(Temp), f. 12-22-11, cert. ef. 1-1-12 thru 6-27-12; ACLB 1-2012, f. 7-2-12, cert. ef. 7-3-12; ACLB 2-2012(Temp), f. & cert. ef. 8-3-12 thru 1-30-13; ACLB 1-2013, f. 1-30-13, cert. ef. 1-31-13; ACLB 5-2013, f. 10-29-13, cert. ef. 1-1-14

161-025-0060

Appraisal Standards and USPAP

(1) All licensees must develop and communicate each appraisal assignment in compliance with these administrative rules and USPAP.

(2) A licensee employed by a group or organization that conducts itself in a manner that does not conform to USPAP Standards must take steps that are appropriate under the circumstances to ensure compliance with the Standards.

(3) All licensees must certify to what extent they personally inspected the property that is the subject of the appraisal assignment. Each report must clearly state that the subject property was: inspected both inside and out; inspected from the exterior only; or was not personally inspected by the licensee.

(4) In addition to certifying as to the extent of the subject's inspection, all licensees must also certify to what extent each of the comparable sales relied upon in the appraisal were personally inspected.

(5) All licensees must disclose in all appraisal reports whether the comparable sales analyzed in the appraisal report were or were not confirmed by a party to the transaction or an agent or representative of a party to the transaction.

(6) All licensees testifying or presenting evidence in an administrative or judicial proceeding must base their testimony or evidence only upon a written summary or self-contained appraisal report in compliance with USPAP, reflecting a report date that precedes the date of testimony, unless such testimony is being compelled by legal subpoena.

(7) The "Uniform Standards of Professional Appraisal Practice", 2014-2015 Edition, approved and adopted by the Appraisal Standards Board of the Appraisal Foundation, dated April 27, 1987, as amended on January 1, 2014, are incorporated into the Administrative Rules of the Appraiser Certification and Licensure Board as the standards of professional conduct which shall guide the behavior of licensed and certified appraisers in the State of Oregon. Copies of the Uniform Standards of Professional Appraisal Practice may be obtained from the Appraisal Foundation located at 1029 Vermont Avenue, N.W., Suite 900, Washington D.C. 20005-3517.

(8) All licensees must list their certificate or license number and expiration date in each appraisal report.

(9) All licensees must comply with USPAP and all other applicable administrative rules in OAR Chapter 161 in all valuation activity, unless such valuation activity qualifies as an exclusion to real estate appraisal activity under ORS 674.100(2)(h).

(10) Notwithstanding any other provision of these rules, a licensee acting in one of the following capacities is not subject to the requirements of Standard 3 of USPAP when examining an appraisal report and workfile as part of an official investigation being conducted by the Board:

(a) Board member;

(b) Employee; or

(c) Contractor or volunteer serving at the request of the Board.

(11) When more than one report is issued for an appraisal, an appraisal review, or appraisal consulting assignment, each report must clearly disclose the issuance of all prior reports.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 674.305(8) & 674.310

Stats. Implemented: ORS 674

Hist.: ACLB 1-1992(Temp), f. & cert. ef. 1-23-92; ACLB 2-1992, f. & cert. ef. 4-30-92; ACLB 4-1993(Temp), f. & cert. ef. 6-25-93; ACLB 1-1994, f. & cert. ef. 2-1-94; ACLB 4-1994, f. & cert. ef. 7-27-94; ACLB 2-1996, f. & cert. ef. 2-13-96; ACLB 1-1997(Temp), f. 10-13-97, cert. ef. 1-1-98; ACLB 1-1998, f. 6-24-98, cert. ef. 7-1-89; ACLB 1-1999, f. 1-28-99, cert. ef. 3-31-99; ACLB 3-1999, f. 9-23-99, cert. ef. 1-1-00; ACLB 1-2000, f. & cert. ef. 2-29-00; ACLB 3-2000(Temp), f. 11-9-00, cert. ef. 11-9-00 thru 5-8-01; ACLB 1-2001(Temp), f. & cert. ef. 1-26-01 thru 7-25-01; ACLB 2-2001, f. 4-11-01, cert. ef. 4-12-01; ACLB 3-2001(Temp), f. & cert. ef. 7-12-01 thru 1-8-02; ACLB 1-2002, f. & cert. ef. 2-26-02; ALCB 2-2002, f. & cert. ef. 5-30-02; ACLB 2-2003, f. & cert. ef. 1-27-03; ACLB 1-2004, f. & cert. ef. 2-3-04; ACLB 1-2005, f. & cert. ef. 1-12-04; ACLB 4-2005, f. & cert. ef. 11-2-05; ACLB 1-2006(Temp), f. 6-29-06, cert. ef. 7-1-06 thru 12-28-06; ACLB 2-2006, f. & cert.

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ef. 7-26-06; ACLB 5-2007(Temp), f. 11-1-07, cert. ef. 1-1-08 thru 6-27-08; ACLB 1-2008, f. & cert. ef. 5-13-08; ACLB 3-2008, f. & cert. ef. 8-13-08; ACLB 1-2009, f. 1-28-09, cert. ef. 1-30-09; ACLB 5-2009(Temp), f. 12-15-09, cert. ef. 1-1-10 thru 6-27-10; ACLB 2-2010, f. & cert. ef. 4-23-10; ACLB 3-2011, f. & cert. ef. 11-17-11; ACLB 4-2011(Temp), f. 12-22-11, cert. ef. 1-1-12 thru 6-27-12; ACLB 1-2012, f. 7-2-12, cert. ef. 7-3-12; ACLB 5-2013, f. 10-29-13, cert. ef. 1-1-14

Board of Chiropractic Examiners
Chapter 811

Rule Caption: CA Application fee and renewal fees increased; This is a re-file to correct previous filing.

Adm. Order No.: BCE 4-2013

Filed with Sec. of State: 10-21-2013

Certified to be Effective: 11-1-13

Notice Publication Date: 9-1-2013

Rules Amended: 811-010-0110

Subject: SB 106 removed license fee maximums from statute. Chiropractic Assistant fees are increasing slightly (Correction to previous filing - Assistant application fee is also increased). SB 106 also creates a 30-day grace period with late fines for assistants

Rules Coordinator: Kelly J. Beringer—(503) 373-1573

811-010-0110

Chiropractic Assistants

(1) The license period for Chiropractic Assistants begins on August 1 and ends on July 31. A 30 day grace period will follow whereupon the Chiropractic Assistant may continue to practice. Any Chiropractic Assistant who has not renewed by September 1 must cease practice.

(2) Chiropractic Assistants may be certified upon compliance with the following standards and procedures:

(a) The Chiropractic Assistant applicant shall successfully complete a Board approved training course offered by an association, college or otherwise approved person. The initial training course shall be at least twelve hours in length, of which eight hours shall be didactic training and four hours shall be practical training.

(A) The practical training must be in physiotherapy, electrotherapy and hydrotherapy administered by a health care provider licensed to independently provide those therapies.

(B) A chiropractic physician may perform the initial practical training provided this is direct contact time.

(C) The initial training must have been completed within 60 days preceding the application submission date;

(b) The applicant shall complete an application form and an open book examination supplied by the Board;

(c) If an applicant has a certificate or license from another state and adequate documentation of training, the Board may waive the requirement for the initial training course; and

(d) A person initially certified between March 1st and May 31st is exempt from the continuing education requirement for renewal.

(3) The training course verification form, completed application form, completed examination, and fees in the following amounts shall be submitted to the Board:

(a) A non-refundable application fee — \$50;

(b) A non-refundable examination fee — \$35; and

(c) An initial certification fee — \$50. A refund of the certification fee will only be allowed when requested within 60 days of the initial application.

(d) In circumstances beyond the applicant's control (e.g. board review of criminal history) the Board may determine to refund the fees or portion thereof.

(e) In the event the Board requires the NBCE chiropractic assistant examination in lieu of the Board's examination, the fee in subsection (b) will be waived.

(4) The Board shall maintain an incomplete application file for six months from the date the application was received; afterward, applicants will need to re-apply.

(5) The applicant shall be at least 18 years of age.

(6) The Chiropractic Assistant shall not perform electrotherapy, hydrotherapy, or physiotherapy until he or she receives a certificate from the Board.

(7) A Chiropractic Assistant shall be directly supervised by the Chiropractor at all times. The supervising Chiropractor must be on the premises.

(8) The scope of practice does not include performing physical examinations, taking initial histories, taking X-rays, interpretation of postural

screening, doing manual muscle testing or performing osseous adjustments or manipulations.

(9) Chiropractic Assistants shall report to the Board, in writing, his/her mailing address and place of employment. Notification of a change of mailing address or place of employment must be made within 10 days of the change.

(10) On or before each June 1, the Board of Examiners shall send the renewal notice to the Chiropractic Assistant at the last known mailing address.

(11) On or before each July 31 the Chiropractic Assistant shall mail to the Board of Examiners the renewal form with a renewal fee of \$75. A certificate that is not renewed on time may not be renewed except:

(a) Upon written application and payment to the board of the renewal fee plus a delinquent fee of \$25 for renewals submitted between August 1 and August 31 of each year; or

(b) Upon written application and payment to the board of the renewal fee plus a delinquent fee of \$50 for renewals submitted on September 1 or later; and

(c) Upon submission of proof of compliance with or exemption from the requirements of ORS 684.092.

(12) A Chiropractic Assistant has up to one year following their July 31 renewal date to renew and reinstate their certificate upon meeting the provisions of (11)(a) through (c) above. After 12 months a person must restart the application process.

(13) Continuing education programs may be comprised of subjects that are pertinent to clinical practices of chiropractic. Continuing education must meet the criteria outlined in OAR 811-015-0025 sections (8), (9) and (10). No continuing education hours may be carried over into the next renewal year. Evidence of successful completion of six hours of continuing education during the 12 months preceding the renewal must be submitted upon request by the board.

(14) The Chiropractic Assistant's certificate shall be displayed at all times in the Chiropractic Physician's office during the Chiropractic Assistant's employment.

(15) The Board may refuse to grant a certificate to any applicant, may suspend or revoke a certificate, or may impose upon an applicant for certification or Chiropractic Assistant a civil penalty not to exceed \$1,000 upon finding of any of the following:

(a) Cause, which is defined as, but not limited to, failure to follow directions, unprofessional or dishonorable conduct, injuring a patient, or unlawful disclosure of patient information. The supervising Chiropractic Physician is required to notify the Board, in writing, of any dismissal of a Chiropractic Assistant for cause within ten days. The Board shall determine if there is cause for action and shall be governed by the rules of the Board adopted pursuant to ORS Chapter 183;

(b) Conviction of a misdemeanor involving moral turpitude or a felony; or

(c) Failure to notify the Board of a change of location of employment as required by these rules.

(16) Unprofessional or dishonorable conduct is defined as: any unethical, deceptive, or deleterious conduct or practice harmful to the public; any departure from, or failure to conform to, the minimal standards of acceptable Chiropractic Assistant practice; or a willful or careless disregard for the health, welfare or safety of patients, in any of which cases proof of actual injury need not be established. Unprofessional conduct shall include, but not be limited to, the following acts of a Chiropractic Assistant:

(a) Engaging in any conduct or verbal behavior with or towards a current patient that may reasonably be interpreted as sexual, seductive, sexually demeaning or romantic (also see ORS 684.100).

(b) A certificate holder shall not engage in sexual relations or have a romantic relationship with a current patient unless a consensual sexual relationship or a romantic relationship existed between them before the commencement of the Chiropractic Assistant-patient relationship.

(A) "Sexual relations" means:

(i) Sexual intercourse; or

(ii) Any touching of sexual or other intimate parts of a person or causing such person to touch the sexual or other intimate parts of the Chiropractic Assistant for the purpose of arousing or gratifying the sexual desire of either Chiropractic Assistant or patient.

(B) A patient's consent to, initiation of or participation in sexual behavior or involvement with a Chiropractic Assistant does not change the nature of the conduct nor lift the prohibition.

(C) In determining whether a patient is a current patient, the Board may consider the length of time of the Chiropractic Assistant-patient contact, evidence of termination of the Chiropractic Assistant-patient relation-

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ship, the nature of the Chiropractic Assistant-patient relationship, and any other relevant information.

(c) Use of protected or privileged information obtained from the patient to the detriment of the patient.

(d) Practicing outside the scope of the practice of a Chiropractic Assistant in Oregon;

(e) Charging a patient for services not rendered;

(f) Intentionally causing physical or emotional injury to a patient;

(g) Directly or indirectly engaging in threatening, dishonest, or misleading fee collection techniques;

(h) Soliciting or borrowing money from patients;

(i) Possessing, obtaining, attempting to obtain, furnishing, or prescribing controlled drugs to any person, including self, except as directed by a person authorized by law to prescribe drugs; illegally using or dispensing controlled drugs;

(j) Aiding, abetting, or assisting an individual to violate any law, rule or regulation intended to guide the conduct of Chiropractic Assistants or other health care providers; or

(k) Violating the rights of privacy or confidentiality of the patient unless required by law to disclose such information;

(l) Perpetrating fraud upon patients or third party payors, relating to the practice of chiropractic;

(m) Using any controlled or illegal substance or intoxicating liquor to the extent that such use impacts the ability to safely conduct the practice of a Chiropractic Assistant;

(n) Practicing as a Chiropractic Assistant without a current Oregon certificate;

(o) Allowing another person to use one's Chiropractic Assistant certification for any purpose;

(p) Resorting to fraud, misrepresentation, or deceit in applying for or taking the certificate examination or obtaining a certificate or renewal thereof;

(q) Impersonating any applicant or acting as a proxy for the applicant in any Chiropractic Assistant certificate examination;

(r) Disclosing the contents of the certificate examination or soliciting, accepting, or compiling information regarding the contents of the examination before, during, or after its administration;

(s) Failing to provide the Board with any documents requested by the Board;

(t) Failing to fully cooperate with the Board during the course of an investigation, including but not limited to, waiver of confidentiality privileges, except attorney-client privilege;

(u) Claiming any academic degree not actually conferred or awarded;

(v) Disobeying a final order of the Board; and

(w) Splitting fees or giving or receiving a commission in the referral of patients for services.

(x) Receiving a suspension or revocation of a certificate or license for a Chiropractic Assistant, or other license or certificate, by another state based upon acts by the Chiropractic Assistant or applicant that describes acts similar to this section. A certified copy of the record of suspension or revocation of the state making that is conclusive evidence thereof.

(17) The service of the Chiropractic Assistant is the direct responsibility of the licensed Chiropractic Physician. Violations may be grounds for disciplinary action against the Chiropractic Physician under ORS 684.100(9).

Stat. Auth.: ORS 684.155

Stats. Implemented: ORS 684.054 & 684.155(c)(A)

Hist.: CE 1-1990, f. & cert. ef. 2-15-90; CE 5-1992(Temp), f. 10-21-92, cert. ef. 10-23-92; CE 2-1993, f. 3-1-93, cert. ef. 4-23-93; CE 4-1997, f. & cert. ef. 11-3-97; BCE 3-2000, cert. ef. 8-23-00; BCE 1-2001, f. 1-31-01, cert. ef. 2-1-01; BCE 1-2002, f. & cert. ef. 2-6-02; BCE 2-2008, f. & cert. ef. 10-9-08; BCE 2-2010, f. & cert. ef. 6-15-10; BCE 1-2012, f. & cert. ef. 5-31-12; BCE 3-2013, f. 10-8-13, cert. ef. 11-1-13; BCE 4-2013, f. 10-21-13, cert. ef. 11-1-13

Board of Examiners for Engineering and Land Surveying Chapter 820

Rule Caption: Amend rules related to applications, digital signatures, and public record requests. Repeal one rule.

Adm. Order No.: BEELS 7-2013(Temp)

Filed with Sec. of State: 11-12-2013

Certified to be Effective: 11-12-13 thru 5-9-14

Notice Publication Date:

Rules Amended: 820-001-0020, 820-010-0010, 820-010-0227, 820-010-0228, 820-010-0305, 820-010-0442, 820-010-0620, 820-010-0621

Rules Suspended: 820-010-0260

Subject: To retroactively file rules, effective 09/11/2013. Rules retroactively effective are as follows:

OAR 820-001-0020 — Update the methods and process in which the public may request records. Language is more consistent with the Oregon Public Records Law (SB 554, 2007 Legislation).

OAR 820-010-0010 — Adds language to define “Certificate Authority” and “Digital Certificate” used in OAR 820-010-0620.

OAR 820-010-0227 — Decreases the fee for an initial FE examination application to \$0.00.

OAR 820-010-0228 — Decreases the fee for an initial FLS examination application to \$0.00.

OAR 820-010-0305 — Decreases the fees for an initial application and an application for reexamination to the FE and FLS examinations to \$0.00.

OAR 820-010-0442 — Housekeeping. Removes language regarding a process that is not statutorily required. However, the process does currently allow applicants one additional opportunity to submit any lacking documentation by a secondary deadline. If documents are not received, the application package will be incomplete and the application will be considered withdrawn.

OAR 820-010-0620 — Clarifies the requirements of a digital signature.

OAR 820-010-0621 — Changes the “will” to a “must”; the original intent of the Board.

OAR 820-010-0260 — Repeal. The Board follows the requirements contained in ORS 183 and the Administrative Procedures Act (APA) with regard to providing notice and hearing rights.

Rules Coordinator: Mari Lopez—(503) 362-2666, ext. 26

820-001-0020

Fees for Public Records and Publications

(1) All requests for copies of public records pertaining to the Oregon State Board of Examiners for Engineering and Land Surveying, shall be submitted in writing, electronic mail, or by completion of the Public Records Request form provided by the Board. Requests are subject to disclosure according to the Public Records Law, ORS chapter 192.

(2) The Board may charge a fee reasonably calculated for costs of providing and conveying copies of public records. Fees shall not exceed the cost of locating, compiling, making available for inspection, preparing copy in paper, audio, computer disk, and delivering public records. All estimated fees and charges must be paid before public records will be made available for inspection or copies provided.

(3) The Board shall notify a requestor of the estimated costs of making records available for inspection or providing copies of records to the requestor. If the estimated costs exceed \$25, the Board shall provide written notice and shall not act further to respond to the request unless and until the requestor confirms that the requestor wants the Board to proceed with making the public records available.

(4) The Board shall charge 25¢ per page for the first 20 pages and 15¢ per page thereafter to cover the costs of photocopying or scanning and normal and reasonable staff time to locate, separate, photocopy, or scan and return document(s) to file and to prepare and transmit public record(s) to requestors. If, for operational or other reasons, the Board uses the services of an outside facility to photocopy or scan requested records, the Board shall charge the actual costs incurred.

(5) “Page” refers to the number of copies produced. Staff will not reduce the copy size or otherwise manipulate records in order to fit additional records on a page, unless staff concludes that it would be the most effective use of their time. Consistent with ORS 192.240, all copies will be double-sided. A double-sided copy will be charged as two single pages.

(6) Additional charges for staff time may be made when responding to record requests that staff determines to require more than the normal and reasonable time for responding to routine record requests. Staff time shall be charged at \$30 per hour, with a \$7.50 minimum.

(7) The Board shall charge \$50 for a listing that contains registrants, certificate holders, and interns registered with the Board. Requests for formatting data will be charged as per subsection (6) of this rule.

(8) Actual costs for delivery of records such as first class postage and courier fees.

(9) The Board shall charge \$20 for certified copies.

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(10) The Board shall charge \$10 for compact discs containing requests.

(11) The Board shall charge \$5 for each audio record transmitted by email.

(12) The Board shall charge actual attorney fees for the cost of time spent by the attorney in reviewing the public records request for compliance with disclosure exemptions contained in ORS Chapter 192.

Stat. Auth.: ORS 670.310 & 672.255

Stats. Implemented: ORS 672.002 - 672.325

Hist.: BEELS 2-2004, f. & cert. ef. 7-14-04; BEELS 2-2006, f. & cert. ef. 11-21-06; BEELS 6-2013, f. & cert. ef. 9-11-13; BEELS 7-2013(Temp); f. & cert. ef. 11-12-13 thru 5-9-14

820-010-0010

Definitions

The following definitions and guides have been adopted by the Board to assist registrants and the general public in their interpretation of specific portions of ORS 672.002 to 672.325.

(1) "Board" means the Oregon State Board of Examiners for Engineering and Land Surveying provided by ORS 672.240.

(2) "Practice of engineering" refers to ORS 672.005 and 672.007.

(3) "Technician work" means the time spent on work where the personal responsibility and technical knowledge required are small; that is, where the individual performance of a task, set and supervised by others, is all that is required. It shall also include all time spent in work before an applicant is 18 years old "Technician work" does not include engineering work as described in section (4), land surveying work as described in section (7) or photogrammetric work as described in section (10). Engineering "technician work" includes, but is not limited to, work as an inspector, a laboratory assistant, a design assistant, a survey technician, or a draftsman. Land Surveying "technician work" includes, but is not limited to, work as a survey technician, a draftsman, an instrument plotter, or computation work under close supervision and not requiring the exercise of judgment in survey or map design, or decisions on boundary location. Photogrammetric mapping "technician work" includes but is not limited to, work as a photogrammetric mapping technician to perform technical photogrammetric or remote sensing tasks to extract spatial data from photographic imagery, digital imagery or other remotely-sensed data under close supervision and not requiring the exercise of judgment in project design or decisions related to authoritative photogrammetric measurements.

(4) "Engineering work," is work performed after a person is 18 years old and involves work of a higher grade and responsibility than that defined as "technician work." Credit for engineering work will only be given for time worked such that persons performing work for more than one entity during a given period of time will not receive multiple credit for dates worked. Time spent in engineering teaching subsequent to graduation shall be listed as "engineering work." Work performed in conjunction with a course of study provided by a community college, college, university, or any other educational program, for which tuition or similar payment is made, credit is earned, or as a requirement of the program, will not be considered "engineering work."

(5) "Responsible charge," as used in ORS 672.002(9), means to have supervision and control over engineering work as defined in 672.005(1), land surveying work, and photogrammetric mapping, as evidenced by performing substantially the following:

(a) Establishing the manner or method by which services are rendered;

(b) Establishing quality controls for the services rendered;

(c) Communicating with clients;

(d) Reviewing designs, calculations, plans, surveys or maps;

(e) Supplying deficiencies found in or correcting errors contained in designs, calculations, plans, surveys or maps;

(f) Making changes to documents, including but not limited to, designs, plans, plats, surveys or maps; and

(g) With respect to land surveying, reviewing field evidence and making final decisions concerning the placement of survey monuments and surveyed lines.

(6) "Supervision and control," as used in ORS 672.002(10), means establishing the nature of, directing and guiding the preparation of, and approving the work product and accepting responsibility for the work product, as evidenced by performing the following:

(a) Spending time directly supervising the work to assure that the person working under the licensee is familiar with the significant details of the work;

(b) Providing oversight, inspection, observation and direction regarding the work being performed;

(c) Providing adequate training for persons rendering services and working on projects under the licensee;

(d) Maintaining readily accessible contact with the person providing services or performing work by direct proximity or by frequent communication about the services provided or the work performed. Communications between the licensee and persons under the licensee's supervision and control include face-to-face communications, electronic mail, and telephone communications and similar, other communications that are immediate and responsive; and

(e) Applying the licensee's seal and signature to a document.

(7) "Practice of land surveying" refers to ORS 672.005(2) and 672.007.

(8) "Land surveying work" is work performed after a person is 18 years old and involves work of a higher grade and responsibility than that defined as "technician work". Engineering work, not related to the practice of land surveying, is not land surveying work. Credit for land surveying work will only be given for time worked such that persons performing work for more than one entity during a given period of time will not receive multiple credit for dates worked. Work performed in conjunction with a course of study provided by a community college, college, university, or any other educational program, for which tuition or similar payment is made, credit is earned, or as a requirement of the program, will not be considered "land surveying work."

(9) "Practice of photogrammetric mapping" or "practice of photogrammetry" refers to ORS 672.002(7).

(10) "Photogrammetric work" is work performed after a person is 18 years old and involves work of a higher grade and responsibility than that defined as "technician work." Credit for photogrammetric work will only be given for time worked such that persons performing work for more than one entity during a given period of time will not receive multiple credit for dates worked. Time spent teaching photogrammetric mapping after graduation is "photogrammetric work." Work performed in conjunction with a course of study provided by a community college, college, university, or any other educational program, for which tuition or similar payment is made, credit is earned, or as a requirement of the program, will not be considered "photogrammetric work."

(11) Professional Development Hour (PDH) — A contact hour (nominal) of instruction or presentation. The common denominator for other units of credit.

(12) Continuing Education Unit (CEU) — Unit of credit customarily used for continuing education courses. One continuing education unit equals 10 hours of class in an approved continuing education course.

(13) College/Unit Semester/Quarter Hour — Credit for course work in an approved program or other related college course approved in accordance with article (e) of this section.

(14) Course/Activity — Any qualifying course or activity with a clear purpose and objective which will maintain, improve or expand the skills and knowledge relevant to the licensee's field of practice.

(15) Multiple Registrant means a person who is registered as both a land surveyor and an engineer or is registered as an engineer in two or more disciplines.

(16) "Digital signature" means a type of electronic signature, as allowed by the ORS 84.001 to 84.061, that transforms a message through the use of an algorithm or series of algorithms that provide a key pair, private and public, for signor verification, document security and authentication.

(17) "Certificate Authority" is the trusted third party that issues and manages digital certificates (private and public keys) for digital signatures.

(18) "Digital certificate" is required to affix a digital signature, for the recipient to verify the identity of the signor, and for the recipient to verify that the contents of the document have not been altered since the signature was affixed.

(19) The words "branch" and "discipline" are synonymous as used in OAR chapter 820 divisions 10 and 40.

(20) Acronyms:

(a) ABET — Accreditation Board for Engineering and Technology, Inc.;

(b) ACCE — American Council for Construction Education;

(c) ASAC — Applied Science Accreditation Commission of ABET;

(d) EAC — Engineering Accreditation Commission of ABET;

(e) EI — Engineering Intern;

(f) FE — Fundamentals of Engineering;

(g) FLS — Fundamentals of Land Surveying;

(h) LSI — Land Surveying Intern;

ADMINISTRATIVE RULES

(i) NCEES — National Council of Examiners for Engineering and Surveying;

(j) TAC — Technology Accreditation Commission of ABET.

(k) PE — Professional Engineer;

(l) PLS — Professional Land Surveyor;

(m) RPP — Registered Professional Photogrammetrist;

(n) CWRE — Certified Water Right Examiner.

Stat. Auth.: ORS 670.310 & 672.255

Stats. Implemented: ORS 672.002 - 672.325

Hist.: EE 13, f. 3-29-72, ef. 4-15-72; EE 16, f. 3-5-74, ef. 3-25-74; EE 17, f. 4-22-74, ef. 5-11-74; EE 20, f. & ef. 12-15-77; EE 1-1987, f. & ef. 1-5-87; EE 1-1992, f. & cert. ef. 2-3-92; EE 1-1995, f. 8-15-95, cert. ef. 9-1-95; BEELS 1-1998, f. & cert. ef. 2-10-98; BEELS 1-2000, f. & cert. ef. 1-14-00; BEELS 4-2000, f. & cert. ef. 8-4-00; BEELS 5-2000, f. & cert. ef. 10-19-00; BEELS 1-2001, f. & cert. ef. 5-22-01; BEELS 1-2002, f. & cert. ef. 3-13-02; BEELS 1-2004, f. & cert. ef. 1-26-04; BEELS 2-2004, f. & cert. ef. 7-14-04; BEELS 1-2005, f. & cert. ef. 3-16-05; BEELS 6-2005, f. & cert. ef. 12-13-05; BEELS 2-2006, f. & cert. ef. 11-21-06; BEELS 2-2007, f. & cert. ef. 4-5-07; BEELS 5-2007, f. & cert. ef. 9-20-07; BEELS 2-2008, f. & cert. ef. 7-9-08; BEELS 3-2008, f. & cert. ef. 11-14-08; BEELS 2-2009, f. & cert. ef. 11-13-09; BEELS 6-2013, f. & cert. ef. 9-11-13; BEELS 7-2013(Temp); f. & cert. ef. 11-12-13 thru 5-9-14

820-010-0227

Educational and Experience Qualifications to Take the Fundamentals of Engineering (FE) Examination for Enrollment as an Engineering Intern (EI) and Applications Based on Non-Accredited Degrees

(1) An applicant that does not qualify pursuant to OAR 820-010-0225 may apply for admission to the FE examination based on a combination of education and experience in the practice of engineering. Applicants will be allowed to submit as qualifying work experience that work experience obtained based on employment up to the date of the FE examination.

(2) Degrees from educational institutions not identified in OAR 820-010-0225 may be considered as qualifying if they are evaluated by NCEES Credentials Evaluations, and the Board determines that the degree or course work is substantially equivalent to the educational degrees or courses required for degrees for those institutions listed in 820-010-0225. The cost for such evaluation will be borne by the applicant.

(3) Course work from institutions that are identified in OAR 820-010-0225 may be considered as qualifying if the coursework involves engineering principles or was obtained by the applicant while enrolled in an engineering program.

(4) Where an applicant applies for admission to the FE examination on the basis of sections (1) through (3) of this rule, the applicant must also demonstrate that the applicant's years of education when combined with the applicant's years of engineering work total at least 8 years. Work experience in excess of that needed to satisfy this requirement may be included by applicant in a subsequent application to apply for admission to the PE examination.

(5) The Board may give credit for qualifying course work in proportion to the amount of course work completed relative to the degree towards which the course work would apply. For example, completion of one year of a two-year Engineering Technology program may be considered equivalent to one year of education, requiring 7 years of engineering work experience, in accordance with section (4). Qualifying course work includes classes in engineering ethics, fundamentals and design.

(6) An applicant may qualify for admission to the FE examination on the basis of 8 years of engineering work without any qualifying degree or course work.

(7) Applicants for admission to the fundamentals of engineering examination on the basis of experience or combined education and experience will be required to provide a minimum of three references with knowledge of engineering technician work gained as defined in the OAR 820-010-0010.

(a) At least one of the three references must be registered in a NCEES jurisdiction.

(b) Qualifying experience accrued by the applicant must be accompanied by a reference that supervised the work product as meeting the definition of engineering technician work as defined in the OAR 820-010-0010.

(c) References must be submitted on the Board approved Reference Details form. The Reference Details form must be received by the Board office in a sealed envelope.

(d) The Board may, for good cause upon written application, reduce the number of references required.

(8) FE examination application fee is \$0.00.

Stat. Auth.: ORS 670.310, 672.095, & 672.255

Stats. Implemented: ORS 672.002 - 672.325

Hist.: BEELS 2-2006, f. & cert. ef. 11-21-06; BEELS 5-2007, f. & cert. ef. 9-20-07; BEELS 3-2008, f. & cert. ef. 11-14-08; BEELS 2-2009, f. & cert. ef. 11-13-09; BEELS 6-2013, f. & cert. ef. 9-11-13; BEELS 7-2013(Temp); f. & cert. ef. 11-12-13 thru 5-9-14

820-010-0228

Combined Educational and Experience Qualifications to Take the Fundamentals of Land Surveying (FLS) Examination for Enrollment as a Land Surveying Intern (LSI) and Applications Based on Non-Accredited Degrees

(1) An applicant that does not qualify pursuant to OAR 820-010-0226 may apply for admission to the FLS examination based on a combination of education and experience in the practice of land surveying. Applicants will be allowed to submit as qualifying work experience that work experience obtained based on employment up to the date of the FLS examination.

(2) Degrees from educational institutions not identified in OAR 820-010-0226 may be considered as qualifying if they are evaluated by NCEES Credentials Evaluations, and the Board determines that the degree or course work is substantially equivalent to the educational degrees or courses required for degrees for those institutions listed in 820-010-0226. The cost for such evaluation will be borne by the applicant.

(3) Course work from institutions that are identified in OAR 820-010-0226 may be considered as qualifying if the coursework involves land surveying principles or was obtained by the applicant while enrolled in a land surveying program.

(4) Where an applicant applies for admission to the FLS examination on the basis of sections (1) through (3) of this rule, the applicant must also demonstrate that the applicant's years of education when combined with the applicant's years of land surveying work total at least 8 years. Work experience in excess of that needed to satisfy this requirement may be included by applicant in a subsequent application to apply for admission to the PLS examination.

(5) The Board may give credit for qualifying course work in proportion to the amount of course work completed relative to the degree towards which the course work would apply. For example, completion of one year of a two-year Surveying Technology program may be considered equivalent to one year of education, requiring 7 years of surveying work experience, in accordance with section (4). Qualifying course work includes classes in land surveying ethics, fundamentals and application.

(6) An applicant may qualify for admission to the FLS examination on the basis of 8 years of land surveying work without any qualifying degree or course work.

(7) Applicants for admission to the fundamentals of land surveying examination on the basis of experience or combined education and experience will be required to provide a minimum of three references with knowledge of land surveying technician or photogrammetric mapping technician work gained as defined in the OAR 820-010-0010.

(a) At least one of the three references must be registered in a NCEES jurisdiction.

(b) Qualifying experience accrued by the applicant must be accompanied by a reference that supervised the work as meeting the definition of land surveying technician or photogrammetric mapping technician work as defined in the OAR 820-010-0010.

(c) References must be submitted on the Board approved Reference Details form. The Reference Details form must be received by the Board office in a sealed envelope.

(d) The Board may, for good cause upon written application, reduce the number of references required.

(8) FLS examination application fee is \$0.00.

Stat. Auth.: ORS 670.310, 672.095, & 672.255

Stats. Implemented: ORS 672.002 - 672.325

Hist.: BEELS 2-2006, f. & cert. ef. 11-21-06; BEELS 5-2007, f. & cert. ef. 9-20-07; BEELS 3-2008, f. & cert. ef. 11-14-08; BEELS 2-2009, f. & cert. ef. 11-13-09; BEELS 6-2013, f. & cert. ef. 9-11-13; BEELS 7-2013(Temp); f. & cert. ef. 11-12-13 thru 5-9-14

820-010-0305

Fees

(1) The Board has determined an outside testing provider will administer examinations on behalf of the Board. In addition to state fees, all approved applicants are charged for the test administration fee in addition to any book or scoring fees or any other examination-related fees. The applicant must pay all these costs in advance to the Board and the outside testing provider. The amount for each specific application is compiled in section (2) of this rule. Where applicable, the initial activation and certificate fee must be included. The total amount for each specific application is compiled in a fee schedule published separately. The amount to be submitted will be equal to a total of items (a) through (c) in this section. Actual dollar amounts for application, initial activation, renewal and certificate are listed in sections (2) and (3) of these rules:

(a) Fee for application.

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(b) Fee for initial activation equal to one year renewal (one time fee applies to PE, PLS, RPP, and CWRE only; not applicable to reexamination).

(c) Fee for issuance of first certificate (one time fee applies to PE, PLS, RPP, and CWRE only).

(2) Fees for examination application:

(a) Initial fundamentals of engineering examination application — \$0.00.

(b) Initial fundamentals of land surveying examination application — \$0.00.

(c) Initial professional engineering (PE) examination application — \$100.

(d) Initial professional geotechnical examination application — \$375.

(e) Initial professional land surveying examination application — \$140.

(f) Initial professional photogrammetric mapping examination application — \$120.

(g) Certified Water Right Examiner test application — \$50.

(h) Application for readmission to the Fundamentals of engineering examination — \$0.00.

(i) Application for readmission to the Fundamentals of land surveying examination — \$0.00.

(j) Application for readmission to the Professional engineering (PE) examination — \$90.

(k) Application for readmission to the Professional geotechnical examination — \$365.

(l) Application for readmission to the Professional land surveying (PLS) examination — \$130.

(m) Application for readmission to the Oregon law portion of PLS examination — \$55.

(n) Application for readmission to the National portion of PLS examination — \$75.

(o) Application for readmission to the Professional photogrammetric mapping examination — \$110.

(p) Application for readmission to the Certified Water Rights Examiner test — \$40.

(q) Proctor Request — \$100.

(3) Fees for certification, registration, and renewal:

(a) Professional wall certificate — \$35.

(b) Application for registration as a professional engineer — \$250.

(c) Application for registration as a professional land surveyor — \$250.

(d) Application for registration as a registered professional photogrammetrist — \$250.

(e) Temporary permit issued under ORS 672.109 and 672.127 — \$100.

(f) Re-issuance of lost or mutilated pocket card — \$10.

(g) Issuance of certificate without examination based on experience as provided under ORS 672.255 — \$250.

(h) Re-score of an Oregon specific examination item — \$50.

(i) Annual renewal of a professional engineering certificate — \$75.

(j) Annual renewal of a professional land surveyor certificate — \$75.

(k) Annual renewal of a registered professional photogrammetrist certificate — \$75.

(l) Delinquency renewal fee — \$80 for any part of each two-year renewal period during delinquency.

(m) Fee for reinstatement for inactive or retired registrant or certificate holder — \$225.

(n) Annual renewal of water right examiner certificate — \$20.

(o) Verification of certification(s) and/or registration(s) — \$15.

Stat. Auth.: ORS 670.310, 672.153, 672.155, & 672.255

Stats. Implemented: ORS 672.002 - 672.325

Hist.: EE 2-1980, f. & ef. 5-14-80; EE 4-1981, f. & ef. 12-14-81; EE 2-1984(Temp), f. & ef. 5-7-84; EE 2-1984(Temp), f. & ef. 5-7-84; EE 4-1984, f. & ef. 12-11-84; EE 2-1987, f. & ef. 7-2-87; EE 3-1987, f. & ef. 8-25-87; EE 2-1989, f. 1-3-89, cert. ef. 1-15-89; EE 1-1990(Temp), f. & cert. ef. 5-21-90; EE 1-1991(Temp), f. 8-14-91, cert. ef. 9-1-91; EE 2-1991, f. & cert. ef. 9-23-91; EE 1-1992, f. & cert. ef. 2-3-92; EE 2-1992, f. & cert. ef. 2-4-92; EE 4-1992, f. & cert. ef. 7-22-92; EE 2-1993(Temp), f. & cert. ef. 2-22-93; EE 3-1993, f. & cert. ef. 6-3-93; EE 2-1994, f. & cert. ef. 7-22-94; EE 1-1995, f. 8-15-95, cert. ef. 9-1-95; EE 2-1997, f. & cert. ef. 8-6-97; BEELS 3-1998, f. & cert. ef. 5-11-98; BEELS 1-1999, f. 5-27-99, cert. ef. 7-1-99; BEELS 1-2000, f. & cert. ef. 1-14-00; BEELS 3-2000, f. 3-17-00, cert. ef. 3-20-00; BEELS 3-2001, f. & cert. ef. 11-26-01; BEELS 3-2002, f. & cert. ef. 11-13-02; BEELS 4-2002, f. & cert. ef. 12-3-02; BEELS 6-2005, f. & cert. ef. 12-13-05; BEELS 2-2006, f. & cert. ef. 11-21-06; BEELS 5-2007, f. & cert. ef. 9-20-07; BEELS 1-2008, f. & cert. ef. 3-12-08; BEELS 2-2009, f. & cert. ef. 11-13-09; BEELS 1-2010, f. & cert. ef. 5-12-10; BEELS 1-2011, f. & cert. ef. 1-14-11; BEELS 1-2012(Temp), f. & cert. ef. 3-16-12 thru 5-15-12; BEELS 2-2012, f. & cert. ef. 5-10-12; BEELS 6-2013, f. & cert. ef. 9-11-13; BEELS 7-2013(Temp); f. & cert. ef. 11-12-13 thru 5-9-14

820-010-0442

Application Deadlines

(1) Deadlines to submit applications for admission to examinations based on the schedule contained in OAR 820-010-0440 are:

(a) December 1 is the deadline for applications for the Spring examination administration.

(b) January 1 is the deadline for applications for readmission to the Spring examination administration.

(c) June 1 is the deadline for applications for the Fall examination administration.

(d) July 1 is the deadline for applications for readmission to the Fall examination administration.

(2) Applicants may request to withdraw an application and fees paid to the Board for consideration from an examination administration. An application and fees paid to the Board may be withdrawn and forwarded to the next available examination administration only.

(a) Request must be made in writing; and

(b) Request must be made no later than March 1 to withdraw from the Spring examination administration or no later than September 1 to withdraw from the Fall examination administration; and

(c) The request can only be made once per application.

(3) Deadlines to submit applications for registration as a PE or RPP based on licensure by another jurisdiction (comity) or based on examination by another jurisdiction or NCEES (1st registration) are the first day of the month prior to the month of a Board meeting.

(4) Deadlines to submit applications for registration as a PLS based on licensure by another jurisdiction (comity) or based on examination by another jurisdiction or NCEES (1st registration) are:

(a) February 1st to sit for the Spring Oregon Specific Land Surveying examination.

(b) August 1st to sit for the Fall Oregon Specific Land Surveying examination.

(c) If successful results on the Oregon Specific Land Surveying examination are not attained, the applicant must comply with the readmission deadlines contained in subsection (1) of this rule.

(5) All applications must be postmarked or hand delivered by 5:00 p.m. on the deadline. If the deadline falls on a Saturday, Sunday, or legal Holiday, applications are accepted until 5:00 p.m. on the following business day.

Stat. Auth.: ORS 670.310 & 672.255

Stats. Implemented: ORS 672.002 - 672.325

Hist.: BEELS 3-2008, f. & cert. ef. 11-14-08; BEELS 2-2012, f. & cert. ef. 5-10-12; BEELS 6-2013, f. & cert. ef. 9-11-13; BEELS 7-2013(Temp); f. & cert. ef. 11-12-13 thru 5-9-14

820-010-0620

Official Seal

(1) Seals, as referenced by ORS 672.020(2) and 672.025(2), must contain the printed name of the registrant, the date of registration, the number of the registrant's certificate of registration, and the registrant's professional title. The registrant's printed name on the seal will be exactly the same as the name printed on registrant's certificate of registration.

(2) The size, design and content of the seal will be an exact replica, in style, of the examples shown in Exhibit 1 (Official Seals) for the profession or branch of the profession in which the registrant is licensed. (A tolerance of 1/4" is permitted as to the size of the seal). The expiration or renewal date may be made part of the seal. If the expiration or renewal date is not made part of the seal, it must be handwritten, in permanent ink, after the word "Expires" or "Renews." Reduced or enlarged seals are not permitted on final documents. In addition to these requirements, registrants will use the following seals:

(a) Professional engineers holding a structural engineering certificate will use the seal with the designation "Structural" above the words "Registered Professional Engineer," as shown in Exhibit 1-b. Other registered professional engineers will use the seal shown in Exhibit 1-a;

(b) Registered professional traffic engineer, who may practice only traffic engineering will use the seal shown in Exhibit 1-f;

(c) Registered professional land surveyors will use the seal shown in Exhibit 1-c;

(d) Registered professional photogrammetrists will use the seal shown in Exhibit 1-d;

(e) Registered water rights examiners will use the seal shown in Exhibit 1-e.

(3) The seal may be applied to a document by rubber stamp or it may be computer-generated onto the document.

ADMINISTRATIVE RULES

(4) The registrant will sign through the middle of the seal or in the place on the seal as indicated for signature, in handwriting, and in permanent ink.

(5) A digital signature, for final documents is acceptable as an alternative to a handwritten signature in permanent ink if the digital signature:

- (a) Is unique to the registrant using it;
- (b) Is independently verifiable by a Certificate Authority (3rd Party);
- (c) Is under the sole control of the registrant using it;
- (d) Is linked to the document in such a manner that the digital signature is invalidated if any data in the document is changed; and
- (e) Bears the phrase "digital signature" in place of a handwritten signature.

(6) Only individuals registered as professional engineers, professional traffic engineers, professional land surveyors, professional photogrammetrists, or certified water rights examiners may use a seal with a shape, form or wording similar to those shown in Exhibit 1. Using such a seal without registration constitutes falsely representing that the person is authorized to practice the profession.

[ED. NOTE: Exhibits referenced are available from the agency.]

Stat. Auth.: ORS 670.310 & 672.255

Stats. Implemented: ORS 672.002 - 672.325

Hist.: EE 13, f. 3-29-72, ef. 4-15-72; EE 16, f. 3-5-74, ef. 3-25-74; EE 20, f. & ef. 12-15-77; EE 2-1986, f. 3-26-86, ef. 3-31-86; EE 4-1987, f. & ef. 12-1-87; EE 1-1992, f. & cert. ef. 2-3-92; EE 1-1995, f. 8-15-95, cert. ef. 9-1-95; BEELS 1-1998, f. & cert. ef. 2-10-98; BEELS 1-2000, f. & cert. ef. 1-14-00; BEELS 3-2006(Temp), f. & cert. ef. 12-5-06 thru 6-3-07; Administrative Correction, 6-16-07; BEELS 4-2007, f. & cert. ef. 8-15-07; BEELS 2-2008, f. & cert. ef. 7-9-08; BEELS 2-2009, f. & cert. ef. 11-13-09; BEELS 6-2013, f. & cert. ef. 9-11-13; BEELS 7-2013(Temp); f. & cert. ef. 11-12-13 thru 5-9-14

820-010-0621

Final Documents

(1) In addition to the final documents identified in ORS 672.020(2) and 672.025(2), final documents include plats, design information, and calculations. All final documents must bear the seal and signature of the registrant under whose supervision and control they were prepared.

(2) Documents that are not final documents must be marked as "preliminary", "not for construction", "review copy", "draft copy, subject to change", or with some similar wording to indicate that the documents are not intended to represent the final work product of the registrant.

Stat. Auth.: ORS 670.310 & 672.255

Stats. Implemented: ORS 672.002 - 672.325

Hist.: BEELS 3-2006(Temp), f. & cert. ef. 12-5-06 thru 6-3-07; BEELS 2-2007, f. & cert. ef. 4-5-07; BEELS 2-2012, f. & cert. ef. 5-10-12; BEELS 6-2013, f. & cert. ef. 9-11-13; BEELS 7-2013(Temp); f. & cert. ef. 11-12-13 thru 5-9-14

Rule Caption: Amend language to be consistent with the enabling statutes.

Adm. Order No.: BEELS 8-2013(Temp)

Filed with Sec. of State: 11-14-2013

Certified to be Effective: 11-14-13 thru 1-6-14

Notice Publication Date:

Rules Amended: 820-010-0225, 820-010-0226

Subject: Revises the language in OAR 820-010-0225 and 820-010-0226 so that they are consistent with the language contained in ORS 670.010 and 670.020.

Rules Coordinator: Mari Lopez—(503) 362-2666, ext. 26

820-010-0225

Educational Qualifications to Take the Fundamentals of Engineering (FE) Examination for Enrollment as an Engineering Intern (EI)

Applicants for admission to examination for enrollment as an EI will be required to submit the following evidence to show eligibility to take the FE examination:

(1) Official transcripts that document the degree and date awarded, demonstrating completion of an engineering curriculum satisfactory to the Board, as described in (3) below.

(2) If taking the examination prior to graduation, a statement signed by an official from the school, university or college that all work necessary to obtain a degree in a curriculum satisfactory to the Board has been or will be completed within four months after the first day of the month following the examination as provided in ORS 670.010. For April examinations, the degree must be completed no later than September 1 of that year. For October examinations, the degree must be completed no later than March 1 of the following year. Official transcript(s) that document the degree and date awarded, or an affidavit from the registrar or administrative head of the school, college, or university, which verifies date and completion of the qualifying degree, must also be received within four months after the first day of the month following the examination, as provided in ORS 670.020.

Completing the degree and providing satisfactory evidence of completion, within the required time period is necessary for the examination to be considered completed, to release examination scores and to allow enrollment as an EI. When the degree is not completed and the official transcript(s) or affidavit(s) that documents the degree and date awarded is not received within four months after the first day of the month following the examination, the application shall be considered withdrawn. This rule shall apply to applications from the April 2013 examination administration forward.

(3) For entrance to the FE examination, a curriculum satisfactory to the Board shall include:

(a) Graduation from an EAC of ABET accredited engineering program;

(b) Graduation from a TAC of ABET baccalaureate engineering program;

(c) Graduation from an ACCE accredited four-year baccalaureate construction engineering management program;

(d) Graduation from a graduate degree program in engineering at a college or university that has an EAC of ABET accredited undergraduate degree program in the same field as the graduate degree program, combined with completion of 21 semester/32 quarter hours of engineering related technical course work. The courses shall include at least six of the following nine subjects: Differential Equations, Physics, Statistics, Statics, Dynamics, Thermodynamics, Fluid Mechanics, Electrical Fundamentals and Strength of Materials.

(e) Graduation from TAC of ABET accredited two-year Engineering Technology program or graduation from a two-year Associate of Applied Science program in Engineering Technology that includes the following:

(A) A total of at least 64 semester/96 quarter hours;

(B) At least 32 semester/48 quarter hours in technical courses. (Skills and knowledge of appropriate methods, procedures and techniques; experience in carrying out established engineering procedures);

(C) At least 16 semester/24 quarter hours in math and science, including:

(i) 4 semester/6 quarter hours in basic science (physics, chemistry, earth and life sciences);

(ii) 8 semester/12 quarter hours in mathematics (not including courses below the level of college algebra or courses in computer programming);

(D) At least 9 semester/13 quarter hours in social science, humanities and communications; and

(E) In addition to the educational requirements set forth in paragraph (e) of subsection (3), graduates from two-year programs shall complete two or more years of engineering work before qualifying to take the FE examination for enrollment as an EI. In the alternative, graduates from two-year programs may complete additional course work consisting of 21 semester/32 quarter hours in Differential Equations, Physics, Statistics, Statics, Dynamics, Thermodynamics, Fluid Mechanics, Electrical Fundamentals and Strength of Materials.

(f) Completion of a curriculum that the Board finds has adequately prepared the application for enrollment as an EI.

Stat. Auth.: ORS 670.310 & 672.255

Stats. Implemented: ORS 672.002 - 672.325

Hist.: EE 13, f. 3-29-72, ef. 4-15-72; EE 16, f. 3-5-74, ef. 3-25-74; EE 20, f. & ef. 12-15-77; EE 1-1986, f. 2-4-86, ef. 2-15-86; EE 1-1992, f. & cert. ef. 2-3-92; EE 1-1995, f. 8-15-95, cert. ef. 9-1-95; EE 2-1996, f. & cert. ef. 10-3-96; BEELS 1-1998, f. & cert. ef. 2-10-98; BEELS 1-1999, f. 5-27-99, cert. ef. 7-1-99; BEELS 1-2001, f. & cert. ef. 5-22-01; BEELS 1-2004, f. & cert. ef. 1-26-04; BEELS 2-2006, f. & cert. ef. 11-21-06; BEELS 2-2008, f. & cert. ef. 7-9-08; BEELS 2-2009, f. & cert. ef. 11-13-09; BEELS 4-2012, f. & cert. ef. 9-14-12; BEELS 1-2013, f. & cert. ef. 3-13-13; BEELS 4-2013(Temp), f. & cert. ef. 7-10-13 thru 1-6-14; BEELS 8-2013(Temp) f. & cert. ef. 11-14-13 thru 1-6-14

820-010-0226

Educational Qualifications to Take the Fundamentals of Land Surveying (FLS) Examination for Enrollment as a Land Surveying Intern (LSI)

Applicants for admission to examination for enrollment as an LSI will be required to submit the following evidence to show eligibility to take the FLS examination:

(1) Official transcripts that document the degree and date awarded, demonstrating completion of a land surveying curriculum satisfactory to the Board, as described in (3) below.

(2) If taking the examination prior to graduation, a statement signed by an official from the school, university or college that all work necessary to obtain a degree in a curriculum satisfactory to the Board has been or will be completed within four months after the first day of the month following the examination as provided in ORS 670.010. For April examinations, the degree must be completed no later than September 1 of that year. For October examinations, the degree must be completed no later than March 1 of the following year. Official transcript(s) that document the degree and

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date awarded, or an affidavit from the registrar or administrative head of the school, college, or university, which verifies date and completion of the qualifying degree, must also be received within four months after the first day of the month following the examination, as provided in ORS 670.020. Completing the degree and providing satisfactory evidence of completion, within the required time period, is necessary for the examination to be considered completed, to release examination scores and to allow enrollment as an LSI. When the degree is not completed and the official transcript(s) or affidavit(s) that documents the degree and date awarded is not received within our months after the first day of the month following the examination, the application shall be considered withdrawn. This rule shall apply to applications from the April 2013 examination administration forward.

(3) For entrance to the FLS Examination, a curriculum satisfactory to the Board shall include:

(a) Graduation from an EAC of ABET accredited four-year baccalaureate land surveying program;

(b) Graduation from an ASAC of ABET accredited four-year baccalaureate land surveying program;

(c) Graduation from a TAC of ABET accredited four-year baccalaureate land surveying program;

(d) Graduation from an EAC of ABET accredited four-year baccalaureate engineering program with 11 semester/16 quarter hours of surveying instruction and surveying law.

(e) Graduation from a TAC of ABET accredited four-year baccalaureate engineering program with 11 semester/16 quarter hours of surveying instruction and surveying law.

(f) Graduation from an ACCE accredited four-year baccalaureate engineering program with 11 semester/16 quarter hours of surveying instruction and surveying law.

(g) Graduation from a graduate degree program in land surveying at a college or university that has an ABET accredited undergraduate degree program in the same field, combined with completion of 11 semester/16 quarter hours of surveying instruction.

(h) Graduation from an ASAC of ABET accredited two-year Surveying Technology program, a TAC of ABET accredited two-year Surveying Technology program, or a two-year Association of Applied Science program in Surveying Technology or Engineering Technology that includes the following:

(A) A total of at least 64 semester/96 quarter hours;

(B) At least 32 semester/48 quarter hours in technical courses, of which a minimum of 11 semester/16 quarter hours shall be in surveying instruction;

(C) At least 16 semester/24 quarter hours in subjects such as math, science, basic electricity, hydraulics, road design, construction management and estimating engineering economics with college level algebra, trigonometry and statistics;

(D) At least 9 semester/13 quarter hours in social science, humanities and communications; and

(E) In addition to the educational requirements set forth in paragraph (h) of subsection (3), graduates from two-year education programs shall complete two or more years of active practice in land surveying work before qualifying to take the FLS examination for enrollment as an LSI. (i) Graduation from a degree program related to engineering or land surveying that includes the following:

(A) 21 semester/32 quarter hours of coursework with a direct geomatics focus that requires the application of geomatics knowledge and skills. One of these courses must be surveying law related;

(B) 27 semester/40 quarter hours that requires the application of mathematics for problem solving. At least one of these courses must focus on the application of differential and integral calculus;

(C) 24 semester/35 quarter hours related to physical and natural science with laboratory applications; and

(D) 4 semester/6 quarter hours of capstone or integrating experience that develops student competencies in applying both technical and non-technical skills in solving problems.

(j) Completion of a curriculum that the Board finds adequately prepared the applicant for enrollment as an LSI.

Stat. Auth.: ORS 670.310 & 672.255

Stats. Implemented: ORS 672.002 - 672.325

Hist.: BEELS 2-2006, f. & cert. ef. 11-21-06; BEELS 2-2008, f. & cert. ef. 7-9-08; BEELS 2-2009, f. & cert. ef. 11-13-09; BEELS 4-2012, f. & cert. ef. 9-14-12; BEELS 1-2013, f. & cert. ef. 3-13-13; BEELS 4-2013(Temp), f. & cert. ef. 7-10-13 thru 1-6-14; BEELS 8-2013(Temp) f. & cert. ef. 11-14-13 thru 1-6-14

Rule Caption: Adopt Board's 2013–2015 budget; clarify rules related to CPD requirements for Certified Water Right Examiners.

Adm. Order No.: BEELS 9-2013(Temp)

Filed with Sec. of State: 11-14-2013

Certified to be Effective: 11-14-13 thru 5-9-14

Notice Publication Date:

Rules Adopted: 820-050-0001

Rules Amended: 820-010-0325

Subject: To retroactively file rules effective May 14, 2013. Rules retroactively effective are as follows:

OAR 820-050-0001 — Adopts the language to clarify the professional development requirements for Certified Water Right Examiners.

OAR 820-010-0325 — Adopts the budget of the Board for the 2013–2015 biennium.

Rules Coordinator: Mari Lopez—(503) 362-2666, ext. 26

820-010-0325

Budget

The amount of \$3,000,000 is established for the biennium beginning July 1, 2013, as the intended limit for payment of expenses from fees, moneys or other revenue, including miscellaneous receipts, collected or received by the Board.

Stat. Auth.: ORS 182.462, 670.310, 672.155 & 672.255

Stats. Implemented: ORS 672.002 - 672.325

Hist.: BEELS 1-1999, f. 5-27-99, cert. ef. 7-1-99; BEELS 1-2001, f. & cert. ef. 5-22-01; BEELS 2-2002, f. & cert. ef. 5-15-02; BEELS 4-2003, f. 5-14-03, cert. ef. 7-1-03; BEELS 2-2004, f. & cert. ef. 7-14-04; BEELS 2-2005(Temp), f. & cert. ef. 6-9-05 thru 12-5-05; BEELS 4-2005, f. & cert. ef. 9-23-05; BEELS 1-2007(Temp), f. & cert. ef. 3-23-07 thru 6-30-07; Administrative correction, 7-15-07; BEELS 1-2008, f. & cert. ef. 3-12-08; BEELS 1-2009, f. & cert. ef. 5-15-09; BEELS 2-2011, f. & cert. ef. 5-12-11; BEELS 3-2013, f. & cert. ef. 6-17-13; BEELS 9-2013(Temp), f. & cert. ef. 11-14-13 thru 5-9-14

820-050-0001

Continuing Professional Development — Certified Water Right Examiner (CWRE)

The purpose of professional development requirements is to demonstrate a continuing level of competency of certified water right examiners (CWRE).

(1) Requirements:

(a) A Registered Geologist that holds certification as a CWRE is required to obtain 10 professional development hour (PDH) units during the current biennial renewal period in order to renew for the next biennial renewal period.

(b) Every CWRE will report their PDH units on the Continuing Professional Development (CPD) Organizational form and submit to the Board office with the renewal form and fee. The CPD Organizational form must be completed in its entirety.

(c) Supporting documentation to verify the PDH units recorded on the CPD Organizational form must be submitted to the Board office when requested to participate in an audit. Supporting documentation may include, but are not limited to:

(A) Completion certificate(s);

(B) Paid receipt(s);

(C) Attendance log;

(D) Other documents supporting evidence of attendance.

(d) The CPD Organizational form and supporting documentation must be submitted to the Board in English or translated to English.

(e) Records must be retained for five (5) years.

(2) PDH units must be obtained in qualifying activities related to the individual's certification. A qualifying activity is any course or activity with a clear purpose and objective which improves, or expands the skills and knowledge relevant to the professional activities of a certified water right examiner as defined in ORS Chapter 537 and OAR Chapter 690.

(3) Non-qualifying activities may include, but are not limited to:

(a) Regular employment;

(b) Personal self improvement;

(c) Equipment demonstrations or trade show displays;

(d) Enrollment without attendance at courses, seminars, etc.

(e) Repetitive attendance at the same course;

(f) Repetitive teaching of the same course;

(g) Attending committee meetings or general business meetings of any organization;

(h) Taking professional or required examinations.

(4) Units — The conversion of other units of credit to PDH units is as follows:

(a) 1 College Semester hour equals 45 PDH;

(b) 1 College Quarter hour equals 30 PDH;

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(c) 1 Continuing Education unit equals 10 PDH.

(5) Sources of PDH units — One (1) PDH unit may be obtained for each contact hour of instruction or presentation. Unless otherwise noted, there is no maximum amount of PDH units a CWRE may earn per biennial renewal period. Sources of PDH units include, but are not limited to the following:

(a) Successful completion of college courses;

(b) Successful completion of short courses, tutorials, correspondence, web based courses, televised and videotaped courses;

(c) Active participation in seminars, in-house courses, workshops, and professional conventions;

(d) Teaching or instructing a course, seminar, or workshop one time only. (This does not apply to full-time faculty teaching college courses);

(e) Authoring or co-authoring published papers, articles or books.

Maximum of 3 PDH units per biennial renewal period;

(f) Active participation in professional or technical society, committee, or board. Maximum of 2 PDH units per biennial renewal period;

(g) Self study. Maximum of 2 PDH units per biennial renewal period;

(h) Non-technical educational activities related to employment.

(6) Determination of Credit — Credit determination for activities is the responsibility of the CWRE and is subject to review by the Board. The Board has final authority with respect to approval of courses, credit, PDH units for courses and other methods of earning credit.

(7) If a CWRE exceeds the requirement in any renewal period, a maximum of 5 PDH units in courses/activities may be carried forward into the next renewal period.

(8) Delinquent, retired or inactive certificate holders must provide evidence of holding active registration as a professional engineer, professional land surveyor, registered geologist, in addition to completing the PDH requirements as outlined in OAR 820-010-0520 in order to attain active status.

Stat. Auth.: ORS 670.310 & 672.255

Stats. Implemented: ORS 672.002 - 672.375

Hist.: BEELS 2-2013(Temp), f. & cert. ef. 3-18-13 thru 7-15-13; BEELS 3-2013, f. & cert. ef. 6-17-13; BEELS 9-2013(Temp), f. & cert. ef. 11-14-13 thru 5-9-14

Board of Examiners for Speech-Language Pathology and Audiology Chapter 335

Rule Caption: Permanently adopts temporary rules regarding temporary licensees, licensing fees, clinical fieldwork and professional development.

Adm. Order No.: SPA 5-2013

Filed with Sec. of State: 11-13-2013

Certified to be Effective: 11-13-13

Notice Publication Date: 10-1-2013

Rules Adopted: 335-085-0010

Rules Amended: 335-060-0005, 335-060-0006, 335-060-0010, 335-070-0020, 335-070-0050, 335-070-0080, 335-095-0010, 335-095-0030

Rules Repealed: 335-060-0005(T), 335-060-0006(T), 335-060-0010(T), 335-070-0020(T), 335-070-0050(T), 335-070-0080(T), 335-085-0010(T), 335-095-0010(T), 335-095-0030(T)

Subject: Implements fee schedule changes approved by the 2013 Legislature as part of the 2013-15 budget for the Board of Examiners for Speech-Language Pathology & Audiology, already effective via temporary rules filed on June 28, 2013.

Implements temporary licenses for specific purposes, as authorized in ORS 681.285 by the 2011 Legislature, already effective via temporary rules filed on June 28 and September 12, 2013.

Clarifies waiver of initial professional development for SLPs to include the 12 months following completion of the supervised clinical experience, already effective via temporary rules filed on May 17, 2013.

Clarifies that fees in 335-060-0010(1) may be charged to applicants and current licensees, already effective via temporary rules filed on May 17, 2013.

Removes rule requiring Board to charge a delinquent fee for late submission of requests for special approval of professional development, already effective via temporary rules filed on May 17, 2013.

Adds failure to report all required hours of speech-language pathology assistant supervision upon audit as a justification for Board

to issue delinquent fee, already effective via temporary rules filed on May 17, 2013.

Clarifies certain definitions of accepted professional development activities, already effective via temporary rules filed on May 17, 2013.

Reinstates pro-rating of professional development hours required for initial license renewal, already effective via temporary rules filed on May 17, 2013.

Revises and clarifies clinical fieldwork requirements for certification as a speech-language pathology assistant (SLPA), already effective via temporary rules filed September 12, 2013.

Slight revisions were made to proposed wording of 335-060-0005(3)(b), 335-070-0020(5)(f), 335-070-0010(2), 335-085-0010(2), 335-095-0010(3), and 335-095-0030(3)(b) at the Board's November 8, 2013 meeting. These further define when temporary licenses will be issued based on a registrar's letter; define acceptable providers of CPR training; and allow speech and hearing screenings to count as clinical interaction for SLPAs.

Rules Coordinator: Sandy Leybold—(971) 673-0220

335-060-0005

Definitions

(1) An Inactive License or Certificate may be obtained by those otherwise qualified individuals who meet the conditions for exemption from licensure under ORS 681.230, or do not require a license under 681.250 or a certificate under 681.360.

(2) A Conditional License is a license certificate issued by the Board to applicants who have completed degree requirements in OAR 335-060-0006, and are engaged in post-graduate supervised clinical experience until they obtain regular licensure. The examination is not required for a conditional license.

(3) Equivalent credentials for licensure are defined as follows:

(a) For regular licenses in speech-language pathology, if completing a doctoral program in which a master's degree has not been conferred, an applicant must submit a transcript showing completion of course work equivalent to, or exceeding, a master's degree that meets the requirements in OAR 335-060-0006. In addition to the transcript, the Board may require a letter from the academic department chair or program director documenting that the applicant has completed coursework equivalent to or exceeding a master's degree.

(b) For applicants for conditional licenses in speech-language pathology or initial licenses in audiology, when the applicant has completed all degree requirements, but the university is not scheduled to confer the degree before employment begins, the Board will accept a letter from the university registrar, documenting that the applicant has completed all degree requirements, and has been approved to receive the degree, and issue a temporary license for up to 90 days. An official transcript showing the conferral of the degree must be submitted within 60 days of issuance of the temporary license.

(c) For applicants who completed their professional training in speech pathology or audiology outside of the United States, the Board requires a determination letter from a credential evaluation service approved by the American Speech-Language Hearing Association to determine equivalency to a master's degree or doctoral degree issued by an accredited program.

(d) Applicants for licensure or certification educated in foreign countries must submit documentation that course work was completed in an institution of higher education that is regionally accredited or recognized by the appropriate regulatory authority for that country.

(4) For the purposes of licensing speech-language pathologists under ORS 681.260 or audiologists under 681.264, and for purposes of student placement in supervised field work under 681.230:

(a) The "accrediting organization" that approves graduate programs is the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association.

(b) All graduate or undergraduate coursework must be completed at an institution of higher education that is regionally accredited by one of the following:

(A) Commission of Higher Education, Middle States Association of Colleges and Schools;

(B) Commission on Institutions of Higher Education, New England Association of Schools and Colleges;

(C) Commission on Institutions of Higher Education, North Central Association of Colleges and Schools;

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(D) Commission on Colleges, Northwest Association of Schools and Colleges;

(E) Commission on Colleges, Southern Association of Colleges and Schools;

(F) Accrediting Commission for Senior Colleges and Universities, Western Association of Schools and Colleges.

Stat. Auth.: ORS 681.340, 681.360, 681.420 & 681.460
Stats. Implemented: ORS 681.460

Hist.: SPA 1-2001, f. & cert. ef. 3-12-01; SPA 1-2002(Temp), f. 11-8-02, cert. ef. 12-1-02 thru 5-1-03; SPA 1-2003, f. & cert. ef. 5-7-03; SPA 4-2006, f. & cert. ef. 11-3-06; SPA 1-2007, f. & cert. ef. 2-1-07; SPA 1-2011, f. 1-28-11, cert. ef. 2-1-11; SPA 2-2011, f. & cert. ef. 10-10-11; SPA 2-2012, f. & cert. ef. 12-14-12; SPA 1-2013, f. 4-1-13, cert. ef. 5-1-13; SPA 3-2013(Temp), f. 6-28-13, cert. ef. 7-1-13 thru 12-28-13; SPA 5-2013, f. & cert. ef. 11-13-13

335-060-0006

Licensure of Speech-Language Pathologists

(1) "Degree requirements" under ORS 681.260(2) for those speech-language pathologists completing their professional training after January 1, 2006 are those outlined in the 2005 Certification Standards for Speech-Language Pathologists as promulgated by the Council For Clinical Certification (CFCC) of the American Speech-Language-Hearing Association:

(a) A minimum of 75 semester hours pertinent to speech-language pathology, which include:

(b) At least 36 graduate credits in speech-language pathology;

(c) A clinical practicum of 400 clock hours, of which 25 must be observational hours and 375 must be direct clinical interaction. Supervision must be provided by a speech-language pathologist who holds a Certificate of Clinical competency from the American Speech-Language-Hearing Association. At least 325 of these clock hours must be completed while in an accredited graduate program.

(d) Credit earned for a thesis or capstone project, if part of the accredited graduate program.

(2) For those speech-language pathologists completing their professional training after January 1, 2006 "supervised clinical experience" under ORS 681.260(3) means a program of clinical work that is:

(a) Begun after completing all graduate degree requirements;

(b) Supervised by a speech-language pathologist who holds a Certificate of Clinical competency from the American Speech-Language-Hearing Association;

(c) A minimum of 35 hours per week for 36 weeks of practice, or its equivalent, for a total of not less than 1,260 hours;

(d) A minimum of 80% of the hours spent in direct client/patient contact (assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling), with the remainder in related record keeping and administrative duties.

(3) For those speech-language pathologists completing their professional training after January 1, 2006, "examinations" under ORS 681.260(4) means the Praxis Examination in Speech-Language Pathology as administered by the Educational Testing Service. Applicants must attain a passing score to qualify for licensure.

(4) Applicants whose graduate program was not conducted in English may be required to submit scores from the following standardized tests to demonstrate English language proficiency:

(a) The internet-based Test of English as a Foreign Language (TOEFL) with minimum scores of 100 overall, 26 in writing, and 26 in speaking; or

(b) The paper-based TOEFL and Test of Spoken English (TSE) with minimum scores of 600 overall; 5 on the essay; and 50 on the TSE; or

(c) The computer-based TOEFL and TSE with minimum scores of 250 overall; 5 on the essay; and 50 on the TSE.

(5) Applicants must demonstrate current professional competence as follows:

(a) Completion of graduate degree or supervised clinical experience within the 12 months prior to application; or

(b) Completion of 15 hours of professional development within the 12 months prior to application.

(c) Any hours completed in the current professional development period may also be counted towards meeting the professional development requirement for the next active license renewal.

(6) For those speech-language pathologists completing their training before January 1, 2006, "degree requirements", "supervised clinical experience" and "examinations" mean those in effect for ASHA certification at the time training was completed.

Stat. Authority: ORS 681
Stats. Implemented: ORS 681.250 & 681.260

Hist.: SPA 2-2011, f. & cert. ef. 10-10-11; SPA 1-2012, f. & cert. ef. 2-23-12; SPA 2-2012, f. & cert. ef. 12-14-12; SPA 1-2013, f. 4-1-13, cert. ef. 5-1-13; SPA 2-2013(Temp), f. & cert. ef. 5-17-13 thru 11-13-13; SPA 5-2013, f. & cert. ef. 11-13-13

335-060-0010

Fees

In accordance with the provisions of ORS 681.340 and 681.360, the following fees, where applicable, are payable to the Board by check, money order, or electronic payment if available:

(1) All Applicants or Licensees:

(a) Application fee shall be \$75, non-refundable.

(b) Delinquent fee shall be \$100.

(c) A delinquent fee will be charged for each or all of the following, as applicable:

(A) Renewal applications postmarked or submitted electronically after December 31st of odd-numbered years;

(B) Renewal applications postmarked by December 31st of odd numbered years which are incomplete or otherwise unable to be processed;

(C) Conditional license renewals or conditional license upgrade applications postmarked less than 30 days prior to the expiration date of the conditional license;

(D) Temporary license renewal or upgrade applications postmarked later than the deadlines specified in OAR 335-085-0010.

(d) A delinquent fee may be charged for each or all of the following, as applicable:

(A) Failure to respond to audit by the prescribed deadline;

(B) Audit responses postmarked by the deadline which are incomplete or otherwise unable to be processed;

(C) Failure to complete all required hours of professional development prior to January 1st of even-numbered years;

(D) Failure to update contact information or provide supervisory changes within 30 days of the change.

(E) Failure to report all required hours of speech-language pathology assistant supervision upon audit.

(e) The Board may provide for waiver of the license or certificate fee where the license or certificate is issued less than 45 days before the date on which it will expire.

(f) Fee for Oregon State Police to complete fingerprint-based criminal background check shall be \$44.50.

(2) Speech-Language Pathologists and Audiologists:

(a) Biennial license fee and renewal thereof shall be \$210.

(b) Biennial inactive license fee and renewal thereof shall be \$50.

(c) Conditional license fee and renewal thereof shall be \$50.

(d) Temporary license fee shall be \$100.

(e) Limited term license fee shall be \$100.

(3) Speech-Language Pathology Assistants:

(a) Biennial certificate fee and renewal thereof shall be \$[50]65.

(b) Biennial inactive certificate fee and renewal thereof shall be \$20.

(c) Temporary license fee shall be \$30.

(d) Limited term license fee shall be \$30.

Stat. Auth.: ORS 681.340, 681.360, 681.420 & 681.460

Stats. Implemented: ORS 681.340(1), 681.360(2)(b) & 681.360(3)(b)

Hist.: SPA 2-1993(Temp), f. 12-8-93, cert. ef. 12-10-93; SPA 1-1994, f. & cert. ef. 6-10-94; SPA 1-2001, f. & cert. ef. 3-12-01; SPA 1-2002(Temp), f. 11-8-02, cert. ef. 12-1-02 thru 5-1-03; SPA 1-2003, f. & cert. ef. 5-7-03; SPA 1-2005, f. & cert. ef. 9-13-05; SPA 3-2008, f. & cert. ef. 4-10-08; SPA 1-2009, f. 6-9-09, cert. ef. 7-1-09; SPA 1-2010(Temp), f. & cert. ef. 8-11-10 thru 2-4-11; SPA 1-2011, f. 1-28-11, cert. ef. 2-1-11; SPA 3-2011(Temp), f. 10-10-11, cert. ef. 10-11-11 thru 4-4-12; SPA 1-2012, f. & cert. ef. 2-23-12; SPA 1-2013, f. 4-1-13, cert. ef. 5-1-13; SPA 2-2013(Temp), f. & cert. ef. 5-17-13 thru 11-13-13; SPA 3-2013(Temp), f. 6-28-13, cert. ef. 7-1-13 thru 12-28-13; SPA 5-2013, f. & cert. ef. 11-13-13

335-070-0020

Professional Development Defined

(1) "Professional development" is defined as the successful completion of accepted types of activities, on accepted topics, provided and verified by accepted sponsors or providers, for the purpose of developing and updating professional skills.

(2) "Accepted types of activities" are organized programs of learning such as academic courses, classes, conferences, programs, and workshops, that are presented electronically, in-person, or in other formats. Self-study courses accompanied by examination and sponsored by a Board-recognized professional organization in audiology or speech-language pathology are also accepted types of activities. Publishing articles in peer-reviewed professional journals is an accepted type of activity only if special approval is obtained through procedures outlined in OAR 335-070-0020.

(3) Activities not accepted as professional development include but are not limited to:

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- (a) Supervision of practicum students or clinical fellows, making presentations, or teaching classes;
 - (b) Serving on professional boards or committees;
 - (c) Attending professional association business or committee meetings (whether paid or as a volunteer);
 - (d) Attending staff meetings;
 - (e) Performing other volunteer work; and
 - (f) Reading or studying professional journals, unless part of a self-study program that includes an examination to document satisfactory completion, and is sponsored by a Board-recognized professional association in audiology or speech-language pathology.
- (4) The content of professional development activities must directly relate to the performance and practice of speech-language pathology or audiology and focus on accepted topics. "Accepted topics" are the following:
- (a) Assessment and intervention for speech-language and hearing disorders;
 - (b) Speech, language and hearing science;
 - (c) Service delivery issues associated with speech-language and hearing services;
 - (d) Issues in pre-professional and professional training, professional ethics, professional regulation, and professional leadership and management;
 - (e) Planning, conducting and interpreting research activities, and developing and implementing evidence-based practices;
 - (f) Cultural and linguistic diversity in education, training, service delivery, and public policy associated with speech, language, and hearing, including the study of foreign language when needed for direct clinical practice;
 - (g) Business practices, regulatory policy, and marketing issues directly related to clinical service delivery;
 - (h) Psycho-social issues associated with speech/language/hearing assessment and intervention;
 - (i) Patient safety, clinical documentation and prevention of medical errors;
 - (j) Other topics included in the Continuing Education Board Registry subject code list published by ASHA in 2008 and as revised;
 - (k) Educational strategies and professional knowledge necessary to effectively provide speech-language pathology or audiology services to students within a pre-K to high school setting.
- (5) "Accepted sponsors or providers" of professional development are:
- (a) The American Speech-Language Hearing Association (ASHA), the American Academy of Audiology (AAA), or the American Board of Audiology (ABA) for programs that they provide or approve for audiologists, speech-language pathologists, or speech-language pathology assistants;
 - (b) The Oregon Speech-Language Hearing Association (OSHA), the Oregon Academy of Audiology (OAA), or any other state speech-language-hearing organizations recognized by ASHA, AAA, or ABA;
 - (c) Continuing education providers approved by ASHA, AAA, or ABA;
 - (d) The Oregon Health Licensing Agency for programs that it provides to hearing aid specialists, or approves for continuing education for its licensed hearing aid specialists, or the Oregon Board of Examiners for Speech-Language Pathology & Audiology for programs it provides to its licensees;
 - (e) Institutions of higher education accredited by an appropriate national, state or regional body or approved by the Board, for academic courses;
 - (f) The American Red Cross or American Heart Association or equivalent providers for courses on cardio-pulmonary resuscitation or basic life support; and
 - (g) Public school districts, education service districts, home health care companies, skilled nursing facilities, hospitals, or universities, for programs provided for their employees. When these entities provide programs for non-employees, they are accepted sponsors only if special approval is obtained through procedures outlined in OAR 335-070-0020.
 - (h) Providers of professional development that are not specified in OAR 335-070-0010(5)(a-g) will be accepted sponsors only if special approval is obtained through procedures outlined in 335-070-0020.
 - (6) Professional development credit will be granted by the Board as follows:
 - (a) Credit will be granted by the Board for professional development that meets the definitions for accepted types of activities, accepted topics,

and accepted sponsors or providers in OAR 335-070-0010, including those that receive special approval from the Board per 335-070-0020.

(b) Credit for professional development will be calculated on an hourly basis. One "professional development hour" is defined as sixty (60) minutes or one (1) clock hour of attendance/participation unless otherwise specified in rule or specially approved by the Board.

(c) Academic course work must be taken for credit, and the licensee must receive a minimum grade of "C", for professional development credit to be granted. One academic semester hour is equivalent to fifteen (15) professional development hours. One academic quarter hour is equivalent to ten (10) professional development hours.

(d) Licensees must complete the required professional development hours within the professional development period. The "professional development period" is the twenty-four months prior to and including December 31st of each odd-numbered year.

(e) Professional development hours completed in excess of the requirement may not be carried over to meet requirements in the subsequent period. Professional development hours completed late for one period may not be counted towards the requirements for the subsequent period.

(f) Credit will not be given for completing a professional development activity more than once in a professional development period. A conference consisting of many separate workshops on different topics is counted as multiple activities.

(g) Credit will only be granted by the Board for professional development activities that are documented by official transcripts or certificates of attendance issued by the sponsor or provider. Documentation of activities specially approved by the Board must include proof of that approval, and may require other forms of evidence of completion. All professional development documentation must be retained by the licensee for four (4) years after its completion.

Stat. Auth.: ORS 681.420(5) & 681.460

Stats. Implemented: ORS 681.320(1)(a)

Hist.: SPA 2-1996, f. & cert. ef. 7-22-96; SPA 1-2001, f. & cert. ef. 3-12-01; SPA 1-2003, f. & cert. ef. 5-7-03; SPA 4-2006, f. & cert. ef. 11-3-06; SPA 1-2007, f. & cert. ef. 2-1-07; SPA 1-2011, f. 1-28-11, cert. ef. 2-1-11; SPA 1-2013, f. 4-1-13, cert. ef. 5-1-13; SPA 2-2013(Temp), f. & cert. ef. 5-17-13 thru 11-13-13; SPA 5-2013, f. & cert. ef. 11-13-13

335-070-0050 Responsibilities and Professional Development Reporting Requirements of Licensees

(1) Licensees must maintain, for a period of four (4) years, all documentation verifying professional development hours.

(2) As a requirement for license renewal, active licensees must report professional development hours for the professional development period ending on the deadline for license renewal according to their license type:

(a) Speech-Language Pathology or Audiology: Thirty (30) professional development hours completed during the professional development period;

(b) Dual Speech-Language Pathology and Audiology: Thirty (30) professional development hours in speech-language pathology and thirty (30) professional development hours in audiology completed during the professional development period. A maximum of fifteen (15) professional development hours may be applied to both licenses if the topic is applicable to both types of licenses.

(c) Speech-Language Pathology Assistant: Fifteen (15) professional development hours completed during the professional development period;

(d) Conditional Licensees: No professional development hours will be required to renew a conditional license, however, individuals are encouraged to participate in professional development activities.

(e) As a requirement for license renewal, active licensees applying to renew a license initially issued during the current professional development will be required to report completion of professional development according to the following scale:

(A) Licensed prior to July of the last even-numbered year — 100% of the professional development hours required in OAR 335-070-0050(2) for an active license of their type.

(B) Licensed from August 1st of the last even-numbered year through July 31st of the current odd-numbered year — 50% of the professional development hours required in OAR 335-070-0050(2) for an active license of their type.

(C) Licensed after July 31st of the current odd-numbered year — no professional development hours are required.

(3) Licensees must comply with any Board request to audit or review their professional development documentation to determine compliance with professional development requirements.

Stat. Auth.: ORS 681.420(5) & 681.460

Stats. Implemented: ORS 681.320(1)(a)

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Hist.: SPA 2-1996, f. & cert. ef. 7-22-96; SPA 1-2001, f. & cert. ef. 3-12-01; SPA 4-2006, f. & cert. ef. 11-3-06; SPA 1-2007, f. & cert. ef. 2-1-07; SPA 1-2013, f. 4-1-13, cert. ef. 5-1-13; SPA 2-2013(Temp), f. & cert. ef. 5-17-13 thru 11-13-13; SPA 5-2013, f. & cert. ef. 11-13-13

335-070-0080

Requirements to Reactivate Inactive or Expired Licenses

An inactive licensee or an individual whose license has expired who applies to the Board to return to active status must submit documentation of professional development as follows:

(1) If the license has been inactive or expired for less than 23 months, the individual must provide documentation of the professional development hours required for renewal of their license type in OAR 335-070-0050(2). These professional development hours must have been completed during the preceding professional development period.

(2) If the license has been inactive for 23 months or more, or expired for 23 months to 47 months, the individual must provide documentation of the one-half of the professional development hours required for renewal of their license type in OAR 335-070-0050(2). These professional development hours must have been completed during the 12 months preceding their reactivation request. Any hours completed in the current professional development period may also be counted towards meeting the professional development requirement for the next active license renewal.

(3) If the license has been expired for 48 months or more, the individual must reapply for licensure and meet the professional development requirements for new applicants.

Stat. Auth.: ORS 681.420(5) & 681.460

Stats. Implemented: ORS 681.320(1)(a)

Hist.: SPA 2-1996, f. & cert. ef. 7-22-96; SPA 1-2001, f. & cert. ef. 3-12-01; SPA 1-2005, f. & cert. ef. 9-13-05; SPA 1-2009, f. 6-9-09, cert. ef. 7-1-09; SPA 1-2013, f. 4-1-13, cert. ef. 5-1-13; SPA 2-2013(Temp), f. & cert. ef. 5-17-13 thru 11-13-13; SPA 5-2013, f. & cert. ef. 11-13-13

335-085-0010

Qualifications and Procedures for Temporary Licenses

(1) A Limited Term License is a temporary license issued to a speech-language pathologist or audiologist applicant and a Limited Term Certificate is a certificate issued to a speech-language pathology assistant applicant whose application for regular licensure is submitted after May 1st of each odd-numbered year. Applicants for a Conditional License in speech-language pathology are not eligible to obtain limited term licenses.

(a) Limited Term Licenses and Certificates expire at the same time as regular licenses, January 30th of even-numbered years.

(b) Limited Term License or Certificate holders must comply with all Board rules and policies related to applications for license renewal, which must be submitted electronically no later than 11:59 p.m. on December 31st of odd-numbered years. Upon meeting all requirements for license renewal, holder of Limited Term Licenses and Certificates may be issued regular licenses of the same type.

(2) A Temporary Conditional License or a Temporary License may be issued for up to 90 days to a speech-language pathologist or audiologist applicant who meets all other requirements for licensure but whose graduate degree will not be conferred before employment begins, as provided in OAR 335-060-0005(3)(b).

(a) A temporary license issued under this rule is not renewable.

(b) The official transcript must be submitted to the Board office as soon as possible after the degree is conferred, but in no case later than 60 days following issuance of the temporary license. When all licensure requirements are met, the temporary license holder may be issued a regular license of the same type.

(3) A Provisional Speech-Language Pathology Assistant Certificate is a temporary license certificate issued by the Board to speech-language pathology assistant applicants who have completed academic requirements in OAR 335-095-0030(1) and (2), while they are actively engaged in completing the clinical fieldwork hours required in 335-095-0030(3) outside of an academic program.

(a) A Provisional Speech-Language Pathology Assistant Certificate may be issued for up to 180 days. It may not be renewed. A Provisional Certificate may be upgraded to a regular Speech-Language Pathology Assistant Certificate.

(b) A holder of a Provisional Speech-Language Pathology Assistant Certificate must be directly supervised 100% of the time they are engaged in clinical fieldwork. The supervisor must be qualified and the clinical fieldwork documented according to OAR 335-095-0030.

(c) A holder of a Provisional Speech-Language Pathology Assistant Certificate must clearly identify themselves as a "provisional speech-language pathology assistant", and may not hold a job title of or be employed as a "speech-language pathology assistant". The provisional certificate

holder may be employed in an unlicensed position such as educational assistant, may be paid a stipend, or may be uncompensated.

(d) The provisional certificate holder may apply for an upgrade to a speech-language pathology assistant certificate upon completion of all requirements in OAR 335-095-0030. Application to upgrade the provisional certificate must be postmarked no later than 15 days prior to its expiration. The provisional certificate holder may not practice as a speech-language pathology assistant without direct supervision until receiving a regular speech-language pathology assistant certificate.

Stat. Auth.: ORS 681

Stats. Implemented: ORS 681.285 & 681.340

Hist.: SPA 3-2013(Temp), f. 6-28-13, cert. ef. 7-1-13 thru 12-28-13; SPA 4-2013(Temp), f. & cert. ef. 9-13-13 thru 12-28-13; SPA 5-2013, f. & cert. ef. 11-13-13

335-095-0010

Definitions

(1) Approved Training Program: A post secondary training program that has approval by the Oregon Board of Examiners for Speech-Language Pathology & Audiology to offer specific coursework and practica leading to licensure as a speech-language pathology assistant.

(2) Assessment: A qualitative and quantitative process, conducted by a licensed SLP, that measures the degree of communication impairment including, but not limited to, screening, norm and criterion referenced testing, behavioral observations, and clinical interview.

(3) Clinical Interaction: Interaction where the speech-language pathology assistant (SLPA), or clinical fieldwork participant (provisional speech-language pathology assistant certificate holder or practicum student) is actively participating in or leading a therapy session, or speech or hearing screenings.

(4) Direct Supervision: On-site, within sight and/or sound, or live videoconference observation and guidance by a speech-language pathologist while a speech-language pathology assistant performs a clinical interaction.

(5) Indirect Supervision: Those activities other than direct observation and guidance conducted by a speech-language pathologist that may include consultation, record review, lesson planning, and review and evaluation of audio- or videotaped sessions. Indirect supervision may be done in person or via telephone or electronic communication modes.

(6) Speech-Language Pathology Assistant: A person certified under ORS 681.360 who provides speech-language pathology services within the scope of duties outlined in OAR 335-095-0060 under the direction and supervision of a speech-language pathologist licensed under ORS 681.250.

Stat. Auth.: ORS 681.205, 681.360, 681.370, 681.375, 681.420 & 681.460

Stats. Implemented: ORS 681.360, 681.370 & 681.375

Hist.: SPA 1-2003, f. & cert. ef. 5-7-03; SPA 3-2006, f. & cert. ef. 5-8-06; SPA 3-2008, f. & cert. ef. 4-10-08; SPA 1-2009, f. 6-9-09, cert. ef. 7-1-09; SPA 4-2013(Temp), f. & cert. ef. 9-13-13 thru 12-28-13; SPA 5-2013, f. & cert. ef. 11-13-13

335-095-0030

Certification of Speech-Language Pathology Assistants

Applicants must submit all of the following to be eligible for certification.

(1) Official transcripts showing 45 quarter hours or 30 semester hours of speech-language pathology technical course work; and

(2) Official transcripts showing 45 quarter hours or 30 semester hours of general education credit, and

(3) Written evidence of completion of clinical fieldwork that builds skills and competencies needed to practice as a speech-language pathology assistant.

(a) During clinical fieldwork in Oregon, the fieldwork participant must be enrolled in a speech-language pathology practicum course at an accredited college or university, or hold an Oregon provisional speech-language pathology assistant certificate.

(b) Clinical fieldwork must consist of a minimum of 100 clock hours of clinical interaction and 8 hours of consultation and assessment over a recommended 8-12 week period. Clinical interaction must be face to face interaction with clients and directly supervised 100% of the time. Clinical interaction must consist of actively participating in or leading individual, small group, or classroom therapy sessions, and may include speech or hearing screenings. The fieldwork participant must also meet with the supervising speech-language pathologist for at least two hours for every 25 hours of clinical interaction to assess the participant's developing clinical skills and competencies, for a total of 8 hours of consultation and assessment. Tasks such as clerical tasks, passive observations, and materials preparation may not be included in clinical fieldwork hours. Meetings with the supervisor may not be included in the 100 hours of clinical interaction.

(c) Clinical interaction documentation must show the date, clinical activity, amount of time and the supervisor's initials for each activity, and

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be signed by both the supervisor and fieldwork participant. The clinical fieldwork supervisor must be licensed by the Board, or hold the ASHA Certificate of Clinical Competency during the fieldwork.

(d) The supervising speech-language pathologist and the fieldwork participant must complete the Board's SLPA Competency Checklist during and at the completion of 100 hours of clinical interaction to document the fieldwork participant's developing skills and competencies. The fieldwork participant must be rated as meeting or exceeding all skills upon completion of the fieldwork to qualify for certification as a speech-language pathology assistant. If there is more than one fieldwork supervisor, each supervisor must complete and sign a Board SLPA Competency Checklist.

(e) In extenuating circumstances where the fieldwork participant is unable to obtain the signature of their clinical fieldwork supervisor, the Board may accept a Board SLPA Competency Checklist signed by another supervising speech-language pathologist who is licensed by the Board or holds the ASHA Certificate of Clinical Competency and is able to render a professional opinion of the applicant's level of competence.

(f) Applicants who completed fieldwork in another state must provide documentation of at least 100 clinical interaction hours and a final assessment of their skills and competencies completed and signed by their supervising speech-language pathologist. The supervisor must have held the ASHA Certificate of Clinical Competency while supervising the applicant. The Board will review the fieldwork log and final assessment in accordance with its clinical interaction requirements and SLPA Competency Checklist. If the fieldwork is not deemed equivalent to Oregon standards, the applicant must obtain a provisional speech-language pathology assistant certificate to complete fieldwork requirements for certification in Oregon.

(4) Applicants whose academic instruction was not conducted in English may be required to submit scores from the following standardized tests to demonstrate English language proficiency:

(a) The internet-based Test of English as a Foreign Language (TOEFL) with minimum scores of 100 overall, 26 in writing, and 26 in speaking; or

(b) The paper-based TOEFL and Test of Spoken English (TSE) with minimum scores of 600 overall; 5 on the essay; and 50 on the TSE; or

(c) The computer-based TOEFL and TSE with minimum scores of 250 overall; 5 on the essay; and 50 on the TSE.

(5) Applicants must demonstrate current professional competence as follows:

(a) Completion of clinical interaction as described in OAR 335-095-0030(3) within the 12 months prior to application; or

(b) Completion of 7.5 hours of professional development within the 12 months prior to application.

(c) Any hours completed in the current professional development period may also be counted towards meeting the professional development requirement for the next active license renewal.

Stat. Auth.: ORS 681.360, 681.375, 681.420 & 681.460

Stats. Implemented: ORS 681.360 & 681.375

Hist.: SPA 1-2003, f. & cert. ef. 5-7-03; SPA 1-2004, f. & cert. ef. 2-6-04; SPA 2-2004, f. & cert. ef. 5-26-04; SPA 3-2006, f. & cert. ef. 5-8-06; SPA 3-2008, f. & cert. ef. 4-10-08; SPA 1-2009, f. 6-9-09, cert. ef. 7-1-09; SPA 1-2010(Temp), f. & cert. ef. 8-11-10 thru 2-4-11; SPA 1-2011, f. 1-28-11, cert. ef. 2-1-11; SPA 2-2011, f. & cert. ef. 10-10-11; SPA 2-2012, f. & cert. ef. 12-14-12; SPA 1-2013, f. 4-1-13, cert. ef. 5-1-13; SPA 4-2013(Temp), f. & cert. ef. 9-13-13 thru 12-28-13; SPA 5-2013, f. & cert. ef. 11-13-13

Board of Medical Imaging Chapter 337

Rule Caption: Create a post-primary temporary license category for current licensees to add modalities to their licenses.

Adm. Order No.: BMI 3-2013

Filed with Sec. of State: 10-30-2013

Certified to be Effective: 1-1-14

Notice Publication Date: 9-1-2013

Rules Amended: 337-010-0045

Subject: The post-primary license (PPL) is designed to allow a current medical imaging licensee to temporarily practice in a separate licensure modality, for the purpose of completing clinical requirements to sit for a post-primary registry examination in the second modality. For PPL applicants, the Board will require confirmation of an applicant's clinical supervision while practicing with a PPL, as well as the applicant's eligibility for a post-primary registry credential. An OBMI-issued PPL is valid for six months, with one six-month renewal allowed, for a maximum of 12 months. There is a \$30 license fee for each six month PPL. Applicants will be required to show completion of 16 category "A" content-related credit hours

prior to applying. During the initial six months of a PPL, direct (in-the-room) supervision is required. A PPL may be extended beyond the 12-month maximum upon demonstrating that the credentialing registry's clinical requirements cannot be completed within 12 months, due to limitations of the clinical practice site.

Rules Coordinator: Ed Conlow—(971) 673-0216

337-010-0045

Temporary Licensee

(1) Temporary License

(a) Students who have successfully completed, or will successfully complete within six months, an approved school's didactic and clinical programs may apply for a temporary license that will be effective upon completion of the approved school's program.

(b) A temporary license is intended to allow graduates of an approved school to gain additional paid medical imaging experience in the applicable imaging modality before completing required credentialing examinations.

(c) With an endorsement to OBMI from the medical imaging program director at a student's school, indicating that the student is in good standing and is in the process of meeting educational requirements for graduation on a date specified, and that the student is competent to work under supervision, a temporary license may be issued which will be valid up to five months prior to the specified course completion date.

(d) A temporary license is valid for 6 months and may be renewed for a single six-month renewal period upon Board approval.

(e) A temporary licensee must apply to the Board for a medical imaging license within 30 days of being awarded a credential in a medical imaging modality by a recognized credentialing organization.

(f) If a temporary licensee is also licensed by the Board in another medical imaging modality, the restrictions of this subsection shall only apply when the individual is functioning as a temporary licensee.

(2) Temporary Licensee Supervision. A temporary licensee may only operate the applicable medical imaging modality under the indirect supervision of a licensed physician, or an individual licensed by the Board and credentialed by a credentialing organization in the medical imaging modality identified on the temporary license. For purposes of this subsection, indirect supervision means that the supervisor is physically present in the building and available to assist the temporary licensee as needed.

(3) Temporary License to add modality through post-primary pathway:

(a) The post-primary license is intended for current licensees who are completing clinical requirements necessary to add a different licensure modality to their current license. Supervision must be provided by a physician or technologist fully licensed to practice in the same modality as the post-primary license. All practice completed under the post-primary license must be specific to the modality on the post-primary temporary license and must be applicable to the post-primary licensee's clinical requirements for the licensure modality being added.

(b) A post-primary temporary license is valid for six months and may be renewed for a single six-month period upon Board approval. In addition, the license issued under this subsection may be permitted to have extended license renewals for up to two additional six-month periods based upon a showing of good cause, upon application for each six month extension renewal, demonstrating that the credentialing registry's clinical requirements cannot be completed within the prescribed timeframe due to limitations of the clinical practice site. Provisional licensees may apply and receive a temporary post-provisional license in the same modality for which they were issued a provisional license.

(c) Levels of supervision for post-primary temporary license: For purposes of this subdivision, post-primary temporary licensees must receive direct supervision for at least the initial six months of the license duration, with indirect supervision for the remaining period of licensure. For purposes of this subdivision, direct supervision means that the supervisor is physically present with the temporary licensee and patient. Indirect supervision has the same meaning as Paragraph (2).

(d) Application process: As part of the application for a post-primary temporary license, the applicant must provide documentation that the applicant has completed a minimum of 16 hours of category "A" content-related education. The Board may require confirmation of clinical supervision and clinical practice site, and may limit the post-primary temporary licensee to one or more specific practice sites. The Board may require confirmation that the applicant is eligible for credentialing in the new modality, if the relevant clinical experience requirements are met, and may deny an application based upon a lack of evidence of eligibility.

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(e) Educational Plan: The supervising institution shall provide an outline of the training provided to each licensee under this subsection. The outline must be individualized for each licensee and must identify authorized institutional personnel who will supervise the licensee. This outline must be submitted with the application. As part of the application process, the Board may consult with the institution and may require revisions to the educational plan.

Stat. Auth.: ORS 688.520(7)
Stats. Implemented:
Hist.: RT 2-1978, f. & ef. 7-7-78; BRT 1-2010, f. & cert. ef. 6-15-10; BMI 2-2012, f. 4-26-12, cert. ef. 5-1-12; BMI 3-2013, f. 10-30-13, cert. ef. 1-1-14

Board of Pharmacy
Chapter 855

Rule Caption: Controlled substance rules amended to include certain synthetic cannabinoids subject to abuse.

Adm. Order No.: BP 9-2013

Filed with Sec. of State: 10-28-2013

Certified to be Effective: 10-28-13

Notice Publication Date: 6-1-2013

Rules Amended: 855-080-0021

Subject: By adding additional synthetic cannabinoids to Schedule 1 of the Oregon list of controlled substances, the Board gives law enforcement the authority needed to prosecute the sale and possession of these substances under the Oregon Uniform Controlled Substances Act.

Rules Coordinator: Karen MacLean—(971) 673-0001

855-080-0021
Schedule I

(1) Schedule I consists of the drugs and other substances, by whatever official, common, usual, chemical, or brand name designated, listed in 21CFR part 1308.11, and unless specifically excepted or unless listed in another schedule, any quantity of the following substances, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation:

- (a) 1,4-butanediol;
- (b) Methamphetamine, except as listed in OAR 855-080-0022;
- (c) Substituted derivatives of cathinone and methcathinone that are not listed in OARs 855-080-0022 through 0026 (Schedules II through V) or are not FDA approved drugs, including but not limited to,
 - (A) Methylmethcathinone (Mephedrone);
 - (B) Methylenedioxypropylvalerone (MDPV);
 - (C) Methylenedioxymethylcathinone (Methylone);
 - (D) 2-Methylamino-3', 4'-(methylenedioxy)-butyrophenone (Butylone);
 - (E) Fluoromethcathinone (Flephedrone);
 - (F) 4-Methoxymethcathinone (Methedrone).

(2) Schedule I also includes any compounds in the following structural classes (2a–2k) and their salts, or isomers that are not FDA approved drugs, unless specifically excepted or when in the possession of an FDA registered manufacturer or a registered research facility, or a person for the purpose of sale to an FDA registered manufacturer or a registered research facility:

(a) Naphthoylindoles: Any compound containing a 3-(1-naphthoyl)indole structure with substitution at the nitrogen atom of the indole ring whether or not further substituted in the indole ring to any extent and whether or not substituted in the naphthyl ring to any extent. Examples of this structural class include but are not limited to: JWH-015, JWH-018, JWH-019, JWH-073, JWH-081, JWH-122, JWH-200, JWH-210, AM-1220, MAM-2201 and AM-2201;

(b) Phenylacetylindoles: Any compound containing a 3-phenylacetylindole structure with substitution at the nitrogen atom of the indole ring whether or not further substituted in the indole ring to any extent, whether or not substituted in the phenyl ring to any extent. Examples of this structural class include but are not limited to: JWH-167, JWH-201, JWH-203, JWH-250, JWH-251, JWH-302 and RCS-8;

(c) Benzoylindoles: Any compound containing a 3-(benzoyl)indole structure with substitution at the nitrogen atom of the indole ring whether or not further substituted in the indole ring to any extent and whether or not substituted in the phenyl ring to any extent. Examples of this structural class include but are not limited to: RCS-4, AM-694, AM-1241, and AM-2233;

(d) Cyclohexylphenols: Any compound containing a 2-(3-hydroxycyclohexyl)phenol structure with substitution at the 5-position of the phenolic ring whether or not substituted in the cyclohexyl ring to any extent. Examples of this structural class include but are not limited to: CP 47,497 and its C8 homologue (cannabicyclohexanol);

(e) Naphthylmethylindoles: Any compound containing a 1H-indol-3-yl-(1-naphthyl)methane structure with substitution at the nitrogen atom of the indole ring whether or not further substituted in the indole ring to any extent and whether or not substituted in the naphthyl ring to any extent;

(f) Naphthoylpyrroles: Any compound containing a 3-(1-naphthoyl)pyrrole structure with substitution at the nitrogen atom of the pyrrole ring whether or not further substituted in the pyrrole ring to any extent and whether or not substituted in the naphthyl ring to any extent;

(g) Naphthylmethylindenes: Any compound containing a 1-(1-naphthylmethyl)indene structure with substitution at the 3-position of the indene ring whether or not further substituted in the indene ring to any extent and whether or not substituted in the naphthyl ring to any extent;

(h) Cyclopropanoylindoles: Any compound containing a 3-(cyclopropylmethanoyl)indole structure with substitution at the nitrogen atom of the indole ring, whether or not further substituted in the indole ring to any extent and whether or not substituted in the cyclopropyl ring to any extent. Examples of this structural class include but are not limited to: UR-144, XLR-11 and A-796,260;

(i) Adamantoylindoles: Any compound containing a 3-(1-adamantoyl)indole structure with substitution at the nitrogen atom of the indole ring, whether or not further substituted in the indole ring to any extent and whether or not substituted in the adamantyl ring to any extent. Examples of this structural class include but are not limited to: AM-1248 and AB-001;

(j) Adamantylindolecarboxamides: Any compound containing an N-adamantyl-1-indole-3-carboxamide with substitution at the nitrogen atom of the indole ring, whether or not further substituted in the indole ring to any extent and whether or not substituted in the adamantyl ring to any extent. Examples of this structural class include but are not limited to: STS-135 and ZNE1; and

(k) Adamantylindazolecarboxamides: Any compound containing an N-adamantyl-1-indazole-3-carboxamide with substitution at the nitrogen atom of the indazole ring, whether or not further substituted in the indazole ring to any extent and whether or not substituted in the adamantyl ring to any extent. Examples of this structural class include but are not limited to: AKB48.

Stat. Auth.: ORS 689.205
Stats. Implemented: ORS 475.035, 475.059 & 475.065
Hist.: PB 4-1987, f. & ef. 3-30-87; PB 8-1987, f. & ef. 9-30-87; PB 10-1987, f. & ef. 12-8-87; PB 15-1989, f. & cert. ef. 12-26-89; PB 9-1990, f. & cert. ef. 12-5-90; PB 5-1991, f. & cert. ef. 9-19-91; PB 1-1992, f. & cert. ef. 1-31-92 (and corrected 2-7-92); PB 1-1994, f. & cert. ef. 2-2-94; PB 1-1996, f. & cert. ef. 4-5-96; PB 1-1997, f. & cert. ef. 9-22-97; BP 4-2000, f. & cert. ef. 2-16-00; BP 9-2000, f. & cert. ef. 6-29-00; BP 2-2002(Temp), f. & cert. ef. 2-4-02 thru 7-31-02; BP 3-2002(Temp), f. & cert. ef. 3-1-02 thru 8-23-02; BP 4-2002, f. 6-27-02, cert. ef. 7-1-02; BP 5-2002, f. & cert. ef. 11-14-02; BP 1-2003, f. & cert. ef. 1-14-03; BP 1-2007, f. & cert. ef. 6-29-07; BP 8-2010, f. & cert. ef. 6-29-10; BP 10-2010(Temp), f. & cert. ef. 10-15-10 thru 4-11-11; BP 2-2011, f. & cert. ef. 4-11-11; BP 9-2013, f. & cert. ef. 10-28-13

Rule Caption: Adopt Central Fill, Remote Processing, and Consulting/Drugless pharmacy rules and amend Consulting Pharmacist Practice rules

Adm. Order No.: BP 10-2013

Filed with Sec. of State: 11-6-2013

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Rules Adopted: 855-041-3000, 855-041-3005, 855-041-3010, 855-041-3015, 855-041-3020, 855-041-3025, 855-041-3030, 855-041-3035, 855-041-3040, 855-041-3045, 855-041-3100, 855-041-3105, 855-041-3110, 855-041-3115, 855-041-3120, 855-041-3125, 855-041-3130, 855-041-3300, 855-041-3305, 855-041-3310, 855-041-3315, 855-041-3320, 855-041-3325, 855-041-3330, 855-041-3335, 855-041-3340

Rules Amended: 855-019-0240

Subject: The Consulting Pharmacist Practice rules in Division 019 are amended to refer consulting pharmacists to the Consulting or Drugless Pharmacy rules defined in division 41.

The division 41 Central Fill, Remote Processing, and Consulting or Drugless Pharmacy rules provide minimum requirements of operation for new drug outlet retail and/or institutional models. They also

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accommodate modern practices and new technologies while promoting patient safety.

Copies of the full text of these rules can be obtained on the Board's website at www.pharmacy.state.or.us, or by calling the Board office at (971) 673-0001.

Rules Coordinator: Karen MacLean—(971) 673-0001

855-041-3000

Purpose and Scope

(1) The purpose of OAR 855-041-3005 through 855-041-3045 is to provide minimum requirements of operation for centralized prescription drug filling by a pharmacy.

(2) The purpose of OAR 855-041-3100 through 855-041-3130 is to provide minimum requirements of operation for remote prescription processing by a pharmacy.

(3) Prior to initiating one of the above drug outlet models, a description of how the model will be utilized must be submitted to the Board.

(4) The purpose of OAR 855-041-3300 through 855-041-3340 is to establish a secure environment where a consulting pharmacist can provide pharmaceutical care and store health protected information in a consulting or drugless pharmacy. Prior to initiating this model, a description of how the model will be utilized to improve patient safety must be submitted to the Board.

Stat. Auth.: ORS 689.205
Stats. Implemented: ORS 689.155
Hist.: BP 10-2013, f. & cert. ef. 11-6-13

855-041-3005

Purpose and Scope

The purpose of OAR 855-041-3005 through 855-041-3045 is to provide minimum requirements of operation for centralized prescription drug filling by a pharmacy. Any facility established for the purpose of filling drug orders on behalf of an Oregon pharmacy shall be licensed as a retail or institutional drug outlet. An applicant must submit its policies and procedures to the Board of Pharmacy. An applicant must submit to the Board for approval policies and procedures and a description of how using central fill will improve patient safety and redirect a pharmacist at a primary pharmacy from a distributive task to a cognitive task.

Stat. Auth.: ORS 689.205
Stats. Implemented: ORS 689.155
Hist.: BP 10-2013, f. & cert. ef. 11-6-13

855-041-3010

Definitions

The following words and terms, when used in OAR 855-041-3005 through 855-041-3045 shall have the following meanings, unless the context clearly indicates otherwise. Any term not defined in this section shall have the definition set out in the OAR chapter 855, division 006.

(1) "Central Fill Pharmacy" means an Oregon licensed pharmacy that provides centralized prescription filling for both initial or prescription refills on behalf of a primary pharmacy.

(2) "Primary Pharmacy" means a pharmacy located and licensed in Oregon that receives a patient's or a prescribing practitioner's request to fill a prescription, dispenses the prescription directly to the patient or patient's agent, or the pharmacy delivers the drug to the patient's agent for administration. The primary pharmacy maintains ownership of the prescription.

Stat. Auth.: ORS 689.205
Stats. Implemented: ORS 689.155
Hist.: BP 10-2013, f. & cert. ef. 11-6-13

855-041-3015

General Requirements

An Oregon licensed pharmacy may outsource prescription drug filling to a central fill pharmacy provided that both pharmacies:

(1) Have the same owner; or
(2) Have a written shared pharmacy services contract or agreement that specifies:

(a) The services to be provided by each pharmacy;
(b) The responsibilities of each pharmacy; and
(c) The accountabilities of each pharmacy.
(3) Maintain a separate Oregon pharmacy license for each location involved in providing prescription drugs and services to Oregon patients;

(4) Share a common electronic file or have appropriate technology or interface to allow access to information required to fill a prescription drug order;

(5) Establish, maintain and enforce a policy and procedures manual as required by OAR 855-041-3020;

(6) Ensure that each prescription has been properly processed and filled and that counseling has been provided to the patient;

(7) Designate a pharmacist-in-charge. To qualify for this designation, the person must hold a license to practice pharmacy in the state of Oregon and in the state in which the pharmacy is located if the pharmacy is out-of-state. The pharmacist-in-charge must be in good standing with both licensing boards;

(8) Conduct an annual review of the written policies and procedures and document such review;

(9) Comply with all applicable federal and state laws and rules;

(10) Direct all patient communication to the primary pharmacy.

Stat. Auth.: ORS 689.205
Stats. Implemented: ORS 689.155
Hist.: BP 10-2013, f. & cert. ef. 11-6-13

855-041-3020

Policies and Procedures

(1) In addition to the requirements of OAR 855-041-1040, the central fill pharmacy and the primary pharmacy is each accountable for establishing, maintaining, and enforcing its written policies and procedures manual. The policies and procedures manual must include, but need not be limited to the following:

(a) The responsibilities of each pharmacy;

(b) The policies and procedures that protect confidentiality and ensure integrity of patient information;

(c) Compliance with all applicable federal and state laws and rules;

(d) Cancellation of a filled prescription after the prescription is filled by the primary pharmacy;

(e) Records sufficient to identify by name, initials or unique identification code, the identify and specific activities of each pharmacist or technician who performed any centralized filling function, and the pharmacy where each activity was performed;

(f) The mechanism for tracking the prescription drug order during each step in the filling and dispensing process;

(g) Pharmacist completion of a Drug Utilization Review (DUR) on each prescription;

(h) A continuous quality improvement program for pharmacy services designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, to pursue opportunities, to improve patient care, and to resolve identified problems;

(i) Documentation of any errors or irregularities identified by the quality improvement program;

(2) This manual shall be maintained at both the central fill and primary pharmacy and must be made available to the Board upon request.

Stat. Auth.: ORS 689.205
Stats. Implemented: ORS 689.155
Hist.: BP 10-2013, f. & cert. ef. 11-6-13

855-041-3025

Labeling

(1) The label affixed to the prescription container filled by a central fill pharmacy on behalf of the primary pharmacy shall:

(a) Include all information required by OAR 855-041-1130 and OAR 855-041-1140;

(b) Comply with all labeling requirements identifying only the primary pharmacy.

(2) If the Central Pharmacy dispenses the completed prescription to the patient, the label must also comply with retail labeling requirements in OAR 855-041-1130 through 855-041-1140.

Stat. Auth.: ORS 689.205
Stats. Implemented: ORS 689.155
Hist.: BP 10-2013, f. & cert. ef. 11-6-13

855-041-3030

Records

(1) The recordkeeping requirements in OAR 855-041-3005 through 855-041-3045 are in addition to the requirements of other recordkeeping rules of the Board.

(2) Each recordkeeping system must include quality improvement program documentation.

(3) Unless otherwise specified, all records and documentation required by OAR 855-041-3005 through 855-041-3045 must be retained for three years and made available to the Board for inspection upon request. Records must be stored onsite for at least one year and may be stored, after one year, in a secured off-site location if retrievable within three business days. Records and documentation may be kept in hard copy, electronic copy, or a combination of the two.

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(4) Each pharmacy must be able to produce an audit trail which identifies each prescription process in their pharmacy.

(5) The primary pharmacy shall maintain the original prescription for a period of three years from the date the prescription was filled.

(6) The primary pharmacy must maintain records that:

(a) Identify by prescription or drug order, the name or unique identification code of the pharmacist who performed the drug utilization review. Identify by prescription drug order the pharmacist or technician that transmitted the prescription drug order to the central fill pharmacy. These records may be maintained separately by each pharmacy and pharmacist or technician or in a common electronic file, as long as the data processing system is capable of producing a printout that lists each function performed by each pharmacy and pharmacist or technician, and identifies the pharmacist or technician who performed each function;

(b) Document the date the filled prescription was received from the central fill pharmacy and the name of the person accepting delivery.

(7) The central fill pharmacy must maintain records that:

(a) List the name, address, telephone numbers, and all license and registration numbers of the pharmacies involved in centralized prescription filling; and

(A) Document verification of each license and registration; and

(B) Document the name of the individual responsible for verification of licensure and registration status.

(b) Track the prescription drug order during each step in the filling process and identify the name, initials, or unique identification code and specific activity of each pharmacist or pharmacy technician who performed any portion of the process including transmission, filling, dispensing and delivery of information.

(A) The date the prescription was received by the central fill pharmacy;

(B) The name and address where the filled prescription was shipped;

(C) The method of delivery (e.g., private, common, or contract carrier).

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS 689.155

Hist.: BP 10-2013, f. & cert. ef. 11-6-13

855-041-3035

Delivery of Medications

(1) A central fill pharmacy may deliver or mail medications to the primary pharmacy or patient in compliance with OAR 855-041-1050.

(2) A central fill pharmacy must comply with all federal and state requirements when using private, common or contract carriers to transport filled prescriptions for delivery. When a central fill pharmacy contracts with private, common or contract carriers to transport filled prescriptions the central fill pharmacy is responsible for reporting any in-transit loss upon detection by use of DEA Form 106.

(3) A central fill pharmacy must maintain and use adequate storage or shipment containers and shipping processes to ensure drug stability and potency. Such shipping processes shall include the use of packaging material and devices to ensure that the drug is maintained at the temperature range required to maintain the integrity of the medication throughout the delivery process.

(4) Filled prescriptions must be shipped in containers that are sealed in a manner that shows evidence of opening or tampering.

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS 689.155

Hist.: BP 10-2013, f. & cert. ef. 11-6-13

855-041-3040

Filled Prescriptions

(1) Any filled prescription that has not been picked up, may be put into the primary pharmacy's inventory. Each pharmacy is responsible for documenting any such transfer of a drug.

(2) A prescription for a controlled substance may be filled by a central fill pharmacy when permitted by law, consistent with federal requirements set forth at 21 C.F.R. § 1300 et seq;

(3) The pharmacy that fills the prescription and the pharmacy to which the filled prescription is provided for dispensing to the patient shall each be responsible for ensuring the prescription has been properly filled.

(4) A primary pharmacy will notify the patient of the possible use of a central fill pharmacy.

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS 689.155

Hist.: BP 10-2013, f. & cert. ef. 11-6-13

855-041-3045

Prohibited Practices

(1) A primary pharmacy may not use the services of a central fill pharmacy that is not registered with the Board.

(2) A central fill pharmacy may not fill a prescription on behalf of a primary pharmacy that is not registered with the Board if the laws and rules of Oregon require the primary pharmacy to be registered with the Board.

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS 689.155

Hist.: BP 10-2013, f. & cert. ef. 11-6-13

855-041-3100

Purpose and Scope

The purpose of OAR 855-041-3100 through 855-041-3130 is to provide minimum requirements of operation for remote prescription drug processing by a pharmacy. Any facility that processes drug orders on behalf of an Oregon pharmacy shall be licensed in Oregon as a retail or institutional drug outlet. An applicant must submit its policies and procedures to the Board of Pharmacy. An applicant must submit to the Board for approval policies and procedures and a description of how using remote processing will improve patient safety.

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS 689.155

Hist.: BP 10-2013, f. & cert. ef. 11-6-13

855-041-3105

Definitions

The following words and terms, when used in OAR 855-041-3100 through 855-041-3130, shall have the following meanings, unless the context clearly indicates otherwise. Any term not defined in this section shall have the definition set out in OAR chapter 855, division 006.

(1) "Remote Processing Pharmacy" means an Oregon licensed pharmacy operated under the direction of a pharmacist-in-charge that processes information related to the practice of pharmacy and engages in remote prescription processing, including central processing.

(2) "Remote Processing Functions" may include, but are not limited to, data entry, prospective drug utilization reviews, refill authorizations and interventions. This does not include the filling process.

(3) "Primary Pharmacy" means an in-state Oregon licensed pharmacy that receives a patient's or a prescribing practitioner's request to fill a prescription or drug order and delivers the drug or device directly to the patient or patient's agent, and maintains ownership of the prescription or drug order.

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS 689.155

Hist.: BP 10-2013, f. & cert. ef. 11-6-13

855-041-3110

General Requirements

An Oregon licensed pharmacy may outsource prescription drug processing to a remote processing pharmacy provided both pharmacies:

(1) Have the same owner; or

(2) Have a written shared pharmacy services contract or agreement that specifies:

(a) The services to be provided by each pharmacy;

(b) The responsibilities of each pharmacy; and

(c) The accountabilities of each pharmacy.

(3) Maintain a separate Oregon pharmacy license for each location involved in providing services;

(4) Share a common electronic file or have appropriate technology or interface to allow access to information required to process and fill a prescription drug order;

(5) Establish, maintain and enforce a policy and procedures manual as required by OAR 855-041-3115;

(6) Ensure that each prescription has been properly processed, filled and counseling has been provided to the patient;

(7) Designate a pharmacist-in-charge. To qualify for this designation, the person must hold a license to practice pharmacy in the state of Oregon and in the pharmacy's resident state if the pharmacy is out-of-state. The pharmacist-in-charge must be in good standing with both licensing Boards;

(8) Allow prospective drug utilization reviews, refill authorizations, interventions, and patient counseling for an Oregon patient must be performed only by a licensed pharmacist in Oregon or in the state in which the pharmacy is located;

(9) Ensure that each technician processing an order for an Oregon patient is a Certified Oregon Pharmacy Technician and is supervised by a licensed pharmacist or is a licensed technician in the state in which the

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pharmacy is located and is supervised by a licensed pharmacist in the state in which the pharmacy is located;

(10) Comply with all applicable federal and state laws and rules;

(11) Conduct an annual review of the written policies and procedures and document such review.

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS 689.155

Hist.: BP 10-2013, f. & cert. ef. 11-6-13

855-041-3115

Policies and Procedures

(1) In addition to the requirements of OAR 855-041-1040, the primary and the remote processing pharmacy is each accountable for establishing, maintaining, and enforcing its own written policies and procedures manual. The policies and procedures manual must include, but need not be limited to the following:

(a) The responsibilities of each pharmacy;

(b) The policies and procedures that protect confidentiality and ensure the integrity of patient information;

(c) Compliance with all applicable federal and state laws and rules;

(d) Records sufficient to identify by name, initials, or unique identification code, the identity and the specific activities of each pharmacist or technician who performed any processing function, and the location where each activity was performed;

(e) A continuous quality improvement program for pharmacy services designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, to pursue opportunities to improve patient care, and to resolve identified problems; and

(f) Documentation of any errors or irregularities identified by the quality improvement program.

(2) The written policies and procedures manual shall be maintained at all pharmacies involved in remote processing and must be available to the Board upon request.

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS 689.155

Hist.: BP 10-2013, f. & cert. ef. 11-6-13

855-041-3120

Records

(1) The recordkeeping requirements OAR 855-041-3100 through 855-041-3130 are in addition to the requirements of other recordkeeping rules of the Board.

(2) The remote processing pharmacy must maintain all required records unless these records are maintained in the primary pharmacy.

(3) Both recordkeeping systems must:

(a) List the name, address, telephone number, and all license and registration numbers of each pharmacy involved in remote prescription processing;

(A) Document verification of each license and registration;

(B) Document the name of the individual responsible for verification of licensure and registration status.

(b) Identify by name, initials, or unique identification code the identity and the specific activities of each pharmacist or technician who performed any part of the prescription process;

(c) Include quality improvement program documentation;

(d) Be able to produce an audit trail showing each prescription process.

(4) Unless otherwise specified, all records and documentation required by these rules, must be retained for three years and made available to the Board for inspection upon request. Records must be stored onsite for at least one year and may be stored, after one year, in a secured off-site location if retrievable within three business days. Records and documentation may be written, electronic or a combination of the two;

(5) The primary pharmacy shall maintain records that:

(a) Indicate the date the request for processing was transmitted to the remote processing pharmacy; and

(b) Indicate the date the prescription information was received by the primary pharmacy.

(6) The remote processing pharmacy shall maintain records that:

(a) Track the prescription drug order during each step in the order entry process;

(b) Identify the name, initials, or unique identification code and the specific activity of each pharmacist or pharmacy technician who performed any activity related to processing the prescription including receipt, transmission or delivery of information.

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS 689.155

Hist.: BP 10-2013, f. & cert. ef. 11-6-13

855-041-3125

Prescription or Drug Order Processing

A prescription or drug order for a controlled substance may be processed by a remote processing pharmacy when permitted by law and consistent with federal rules.

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS 689.155

Hist.: BP 10-2013, f. & cert. ef. 11-6-13

855-041-3130

Prohibited Practices

A remote processing pharmacy may not process a prescription on behalf of a primary pharmacy that is not registered with the Board, if required by the laws and rules of Oregon to be registered.

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS 689.155

Hist.: BP 10-2013, f. & cert. ef. 11-6-13

855-041-3300

Purpose and Scope

The purpose of OAR 855-041-3300 through 855-041-3340 is to establish a secure environment where a consulting pharmacist can provide pharmaceutical care and store health protected information in a single physical location. This location may be an office located in a home or other secure location. Registration is not required if records used or generated by a consulting pharmacist are stored in a location registered by the Board as a retail or institutional drug outlet or if the location is under the control of a practitioner who uses the services of the consulting pharmacist. The consulting pharmacist must be able to provide the Board with documentation of their pharmaceutical care activities. These rules are intended to ensure that a location where a pharmacist is engaged in Independent Pharmacy Practice may safely store records and protected health information. An applicant must submit to the Board for approval policies and procedures and a description of how their consulting or drugless pharmacy will be utilized to improve patient safety.

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS 689.155

Hist.: BP 10-2013, f. & cert. ef. 11-6-13

855-041-3305

Definitions

The following words and terms, when used OAR 855-041-3300 through 855-041-3340 shall have the following meanings, unless the context clearly indicates otherwise. Any term not defined in this section shall have the definition set out in the OAR chapter 855, division 6.

(1) "Consulting or Drugless Pharmacy" means any single physical location where pharmaceutical care services are performed or protected health information may be stored without the storage, possession, or ownership of any drug.

(2) "Consulting Pharmacist" means any pharmacist as defined by OAR chapter 855, division 6 and is described by chapter 855, division 19.

(3) "Independent Pharmacy Practice" means the provision of pharmaceutical services not related to physically handling or dispensing pharmaceuticals drugs or devices. This practice is characterized by the practice of an Oregon licensed pharmacist acting as an independent contractor whether or not directly employed or affiliated with an entity that is licensed by the Board. This service also does not include the provision of pharmaceutical care that is conducted within the physical confines or location of a licensed pharmacy registered with the Board.

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS 689.155

Hist.: BP 10-2013, f. & cert. ef. 11-6-13

855-041-3310

Registration

(1) The Consulting Pharmacy shall be registered as a retail or institutional drug outlet and comply with all the requirements of licensure as defined in OAR 855-041-1080 through 855-041-1100.

(2) The location must be available for inspection by the Board.

(3) A consulting pharmacist for an Oregon licensed healthcare facility must perform all duties and functions required by the healthcare facility's licensure, as well as any applicable federal and state laws and rules.

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS 689.155

Hist.: BP 10-2013, f. & cert. ef. 11-6-13

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855-041-3315

Personnel

(1) Each pharmacy must have a pharmacist-in-charge. To qualify for this designation, the person must hold a license to practice pharmacy in the state of Oregon and in the state in which the pharmacy is located if the pharmacy is out-of-state. The pharmacist-in-charge must be in good standing with both licensing Boards;

(2) The pharmacy must comply with all applicable state and federal laws and rules governing the practice of pharmacy and maintain records in compliance with requirements of federal law and Board rules;

(3) A consulting pharmacist who provides services to any person or facility located in Oregon, must be an Oregon licensed pharmacist except that a pharmacist working in an out-of-state pharmacy, who only performs the professional tasks of interpretation, evaluation, DUR, counseling and verification associated with their dispensing of a drug to a patient in Oregon; and

(4) Prospective drug utilization reviews, refill authorizations, interventions and patient counseling not associated with the dispensing of a drug for an Oregon patient must be performed by an Oregon licensed pharmacist.

Stat. Auth.: ORS 689.205
Stats. Implemented: ORS 689.155
Hist.: BP 10-2013, f. & cert. ef. 11-6-13

855-041-3320

Confidentiality

(1) Each consulting pharmacy must comply with all applicable federal and state laws and rules regarding confidentiality, integrity and privacy of patient information.

(2) Each consulting pharmacy must ensure that electronic data systems are secure and comply with applicable federal and state laws and rules.

Stat. Auth.: ORS 689.205
Stats. Implemented: ORS 689.155
Hist.: BP 10-2013, f. & cert. ef. 11-6-13

855-041-3325

General Provisions and Minimum Standards

(1) A consulting pharmacy shall:

(a) Maintain appropriate reference materials for drug information according to the scope of consulting services.

(b) Be located in a secure room with a door and suitable lock, and accessible only to persons authorized by the pharmacist-in-charge.

(c) Provide storage sufficient to secure confidential documents and any hardware necessary to access information.

(d) Be constructed in a manner of materials that make the space separate and distinct from the rest of the home or office building, and that protects the records from unauthorized access.

(2) A consulting pharmacy located in a residence must be approved by the Board.

(3) The consulting pharmacist must be able to provide the Board, upon request, with documentation of their pharmaceutical care activities.

Stat. Auth.: ORS 689.205
Stats. Implemented: ORS 689.155
Hist.: BP 10-2013, f. & cert. ef. 11-6-13

855-041-3330

Security Requirements

(1) All consulting services must occur in a secure environment that includes but is not limited to:

(a) A closed system or other electronic storage device that is password protected;

(b) A secure room or safe that is locked to store records when the pharmacist is not directly monitoring them;

(c) Sufficient encryption for securing confidential documents and any hardware used in accessing authorized patient health information by electronic connection; and

(d) A data processing system that complies with all federal and state laws and rules to ensure compliant security software.

(2) Records stored at a practitioner's office must be kept secure either with other records at the facility or independently in a locked room where only the pharmacist, and physician and their agents have access;

(3) All records must be stored at the approved consulting or drugless pharmacy; and

(4) Any breach in the security of the system or breach of confidentiality must be documented and reported to the Board within seven days.

Stat. Auth.: ORS 689.205
Stats. Implemented: ORS 689.155
Hist.: BP 10-2013, f. & cert. ef. 11-6-13

855-041-3335

Policies and Procedures

The consulting pharmacy must maintain a current policy and procedures manual that includes at a minimum:

(1) A policy on protecting confidentiality and integrity of patient information;

(2) An outline of responsibilities and scope of services;

(3) A policy on compliance with federal and state laws and rules;

(4) An operational Quality Assurance Program;

(5) A policy that describes use of computer systems.

Stat. Auth.: ORS 689.205
Stats. Implemented: ORS 689.155
Hist.: BP 10-2013, f. & cert. ef. 11-6-13

855-041-3340

Records

(1) The recordkeeping and storage requirements in OAR 855-041-3300 through 855-041-3340 are in addition to the requirements of other recordkeeping and storage rules of the Board. Records and documentation may be written, electronic or a combination of the two.

(2) Each recordkeeping system must include quality improvement program documentation;

(3) The PIC must ensure maintenance of written or electronic records and reports as necessary to ensure patient health, safety, and welfare. Records must include but need not be limited to:

(a) Patient profiles and records;

(b) A list of current employees and their license numbers;

(A) Verification of each license and registration;

(B) The name of the individual responsible for verification of licensure and registration status.

(c) Copies of all contracts for consulting services and collaborative therapy agreements;

(d) Copies of all consultation reports submitted to practitioners and facilities.

Stat. Auth.: ORS 689.205
Stats. Implemented: ORS 689.155
Hist.: BP 10-2013, f. & cert. ef. 11-6-13

Construction Contractors Board
Chapter 812

Rule Caption: Adopt Division 22 Rules Regarding Residential Continuing Education Requirements

Adm. Order No.: CCB 2-2013

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Certified to be Effective: 10-24-13

Notice Publication Date: 10-1-2013

Rules Adopted: 812-022-0000, 812-022-0005, 812-022-0010, 812-022-0011, 812-022-0015, 812-022-0016, 812-022-0018, 812-022-0021, 812-022-0025, 812-022-0026, 812-022-0027, 812-022-0028, 812-022-0033, 812-022-0036, 812-022-0037, 812-022-0040, 812-022-0042, 812-022-0045, 812-022-0047

Subject: Adopt administrative rules in Chapter 812, Division 22 to implement SB 783 (2013 Oregon Laws, Chapter 718). Adoption of proposed rules is necessary to establish and administer the new residential continuing education program under SB 783 (2013), which applies to residential contractors. Adopt rules in Division 22 to implement SB 207, section 6 (Chapter 300 OR Laws 2013) regarding leased workers.

812-022-0000 is adopted to establish a continuing education program for residential contractors in accordance with Oregon Laws 2013 chapter 718 (SB 783).

812-022-0005 is adopted to define terms in Division 22 rules to implement SB 783 (2013).

812-022-0010 is adopted to establish the effective date for the new residential contractor continuing education requirements.

812-022-0011 is adopted to establish the exemption for residential developers from the residential continuing education requirements.

812-022-0015 is adopted to establish the minimum residential continuing education requirements.

812-022-0016 is adopted to establish the fees for courses developed by CCB, processing fee for shipping and handling course mate-

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rials made available other than online, and sets a provider fee per student per credit hour for CCB courses.

812-022-0018 is adopted to establish agency may enter into agreements with continuing education providers to offer agency courses.

812-022-021 is adopted to establish exemptions from residential continuing education requirements.

812-022-0025 is adopted to establish provider approval requirements.

812-022-0026 is adopted to establish fees for provider approval.

812-022-0027 is adopted to establish surety bond to assure performance by provider. Requires providers to post a surety bond to assure payment to CCB of the \$4 per student hour course fee.

812-022-0028 is adopted to establish requirements for submitting course for approval and criteria by which agency will grant (or deny) approval.

812-022-0033 is adopted to establish requirements for providers to maintain certain information in a student roster and notify agency when students have attended or completed, approved courses.

812-022-0036 is adopted to establish that the agency may track completion of approved course hours.

812-022-0037 is adopted to establish requirements for contractors to maintain records of continuing education for 24 months and make records available to agency for review. Provides the agency may suspend the license or refuse to renew a license if contractor cannot prove compliance with residential continuing education requirements.

812-022-0040 is adopted to establish the requirements for inactive status during a license period or upon renewal and the amount of residential continuing education required.

812-022-0042 is adopted to establish the requirements for contractors whose license has lapsed (other than by inactive status) to complete continuing education requirements.

812-022-0045 is adopted to establish the requirements for claiming continuing education credits.

812-022-0047 is adopted to establish the requirements for continuing education for personnel who work for more than one residential contractor.

Rules Coordinator: Catherine Dixon—(503) 934-2185

812-022-0000

Authority, Purpose, Scope, Applicable Dates — Continuing Education for Residential Contractors (SB 783)

(1) Authority. These rules are promulgated in accordance with Oregon Laws 2013, chapter 718, which requires CCB to establish a residential continuing education system for licensed residential contractors, other than developers.

(2) Purpose. The purpose of these rules is to create a residential continuing education system. The Board shall adopt minimum standards for:

- (a) Approving providers of residential continuing education;
- (b) Approving courses for residential continuing education; and
- (c) Where available, giving consideration to any residential continuing education program adopted by national construction licensing trade associations.

(3) Scope.

(a) These rules establish the content and hours required for residential continuing education.

(b) These rules establish procedures for recordkeeping, for verifying attendance or completion of residential continuing education hours and for sanctions for failing to comply.

(c) These rules establish procedures and standards for provider and course approval.

(d) These rules establish fees for:

- (A) Provider approvals;
- (B) Course approvals;
- (C) Specialized education program approvals;
- (D) Per attendee charge to providers for each completed approved course;

(E) Training offered by the agency; and

(F) Charge to providers that, by agreement, offer the agency-developed training.

Stat. Auth.: ORS 670.310, 701.126 & 701.235
Stats. Implemented: OL 2013, Ch.718 (SB 783)
Hist.: CCB 2-2013, f. & cert. ef. 10-24-13

812-022-0005

Definitions — Continuing Education for Residential Contractors (SB 783)

The following definitions apply to OAR 812-022-0000 to 812-022-0047:

(1) “Employee” means:

- (a) Any individual employed by a contractor; or
- (b) A leased worker provided to a contractor by contract with a worker leasing company defined under 701.005(19) (2013) or licensed under ORS 656.850(2).

(c) “Employee” does not include a subcontractor, which is an independent contractor, or a temporary employee.

(2) “Instructor” means:

(a) Any individual who develops, or assists in developing, curriculum for any course;

(b) Any individual who presents a course in live format; or

(c) Any individual who is available to answer questions from course attendees or participants.

(3) “Licensing period” means the two-year period from the date a contractor’s license is first issued or last renewed until the date the license is next scheduled to expire.

(4) “Officer” means an individual person as defined in ORS 701.005(12).

(5) “Owner” means an individual person as defined in OAR 812-002-0537.

(6) “Residential contractor” means a licensed contractor as defined in ORS 701.005(13).

(7) “Responsible managing individual (RMI)” means an individual person as defined in ORS 701.005(16).

(8) “Series A Courses” means courses required under OAR 812-022-0015(2)(b) that CCB has approved pursuant to OAR 812-022-0028.

(9) “Series B Courses” means courses satisfying requirements under OAR 812-022-0015(3)(b) that do not require CCB approval.

Stat. Auth.: ORS 670.310, 701.126 & 701.235

Stats. Implemented: OL 2013, Ch. 718 (SB 783), OL 2013, Ch. 300 (SB 207)

Hist.: CCB 2-2013, f. & cert. ef. 10-24-13

812-022-0010

Effective Date — Continuing Education for Residential Contractors (SB 783)

(1) OAR 812-022-0000 to 812-022-0047 apply to residential contractors:

(a) That have active, non-lapsed licenses that expire on or after January 1, 2014.

(b) That renew lapsed licenses with expiration dates on or after January 1, 2014.

(c) That renew lapsed licenses with expiration dates before January 1, 2014, but that are renewed on or after January 1, 2014.

(2) Notwithstanding section (1), until December 31, 2014, a residential contractor may apply hours earned from attending the courses, completed during the licensing period immediately preceding January 1, 2014, towards the new residential continuing education requirements regardless of whether the courses would qualify under the new law. These courses may include:

(a) Construction Contractor Board laws, regulations and business practices (up to three hours);

(b) Building codes courses approved by CCB before January 1, 2014, (up to two hours);

(c) Building Exterior Shell Training (BEST) (up to three hours); and

(d) Elective courses.

(3) Notwithstanding section (1), a residential contractor renewing a license on or after January 1, 2014, that expired before October 1, 2013, must complete three hours of BEST and two hours of building code courses. The BEST and building code course hours will substitute for required Series A Course hours.

(4) Notwithstanding section (1), a residential contractor renewing a license on or after January 1, 2014, which expired between October 1, 2013, and December 31, 2013, must complete two hours of building code course. The hours will substitute for required Series A Course hours.

Stat. Auth.: ORS 670.310, 701.126 & 701.235

Stats. Implemented: OL 2013, Ch.718 (SB 783)

Hist.: CCB 2-2013, f. & cert. ef. 10-24-13

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812-022-0011

Residential Developer Exemption — Continuing Education for Residential Contractors (SB 783)

Residential developers are exempt from the residential continuing education requirements in OAR 812-022-0000 to 812-022-0047.

Stat. Auth.: ORS 670.310, 701.126 & 701.235
Stats. Implemented: OL 2013, Ch.718 (SB 783)
Hist.: CCB 2-2013, f. & cert. ef. 10-24-13

812-022-0015

Minimum Continuing Education Requirements — Continuing Education for Residential Contractors (SB 783)

(1) Except as provided in section (3), residential contractors shall have an owner, officer, RMI or employee, or a combination of those persons, who complete a minimum of eight hours of continuing education every licensing period as described in sections (2) and (3).

(2) Residential continuing education hours consist of the following:

(a) Three hours of education on laws, regulations and business practices offered by the agency or by an approved provider under an agreement with the agency; and

(b) Five hours of Series A Courses, approved by the agency and offered by approved providers, in one or more of the following subjects:

- (A) Construction business practices;
- (B) Marketing;
- (C) Customer service;
- (D) Accounting;
- (E) Business law;
- (F) Bidding;
- (G) Building Codes; or
- (H) Safety.

(3) Residential contractors that have not been licensed as a residential contractor during any part of the six-years immediately preceding their renewal must complete an additional eight hours of residential continuing education offered by an approved provider. The education hours may include:

- (a) Series A Courses described in section (2)(b); or
- (b) Series B Courses in one or more of the following subjects:

(A) Energy efficiency; or

(B) Trade specific subjects, such as roofing, excavation, or exterior shell construction, as selected by the contractor.

(4) Courses shall be a minimum of 50 minutes to qualify for one hour of residential continuing education credit. Courses shall be at least one credit hour.

(5) Credit shall not be given for an individual student repeating the same residential continuing education course during a two-year licensing period.

(6) If, during the two years immediately preceding the expiration date of the license, a residential contractor served on active duty in the United States armed forces, including but not limited to mobilization or deployment, the residential continuing education requirement is waived for that two-year licensing period. This exemption applies only if the residential contractor is a:

- (a) Sole proprietor without employees;
- (b) Sole owner of a corporation; or
- (c) Sole member of a limited liability company.

Stat. Auth.: ORS 670.310, 701.126 & 701.235
Stats. Implemented: OL 2013, Ch.718 (SB 783)
Hist.: CCB 2-2013, f. & cert. ef. 10-24-13

812-022-0016

Fees for Agency Courses — Continuing Education for Residential Contractors (SB 783)

(1) The agency may charge a fee of \$15 per course hour for courses in laws, regulations, and business practices, offered by the agency as provided in OAR 812-022-0015(2)(a).

(2) In addition to the fee for the course, CCB may charge for processing, shipping and handling course materials made available other than online.

(3) If the agency enters into agreements with providers to provide the agency's courses on laws, regulations and business practices, the agency may charge providers an additional fee of \$4 per student per course hour, in addition to the fees charged in section (1).

Stat. Auth.: ORS 670.310, 701.126 & 701.235
Stats. Implemented: OL 2013, Ch.718 (SB 783)
Hist.: CCB 2-2013, f. & cert. ef. 10-24-13

812-022-0018

Agreements to Offer Agency Courses – Continuing Education for Residential Contractors (SB 783)

The agency may enter into agreements with approved providers to provide the agency's courses on laws, regulations and business practices.

Stat. Auth.: ORS 670.310, 701.126 & 701.235
Stats. Implemented: OL 2013, Ch.718 (SB 783)
Hist.: CCB 2-2013, f. & cert. ef. 10-24-13

812-022-0021

Exemptions from Continuing Education — Continuing Education for Residential Contractors (SB 783)

(1) Subject to section (2) of this rule, the following persons are exempt from completing Series A Courses required under OAR 812-022-0015(2)(b) and Series B Courses required under OAR 812-022-0015(3)(b):

(a) Contractors licensed as plumbing contractors under ORS 447.010 to 447.156; and

(b) Contractors licensed as electrical contractors under ORS 479.630.

(2) A contractor that is exempt under this rule and has been licensed as a residential contractor during all of the six years immediately preceding renewal must complete sufficient course hours in trade licensing continuing education or Series A Courses to total five hours.

(3) A contractor that is exempt under this rule and has not been licensed as a residential contractor during any part of the six years immediately preceding renewal must:

(a) Complete sufficient course hours in trade licensing continuing education or Series A Courses to total five hours; and

(b) Complete sufficient course hours in trade licensing education, Series A Courses, or Series B Courses to total eight hours.

Stat. Auth.: ORS 670.310, 701.126 & 701.235
Stats. Implemented: OL 2013, Ch.718 (SB 783)
Hist.: CCB 2-2013, f. & cert. ef. 10-24-13

812-022-0025

Provider Approval — Continuing Education for Residential Contractors (SB 783)

(1) The agency will review and approve providers offering residential continuing education.

(2) Providers will apply for approval on a form, and submit fees, prescribed by the agency. Providers may, but need not, apply for approval at the same time they apply for course approval.

(3) Providers seeking approval to offer residential continuing education must submit the following to the agency:

- (a) Name, address and contact information of the provider;
- (b) Business entity type of the provider and, if applicable, the Corporation Division business registry number;

(c) Description of the subject area(s) the provider intends to offer;

(d) Indication whether provider will offer:

- (A) Series A Courses;
- (B) Series B Courses; or
- (C) Both Series A and Series B Courses; and

(e) Such other information or documentation as the agency may request.

(4) To qualify for approval, providers must:

(a) Employ or contract with instructors who have at least four years work experience or four years of education, or any combination of both, in the subject that they instruct;

(b) Be capable of entering and transmitting electronic data to the agency;

(c) Describe and follow a process for prompt resolution of complaints by registrants;

(d) Describe a process for cancellations and refunding registrant payments. If the provider does not permit cancellation or refunds, it must provide notice of that fact in a conspicuous manner in its advertising, solicitation and registration materials;

(e) Describe and follow attendance verification procedures;

(f) Provide an evaluation opportunity as prescribed by the agency for course attendees to complete;

(g) Be capable of submitting rating results to the agency by 12:00 noon of the business day following the day the contractor completes the course;

(h) If offering agency developed courses, pursuant to an agreement under OAR 812-022-0018, or Series A Courses, provide a surety bond, as described in OAR 812-022-0027, in the amount of \$20,000 obligating the surety to pay the State of Oregon any fees unpaid by provider;

(i) Pay fees as provided under OAR 812-022-0026; and

ADMINISTRATIVE RULES

(j) Maintain records available for agency to inspect for at least six years.

(5) Only an approved provider may offer or provide residential continuing education to a contractor or a contractor's employees.

(6) An approved provider may not allow any person not approved by the agency as a provider to offer or provide courses of the approved provider. For purposes of this rule, "offer or provide" includes, but is not limited to, assisting the contractor or the contractor's employees in obtaining or completing the courses or acting on behalf of an approved provider in advertising or soliciting the courses.

(7) Provider approval will be valid for two (2) years from the date the provider is approved by the agency.

(8) If providers change or add course types (Series A Courses or Series B Courses), they shall notify the agency within 24 hours.

(9) If providers change or add instructors, they shall notify the agency within 24 hours.

(10) Providers must re-submit an application and fees for renewal of approval. Renewal of approval will be subject to the same requirements as initial approval.

(11) The agency may withdraw approval issued to any provider that violates Oregon Laws 2013, chapter 718, or any rule of the agency.

Stat. Auth.: ORS 670.310, 701.126 & 701.235

Stats. Implemented: Oregon Laws 2013, Chapter 718 (SB 783)

Hist.: CCB 2-2013, f. & cert. ef. 10-24-13

812-022-0026

Fees for Provider Approval – Continuing Education for Residential Contractors (SB 783)

(1) Providers will remit to the agency a non-refundable fee of \$2,000, together with an application for approval, or renewal of approval, to offer Series A Courses, Series B Courses, or both Series A Courses and Series B Courses.

(2) Providers will be assessed a fee of \$4 per student per hour for each Series A Course hour provided. Providers will pay agency the fees at the time provider submits each student's records. The agency will establish the manner in which the provider must remit payment. Students will receive credit for Series A Course hours only after CCB receives provider's payment.

Stat. Auth.: ORS 670.310, 701.126 & 701.235

Stats. Implemented: OL 2013, Ch.718 (SB 783)

Hist.: CCB 2-2013, f. & cert. ef. 10-24-13

812-022-0027

Surety Bond to Assure Performance of Agency Agreements

Providers that enter into agreements to provide the agency's courses on laws, regulations and business practices, as provided in OAR 812-022-0018, or Series A Courses as provided in OAR 812-022-0015(2)(b), will maintain a surety bond in the amount of \$20,000, issued by a surety company authorized to do business in the State of Oregon, for the benefit of the State of Oregon, Construction Contractors Board. The bond must be in the form adopted by the board as the Residential Continuing Education Provider Surety Bond for Payment of Fees.

Stat. Auth.: ORS 670.310, 701.126 & 701.235

Stats. Implemented: OL 2013, Ch.718 (SB 783)

Hist.: CCB 2-2013, f. & cert. ef. 10-24-13

812-022-0028

Course Approval – Continuing Education for Residential Contractors (SB 783)

(1) The agency will approve Series A Courses required under OAR 812-022-0015(2)(b).

(2) A provider seeking approval for Series A Courses must submit the following:

(a) Course name, course description, objective of the offered course, and number of hours of continuing education credit sought (must be no less than one hour);

(b) A written description of the course instructors' credentials, including years of education and experience in the subject matter they instruct;

(c) Course syllabus;

(d) Comprehensive course outline;

(e) Copies of the course materials provided to students;

(f) Cost of the offered course;

(g) For live classes and classes held in real time:

(A) Anticipated date, time, place of the course; and

(B) Number of registrants that each course can accommodate;

(h) For self-study courses:

(A) Anticipated date when the course will first be offered;

(B) Description of provider's procedures to answer student questions; and

(C) The length of time a student has to complete the course and receive credit.

(i) Any other information as directed by the agency.

(3) The agency will only approve Series A Courses that the agency, in its sole discretion, considers offer high quality in the following respects:

(a) The course relates to one or more of the subjects listed in OAR 812-022-0015(2)(b);

(b) The course's use of animation, audio, video or color to stimulate multiple learning styles;

(c) The course holds interest through the use of visual, textual, audio or interactive components;

(d) The course material is presented in a logical and understandable manner;

(e) The spelling, grammar and sentence structure in written materials are correct;

(f) For courses using internet, video, audio or other electronic media, the course program is technically sufficient (e.g., video does not "stutter"; internet material does not "lock up"); and

(g) For courses using internet, video, audio or other electronic media, there is adequate instruction and guidance to navigate from the beginning to the end of the course.

(4) The agency will only approve Series A Courses that provide qualified instructors to answer questions in real-time, either in person, by telephone or by electronic means (e.g. chat rooms, e-mail, instant message).

(5) Series A Course approval will be valid for two (2) years from the date the provider is approved by the agency.

(6) Providers must re-submit an application and fees for renewal of Series A Course approval. Renewal of approval will be subject to the same requirements as initial approval.

Stat. Auth.: ORS 670.310, 701.126 & 701.235

Stats. Implemented: OL 2013, Ch.718 (SB 783)

Hist.: CCB 2-2013, f. & cert. ef. 10-24-13

812-022-0033

Provider Rosters, Notification of Completion and Certificates of Completion for Series A Course Hours – Continuing Education for Residential Contractors (SB 783)

(1) Providers will maintain rosters capturing data for all contractors that complete Series A Courses, as described in 812-022-0015(2)(b). Rosters will contain the following information:

(a) Course name and any other information identifying course, as required by agency;

(b) Contractor's name;

(c) Contractor's license number;

(d) Name of individual attending or completing the course;

(e) Relationship of individual completing the course to contractor (e.g. owner, officer, member, employee);

(f) Date individual attended or completed the course;

(g) Number of hours credit obtained by attending or completing the course; and

(h) Certification by individual completing the course that the identified individual:

(A) Attended or completed the entire course; and

(B) No other individual attended, completed or assisted in completing the course in place of the individual.

(2) Providers will transmit data, as directed by the agency, containing the information in section (1) and notifying the agency when a contractor completes a Series A Course. Providers must submit data by 12:00 noon of the business day following the date the contractor completes the course.

(3) Upon satisfactory completion of each Series A Course, providers will prepare a certificate of completion for the person completing the course. The certificate of completion will contain the following information:

(a) Provider name;

(b) Provider number assigned by the agency;

(c) Course name;

(d) Course number assigned by the agency;

(e) Number of credit hours;

(f) Date of course completion;

(g) Student name;

(h) Name of contractor with which student is associated;

(i) Contractor CCB number; and

(j) Any other information required by the agency.

Stat. Auth.: ORS 670.310, 701.126 & 701.235

Stats. Implemented: OL 2013, Ch.718 (SB 783)

Hist.: CCB 2-2013, f. & cert. ef. 10-24-13

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812-022-0036

Agency Tracking of Hours — Continuing Education for Residential Contractors (SB 783)

(1) The agency will track completion of Series A and Series B Course hours.

(2) The agency may notify contractors, in advance of their renewal dates, of the number of Series A Course hours left to be completed before renewal.

(3) The agency may notify contractors, in advance of their renewal dates, of reported Series B.

Stat. Auth.: ORS 670.310, 701.126 & 701.235
Stats. Implemented: OL 2013, Ch.718 (SB 783)
Hist.: CCB 2-2013, f. & cert. ef. 10-24-13

812-022-0037

Certification, Recordkeeping, and Review — Continuing Education for Residential Contractors (SB 783)

(1) Contractors shall maintain records of continuing education courses completed for a period of:

(a) 24 months after the renewal date for which the residential continuing education was reported; or

(b) For a lapsed license, a period of 24 months after the date the license ceased to be lapsed.

(2) The agency may request any contractor's residential continuing education records for review.

(3) If a contractor cannot prove that it completed the residential continuing education, the agency may suspend or refuse to renew the license until the contractor proves compliance or completes the missing courses.

Stat. Auth.: ORS 670.310, 701.126 & 701.235
Stats. Implemented: OL 2013, Ch.718 (SB 783)
Hist.: CCB 2-2013, f. & cert. ef. 10-24-13

812-022-0040

Inactive Status During the License Period or Upon Renewal — Continuing Education for Residential Contractors (SB 783)

(1) If a contractor is inactive for less than one year and seeks to renew in active status, the contractor must complete all residential continuing education required under OAR 812-022-0015. The contractor may satisfy the requirement by residential continuing education completed during the inactive period.

(2) If a contractor is inactive for one year or more during the licensing period and seeks to renew in active status, the contractor is not required to complete the residential continuing education requirements under OAR 812-022-0015.

(3) If a contractor is inactive for any period of time and seeks to renew in inactive status, the contractor is not required to complete residential continuing education required under OAR 812-022-0015.

(4) If a contractor is active at the time of renewal and seeks to renew in inactive status, the contractor is not required to complete the residential continuing education requirements under OAR 812-022-0015.

(5) Notwithstanding section (4), if an inactive contractor renews to inactive status and seeks to change to active status during the two-year licensing period, the contractor must complete residential continuing education required in OAR 812-022-0015. The contractor may satisfy the requirement by residential continuing education completed during the inactive period. Hours completed and credited towards this renewal may not be included for contractor's next renewal.

(6) Hours completed and credited towards one renewal may not be included for contractor's next renewal.

Stat. Auth.: ORS 670.310, 701.126 & 701.235
Stats. Implemented: OL 2013, Ch.718 (SB 783)
Hist.: CCB 2-2013, f. & cert. ef. 10-24-13

812-022-0042

Lapse in License — Continuing Education for Residential Contractors (SB 783)

If a license lapses and a contractor applies for renewal as provided in ORS 701.063(4) and OAR 812-003-0300, the contractor must satisfy the residential continuing education requirements of OAR 812-022-0015. The contractor may satisfy the requirement by residential continuing education completed during the lapse period.

Stat. Auth.: ORS 670.310, 701.126 & 701.235
Stats. Implemented: OL 2013, Ch.718 (SB 783)
Hist.: CCB 2-2013, f. & cert. ef. 10-24-13

812-022-0045

Claiming Continuing Education Credits — Continuing Education for Residential Contractors

(1) A contractor may claim continuing education hours for courses completed during the time an employee is employed by the contractor. If the employee is a leased worker, the employee must complete the continuing education hours while leased to the contractor.

(2) If an employee completed continuing education before being hired by a contractor, the contractor may not claim those hours to satisfy its continuing education requirement.

(3) A contractor may claim continuing education hours for courses completed at the time the owner, officer or RMI is associated with the contractor.

(4) If an owner, officer or RMI completed continuing education before associating with a contractor, the contractor may not claim those hours to satisfy the continuing education requirement.

Stat. Auth.: ORS 670.310, 701.126 & 701.235
Stats. Implemented: OL 2013, Ch.718 (SB 783)
Hist.: CCB 2-2013, f. & cert. ef. 10-24-13

812-022-0047

Personnel of More than One Contractor— Continuing Education for Residential Contractors

(1) If an employee who completes a continuing education course is employed by more than one contractor at the time the employee completes the course, each employing contractor may claim the continuing education hours. For purposes of this rule, "employed by more than one contractor" does not include leased workers leased by more than one contractor. For leased workers, only one contractor may claim the continuing education credits.

(2) If an owner, officer or RMI who completes a continuing education course is associated with more than one contractor at the time the owner, officer or RMI completes the course, each affiliated contractor may claim the continuing education hours.

Stat. Auth.: ORS 670.310, 701.126 & 701.235
Stats. Implemented: OL 2013, Ch.718 (SB 783)
Hist.: CCB 2-2013, f. & cert. ef. 10-24-13

Rule Caption: RCE fees for course approval, registration of Series B courses, rosters, timelines and certificates

Adm. Order No.: CCB 3-2013(Temp)

Filed with Sec. of State: 10-29-2013

Certified to be Effective: 10-29-13 thru 4-26-14

Notice Publication Date:

Rules Adopted: 812-022-0029, 812-022-0034, 812-022-0035

Rules Amended: 812-022-0010, 812-022-0025, 812-022-0027, 812-022-0028

Subject: 812-022-0010 is amended to allow providers that obtained approval under the old law or obtain approval under the new law to continue to offer BEST or building codes courses that were approved under the old law. This will be without additional cost or application requirements for the providers or courses. And, SB 783, Section 7(2), permits a phase-in approach to developing the new system, until January 1, 2015. For the first three months of 2014, renewing contractors may elect to renew under the old or the new law.

812-022-0025 is amended to remove the ability to apply as a provider and submit course approval at the same time.

812-022-0027 is amended to delete references to the agency agreements with providers. The rule can be revised at a later date, if and when, the agency begins entering into provider agreements.

812-022-0028 is amended to require RCE provider approval prior to submitting a Series A course for approval.

812-022-0029 is adopted to establish a \$100 fee for course approval of any Series A course.

812-022-0034 is adopted to describe when contractors may take Series B courses and require RCE provider approval prior to submitting a Series B course for registration.

812-022-0035 is adopted to require providers to maintain student rosters for Series B courses. Describes information that must be included in student rosters. Requires providers to issue certificate of completion for each Series B course and indicates what information must be contained in certificate.

Rules Coordinator: Catherine Dixon—(503) 934-2185

ADMINISTRATIVE RULES

812-022-0010

Effective Date — Continuing Education for Residential Contractors (SB 783)

(1) OAR 812-022-0000 to 812-022-0047 apply to residential contractors:

(a) That have active, non-lapsed licenses that expire on or after January 1, 2014.

(b) That renew lapsed licenses with expiration dates on or after January 1, 2014.

(c) That renew lapsed licenses with expiration dates before January 1, 2014, but that are renewed on or after January 1, 2014.

(2) Notwithstanding section (1), until December 31, 2014, a residential contractor may apply hours earned from attending the courses, completed during the licensing period immediately preceding January 1, 2014, towards the new residential continuing education requirements regardless of whether the courses would qualify under the new law. These courses may include:

(a) Construction Contractor Board laws, regulations and business practices (up to three hours);

(b) Building codes courses approved by CCB before January 1, 2014, (up to two hours);

(c) Building Exterior Shell Training (BEST) (up to three hours); and

(d) Elective courses.

(3) Notwithstanding section (1), a residential contractor renewing a license on or after January 1, 2014, that expired before October 1, 2013, must complete three hours of BEST and two hours of building code courses. The BEST and building code course hours will substitute for required Series A Course hours.

(4) Notwithstanding section (1), a residential contractor renewing a license on or after January 1, 2014, which expired between October 1, 2013, and December 31, 2013, must complete two hours of building code course. The hours will substitute for required Series A Course hours.

(5) Notwithstanding OAR 812-021-0028(7) and (8), providers approved pursuant to OAR 812-021-0025 or 812-022-0025 may continue to offer BEST or building codes courses previously approved by CCB under 812-021-0028 without submitting additional application or fees for provider or course approval.

(6) Notwithstanding section (1), a contractor renewing its license between January 1, 2014, and March 31, 2014, may elect to renew the license pursuant to OAR 812-021-0015 rather than renewing its license pursuant to this rule. A contractor making this election will need to maintain record of the continuing education courses it completes to satisfy OAR 812-021-0015 for which the provider does not otherwise submit notification of completion of core hours.

Stat. Auth.: ORS 670.310, 701.126 & 701.235

Stats. Implemented: OL 2013, Ch.718 (SB 783)

Hist.: CCB 2-2013, f. & cert. ef. 10-24-13; CCB 3-2013(Temp), f. & cert. ef. 10-29-13 thru 4-26-14

812-022-0025

Provider Approval — Continuing Education for Residential Contractors (SB 783)

(1) The agency will review and approve providers offering residential continuing education.

(2) Providers will apply for approval on a form, and submit fees, prescribed by the agency.

(3) Providers seeking approval to offer residential continuing education must submit the following to the agency:

(a) Name, address and contact information of the provider;

(b) Business entity type of the provider and, if applicable, the Corporation Division business registry number;

(c) Description of the subject area(s) the provider intends to offer;

(d) Indication whether provider will offer:

(A) Series A Courses;

(B) Series B Courses; or

(C) Both Series A and Series B Courses; and

(e) Such other information or documentation as the agency may request.

(4) To qualify for approval, providers must:

(a) Employ or contract with instructors who have at least four years work experience or four years of education, or any combination of both, in the subject that they instruct;

(b) Be capable of entering and transmitting electronic data to the agency;

(c) Describe and follow a process for prompt resolution of complaints by registrants;

(d) Describe a process for cancellations and refunding registrant payments. If the provider does not permit cancellation or refunds, it must provide notice of that fact in a conspicuous manner in its advertising, solicitation and registration materials;

(e) Describe and follow attendance verification procedures;

(f) Provide an evaluation opportunity as prescribed by the agency for course attendees to complete;

(g) Be capable of submitting rating results to the agency by 12:00 noon of the business day following the day the contractor completes the course;

(h) If offering agency developed courses, pursuant to an agreement under OAR 812-022-0018, or Series A Courses, provide a surety bond, as described in OAR 812-022-0027, in the amount of \$20,000 obligating the surety to pay the State of Oregon any fees unpaid by provider;

(i) Pay fees as provided under OAR 812-022-0026; and

(j) Maintain records available for agency to inspect for at least six years.

(5) Only an approved provider may offer or provide residential continuing education to a contractor or a contractor's employees.

(6) An approved provider may not allow any person not approved by the agency as a provider to offer or provide courses of the approved provider. For purposes of this rule, "offer or provide" includes, but is not limited to, assisting the contractor or the contractor's employees in obtaining or completing the courses or acting on behalf of an approved provider in advertising or soliciting the courses.

(7) Provider approval will be valid for two (2) years from the date the provider is approved by the agency.

(8) If providers change or add course types (Series A Courses or Series B Courses), they shall notify the agency within 24 hours.

(9) If providers change or add instructors, they shall notify the agency within 24 hours.

(10) Providers must re-submit an application and fees for renewal of approval. Renewal of approval will be subject to the same requirements as initial approval.

(11) The agency may withdraw approval issued to any provider that violates Oregon Laws 2013, chapter 718, or any rule of the agency.

Stat. Auth.: ORS 670.310, 701.126 & 701.235

Stats. Implemented: OL 2013, Ch.718 (SB 783)

Hist.: CCB 2-2013, f. & cert. ef. 10-24-13; CCB 3-2013(Temp), f. & cert. ef. 10-29-13 thru 4-26-14

812-022-0027

Surety Bond to Assure Performance of Agency Agreements

Providers that provide Series A Courses as provided in OAR 812-022-0015(2)(b), will maintain a surety bond in the amount of \$20,000, issued by a surety company authorized to do business in the State of Oregon, for the benefit of the State of Oregon, Construction Contractors Board. The bond must be in the form "Series A Course Provider Surety Bond," dated October 24, 2013.

Stat. Auth.: ORS 670.310, 701.126 & 701.235

Stats. Implemented: OL 2013, Ch.718 (SB 783)

Hist.: CCB 2-2013, f. & cert. ef. 10-24-13; CCB 3-2013(Temp), f. & cert. ef. 10-29-13 thru 4-26-14

812-022-0028

Course Approval — Continuing Education for Residential Contractors (SB 783)

(1) The agency will approve Series A Courses required under OAR 812-022-0015(2)(b). Providers seeking course approval must be approved providers under OAR 812-022-0025.

(2) A provider seeking approval for Series A Courses must submit the following:

(a) Course name, course description, objective of the offered course, and number of hours of continuing education credit sought (must be no less than one hour);

(b) A written description of the course instructors' credentials, including years of education and experience in the subject matter they instruct;

(c) Course syllabus;

(d) Comprehensive course outline;

(e) Copies of the course materials provided to students;

(f) Cost of the offered course;

(g) For live classes and classes held in real time:

(A) Anticipated date, time, place of the course; and

(B) Number of registrants that each course can accommodate;

(h) For self-study courses:

(A) Anticipated date when the course will first be offered;

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(B) Description of provider's procedures to answer student questions; and

(C) The length of time a student has to complete the course and receive credit.

(i) Any other information as directed by the agency.

(3) The agency will only approve Series A Courses that the agency, in its sole discretion, considers offer high quality in the following respects:

(a) The course relates to one or more of the subjects listed in OAR 812-022-0015(2)(b);

(b) The course's use of animation, audio, video or color to stimulate multiple learning styles;

(c) The course holds interest through the use of visual, textual, audio or interactive components;

(d) The course material is presented in a logical and understandable manner;

(e) The spelling, grammar and sentence structure in written materials are correct;

(f) For courses using internet, video, audio or other electronic media, the course program is technically sufficient (e.g., video does not "stutter"; internet material does not "lock up"); and

(g) For courses using internet, video, audio or other electronic media, there is adequate instruction and guidance to navigate from the beginning to the end of the course.

(4) The agency will only approve Series A Courses that provide qualified instructors to answer questions in real-time, either in person, by telephone or by electronic means (e.g. chat rooms, e-mail, instant message).

(5) Series A Course approval will be valid for two (2) years from the date the provider is approved by the agency.

(6) Providers must re-submit an application and fees for renewal of Series A Course approval. Renewal of approval will be subject to the same requirements as initial approval.

Stat. Auth.: ORS 670.310, 701.126 & 701.235

Stats. Implemented: OL 2013, Ch.718 (SB 783)

Hist.: CCB 2-2013, f. & cert. ef. 10-24-13; CCB 3-2013(Temp), f. & cert. ef. 10-29-13 thru 4-26-14

812-022-0029

Fees for Course Approval — Continuing Education for Residential Contractors (SB 783)

Providers will remit to the agency a non-refundable fee of \$100 together with an application for approval of any Series A Course.

Stat. Auth.: ORS 670.310 & 701.235

Stats. Implemented: OL 2013, Ch. 718 (SB 783)

Hist.: CCB 3-2013(Temp), f. & cert. ef. 10-29-13 thru 4-26-14

812-022-0034

Completion and Registration of Series B Courses — Continuing Education for Residential Contractors (SB 783)

(1) Contractors that were not licensed as a residential contractor during any part of the six-year period immediately preceding the renewal must complete eight hours of residential continuing education, which may include Series A Courses described in OAR 812-022-0015(2)(b) or Series B Courses described in OAR 812-022-0015(3)(b).

(2) The agency will register Series B Courses authorized under OAR 812-022-0015(3)(b). Providers seeking course approval must be approved providers under OAR 812-022-0025.

(3) A provider registering Series B Courses must submit the following:

(a) Course name, course description, objective of the offered course, and number of hours of continuing education credit;

(b) Cost of the offered course;

(c) For live classes and classes held in real time:

(A) Anticipated date, time, place of the course; and

(B) Number of registrants that each course can accommodate;

(d) For self-study courses:

(A) Anticipated date when the course will first be offered; and

(B) The length of time a student has to complete the course and receive credit.

(e) Any other information as directed by the agency.

(4) Series B Course registration will be valid for two (2) years from the date the provider is approved by the agency.

(5) Providers must re-submit a registration form for renewal of Series B Course registration. Renewal of registration will be subject to the same requirements as initial registration.

Stat. Auth.: ORS 670.310, 701.126 & 701.235

Stats. Implemented: OL 2013, Ch.718 (SB 783)

Hist.: CCB 3-2013(Temp), f. & cert. ef. 10-29-13 thru 4-26-14

812-022-0035

Provider Rosters, Notification of Completion and Certificates of Completion for Series B Course Hours — Continuing Education for Residential Contractors (SB 783)

(1) Providers will maintain rosters capturing data for all contractors that complete Series B Courses, as described in 812-022-0015(3)(b). Rosters will contain the following information:

(a) Course name and any other information identifying course, as required by agency:

(b) Contractor's name;

(c) Contractor's license number;

(d) Name of individual attending or completing the course;

(e) Relationship of individual completing the course to contractor (e.g. owner, officer, member, employee);

(f) Date individual attended or completed the course;

(g) Number of hours credit obtained by attending or completing the course; and

(h) Certification by individual completing the course that the identified individual:

(A) Attended or completed the entire course; and

(B) No other individual attended, completed or assisted in completing the course in place of the individual.

(2) Providers will transmit data, as directed by the agency, containing the information in section (1) and notifying the agency when a contractor completes a Series B Course. Providers must submit data by 12:00 noon of the business day following the date the contractor completes the course.

(3) Upon satisfactory completion of each Series B Course, providers will prepare a certificate of completion for the person completing the course. The certificate of completion will contain the following information:

(a) Provider name;

(b) Provider number assigned by the agency;

(c) Course name;

(d) Course number assigned by the agency;

(e) Number of credit hours;

(f) Date of course completion;

(g) Student name;

(h) Name of contractor with which student is associated;

(i) Contractor CCB number; and

(j) Any other information required by the agency.

Stat. Auth.: ORS 670.310, 701.126 & 701.235

Stats. Implemented: OL 2013, Ch.718 (SB 783)

Hist.: CCB 3-2013(Temp), f. & cert. ef. 10-29-13 thru 4-26-14

Department of Administrative Services Chapter 125

Rule Caption: Repeal rule for recycling program that is no longer administered by Department of Administrative Services

Adm. Order No.: DAS 2-2013

Filed with Sec. of State: 10-28-2013

Certified to be Effective: 11-1-13

Notice Publication Date: 10-1-2013

Rules Repealed: 125-085-0000

Subject: Repeals OAR chapter 125, Division 85, Recycling rules. This State Recycling Program was originally created to implement ORS 279.560 to help establish recycling programs in office buildings occupied by state agencies. ORS 279.560 was repealed by 2003 c.794 Sec. 332 and the Department of Environmental Quality now assists in development and implementation of recycling programs according to ORS 459.035.

Rules Coordinator: Janet Chambers—(503) 378-5522

125-085-0000

State Recycling Program

(1) The Department of Administrative Services shall operate the state agencies recycling program established under ORS 279.560 by contracting with persons or firms for the collection, processing, and marketing of such recyclable products. Terms and conditions of such contract may include provisions for the following specifications:

(a) The acceptable waste paper products for the collection may include:

(A) White ledger or bond paper;

(B) Stationery and letterheads;

(C) Plain bond machine copies;

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- (D) Computer printouts;
- (E) Envelopes;
- (F) Colored paper;
- (G) Newspapers;
- (H) Cardboard;

(b) Other acceptable products for collection may include but are not limited to, plastic, glass and metal, as determined for acceptability by the Department's recycling program;

(c) The collection schedule and the method of accounting for quantities collected;

(d) The rates and the payment schedule.

(2) In selecting contractors under section (1) of this rule, the Department may, under ORS 279.015, and 279.835 to 279.855, give preference to nonprofit organizations which provide opportunity to persons with disabilities who reside in the State of Oregon, but awarding of contracts will be based on contractor's experience, capability and payment arrangements offered to the Department.

(3) All inquiries concerning the Department's recycling program for state agencies and all collection accounting reports or other contact from contractors should be addressed to: State Recycling Coordinator, State Recycling Program, Facilities Division, Department of Administrative Services, 1225 Ferry Street S.E., Salem, Oregon 97310.

Stat. Auth.: ORS 276, 279 & 283

Stats. Implemented: ORS 279.545, 279.550 & 279.560

Hist.: GS 3-1983, f. & ef. 1-19-83; TPPSD 2-1994, f. 12-22-94, cert. ef. 1-1-95; DAS 2-2013, f. 10-28-13, cert. ef. 11-1-13

Rule Caption: Implements standards for electronic deposit and electronic paystubs for state employees.

Adm. Order No.: DAS 3-2013(Temp)

Filed with Sec. of State: 10-28-2013

Certified to be Effective: 10-28-13 thru 4-25-14

Notice Publication Date:

Rules Adopted: 125-015-0200

Subject: HB 2207 (2013 regular session) requires officers and employees paid under the state payroll system to receive payment of salary and wages through direct electronic deposit. The bill also requires itemized statements of deductions to be provided electronically. The bill provides some exceptions to these requirements, which must be set forth in rule. This rule provides the procedures for those exceptions. It also addresses the requirement for agencies to provide access to electronic statements for employees who do not have regular access to computers in their workplace.

Rules Coordinator: Janet Chambers—(503) 378-5522

125-015-0200

Electronic Deposit and Electronic Itemized Statements of Net Salary and Wages

(1) Effective November 29, 2013 Electronic payment of net salary and wages and electronic statements of payroll deductions is the standard for all officers and employees of the state.

(2) All officers and employees paid under the state payroll system shall receive payment of net salary and wages one of three ways:

(a) Through electronic payment by direct deposit via Automated Clearing House (ACH) to a checking and/or savings account(s) that is located in a financial institution in the United States; or

(b) Through electronic payment by direct deposit via ACH to a reloadable state offered prepaid card; or a reloadable prepaid card provided by the officer or employee; or

(c) Payment of net salary and wages by paper check.

(3) Officers and employees receiving payment of net salary and wages through electronic payment shall receive electronically each month's itemized statement of payroll deductions from the Oregon Statewide Payroll Application.

(4) Officers and employees receiving payment of net salary and wages through paper check shall receive by paper each month's itemized statements of payroll deductions from the Oregon Statewide Payroll Application.

(5) An officer or employee may receive payment of net salary and wages by paper check and a paper itemized statement of payroll deductions. To do so the officer or employee shall contact the agency in writing noting the desire to be exempt from electronic payment of wages and electronic itemized statements.

(6) Exceptions to electronic payment and electronic itemized statement may be deemed necessary when the agency employing an officer or employee determines that electronic payment of net salary and wages is:

(a) Not practicable or efficient. The criteria agencies may use in deciding whether electronic payment is practicable or efficient include, but are not limited to:

(A) An officer or employee is newly hired and the routing and transfer information is in the process of being verified;

(B) An officer or employee is changing banks, causing the need for an alternate payment method because of the verification process for routing and transfer information;

(C) An officer or employee has been hired into an appointment for a period of 3 months or less;

(D) An officer or employee has on-going leave without pay status, which could result in overpayments if electronic payment is used;

(E) An officer or employee is receiving the final payment of wages due to separation from State employment; and

(F) An officer or employee has not established an account with a bank or financial institution or has not completed the authorization for electronic payment of net salary and wages as described in (2)(a) or (b) above.

(b) Where an officer or employee is mandated by a judicial action to receive payment of net salary and wages by a non-electronic method;

(c) Or, where an agency determines that an alternate method of payment is needed because of security concerns arising from protected-class employment or other sensitive situations identified by the agency.

Stat. Auth.: ORS 184.340

Stat. Implemented: ORS 292.026, HB2207 B (OL 2013, Ch 369)

Hist.: DAS 3-2013(Temp), f. & cert. ef. 10-28-13 thru 4-25-14

Department of Agriculture Chapter 603

Rule Caption: Amends rule governing the Willamette Valley Protected District to comport with HB 2427 (2013).

Adm. Order No.: DOA 11-2013

Filed with Sec. of State: 10-21-2013

Certified to be Effective: 10-21-13

Notice Publication Date: 9-1-2013

Rules Amended: 603-052-0860, 603-052-0861, 603-052-0862, 603-052-0870, 603-052-0880, 603-052-0882, 603-052-0884, 603-052-0886, 603-052-0888, 603-052-0901, 603-052-0921

Subject: Rapeseed Production District rules were amended to align with Legislative action taken during the 2013 Oregon Legislative Session. This act repealed the rules governing The Willamette Valley Protected District. The Department will rely on the clear legislative directive in HB 2427 for the administration of the Willamette Valley Protected District.

Other amendments to this rule assured the definition of rapeseed is compatible with the definition of "canola" in HB 2427 (2013 Legislative Session), deleted the link to a pdf file with a map of the former Willamette Valley Protected District, specify the Willamette Valley Protected District governed by HB 2427 (2013 Oregon Laws Chapter 724) rather than the rules of the Oregon Department of Agriculture, and deleted references to rapeseed production contracts.

Rules Coordinator: Sue Gooch—(503) 986-4583

603-052-0860

Rapeseed Control Areas

As provided in ORS 570.405 and 570.450, the Oregon Department of Agriculture may establish control areas for *Brassica* spp. including rapeseed, for the general protection of the horticultural, agricultural or forest industries of Oregon by excluding from established control areas *Brassica* spp. or rapeseed plants that if, not managed in accordance with these rules, may be a menace to such areas and generally to horticultural, agricultural or forest industries. The Department may also establish the conditions for the production of *Brassica* spp. and rapeseed in control areas so as to protect against plant diseases, plant pests or other conditions as may constitute a menace to the horticultural, agricultural or forest industries of Oregon.

Stat. Auth.: ORS 561.190 & 570.450

Stats. Implemented: ORS 561.190, 561.510 - 561.600, 570.305, 570.405, 570.410 - 570.415 & 570.450

Hist.: AD 19-1990, f. & cert. ef. 10-15-90; AD 7-1991(Temp), f. & cert. ef. 7-22-91; AD 19-1991, f. & cert. ef. 12-5-91; DOA 18-2005, f. & cert. ef. 10-28-05; DOA 14-2009, f. & cert. ef. 9-16-09; DOA 3-2010, f. & cert. ef. 1-21-10; DOA 24-2012(Temp), f. & cert. ef. 8-10-12 thru 1-31-13; DOA 1-2013, f. & cert. ef. 2-6-13; DOA 11-2013, f. & cert. ef. 10-21-13

ADMINISTRATIVE RULES

603-052-0861

General Production Area/Protected Districts

The seeding and growing of rapeseed by any person for any purpose in the state of Oregon shall be subject to the regulations of either the general production area or a protected district as described in these rules. The Willamette Valley Protected District as described in HB 2427 (2013) is governed by 2013 Oregon Laws Chapter 724.

Stat. Auth.: ORS 561.190, 561.510–561.600, 570.305, 570.405, 570.410–570.415 & 570.450
Stats. Implemented: ORS 570.405–570.415 & 570.450
Hist.: DOA 1-2013, f. & cert. ef. 2-6-13; DOA 11-2013, f. & cert. ef. 10-21-13

603-052-0862

Definitions

Unless the context requires otherwise, the following terms are defined as indicated:

- (1) “*Brassica* spp.” means any plants in the genus *Brassica*.
- (2) “Cover crop brassica” means any species of brassica that is grown as a cover crop and is not allowed to flower.
- (3) “Department” means the department of agriculture of the state of Oregon.
- (4) “Director” means the director of the department or the Director’s duly authorized representative.
- (5) “Forage brassica” means any species of brassica that is grown for animal/livestock feed and is not allowed to flower.
- (6) “Person” means an individual, firm, partnership, corporation, company, society, association, cooperative, two or more persons having a joint or common interest, or any unit or agency of local, state, or federal government.
- (7) “Producer” means any person who is the owner, tenant, or operator of land who has an interest in, and is entitled to receive all or any part of the proceeds from the sale of any commodity produced on that land.
- (8) “Production Year” means the year in which the rapeseed crop is harvested.

(9) “Rapeseed” means plants of the species *Brassica napus*, *Brassica rapa*, *Brassica juncea*, or other brassica species grown for the purpose of edible or industrial oil production. Canola is a rapeseed and means any plant of the genus *Brassica* in which seeds having a high oil content are the primary economically valuable product and that have a high erucic acid content suitable for industrial uses or a low erucic acid content suitable for edible oils.

(10) “Vegetable *Brassica* spp.” includes crops where the primary use is as a vegetable crop or as seed stock for planting. Species and common names for crops included in this category are *Brassica napus* (rutabaga, Siberian kale), *B. rapa* (turnip, turnip rapa, forage turnip, Napa or Chinese cabbage, Chinese flat cabbage, pak choi, pe-tsai, mizuna or mibuna, tendergreen mustard, and broccoli raab), *B. juncea* (Chinese mustard), *B. oleracea* (kale, collards, Chinese kale or Chinese broccoli or gai lan or kailan, cauliflower and heading broccoli, cabbage, brussel sprouts, kohlrabi and sprouting broccoli or calabrese) and *B. carinata* (Ethiopian mustard).

(11) “Field” For the purpose of this rule a field may include one or more contiguous plots of land managed as a single unit. These plots may be separated by an unimproved farm road, ditch or hedgerow.

Stat. Auth.: ORS 561.190, 561.510–561.600, 570.305, 570.405, 570.410–570.415 & 570.450
Stats. Implemented: ORS 570.405–570.415 & 570.450
Hist.: DOA 1-2013, f. & cert. ef. 2-6-13; DOA 11-2013, f. & cert. ef. 10-21-13

603-052-0870

General Production Area

All lands in Oregon outside of protected districts constitute the General Production Area. Rapeseed production in the General Production Area is subject to the following best management practices:

- (1) All rapeseed, cover crop brassica, and forage brassica seed stock that trades in commerce in the General Production Area must be accompanied by an official test stating that the untreated seed is free from blackleg (*Leptosphaeria maculans*); and
- (2) All rapeseed, cover crop brassica, and forage brassica seed stock must also be treated prior to planting with a fungicide or treatment method approved for blackleg control.
- (3) To prevent buildup of blackleg, blackrot, and other diseases and pests, oilseed or vegetable brassicas may not be grown on the same plot of land more than two years in every five.
- (4) *Brassica* spp. crops grown in the General Production Area but transported into or through protected districts are subject to the transport requirements of the protected district through which the oilseed *Brassica* is transported.

Stat. Auth.: ORS 561.190 & 570.450
Stats. Implemented: ORS 561.190, 561.510–561.600, 570.305, 570.405, 570.410–570.415 & 570.450

Hist.: AD 19-1990, f. & cert. ef. 10-15-90; AD 7-1991(Temp), f. & cert. ef. 7-22-91; DOA 18-2005, f. & cert. ef. 10-28-05; DOA 14-2009, f. & cert. ef. 9-16-09; DOA 24-2012(Temp), f. & cert. ef. 8-10-12 thru 1-31-13; DOA 1-2013, f. & cert. ef. 2-6-13; DOA 11-2013, f. & cert. ef. 10-21-13

603-052-0880

Protected Districts; Prohibitions

(1) Production of *Brassica* spp. seed crops requires special care and isolation. *Brassica* spp. may be grown within the following protected districts only in accordance with those rules governing each protected district, except that canola grown in the Willamette Valley Protected District as described in HB 2427 (2013) is governed by 2013 Oregon Laws Chapter 724. The following are protected districts:

- (a) Willamette Valley Protected District;
- (b) Central Oregon Protected District;
- (c) Northeast Oregon Protected District;
- (d) Malheur/Idaho Protected District.

(2) No person shall violate any provision of those rules governing each protected district.

Stat. Auth.: ORS 561.190, 561.510–561.600, 570.305, 570.405, 570.410–570.415 & 570.450
Stats. Implemented: ORS 570.405–570.415 & 570.450
Hist.: AD 19-1990, f. & cert. ef. 10-15-90; AD 7-1991(Temp), f. & cert. ef. 7-22-91; AD 19-1991, f. & cert. ef. 12-5-91; DOA 18-2005, f. & cert. ef. 10-28-05; DOA 1-2008, f. & cert. ef. 1-7-08; DOA 14-2009, f. & cert. ef. 9-16-09; DOA 3-2010, f. & cert. ef. 1-21-10; DOA 24-2012(Temp), f. & cert. ef. 8-10-12 thru 1-31-13; DOA 1-2013, f. & cert. ef. 2-6-13; DOA 11-2013, f. & cert. ef. 10-21-13

603-052-0882

Willamette Valley Protected District

This Willamette Valley Protected District as described in HB 2427 (2013) is governed by 2013 Oregon Laws Chapter 724.

Stat. Auth.: ORS 561.190, 570.405, 570.412, 570.415 & 570.450
Stats. Implemented: 2013 HB 2427, ORS 570.405, 570.410, 570.412, 570.415 & 570.450
Hist.: DOA 1-2013, f. & cert. ef. 2-6-13; DOA 11-2013, f. & cert. ef. 10-21-13

603-052-0884

Central Oregon Protected District

(1) The following area is designated as the Central Oregon Protected Area: the entire counties of Crook, Deschutes and Jefferson.

(2) Forage and cover crop rapeseed may be grown but shall not be allowed to flower.

(3) Rapeseed seed crops are prohibited in the Central Oregon Protected District except under Research Permit (see 603-052-0901(1)). All rapeseed grown under research permit must meet the following conditions:

- (a) Within the Central Oregon Protected District the required isolation distance shall be not less than three miles;
- (b) The location of all rapeseed fields must be recorded at the appropriate Oregon State University County Extension Office at least ten days prior to planting;
- (c) To prevent buildup of blackleg, blackrot, and other diseases and pests rapeseed may not be grown on the same plot of land in two consecutive years and not more than two years in every five years;
- (d) Rapeseed seed stock that trades in commerce in the protected district must be accompanied by an official test stating that the untreated seed was free from blackleg (*Leptosphaeria maculans*); the seed must also be treated (after the official test) prior to planting with a fungicide or treatment method approved for blackleg control;
- (e) All planting, harvest, and transportation equipment shall be cleaned to prevent any inadvertent spread of rapeseed from the field;
- (f) All unbagged loads of rapeseed transported within the protected district must be in enclosed bins or in containers lined and covered in a manner to prevent seed loss; and
- (g) Any volunteer or uncontrolled rapeseed in or around production fields must be prevented from flowering by the producer.

Stat. Auth.: ORS 561.190, 561.510–561.600, 570.305, 570.405, 570.410–570.415 & 570.450
Stats. Implemented: ORS 570.405–570.415 & 570.450
Hist.: DOA 1-2013, f. & cert. ef. 2-6-13; DOA 11-2013, f. & cert. ef. 10-21-13

603-052-0886

Northeast Oregon Protected District

(1) The following area is designated as the Northeast Oregon Protected District: the entire counties of Baker, Union and Wallowa, except the following part of Wallowa County which is designated as a general production area: Township 4N, Range 43E; Township 4N, Range 44E; Township 4N, Range 45E; Township 5N, Range 43E; Township 5N, Range 44E; and Township 5N, Range 45E; and those portions of Township 6N, Range 43E; Township 6N, Range 44E; and Township 6N, Range 45E falling within the State of Oregon.

(2) Forage and cover crop rapeseed may be grown but shall not be allowed to flower.

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(3) Rapeseed seed crops are allowed in the Northeast Oregon Protected District subject to the following requirements:

(a) Within the Northeast Oregon Protected District the required isolation distance from any crops with which it could cross pollinate shall be not less than two miles;

(b) The location of all rapeseed fields must be recorded at the appropriate Oregon State University County Extension Office at least ten days prior to planting;

(c) To prevent buildup of blackleg, blackrot, and other diseases and pests rapeseed may not be grown on the same plot of land in two consecutive years and not more than two years in every five years;

(d) Rapeseed seed stock that trades in commerce in the protected district must be accompanied by an official test stating that the untreated seed was free from blackleg (*Leptosphaeria maculans*). After the official test, the seed must also be treated prior to planting with a fungicide or treatment method approved for blackleg control;

(e) All planting, harvest, and transportation equipment shall be cleaned to prevent any inadvertent spread of rapeseed from the field;

(f) All unbagged loads of rapeseed transported through or within the protected district must be in enclosed bins or in containers lined and covered in a manner to prevent seed loss; and

(g) Any volunteer or uncontrolled rapeseed in or around production fields must be prevented from flowering by the producer.

Stat. Auth.: ORS 561.190, 561.510–561.600, 570.305, 570.405, 570.410–570.415 & 570.450
Stats. Implemented: ORS 570.405–570.415 & 570.450
Hist.: DOA 1-2013, f. & cert. ef. 2-6-13; DOA 11-2013, f. & cert. ef. 10-21-13

603-052-0888

Malheur/Idaho Protected District

(1) The following area is designated as the Malheur/Idaho Protected District: in Malheur County, a 3-mile wide strip of land along the Idaho border from the point where Payette County, Idaho's northern border intersects Malheur County's eastern border, south to the point where Highway 95 crosses the Oregon border. This strip of land borders Idaho's rapeseed production district IV (IDAPA 02.06.13) where rapeseed production is prohibited. The rest of Malheur Co. is a general production area.

(2) Forage and cover crop rapeseed may be grown but shall not be allowed to flower.

(3) Rapeseed seed crops are prohibited in the Malheur/Idaho Protected District.

Stat. Auth.: ORS 561.190, 561.510–561.600, 570.305, 570.405, 570.410–570.415 & 570.450
Stats. Implemented: ORS 570.405–570.415 & 570.450
Hist.: DOA 1-2013, f. & cert. ef. 2-6-13; DOA 11-2013, f. & cert. ef. 10-21-13

603-052-0901

Research, Summary, Changes

(1) Research Permits. The Department may issue research permits in any protected district providing exemptions to the rapeseed control area rules for the purpose of research. Persons requesting a research permit shall petition the Department in writing and include the following:

(a) Research must include the involvement of an accredited university;

(b) All applicable conditions of rapeseed production must be met including pinning of fields;

(c) The Director retains the final authority to approve or deny research permit requests. Any action under a research permit shall be subject to any conditions or restrictions set forth in the permit, and these conditions and restrictions may vary depending on the proposed action and its potential risk.

(2) Summary. The Department will maintain a summary of rapeseed fields produced under a research permit with the Department including locations of acres planted, number of acres planted, dates planted, and contact persons.

(3) Changes to Rapeseed Control Area Rules. Interested persons may petition the Department to amend or repeal these rules, including designation changes creating or removing protected district status, by following the procedures in the Administrative Procedures Act, ORS 183.390.

Stat. Auth.: ORS 561.190, 561.510–561.600, 570.305, 570.405, 570.410–570.415 & 570.450
Stats. Implemented: ORS 570.405–570.415 & 570.450
Hist.: DOA 1-2013, f. & cert. ef. 2-6-13; DOA 11-2013, f. & cert. ef. 10-21-13

603-052-0921

Violations

(1) No person shall violate any control area rule governing the production of rapeseed in Oregon.

(2) Consistent with ORS 561.280 and ORS 570.405 and in addition to any other lawful remedy, the Director may bring an action to enjoin the violation or threatened violation of any provision of ORS 570.405 and ORS

570.450 or its rules. Such action may be filed in the circuit court of Marion County or in the county in which the violation or threatened violation occurs or is about to occur. Consistent with applicable law, the relief requested may include, but is not limited to, an order for summary destruction of any rapeseed crop.

(3) Notice of Noncompliance and Plan of Correction. In addition to, or in lieu of, any action to enjoin enforcement of these rules, the Director may issue a Notice of Noncompliance and Plan of Correction to any person.

(a) A Notice of Noncompliance informs the person to whom the notice is directed of the violation, including a reference to the particular statute or administrative rules involved, and the location of the violation;

(b) A Plan of Correction directs the person to whom the plan of correction is directed to perform those actions necessary to comply with the particular statute or administrative rules involved;

(A) Specifies a reasonable period of time by which compliance is to be achieved not to exceed five (5) calendar days after the notice is received;

(B) May include requirements for the person to whom the plan of correction is directed to report the completion of specific actions;

(c) A Notice of Noncompliance and Plan of Correction is issued by the Director, is an order other than contested case for purposes of judicial review, and must be served personally or by registered or certified mail.

(d) Failure to perform any of the requirements of a Plan of Correction may be considered by the Director as a failure to correct the violation within the period of time set for correction by the Director in the Notice of Noncompliance and Plan of Correction and may result in any lawful enforcement including, but not limited to, those remedies described in subsection (2) of this section.

Stat. Auth.: ORS 561.190, 561.510–561.600, 570.305, 570.405, 570.410–570.415 & 570.450
Stats. Implemented: ORS 570.405–570.415 & 570.450
Hist.: DOA 1-2013, f. & cert. ef. 2-6-13; DOA 11-2013, f. & cert. ef. 10-21-13

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**Department of Consumer and Business Services,
Division of Finance and Corporate Securities
Chapter 441**

Rule Caption: Allows use of an alternate licensing application form for individuals representing issuers of securities.

Adm. Order No.: FCS 5-2013

Filed with Sec. of State: 11-15-2013

Certified to be Effective: 11-15-13

Notice Publication Date: 10-1-2013

Rules Amended: 441-175-0120

Subject: Currently, all securities salespersons, regardless of whether they are employed by a broker-dealer or represent an issuer or owner of securities must submit a complete, multi-state securities application form as part of their salesperson licensing application. The application requires more information than is likely necessary to license salespersons in Oregon who only represent an issuer or owner of securities. This rule grants the department the flexibility to offer those salespersons representing an issuer or owner an option to use a state-specific, streamlined application form.

Rules Coordinator: Shelley Greiner—(503) 947-7484

441-175-0120

Licensing of Salespersons or Representatives to Non-FINRA Broker-Dealers, State or Federal Covered Investment Advisers, Issuers and Owners of Securities

(1) For purposes of ORS 59.175, all salespersons or investment adviser representatives, except salespersons desiring to work for a FINRA broker-dealer, must be licensed as provided in this rule.

(2) A non-FINRA broker-dealer, an issuer, or an owner of securities must submit to the director a complete application to license a salesperson including:

(a) A completed Form U-4 or an alternate form approved by the director;

(b) A licensing fee for each salesperson as set in OAR 441-175-0002;

(c) Official notice of a passing score of the appropriate examinations pursuant to section (5), if required for licensing under this rule; and

(d) If employed by more than one broker-dealer or state or federal covered investment adviser, an undertaking as provided in section (10) of this rule.

(3) A state or federal covered investment adviser must submit to the IARD, if the adviser files with the IARD and the IARD is capable of accepting the application, and otherwise to the director:

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(a) A completed Form U-4 or an alternate form approved by the director;

(b) A licensing fee for each investment adviser representative as set in OAR 441-175-0002;

(c) Official notice of a passing score on the appropriate examination, if required for licensing under section (6) of this rule; and

(d) If employed by more than one broker-dealer or state or federal covered investment adviser, an undertaking as provided in section (10) of this rule.

(4) The following salespersons or investment adviser representatives are exempt from the examination requirements of section (5) or (6) of this rule:

(a) Salespersons or investment adviser representatives who have been licensed at any time in Oregon during the two years immediately prior to filing an application for licensing and whose current application is for the same type of license;

(b) Salespersons licensed to an issuer or owner of securities where the securities have been registered pursuant to ORS 59.065 and OAR chapter 441, division 65; and

(c) Salespersons or investment adviser representatives licensed in any jurisdiction during the two years immediately prior to filing an application for licensing in Oregon. For salespersons, this exemption is limited to the extent a salesperson has previously taken and passed the examinations required by section (5) of this rule.

(5) A salesperson to a non-FINRA broker-dealer, or an issuer or owner of securities, who is not exempt from the examination requirements pursuant to section (4) of this rule is required to pass the S-63 with a minimum score of 70 percent. In addition, a salesperson is required to pass, with a minimum score of 70 percent, the specific examination which corresponds to the authorized sales activity as follows:

(a) S-7 for a general securities license;

(b) S-3 for a commodity futures license;

(c) S-6 for an investment company, mutual funds or variable contracts license;

(d) S-22 for a limited partnership or tax shelter license;

(e) S-42 for an options license;

(f) S-52 for a municipal bonds license; or

(g) S-62 for a corporate securities license.

(6)(a) An investment adviser representative to a state or federal covered investment adviser, who is not exempt from the examination requirements pursuant to section (4) or subsection (6)(b) of this rule, is required to pass the examinations in one of the following paragraphs:

(A) If the applicant has passed the S-7 examination, then either the S-65 examination if taken prior to January 1, 2000 or the S-66 examination if taken after January 1, 2000; or

(B) The S-65 examination if taken after January 1, 2000.

(b) The examinations in subsection (6)(a) shall be waived for an individual who currently holds one of the following professional designations:

(A) Chartered Financial Analyst (CFA) granted by the Association for Investment Management and Research;

(B) Certified Financial Planner (CFP) issued by the Certified Financial Planner Board of Standards, Inc.;

(C) Chartered Financial Consultant (ChFC) awarded by The American College, Bryn Mawr, Pennsylvania;

(D) Chartered Investment Counselor (CIC) granted by the Investment Counsel Association of America;

(E) Personal Financial Specialist (PFS) administered by the American Institute of Certified Public Accountants; or

(F) Such other professional designation as the director may by order recognize.

(7) Limited licensed salespersons or investment adviser representatives may only effect transactions in or provide investment advice concerning securities for which their license is issued.

(8) Alternate equivalent examinations will be considered upon a written request to the director, stating the examination to be replaced, the type of examination, and the material covered in the alternate examination. Examinations which have been replaced by a new examination will be accepted as an alternate equivalent examination without written request.

(9) Waiver of the examination requirement will be considered upon a written request to the director. Waivers will be limited to applications showing a minimum of three continuous years of securities related activity immediately prior to the application and a pre-existing business relationship with a person who is now in this state.

(10)(a) A person may be licensed simultaneously in this state as a salesperson with more than one broker-dealer or as an investment adviser

representative with a state or federal covered investment adviser if all employers enter into an undertaking on a form approved by the director. The undertaking shall contain the following provisions:

(A) The effective date of the salespersons or investment adviser representatives employment with the respective employers;

(B) Consent by each employer to the employment of the salesperson or investment adviser representative by all other employers;

(C) An agreement by each employer to assume joint and several liability with all other employers for any act or omission of the person during the period of employment which violates the Oregon Securities Law. This agreement will continue until written notice is given to the director of the termination of the employment relationship; and

(D) An agreement that each employer will license the salesperson or investment adviser representative with the director and pay the applicable fees.

(b) No undertaking is required where:

(A) The salesperson is employed by one or more issuers registered under the Investment Company Act of 1940, 15 U.S.C. § 80a-1 et seq, under common management or control; or

(B) The employer, a single entity, is licensed or has filed notice in Oregon as both a broker-dealer and a state or federal covered investment adviser.

(C) Any changes in employment by a salesperson or investment adviser representative which would result in requiring an undertaking or changing the existing undertaking must be immediately filed on a new undertaking form with the director.

(11) Where a salesperson desires to work for an issuer or owner of securities:

(a) The salesperson must be a bona fide officer, director or employee of the issuer or owner. No salesperson may be licensed to more than one issuer or owner of securities simultaneously. No person described in this subsection may be licensed to another issuer or owner of securities until two years from the date of the original licensing or last renewal of the prior offering. However, salespersons licensed to a single issuer to sell a continuing issue may be renewed. A waiver of this subsection may be requested from the director as provided in OAR 441-011-0020;

(b) Persons not otherwise licensed, who are selling securities of an issuer for which notice has been filed pursuant to ORS 59.049(1) or 59.049(2), do not have to meet the requirements of subsection (a) of this section.

(12) Once the requirements of this rule are met, the director shall issue a license, which may be conditioned or restricted pursuant to OAR 441-225-0030, for the salesperson or investment adviser representative unless the director determines that licensing should be denied on one or more grounds as set forth in ORS 59.205 to 59.225.

(13) If the application, the undertaking, any supporting material or any representations made to the director are inaccurate or incomplete in any material respect, the license shall be void.

(14) A salesperson or investment adviser representative license issued pursuant to this rule automatically expires without further action of the director as follows:

(a) The license of an issuers or owners salesperson expires when the securities are no longer authorized for sale;

(b) The license of every salesperson or investment adviser representative licensed to a broker-dealer or state or federal covered investment adviser expires on the same date that the license of the broker-dealer or state investment adviser or the notice filing of the federal covered investment adviser expires.

[ED. NOTE: Forms referenced are available from the agency.]

Stat. Auth.: ORS 59.175

Stats. Implemented: ORS 59.165 & 59.175

Hist.: CC 13, f. 9-19-73, ef. 10-1-73; CC 16, f. 5-13-74, ef. 6-11-74; Renumbered from 815-030-0165.2; CC 9-1986(Temp), f. & ef. 1-16-86; CC 1-1987, f. & ef. 2-4-87; FCS 7-1987(Temp), f. 9-24-87, ef. 9-28-87; FCS 6-1988, f. 3-22-88, cert. ef. 3-25-88; Renumbered from 815-030-0070; FCS 1-1992, f. 1-31-92, cert. ef. 2-1-92; FCS 2-1994, f. & cert. ef. 1-7-94; FCS 5-1999, f. & cert. ef. 12-23-99; FCS 13-2000, f. & cert. ef. 11-6-00; FCS 9-2001, f. & cert. ef. 9-28-01; FCS 2-2003(Temp), f. & cert. ef. 11-26-03 thru 5-21-04; FCS 1-2004, f. & cert. ef. 5-19-04; FCS 1-2012, f. & cert. ef. 7-9-12; FCS 5-2013, f. & cert. ef. 11-15-13

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Rule Caption: Clarifies recently enacted exemptions from mortgage loan originator licensing for manufactured structure dealers.

Adm. Order No.: FCS 6-2013

Filed with Sec. of State: 11-15-2013

Certified to be Effective: 11-15-13

Notice Publication Date: 10-1-2013

Rules Adopted: 441-446-0203, 441-446-0230

ADMINISTRATIVE RULES

Rules Amended: 441-446-0100, 441-446-0110, 441-446-0200, 441-446-0210, 441-446-0300

Subject: In 2013, the Legislature enacted House Bill 3482 which in part exempted individuals licensed as manufactured structure dealers from having to obtain a mortgage loan originator license. This rulemaking activity addresses three issues with the bill that needed further clarification. First, the rules would limit the exemption to one limited manufactured structure dealer licensee per park, but allow sales by full manufactured structure dealer licensees not affiliated with the limited manufactured structure dealer. Second, the rules would clarify that a manufactured structure dealer may engage the services of a licensed or registered mortgage loan originator to offer or negotiate loans on the licensee's behalf once statutory caps were met. Finally, the rules would apply the statutory caps on the number of loans a licensee may hold to loans made on or after the operative date of Oregon's implementation of the federal S.A.F.E. Act, which was July 31, 2010.

Rules Coordinator: Shelley Greiner—(503) 947-7484

441-446-0100

Purpose and Scope

OAR 441-446-0100 through 441-446-0300 clarify the definitions, rules and requirements pertaining to businesses that engage in the business of selling manufactured structures under ORS chapter 446.

Stat. Auth.: ORS 446.666

Stats. Implemented: ORS 446.661, 446.666

Hist.: BCD 10-2005, f. 4-29-05, cert. ef. 5-1-05; Renumbered from 918-030-0400, FCS 7-2008 f. & cert. ef. 7-28-08; FCS 6-2013, f. & cert. ef. 11-15-13

441-446-0110

Definitions

As used in OAR 441-446-0100 through 441-446-0300 and ORS chapter 446, unless the context clearly indicates otherwise, the following definitions apply:

(1) "Corrected license" means:

(a) A limited manufactured structure dealer license that has been amended by the director to reflect a change in the identified operator of a manufactured dwelling park under ORS 446.706; or

(b) A manufactured structure dealer license that has been amended by the director to reflect an additional place of business, a change in the manufactured structure dealer's place of business, or a change in the dealer's business name under ORS 446.716.(2) "Dealer" means a person who is required to be licensed under ORS 446.691, 446.696, 446.701 or 446.706.

(3) "Dealership," "place of business," or "business location" means a physical location within the state where a dealer conducts activity described in ORS 446.671.

(4) "Director" means the Director of the Department of Consumer and Business Services.

(5) "Manufactured dwelling buyer's disclosure form" means the form developed in April 2010 by the director as authorized under ORS 446.260 and made available on the Internet at http://bcd.oregon.gov/programs/mdprogram/mh_buyer_disclosure_040110.pdf (6) "Mortgage loan originator" has the same meaning given to that term in ORS 86A.200.

(7) "NMLS Consumer Access" means the publicly-available compilation of information on licensed and registered mortgage loan originators maintained by the State Regulatory Registry, LLC and made available on the Internet at <http://www.nmlsconsumeraccess.org/>.

(8) "Residential mortgage loan" has the same meaning given to that term in ORS 86A.200, but for the purposes of OAR chapter 441, division 446, is limited to a personal property loan obtained to purchase a previously owned manufactured dwelling in a manufactured dwelling park.

Stat. Auth.: ORS 446.666

Stat. Implemented: ORS 86A.203, 446.666

Hist.: BCD 16-2006(Temp), f. 6-30-06, cert. ef. 7-1-06 thru 12-28-06; BCD 13-2006, f. 9-29-06, cert. ef. 10-1-06; Renumbered from 918-030-0410, FCS 7-2008 f. & cert. ef. 7-28-08; FCS 6-2013, f. & cert. ef. 11-15-13

441-446-0200

Supplemental or Corrected Licenses

A supplemental or corrected license shall have the same expiration as the limited or dealer license.

Stat. Auth.: ORS 446.666

Stats. Implemented: ORS 446.666 & 446.716

Hist.: BCD 10-2005, f. 4-29-05, cert. ef. 5-1-05; Renumbered from 918-030-0420, FCS 7-2008 f. & cert. ef. 7-28-08; FCS 6-2013, f. & cert. ef. 11-15-13

441-446-0203

Exemptions from Mortgage Loan Originator Licensing

In addition to the provisions contained in ORS 86A.203(2) through (4) relating to the exemption of a dealer from licensing as a mortgage loan originator, the following conditions apply:

(1)(a) Only one limited manufactured structure dealer licensee per manufactured dwelling park may claim the exemption from licensing under ORS 86A.203.

(b) A manufactured structure dealer may offer or negotiate the terms of a residential mortgage loan in a manufactured dwelling park where a limited manufactured structure dealer claims an exemption under ORS 86A.203(2)(f), but the manufactured structure dealer may not acquire or hold an ownership interest in the manufactured dwelling park or in the business entity holding the limited manufactured structure dealer license.

(2)(a) A licensed or registered mortgage loan originator may offer or negotiate terms for a residential mortgage loan on behalf of a dealer who holds the statutory maximum number of loans set out in ORS 86A.203(3) or (4), as applicable to that dealer.

(b) A dealer must verify, whether through NMLS Consumer Access or other means, that the mortgage loan originator retained to complete a transaction under this section meets the requirements of ORS 86A.200 to ORS 86A.239.

(c) This section does not waive any other legal requirements that may apply to a dealer.

(3) For purposes of establishing the maximum number of residential mortgage loans a dealer may offer or negotiate without a mortgage loan originator license, this rule applies to residential mortgage loans made on or after July 31, 2010.

Stat. Auth.: ORS 446.666

Stats. Implemented: ORS 86A.203

Hist.: FCS 6-2013, f. & cert. ef. 11-15-13

441-446-0210

Dealer Requirements

(1) A dealer shall file all required applications for ownership documents and trip permits, or ensure required applications are completed and filed, as required by OAR chapter 918, divisions 550 and 600.

(2) A manufactured structure dealer selling manufactured homes for installation in Oregon shall present each potential buyer of a new manufactured home with the manufactured dwelling buyer's disclosure form to read and sign prior to the completion of the purchase agreement for a manufactured home. A dealer shall give one copy of the disclosure form, signed by the buyer and the dealer, to the buyer and retain one copy in the dealer's files for not less than five years from the date of sale. Copies of signed disclosures shall be made available to the director upon request.

(3) A dealer must maintain accurate records for a period of five years from the last date for the transaction, including after the dealer has ceased doing business in the state. A dealer may maintain records in any electronic format capable of being reduced to written form. Records required to be maintained include but are not limited to:

(a) A legible copy of any disclosure statement provided to a purchaser;

(b) A legible copy of any trip permit issued by the dealer;

(c) A record of the names and addresses of all contractors retained or hired by the dealer to engage in any aspect of manufactured structure installation or service work and a record identifying the manufactured structures on which each contractor performed work;

(d) Records of any correction notices the dealer has sent to a manufacturer for repairs arranged by the dealer;

(e) A record of any alterations a dealer made to a manufactured structure prior to sale or as a part of a sales agreement;

(f) A legible copy of all records relating to a sale, including but not limited to confirmation orders, diagrams, purchase options, written agreements, financing applications, financing agreements, change orders, price changes, ownership documents, and applications to record a structure in deed records; (g) A copy of the verification, whether completed through NMLS Consumer Access or by other means, of a mortgage loan originator's license or registration required by OAR 441-446-0203; and

(h) Records associated with consignment sales.

(4) Records specified under this section must be readily accessible to the director upon request. Records may be stored at the dealer's principal place of business, an additional place of business indicated on the dealer's license, or in a location within the state that the dealer may produce the records for the director's examination.

(5) In addition to the bond or letter of credit requirements in ORS 446.726, a dealer shall authorize their bond or letter of credit company to

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notify the director upon any change to or cancellation of the insurance required for their dealer license, and notify the director of any change to or cancellation of the bond or letter of credit required for their dealer license.

(6) A dealer shall, within 10 business days, notify the director of any name, ownership, address changes or additions, through a director approved form including any change of registration status with the Secretary of State, and obtain all required licenses.

(7) A dealer shall exercise due care and diligence that is consistent with industry practice in all transactions involving a manufactured structure and shall not, by act or omission, endanger the economic welfare or the health or safety of the public through such transactions.

(8) A dealer shall not engage in conduct which demonstrates habitual disregard for the law.

Stat. Auth.: ORS 446.666

Stats. Implemented: ORS 446.225, 446.260, 446.666, 446.691, 446.696, 446.701, 446.706, 446.716, 446.726, 446.736, 446.741 & 446.751

Hist.: BCD 10-2005, f. 4-29-05, cert. ef. 5-1-05; Renumbered from 918-030-0430, FCS 7-2008 f. & cert. ef. 7-28-08; FCS 6-2013, f. & cert. ef. 11-15-13

441-446-0230

Recordkeeping Requirements for Residential Mortgage Loans

In addition to the recordkeeping requirements contained in 441-446-0210, a dealer that takes an application for a residential mortgage loan must prepare and maintain all documentation related to the loan, including but not limited to the following:

- (1) A copy of each loan application form signed by the borrower;
- (2) A copy of all documentation relied upon in making the loan decision;

(3) A copy of all documents submitted by a borrower to the dealer in connection with the loan application;

(4) A copy of any documents noting approval or denial of a borrower's mortgage loan application;

(5) A copy of all correspondence with the borrower in writing or in a format easily converted to writing;

(6) A copy of all Truth in Lending Act disclosure statements required by Regulation Z, 12 C.F.R. Part 1026;

(7) A copy of an authorization signed by the borrower to release credit information to the dealer for evaluating whether to extend credit to the borrower;

(8) A copy of every credit report accessed by the dealer in connection with the loan;

(9) A copy of the retail installment contract signed by both parties, the note, or a copy of another form of agreement signed by the parties evidencing the terms of the transaction for the manufactured structure;

(10) A copy of the purchase agreement signed by the borrower;

(11) A copy of the ownership documents filed with the director under ORS 446.561 et seq.; and

(12) A copy of the borrower's payment schedule and a copy of receipts for loan payment received by the dealer.

Stat. Auth.: ORS 446.666

Stat. Implemented: ORS 86A.203

Hist.: FCS 6-2013, f. & cert. ef. 11-15-13

441-446-0300

Violations

In addition to any grounds for sanction specified in ORS chapter 446, the director may deny, suspend, revoke or place conditions on a dealer's license if a dealer:

(1) Fails to maintain records or any other requirements under OAR 441-446-0210;

(2) Engages in conduct which constitutes a Class A misdemeanor or any felony arising out of actions related to the selling, brokering, trading or exchanging of manufactured structures or conviction of such Class A misdemeanor of felony; or

(3) Engages in conduct constituting an unlawful practice under ORS 646.607 or 646.608;

(4) Fails to maintain the required surety bond or letter of credit under ORS 446.721; or

(5) Engages in a pattern or practice of conduct that violates any provision of ORS 86A.203 to 86A.239, 446.003 to 446.200, 446.225 to 446.285, 446.395 to 446.420, and 446.561 to 446.756 or any rules adopted thereunder.

Stat. Auth.: ORS 446.741

Stats. Implemented: ORS 446.666, 446.741, 446.746, 446.751 & 446.756

Hist.: BCD 10-2005, f. 4-29-05, cert. ef. 5-1-05; Renumbered from 918-030-0490, FCS 7-2008 f. & cert. ef. 7-28-08; FCS 6-2013, f. & cert. ef. 11-15-13

Department of Consumer and Business Services, Insurance Division Chapter 836

Rule Caption: Temporary Rules Requiring Health Insurer Segregation of Premium Accounting Methodology

Adm. Order No.: ID 5-2013(Temp)

Filed with Sec. of State: 11-5-2013

Certified to be Effective: 11-5-13 thru 4-30-14

Notice Publication Date:

Rules Adopted: 836-011-0050

Subject: Section 1303 of the Affordable Care Act (Pub. L. 111-148, 2010, as amended) requires carriers to establish allocation accounts that segregate federal subsidies from any funds used to cover a plan's benefits that are not essential health benefits, including certain voluntary abortions for persons who enroll for coverage through the Oregon Health Insurance Exchange. The section also requires inclusion of notice of the fund segregation in the summary of benefits and coverage explanation. Section 1303 (b)(E)(i) places the obligation to ensure compliance with the segregation requirements on state insurance commissioners. This proposed rule is necessary for the Insurance Division and affected insurers to comply with the Affordable Care Act's requirements in this regard.

Rules Coordinator: Victor Garcia—(503) 947-7260

836-011-0050

Requirements for Segregation of Premium Received for Coverage Not Eligible for Federal Subsidies

(1) As used in this rule, "health insurer" means any insurer, fraternal benefit society, health maintenance organization or health care service contractor authorized to transact health insurance in Oregon and offering health benefit plans through the Oregon Health Insurance Exchange.

(2) All domestic, foreign or alien health insurers must:

(a) Submit an annual assurance statement attesting that the insurer complies with the requirement of section 1303 of the Affordable Care Act; and

(b) If the health benefit plan provides coverage of services that are not eligible for federal funds furnished in the form of premium tax credits or cost-sharing reductions, the health insurer also must comply with sections (3) to (11) of this rule.

(3) In addition to submitting an annual assurance statement, a health insurer that offers a health benefit plan that provides coverage of services that are not eligible for federal funds furnished in the form of premium tax credits or cost-sharing reductions must obtain the prior written approval of the Director of the Department of Consumer and Business Services of the health insurer's accounting practice methodology for segregating premium allocated to a termination of pregnancy benefit. This requirement applies only to qualified insurers certified through the Oregon Health Insurance Exchange Corporation, for qualified health plans issued on the Oregon Health Insurance Exchange.

(4) The accounting methodology required under section (3) of this rule must:

(a) Describe the accounting practices the insurer will use to ensure segregation of federal funds for premium and claims for nonexcepted termination of pregnancy benefits from other premium received from an enrollee who receives a premium tax benefit or cost-sharing subsidy pursuant to enrollment through the Oregon Health Insurance Exchange;

(b) Allocate the two types of premium to separate accounts (allocation accounts);

(c) Ensure that claims for the nonexcepted termination of pregnancy benefit are not paid from an allocation account into which federal funds are placed; and

(d) Ensure strict separation of funds between the allocation accounts, and include at least one allocation account solely for the deposit of private premium dollars used to pay for abortion coverage, and a second allocation account to process premium dollars paid for all other covered benefits.

(5) This rule does not require an insurer to conduct two separate premium transactions with enrollees. For purposes of approval by the director, the segregation of premium may occur solely as an accounting transaction.

(6) A health insurer must submit its proposed methodology to the director in writing more than thirty days before the proposed effective date for implementing the methodology. The insurer may not implement the methodology until the director approves the plan in writing. For good cause, the director may reduce the time period.

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(7) A health insurer may not implement any changes or amendments to its accounting methodology prior to receiving the director's written approval.

(8) Instructions as to how and where an insurer must send its request for approval of its segregation of premium accounting plan may be found on the Oregon Insurance Division web site at www.insurance.or.gov.

(9) An insurer submitting a proposed accounting methodology under this rule must include the following information:

(a) The proposed effective date and the date of the first filed financial statement in which the proposed segregated account will be reported;

(b) A description of accounting systems for processing premium payments for products on the Oregon Health Insurance Exchange that include termination of pregnancy benefits, including:

(A) The financial accounting systems, including documentation and internal controls, to ensure the appropriate segregation of payments received for coverage of nonexcepted termination of pregnancy benefits from those received for coverage of all other services, which may be supported by federal premium tax credits and cost-sharing reduction payments;

(B) The financial accounting systems, including accounting documentation and internal controls, that ensure that all expenditures for nonexcepted termination of pregnancy benefits are reimbursed from the appropriate allocation account; and

(C) An explanation of how the insurer's systems, including accounting documentation and internal controls meet the requirements for segregation accounts under the law.

(10) After an accounting methodology for segregating premium has been approved, an insurer must file with its annual statement filed with the director on or before March 1st of each year all of the following:

(a) Certification that the insurer is certified as a qualified insurer through the exchange.

(b) An annual supplemental information schedule containing a reconciliation of all segregated account activity (beginning balance + receipts - disbursements = ending balance) for the year. The annual supplemental information schedule shall be electronically filed with the director in PDF format in compliance with the form and instructions contained on the Oregon Insurance Division web site.

(c) The annual supplemental information schedule shall contain an affirmation of the insurer's chief executive officer and chief financial officer (or equivalent position and title) that the financial accounting systems, including accounting documentation and internal controls, of the segregated account covered by the annual supplemental information schedule meet the requirements for segregated accounts under the P.L. 111-148 (111th Congress, 2010).

(d) In addition to all other requirements of opinions, the annual audit of insurers conducted by independent certified public accountants and filed in accordance with OAR 836-011-0120 shall include an opinion on whether the supplementary information contained in the annual supplemental information schedule is fairly stated, and, if the segregated accounts financial accounting systems, including documentation and internal controls, comply with the requirements of the P.L. 111-148 (111th Congress, 2010). The certified public accountant's report must be filed with the insurer's annual audited financial statement filed with the director.

(e) A statement of the amount of premium segregated for each product offered on the Oregon Health Insurance Exchange, calculated as if the coverage were included for the entire population of enrollees. The amount of premium must not be less than one dollar per enrollee, per month.

(f) The number of enrollees, by plan for the benefit year, for whom premium was segregated pursuant to this rule, P.L. 111-148 (111th Congress, 2010), at Section 1303 (b)(2)(B) and (C), and 45 C.F.R. Sec. 156.280.

(11) The director may periodically audit insurers and each product subject to this rule to verify compliance. The director will retain working papers and periodic audit reports for a period of not less than three years, and may make the reports available to the Oregon Health Insurance Exchange Corporation or the U.S. Department of Health and Human Services upon request.

Stat. Auth.: ORS 731.244 & 743.758

Stats. Implemented: ORS 743.758

Hist.: ID 5-2013(Temp), f. & cert ef. 11-5-13 thru 4-30-14

Department of Consumer and Business Services, Workers' Compensation Division Chapter 436

Rule Caption: Amendment of rules governing workers' compensation medical billing, medical services, and managed care organizations

Adm. Order No.: WCD 7-2013

Filed with Sec. of State: 11-12-2013

Certified to be Effective: 1-1-14

Notice Publication Date: 10-1-2013

Rules Amended: 436-009-0004, 436-009-0015, 436-009-0207, 436-010-0005, 436-010-0210, 436-010-0275, 436-015-0030, 436-015-0035, 436-015-0040, 436-015-0070, 436-015-0090

Subject: Revised OAR 436-009, "Oregon Medical Fee and Payment Rules":

Adopts the National Uniform Claim Committee's recently published v1.1 0613 0212 NUCC 1500 Instruction Manual for the updated 02/12 1500 Claim Form that providers may elect to use starting Jan. 6, 2014.

Revised OAR 436-010, "Medical Services":

Updates the definition of attending physician; and

Shows expanded authority, under ORS 656.245 as amended by Senate Bill 533 (2013), for authorized nurse practitioners to treat injured workers and to authorize time loss.

Revised OAR 436-015, "Managed Care Organizations (MCOs)":

Reflects ORS 656.260 as amended by Senate Bill 533 (2013),

To update a reference to authorized nurse practitioners' authority to treat injured workers and to authorize time loss;

To include chiropractic physicians, who are not MCO panel members, among the types of health care providers who may continue to treat, under certain conditions, workers who have been enrolled in an MCO;

To prescribe the types of information MCOs must include in an annual report to the director, regarding denials and terminations of the authorization of primary care physicians, chiropractic physicians and nurse practitioners who are not members of the managed care organization, to provide compensable medical treatment; and

Allows the MCO to deny authorization to non-panel primary care physicians, chiropractic physicians, and authorized nurse practitioners who might otherwise qualify to continue treatment of workers after enrollment in the MCO, based upon past practices of the provider.

Rules Coordinator: Fred Bruyns—(503) 947-7717

436-009-0004

Adoption of Standards

(1) The director adopts, by reference, the American Society of Anesthesiologists ASA, Relative Value Guide 2013 as a supplementary fee schedule for those anesthesia codes not found in Appendix B. To get a copy of the ASA Relative Value Guide 2013, contact the American Society of Anesthesiologists, 520 N. Northwest Highway, Park Ridge, IL 60068-2573, 847-825-5586, or on the web at: <http://www.asahq.org>.

(2) The director adopts, by reference, the American Medical Association's (AMA) Current Procedural Terminology (CPT® 2013), Fourth Edition Revised, 2012, for billing by medical providers. The guidelines are adopted as the basis for determining level of service.

(3) The director adopts, by reference, the AMA's CPT® Assistant, Volume 0, Issue 04 1990 through Volume 22, Issue 12, 2012. If there is a conflict between the CPT® manual and CPT® Assistant, the CPT® manual is the controlling resource.

(4) To get a copy of the CPT® 2013 or the CPT® Assistant, contact the American Medical Association, 515 North State Street, Chicago, IL 60610, 800-621-8335, or on the web at: <http://www.ama-assn.org>.

(5) The director adopts, by reference, only the alphanumeric codes from the CMS Healthcare Common Procedure Coding System (HCPCS) to be used when billing for services only to identify products, supplies, and services that are not described by CPT® codes or that provide more detail than a CPT® code.

(a) Except as otherwise provided in these rules, the director does not adopt the HCPCS edits, processes, exclusions, color-coding and associated

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instructions, age and sex edits, notes, status indicators, or other policies of CMS.

(b) To get a copy of the HCPCS, contact the National Technical Information Service, Springfield, VA 22161, 800-621-8335 or on the web at: www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html.

(6) The director adopts, by reference, CDT 2013: Dental Procedure Codes, to be used when billing for dental services. To get a copy, contact the American Dental Association at American Dental Association, 211 East Chicago Ave., Chicago, IL 60611-2678, or on the web at: www.ada.org.

(7) The director adopts, by reference, versions 8.0 7/12 and v1.1 0613 0212 of the 1500 Health Insurance Claim Form Reference Instruction Manuals published by the National Uniform Claim Committee (NUCC). To get a copy, contact the NUCC, American Medical Association, 515 N. State St., Chicago, IL 60654, or on the web at: www.nucc.org.

(8) The director adopts, by reference, the Official UB-04 Data Specifications Manual 2012 Edition, published by National Uniform Billing Committee (NUBC). To get a copy, contact the NUBC, American Hospital Association, One North Franklin, 29th Floor, Chicago, IL 60606, 312-422-3390, or on the web at: www.nubc.org.

(9) Specific provisions contained in OAR chapter 436, divisions 009, 010, and 015 control over any conflicting provision in ASA Relative Value Guide 2013, CPT® 2013, CPT® Assistant, HCPCS 2013, CDT 2013; Dental Procedure Codes, 1500 Health Insurance Claim Form Reference Instruction Manual, or Official UB-04 Data Specifications Manual 2012 Edition.

(10) Copies of the standards referenced in this rule are also available for review during regular business hours at the Workers' Compensation Division, Medical Resolution Team, 350 Winter Street NE, Salem OR 97301, 503-947-7606.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 656.248 & 656.726(4)

Stats. Implemented: ORS 656.248

Hist.: WCD 9-1999, f. 5-27-99, cert. ef. 7-1-99; WCD 2-2000, f. 3-15-00, cert. ef. 4-1-00; WCD 2-2001, f. 3-8-01, cert. ef. 4-1-01; WCD 3-2002, f. 2-25-02, cert. ef. 4-1-02; WCD 6-2003, f. 5-28-03, cert. ef. 7-1-03; WCD 3-2004, f. 3-5-04, cert. ef. 4-1-04; WCD 2-2005, f. 3-24-05, cert. ef. 4-1-05; WCD 3-2006, f. 3-14-06, cert. ef. 4-1-06; WCD 2-2007, f. 5-23-07, cert. ef. 7-1-07; WCD 1-2008, f. 6-13-08, cert. ef. 7-1-08; WCD 1-2009, f. 5-22-09, cert. ef. 7-1-09; WCD 3-2010, f. 5-28-10, cert. ef. 7-1-10; WCD 1-2011, f. 3-1-11, cert. ef. 4-1-11; WCD 1-2012, f. 2-16-12, cert. ef. 4-1-12; WCD 2-2013, f. 3-11-13, cert. ef. 4-1-13; WCD 7-2013, f. 11-12-13, cert. ef. 1-1-14

436-009-0015

Limitations on Medical Billings

(1) An injured worker is not liable to pay for any medical service related to an accepted compensable injury or illness or any amount reduced by the insurer according to OAR chapter 436. A medical provider must not attempt to collect payment for any medical service from an injured worker, except as follows:

(a) When the injured worker seeks treatment for conditions not related to the accepted compensable injury or illness;

(b) When the injured worker seeks treatment that has not been prescribed by the attending physician or authorized nurse practitioner, or a specialist physician upon referral of the attending physician or authorized nurse practitioner. This would include, but not be limited to, ongoing treatment by non-attending physicians in excess of the 30-day/12-visit period or by nurse practitioners in excess of the 180-day period, as set forth in ORS 656.245 and OAR 436-010-0210;

(c) When the injured worker seeks palliative care that is either not compensable or not authorized by the insurer or the director under OAR 436-010-0290, after the worker has been provided notice that the worker is medically stationary;

(d) When the injured worker seeks treatment outside the provisions of a governing MCO contract after insurer notification in accordance with OAR 436-010-0275; or

(e) When the injured worker seeks treatment after being notified that such treatment has been determined to be unscientific, unproven, outmoded, or experimental.

(2) A medical provider may not charge any fee for completing a medical report form required by the director under this chapter or for providing chart notes required by OAR 436-009-0010(3).

(3) The medical provider may not charge a fee for the preparation of a written treatment plan and the supplying of progress notes that document the services billed as they are integral parts of the fee for the medical service.

(4) No fee is payable for the completion of a work release form or completion of a PCE form where no tests are performed.

(5) No fee is payable for a missed appointment except a closing examination or an appointment arranged by the insurer or for a Worker Requested Medical Examination. Except as provided in OAR 436-009-0070(10)(d) and (11)(e), when the worker fails to appear without providing the medical provider at least 24 hours notice, the medical provider must be paid at 50 percent of the examination or testing fee.

(6) Under ORS 656.245(3), the director has excluded from compensability the following medical treatment. While these services may be provided, medical providers shall not be paid for the services or for treatment of side effects.

(a) Dimethyl sulfoxide (DMSO), except for treatment of compensable interstitial cystitis;

(b) Intradiscal electrothermal therapy (IDET);

(c) Surface EMG (electromyography) tests;

(d) Rolwing;

(e) Prolotherapy;

(f) Thermography;

(g) Lumbar artificial disc replacement, unless it is a single level replacement with an unconstrained or semi-constrained metal on polymer device and:

(A) The single level artificial disc replacement is between L3 and S1;

(B) The injured worker is 16 to 60 years old;

(C) The injured worker underwent a minimum of 6 months unsuccessful exercise based rehabilitation; and

(D) The procedure is not found inappropriate under OAR 436-010-0230(14) or (15); and

(h) Cervical artificial disc replacement, unless it is a single level replacement with a semi-constrained metal on polymer or a semi-constrained metal on metal device and:

(A) The single level artificial disc replacement is between C3 and C7;

(B) The injured worker is 16 to 60 years old;

(C) The injured worker underwent unsuccessful conservative treatment;

(D) There is intraoperative visualization of the surgical implant level; and

(E) The procedure is not found inappropriate under OAR 436-010-0230(16) or (17).

(7) Only one office visit code may be used for each visit except for those code numbers relating specifically to additional time.

(8) Mechanical muscle testing may be paid a maximum of three times during a treatment program when prescribed and approved by the attending physician or authorized nurse practitioner: once near the beginning, once near the middle, and once near the end of the treatment program. Additional mechanical muscle testing shall be paid for only when authorized in writing by the insurer prior to the testing. The fee for mechanical muscle testing includes a copy of the computer printout from the machine, written interpretation of the results, and documentation of time spent with the patient.

(9)(a) When a physician or authorized nurse practitioner provides services in hospital emergency or outpatient departments which are similar to services that could have been provided in the physician's or authorized nurse practitioner's office, such services must be identified by CPT® codes and paid according to the fee schedule.

(b) When a worker is seen initially in an emergency department and is then admitted to the hospital for inpatient treatment, the services provided immediately prior to admission shall be considered part of the inpatient treatment. Diagnostic testing done prior to inpatient treatment shall be considered part of the hospital services subject to the hospital fee schedule.

(10) Physician assistant, authorized nurse practitioner, or out-of-state nurse practitioner fees must be paid at the rate of 85 percent of a physician's allowable fee for a comparable service. The bills for services by these providers must be marked with modifier "81". Chart notes must document when medical services have been provided by a physician assistant or nurse practitioner.

(11) Except as otherwise provided in OAR 436-009-0070, when a medical provider is asked to prepare a report, or review records or reports prepared by another medical provider, an insurance carrier or their representative, the medical provider should bill for their report or review of the records utilizing CPT® codes such as 99080. Refer to specific code definitions in the CPT® for other applicable codes. The billing should include documentation of the actual time spent reviewing the records or reports.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 656.245, 656.252 & 656.254

Stats. Implemented: ORS 656.245, 656.252 & 656.254

Hist.: WCD 9-1999, f. 5-27-99, cert. ef. 7-1-99; WCD 2-2000, f. 3-15-00, cert. ef. 4-1-00; WCD 2-2001, f. 3-8-01, cert. ef. 4-1-01; WCD 8-2001, f. 9-13-01, cert. ef. 9-17-01; WCD 13-2001, f. 12-17-01, cert. ef. 1-1-02; WCD 3-2002, f. 2-25-02, cert. ef. 4-1-02; WCD 6-

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2003, f. 5-28-03, cert. ef. 7-1-03; WCD 14-2003(Temp), f. 12-15-03, cert. ef. 1-1-04 thru 6-28-04; WCD 3-2004, f. 3-5-04 cert. ef. 4-1-04; WCD 2-2005, f. 3-24-05, cert. ef. 4-1-05; WCD 3-2006, f. 3-14-06, cert. ef. 4-1-06; WCD 2-2007, f. 5-23-07, cert. ef. 7-1-07; WCD 1-2008, f. 6-13-08, cert. ef. 7-1-08; WCD 1-2009, f. 5-22-09, cert. ef. 7-1-09; WCD 3-2010, f. 5-28-10, cert. ef. 7-1-10; WCD 4-2012, f. 9-21-12, cert. ef. 10-20-12; WCD 7-2013, f. 11-12-13, cert. ef. 1-1-14

436-009-0207

How Does the ASC Fill Out the CMS 1500 Form?

Unless different instructions are provided in the table below, the ASC must use the instructions provided in the **National Uniform Claim Committee 1500 Claim Form Instruction Manuals**.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 656.726(4)

Stats. Implemented: ORS 656.248, 656.252

Hist.: WCD 2-2011, f. 3-1-11, cert. ef. 4-1-12; WCD 1-2012, f. 2-16-12, cert. ef. 4-1-12; WCD 4-2012, f. 9-21-12, cert. ef. 10-20-12; WCD 2-2013, f. 3-11-13, cert. ef. 4-1-13; WCD 7-2013, f. 11-12-13, cert. ef. 1-1-14

436-010-0005

Definitions

For the purpose of these rules, OAR 436-009, and OAR 436-015, unless the context otherwise requires:

(1) "Administrative Review" means any decision making process of the director requested by a party aggrieved with an action taken under these rules except the hearing process described in OAR 436-001.

(2) "Attending Physician," unless otherwise provided by a Managed Care Organization contract, has the same meaning as described in ORS 656.005(12)(b). See "Matrix for Health Care Provider types" Appendix A.

(3) "Authorized nurse practitioner" means a nurse practitioner licensed under ORS 678.375 to 678.390 who has certified to the director that the nurse practitioner has reviewed informational materials about the workers' compensation system provided by the director and has been assigned an authorized nurse practitioner number by the director.

(4) "Board" means the Workers' Compensation Board and includes its Hearings Division.

(5) "Chart note" means a notation made in chronological order in a medical record in which the medical service provider records such things as subjective and objective findings, diagnosis, treatment rendered, treatment objectives, and return to work goals and status.

(6) "Coordinated Health Care Program" means an employer program providing for the coordination of a separate policy of group health insurance coverage with the medical portion of workers' compensation coverage, for some or all of the employer's workers, which provides the worker with health care benefits even if a worker's compensation claim is denied.

(7) "Current Procedural Terminology" or "CPT"® means the Current Procedural Terminology codes and terminology most recently published by the American Medical Association unless otherwise specified in these rules.

(8) "Customary Fee" means a fee that falls within the range of fees normally charged for a given service.

(9) "Days" means calendar days.

(10) "Direct control and supervision" means the physician is on the same premises, at the same time, as the person providing a medical service ordered by the physician. The physician can modify, terminate, extend, or take over the medical service at any time.

(11) "Division" means the Workers' Compensation Division of the Department of Consumer and Business Services.

(12) "Eligible" means an injured worker who has filed a claim and is employed by an employer who is located in an MCO's authorized geographical service area, covered by an insurer who has a contract with that MCO. "Eligible" also includes a worker with an accepted claim having a date of injury prior to contract when that worker's employer later becomes covered by an MCO contract.

(13) "Enrolled" means an eligible injured worker has received notification from the insurer that the worker is being required to treat under the auspices of the MCO. However, a worker may not be enrolled who would otherwise be subject to an MCO contract if the worker's primary residence is more than 100 miles outside the managed care organization's certified geographical service area.

(14) "Health Care Practitioner or Health Care Provider" has the same meaning as a "medical service provider."

(15) "HCFA form 2552" (Hospital Care Complex Cost Report) means the annual report a hospital makes to Medicare.

(16) "Hearings Division" means the Hearings Division of the Workers' Compensation Board.

(17) "Home Health Care" means medically necessary medical and medically related services provided in the injured worker's home environment. These services might include, but are not limited to, nursing care,

medication administration, personal hygiene, or assistance with mobility and transportation.

(18) "Hospital" means an institution licensed by the State of Oregon as a hospital.

(19) "Initial Claim" means the first open period on the claim immediately following the original filing of the occupational injury or disease claim until the worker is first declared to be medically stationary by an attending physician or authorized nurse practitioner. For nondisabling claims, the "initial claim" means the first period of medical treatment immediately following the original filing of the occupational injury or disease claim ending when the attending physician or authorized nurse practitioner does not anticipate further improvement or need for medical treatment, or there is an absence of treatment for an extended period.

(20) "Inpatient" means an injured worker who is admitted to a hospital prior to and extending past midnight for treatment and lodging.

(21) "Insurer" means the State Accident Insurance Fund Corporation; an insurer authorized under ORS chapter 731 to transact workers' compensation insurance in the state; or, an employer or employer group that has been certified under ORS 656.430 meeting the qualifications of a self-insured employer under ORS 656.407.

(22) "Interim Medical Benefits" means those services provided under ORS 656.247 on initial claims with dates of injury on or after January 1, 2002 that are not denied within 14 days of the employer's notice of the claim.

(23) "Mailed or Mailing Date," for the purposes of determining timeliness under these rules, means the date a document is postmarked. Requests submitted by facsimile or "fax" are considered mailed as of the date printed on the banner automatically produced by the transmitting fax machine. Hand-delivered requests will be considered mailed as of the date stamped or punched in by the Workers' Compensation Division. Phone or in-person requests, where allowed under these rules, will be considered mailed as of the date of the request.

(24) "Managed Care Organization" or "MCO" means an organization formed to provide medical services and certified in accordance with OAR chapter 436, division 015.

(25) "Medical Evidence" includes, but is not limited to: expert written testimony; written statements; written opinions, sworn affidavits, and testimony of medical professionals; records, reports, documents, laboratory, x-ray and test results authored, produced, generated, or verified by medical professionals; and medical research and reference material utilized, produced, or verified by medical professionals who are physicians or medical record reviewers in the particular case under consideration.

(26) "Medical Service" means any medical treatment or any medical, surgical, diagnostic, chiropractic, dental, hospital, nursing, ambulances, and other related services, and drugs, medicine, crutches and prosthetic appliances, braces and supports and where necessary, physical restorative services.

(27) "Medical Service Provider" means a person duly licensed to practice one or more of the healing arts.

(28) "Medical Provider" means a medical service provider, a hospital, medical clinic, or vendor of medical services.

(29) "Medical Treatment" means the management and care of a patient for the purpose of combating disease, injury, or disorder. Restrictions on activities are not considered treatment unless the primary purpose of the restrictions is to improve the worker's condition through conservative care.

(30) "Outpatient" means a worker not admitted to a hospital prior to and extending past midnight for treatment and lodging. Medical services provided by a health care provider such as emergency room services, observation room, or short stay surgical treatments which do not result in admission are also considered outpatient services.

(31) "Parties" mean the worker, insurer, MCO, attending physician, and other medical provider, unless a specific limitation or exception is expressly provided for in the statute.

(32) "Physical Capacity Evaluation" means an objective, directly observed, measurement of a worker's ability to perform a variety of physical tasks combined with subjective analyses of abilities by worker and evaluator. Physical tolerance screening, Blankenship's Functional Evaluation, and Functional Capacity Assessment will be considered to have the same meaning as Physical Capacity Evaluation.

(33) "Physical Restorative Services" means those services prescribed by the attending physician or authorized nurse practitioner to address permanent loss of physical function due to hemiplegia, a spinal cord injury, or to address residuals of a severe head injury. Services are designed to restore and maintain the injured worker to the highest functional ability consistent

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with the worker's condition. Physical restorative services are not services to replace medical services usually prescribed during the course of recovery.

(34) "Report" means medical information transmitted in written form containing relevant subjective or objective findings. Reports may take the form of brief or complete narrative reports, a treatment plan, a closing examination report, or any forms as prescribed by the director.

(35) "Residual Functional Capacity" means an individual's remaining ability to perform work-related activities despite medically determinable impairment resulting from the accepted compensable condition. A residual functional capacity evaluation includes, but is not limited to, capability for lifting, carrying, pushing, pulling, standing, walking, sitting, climbing, balancing, bending/stooping, twisting, kneeling, crouching, crawling, and reaching, and the number of hours per day the worker can perform each activity.

(36) "Specialist Physician" means a licensed physician who qualifies as an attending physician and who examines a worker at the request of the attending physician or authorized nurse practitioner to aid in evaluation of disability, diagnosis, and/or provide temporary specialized treatment. A specialist physician may provide specialized treatment for the compensable injury or illness and give advice and/or an opinion regarding the treatment being rendered, or considered, for a workers' compensable injury.

(37) "Usual Fee" means the medical provider's fee charged the general public for a given service.

(38) "Work Capacity Evaluation" means a physical capacity evaluation with special emphasis on the ability to perform a variety of vocationally oriented tasks based on specific job demands. Work Tolerance Screening will be considered to have the same meaning as Work Capacity Evaluation.

(39) "Work Hardening" means an individualized, medically prescribed and monitored, work oriented treatment process. The process involves the worker participating in simulated or actual work tasks that are structured and graded to progressively increase physical tolerances, stamina, endurance, and productivity to return the worker to a specific job.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 656.726(4)

Stats. Implemented: ORS 656.000 et seq. & 656.005

Hist.: WCB 4-1976, f. 10-20-76, ef. 11-1-76; WCD 7-1978(Admin), f. & ef. 6-5-78; WCD 2-1980(Admin), f. 1-28-80, ef. 2-1-80; WCD 5-1982(Admin), f. 2-23-82, ef. 3-1-82; WCD 1-1984(Admin), f. & ef. 1-16-84; WCD 2-1985(Admin), f. 4-29-85, ef. 6-3-85; Renumbered from 436-069-0005, 5-1-85; WCD 6-1985(Admin), f. 12-10-85, ef. 1-1-86; WCD 4-1986(Admin), f. 6-26-86, ef. 7-1-86; WCD 2-1987(Admin), f. 2-20-87, ef. 3-16-87; WCD 1-1988, f. 1-20-88, cert. ef. 2-1-88; WCD 1-1990, f. 1-5-90, cert. ef. 2-1-90; WCD 12-1990(Temp), f. 6-20-90, cert. ef. 7-1-90; WCD 14-1990(Temp), f. & cert. ef. 7-20-91; WCD 16-1990(Temp), f. & cert. ef. 8-17-90; WCD 30-1990, f. 12-10-90, cert. ef. 12-26-90; WCD 11-1992, f. 6-11-92, cert. ef. 7-1-92; WCD 13-1994, f. 12-20-94, cert. ef. 2-1-95; WCD 12-1996, f. 5-6-96, cert. ef. 6-1-96; WCD 11-1998, f. 12-16-98, cert. ef. 1-1-99; WCD 13-2001, f. 12-17-01, cert. ef. 1-1-02; WCD 9-2002, f. 9-27-02, cert. ef. 11-1-02; WCD 14-2003(Temp), f. 12-15-03, cert. ef. 1-1-04 thru 6-28-04; WCD 3-2004, f. 3-5-04 cert. ef. 4-1-04; WCD 2-2005, f. 3-24-05, cert. ef. 4-1-05; WCD 8-2005, f. 12-6-05, cert. ef. 1-1-06; WCD 5-2006, f. 6-15-06, cert. ef. 7-1-06; WCD 11-2007, f. 11-1-07, cert. ef. 1-2-08; WCD 7-2013, f. 11-12-13, cert. ef. 1-1-14

436-010-0210

Who May Provide Medical Services and Authorize Timeloss

(1) Type A and B attending physicians may authorize time loss and manage medical services subject to the limitations of ORS chapter 656. (See "Matrix for health care provider types" Appendix A)

(2) Emergency room physicians may authorize time loss for not more than 14 days when they refer the worker to a primary care physician. However an emergency room physician also in private practice, apart from the duties of an emergency room physician, may qualify as a type A attending physician. For the purpose of this rule, private practice means a physician who treats individuals on an established patient basis.

(3) Authorized primary care physicians, chiropractic physicians, and authorized nurse practitioners may provide medical services to injured workers subject to the terms and conditions of the governing MCO. An MCO may allow greater latitude for the provider types to treat a worker enrolled under ORS 656.260.

(4) Attending physicians and authorized nurse practitioners may prescribe treatment or services to be carried out by persons licensed to provide a medical service. Attending physicians may prescribe treatment or services to be carried out by persons not licensed to provide a medical service or treat independently only when such services or treatment is rendered under the physician's direct control and supervision. Reimbursement to a worker for home health care provided by a worker's family member is not required to be provided under the direct control and supervision of the attending physician if the family member demonstrates competency to the satisfaction of the attending physician.

(5) Authorized nurse practitioners, out-of-state nurse practitioners, and physician assistants working within the scope of their license and as directed by the attending physician, need not be working under a written treatment plan as prescribed in OAR 436-010-0230(5)(a), nor under the direct control and supervision of the attending physician.

(6) In order to provide any compensable medical service under ORS chapter 656, a nurse practitioner licensed under ORS 678.375 to 678.390 must certify in a form provided by the director that the nurse practitioner has reviewed a packet of materials which the director will provide upon request and must have been assigned an authorized nurse practitioner number by the director. An authorized nurse practitioner may:

(a) Provide compensable medical services to an injured worker for a period of 180 days from the date of the first nurse practitioner visit on the initial claim. Thereafter, medical services an authorized nurse practitioner provides are not compensable without the attending physician's authorization; and

(b) Authorize temporary disability benefits for a period of up to 180 days from the date of the first nurse practitioner visit on the initial claim.

(7) In accordance with ORS 656.245(2)(a), with the approval of the insurer, the worker may choose an attending physician outside the state of Oregon. Upon receipt of the worker's request, or the insurer's knowledge of the worker's request to treat with an out-of-state physician, the insurer must give the worker written notice of approval or denial of the worker's choice of attending physician within 14 days.

(a) If the insurer does not approve the worker's out-of-state physician, notice to the worker must clearly state the reason(s) for the denial, which may include, but are not limited to, the out-of-state physician's refusal to comply with OAR 436-009 and 436-010, and identify at least two other physicians of the same healing art and specialty whom it would approve. The notice must also inform the worker that if the worker disagrees with the denial, the worker may refer the matter to the director for review under the provisions of OAR 436-010-0220.

(b) If the insurer approves the worker's choice of out-of-state attending physician, the insurer must immediately notify the worker and the medical service provider in writing of the following:

(A) The Oregon fee schedule requirements;

(B) The manner in which the out-of-state physician may provide compensable medical treatment or services to Oregon injured workers; and

(C) The insurer may not pay billings for compensable services in excess of the maximum allowed under the fee schedule.

(8) After giving prior approval, if the out-of-state physician does not comply with these rules, the insurer may object to the worker's choice of physician and must notify the worker and the physician in writing of the reason for the objection, that payment for services rendered by that physician after notification will not be reimbursable, and that the worker may be liable for payment of services rendered after the date of notification.

(9) If the worker is aggrieved by an insurer decision to object to an out-of-state attending physician, the worker or the worker's representative may refer the matter to the director for review under the provisions of OAR 436-010-0220.

[ED. NOTE: Appendices referenced are available from the agency.]

Stat. Auth.: ORS 656.726(4)

Stats. Implemented: ORS 656.005(12), 656.245 & 656.260

Hist.: WCD 5-1982(Admin), f. 2-23-82, ef. 3-1-82; WCD 1-1984(Admin), f. & ef. 1-16-84; WCD 5-1984(Admin), f. & ef. 8-20-84; Renumbered from 436-069-0301, 5-1-85; WCD 6-1985(Admin), f. 12-10-85, ef. 1-1-86; WCD 6-1988, f. 9-6-88, cert. ef. 9-15-88; WCD 12-1990(Temp), f. 6-20-90, cert. ef. 7-1-90; WCD 30-1990, f. 12-10-90, cert. ef. 12-26-90; WCD 11-1992, f. 6-11-92, cert. ef. 7-1-92; WCD 13-1994, f. 12-20-94, cert. ef. 2-1-95; WCD 12-1996, f. 5-6-96, cert. ef. 6-1-96, Renumbered from 436-010-0050; WCD 11-1998, f. 12-16-98, cert. ef. 1-1-99; WCD 13-1999(Temp), f. & cert. ef. 10-25-99 thru 4-21-000; WCD 3-2000, f. 4-3-00, cert. ef. 4-21-00; WCD 13-2001, f. 12-17-01, cert. ef. 1-1-02; WCD 14-2003(Temp), f. 12-15-03, cert. ef. 1-1-04 thru 6-28-04; WCD 3-2004, f. 3-5-04 cert. ef. 4-1-04; WCD 2-2005, f. 3-24-05, cert. ef. 4-1-05; WCD 8-2005, f. 12-6-05, cert. ef. 1-1-06; WCD 5-2006, f. 6-15-06, cert. ef. 7-1-06; WCD 11-2007, f. 11-1-07, cert. ef. 1-2-08; WCD 12-2007(Temp), f. 12-14-07, cert. ef. 1-2-08 thru 6-29-08; WCD 2-2008, f. 6-13-08, cert. ef. 6-30-08; WCD 5-2011, f. 11-18-11, cert. ef. 1-1-12; WCD 2-2013, f. 3-11-13, cert. ef. 4-1-13; WCD 7-2013, f. 11-12-13, cert. ef. 1-1-14

436-010-0275

Insurer's Duties Under MCO Contracts

(1) Insurers who enter into an MCO contract in accordance with OAR 436-015, must notify the affected insured employers of the following:

(a) The names and addresses of the complete panel of MCO medical providers within the employer's geographical service area(s);

(b) The manner in which injured workers can receive compensable medical services within the MCO;

(c) The manner in which injured workers can receive compensable medical services by medical providers outside the MCO; and

(d) The geographical service area governed by the MCO.

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(2) Insurers under contract with an MCO must notify all newly insured employers in accordance with section (1) of this rule, prior to or on the effective date of coverage.

(3) At least 30 days prior to any significant changes to an MCO contract affecting injured worker benefits, the insurer must notify in accordance with OAR 436-015-0035 all affected insured employers and injured workers of the manner in which injured workers will receive medical services.

(4) When the insurer is enrolling a worker in an MCO, the insurer must simultaneously provide written notice to the worker, the worker's representative, all medical service providers, and the MCO of enrollment. The notice must:

(a) Provide the worker a written list of the eligible attending physicians within the relevant MCO geographic service area or provide a Web address to access the list of eligible attending physicians. If the notice does not include a written list, then the notice must also:

(A) Provide a telephone number the worker may call to ask for a written list; and

(B) Tell the worker that he or she has seven days from the mailing date of the notice to request the list.

(b) Describe how the worker may obtain the names and addresses of the complete panel of MCO medical providers;

(c) Advise the worker of the manner in which the worker may receive medical services for compensable injuries within the MCO;

(d) Describe how the worker can receive compensable medical treatment from a primary care physician, chiropractic physician, or authorized nurse practitioner qualified to provide services as described in OAR 436-015-0070, who is not a member of the MCO, including how to request qualification of their primary care physician, chiropractic physician, or authorized nurse practitioner;

(e) Advise the worker of the right to choose the MCO when more than one MCO contract covers the worker's employer except when the employer provides a coordinated health care program as defined in OAR 436-010-0005(6);

(f) Provide the worker with the title, address and telephone number of the contact person at the MCO responsible for ensuring the timely resolution of complaints or disputes;

(g) Advise the worker of the time lines for appealing disputes beginning with the MCO's internal dispute resolution process through administrative review before the director, that disputes to the MCO must be in writing and filed within 30 days of the disputed action and with whom the dispute is to be filed, and that failure to request review to the MCO precludes further appeal; and

(h) Notify the MCO of any request by the worker for qualification of a primary care physician, chiropractic physician, or authorized nurse practitioner.

(5) Insurers under contract with MCOs who enroll workers prior to claim acceptance must inform the worker in writing that the insurer will pay as provided in ORS 656.248 for all reasonable and necessary medical services received by the worker that are not otherwise covered by health insurance, even if the claim is denied, until the worker receives actual notice of the denial or until three days after the denial is mailed, whichever occurs first.

(6) Insurers enrolling a worker who is not yet medically stationary and is required to change medical providers, must notify the worker of the right to request review by the MCO if the worker believes the change would be medically detrimental.

(7) If, at the time of MCO enrollment, the worker's medical service provider is not a member of the MCO and does not meet the requirements for qualification as a primary care physician, chiropractic physician, or authorized nurse practitioner, the insurer must notify the worker and medical service provider regarding provision of care under the MCO contract, including the provisions for continuity of care.

(8) An enrollment notice is complete:

(a) On the date the notice is mailed when the notice includes all required information and a written list of eligible attending physicians;

(b) On the date the notice is mailed when the notice includes all required information and a Web address to access the list of eligible attending physicians, and the worker does not request a written list within seven days; or

(c) On the date the written list is mailed when the insurer includes all required information and a Web address to access the list of eligible attending physicians, and the worker requests a written list within seven days of the notice.

(9) When an insurer under contract with an MCO receives a dispute regarding a matter that is to be resolved through the MCO dispute resolution process and that dispute has not been simultaneously provided to the MCO, the insurer must within 14 days:

(a) Send a copy of the dispute to the MCO; or

(b) If the MCO does not have a dispute resolution process for that issue, the insurer must notify the parties in writing to seek administrative review before the director.

(10) The insurer must also notify the MCO of:

(a) The name, address, and telephone number of the worker and, if represented, the name of the worker's attorney, any changes in this information; and

(b) Any requests for medical services received from the worker or the worker's medical provider.

(11) Insurers under contract with MCOs must maintain records as requested including, but not limited to, a listing of all employer's covered by MCO contracts, their WCD employer numbers, the estimated number of employees governed by each MCO contract, a list of all injured workers enrolled in the MCO, and the effective dates of such enrollments.

(12) When the insurer is dis-enrolling a worker from an MCO, the insurer must simultaneously provide written notice of the dis-enrollment to the worker, the worker's representative, all medical service providers, and the MCO. The notice must be mailed no later than seven days prior to the date the worker is no longer subject to the contract. The notice must advise the worker of the manner in which the worker may receive compensable medical services after the worker is no longer enrolled.

(13) When a managed care contract expires or terminates without renewal, the insurer must simultaneously provide written notice to the worker, the worker's representative, all medical service providers, and the MCO, that the worker is no longer subject to the MCO contract. The notice must be mailed no later than three days prior to the date of the contract's expiration or termination. The notice must advise the worker of the manner in which the worker may receive compensable medical services after the worker is no longer subject.

Stat. Auth.: ORS 656.726(4)

Stats. Implemented: ORS 656.252, 656.325, 656.245, 656.248, 656.260, 656.264

Hist.: WCD 11-1998, f. 12-16-98, cert. ef. 1-1-99; WCD 13-2001, f. 12-17-01, cert. ef. 1-1-02; WCD 14-2003(Temp), f. 12-15-03, cert. ef. 1-1-04 thru 6-28-04; WCD 3-2004, f. 3-5-04 cert. ef. 4-1-04; WCD 2-2005, f. 3-24-05, cert. ef. 4-1-05; WCD 5-2006, f. 6-15-06, cert. ef. 7-1-06; WCD 1-2009, f. 5-22-09, cert. ef. 7-1-09; WCD 7-2013, f. 11-12-13, cert. ef. 1-1-14

436-015-0030

Applying for Certification

(1) An applicant for MCO certification must submit to the director the following:

(a) One copy of the application;

(b) A non-refundable fee of \$1,500 which will be deposited in the Consumer and Business Services Fund;

(c) Affidavits of each person identified in section (2) of this rule, certifying that the individuals have no interest in an insurance company in accordance with the provisions of OAR 436-015-0009;

(d) An affidavit of an authorized officer or agent of the MCO, certifying that the MCO is financially sound and able to meet all requirements necessary to ensure delivery of services in accordance with the plan, and in full satisfaction of the MCO's obligations under ORS 656.260 and OAR 436-015; and

(e) A complete organizational chart.

(2) The application must include:

(a) The name of the MCO;

(b) A proposed plan for the MCO, in which the applicant identifies the manner in which the MCO will meet the requirements of ORS 656.260 and these rules;

(c) The name(s) of the person(s) who will be director(s) of the MCO;

(d) The name of the person who will be the president of the MCO;

(e) The title and name of the person who will be the day-to-day administrator of the MCO; and

(f) The title and name of the person who will be the administrator of the financial affairs of the MCO.

(3) The plan must identify the initial GSA(s) in which the MCO intends to operate. (For details regarding GSAs, see <http://www.cbs.state.or.us/wcd/compliance/iaoc/mco/orgsa.html>).

(4) The plan must provide a description of the times, places, and manner of providing services adequate to ensure that workers governed by the MCO will be able to:

(a) Access an MCO panel with a minimum of one attending physician within the MCO for every 1,000 workers covered by the plan;

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(b) Receive initial treatment by the worker's choice of an attending physician or authorized nurse practitioner within 24 hours of the MCO's knowledge of the need or a request for treatment;

(c) Receive initial treatment by the worker's choice of an attending physician or authorized nurse practitioner in the MCO within 5 working days, after treatment by a physician outside the MCO;

(d) Receive information on a 24-hour basis regarding medical services available within the MCO which must include the worker's right to receive emergency or urgent care, and the hours of regular MCO operation if assistance is needed to select an attending physician or answer other questions;

(e) Receive necessary treatment from any category of medical service provider as defined in subsection (7)(a) of this rule and have a choice of at least three medical service providers within each category. The worker also must be able to choose from at least three physical therapists and three psychologists. For categories in which the MCO has fewer than three providers, the MCO must allow workers to seek treatment outside the MCO from providers in those categories, consistent with the MCO's treatment and utilization standards;

(f) Access medical providers, including attending physicians, within a reasonable distance from the worker's place of employment, considering the normal patterns of travel. For purposes of this rule, 30 miles (one way) in urban areas and 60 miles (one way) in rural areas will be considered a reasonable distance;

(g) Receive treatment by a non-MCO medical service provider when the enrolled worker resides outside the MCO's geographical service area. Such a worker may only select non-MCO providers if they practice closer to the worker's residence than an MCO provider of the same category, and if they agree to the MCO's terms and conditions;

(h) Receive services that meet quality, continuity, and other treatment standards which will provide all medical and health care services in a manner that is timely, effective, and convenient for the worker;

(i) Receive specialized medical services the MCO is not otherwise able to provide; and

(j) Receive treatment that is consistent with MCO treatment standards and protocols.

(5) The plan must provide a procedure that allows workers to receive compensable medical treatment from a primary care physician, chiropractic physician, or authorized nurse practitioner who is not a member of the MCO and has received authorization under OAR 436-015-0070.

(6) The plan must include:

(a) A copy of the standard provider agreement that is used by the MCO when a provider is credentialled as a panel provider. If there are variations from the standard provider agreement, those must be identified when the plan is submitted for director approval.

(b) A list of the names, addresses, and specialties of the individuals who will provide services under the managed care plan. This list must indicate which medical service providers will act as attending physicians in each GSA.

(7) The plan must provide:

(a) An adequate number of medical service providers from each provider category. For purposes of these rules, the categories include acupuncturist, chiropractic physician, dentist, naturopathic physician, optometric physician, osteopathic physician, medical physician, and podiatric physician, as listed in ORS 676.110. The plan must meet this section's requirements unless the MCO establishes that there is not an adequate number of providers in a given category able or willing to become members of the MCO.

(b) A process that allows workers to select a nurse practitioner authorized to provide compensable medical services under ORS 656.245 and OAR 436-010. If the MCO has fewer than three authorized nurse practitioners from which workers can choose within a GSA, the MCO must allow workers to seek treatment outside the MCO from authorized nurse practitioners, consistent with the MCO's treatment and utilization standards and ORS 656.245(2)(b)(D). Such authorized nurse practitioners are not themselves bound by the MCO's treatment and utilization standards; however, workers are subject to those standards.

(c) A program that specifies the criteria for selection and de-selection of physicians and the process for peer review. The processes for terminating a physician and peer review must provide adequate notice and hearing rights for any physician.

(8) The plan must provide adequate methods for monitoring and reviewing contract matters between providers and the MCO to ensure appropriate treatment and to prevent inappropriate or excessive treatment including:

(a) A program of peer review and utilization review to prevent inappropriate or excessive treatment including the following:

(A) A pre-admission review program of elective admissions to the hospital and of elective surgeries;

(B) Individual case management programs, which identify ways to provide appropriate care at a lower cost for cases that are likely to prove very costly;

(C) Physician profile analysis which may include such information as each physician's total charges, number and costs of related services provided, time loss of claimant, and total number of visits in relation to care provided by other physicians to patients with the same diagnosis. A physician's profile must not be released to anyone outside the MCO without the physician's specific written consent, except that the physician's profile must be released to the director without the necessity of obtaining such consent;

(D) Concurrent review programs, that periodically review the worker's care after treatment has begun, to determine if continued care is medically necessary;

(E) Retrospective review programs, that examine the worker's care after treatment has ended, to determine if the treatment rendered was excessive or inappropriate;

(F) Second surgical opinion programs that allow workers to obtain the opinion of a second physician when elective surgery is recommended.

(b) A quality assurance program that includes:

(A) A system for monitoring and resolving problems and complaints, including problems and complaints of workers and medical service providers;

(B) Physician peer review, which must be conducted by a group designated by the MCO or the director, and which must include members of the same healing art in which the physician practices;

(C) A standardized medical record keeping system designed to facilitate quality assurance.

(c) A program that meets the requirements of ORS 656.260(4) for monitoring and reviewing other contract matters not covered under peer review, service utilization review, dispute resolution, and quality assurance.

(9) The plan must include:

(a) A procedure for internal dispute resolution to resolve complaints by enrolled workers, medical providers, and insurers in accordance with OAR 436-015-0110. The internal dispute resolution procedure must include a provision allowing the waiver of the time period to appeal a decision to the MCO upon a showing of good cause; and

(b) A description of how the MCO will ensure the worker continues to receive appropriate care in a timely, effective, and convenient manner throughout the dispute resolution process.

(10) The plan must include a summary of the process the MCO uses to develop and review treatment standards, protocols, and guidelines. This summary must include:

(a) A description of the medical expertise or specialties of the clinicians involved;

(b) A description regarding what the protocols and guidelines are based on;

(c) The criteria the MCO uses in selecting the conditions for which the MCO implements treatment protocols and guidelines;

(d) A description of the criteria the MCO uses to determine when it needs to review or revise its treatment standards, protocols, and guidelines;

(e) How the MCO makes the standards, protocols, and guidelines available to its panel providers and how it notifies them of any changes; and

(f) A description of a process that provides sufficient flexibility to allow treatment outside the standards, protocols, and guidelines if such treatment is supported by persuasive professional medical judgment and reasoning.

(11) The plan must provide other programs that meet the requirements of ORS 656.260(4), including:

(a) A program involving cooperative efforts by the workers, the employer, the insurer, and the MCO to promote early return to work for enrolled workers; and

(b) A program involving cooperative efforts by the workers, the employer, and the MCO to promote workplace safety and health consultative and other services. The program must include:

(A) Identification of how the MCO will promote such services;

(B) A method by which the MCO will report to the insurer within 30 days of knowledge of occupational injuries and illnesses involving serious physical harm as defined by OAR 437-001, occupational injury and illness trends as observed by the MCO, and any observations that indicate an injury or illness was caused by a lack of diligence of the employer;

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(C) A method by which the MCO's knowledge of needed loss control services will be communicated to the insurer for determining the need for services as detailed in OAR 437-001;

(D) A provision that all notifications to the insurer from the MCO will be considered as a request to the insurer for services as detailed in OAR 437-001; and

(E) A provision that the MCO will maintain complete files of all notifications for a period of three years following the date that notification was given by the MCO.

(12) The MCO must establish one place of business in Oregon where it administers the plan and keeps membership records and other records as required by OAR 436-015-0050.

(13) The plan must include a procedure for timely and accurate reporting to the director of necessary information regarding medical and health care service costs and utilization in accordance with OAR 436-015-0040 and OAR 436-009.

(14) The MCO must designate an in-state communication liaison for the department and the insurers at the MCO's established in-state location. The responsibilities of the liaison include:

(a) Coordinating and channeling all outgoing correspondence and medical bills;

(b) Unless otherwise provided by the MCO contract, providing centralized receipt and distribution of all reimbursements back to the MCO members and primary care physicians; and

(c) Serving as a member on the quality assurance committee.

(15) The plan must describe the reimbursement procedures for all services provided.

(16) The plan must include a process for developing financial incentives directed toward reducing service costs and utilization, without sacrificing quality of service.

(17) The plan must describe how the MCO will provide insurers with information that will inform workers of all choices of medical service providers. The plan must also describe how workers can access those providers. The plan must provide a procedure for regular, periodic updating of the MCO panel provider listings, with published updates being available electronically no less frequently than every 30 days.

(18) Within 45 days of receipt of all information required for certification, the director will notify the applicant if the certification is approved, the effective date of the certification, and the initial GSA of the MCO. If the certification is denied, the director will provide the applicant with the reason for the denial.

(19) The director will not certify an MCO if the plan does not meet the requirements of these rules.

Stat. Auth.: ORS 656.726(4)

Stats. Implemented: ORS 656.260 (OL 2007 Ch. 423)

Hist.: WCD 11-1990(Temp), f. 6-19-90, cert. ef. 7-1-90; WCD 33-1990, f. 12-12-90, cert. ef. 12-26-90; WCD 2-1992, f. 1-10-92, cert. ef. 2-1-92; WCD 14-1994, f. 12-20-94, cert. ef. 2-1-95; WCD 13-1996, f. 5-6-96, cert. ef. 6-1-96; WCD 12-1998, f. 12-16-98, cert. ef. 1-1-99; WCD 3-2002, f. 2-25-02 cert. ef. 4-1-02; WCD 14-2003(Temp), f. 12-15-03, cert. ef. 1-1-04 thru 6-28-03; WCD 6-2004, f. 6-14-04, cert. ef. 6-29-04; WCD 8-2005, f. 12-6-05, cert. ef. 1-1-06; WCD 4-2006(Temp), f. 5-11-06 thru 11-27-06, cert. ef. 6-1-06; WCD 7-2006, f. 10-19-06, cert. ef. 11-28-06; WCD 10-2007, f. 11-1-07, cert. ef. 1-1-08; WCD 1-2008, f. 6-13-08, cert. ef. 7-1-08; WCD 1-2012, f. 2-16-12, cert. ef. 4-1-12; WCD 7-2013, f. 11-12-13, cert. ef. 1-1-14

436-015-0035

Coverage Responsibility of an MCO

(1) An MCO shall provide comprehensive medical services in accordance with its certification to all enrolled injured workers covered by the insurer/MCO contract.

(2) The director shall designate an MCO's initial GSA and approve any expansions to the MCO's service area. Injured workers shall not be governed by an MCO until the director has approved the geographical service area. GSAs shall be established by postal zip code. The MCO may only provide contract services to those GSAs approved by the director.

(3) Any expansion of an MCO's GSA must be approved by the director. The request for expansion must identify the postal zip code areas of the proposed expansion and include evidence that the MCO has an adequate provider panel in the new areas which meet the minimum requirements as set forth in OAR 436-015-0030. An MCO may be authorized by the director to expand the GSA without the minimum categories of medical service providers when the MCO establishes that there are not an adequate number of providers in a given category able or willing to become members of the MCO. For categories where the MCO has fewer than three providers, the MCO must allow workers to seek treatment outside the MCO from providers in those categories, consistent with the MCO's treatment and utilization standards. Such providers, unlike qualified primary care physicians and chiropractic physicians, cannot be required to comply with the terms

and conditions regarding services performed by the MCO. However, while such providers are not themselves bound by the MCO's treatment and utilization standards, workers are subject to those standards.

(4) An MCO may contract only with an insurer as defined in OAR 436-010-0005. When an MCO contracts with an insurer to provide services, the contract shall specify those employers governed by the contract. The MCO/insurer contract must include the following terms and conditions:

(a) The contract must specify who is governed by the contract;

(b) The insured's place of employment must be within the authorized geographical service area;

(c) Insurers may contract with multiple MCOs to provide coverage for employers. All workers at any specific employer's location shall be governed by the same MCO(s). When insurers contract with multiple MCOs each worker shall have initial choice at time of injury to select which MCO will manage their care except when the employer provides a coordinated health care insurance program as defined in OAR 436-010-0005.

(d) Workers enrolled in an MCO shall receive medical services in the manner prescribed by the terms and conditions of the contract; and

(e) To ensure continuity of care, the contract shall specify the manner in which injured workers will receive medical services on open claims including but not be limited to the following:

(A) Upon enrollment, allowing the worker to continue to treat with a non-qualified medical service provider for at least seven days after the mailing date of the notice of enrollment; and

(B) Upon termination or expiration of the MCO/insurer contract, allows the workers to continue treatment in accordance with ORS 656.245(4)(a).

(5) Notwithstanding the requirements of this rule, failure of the MCO to provide such medical services does not relieve the insurers of their responsibility to ensure benefits are provided injured workers under ORS chapter 656.

Stat. Auth.: ORS 656.726(4)

Stats. Implemented: ORS 656.245 & 656.260

Hist.: WCD 11-1990(Temp), f. 6-19-90, cert. ef. 7-1-90; WCD 33-1990, f. 12-12-90, cert. ef. 12-26-90; WCD 2-1992, f. 1-10-92, cert. ef. 2-1-92; WCD 7-1992(Temp), f. & cert. ef. 4-15-92; WCD 14-1994, f. 12-20-94, cert. ef. 2-1-95; WCD 13-1996, f. 5-6-96, cert. ef. 6-1-96; WCD 12-1998, f. 12-16-98, cert. ef. 1-1-99; WCD 13-1999(Temp), f. & cert. ef. 10-25-99 thru 4-21-00; Administrative correction 6-13-01; WCD 3-2002, f. 2-25-02 cert. ef. 4-1-02; WCD 7-2013, f. 11-12-13, cert. ef. 1-1-14

436-015-0040

Reporting Requirements for an MCO

(1) In order to ensure the MCO complies with the requirements of these rules, each MCO shall provide the director with a copy of the entire text of any MCO/insurer contract agreement, signed by the insurer and the MCO, within 30 days of execution of such contracts. Amendments, addendums, and cancellations, together with the entire text of the underlying contracts, shall be submitted to the director within 30 days of execution.

(2) Notwithstanding section (1), when an MCO/insurer contract agreement contains a specific expiration or termination date, the MCO must provide the director with a copy of a contract extension, signed by the insurer and MCO, no later than the contract's date of expiration or termination, or workers will no longer be subject to the contract after it expires or terminates without renewal pursuant to ORS 656.245(4)(a).

(3) Any amendment to the approved MCO plan must be submitted to the director for approval. The MCO shall not take any action based on the amendment until the amended plan is approved.

(4) Within 45 days of the end of each calendar quarter, each MCO shall provide the following information, current on the last day of the quarter, in a form and format as prescribed by the director: specify quarter being reported, MCO certification number, membership listings by category of medical service provider (in coded form), including provider names, specialty (in coded form), Tax ID number, National Provider Identifier (NPI) number, business address and phone number. (All fields are required unless specifically exempted by bulletin.) When a medical provider has multiple offices, only one office location in each geographical service area needs to be reported. In addition, the updated membership listing shall include the names and addresses of all health care providers participating in the MCO.

(5) By April 30 of each year, each MCO must provide the director with the following information for the previous calendar year:

(a) A summary of any sanctions or punitive actions taken by the MCO against its members;

(b) A summary of actions taken by the MCO's peer review committee; and

(c) An affidavit that the approved MCO plan is consistent with the MCO's business practices, and that any amendments to the plan have been approved by the director.

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(6) By April 30 of each year, each MCO must report to the director denials and terminations of the authorization of primary care physicians, chiropractic physicians and nurse practitioners who are not members of the MCO to provide compensable medical treatment under ORS 656.245(5) and 656.260(4)(g)(A). The MCO's report must include the following:

- (a) Provider type (primary care physician, chiropractic physician, or authorized nurse practitioner) reported by geographical service area (GSA).
- (b) The number of workers affected, reported by provider type.
- (c) Date of denial or termination.
- (d) One or more of the following reason(s) for each denial or termination:

(A) Provider failed to meet the MCO's credentialing standards within the last two years;

(B) Provider has been previously terminated from serving as an attending physician within the last two years;

(C) Treatment is not in accordance with the MCO's service utilization process;

(D) Provider failed to comply with the MCO's terms and conditions after being granted come along privileges; or

(E) Other reasons authorized by statute or rule.

(7) An MCO must report any new board members or shareholders to the director within 14 days of such changes. These parties must submit affidavits certifying they have no interest in an insurer or other non-qualifying employer as described under OAR 436-015-0009.

(8) Nothing in this rule limits the director's ability to require information from the MCO as necessary to monitor the MCO's compliance with the requirements of these rules.

Stat. Auth.: ORS 656.726(4)

Stats. Implemented: ORS 656.260, OL 2007 Ch. 423

Hist.: WCD 11-1990(Temp), f. 6-19-90, cert. ef. 7-1-90; WCD 33-1990, f. 12-12-90, cert. ef. 12-26-90; WCD 2-1992, f. 1-10-92, cert. ef. 2-1-92; WCD 13-1992, f. & cert. ef. 9-21-92; WCD 14-1994, f. 12-20-94, cert. ef. 2-1-95; WCD 13-1996, f. 5-6-96, cert. ef. 6-1-96; WCD 12-1998, f. 12-16-98, cert. ef. 1-1-99; WCD 3-2002, f. 2-25-02 cert. ef. 4-1-02; WCD 6-2004, f. 6-14-04, cert. ef. 6-29-04; WCD 8-2005, f. 12-6-05, cert. ef. 1-1-06; WCD 4-2006(Temp), f. 5-11-06, cert. ef. 6-1-06 thru 11-27-06; WCD 7-2006, f. 10-19-06, cert. ef. 11-28-06; WCD 10-2007, f. 11-1-07, cert. ef. 1-1-08; WCD 1-2008, f. 6-13-08, cert. ef. 7-1-08; WCD 7-2013, f. 11-12-13, cert. ef. 1-1-14

436-015-0070

Primary Care Physicians and Authorized Nurse Practitioners Who Are Not MCO Members

(1) The MCO must authorize a nurse practitioner or physician who is not a member of the MCO to provide medical services to an enrolled worker if:

(a) The nurse practitioner is an authorized nurse practitioner under ORS 656.245 and OAR 436-010-0005, the chiropractic physician has certified to the director that he or she has reviewed required materials under ORS 656.799, or the physician is a primary care physician under ORS 656.260(4)(g);

(b) The nurse practitioner or physician agrees to comply with all terms and conditions regarding services governed by the MCO. For purposes of this section, the phrase "all terms and conditions regarding services governed by the MCO" means MCO treatment standards, protocols, utilization review, peer review, dispute resolution, billing and reporting procedures, and fees for services in accordance with OAR 436-015-0090. However, the MCO's terms and conditions may not place limits on the length of services unless such limits are stated in ORS chapter 656; and

(c) The nurse practitioner or physician agrees to refer the worker to the MCO for specialized care, including physical therapy, to be furnished by another provider that the worker may require.

(2) The physician or authorized nurse practitioner who is not a member of the MCO will be deemed to have maintained the worker's medical records and established a documented history of treatment, if the physician's or nurse practitioner's medical records show treatment has been provided to the worker prior to the date of injury. Additionally, if an injured worker has selected a physician or authorized nurse practitioner through a private health plan, prior to the date of injury, that selected provider will be deemed to have maintained the worker's medical records and established a documented history of treatment prior to the date of injury.

(3) Notwithstanding section (1), for those workers receiving their medical services from a facility which maintains a single medical record on the worker, but provides treatment by multiple primary care or chiropractic physicians or authorized nurse practitioners who are not MCO members, the requirements of sections (1) and (2) will be deemed to be met. In this situation, the worker must select one primary care or chiropractic physician or authorized nurse practitioner to treat the compensable injury.

(4) Any questions or disputes relating to the worker's selection of a physician or authorized nurse practitioner who is not an MCO member must be resolved pursuant to OAR 436-015-0110.

(5) Any disputes relating to a worker's non-MCO primary care or chiropractic physician's, non-MCO authorized nurse practitioner's, or other non-MCO physician's compliance with MCO standards and protocols must be resolved pursuant to OAR 436-015-0110.

Stat. Auth.: ORS 656.726(4)

Stats. Implemented: ORS 656.260

Hist.: WCD 11-1990(Temp), f. 6-19-90, cert. ef. 7-1-90; WCD 33-1990, f. 12-12-90, cert. ef. 12-26-90; WCD 2-1992, f. 1-10-92, cert. ef. 2-1-92; WCD 14-1994, f. 12-20-94, cert. ef. 2-1-95; WCD 13-1996, f. 5-6-96, cert. ef. 6-1-96; WCD 3-2002, f. 2-25-02 cert. ef. 4-1-02; WCD 14-2003(Temp), f. 12-15-03, cert. ef. 1-1-04 thru 6-28-03; WCD 6-2004, f. 6-14-04, cert. ef. 6-29-04; WCD 8-2005, f. 12-6-05, cert. ef. 1-1-06; WCD 7-2013, f. 11-12-13, cert. ef. 1-1-14

436-015-0090

Charges and Fees

(1) Billings for medical services under an MCO shall be submitted in the form and format as prescribed in OAR 436-009. The payment of medical services may be less than, but shall not exceed, the maximum amounts allowed pursuant to OAR 436-009.

(2) Notwithstanding section (1) of this rule, fees paid for medical services provided by primary care physicians and chiropractic physicians who qualify under ORS 656.260(4)(g) or authorized nurse practitioners who qualify under ORS 656.245 (5) shall not be less than fees paid to MCO providers for similar medical services. Fees paid to medical providers who are not under contract with the MCO, shall be subject to the provisions of OAR 436-009.

Stat. Auth.: ORS 656.260, 656.726(4))

Stats. Implemented: ORS 656.245 & 656.260

Hist.: WCD 11-1990(Temp), f. 6-19-90, cert. ef. 7-1-90; WCD 33-1990, f. 12-12-90, cert. ef. 12-26-90; WCD 2-1992, f. 1-10-92, cert. ef. 2-1-92; WCD 14-1994, f. 12-20-94, cert. ef. 2-1-95; WCD 13-1996, f. 5-6-96, cert. ef. 6-1-96; WCD 12-1998, f. 12-16-98, cert. ef. 1-1-99; WCD 14-2003(Temp), f. 12-15-03, cert. ef. 1-1-04 thru 6-28-03; WCD 6-2004, f. 6-14-04, cert. ef. 6-29-04; WCD 3-2010, f. 5-28-10, cert. ef. 7-1-10; WCD 7-2013, f. 11-12-13, cert. ef. 1-1-14

Rule Caption: Amendment of rules governing self-insured employer groups; exemption from certain security deposit requirements

Adm. Order No.: WCD 8-2013

Filed with Sec. of State: 11-12-2013

Certified to be Effective: 1-1-14

Notice Publication Date: 10-1-2013

Rules Amended: 436-050-0003, 436-050-0175, 436-050-0185

Subject: Revised OAR 436-050, "Employer/Insurer Coverage Responsibility":

Reflects ORS 656.407, as amended by Senate Bill 96 (2013), which gives self-insured employer groups that are municipal or public corporations the right to apply for exemption from certain security deposit requirements; and

Modifies self-insured employers' reporting requirements affecting claims with incurred losses. Currently, reports must aggregate claims with incurred costs of \$10,000 or less, providing aggregate totals for total paid, outstanding reserves, total incurred losses, and number of claims, while claims exceeding \$10,000 must be detailed individually. The reporting threshold for individual claims is increased to \$13,500, effective Jan. 1, 2014, to remain consistent with reporting requirements used by the National Council on Compensation Insurance.

Rules Coordinator: Fred Bruyns—(503) 947-7717

436-050-0003

Applicability of Rules

(1) These rules are effective Jan. 1, 2014, to carry out the provisions of:

(a) ORS 656.017 – Employer required to pay compensation and perform other duties.

(b) ORS 656.029 – Independent contractor status.

(c) ORS 656.126 – Coverage while temporarily in or out of state.

(d) ORS 656.407 – Qualifications of insured employers.

(e) ORS 656.419 – Workers' compensation insurance policies.

(f) ORS 656.423 – Cancellation of coverage by employer.

(g) ORS 656.427 – Cancellation of workers' compensation insurance policy or surety bond liability by insurer.

ADMINISTRATIVE RULES

- (h) ORS 656.430 – Certification of self-insured employer.
- (i) ORS 656.434 – Certification effective until canceled or revoked; revocation of certificate.
- (j) ORS 656.443 – Procedure upon default by employer.
- (k) ORS 656.447 – Sanctions against insurer for failure to comply with orders, rules, or obligations under workers' compensation insurance policies.
- (l) ORS 656.455 – Records location and inspection.
- (m) ORS 656.745 – Civil penalties.
- (n) ORS 656.850 and 656.855 – Worker leasing companies.
- (o) ORS 731.475 – Insurer's in-state location.

(2) The director may waive procedural rules as justice requires, unless otherwise obligated by statute.

Stat. Auth: ORS 656.704 & 656.726(4)
Stats. Implemented: ORS 656.017, 656.029, 656.126, 656.407, 656.419, 656.423, 656.427, 656.430, 656.434, 656.443, 656.447, 656.455, 656.745, 656.850, 656.855 & 731.475
Hist.: WCD 3-1980(Admin), f. & ef. 4-2-80; WCD 4-1982(Admin), f. 2-10-82, ef. 2-15-82; WCD 10-1982(Admin), f. 9-30-82, ef. 10-1-82; WCD 7-1983(Admin), f. 12-22-83, ef. 12-27-83; Renumbered from 436-051-0003, 1-1-86; WCD 9-1985(Admin), f. 12-12-85, ef. 1-1-86; WCD 9-1987, f. 12-18-87, ef. 1-1-88; WCD 7-1989, f. 12-22-89, cert. ef. 1-1-90; WCD 25-1990, f. 11-29-90, cert. ef. 12-26-90; WCD 3-1992, f. 1-10-92, cert. ef. 2-1-92; WCD 2-1994, f. 4-1-94, cert. ef. 5-1-94; WCD 9-1996, f. 3-11-96, cert. ef. 4-1-96; WCD 1-1998, f. 1-9-98, cert. ef. 1-23-98; WCD 5-2001, f. 6-22-01, cert. ef. 7-1-01; WCD 10-2003, f. 8-29-03, cert. ef. 9-15-03; WCD 12-2003, f. 12-4-03, cert. ef. 1-1-04; WCD 5-2005, f. 5-26-05, cert. ef. 6-1-05; WCD 8-2005, f. 12-6-05, cert. ef. 1-1-06; WCD 7-2007, f. 11-1-07, cert. ef. 11-28-07; WCD 1-2008, f. 6-13-08, cert. ef. 7-1-08; WCD 4-2008, f. 9-17-08, cert. ef. 7-1-09; WCD 6-2012, f. 10-4-12, cert. ef. 1-1-13; WCD 1-2013(Temp), f. & cert. ef. 1-23-13 thru 7-21-13; WCD 5-2013, f. 7-3-13, cert. ef. 7-22-13; WCD 8-2013, f. 11-12-13, cert. ef. 1-1-14

436-050-0175

Annual Reporting Requirements

(1) To determine the financial status of a self-insured employer and to evaluate the employer's continuity of operation, a self-insured employer must file annually with the director an audited financial statement or annual report with audited financial statement, including SEC Form 10K if issued, for the just completed fiscal year. A self-insured employer that is not a municipality must make the filing within 120 days of the fiscal year end and a self-insured employer that is a municipality must make the filing within 180 days of the fiscal year end. All financial statements and annual financial reports filed, as required by this section, will be retained by the director for a period of at least three years. In lieu of an audited financial statement or annual report, a self-insured employer may file a financial statement certified by the employer that the financial statement is true and accurate and presents the employer's financial condition and results of operations as of the date of the statement.

(2) Notwithstanding section (1) of this rule, the director may require an employer to submit an audited financial statement if the certified financial statement submitted is insufficient to evaluate the employer's financial status.

(3) The self-insured employer must report claim loss data described in Bulletin 209 by March 1 of each year for the purposes of experience rating modification, retrospective rating calculations, and determining deposits.

(a) The report must be certified to be true and accurate by an authorized representative of the self-insured employer, and must include:

(A) A report of losses for each year in the experience rating period. The report must cover all claims incurred during the reporting period and must be valued as of January 1 of the current year. Reports must include:

- (i) Contract medical expenses;
- (ii) Total maximum medical reimbursement amount;
- (iii) Number of claims for which the maximum medical reimbursement amount is claimed;
- (iv) For claims with incurred losses of \$13,500 or less, total paid, outstanding reserves, and total incurred losses;
- (v) Number of claims with incurred losses of \$13,500 or less; and
- (vi) For each claim with incurred losses exceeding \$13,500, worker's name, date of injury, claim number, total paid, outstanding reserves, and total incurred losses. Claims must be listed in alphabetical order.

(B) A report of losses covering the self-insured period prior to the experience rating period. The report must list all open claims and must be valued as of January 1 of the current year. The report must include:

- (i) The worker's name, listed in alphabetical order;
- (ii) Date of injury;
- (iii) Claim number;
- (iv) Total paid;
- (v) Outstanding reserves; and
- (vi) Total incurred losses.

(C) Identification of claims involving catastrophes, Workers with Disabilities Program, permanent total disability or fatal benefits, third party recoveries, and claims where the total incurred has or is expected to exceed the self-insured retention of the self-insured employer's excess insurance policy.

(D) The total annual paid losses for the previous four fiscal years valued as of January 1 of the current year.

(b) Bulletin 209 provides guidelines for self-insured employers and their authorized representatives to use in submitting the required data.

(c) Each self-insured city, county, or qualified self-insured employer group that is exempted from the security deposit requirements under ORS 656.407(3) and OAR 436-050-0185 must, in addition to the above, provide the procedures, methods, and criteria used in the process of determining the amount of their actuarially sound workers' compensation loss fund, including procedures for determining the amount for injuries incurred but not reported.

(4) Notwithstanding section (3) of this rule, the director may require a self-insured employer to submit claim loss data more frequently if the nature of the self-insured employer's business has changed since the last annual loss report for reasons including, but not limited to, mergers or acquisitions, changes in employment level, nature of employment, or incurred claims costs.

(5) If a self-insured employer fails to comply with the requirements of sections (1), (2), (3), or (4) of this rule, the director may impose any or all of the following sanctions:

- (a) Require the self-insured employer to increase its deposit and premium assessments by 25%;
- (b) Conduct an audit to obtain the necessary loss information at the self-insured employer's expense;
- (c) Assess civil penalties of up to \$250 per day that the information is not provided beyond the deadline; or
- (d) Revoke the employer's certification for self-insurance.

(6) To ensure each self-insured employer's claims are valued appropriately for use in deposit, experience rating, and retrospective rating calculations, the director will perform routine test audits. If a self-insured employer's total claims values are found to be 10 percent or more below the director's determined values, the current experience rating will be recalculated using the director's determined values and will be used in the security deposit and retrospective rating calculations. In addition, penalties may be assessed.

Stat. Auth: ORS 656.407, 656.430, 656.704 & 656.726(4)
Stats. Implemented: ORS 656.407 & 656.430

Hist.: WCD 7-1989, f. 12-22-89, cert. ef. 1-1-90; WCD 25-1990, f. 11-29-90, cert. ef. 12-26-90; WCD 7-1991(Temp), f. 10-4-91, cert. ef. 10-7-91; WCD 3-1992, f. 1-10-92, cert. ef. 2-1-92; WCD 5-2001, f. 6-22-01, cert. ef. 7-1-01; WCD 12-2003, f. 12-4-03, cert. ef. 1-1-04; WCD 7-2007, f. 11-1-07, cert. ef. 11-28-07; WCD 1-2008, f. 6-13-08, cert. ef. 7-1-08; WCD 6-2012, f. 10-4-12, cert. ef. 1-1-13; WCD 9-2012, f. 12-7-12, cert. ef. 1-1-13; WCD 8-2013, f. 11-12-13, cert. ef. 1-1-14

436-050-0185

Deposit Exemption for Self-Insured Cities and Counties, Qualifications, Application Procedures, Conditions and Requirements, Revocation and Requalification

(1) A self-insured city, county, or self-insured employer group that is a municipal or public corporation under ORS 297.405, may apply to be exempt from the security deposit requirements of ORS 656.407(2). Under ORS 656.407(3), the requirements to qualify for exemption are as follows:

(a) The city, county, or qualified self-insured employer group must be in compliance with ORS 656.407(2) and OAR 436-050-0180 as an independently self-insured employer or self-insured employer group for the three consecutive years immediately prior to applying for the exemption; and

(b) The city, county, or qualified self-insured employer group must have in effect a workers' compensation loss reserve account that is actuarially sound and that is adequately funded as determined by the annual audit under ORS 297.405 to 297.740 to pay all compensation to injured workers and amounts due the director under ORS chapter 656. The workers' compensation loss reserve account must also be dedicated to and expended only for payment of compensation and amounts due the director by the city or county under ORS chapter 656.

(2) A written application requesting exemption from ORS 656.407(2) must be submitted to the director no later than 45 days prior to the date the exemption is desired to become effective. The application must include the following supporting documentation for review and approval:

(a) A copy of the city's, county's, or qualified self-insured employer group's most recent annual audit as filed with the Secretary of State under ORS 297.405 to 297.740 that identifies the actuarially sound funded

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amount in the dedicated workers' compensation loss reserve if not previously filed as required by OAR 436-050-0175(1);

(b) A copy of the city's, county's, or qualified self-insured employer group's current fiscal year's approved budget documents for internal service funds that state the budgeted amount for the funded workers' compensation loss reserve account;

(c) A resolution or ordinance passed by the city's, county's, or qualified self-insured employer group's governing body that establishes an actuarially sound and adequately funded workers' compensation loss reserve account that dedicates the workers' compensation loss reserve account to and limits expenditures to only the payment of compensation and amounts due the director under ORS chapter 656. The resolution must also include the director's first lien and priority rights to the full amount of the workers' compensation loss reserve account required to pay the present discounted value of all present and future claims under ORS chapter 656; and

(d) A statement giving the amount of the current reserves for present and future liabilities, the amount funded in the workers' compensation loss reserve account, the procedures, methods, and criteria used in the process of determining the amount funded in their actuarially sound workers' compensation loss fund, including procedures for determining the amount for injuries incurred but not reported. The statement must include the city's, county's, or qualified self-insured employer group's certification that the loss reserve account is actuarially sound and adequately funded if an actuarial study is not available.

(3) Within 45 days of receipt of all information required by section (2) of this rule, the director will review the application and supporting documentation and notify the city, county, or qualified self-insured employer group that the request for exemption under ORS 656.407(3) is approved or denied.

(a) If denied, the notice will provide the reasons for the denial, any requirements for reconsideration, and the right to administrative review as provided by OAR 436-050-0008.

(b) If approved, the notice will include:

(A) The confirmation of the effective date of exemption;

(B) Authorization for cancellation of any surety bond or ISLOC held as security under ORS 656.407(2) and OAR 436-050-0180; and

(C) Procedures for release of any government securities or time deposits held as security under ORS 656.407(2) and OAR 436-050-0180.

(4) Probable cause to believe the workers' compensation loss reserve account is not actuarially sound includes but is not limited to the annual audited financial statement under ORS 297.405 to 297.740 not containing a statement by the auditor that the workers' compensation loss reserve account is adequately funded, or containing a disclaimer regarding the auditor's qualifications or ability to determine adequacy of the loss reserve account.

(5) A city, county, or qualified self-insured employer group that has been exempted from ORS 656.407(2) and desires to terminate its self-insurance certification or elects to discontinue maintaining an actuarially sound and adequately funded workers' compensation loss reserve must:

(a) Submit a written request to the director at least 60 days prior to the desired effective date the self-insured certification is requested to be terminated or 60 days prior to the effective date that the qualifying workers' compensation loss reserve account is to be discontinued;

(b) If the self-insured certification is to be terminated, the request for termination must comply with OAR 436-050-0200. Prior to the effective date of termination the city, county, or qualified self-insured employer group must provide a security deposit, as required by the director, in an amount determined under OAR 436-050-0180 and ORS 656.443; and

(c) If the city, county, or qualified self-insured employer group desires to remain self-insured, the city, county, or qualified self-insured employer group must requalify for self-insurance certification by depositing, prior to the date the qualifying workers' compensation loss reserve account is to be discontinued, a security deposit as required by the director under ORS 656.407(2) and OAR 436-050-0180. Under ORS 656.407(3)(e) failure to deposit the required security deposit with the director prior to the date of discontinuance of the qualifying workers' compensation loss reserve account will cause the city's, county's, or qualified self-insured employer group's self-insurance certification to be automatically revoked as of that date.

Stat. Auth.: ORS 656.407, 656.704 & 656.726(4)

Stats. Implemented: ORS 656.407

Hist.: WCD 7-1991(Temp), f. 10-4-91, cert. ef. 10-7-91; WCD 3-1992, f. 1-10-92, cert. ef. 2-1-92; WCD 5-2001, f. 6-22-01, cert. ef. 7-1-01; WCD 12-2003, f. 12-4-03, cert. ef. 1-1-04; WCD 6-2012, f. 10-4-12, cert. ef. 1-1-13; WCD 8-2013, f. 11-12-13, cert. ef. 1-1-14

Rule Caption: Rules governing vocational assistance to injured workers; extension of temporary disability compensation during training

Adm. Order No.: WCD 9-2013

Filed with Sec. of State: 11-12-2013

Certified to be Effective: 1-1-14

Notice Publication Date: 10-1-2013

Rules Amended: 436-120-0443

Subject: Revised OAR 436-120, "Vocational Assistance to Injured Workers":

Reflects ORS 656.340, as amended by House Bill 2069 (2013), which gives the director (of the Department of Consumer and Business Services) authority to extend temporary disability compensation during training for up to 21 months upon good cause shown by the injured worker.

Rules Coordinator: Fred Bruyns—(503) 947-7717

436-120-0443

Training

(1) Training services include but are not limited to plan development, training, monthly monitoring of training progress, and job placement services.

(2) The training plan must be developed and monitored by a certified vocational counselor.

(3) The selection of plan objectives and the kind of training must attempt to minimize the length and cost of training necessary to prepare the worker for suitable employment.

(4) If there are any changes made to the original training plan, an addendum to Form 1081 – Return to Work Plan must be completed, signed by all parties, and submitted to the director.

(5) Basic education may be offered, with or without other training components, to raise the worker's education to a level to enable the worker to obtain suitable employment.

(6) On-the-job training prepares the worker for permanent, suitable employment with the training employer and for employment in the labor market at large. On-the-job training must be considered first in developing a training plan.

(7) Occupational skills training is offered through a community college, based on a predetermined curriculum, at the training employer's location.

(8) Formal training may be offered through a vocational school licensed by an appropriate licensing body, community college, or other post-secondary educational facility that is part of a state system of higher education.

(9) Rehabilitation facilities training provides evaluation, training, and employment for severely disabled individuals.

(10) Notwithstanding OAR 436-120-0145(2), the director may order the insurer, or the insurer may elect, to provide training outside Oregon if such training would be more timely, appropriate, or cost effective than other alternatives.

(11) Training status continues during the following breaks:

(a) A regularly scheduled break of not more than six weeks between fixed school terms;

(b) A break of not more than two weeks between the end of one kind of training and the start of another for which the starting date is flexible; or

(c) A period of illness or recuperation that does not prevent completion of the training by the planned date.

(12) A worker actively engaged in training must receive temporary disability compensation under ORS 656.268 and ORS 656.340.

(13) Temporary disability compensation is limited to 16 months unless extended to 21 months by the insurer or ordered by the director when the injured worker provides good cause. Good cause may include but is not limited to the reasons given under section (14) of this rule. In no event will temporary disability compensation during training be paid for more than 21 months.

(14) Training costs may be paid for periods longer than 21 months. Reasons for extending training may include but are not limited to:

(a) Reasons beyond the worker's control.

(b) An "exceptional disability," defined as a disability equal to or greater than the complete loss, or loss of use, of both legs. Exceptional disability also includes brain injury that results in impairment equal or greater than Class III as defined in OAR 436-035.

(c) An "exceptional loss of earning capacity" exists when no suitable training plan of 16 months or less is likely to eliminate the worker's sub-

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stantial handicap to employment. The extension must allow the worker to obtain a wage as close as possible to the worker's adjusted weekly wage and at least 10 percent greater than could be expected with a shorter training program.

(15) An eligible worker is entitled to four months of job placement assistance after completion of training.

(16) When the worker returns to work following training, the insurer must monitor the worker's progress for at least 60 days to assure the suitability of the employment before ending eligibility.

(17) If the worker chooses a training plan period of longer than he or she is entitled to receive under these rules, the worker may supplement training provided by the insurer by completing "self-sponsored" training or studies. For the purpose of this rule, "self-sponsored" means the worker is obligated to pay for the training.

(a) The first day of training provided by the insurer will be considered the "training start date" and the last day of training provided by the insurer will be the "training end date."

(b) All self-sponsored training must be completed before the training start date unless the parties otherwise agree.

(c) During self-sponsored training, the insurer may provide optional services under OAR 436-120-0455, including but not limited to payment of expenses for tuition, fees, books, and supplies.

(d) The return-to-work plan support document must describe how the worker-sponsored training and the training provided by the insurer will combine to prepare the worker for suitable employment.

Stat. Auth.: ORS 656.340(9), 656.726(4)

Stats. Implemented: ORS 656.340

Hist.: WCD 11-1982(Admin)(Temp), f. 12-29-82, ef. 1-1-83; WCD 2-1983(Admin), f. & ef. 6-30-83; Renumbered from 436-061-0060, WCD 5-1983(Admin), f. 12-14-83, ef. 1-1-84; 5-1-85; WCD 7-1985(Admin), f. 12-12-85, ef. 1-1-86; Renumbered from 436-120-0030, WCD 11-1987, f. 12-17-87, ef. 1-1-88; Renumbered from 436-120-0075 & 436-120-0085, WCD 10-1994, f. 11-1-94, cert. ef. 1-1-95; Renumbered from 436-120-0450 & 436-120-0460, WCD 6-2000, f. 4-27-00, cert. ef. 6-1-00; WCD 4-2001, f. 4-13-01, cert. ef. 5-15-01; WCD 7-2002, f. 5-30-02, cert. ef. 7-1-02; WCD 6-2005, f. 6-9-05, cert. ef. 7-1-05; WCD 8-2007, f. 11-1-07, cert. ef. 12-1-07; WCD 3-2009, f. 12-1-09, cert. ef. 1-1-10; Renumbered from 436-120-0440, WCD 5-2010, f. 9-15-10, cert. ef. 11-15-10; WCD 5-2012, f. 10-3-12, cert. ef. 11-1-12; WCD 9-2013, f. 11-12-13, cert. ef. 1-1-14

Department of Corrections Chapter 291

Rule Caption: Assignment of Maximum Custody Inmates to Special Security Housing

Adm. Order No.: DOC 9-2013(Temp)

Filed with Sec. of State: 10-23-2013

Certified to be Effective: 10-23-13 thru 4-21-14

Notice Publication Date:

Rules Amended: 291-055-0019, 291-104-0111

Subject: These rule amendments are necessary in order for the Department to clarify and conform its administrative rules to reflect the Department's historical policy and practice of classifying inmates that are pending retrial in a case in which a death sentence may be re-imposed as maximum custody, and assigning these inmates to special security housing separate from the general inmate population, to provide the maximum level of inmate security, control, and supervision. The Department intends that these temporary rule amendments apply retroactively to persons sentenced to the legal and physical custody of the Department before, on or after the effective date of these rule amendments.

Rules Coordinator: Janet R. Worley—(503) 945-0933

291-055-0019

IMU Assignments

(1) Maximum custody inmates shall be assigned to an IMU or IMU status cell. Maximum custody inmates who have received a sentence of death (inmates on death row status) or who are pending retrial in a case in which a death sentence may be re-imposed may be assigned housing in an IMU or IMU status cell.

(a) An inmate demonstrates the need for maximum custody housing by demonstrating behaviors that cannot be controlled in other housing as indicated by high severity and/or chronic misconduct sanctions, escape activity or security threat group activities causing serious management concerns.

(b) Inmates assigned to an IMU or IMU status cell may be temporarily assigned to other housing, treatment, program or service units (i.e., Infirmary, Administrative Housing, mental health special housing, Death

Row) for housing, treatment, or programming as deemed necessary or advisable by the department.

(2) Assignment Request: A request for assignment to an IMU shall be initiated if an inmate scores maximum, or when an override request to maximum is made. A Classification Summary (CD1120D), Intensive Management Unit Administrative Action Sheet (CD8a) and all pertinent information which demonstrates the need for IMU assignment shall be sent to the Classification and Transfer Unit. Staff shall indicate the reason for referral and a short statement describing the reason for requesting an IMU assignment. Classification and Transfer will approve or deny the request.

(3) Documentation of Decisions: All decisions by the Classification and Transfer Unit will be documented on the Intensive Management Unit Administrative Action Sheet (CD 8a) and returned to the facility initiating the request. The signed copy of the action sheet shall be filed in the inmate's institution file.

(4) Notice: Decisions by the Classification and Transfer Unit that assign an inmate to IMU status will be sent to the inmate along with a Classification Summary (CD1120D), Intensive Management Unit Administrative Action Sheet (CD8a), Request for Administrative Review (CD1120aD), and a description of the inmate's review options.

(5) Administrative Review: An inmate assigned to IMU status shall have an opportunity for administrative review of his/her maximum custody classification/assignment to IMU as provided in the department's rule on Classification (Inmate), OAR 291-104.

[ED. NOTE: Forms referenced are available from the agency.]

Stat. Auth.: ORS 179.040, 423.020, 423.030 & 423.075

Stats. Implemented: ORS 179.040, 423.020, 423.030 & 423.075

Hist.: CD 21-1994, f. 11-16-94, cert. ef. 12-1-94; CD 21-1994, f. 11-16-94, cert. ef. 12-1-94; DOC 7-2000(Temp), f. 2-24-00, cert. ef. 2-24-00 thru 8-22-00; DOC 20-2000, f. & cert. ef. 8-18-00, Renumbered from 291-055-0011; DOC 10-2002(Temp), f. & cert. ef. 7-10-02 thru 1-6-03; DOC 14-2002, f. & cert. ef. 11-8-02; DOC 9-2013(Temp), f. & cert. ef. 10-23-13 thru 4-21-14

291-104-0111

Definitions

(1) Administrative Review: A review of classification scoring, classification level, or classification override requested by an inmate and completed by the Institution Classification Committee, facility functional unit manager, or Classification Manager.

(2) Classification Action: Initiation of initial classification, classification review or classification override to determine an inmate's custody classification level.

(3) Classification Manager: An Office of Population Management employee responsible for the development, implementation, training, auditing, oversight and management of the classification function within the Department.

(4) Classification Review: The process used by the Department to re-evaluate an inmate's assigned custody level. The assigned custody level may be changed as a result of the review.

(5) Corrections Information System (CIS): A computer system dedicated to tracking information critical to the management of inmates and offenders under the custody, supervision or both of the Department of Corrections.

(6) Custody Classification Guide (Attachment 1): Criteria and guidelines that assist in assigning inmates to an appropriate custody level utilizing scoring elements determined by the Department of Corrections.

(7) Custody Level: One of five levels of supervision assigned to an inmate through initial and classification review procedures.

(a) Level 5: An inmate assigned at this custody level meets one of the following criteria:

(A) Has demonstrated behaviors causing serious management concerns, or has demonstrated behaviors that in the judgment of the Department present a threat sufficient to require special security housing on intensive management status.

(B) Has a sentence of death, or is pending retrial in a case in which a death sentence may be re-imposed.

(b) Level 4: An inmate assigned at this custody level presents a serious risk of escape or institutional violence, or has extensive time remaining.

(c) Level 3: An inmate assigned at this custody level presents a moderate risk of escape, or has demonstrated behavior causing moderate management concern.

(d) Level 2: An inmate assigned at this custody level presents a limited risk of escape, or has demonstrated behavior causing limited management concern.

(e) Level 1: An inmate assigned at this custody level presents a minimal risk of escape and has demonstrated behavior causing minimal man-

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agement concern.

(8) Department of Corrections (DOC) Facility: Any institution, facility or staff office, including the grounds, operated by the Department of Corrections.

(9) Designators: Information, alerts or statutory designations important for sentence computation and crucial to determining work crew eligibility, unfenced housing assignment, and the management of inmates and offenders both in institutions and in the community.

(10) Initial Classification: The process used by the Department of Corrections to assign an inmate a custody level upon his/her admission to the physical custody of the Department.

(11) Inmate: Any person under the supervision of the Department of Corrections who is not on parole, probation, or post-prison supervision status.

(12) Institution Classification Committee: A committee within each facility consisting of at least three persons (one representative from management service, one representative from security, and one representative from Transitional Services) that reviews classification appeals.

(13) Office of Population Management: The functional unit that is responsible for capacity and resource management, new prison construction, community development, interstate compact, rental bed contracts, international transfers, special needs populations, juveniles sentenced as adults, high risk inmate placement, and overall system development related to classification functions.

(14) Override: An option utilized when there is a documented issue(s) not addressed in the classification scoring elements, or a degree of seriousness in a classification factor that justifies a higher or lower custody level than indicated by the classification action.

(15) Policy Elements: Areas of potential risk listed in the Custody Classification Guide (Attachment 1) that determine the inmate's classification level.

(16) Serious Management Concerns:

(a) Participation, either individually or in a group, in behavior that in the judgment of the Department poses a threat to the safe and secure operation of the facility, including but not limited to, threatening or inflicting serious bodily harm on another inmate or on staff, or that poses an immediate risk of escape;

(b) Promoting or engaging in group disruptive behavior, or being involved in the planning of any activities that in the judgment of the Department would significantly threaten the safe and secure operation of the facility; or

(c) Demonstration in behaviors that in the judgment of the Department pose a threat sufficient to require special secure housing on intensive management status.

(17) Special Population Management (SPM) Committee: A committee composed of at least three Department administrative staff to include a representative from Institution Operations, Counseling & Treatment Services, and the Office of Population Management, who are responsible to review classification status for inmates who score Level 5 in order to determine if assignment to Intensive Management Status is appropriate.

(18) Violence Predictor Score (VPS): A score based on a mathematical equation used to determine an inmate's risk for violence in an institutional setting. The equation includes calculations based on an inmate's age, gender, prior incarcerations, type of crime, aggression, drug history, and certain personality disorders. This calculation is used only during the twelve months of incarceration.

[ED. NOTE: Attachments referenced are available from the agency.]

Stat. Auth.: ORS 179.040, 423.020, 423.030 & 423.075

Stats. Implemented: ORS 179.040, 423.020, 423.030 & 423.075

Hist.: DOC 4-2006, f. 5-31-06, cert. ef. 6-1-06; DOC 11-2008, f. 5-8-08, cert. ef. 5-13-08; DOC 11-2012(Temp), f. & cert. ef. 11-5-12 thru 5-4-13; DOC 4-2013, f. & cert. ef. 4-15-13; DOC 9-2013(Temp), f. & cert. ef. 10-23-13 thru 4-21-14

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Rule Caption: Use of Force by DOC Community Corrections Employees

Adm. Order No.: DOC 10-2013

Filed with Sec. of State: 10-23-2013

Certified to be Effective: 10-23-13

Notice Publication Date: 4-1-2013

Rules Amended: 291-022-0105, 291-022-0115, 291-022-0125, 291-022-0130, 291-022-0150, 291-022-0160, 291-022-0161, 291-022-0162, 291-022-0170, 291-022-0190, 291-022-0200, 291-022-0210

Rules Repealed: 291-022-0140

Subject: These amendments are necessary to clarify expectations in regards to use of force by DOC Community Corrections offices;

streamline the review process for use of force incidents, making it consistent with the process used by the Operations Division of the department; and other housekeeping items to update the language to current terminology and reflect organizational changes since the last revision of these rules.

Rules Coordinator: Janet R. Worley—(503) 945-0933

291-022-0105

Authority, Purpose, and Policy

(1) Authority: The authority for this rule is granted to the Director of the Department of Corrections in accordance with ORS 179.040, 423.020, 423.030, and 423.075.

(2) Purpose: The purpose of this rule is to outline the authority of parole and probation officers in the use of physical force, firearms, and restraints.

(3) Policy: It is the policy of the Department of Corrections to authorize the use of physical force when and to the extent that it is reasonably believed to be necessary as specified in these rules. Parole and probation officers are authorized to use that amount of force that is objectively reasonable to overcome a threat, thereby minimizing the risk of injury to the officer, the threat, and the public.

Stat. Auth.: ORS 179.040, 423.020, 423.030 & 423.075

Stats. Implemented: ORS 179.040, 423.020, 423.030 & 423.075

Hist.: DOC 6-2005, f. & cert. ef. 5-24-05; DOC 10-2013, f. & cert. ef. 10-23-13

291-022-0115

Definitions

(1) Chemical Agents: Chemical compounds that when deployed are designed to cause sufficient physiological effect to stop, control or temporarily incapacitate an individual.

(2) Deadly Physical Force: Physical force that under the circumstances in which it is used is readily capable of causing death or serious physical injury.

(3) Electronic Control Devices: Security equipment designed to stop, control or temporarily incapacitate through the use of high voltage, low amperage electric stimulation; e.g., conducted electrical weapon, electronic shield, etc.

(4) Level of Force: The type of force employed, the degree of that type of force employed, and the circumstances within which the force is employed.

(5) Local State Director: A person within the Department of Corrections who reports to the Assistant Director of Community Corrections and has responsibility for managing a state community corrections office within a particular county.

(6) Negligent Discharge: An unintentional discharge cause by an action or event that an employee could and should have foreseen or prevented.

(7) Offender: Any person under supervision who is on parole, post prison supervision, transitional leave, local control and/or probation status.

(8) Officer: Any state parole and probation officer certified as such by the Department of Public Safety Standards and Training

(9) Physical Force: The use of hands, other parts of the body, objects, instruments, chemical devices, firearms, or other physical methods, for the purpose of overcoming the resistance to lawful authority.

(10) Physical Injury: Impairment of physical condition or substantial pain.

(11) Reasonable Force: That force, which is objectively reasonable, based upon the totality of the circumstances and the facts known to the officer at the time.

(12) Security Equipment: Firearms, ammunition, batons, chemical agents, security restraints, electronic control devices, and similar devices.

(13) Serious Physical Injury: Physical injury which creates a substantial risk of death or which causes serious and protracted disfigurement, protracted impairment of health, or protracted loss or impairment of the function of any bodily organ.

(14) Security Restraints: Handcuffs, temporary cuffs (flexcuffs), and other similar equipment designed to control a person from injuring himself/herself, others, and to prevent escape.

(15) Show of Force: A demonstration of the current ability to use force, such as the massing of parole and probation officers or other officials.

(16) Threat: Any person resisting arrest or resisting being lawfully controlled and/or demonstrating the intent, having the means, and the opportunity to inflict injury, serious physical injury, or death.

(17) Totality of the Circumstances: With respect to use of force, circumstances include, but are not limited to, comparative size; physical, emo-

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tional, and mental condition; skill level of combatants; nature of the offense; weapons; and availability of assistance.

(18) Use of Force: Any situation in which an employee uses physical force against a threat, except those situations in which security restraints are used in a standard manner for arrest, escort, or transport.

Stat. Auth.: ORS 179.040, 423.020, 423.030 & 423.075

Stats. Implemented: ORS 179.040, 423.020, 423.030 & 423.075

Hist.: DOC 6-2005, f. & cert. ef. 5-24-05; DOC 28-2008(Temp), f. & cert. ef. 11-25-08 thru 5-22-09; DOC 7-2009, f. 5-22-09 cert. ef. 5-23-09; DOC 10-2013, f. & cert. ef. 10-23-13

291-022-0125

Applicability of the Rule

(1) All employees who supervise or work around offenders shall be thoroughly familiar with the departmental procedures of this rule for guidance and direction in use of force incidents.

(2) If there is any question about specific equipment, procedures, etc., in a use of force situation, an employee shall be directed by the location of the situation, rather than by distinctions concerning where he/she is duty stationed.

Stat. Auth.: ORS 179.040, 423.020, 423.030 & 423.075

Stats. Implemented: ORS 179.040, 423.020, 423.030 & 423.075

Hist.: DOC 6-2005, f. & cert. ef. 5-24-05; DOC 10-2013, f. & cert. ef. 10-23-13

291-022-0130

General Provisions — Use of Force

(1) Physical force may be employed when it is reasonable given the situation and the facts known to the officer at the time. The degree and type of force used shall be objectively reasonable based on the totality of the circumstances and the facts known to the officer at the time the force is delivered. Force shall be de-escalated or terminated as soon as practical after the threat is mitigated and it is safe to do so.

(2) A verbal warning, lawful order, or a verbal transfer of the use of force decision to the threat should be made prior to delivering physical force against a threat, if time and circumstances safely permit the officer to do so.

(3) Immediate use of physical force is authorized in circumstances in which warnings and other non-force alternatives are not reasonable or available to the employee.

(4) The goal of any use of force in a given situation must be to attain a legitimate objective. There are only two purposes an officer can have in using force. All justifiable uses of force will fall into one, or both, of these categories:

(a) Defense, and/or

(b) Control.

(5) Provoking a person to justify the use of physical force, or using physical force as punishment or discipline, is prohibited.

(6) First aid and/or medical assistance shall be provided to an injured person as soon as safely possible following any use of force. This action shall be documented in the Use of Force Report.

(7) Photographs shall be taken of the individuals injuries as soon as practical and retained as part of the documentation of the incident.

Stat. Auth.: ORS 179.040, 423.020, 423.030 & 423.075

Stats. Implemented: ORS 179.040, 423.020, 423.030 & 423.075

Hist.: DOC 6-2005, f. & cert. ef. 5-24-05; DOC 10-2013, f. & cert. ef. 10-23-13

291-022-0150

Deadly Use of Force

(1) Officers should consider other reasonable means of control before resorting to the use of deadly force as time and circumstances safely permit.

(2) Deadly force may be used upon the reasonable belief that an officer's life or safety, or the life or safety of another, is in imminent danger of death or serious bodily injury, given the totality of the circumstances known to the officer at the time of his/her action.

Stat. Auth.: ORS 179.040, 423.020, 423.030 & 423.075

Stats. Implemented: ORS 179.040, 423.020, 423.030 & 423.075

Hist.: DOC 6-2005, f. & cert. ef. 5-24-05; DOC 10-2013, f. & cert. ef. 10-23-13

291-022-0160

Security Equipment

(1) Security Equipment:

(a) All security equipment requires the approval of the Director or designee before being issued and used as department authorized security equipment.

(b) Security equipment shall not be issued to or used by an employee who has not been trained in the proper use of such devices.

(c) Unless authorized by the Assistant Director for Community Corrections or designee, the carrying or use of personal security equipment is prohibited.

(d) The local state director shall authorize the storage and use of security equipment.

(2) Security Restraints:

(a) The standard routine use of security restraints for arrest, escort or transportation of an offender is not a use of force within the context of this rule.

(b) The use of security restraints is authorized to restrict, immobilize, and control the movement of offenders or for the purpose of officer safety.

(c) An offender shall be placed in security restraints with their hands behind their back, before and during transport. Exceptions may exist due to physical and/or medical conditions, at which point alternative methods may be utilized.

(d) Security restraints shall be applied consistent with the training and experience of the officer. Restraints will be checked for tightness and double locked.

(e) Officers shall ensure that unnecessary pressure is not placed on the offender's chest, back or neck while applying restraints. Officers shall maintain close observation of a restrained offender in order to detect breathing difficulties and/or loss of consciousness.

(f) The officer shall check at least every 30 minutes and verify the security restraints are not causing injury or an obvious medical problem for the restrained offender.

(3) Chemical Agents:

(a) Authorization to carry a chemical agent shall be granted by the local state director.

(b) Authorization to carry department issued chemical agents shall be limited to the performance of official duties.

(c) Officers authorized to carry a chemical agent shall carry the chemical agent or another approved less than lethal force option whenever:

(A) Protective body armor is worn;

(B) A firearm is carried;

(C) An arrest is anticipated or when making an arrest; or

(D) A confrontation with vicious dogs or other dangerous animals is anticipated.

(d) An officer shall only discharge a chemical agent for the following:

(A) To defend the officer or another person from an animal attack;

(B) To defend the officer or another person from imminent danger; or

(C) To enforce a valid order(s) to a threat to submit to the application of restraints; or

(D) Other circumstances where it is objectively reasonable given the totality of the circumstances and facts known to the officer at the time.

(e) When feasible, the officer shall provide a verbal warning to the threat prior to the discharge of a chemical agent.

(f) Those affected by a chemical agent shall be permitted to wash their face, eyes and other exposed skin areas, as soon as safely practical after the chemical agent has been used.

(g) Those affected by a chemical agent in a closed area shall be permitted to move to an uncontaminated area as soon as safely possible after the chemical agent has been used.

(h) A threat who has received an application of a chemical agent shall be observed for symptoms of an abnormal reaction while the officer has custody of the threat. Medical assistance shall be summoned as soon as an abnormal reaction is observed.

(4) Electronic Control Device:

(a) Authorization to carry an electronic control device may be granted by the local state director in accordance to department's policy on Electronic Control Devices (Parole and Probation Officers) (50.1.3)

(b) Authorization to carry an electronic control device shall be limited to the performance of official duties.

(c) Use of the electronic control device will be in accordance with these rules.

(5) Mandatory Use: Officers shall carry a chemical agent or an electronic control device or another approved less than lethal force option whenever:

(a) Protective body armor is worn;

(b) A firearm is carried;

(c) An arrest is anticipated or when making an arrest; or

(d) A confrontation with vicious dogs or other dangerous animals is anticipated.

Stat. Auth.: ORS 179.040, 423.020, 423.030 & 423.075

Stats. Implemented: ORS 179.040, 423.020, 423.030 & 423.075

Hist.: DOC 6-2005, f. & cert. ef. 5-24-05; DOC 28-2008(Temp), f. & cert. ef. 11-25-08 thru 5-22-09; DOC 7-2009, f. 5-22-09 cert. ef. 5-23-09; DOC 10-2013, f. & cert. ef. 10-23-13

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291-022-0161

Electronic Control Device Deployment

- (1) The electronic control device may be deployed:
 - (a) To control a dangerous or violent threat when deadly force does not appear to be justified.
 - (b) On animals, as a deterrent to aggressive behavior, when the officer believes such aggression may cause injury to the officer or another person whom is present.
- (2) When feasible, the officer shall provide a verbal warning to the threat prior to deploying the electronic control device.
- (3) Once the threat is incapacitated or restrained, continued use of the electronic control device is prohibited, unless the officer believes the threat continues.

Stat. Auth.: ORS 179.040, 423.020, 423.030, 423.075
Stats. Implemented: ORS 179.040, 423.020, 423.030, 423.075
Hist.: DOC 28-2008(Temp), f. & cert. ef. 11-25-08 thru 5-22-09; DOC 7-2009, f. 5-22-09; DOC 10-2013, f. & cert. ef. 10-23-13

291-022-0162

Treatment of Affected Persons

- (1) Immediately after deploying the electronic control device on a threat, the officer shall observe the threat for symptoms of an abnormal reaction or secondary injuries that may have occurred during the incident. Observation shall continue for the time the officer has custody of the individual. Medical assistance shall be summoned as soon as an abnormal reaction or secondary injury is observed.
- (2) Probes may be removed by the officer unless embedded in a sensitive area (face, throat, groin, female breasts). A probe embedded in a sensitive area should only be removed by medical personnel.
- (3) When custody or care of the individual is transferred, the officer shall inform jail staff or medical personnel of the approximate time the individual was immobilized, the puncture sites of the probes, and the probe size.
- (4) Photographs shall be taken of the individual's injuries as soon as practical and retained as part of the documentation of the incident.

Stat. Auth.: ORS 179.040, 423.020, 423.030 & 423.075
Stats. Implemented: ORS 179.040, 423.020, 423.030 & 423.075
Hist.: DOC 28-2008(Temp), f. & cert. ef. 11-25-08 thru 5-22-09; DOC 7-2009, f. 5-22-09; DOC 10-2013, f. & cert. ef. 10-23-13

291-022-0170

Firearms

- (1) Prior to resorting to the use of firearms against any threat, time and circumstances permitting, an officer shall first issue an appropriate verbal warning.
- (2) The discharge of a firearm will be handled in accordance with the department policy on Critical Incident (40.1.8). The State Police or local law enforcement officials shall be notified to investigate any discharge of a firearm unless the discharge was during training, off duty practice, or negligent discharge where injury or significant property damage did not occur. This investigation shall be separate from the full review.
- (3) Any officer involved in the discharge of a firearm in a situation on duty shall immediately report, by the quickest means possible, the incident to the local state director. The employee shall prepare a report as soon as reasonably possible.

Stat. Auth.: ORS 179.040, 423.020, 423.030 & 423.075
Stats. Implemented: ORS 179.040, 423.020, 423.030 & 423.075
Hist.: DOC 6-2005, f. & cert. ef. 5-24-05; DOC 10-2013, f. & cert. ef. 10-23-13

291-022-0190

Injury, Death, or Hostage

- (1) Whenever an officer's use of force results in the serious injury or death of another, he/she shall be placed on administrative leave until an investigation of the matter by the Inspector General and/or State Police can be concluded.
- (2) Whenever an officer's use of force results in the serious injury or death of another, the officer involved shall be placed on administrative leave until medical and/or psychological clearance has been obtained.
- (3) Any officer involved in or immediately exposed to a critical incident involving the serious injury, hostage or death of another shall be provided a critical incident stress debriefing.

Stat. Auth.: ORS 179.040, 423.020, 423.030 & 423.075
Stats. Implemented: ORS 179.040, 423.020, 423.030 & 423.075
Hist.: DOC 6-2005, f. & cert. ef. 5-24-05; DOC 10-2013, f. & cert. ef. 10-23-13

291-022-0200

Notifications

- (1) Any time an officer unholsters and/or points his/her firearm or electronic control device at another, the local state director will be notified

according to procedure. The local state director will notify the Assistant Director of Community Corrections of the incident.

(2) Any time an officer is required to use physical or deadly force, the officer shall immediately notify his/her supervisor and/or local state director.

(3) All employees witnessing or directly involved in a use of physical force incident shall individually prepare and submit a use of force report describing their involvement and observation regarding the incident.

(4) All employees witnessing or directly involved in a use of deadly force incident shall report the incident in accordance with the department policy on Critical Incident (40.1.8)

(5) The local state director shall make a verbal report to the Assistant Director of Community Corrections.

(6) In cases of serious or life-threatening injury to a person(s) that requires transport to a medical facility or where deadly force has been used:

(a) The appropriate investigatory agency in the jurisdiction shall be immediately contacted by the local state director.

(b) The investigatory agency can include the Attorney General's office if a conflict of interest exists.

(6) Prior to any administrative action, the local state director shall confer with the Assistant Director of Community Corrections.

Stat. Auth.: ORS 179.040, 423.020, 423.030 & 423.075
Stats. Implemented: ORS 179.040, 423.020, 423.030 & 423.075
Hist.: DOC 6-2005, f. & cert. ef. 5-24-05; DOC 10-2013, f. & cert. ef. 10-23-13

291-022-0210

Reviews

(1) General:

(a) Whenever staff employs force in response to an incident, a preliminary review of the use of force incident shall be conducted in accordance with the procedures established in these rules.

(b) A full review of a use of force incident shall be conducted by independent departmental review in accordance with the procedures established in these rules when requested by the Inspector General, or when the following circumstances exist:

(A) A person received a serious physical injury in the course of the use of force incident; or

(B) A firearm was discharged during the incident.

(c) The Inspector General may decide if the full review process for the incident requires assembly of a departmental review team to conduct the full review, or order a separate investigation be conducted by a special investigator from the Investigations Unit.

(2) Preliminary Review:

(a) The local state director shall conduct a preliminary review of all use of force incidents within 48 hours of the incident.

(b) Staff involved in the use of force incident shall prepare, assemble, and provide to the local state director all information and records that are relevant to the incident, including but not limited to reports, documents, videos, and photographs of involved persons and witnesses. Staff and/or offenders may be interviewed as necessary to clarify or obtain relevant information. The local state director shall review the information and records to ensure the documentation of the incident is complete.

(c) The local state director shall review the documentation for compliance with administrative directives and prepare a preliminary review report. The local state director shall forward the preliminary review report and supporting documentation to the Assistant Director of Community Corrections with one of the following recommendations:

(A) In compliance with administrative directives, requires only a preliminary review; and

(i) No further action is required; or

(ii) Further corrective action is required by the local state director to address perceived training, security, or other operational issues;

(B) In compliance with administrative directives but requires a full review; or

(C) Not in compliance with administrative directives but requires only a preliminary review because appropriate corrective action has been taken by the local state director; or

(D) Not in compliance with administrative directives and requires a full review.

(d) The Assistant Director of Community Corrections shall review the preliminary report and all supporting documentation and make any necessary modification or additions he/she deems necessary. The review shall include a preliminary review of the video tape(s) and all associated reports. If the Assistant Director of Community Corrections determines a full review is warranted, all relevant information will be forwarded to the Inspector General or designee for further review.

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(3) Full Review:

(a) When a full review of a use of force incident is requested by the Assistant Director of Community Corrections or otherwise required under these rules, a departmental review team shall be assembled to conduct the full review or a separate investigation shall be conducted by a special investigator from the Investigations Unit.

(b) The departmental review team shall include, at a minimum, a representative from Special Investigations assigned by the Inspector General and a representative from one separate functional unit other than the functional unit in which the incident took place. The functional unit representative may include a represented employee. The Special Investigations representative shall chair the review team and arrange for the appointment of the review team members in consultation with the functional unit managers.

(c) The departmental review team shall review the final preliminary review report and all supporting documentation for compliance with administrative directives.

(d) If any member of the review team deems it necessary or advisable to have additional staff or offender interviews conducted, the review team chair shall arrange for an Investigations Unit employee(s) to conduct the interview(s).

(e) If the review team chair determines that a crime may have been committed in the course of the use of force incident, he/she shall contact the State Police or local law enforcement officials before arranging for any additional interview(s) to determine if the law enforcement officials are conducting a criminal investigation regarding the incident, and if so, whether the additional interview(s) would interfere with the investigation.

(f) If advised that the interview(s) would interfere with a pending criminal investigation, the interview(s) shall be postponed until the criminal investigation has been concluded.

(g) Evaluation Report:

(A) After completing the review process, the review team shall prepare and submit its evaluation report to the Inspector General within 30 working days following completion of the full review.

(B) The report shall set forth the departmental review team's determination whether the actions taken were in compliance with a Department of Corrections administrative directive(s).

(C) If the review team finds evidence of noncompliance, it shall specify these findings and the rationale upon which the findings have been based in its report.

(D) The Inspector General shall review the report for completeness and forward it to the Assistant Director of Community Corrections for review and any necessary action.

Stat. Auth.: ORS 179.040, 423.020, 423.030 & 423.075
Stats. Implemented: ORS 179.040, 423.020, 423.030 & 423.075
Hist.: DOC 6-2005, f. & cert. ef. 5-24-05; DOC 10-2013, f. & cert. ef. 10-23-13

Rule Caption: Prison Advisory Committee for Department of Corrections Facilities

Adm. Order No.: DOC 11-2013

Filed with Sec. of State: 11-1-2013

Certified to be Effective: 11-1-13

Notice Publication Date: 7-1-2013

Rules Amended: 291-200-0010, 291-200-0020, 291-200-0030

Subject: These rule amendments will allow the department to determine if a prison advisory committee should be established for a department correctional facility, rather than requiring one be established.

Rules Coordinator: Janet R. Worley—(503) 945-0933

291-200-0010

Authority, Purpose, and Policy

(1) Authority: The authority for these rules is granted to the Director of the Department of Corrections in accordance with ORS 179.040, 423.020, 423.030 and 423.075.

(2) Purpose: The purpose of these rules is to establish Department of Corrections policy and procedures for the establishment and operation of prison advisory committees (PACs) for Department of Corrections facilities.

(3) Policy: It is the policy of the Department of Corrections to establish and facilitate operations of prison advisory committees (PACs) for Department of Corrections facilities in accordance with the mission, vision and values of the department, and these rules.

Stat. Auth.: ORS 179.040, 423.020, 423.030 & 423.075
Stats. Implemented: ORS 179.040, 423.020, 423.030 & 423.075
Hist.: DOC 9-1999(Temp), f. & cert. ef. 6-15-99 thru 12-12-99; DOC 15-1999, f. 9-23-99, cert. ef. 10-1-99; DOC 11-2013, f. & cert. ef. 11-1-13

291-200-0020

Definitions

(1) Affected Communities: Those cities and counties in which a Department of Corrections facility is sited or exists, or which due to their proximity to a Department of Corrections facility commit extensive resources to the ongoing operation of the facility.

(2) Facility: An institution or facility operated by the Department of Corrections which physically houses inmates.

(3) Superintendent: Any person within the Department of Corrections who reports to the Assistant Director for Operations Division or Institutions Administrator and has the responsibility for the delivery and coordination of program operations in a specific facility.

Stat. Auth.: ORS 179.040, 423.020, 423.030 & 423.075

Stats. Implemented: ORS 179.040, 423.020, 423.030 & 423.075

Hist.: DOC 9-1999(Temp), f. & cert. ef. 6-15-99 thru 12-12-99; DOC 15-1999, f. 9-23-99, cert. ef. 10-1-99; DOC 11-2013, f. & cert. ef. 11-1-13

291-200-0030

General

(1) The Department of Corrections, in cooperation with affected communities, may establish prison advisory committees for each Department of Corrections facility.

(2) The Department of Corrections may establish a single prison advisory committee for more than one Department of Corrections facility sited or operating in the same locale when deemed necessary or desirable by the affected facility superintendents. A decision to establish a single prison advisory committee for multiple Department of Corrections facilities must be approved by the Department of Corrections Assistant Director(s) — Institutions or the Assistant Director(s)' designee.

(3) Each prison advisory committee shall be identified using the name of the Department of Corrections facility(ies) for which it was established (e.g., "Two Rivers Correctional Institution Advisory Committee").

Stat. Auth.: ORS 179.040, 423.020, 423.030 & 423.075

Stats. Implemented: ORS 179.040, 423.020, 423.030 & 423.075

Hist.: DOC 9-1999(Temp), f. & cert. ef. 6-15-99 thru 12-12-99; DOC 11-2013, f. & cert. ef. 11-1-13

Rule Caption: Hygiene, Grooming, and Sanitation of inmates in Department of Corrections Institutions

Adm. Order No.: DOC 12-2013

Filed with Sec. of State: 11-1-2013

Certified to be Effective: 11-1-13

Notice Publication Date: 7-1-2013

Rules Amended: 291-123-0005, 291-123-0010, 291-123-0015

Subject: These rule amendments are necessary to clarify and update standards for proper hygiene and grooming of inmates.

Rules Coordinator: Janet R. Worley—(503) 945-0933

291-123-0005

Authority, Purpose, and Policy

(1) Authority: The authority for this rule is granted to the Director of the Department of Corrections in accordance with ORS 179.040, 423.020, 423.030, and 423.075.

(2) Purpose: The purpose of this rule is to set forth standards governing the personal appearance, personal hygiene, clothing, and sanitation of inmates confined in a Department of Corrections facility.

(3) Policy: It is the policy of the Department of Corrections that each inmate be allowed to maintain his/her appearance within the guidelines established by these rules. It is also the policy of the Department of Corrections that safety and security considerations be given priority over individual choices.

Stat. Auth.: ORS 179.040, 423.020, 423.030 & 423.075

Stats. Implemented: ORS 179.040, 423.020, 423.030 & 423.075

Hist.: CD 25-1978, f. 9-13-78, ef. 9-15-78; CD 17-1981(Temp), f. & ef. 6-30-81; CD 40-1981, f. & ef. 10-30-81; CD 17-1985, f. & ef. 8-2-85; CD 5-1987, f. & ef. 1-20-87; CD 17-1990, f. & cert. ef. 9-17-90; CD 22-1993, f. 9-15-93, cert. ef. 10-1-93; DOC 12-2013, f. & cert. ef. 11-1-13

291-123-0010

Definitions for OAR 291-123-0005 through 291-123-0015

(1) Department of Corrections Facility: Any institution, facility, or staff office, including the grounds, operated by the Department of Corrections.

(2) Functional Unit: Any organizational component within the Department of Corrections responsible for the delivery of program services or coordination of program operations.

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(3) Inmate: Any person under the supervision of the Department of Corrections who is not on parole, post-prison supervision or probation status.

(4) Proper Hygiene Standards: Practicing a level of personal cleanliness and grooming necessary to maintain good health and to avoid body odor or bad breath.

Stat. Auth.: ORS 179.040, 423.020, 423.030 & 423.075
Stats. Implemented: ORS 179.040, 423.020, 423.030 & 423.075
Hist.: CD 25-1978, f. 9-13-78, ef. 9-15-78; CD 17-1981(Temp), f. & ef. 6-30-81; CD 40-1981, f. & ef. 10-30-81; CD 17-1985, f. & ef. 8-2-85; CD 5-1987, f. & ef. 1-20-87; CD 17-1990, f. & cert. ef. 9-17-90; CD 22-1993, f. 9-15-93, cert. ef. 10-1-93; DOC 12-2013, f. & cert. ef. 11-1-13

291-123-0015

Procedures

(1) Personal Appearance:

(a) A new identification photograph will be taken whenever an inmate's appearance substantially varies from the current photograph.

(b) Fingernails will be neatly trimmed and clean and will not be of a length that presents a hazard to safety and security. When looking at the hand palm side up, the fingernails will not extend past the fingers and shouldn't be visible from that view or otherwise.

(c) Inmates will not tattoo themselves or others; pierce theirs or others' ears, noses, or other body parts.

(2) Personal Hygiene:

(a) Head and facial hair must be maintained daily in a clean and neat manner.

(b) If a hair search needs to be conducted by staff, it may be necessary to require that the inmate unbraided, loosen, or cut the hair to complete the search.

(c) Inmates who work with machinery and whose hair length, in the judgment of staff, poses a safety or health problem must wear protective hair covering when performing their job assignment in conformance with OSHA guidelines.

(d) Haircuts and styles which draw undue attention to an individual or group will not be allowed.

(e) The only hair styling items permitted shall be those purchased through the commissary or issued by the supervisor of the Barber/Cosmetology Program. Hair styling items will only be used in the inmate's assigned cell/bunk housing area or the Barber/Cosmetology area.

(f) Eyebrows will not be removed or their appearance altered in a manner that draws undue attention to an individual.

(3) Showers:

(a) Inmates will be afforded the opportunity to shower at least three times weekly unless security staff availability, space limitations, or safety considerations dictate otherwise as authorized by the functional unit manager. Facility standards may require more frequent showering for inmates on specific program or work assignments. Shower schedules and instructions for use will be posted at each institution.

(A) Inmates shall maintain proper hygiene standards. Inmates who fail to maintain proper hygiene standards may be directed by staff to correct deficiencies in order to maintain a minimally acceptable level of personal hygiene and to protect the health and safety of the inmate, other inmates, and staff.

(B) Inmates with medical conditions may require more or less frequent showering than the rest of the inmate population based upon documented medical need and directive or Behavioral Health Services need and directive.

(b) Towels and shower caps will be worn only in the shower area or assigned cell/bunk area.

(4) Personal Hygiene Supplies:

(a) Toiletry items for showering and other personal hygiene requirements will be issued to each inmate.

(b) Inmates will be permitted to possess personal hygiene items authorized for purchase from the commissary.

(c) Information regarding provision of supplies will be provided to inmates at each institution.

(5) Clothing:

(a) Inmates will be issued DOC clothing that is properly fitted, durable, presentable, and suitable for the activity in which the inmate may be involved.

(b) Inmates must be properly attired outside their cell/bunk area as stated in the inmate handbook.

(c) Inmates may be permitted to wear department-approved personally owned or other non-uniform civilian type clothing as approved by the functional unit manager.

(A) Non-uniform clothing designated for release will be maintained by the institution in the receiving and release area as determined by each facility.

(B) Upon return to department custody, the inmate will change into institutional uniform clothing and enter population.

(d) Any clothing that is associated with an unauthorized organization will not be permitted.

(e) All clothing must be worn in a manner for which it was designed.

(f) Clothing will not be altered unless authorized by the functional unit manager/designee.

(g) Inmates shall ensure their clothing is in good repair and neat appearance.

(h) Information regarding issue, exchange, repairs, and proper wearing will be provided to inmates at each institution.

(6) Sanitation:

(a) Cleaning activities will be supervised at all times. Each inmate is responsible for maintaining an acceptable level of sanitation of his/her living area.

(b) Any condition conducive to harboring or breeding insects, rodents, or other vermin will be referred immediately to the safety manager for immediate corrective action. Licensed pest control professionals will be used when necessary to clean or fumigate the facility.

(c) Liquid and solid wastes will be collected, stored, and disposed of in a manner that will avoid nuisance and hazards and protect the health and safety of inmates and staff in accordance with the requirements in the Department of Corrections policy on Hazard Communications (20.6.8) and other appropriate department directives.

(d) Provisions will be made for at least weekly exchange of linen. A cleaning schedule for linen and bedding will be published in inmate newsletters as appropriate. Each facility will ensure the issue of bedding and linen is sufficient to provide comfort under existing temperature conditions.

(e) A cleaning or exchange schedule for linens will be established for each institution.

(f) All areas will be inspected daily by those responsible to ensure that the work performed is consistent, proper and thorough, and the equipment and supplies are not wasted.

Stat. Auth.: ORS 179.040, 423.020, 423.030 & 423.075
Stats. Implemented: ORS 179.040, 423.020, 423.030 & 423.075
Hist.: CD 25-1978, f. 9-13-78, ef. 9-15-78; CD 17-1981(Temp), f. & ef. 6-30-81; CD 40-1981, f. & ef. 10-30-81; CD 17-1985, f. & ef. 8-2-85; CD 5-1987, f. & ef. 1-20-87; CD 17-1990, f. & cert. ef. 9-17-90; CD 22-1993, f. 9-15-93, cert. ef. 10-1-93; DOC 9-2001, f. & cert. ef. 3-21-01; DOC 12-2013, f. & cert. ef. 11-1-13

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Rule Caption: Validation and Evaluation for classification risk instrument in Community Corrections

Adm. Order No.: DOC 13-2013

Filed with Sec. of State: 11-1-2013

Certified to be Effective: 11-1-13

Notice Publication Date: 6-1-2013

Rules Repealed: 291-078-0045

Subject: This rule is no longer needed. The validation and evaluation of the instrument is covered under OAR 291-078-0031

Rules Coordinator: Janet R. Worley—(503) 945-0933

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Department of Environmental Quality Chapter 340

Rule Caption: Increase most water quality permit fees 2.9 percent to address program costs

Adm. Order No.: DEQ 8-2013

Filed with Sec. of State: 10-23-2013

Certified to be Effective: 11-1-13

Notice Publication Date: 8-1-2013

Rules Amended: 340-045-0075, 340-071-0140

Subject: The EQC amended rules to increasing most water quality permit fees by 2.9 percent.

Regulated parties include individuals, private businesses and government agencies.

Permit fees would increase for most National Pollutant Discharge Elimination System, Water Pollution Control Facility, and Water Pol-

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lution Control Facility -Onsite septic system permits. The fee increase would not affect:

Suction dredge permits. These fees are set in statute and can only be changed by the Oregon Legislature.

Graywater permits, in an effort to encourage graywater reuse.

Small offstream mining operations under permit WPCF 600. There are no application fees or annual fees for this type of permit.

Rules Coordinator: Maggie Vandehey—(503) 229-6878

340-045-0075

Permit Fee Schedule

(1) The fee schedule for onsite sewage disposal system permits, including WPCF permits, and graywater reuse and disposal system WPCF individual permits is found in OAR chapter 340, division 071.

(2) The department has established fees for various industrial, domestic and general permit categories. The industrial and domestic permit categories and fees are listed in Tables 70B and 70C. The general permit categories are defined in OAR 340-045-0033 and the fees are listed in Table 70G.

(3) The department must consider the following criteria when classifying a facility for determining applicable fees. For industrial sources that discharge to surface waters, discharge flowrate refers to the system design capacity. For industrial sources that do not discharge to surface waters, discharge flow refers to the total annual flow divided by 365:

(a) Tier 1 industry. A facility is classified as a Tier 1 industry if the facility:

- (A) Discharges at a flowrate that is greater than or equal to 1 mgd; or
- (B) Discharges large biochemical oxygen demand loads; or
- (C) Is a large metals facility; or
- (D) Has significant toxic discharges; or
- (E) Has a treatment system that will have a significant adverse impact on the receiving stream if not operated properly; or
- (F) Needs special regulatory control, as determined by the department.

(b) Tier 1 domestic facility. A facility is classified as a Tier 1 domestic facility if the facility:

- (A) Has a dry weather design flow of 1 mgd or greater; or
- (B) Serves an industry that can have a significant impact on the treatment system.

(c) Tier 2 industry or domestic facility: does not meet Tier 1 qualifying factors.

(4) New-permit application fee. Unless waived by this rule, the applicable new-permit application fee listed in Table 70A, 70C or 70G (available on the department's website or upon request) must be submitted with each application. The amount of the fee is based on the facility category and type of permit (e.g., individual vs. general).

(5) Permit modification fee. Permit modification fees are listed in Tables 70A and 70C (available on the department's website or upon request). They vary with the type of permit, the type of modification and the timing of modification as follows:

(a) Modification at time of permit renewal:

(A) Major modification — involves an increase in effluent limitations or any other change that involves significant analysis by the department;

(B) Minor modification — does not involve significant analysis by the department.

(b) Modification prior to permit renewal:

(A) Major modification — involves an increase in effluent limitations or any other change that involves significant analysis by the department. A permittee requesting a significant modification to their permit may be required by the department to enter into an agreement to pay for these services according to ORS 468.073. ORS 468.073 allows the department "to expedite or enhance a regulatory process by contracting for services, hiring additional staff or covering costs of activities not otherwise provided during the ordinary course of department business;"

(B) Minor modification — does not involve significant analysis by the department.

(6) Annual fees. Applicable annual fees for General and Industrial permit holders may be found in Tables 70G and 70B (available on the department's website or upon request). Annual fees for domestic sources may also be found in Table 70C (available on the department's website or upon request), and consist of the following:

(a) Base annual fee. This is based on the type of treatment system and the dry weather design flow;

(b) Population-based fee. A permit holder with treatment systems other than Type F (septage alkaline stabilization facilities) must pay a pop-

ulation-based fee. The applicable fee may be found in Table 70D (available on the department's website or upon request);

(c) Pretreatment fee. A source required by the department to administer a pretreatment program pursuant to federal pretreatment program regulations (40CFR, Part 403; January 29, 1981 and amendments thereto) must pay an additional annual fee plus a fee for each significant industrial user specified in their annual report for the previous year. The applicable fee may be found in Table 70E (available on the department's website or upon request).

(7) Technical activities fee. Technical activity fees are listed in Tables 70F and 70H (available on the department's website or upon request). They are categorized as follows:

(a) All permits. A permittee must pay a fee for NPDES and WPCF permit-related technical activities. A fee will be charged for initial submittal of engineering plans and specifications. Fees will not be charged for revisions and re-submittals of engineering plans and specifications or for facilities plans, design studies, reports, change orders, or inspections;

(b) General permits. A permittee must pay the technical activity fee shown in Table 70H (available on the department's website or upon request) when the following activities are required for application review:

- (A) Disposal system plan review;
- (B) Site inspection and evaluation.

(8) For permits administered by the Oregon Department of Agriculture, the following fees are applicable until superseded by a fee schedule established by the Oregon Department of Agriculture:

(a) WPCF and NPDES General Permits #800 for Confined Animal Feeding Operations Filing Fee — \$50;

(b) Individual Permits:

(A) Filing Fee — \$50;

(B) New applications — \$6,280;

(C) Permit renewals (including request for effluent limit modifications) — \$3,140;

(D) Permit renewals (without request for effluent limit modifications) — \$1,416;

(E) Permit modifications (involving increase in effluent limit modifications) — \$3,140;

(F) Permit modifications (not involving an increase in effluent limitations) — \$500;

(G) Annual compliance determination fee for dairies and other confined feeding operations — \$705;

(H) Annual compliance determination fee for facilities not elsewhere classified with disposal of process wastewater — \$1,885;

(I) Annual compliance determination fee for facilities not elsewhere classified that dispose of non-process wastewater (e.g., small cooling water discharges, boiler blowdown, filter backwash, log ponds) — \$1,180.

(c) Annual compliance determination fee for facilities that dispose of wastewater only by evaporation from watertight ponds or basins — \$705.

(9) A surcharge in the amount listed below is imposed on municipalities that are permittees as defined in 2007 Oregon Laws chapter 696, section 2. The surcharge is imposed to defray the cost of conducting and administering the study of persistent pollutants discharged in the State of Oregon required under 2007 Oregon Laws chapter 696, section 3. A permittee subject to the surcharge must pay one half of the surcharge on or before July 15, 2008 and the other half of the surcharge on or before July 15, 2009.

Each municipality will pay a surcharge based on a dry weather design flow in millions of gallons per day (mgd) as follows:

less than 5 mgd = \$6,975.

5 mgd to 9.9 mgd = \$13,950.

10 mgd and greater = \$20,925.

[ED. NOTE: Tables referenced are available from the agency.]

Stat. Auth.: ORS 468.020, 468B.020 & 468B.035

Stats. Implemented: ORS 468.065, 468B.015, 468B.035 & 468B.050

Hist.: DEQ 113, f. & ef. 5-10-76; DEQ 129, f. & ef. 3-16-77; DEQ 31-1979, f. & ef. 10-1-79; DEQ 18-1981, f. & ef. 7-13-81; DEQ 12-1983, f. & ef. 6-2-83; DEQ 9-1987, f. & ef. 6-3-87; DEQ 18-1990, f. & cert. ef. 6-7-90; DEQ 10-1991, f. & cert. ef. 7-1-91; DEQ 9-1992, f. & cert. ef. 6-5-92; DEQ 10-1992, f. & cert. ef. 6-9-92; DEQ 30-1992, f. & cert. ef. 12-18-92; DEQ 20-1994, f. & cert. ef. 10-7-94; DEQ 4-1998, f. & cert. ef. 3-30-98; Administrative correction 10-22-98; DEQ 15-2000, f. & cert. ef. 10-11-00; DEQ 2-2002, f. & cert. ef. 2-12-02; DEQ 7-2004, f. & cert. ef. 8-3-04; DEQ 5-2005, f. & cert. ef. 7-1-05; DEQ 11-2006, f. & cert. ef. 8-15-06; DEQ 5-2007, f. & cert. ef. 7-3-07; DEQ 8-2008, f. 6-27-08, cert. ef. 7-1-08; DEQ 7-2010, f. 8-27-10, cert. ef. 9-1-10; DEQ 9-2011, f. & cert. ef. 6-30-11; DEQ 15-2011, f. & cert. ef. 9-12-11; DEQ 6-2012, f. 10-31-12, cert. ef. 11-1-12; DEQ 8-2013, f. 10-23-13, cert. ef. 11-1-13

340-071-0140

Onsite System Fees

(1) This rule establishes the fees for site evaluations, permits, reports, variances, licenses, and other services the department provides under this division.

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(2) Site evaluation and existing system evaluation fees are listed in Table 9A. [Table not included. See ED. NOTE.]

(3) Permitting fees for systems not subject to WPCF permits are listed in Table 9B and Table 9C. [Table not included. See ED. NOTE.]

(4) WPCF permit fees. Fees in this section apply to WPCF permits issued pursuant to OAR 340-071-0162. WPCF permit fees are listed in Table 9D. [Table not included. See ED. NOTE.]

(5) Innovative or Alternative Technology or Material Review fees are listed in Table 9F. [Table not included. See ED. NOTE.]

(6) Material Plan Review fees are listed in Table 9F. [Table not included. See ED. NOTE.]

(7) Sewage Disposal Service License and Truck Inspection fees are listed in Table 9E. [Table not included. See ED. NOTE.]

(8) Contract county fee schedules.

(a) Each county having an agreement with the department under ORS 454.725 must adopt a fee schedule for services rendered and permits issued. The county fee schedule may not include the department's surcharge established in section (9) of this rule unless identified as a department surcharge.

(b) A copy of the fee schedule and any subsequent amendments to the schedule must be submitted to the department.

(c) Fees may not exceed actual costs for efficiently conducted services.

(9) Department surcharge.

(a) To offset a portion of the administrative and program oversight costs of the statewide onsite wastewater management program, the department and contract counties must levy a surcharge for each site evaluation, report permit, and other activity for which an application is required in this division. The surcharge fee is listed in Table 9F. [Table not included. See ED. NOTE.] This surcharge does not apply to sewage disposal service license applications, pumper truck inspections, annual report evaluation fees, or certification of installers or maintenance providers.

(b) Proceeds from surcharges collected by the department and contract counties must be accounted for separately. Each contract county must forward the proceeds to the department in accordance with its agreement with the department.

(10) Refunds. The department may refund all or a portion of a fee accompanying an application if the applicant withdraws the application before any field work or other substantial review of the application has been done.

[ED. NOTE: Tables referenced are available from the agency.]

Stat. Auth.: ORS 454.625, 468.020 & 468.065(2)

Stats. Implemented: ORS 454.745, 468.065 & 468B.050

Hist.: DEQ 10-1981, f. & ef. 3-20-81; DEQ 19-1981, f. 7-23-81, ef. 7-27-81; DEQ 5-1982, f. & ef. 3-9-82; DEQ 8-1983, f. & ef. 5-25-83; DEQ 9-1984, f. & ef. 5-29-84; DEQ 13-1986, f. & ef. 6-18-86; DEQ 15-1986, f. & ef. 8-6-86; DEQ 6-1988, f. & cert. ef. 3-17-88; DEQ 11-1991, f. & cert. ef. 7-3-91; DEQ 18-1994, f. 7-28-94, cert. ef. 8-1-94; DEQ 27-1994, f. & cert. ef. 11-15-94; DEQ 12-1997, f. & cert. ef. 6-19-97; Administrative correction 1-28-98; DEQ 8-1998, f. & cert. ef. 6-5-98; DEQ 16-1999, f. & cert. ef. 12-29-99; Administrative correction 2-16-00; DEQ 9-2001(Temp), f. & cert. ef. 7-16-01 thru 12-28-01; DEQ 14-2001, f. & cert. ef. 12-26-01; DEQ 2-2002, f. & cert. ef. 2-12-02; DEQ 11-2004, f. 12-22-04, cert. ef. 3-1-05; DEQ 7-2008, f. 6-27-08, cert. ef. 7-1-08; DEQ 10-2009, f. 12-28-09, cert. ef. 1-4-10; DEQ 7-2010, f. 8-27-10, cert. ef. 9-1-10; DEQ 9-2011, f. & cert. ef. 6-30-11; DEQ 6-2012, f. 10-31-12, cert. ef. 11-1-12; DEQ 8-2013, f. 10-23-13, cert. ef. 11-1-13

Rule Caption: Increase Air Contaminant Discharge Permit fees

Adm. Order No.: DEQ 9-2013(Temp)

Filed with Sec. of State: 10-24-2013

Certified to be Effective: 10-24-13 thru 4-22-14

Notice Publication Date:

Rules Amended: 340-210-0100, 340-216-0020, 340-216-0062, 340-216-0064

Subject: The 2013 Oregon Legislature approved Policy Package 111 as part of DEQ's budget bill, Senate Bill 5520. The policy package restores staff positions to the air contaminant discharge permit program based on an approximate 20 percent fee increase. DEQ expects that the annual revenue from a 20 percent fee increase will fully fund the permit program through 2017. The fees were last increased in 2007, also by 20 percent. The fee for an air contaminant discharge permit is not indexed to the consumer price index to provide regular inflationary increases.

Without the fee increase, DEQ would have cut 6.67 full-time equivalent positions dedicated to the permit program. The legislatively adopted budget authorizes DEQ to restore 3.67 of the 6.67 positions identified to be cut. DEQ cannot maintain adequate service in the program without restoring the 3.67 positions funded by the fee increase. DEQ is able to operate the program without the other

three positions permanently cut in the budget because of permitting process improvements.

DEQ proposes temporary rule amendments to increase air contaminant discharge permit fees by 20 percent. A temporary rule is needed to allow DEQ to issue permit invoices in October as scheduled and avoid a supplemental billing. DEQ will propose permanent rules for adoption in 2014.

The proposed rule amendments also revise the greenhouse gas reporting fees from 15 percent to 12.5 percent of the permit fee. DEQ considers this a technical correction to the greenhouse gas reporting fee. Greenhouse gas reporting is a separate program from air contaminant discharge permitting, but the greenhouse gas reporting fees are based on the permit fees. If the greenhouse gas reporting fees are not amended, facilities holding air contaminant discharge permits will inadvertently pay higher greenhouse gas reporting fees as a result of the proposed fee increase.

The proposed rule amendments also reduce an economic hardship that will result from correcting an invoicing error for facilities holding simple permits, which are a category of air contaminant discharge permits. DEQ recently became aware of the error through an audit of invoices going back nine years. DEQ determined that a large number of facilities holding simple permits were invoiced for a low annual fee, but do not meet the low fee criteria. The current rule requires facilities to pay all fees owed, including late fees; however, DEQ is proposing rules that will reduce the amount of fees owed for companies who are able to certify they were unaware they were underpaying the fees. Identifying which fee criteria a facility met was a complex process and DEQ is clarifying the process to prevent the invoice error from recurring. This is a one-time exemption and DEQ will not propose permanent rules for this exemption. The exemption would apply only to facilities that underpaid the simple permit annual fee for 2013 and earlier operating years.

Rules Coordinator: Maggie Vandehey — (503) 229-6878

340-210-0100

Registration in General

(1) Any air contaminant source not subject to Air Contaminant Discharge Permits, OAR 340 division 216, or Oregon Title V Operating Permits, OAR 340 division 218, must register with DEQ upon request pursuant to OAR 340-210-0110 through 340-210-0120.

(2) The owner or operator of an air contaminant source listed in subsection (2)(a) of this rule that is certified through a Department approved environmental certification program and subject to an Area Source NESHAP may register the source with DEQ pursuant to OAR 340-210-0110 through 340-210-0120 in lieu of obtaining a permit in accordance with OAR 340-216-0020, unless DEQ determines that the source has not complied with the requirements of the environmental certification program.

(a) The following air contaminant sources may be registered under this section:

(A) Motor vehicle surface coating operations.

(B) Dry cleaners using perchloroethylene.

(b) Approved environmental certification program. To be approved, the environmental certification program must, at a minimum, require certified air contaminant sources to comply with all applicable state and federal rules and regulations and require additional measures to increase environmental protection.

(c) Fees. In order to obtain and maintain registration, owners and operators of air contaminant sources registered pursuant to this section must pay the following annual fees by March 1 of each year:

(A) Motor vehicle surface coating operations — \$288.00.

(B) Dry cleaners using perchloroethylene — \$216.00.

(C) Late fees.

(i) 8-30 days late: 5% of annual fee.

(ii) 31-60 days late: 10% of annual fee.

(iii) 61 or more days late: 20% of annual fee.

(D) Failure to pay fees. Registration is automatically terminated upon failure to pay annual fees within 90 days of invoice by DEQ, unless prior arrangements for payment have been approved in writing by DEQ.

(d) Recordkeeping. In order to maintain registration, owners and operators of air contaminant sources registered pursuant to this section must maintain records required by the approved environmental performance program under subsection (2)(b) of this rule. The records must be kept

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on site and in a form suitable and readily available for expeditious inspection and review.

(3) The owner or operator of an air contaminant source that is subject to a federal NSPS or NESHAP in 40 CFR Part 60 or 40 CFR Part 63 and that is not located at a source that is required to obtain a permit under OAR chapter 340, division 216 (Air Contaminant Discharge Permits) or OAR chapter 340, division 218 (Oregon Title V Operating Permits), must register and maintain registration with DEQ pursuant to OAR 340-210-0110 through 340-210-0120 if requested in writing by DEQ (or by EPA at DEQ's request).

(4) Revocation. DEQ may revoke a registration if a source fails to meet any requirement in OAR 340-210-0110.

NOTE: This rule is included in the State of Oregon Clean Air Act Implementation Plan as adopted by the EQC under OAR 340-200-0040.
Stat. Auth.: ORS 468.020, 468A.025, 468A.035, 468A.050, 468A.070 & 468A.310
Stats. Implemented: ORS 468 & 468A
Hist.: DEQ 15, f. 6-12-70, ef. 9-1-70; DEQ 4-1993, f. & cert. ef. 3-10-93; DEQ 12-1993, f. & cert. ef. 9-24-93, Renumbered from 340-020-0005; DEQ 14-1999, f. & cert. ef. 10-14-99, Renumbered from 340-028-0500; DEQ 6-2001, f. 6-18-01, cert. ef. 7-1-01; DEQ 8-2009, f. & cert. ef. 12-16-09; DEQ 7-2011(Temp), f. & cert. ef. 6-24-11 thru 12-19-11; Administrative correction, 2-6-12; DEQ 1-2012, f. & cert. ef. 5-17-12; DEQ 4-2013, f. & cert. ef. 3-27-13; DEQ 9-2013(Temp), f. & cert. ef. 10-24-13 thru 4-22-14

340-216-0020

Applicability

This division applies to all sources referred to in Table 1 of this rule. This division also applies to Oregon Title V Operating Permit program sources when an ACDP is required by OAR 340-218-0020 or 340-224-0010. Sources referred to in Table 1 are subject to fees as set forth in Table 2.

(1) No person may construct, install, establish, develop or operate any air contaminant source which is referred to in Table 1 of this rule without first obtaining an Air Contaminant Discharge Permit (ACDP) from DEQ or Regional Authority, unless otherwise deferred from the requirement to obtain an ACDP in subsection (1)(c) of this rule or DEQ has granted an exemption from the requirement to obtain an ACDP under subsection (1)(f) of this rule. No person may continue to operate an air contaminant source if the ACDP expires, or is terminated or revoked; except as provided in OAR 340-216-0082.

(a) For portable sources, a single permit may be issued for operating at any area of the state if the permit includes the requirements from both DEQ and Regional Authorities.

(b) DEQ or Regional Authority where the portable source's Corporate offices are located will be responsible for issuing the permit. If the corporate office of a portable source is located outside of the state, DEQ will be responsible for issuing the permit.

(c) An air contaminant source required to obtain an ACDP or ACDP Attachment pursuant to a NESHAP or NSPS adopted by the Commission by rule is not required to submit an application for an ACDP or ACDP Attachment until four months after the effective date of the Commission's adoption of the NESHAP or NSPS, and is not required to obtain an ACDP or ACDP Attachment until six months after the Commission's adoption of the NESHAP or NSPS. In addition, DEQ may defer the requirement to submit an application for, or to obtain an ACDP or ACDP Attachment, or both, for up to an additional twelve months.

(d) Deferrals of Oregon permitting requirements do not relieve an air contaminant source from the responsibility of complying with federal NESHAP or NSPS requirements.

(e) OAR 340-216-0060(1)(b)(A), 340-216-0062(2)(b)(A), 340-216-0064(4)(a), and 340-216-0066(3)(a), do not relieve a permittee from the responsibility of complying with federal NESHAP or NSPS requirements that apply to the source even if DEQ has not incorporated such requirements into the permit.

(f) DEQ may exempt a source from the requirement to obtain an ACDP if it determines that the source is subject to only procedural requirements, such as notification that the source is affected by an NSPS or NESHAP.

(2) No person may construct, install, establish, or develop any source that will be subject to the Oregon Title V Operating Permit program without first obtaining an ACDP from DEQ or Regional Authority.

(3) No person may modify any source that has been issued an ACDP without first complying with the requirements of OAR 340-210-0205 through 340-210-0250.

(4) No person may modify any source required to have an ACDP such that the source becomes subject to the Oregon Title V Operating Permit program without complying with the requirements of OAR 340-210-0205 through 340-210-0250.

(5) No person may increase emissions above the PSEL by more than the de minimis levels specified in OAR 340-200-0020 without first applying for and obtaining a modified ACDP.

(6) Subject to the requirements in this Division, the Lane Regional Air Protection Agency is designated by the Commission as the permitting agency to implement the Air Contaminant Discharge Permit program within its area of jurisdiction. The Regional Agency's program is subject to DEQ oversight. The requirements and procedures contained in this Division pertaining to the Air Contaminant Discharge Permit program shall be used by the Regional Agency to implement its permitting program until the Regional Agency adopts superseding rules which are at least as restrictive as state rules.

NOTE: This rule is included in the State of Oregon Clean Air Act Implementation Plan as adopted by the EQC under OAR 340-211-0040.

[ED. NOTE: Tables referenced are available from the agency.]

Stat. Auth.: ORS 468.020

Stats. Implemented: ORS 468A

Hist.: DEQ 47, f. 8-31-72, ef. 9-15-72; DEQ 63, f. 12-20-73, ef. 1-11-74; DEQ 107, f. & ef. 1-6-76; Renumbered from 340-020-0033; DEQ 125, f. & ef. 12-16-76; DEQ 20-1979, f. & ef. 6-29-79; DEQ 23-1980, f. & ef. 9-26-80; DEQ 13-1981, f. 5-6-81, ef. 7-1-81; DEQ 11-1983, f. & ef. 5-31-83; DEQ 3-1986, f. & ef. 2-12-86; DEQ 12-1987, f. & ef. 6-15-87; DEQ 27-1991, f. & cert. ef. 11-29-91; DEQ 4-1993, f. & cert. ef. 3-10-93; DEQ 12-1993, f. & cert. ef. 9-24-93, Renumbered from 340-020-0155; DEQ 19-1993, f. & cert. ef. 11-4-93; DEQ 22-1994, f. & cert. ef. 10-4-94; DEQ 22-1995, f. & cert. ef. 10-6-95; DEQ 19-1996, f. & cert. ef. 9-24-96; DEQ 22-1996, f. & cert. ef. 10-22-96; DEQ 14-1999, f. & cert. ef. 10-14-99, Renumbered from 340-028-1720; DEQ 6-2001, f. 6-18-01, cert. ef. 7-1-01; DEQ 4-2002, f. & cert. ef. 3-14-02; DEQ 7-2007, f. & cert. ef. 10-18-07; DEQ 8-2007, f. & cert. ef. 11-8-07; DEQ 15-2008, f. & cert. ef. 12-31-08; DEQ 8-2009, f. & cert. ef. 12-16-09; DEQ 9-2009(Temp), f. 12-24-09, cert. ef. 1-1-10 thru 6-30-10; Administrative correction 7-27-10; DEQ 10-2010(Temp), f. 8-31-10, cert. ef. 9-1-10 thru 2-28-11; DEQ 12-2010, f. & cert. ef. 10-27-10; DEQ 1-2011, f. & cert. ef. 2-24-11; DEQ 5-2011, f. 4-29-11, cert. ef. 5-1-11; DEQ 11-2011, f. & cert. ef. 7-21-11; DEQ 13-2011, f. & cert. ef. 7-21-11; DEQ 14-2011, f. & cert. ef. 7-21-11; DEQ 4-2013, f. & cert. ef. 3-27-13; DEQ 9-2013(Temp), f. & cert. ef. 10-24-13 thru 4-22-14

340-216-0062

General ACDP Attachments

(1) Purpose. This rule allows a source to be assigned to one General ACDP and one or more General ACDP Attachments, as long as the General ACDP and General ACDP Attachment(s) contain all requirements applicable to the source. This would allow a source to avoid having to obtain a more costly Simple or Standard ACDP if there are no General ACDPs that contain all requirements applicable to the source.

(2) Applicability.

(a) DEQ may issue a General ACDP Attachment under the following circumstances:

(A) There are several sources that involve the same or substantially similar types of operations;

(B) All requirements applicable to the covered operations can be contained in a General ACDP Attachment;

(C) The emission limitations, monitoring, recordkeeping, reporting and other enforceable conditions are the same for all operations covered by the General ACDP Attachment;

(D) The pollutants emitted are of the same type for all covered operations. If a General ACDP and a General ACDP Attachment(s) cannot address all activities at a source, the owner or operator of the source must apply for a Simple or Standard ACDP in accordance with this Division.

(b) Attachment content. Each General ACDP Attachment must include the following:

(A) All relevant requirements for the operations covered by the General ACDP Attachment, excluding any federal requirements not adopted by the EQC;

(B) Testing, monitoring, recordkeeping, and reporting requirements necessary to ensure compliance with the applicable emissions limits and standards; and

(C) An attachment expiration date not to exceed 10 years from the date of issuance.

(c) Attachment issuance procedures: A General ACDP Attachment requires public notice and opportunity for comment in accordance with OAR 340 division 209 for Category II permit actions. All General ACDP Attachments will be on file and available for review at DEQ's headquarters.

(3) Source assignment:

(a) Application requirements. Any person requesting to be assigned to a General ACDP Attachment must submit a written application for each requested General ACDP Attachment that specifies the requested General ACDP Attachment and shows that the source qualifies for the requested General ACDP Attachment.

(b) Fees. Permittees must pay an annual fee of \$144 for each assigned General ACDP Attachment.

(c) Assignment procedures:

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(A) Assignment to a General ACDP Attachment is a Category I permit action and is subject to the Category I public notice requirements in accordance with OAR 340, division 209.

(B) A person is not a permittee under the General ACDP Attachment until DEQ assigns the General ACDP Attachment to the person.

(C) Assignments to a General ACDP Attachments terminate when the General ACDP Attachment expires or is modified, terminated or revoked.

(D) A source may not be assigned to a General ACDP Attachment for a source category in a higher annual fee class than the General ACDP the source is currently assigned to. Instead a source must be reassigned to the General ACDP for the source category in the higher annual fee class in accordance with OAR 340-216-0060(2)(c)(E) and may be assigned to one or more General ACDP Attachments associated with source categories in an equal or lower annual fee class.

(d) If all activities at a source cannot be addressed by a General ACDP and General ACDP Attachments, the owner or operator of the source must apply for a Simple or Standard ACDP in accordance with this Division.

NOTE: This rule is included in the State of Oregon Clean Air Act Implementation Plan as adopted by the EQC under OAR 340-200-0040.
Stat. Auth.: ORS 468 & 468A
Stats. Implemented: ORS 468.020 & 468A.025
Hist.: DEQ 8-2009, f. & cert. ef. 12-16-09; DEQ 4-2013, f. & cert. ef. 3-27-13; DEQ 9-2013(Temp), f. & cert. ef. 10-24-13 thru 4-22-14

340-216-0064 Simple ACDP

(1) Applicability.

(a) Sources and activities listed in Table 1, Part B of OAR 340-216-0020 that do not qualify for a General ACDP and are not required to obtain a Standard ACDP must, at a minimum, obtain a Simple ACDP.

(b) Any source required to obtain a Simple ACDP may obtain a Standard ACDP.

(c) DEQ may determine that a source is ineligible for a Simple ACDP and must obtain a Standard ACDP based upon, but not limited to, the following considerations:

- (A) The nature, extent, and toxicity of the source's emissions;
- (B) The complexity of the source and the rules applicable to that source;

(C) The complexity of the emission controls and potential threat to human health and the environment if the emission controls fail;

- (D) The location of the source; and
- (E) The compliance history of the source.

(2) Application Requirements. Any person requesting a new, modified, or renewed Simple ACDP must submit an application in accordance with OAR 340-216-0040.

(3) Fees. Applicants for a new or modified Simple ACDP must pay the fees set forth in Table 2 of 340-216-0020. Annual fees for Simple ACDPs will be assessed based on the following:

(a) Low Fee — A Source may qualify for the Low Fee if:

(A) the source is, or will be, permitted under only one of the following categories from Table 1, Part B (category 27. Electric Power Generation, may be included with any category listed below) of OAR 340-216-0020:

- (i) Category 7. Asphalt felt and coatings;
- (ii) Category 13. Boilers and other fuel burning equipment;
- (iii) Category 33. Galvanizing & Pipe coating;
- (iv) Category 39. Gray iron and steel foundries, malleable iron foundries, steel investment foundries, steel foundries 100 or more tons/yr. metal charged (not elsewhere identified);

(v) Category 40. Gypsum products;

- (vi) Category 45. Liquid Storage Tanks subject to OAR division 232;
- (vii) Category 56. Non-Ferrous Metal Foundries 100 or more tons/yr. of metal charged;

(viii) Category 57. Organic or Inorganic Industrial Chemical Manufacturing;

- (ix) Category 62. Perchloroethylene Dry Cleaning;
- (x) Category 73. Secondary Smelting and/or Refining of Ferrous and Non-Ferrous Metals; or

(xi) Category 85. All Other Sources not listed in Table 1 of OAR 340-216-0020 which would have actual emissions, if the source were to operate uncontrolled, of 5 or more tons a year of direct PM_{2.5} or PM₁₀ if located in a PM_{2.5} or PM₁₀ non-attainment or maintenance area, or 10 or more tons of any single criteria pollutant in any part of the state; and

(B) The actual emissions from the 12 months immediately preceding the invoice date, and future projected emissions are less than 5 tons/yr. PM₁₀ in a PM₁₀ nonattainment or maintenance area, and less than 10 tons/yr. for each criteria pollutant; and

(C) The source is not considered an air quality problem or nuisance source by DEQ.

(b) High Fee — Any source required to have a Simple ACDP (Table 1, Part B of OAR 340-216-0020) that does not qualify for the Low Fee will be assessed the High Fee.

(c) If DEQ determines that a source was invoiced for the Low Annual Fee but does not meet the Low Fee criteria outlined above, the source will be required to pay the difference between the Low and High Fees, plus applicable late fees in accordance with Table 2 of OAR 340-216-0020. Late fees start upon issuance of the initial invoice. In this case, DEQ will issue a new invoice specifying applicable fees.

(d) If a source must pay fees and late fees to DEQ under subsection (c) of this section and an authorized representative of the source with knowledge and responsibility for submitting permit fees to DEQ certifies under penalty of law that, to the best of the certifying individual's good faith knowledge and belief, the source met the Low Fee criteria outlined above during the period the source paid the Low Fee, then the source will be required to pay only the difference between the Low and High Fees under subsection (c) of this section for the past two years. A source that meets the requirements of this subsection will not be required to pay any late fees associated with the fee payments hereunder unless the source fails to make such payments on or before the deadline provided by DEQ for such payments, in which case the source will be required to pay the late fees described in Table 2 of OAR 340-216-0020. The provisions of this subsection shall apply to any fees due under subsection (c) of this section including fees for years that preceded the effective date of this subsection.

(4) Permit Content.

(a) All relevant applicable requirements for source operation, including general ACDP conditions for incorporating generally applicable requirements, but excluding any federal requirements not adopted by the EQC;

(b) Generic PSELs for all pollutants emitted at more than the de minimis level in accordance with OAR 340 division 222;

(c) Testing, monitoring, recordkeeping, and reporting requirements sufficient to determine compliance with the PSEL and other emission limits and standards, as necessary; and

(d) A permit duration not to exceed 5 years.

(5) Permit issuance procedures:

(a) Issuance of a new or renewed Simple ACDP requires public notice in accordance with OAR 340 division 209 for Category II permit actions.

(b) Issuance of a modification to a Simple ACDP requires one of the following procedures, as applicable:

(A) Non-technical and non-NSR/PSD Basic and Simple technical modifications require public notice in accordance with OAR 340, division 209 for Category I permit actions; or

(B) Issuance of non-NSR/PSD Moderate and Complex technical modifications require public notice in accordance with OAR 340 division 209 for Category II permit actions.

[ED. NOTE: Tables referenced are available from the agency.]

Stat. Auth.: ORS 468.020

Stats. Implemented: ORS 468A

Hist.: DEQ 6-2001, f. 6-18-01, cert. ef. 7-1-01; DEQ 4-2002, f. & cert. ef. 3-14-02; DEQ 8-2009, f. & cert. ef. 12-16-09; DEQ 1-2011, f. & cert. ef. 2-24-11; DEQ 5-2011, f. 4-29-11, cert. ef. 5-1-11; DEQ 4-2013, f. & cert. ef. 3-27-13; DEQ 9-2013(Temp), f. & cert. ef. 10-24-13 thru 4-22-14

Rule Caption: Clean Diesel Grant Program — Alignment with Federal Guidelines

Adm. Order No.: DEQ 10-2013(Temp)

Filed with Sec. of State: 10-28-2013

Certified to be Effective: 10-29-13 thru 4-27-14

Notice Publication Date:

Rules Amended: 340-259-0010

Subject: The 2013 Legislature unanimously adopted Senate Bill 249 that became effective April 18, 2013. The bill authorized DEQ to administer federal grants received for clean diesel projects in accordance with federal grant guidelines rather than more limited state guidelines. Before the bill was approved, DEQ did not have statutory authority to accept and administer federal clean diesel grants for some projects. While Senate Bill 249 was effective upon signing, it is nevertheless necessary for DEQ to adopt a new rule because current rules limit DEQ's ability to administer federal grants. Since DEQ was not able to propose permanent rules in time for the current

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federal grant cycle, the EQC adopted a temporary to enable DEQ to administer federal clean diesel grants.

Rules Coordinator: Maggie Vandehey—(503) 229-6878

340-259-0010

Purpose and Scope

(1) The purpose of the clean diesel grant and loan rules is to make grants and loans available to the owners or operators of diesel engines for the retrofit of an Oregon diesel engine, for the repower of a non-road Oregon diesel engine, or for the scrapping of an Oregon truck engine.

(2) The rules in this division do not apply to grants or loans made by the Department using moneys received from the federal government for initiatives to reduce emissions from diesel engines. The Department may exercise its discretion to issue such grants and awards as it deems appropriate, consistent with and subject to federal law.

Stat. Auth.: OL 2007, Ch. 855 (HB 2172 (2007)), ORS 468.020; 468A.803
Stats. Implemented: OL 2007, Ch. 855 (HB 2172 (2007)), 468A.803
Hist.: DEQ 9-2008, f. & cert. ef. 7-11-08; DEQ 10-2013(Temp), f. 10-28-13, cert. ef. 10-29-13 thru 4-27-14

Rule Caption: State Implementation Plan for lead, nitrogen dioxide and sulfur dioxide National Ambient Air Quality Standards

Adm. Order No.: DEQ 11-2013

Filed with Sec. of State: 11-7-2013

Certified to be Effective: 11-7-13

Notice Publication Date: 8-1-2013

Rules Adopted: 340-202-0020

Rules Amended: 340-200-0020, 340-200-0040, 340-202-0070, 340-202-0100, 340-202-0130

Subject: The Environmental Quality Commission amended and adopted rules to incorporate new and revised standards for nitrogen dioxide, sulfur dioxide and lead into Oregon Administrative Rule and adopt Significant Air Quality Impact Levels for NO₂ and SO₂ as necessary to meet Clean Air Act requirements and revise the Oregon State Implementation Plan for approval by EPA.

Amend OAR 340-200-0040 to update the Oregon Clean Air Act State Implementation Plan. If adopted by EQC, the actions proposed in this rulemaking will be incorporated into and made part of the Oregon State Implementation Plan.

Amend OAR 340-200-0020 Table 1 to add one-hour Significant Air Quality Impact Levels for NO₂ and SO₂.

Adopt OAR 340-202-0020 to add an applicability clause to Division 202

Amend OAR 340-202-0070 to incorporate the primary one-hour National Ambient Air Quality Standard for sulfur dioxide, adopted by the EPA June 22, 2010, and effective Aug. 23, 2010.

Amend OAR 340-202-0100 to incorporate the primary one-hour National Ambient Air Quality Standard for nitrogen dioxide, adopted by EPA Feb. 9, 2010, and effective April 12, 2010.

Amend OAR 340-202-0130 to incorporate the primary and secondary National Ambient Air Quality Standard for lead, adopted by the EPA Nov. 12, 2008, and effective Jan. 12, 2009.

Rules Coordinator: Maggie Vandehey—(503) 229-6878

340-200-0020

General Air Quality Definitions

As used in divisions 200 through 268, unless specifically defined otherwise:

(1) "Act" or "FCAA" means the Federal Clean Air Act, 42 U.S.C.A. 7401 to 7671q.

(2) "Activity" means any process, operation, action, or reaction (e.g., chemical) at a source that emits a regulated pollutant.

(3) "Actual emissions" means the mass emissions of a pollutant from an emissions source during a specified time period.

(a) For determining actual emissions as of the baseline period:

(A) Except as provided in paragraphs (B) and (C) of this subsection and subsection (b) of this section, actual emissions equal the average rate at which the source actually emitted the pollutant during an applicable baseline period and that represents normal source operation;

(B) DEQ presumes that the source-specific mass emissions limit included in a source's permit that was effective on September 8, 1981 is equivalent to the source's actual emissions during the applicable baseline

period if it is within 10% of the actual emissions calculated under paragraph (A) of this subsection.

(C) Actual emissions equal the potential to emit of the source for the sources listed in paragraphs (i) through (iii) of this paragraph. The actual emissions will be reset if required in accordance with subsection (c) of this section.

(i) Any source or part of a source that had not begun normal operations during the applicable baseline period but was approved to construct and operate before or during the baseline period in accordance with OAR 340 division 210, or

(ii) Any source or part of a source of greenhouse gases that had not begun normal operations prior to January 1, 2010, but was approved to construct and operate prior to January 1, 2011 in accordance with OAR 340 division 210, or

(iii) Any source or part of a source that had not begun normal operations during the applicable baseline period and was not required to obtain approval to construct and operate before or during the applicable baseline period.

(b) For any source or part of a source that had not begun normal operations during the applicable baseline period, but was approved to construct and operate in accordance with OAR 340 division 224, actual emissions on the date the permit is issued equal the potential to emit of the source. The actual emissions will be reset if required in accordance with subsection (c) of this section.

(c) Where actual emissions equal potential to emit under paragraph (a)(C) or subsection (b) of this section, the potential emissions will be reset to actual emissions as follows:

(A) Paragraphs (A) through (D) of this subsection apply to sources whose actual emissions of greenhouse gases were determined pursuant paragraph (3)(a)(C), and to all other sources of all other regulated pollutants that are permitted in accordance with OAR division 224 on or after May 1, 2011.

(B) Except as provided in paragraph (D) of this subsection, ten years from the end of the applicable baseline period under paragraph (a)(C) or ten years from the date the permit is issued under subsection (b), or an earlier time if requested by the source in a permit application involving public notice, DEQ will reset actual emissions to equal the highest actual emission rate during any consecutive 12-month period during the ten year period or any shorter period if requested by the source.

(C) Any emission reductions achieved due to enforceable permit conditions based on OAR 340-226-0110 and 0120 (highest and best practicable treatment and control) are not included in the reset calculation required in paragraph (B) of this subsection.

(D) DEQ may extend the date of resetting by five additional years upon satisfactory demonstration by the source that construction is ongoing or normal operation has not yet been achieved.

(d) For determining actual emissions for Emission Statements under OAR 340-214-0200 through 340-214-0220 and Oregon Title V Operating Permit Fees under OAR 340 division 220, actual emissions include, but are not limited to, routine process emissions, fugitive emissions, excess emissions from maintenance, startups and shutdowns, equipment malfunction, and other activities, except categorically insignificant activities and secondary emissions.

(e) For Oregon Title V Operating Permit Fees under OAR 340 division 220, actual emissions must be directly measured with a continuous monitoring system or calculated using a material balance or verified emission factor determined in accordance with division 220 in combination with the source's actual operating hours, production rates, or types of materials processed, stored, or combusted during the specified time period.

(4) "Adjacent" means interdependent facilities that are nearby to each other.

(5) "Affected source" means a source that includes one or more affected units that are subject to emission reduction requirements or limitations under Title IV of the FCAA.

(6) "Affected states" means all states:

(a) Whose air quality may be affected by a proposed permit, permit modification, or permit renewal and that are contiguous to Oregon; or

(b) That are within 50 miles of the permitted source.

(7) "Aggregate insignificant emissions" means the annual actual emissions of any regulated air pollutant from one or more designated activities at a source that are less than or equal to the lowest applicable level specified in this section. The total emissions from each designated activity and the aggregate emissions from all designated activities must be less than or equal to the lowest applicable level specified:

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(a) One ton for total reduced sulfur, hydrogen sulfide, sulfuric acid mist, any Class I or II substance subject to a standard promulgated under or established by Title VI of the Act, and each criteria pollutant, except lead;

(b) 120 pounds for lead;

(c) 600 pounds for fluoride;

(d) 500 pounds for PM10 in a PM10 nonattainment area;

(e) 500 pounds for direct PM2.5 in a PM2.5 nonattainment area;

(f) The lesser of the amount established in 40 CFR 68.130 or 1,000 pounds;

(g) An aggregate of 5,000 pounds for all Hazardous Air Pollutants;

(h) 2,756 tons CO₂e for greenhouse gases.

(8) "Air Contaminant" means a dust, fume, gas, mist, odor, smoke, vapor, pollen, soot, carbon, acid or particulate matter, or any combination thereof.

(9) "Air Contaminant Discharge Permit" or "ACDP" means a written permit issued, renewed, amended, or revised by DEQ, pursuant to OAR 340 division 216.

(10) "Alternative method" means any method of sampling and analyzing for an air pollutant that is not a reference or equivalent method but has been demonstrated to DEQ's satisfaction to, in specific cases, produce results adequate for determination of compliance. An alternative method used to meet an applicable federal requirement for which a reference method is specified must be approved by EPA unless EPA has delegated authority for the approval to DEQ.

(11) "Ambient Air" means that portion of the atmosphere, external to buildings, to which the general public has access.

(12) "Applicable requirement" means all of the following as they apply to emissions units in an Oregon Title V Operating Permit program source or ACDP program source, including requirements that have been promulgated or approved by the EPA through rule making at the time of issuance but have future-effective compliance dates:

(a) Any standard or other requirement provided for in the applicable implementation plan approved or promulgated by the EPA through rule-making under Title I of the Act that implements the relevant requirements of the Act, including any revisions to that plan promulgated in 40 CFR Part 52;

(b) Any standard or other requirement adopted under OAR 340-200-0040 of the State of Oregon Clean Air Act Implementation Plan that is more stringent than the federal standard or requirement which has not yet been approved by the EPA, and other state-only enforceable air pollution control requirements;

(c) Any term or condition in an ACDP, OAR 340 division 216, including any term or condition of any preconstruction permits issued pursuant to OAR 340 division 224, New Source Review, until or unless DEQ revokes or modifies the term or condition by a permit modification;

(d) Any term or condition in a Notice of Construction and Approval of Plans, OAR 340-210-0205 through 340-210-0240, until or unless DEQ revokes or modifies the term or condition by a Notice of Construction and Approval of Plans or a permit modification;

(e) Any term or condition in a Notice of Approval, OAR 340-218-0190, issued before July 1, 2001, until or unless DEQ revokes or modifies the term or condition by a Notice of Approval or a permit modification;

(f) Any term or condition of a PSD permit issued by the EPA until or unless the EPA revokes or modifies the term or condition by a permit modification;

(g) Any standard or other requirement under section 111 of the Act, including section 111(d);

(h) Any standard or other requirement under section 112 of the Act, including any requirement concerning accident prevention under section 112(r)(7) of the Act;

(i) Any standard or other requirement of the acid rain program under Title IV of the Act or the regulations promulgated thereunder;

(j) Any requirements established pursuant to section 504(b) or section 114(a)(3) of the Act;

(k) Any standard or other requirement under section 126(a)(1) and (c) of the Act;

(l) Any standard or other requirement governing solid waste incineration, under section 129 of the Act;

(m) Any standard or other requirement for consumer and commercial products, under section 183(e) of the Act;

(n) Any standard or other requirement for tank vessels, under section 183(f) of the Act;

(o) Any standard or other requirement of the program to control air pollution from outer continental shelf sources, under section 328 of the Act;

(p) Any standard or other requirement of the regulations promulgated to protect stratospheric ozone under Title VI of the Act, unless the Administrator has determined that such requirements need not be contained in an Oregon Title V Operating Permit; and

(q) Any national ambient air quality standard or increment or visibility requirement under part C of Title I of the Act, but only as it would apply to temporary sources permitted pursuant to section 504(e) of the Act.

(13) "Baseline Emission Rate" means the actual emission rate during a baseline period. Baseline emission rate does not include increases due to voluntary fuel switches or increased hours of operation that occurred after that baseline period.

(a) A baseline emission rate will be established only for regulated pollutants subject to OAR 340 division 224 as specified in the definition of regulated pollutant. A baseline emission rate will not be established for PM2.5.

(b) The baseline emission rate for greenhouse gases, on a CO₂e basis, will be established with the first permitting action issued after July 1, 2011, provided the permitting action involved a public notice period that began after July 1, 2011.

(c) For a pollutant that becomes a regulated pollutant subject to OAR 340 division 224 after May 1, 2011, the initial baseline emission rate is the actual emissions of that pollutant during any consecutive 12 month period within the 24 months immediately preceding its designation as a regulated pollutant if a baseline period has not been defined for the pollutant.

(d) The baseline emission rate will be recalculated if actual emissions are reset in accordance with the definition of actual emissions.

(e) Once the baseline emission rate has been established or recalculated in accordance with subsection (d) of this section, the production basis for the baseline emission rate may only be changed if a material mistake or an inaccurate statement was made in establishing the production basis for baseline emission rate.

(14) "Baseline Period" means:

(a) Any consecutive 12 calendar month period during the calendar years 1977 or 1978 for any regulated pollutant other than greenhouse gases. DEQ may allow the use of a prior time period upon a determination that it is more representative of normal source operation.

(b) Any consecutive 12 calendar month period during the calendar years 2000 through 2010 for greenhouse gases.

(15) "Best Available Control Technology" or "BACT" means an emission limitation, including, but not limited to, a visible emission standard, based on the maximum degree of reduction of each air contaminant subject to regulation under the Act which would be emitted from any proposed major source or major modification which, on a case-by-case basis, taking into account energy, environmental, and economic impacts and other costs, is achievable for such source or modification through application of production processes or available methods, systems, and techniques, including fuel cleaning or treatment or innovative fuel combustion techniques for control of such air contaminant. In no event may the application of BACT result in emissions of any air contaminant that would exceed the emissions allowed by any applicable new source performance standard or any standard for hazardous air pollutant. If an emission limitation is not feasible, a design, equipment, work practice, or operational standard, or combination thereof, may be required. Such standard must, to the degree possible, set forth the emission reduction achievable and provide for compliance by prescribing appropriate permit conditions.

(16) "Biomass" means non-fossilized and biodegradable organic material originating from plants, animals, and micro-organisms, including products, byproducts, residues and waste from agriculture, forestry, and related industries as well as the non-fossilized and biodegradable organic fractions of industrial and municipal wastes, including gases and liquids recovered from the decomposition of non-fossilized and biodegradable organic matter.

(17) "Capacity" means the maximum regulated pollutant emissions from a stationary source under its physical and operational design.

(18) "Capture system" means the equipment (including but not limited to hoods, ducts, fans, and booths) used to contain, capture and transport a pollutant to a control device.

(19) "Carbon dioxide equivalent" or "CO₂e" means an amount of a greenhouse gas or gases expressed as the equivalent amount of carbon dioxide, and shall be computed by multiplying the mass of each of the greenhouse gases by the global warming potential published for each gas at 40 CFR Part 98, subpart A, Table A-1 — Global Warming Potentials, and adding the resulting value for each greenhouse gas to compute the total equivalent amount of carbon dioxide.

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(20) "Categorically insignificant activity" means any of the following listed pollutant emitting activities principally supporting the source or the major industrial group. Categorically insignificant activities must comply with all applicable requirements.

(a) Constituents of a chemical mixture present at less than 1% by weight of any chemical or compound regulated under divisions 200 through 268 excluding divisions 248 and 262 of this chapter, or less than 0.1% by weight of any carcinogen listed in the U.S. Department of Health and Human Service's Annual Report on Carcinogens when usage of the chemical mixture is less than 100,000 pounds/year;

(b) Evaporative and tail pipe emissions from on-site motor vehicle operation;

(c) Distillate oil, kerosene, and gasoline fuel burning equipment rated at less than or equal to 0.4 million Btu/hr;

(d) Natural gas and propane burning equipment rated at less than or equal to 2.0 million Btu/hr;

(e) Office activities;

(f) Food service activities;

(g) Janitorial activities;

(h) Personal care activities;

(i) Groundskeeping activities including, but not limited to building painting and road and parking lot maintenance;

(j) On-site laundry activities;

(k) On-site recreation facilities;

(l) Instrument calibration;

(m) Maintenance and repair shop;

(n) Automotive repair shops or storage garages;

(o) Air cooling or ventilating equipment not designed to remove air contaminants generated by or released from associated equipment;

(p) Refrigeration systems with less than 50 pounds of charge of ozone depleting substances regulated under Title VI, including pressure tanks used in refrigeration systems but excluding any combustion equipment associated with such systems;

(q) Bench scale laboratory equipment and laboratory equipment used exclusively for chemical and physical analysis, including associated vacuum producing devices but excluding research and development facilities;

(r) Temporary construction activities;

(s) Warehouse activities;

(t) Accidental fires;

(u) Air vents from air compressors;

(v) Air purification systems;

(w) Continuous emissions monitoring vent lines;

(x) Demineralized water tanks;

(y) Pre-treatment of municipal water, including use of deionized water purification systems;

(z) Electrical charging stations;

(aa) Fire brigade training;

(bb) Instrument air dryers and distribution;

(cc) Process raw water filtration systems;

(dd) Pharmaceutical packaging;

(ee) Fire suppression;

(ff) Blueprint making;

(gg) Routine maintenance, repair, and replacement such as anticipated activities most often associated with and performed during regularly scheduled equipment outages to maintain a plant and its equipment in good operating condition, including but not limited to steam cleaning, abrasive use, and woodworking;

(hh) Electric motors;

(ii) Storage tanks, reservoirs, transfer and lubricating equipment used for ASTM grade distillate or residual fuels, lubricants, and hydraulic fluids;

(jj) On-site storage tanks not subject to any New Source Performance Standards (NSPS), including underground storage tanks (UST), storing gasoline or diesel used exclusively for fueling of the facility's fleet of vehicles;

(kk) Natural gas, propane, and liquefied petroleum gas (LPG) storage tanks and transfer equipment;

(ll) Pressurized tanks containing gaseous compounds;

(mm) Vacuum sheet stacker vents;

(nn) Emissions from wastewater discharges to publicly owned treatment works (POTW) provided the source is authorized to discharge to the POTW, not including on-site wastewater treatment and/or holding facilities;

(oo) Log ponds;

(pp) Storm water settling basins;

(qq) Fire suppression and training;

(rr) Paved roads and paved parking lots within an urban growth boundary;

(ss) Hazardous air pollutant emissions of fugitive dust from paved and unpaved roads except for those sources that have processes or activities that contribute to the deposition and entrainment of hazardous air pollutants from surface soils;

(tt) Health, safety, and emergency response activities;

(uu) Emergency generators and pumps used only during loss of primary equipment or utility service due to circumstances beyond the reasonable control of the owner or operator, or to address a power emergency as determined by DEQ;

(vv) Non-contact steam vents and leaks and safety and relief valves for boiler steam distribution systems;

(ww) Non-contact steam condensate flash tanks;

(xx) Non-contact steam vents on condensate receivers, deaerators and similar equipment;

(yy) Boiler blowdown tanks;

(zz) Industrial cooling towers that do not use chromium-based water treatment chemicals;

(aaa) Ash piles maintained in a wetted condition and associated handling systems and activities;

(bbb) Oil/water separators in effluent treatment systems;

(ccc) Combustion source flame safety purging on startup;

(ddd) Broke beaters, pulp and repulping tanks, stock chests and pulp handling equipment, excluding thickening equipment and repulpers;

(eee) Stock cleaning and pressurized pulp washing, excluding open stock washing systems; and

(fff) White water storage tanks.

(21) "Certifying individual" means the responsible person or official authorized by the owner or operator of a source who certifies the accuracy of the emission statement.

(22) "CFR" means Code of Federal Regulations.

(23) "Class I area" means any Federal, State or Indian reservation land which is classified or reclassified as Class I area. Class I areas are identified in OAR 340-204-0050.

(24) "Commence" or "commencement" means that the owner or operator has obtained all necessary preconstruction approvals required by the Act and either has:

(a) Begun, or caused to begin, a continuous program of actual on-site construction of the source to be completed in a reasonable time; or

(b) Entered into binding agreements or contractual obligations, which cannot be canceled or modified without substantial loss to the owner or operator, to undertake a program of construction of the source to be completed in a reasonable time.

(25) "Commission" or "EQC" means Environmental Quality Commission.

(26) "Constant Process Rate" means the average variation in process rate for the calendar year is not greater than plus or minus ten percent of the average process rate.

(27) "Construction":

(a) Except as provided in subsection (b) of this section means any physical change including, but not limited to, fabrication, erection, installation, demolition, or modification of a source or part of a source;

(b) As used in OAR 340 division 224 means any physical change including, but not limited to, fabrication, erection, installation, demolition, or modification of an emissions unit, or change in the method of operation of a source which would result in a change in actual emissions.

(28) "Continuous compliance determination method" means a method, specified by the applicable standard or an applicable permit condition, which:

(a) Is used to determine compliance with an emission limitation or standard on a continuous basis, consistent with the averaging period established for the emission limitation or standard; and

(b) Provides data either in units of the standard or correlated directly with the compliance limit.

(29) "Continuous Monitoring Systems" means sampling and analysis, in a timed sequence, using techniques which will adequately reflect actual emissions or concentrations on a continuing basis in accordance with DEQ's Continuous Monitoring Manual, and includes continuous emission monitoring systems, continuous opacity monitoring system (COMS) and continuous parameter monitoring systems.

(30) "Control device" means equipment, other than inherent process equipment that is used to destroy or remove air pollutant(s) prior to discharge to the atmosphere. The types of equipment that may commonly be used as control devices include, but are not limited to, fabric filters,

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mechanical collectors, electrostatic precipitators, inertial separators, afterburners, thermal or catalytic incinerators, adsorption devices (such as carbon beds), condensers, scrubbers (such as wet collection and gas absorption devices), selective catalytic or non-catalytic reduction systems, flue gas recirculation systems, spray dryers, spray towers, mist eliminators, acid plants, sulfur recovery plants, injection systems (such as water, steam, ammonia, sorbent or limestone injection), and combustion devices independent of the particular process being conducted at an emissions unit (e.g., the destruction of emissions achieved by venting process emission streams to flares, boilers or process heaters). For purposes of OAR 340-212-0200 through 340-212-0280, a control device does not include passive control measures that act to prevent pollutants from forming, such as the use of seals, lids, or roofs to prevent the release of pollutants, use of low-polluting fuel or feedstocks, or the use of combustion or other process design features or characteristics. If an applicable requirement establishes that particular equipment which otherwise meets this definition of a control device does not constitute a control device as applied to a particular pollutant-specific emissions unit, then that definition will be binding for purposes of OAR 340-212-0200 through 340-212-0280.

(31) "Criteria Pollutant" means nitrogen oxides, volatile organic compounds, particulate matter, PM₁₀, PM_{2.5}, sulfur dioxide, carbon monoxide, or lead.

(32) "Data" means the results of any type of monitoring or method, including the results of instrumental or non-instrumental monitoring, emission calculations, manual sampling procedures, recordkeeping procedures, or any other form of information collection procedure used in connection with any type of monitoring or method.

(33) "De minimis emission levels" mean the levels for the pollutants listed in Table 4.

NOTE: De minimis is compared to all increases that are not included in the PSEL.

(34) "Department":

(a) Means Department of Environmental Quality; except

(b) As used in OAR 340 divisions 218 and 220 means Department of Environmental Quality or in the case of Lane County, Lane Regional Air Protection Agency.

(35) "Device" means any machine, equipment, raw material, product, or byproduct at a source that produces or emits a regulated pollutant.

(36) "Direct PM_{2.5}" has the meaning provided in the definition of PM_{2.5}.

(37) "Director" means the Director of DEQ or the Director's designee.

(38) "Draft permit" means the version of an Oregon Title V Operating Permit for which DEQ or Lane Regional Air Protection Agency offers public participation under OAR 340-218-0210 or the EPA and affected State review under 340-218-0230.

(39) "Effective date of the program" means the date that the EPA approves the Oregon Title V Operating Permit program submitted by DEQ on a full or interim basis. In case of a partial approval, the "effective date of the program" for each portion of the program is the date of the EPA approval of that portion.

(40) "Emergency" means any situation arising from sudden and reasonably unforeseeable events beyond the control of the owner or operator, including acts of God, which situation requires immediate corrective action to restore normal operation, and that causes the source to exceed a technology-based emission limitation under the permit, due to unavoidable increases in emissions attributable to the emergency. An emergency does not include noncompliance to the extent caused by improperly designed equipment, lack of preventative maintenance, careless or improper operation, or operator error.

(41) "Emission" means a release into the atmosphere of any regulated pollutant or any air contaminant.

(42) "Emission Estimate Adjustment Factor" or "EEAF" means an adjustment applied to an emission factor to account for the relative inaccuracy of the emission factor.

(43) "Emission Factor" means an estimate of the rate at which a pollutant is released into the atmosphere, as the result of some activity, divided by the rate of that activity (e.g., production or process rate).

(44)(a) Except as provided in subsection (b) of this section, "Emission Limitation" and "Emission Standard" mean a requirement established by a State, local government, or the EPA which limits the quantity, rate, or concentration of emissions of air pollutants on a continuous basis, including any requirements which limit the level of opacity, prescribe equipment, set fuel specifications, or prescribe operation or maintenance procedures for a source to assure continuous emission reduction.

(b) As used in OAR 340-212-0200 through 340-212-0280, "Emission limitation or standard" means any applicable requirement that constitutes

an emission limitation, emission standard, standard of performance or means of emission limitation as defined under the Act. An emission limitation or standard may be expressed in terms of the pollutant, expressed either as a specific quantity, rate or concentration of emissions (e.g., pounds of SO₂ per hour, pounds of SO₂ per million British thermal units of fuel input, kilograms of VOC per liter of applied coating solids, or parts per million by volume of SO₂) or as the relationship of uncontrolled to controlled emissions (e.g., percentage capture and destruction efficiency of VOC or percentage reduction of SO₂). An emission limitation or standard may also be expressed either as a work practice, process or control device parameter, or other form of specific design, equipment, operational, or operation and maintenance requirement. For purposes of 340-212-0200 through 340-212-0280, an emission limitation or standard does not include general operation requirements that an owner or operator may be required to meet, such as requirements to obtain a permit, to operate and maintain sources in accordance with good air pollution control practices, to develop and maintain a malfunction abatement plan, to keep records, submit reports, or conduct monitoring.

(45) "Emission Reduction Credit Banking" means to presently reserve, subject to requirements of OAR 340 division 268, Emission Reduction Credits, emission reductions for use by the reserver or assignee for future compliance with air pollution reduction requirements.

(46) "Emission Reporting Form" means a paper or electronic form developed by DEQ that must be completed by the permittee to report calculated emissions, actual emissions, or permitted emissions for interim emission fee assessment purposes.

(47) "Emissions unit" means any part or activity of a source that emits or has the potential to emit any regulated air pollutant.

(a) A part of a source is any machine, equipment, raw material, product, or byproduct that produces or emits regulated air pollutants. An activity is any process, operation, action, or reaction (e.g., chemical) at a stationary source that emits regulated air pollutants. Except as described in subsection (d) of this section, parts and activities may be grouped for purposes of defining an emissions unit if the following conditions are met:

(A) The group used to define the emissions unit may not include discrete parts or activities to which a distinct emissions standard applies or for which different compliance demonstration requirements apply; and

(B) The emissions from the emissions unit are quantifiable.

(b) Emissions units may be defined on a pollutant by pollutant basis where applicable.

(c) The term emissions unit is not meant to alter or affect the definition of the term "unit" under Title IV of the FCAA.

(d) Parts and activities cannot be grouped for determining emissions increases from an emissions unit under OAR 340-224-0050 through 340-224-0070, or 340 division 210, or for determining the applicability of any New Source Performance Standard (NSPS).

(48) "EPA" or "Administrator" means the Administrator of the United States Environmental Protection Agency or the Administrator's designee.

(49) "Equivalent method" means any method of sampling and analyzing for an air pollutant that has been demonstrated to DEQ's satisfaction to have a consistent and quantitatively known relationship to the reference method, under specified conditions. An equivalent method used to meet an applicable federal requirement for which a reference method is specified must be approved by EPA unless EPA has delegated authority for the approval to DEQ.

(50) "Event" means excess emissions that arise from the same condition and occur during a single calendar day or continue into subsequent calendar days.

(51) "Exceedance" means a condition that is detected by monitoring that provides data in terms of an emission limitation or standard and that indicates that emissions (or opacity) are greater than the applicable emission limitation or standard (or less than the applicable standard in the case of a percent reduction requirement) consistent with any averaging period specified for averaging the results of the monitoring.

(52) "Excess emissions" means emissions in excess of a permit limit or any applicable air quality rule.

(53) "Excursion" means a departure from an indicator range established for monitoring under OAR 340-212-0200 through 340-212-0280 and 340-218-0050(3)(a), consistent with any averaging period specified for averaging the results of the monitoring.

(54) "Federal Land Manager" means with respect to any lands in the United States, the Secretary of the federal department with authority over such lands.

(55) "Federal Major Source" means a source with potential to emit any individual regulated pollutant, excluding hazardous air pollutants list-

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ed in OAR 340 division 244, greater than or equal to 100 tons per year if in a source category listed below, or 250 tons per year if not in a source category listed. In addition, for greenhouse gases, a federal major source must also have the potential to emit CO₂e greater than or equal to 100,000 tons per year. The fugitive emissions and insignificant activity emissions of a stationary source are considered in determining whether it is a federal major source. Potential to emit calculations must include emission increases due to a new or modified source and may include emission decreases.

- (a) Fossil fuel-fired steam electric plants of more than 250 million BTU/hour heat input;
- (b) Coal cleaning plants with thermal dryers;
- (c) Kraft pulp mills;
- (d) Portland cement plants;
- (e) Primary Zinc Smelters;
- (f) Iron and Steel Mill Plants;
- (g) Primary aluminum ore reduction plants;
- (h) Primary copper smelters;
- (i) Municipal Incinerators capable of charging more than 50 tons of refuse per day;
- (j) Hydrofluoric acid plants;
- (k) Sulfuric acid plants;
- (l) Nitric acid plants;
- (m) Petroleum Refineries;
- (n) Lime plants;
- (o) Phosphate rock processing plants;
- (p) Coke oven batteries;
- (q) Sulfur recovery plants;
- (r) Carbon black plants, furnace process;
- (s) Primary lead smelters;
- (t) Fuel conversion plants;
- (u) Sintering plants;
- (v) Secondary metal production plants;
- (w) Chemical process plants;
- (x) Fossil fuel fired boilers, or combinations thereof, totaling more than 250 million BTU per hour heat input;
- (y) Petroleum storage and transfer units with a total storage capacity exceeding 300,000 barrels;

- (z) Taconite ore processing plants;
- (aa) Glass fiber processing plants;
- (bb) Charcoal production plants.

(56) "Final permit" means the version of an Oregon Title V Operating Permit issued by DEQ or Lane Regional Air Protection Agency that has completed all review procedures required by OAR 340-218-0120 through 340-218-0240.

(57) "Form" means a paper or electronic form developed by DEQ.

(58) "Fugitive Emissions":

(a) Except as used in subsection (b) of this section, means emissions of any air contaminant which escape to the atmosphere from any point or area that is not identifiable as a stack, vent, duct, or equivalent opening.

(b) As used to define a major Oregon Title V Operating Permit program source, means those emissions which could not reasonably pass through a stack, chimney, vent, or other functionally equivalent opening.

(59) "General permit":

(a) Except as provided in subsection (b) of this section, means an Oregon Air Contaminant Discharge Permit established under OAR 340-216-0060;

(b) As used in OAR 340 division 218 means an Oregon Title V Operating Permit established under OAR 340-218-0090.

(60) "Generic PSEL" means the levels for the pollutants listed in Table 5.

NOTE: Sources are eligible for a generic PSEL if expected emissions are less than or equal to the levels listed in Table 5 under this rule. Baseline emission rate and netting basis do not apply to pollutants at sources using generic PSELs.

(61)(a) "Greenhouse Gases" or "GHGs" means the aggregate group of six greenhouse gases: carbon dioxide, nitrous oxide, methane, hydrofluorocarbons, perfluorocarbons, and sulfur hexafluoride. Each gas is also individually a greenhouse gas.

(b) The definition of greenhouse gases in subsection (a) of this section does not include, for purposes of division 216, 218, and 224, carbon dioxide emissions from the combustion or decomposition of biomass except to the extent required by federal law.

(62) "Growth Allowance" means an allocation of some part of an airshed's capacity to accommodate future proposed major sources and major modifications of sources.

(63) "Immediately" means as soon as possible but in no case more than one hour after a source knew or should have known of an excess emission period.

(64) "Inherent process equipment" means equipment that is necessary for the proper or safe functioning of the process, or material recovery equipment that the owner or operator documents is installed and operated primarily for purposes other than compliance with air pollution regulations. Equipment that must be operated at an efficiency higher than that achieved during normal process operations in order to comply with the applicable emission limitation or standard is not inherent process equipment. For the purposes of OAR 340-212-0200 through 340-212-0280, inherent process equipment is not considered a control device.

(65) "Insignificant Activity" means an activity or emission that DEQ has designated as categorically insignificant, or that meets the criteria of aggregate insignificant emissions.

(66) "Insignificant Change" means an off-permit change defined under OAR 340-218-0140(2)(a) to either a significant or an insignificant activity which:

(a) Does not result in a re-designation from an insignificant to a significant activity;

(b) Does not invoke an applicable requirement not included in the permit; and

(c) Does not result in emission of regulated air pollutants not regulated by the source's permit.

(67) "Late Payment" means a fee payment which is postmarked after the due date.

(68) "Lowest Achievable Emission Rate" or "LAER" means that rate of emissions which reflects: the most stringent emission limitation which is contained in the implementation plan of any state for such class or category of source, unless the owner or operator of the proposed source demonstrates that such limitations are not achievable; or the most stringent emission limitation which is achieved in practice by such class or category of source, whichever is more stringent. The application of this term cannot permit a proposed new or modified source to emit any air contaminant in excess of the amount allowable under applicable New Source Performance Standards (NSPS) or standards for hazardous air pollutants.

(69) "Maintenance Area" means a geographical area of the State that was designated as a nonattainment area, redesignated as an attainment area by EPA, and redesignated as a maintenance area by the Environmental Quality Commission in OAR 340, division 204.

(70) "Maintenance Pollutant" means a pollutant for which a maintenance area was formerly designated a nonattainment area.

(71) "Major Modification" means any physical change or change in the method of operation of a source that results in satisfying the requirements of both subsections (a) and (b) of this section, or of subsection (c) of this section for any regulated air pollutant. Major modifications for ozone precursors or PM_{2.5} precursors also constitute major modifications for ozone and PM_{2.5}, respectively.

(a) Except as provided in subsection (d) of this section, a PSEL that exceeds the netting basis by an amount that is equal to or greater than the significant emission rate.

(b) The accumulation of emission increases due to physical changes and changes in the method of operation as determined in accordance with paragraphs (A) and (B) of this subsection is equal to or greater than the significant emission rate.

(A) Calculations of emission increases in subsection (b) of this section must account for all accumulated increases in actual emissions due to physical changes and changes in the method of operation occurring at the source since the applicable baseline period, or since the time of the last construction approval issued for the source pursuant to the New Source Review Regulations in OAR 340 division 224 for that pollutant, whichever time is more recent. These include fugitive emissions and emissions from insignificant activities.

(B) Emission increases due solely to increased use of equipment or facilities that existed or were permitted or approved to construct in accordance with OAR 340 division 210 during the applicable baseline period are not included, except if the increased use is to support a physical change or change in the method of operation.

(c) Any change at a source, including production increases, that would result in a Plant Site Emission Limit increase of 1 ton or more for any regulated pollutant for which the source is a major source in nonattainment or maintenance areas or a federal major source in attainment or unclassified areas, if the source obtained permits to construct and operate after the applicable baseline period but has not undergone New Source Review.

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(A) Subsection (c) of this section does not apply to PM_{2.5} and greenhouse gases.

(B) Changes to the PSEL solely due to the availability of better emissions information are exempt from being considered an increase.

(d) If a portion of the netting basis or PSEL (or both) was set based on PTE because the source had not begun normal operations but was permitted or approved to construct and operate, that portion of the netting basis or PSEL (or both) must be excluded from the tests in subsections (a) and (b) of this section until the netting basis is reset as specified in the definitions of baseline emission rate and netting basis.

(e) The following are not considered major modifications:

(A) Except as provided in subsection (c) of this section, proposed increases in hours of operation or production rates that would cause emission increases above the levels allowed in a permit and would not involve a physical change or change in method of operation in the source;

(B) Routine maintenance, repair, and replacement of components;

(C) Temporary equipment installed for maintenance of the permanent equipment if the temporary equipment is in place for less than six months and operated within the permanent equipment's existing PSEL;

(D) Use of alternate fuel or raw materials, that were available and the source was capable of accommodating in the baseline period.

(72) "Major Source":

(a) Except as provided in subsection (b) of this section, means a source that emits, or has the potential to emit, any regulated air pollutant at a Significant Emission Rate. The fugitive emissions and insignificant activity emissions of a stationary source are considered in determining whether it is a major source. Potential to emit calculations must include emission increases due to a new or modified source and may include emission decreases.

(b) As used in OAR 340 division 210, Stationary Source Notification Requirements, OAR 340 division 218, rules applicable to sources required to have Oregon Title V Operating Permits, OAR 340 division 220, Oregon Title V Operating Permit Fees, and 340-216-0066 Standard ACDPs, means any stationary source (or any group of stationary sources that are located on one or more contiguous or adjacent properties and are under common control of the same person (or persons under common control)) belonging to a single major industrial grouping or supporting the major industrial group and that is described in paragraphs (A), (B), (C) or (D) of this subsection. For the purposes of this subsection, a stationary source or group of stationary sources is considered part of a single industrial grouping if all of the pollutant emitting activities at such source or group of sources on contiguous or adjacent properties belong to the same Major Group (i.e., all have the same two-digit code) as described in the Standard Industrial Classification Manual (U.S. Office of Management and Budget, 1987) or support the major industrial group.

(A) A major source of hazardous air pollutants, which means:

(i) For pollutants other than radionuclides, any stationary source or group of stationary sources located within a contiguous area and under common control that emits or has the potential to emit, in the aggregate, 10 tons per year (tpy) or more of any hazardous air pollutants that has been listed pursuant to OAR 340-244-0040; 25 tpy or more of any combination of such hazardous air pollutants, or such lesser quantity as the Administrator may establish by rule. Emissions from any oil or gas exploration or production well, along with its associated equipment, and emissions from any pipeline compressor or pump station will not be aggregated with emissions from other similar units, whether or not such units are in a contiguous area or under common control, to determine whether such units or stations are major sources; or

(ii) For radionuclides, "major source" will have the meaning specified by the Administrator by rule.

(B) A major stationary source of air pollutants, as defined in section 302 of the Act, that directly emits or has the potential to emit 100 tpy or more of any regulated air pollutant, except greenhouse gases, including any major source of fugitive emissions of any such pollutant. The fugitive emissions of a stationary source are not considered in determining whether it is a major stationary source for the purposes of section 302(j) of the Act, unless the source belongs to one of the following categories of stationary source:

- (i) Coal cleaning plants (with thermal dryers);
- (ii) Kraft pulp mills;
- (iii) Portland cement plants;
- (iv) Primary zinc smelters;
- (v) Iron and steel mills;
- (vi) Primary aluminum ore reduction plants;
- (vii) Primary copper smelters;

(viii) Municipal incinerators capable of charging more than 50 tons of refuse per day;

(ix) Hydrofluoric, sulfuric, or nitric acid plants;

(x) Petroleum refineries;

(xi) Lime plants;

(xii) Phosphate rock processing plants;

(xiii) Coke oven batteries;

(xiv) Sulfur recovery plants;

(xv) Carbon black plants(furnace process);

(xvi) Primary lead smelters;

(xvii) Fuel conversion plants;

(xviii) Sintering plants;

(xix) Secondary metal production plants;

(xx) Chemical process plants;

(xxi) Fossil-fuel boilers, or combination thereof, totaling more than 250 million British thermal units per hour heat input;

(xxii) Petroleum storage and transfer units with a total storage capacity exceeding 300,000 barrels;

(xxiii) Taconite ore processing plants;

(xxiv) Glass fiber processing plants;

(xxv) Charcoal production plants;

(xxvi) Fossil-fuel-fired steam electric plants of more than 250 million British thermal units per hour heat input; or

(xxvii) Any other stationary source category, that as of August 7, 1980 is being regulated under section 111 or 112 of the Act.

(C) Beginning July 1, 2011, a major stationary source of air pollutants, as defined by Section 302 of the Act, that directly emits or has the potential to emit 100 tpy or more of greenhouse gases and directly emits or has the potential to emit 100,000 tpy or more CO₂e, including fugitive emissions.

(D) A major stationary source as defined in part D of Title I of the Act, including:

(i) For ozone nonattainment areas, sources with the potential to emit 100 tpy or more of VOCs or oxides of nitrogen in areas classified as "marginal" or "moderate," 50 tpy or more in areas classified as "serious," 25 tpy or more in areas classified as "severe," and 10 tpy or more in areas classified as "extreme"; except that the references in this paragraph of this subsection to 100, 50, 25, and 10 tpy of nitrogen oxides do not apply with respect to any source for which the Administrator has made a finding, under section 182(f)(1) or (2) of the Act, that requirements under section 182(f) of the Act do not apply;

(ii) For ozone transport regions established pursuant to section 184 of the Act, sources with the potential to emit 50 tpy or more of VOCs;

(iii) For carbon monoxide nonattainment areas:

(I) That are classified as "serious"; and

(II) In which stationary sources contribute significantly to carbon monoxide levels as determined under rules issued by the Administrator, sources with the potential to emit 50 tpy or more of carbon monoxide.

(iv) For particulate matter (PM₁₀) nonattainment areas classified as "serious," sources with the potential to emit 70 tpy or more of PM₁₀.

(73) "Material Balance" means a procedure for determining emissions based on the difference in the amount of material added to a process and the amount consumed and/or recovered from a process.

(74) "Modification," except as used in the term "major modification," means any physical change to, or change in the method of operation of, a stationary source that results in an increase in the stationary source's potential to emit any regulated air pollutant on an hourly basis. Modifications do not include the following:

(a) Increases in hours of operation or production rates that do not involve a physical change or change in the method of operation;

(b) Changes in the method of operation due to using an alternative fuel or raw material that the stationary source was physically capable of accommodating during the baseline period; and

(c) Routine maintenance, repair and like-for-like replacement of components unless they increase the expected life of the stationary source by using component upgrades that would not otherwise be necessary for the stationary source to function.

(75) "Monitoring" means any form of collecting data on a routine basis to determine or otherwise assess compliance with emission limitations or standards. Monitoring may include record keeping if the records are used to determine or assess compliance with an emission limitation or standard (such as records of raw material content and usage, or records documenting compliance with work practice requirements). Monitoring may include conducting compliance method tests, such as the procedures in appendix A to 40 CFR part 60, on a routine periodic basis. Requirements to

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conduct such tests on a one-time basis, or at such times as a regulatory authority may require on a non-regular basis, are not considered monitoring requirements for purposes of this definition. Monitoring may include one or more than one of the following data collection techniques as appropriate for a particular circumstance:

(a) Continuous emission or opacity monitoring systems.

(b) Continuous process, capture system, control device or other relevant parameter monitoring systems or procedures, including a predictive emission monitoring system.

(c) Emission estimation and calculation procedures (e.g., mass balance or stoichiometric calculations).

(d) Maintaining and analyzing records of fuel or raw materials usage.

(e) Recording results of a program or protocol to conduct specific operation and maintenance procedures.

(f) Verifying emissions, process parameters, capture system parameters, or control device parameters using portable or in situ measurement devices.

(g) Visible emission observations and recording.

(h) Any other form of measuring, recording, or verifying on a routine basis emissions, process parameters, capture system parameters, control device parameters or other factors relevant to assessing compliance with emission limitations or standards.

(76) "Netting Basis" means the baseline emission rate MINUS any emission reductions required by rule, orders, or permit conditions required by the SIP or used to avoid SIP requirements, MINUS any unassigned emissions that are reduced from allowable under OAR 340-222-0045, MINUS any emission reduction credits transferred off site, PLUS any emission increases approved through the New Source Review regulations in OAR 340 division 224 MINUS any emissions reductions required by subsection (g) of this section.

(a) A netting basis will only be established for regulated pollutants subject to OAR 340 division 224 as specified in the definition of regulated pollutant.

(b) The initial PM_{2.5} netting basis and PSEL for a source that was permitted prior to May 1, 2011 will be established with the first permitting action issued after July 1, 2011, provided the permitting action involved a public notice period that began after July 1, 2011.

(A) The initial netting basis is the PM_{2.5} fraction of the PM₁₀ netting basis in effect on May 1, 2011. DEQ may increase the initial PM_{2.5} netting basis by up to 5 tons if necessary to avoid exceedance of the PM_{2.5} significant emission rate as of May 1, 2011.

(B) Notwithstanding OAR 340-222-0041(2), the initial source specific PSEL for a source with PTE greater than or equal to the SER will be set equal to the PM_{2.5} fraction of the PM₁₀ PSEL.

(c) The initial greenhouse gas netting basis and PSEL for a source will be established with the first permitting action issued after July 1, 2011, provided the permitting action involved a public notice period that began after July 1, 2011.

(d) Netting basis is zero for:

(A) Any regulated pollutant emitted from a source that first obtained permits to construct and operate after the applicable baseline period for that regulated pollutant, and has not undergone New Source Review for that pollutant;

(B) Any pollutant that has a generic PSEL in a permit;

(C) Any source permitted as portable; or

(D) Any source with a netting basis calculation resulting in a negative number.

(e) If a source relocates to an adjacent site, and the time between operation at the old and new sites is less than six months, the source may retain the netting basis from the old site.

(f) Emission reductions required by rule, order, or permit condition affect the netting basis if the source currently has devices or emissions units that are subject to the rules, order, or permit condition. The baseline emission rate is not affected. The netting basis reduction will be effective on the effective date of the rule, order, or permit condition requiring the reduction. The PSEL reduction will be effective on the compliance date of the rule, order, or permit condition.

(g) For permits issued after May 1, 2011 under New Source Review regulations in OAR 340 division 224, and where the netting basis initially equaled the potential to emit for a new or modified source, the netting basis will be reduced in accordance with the definition of actual emissions. Notwithstanding OAR 340-222-0041(2), this adjustment does not require a reduction in the PSEL.

(h) Emission reductions required by rule do not include emissions reductions achieved under OAR 340-226-0110 and 0120.

(i) Netting basis for a pollutant with a revised definition will be adjusted if the source is emitting the pollutant at the time of redefining and the pollutant is included in the permit's netting basis.

(j) Where EPA requires an attainment demonstration based on dispersion modeling, the netting basis will be established at no more than the level used in the dispersion modeling to demonstrate attainment with the ambient air quality standard (i.e., the attainment demonstration is an emission reduction required by rule).

(77) "Nitrogen Oxides" or "NO_x" means all oxides of nitrogen except nitrous oxide.

(78) "Nonattainment Area" means a geographical area of the State, as designated by the Environmental Quality Commission or the EPA, that exceeds any state or federal primary or secondary ambient air quality standard.

(79) "Nonattainment Pollutant" means a pollutant for which an area is designated a nonattainment area.

(80) "Normal Source Operation" means operations which do not include such conditions as forced fuel substitution, equipment malfunction, or highly abnormal market conditions.

(81) "Offset" means an equivalent or greater emission reduction that is required before allowing an emission increase from a proposed major source or major modification of an existing source.

(82) "Opacity" means the degree to which an emission reduces transmission of light and obscures the view of an object in the background as measured in accordance with OAR 340-212-0120 and 212-0140. Unless otherwise specified by rule, opacity shall be measured in accordance with EPA Method 9 or a continuous opacity monitoring system (COMS) installed and operated in accordance with DEQ's Continuous Monitoring Manual. For all standards, the minimum observation period shall be six minutes, though longer periods may be required by a specific rule or permit condition. Aggregate times (e.g. 3 minutes in any one hour) consist of the total duration of all readings during the observation period that equal or exceed the opacity percentage in the standard, whether or not the readings are consecutive.

(83) "Oregon Title V Operating Permit" means any permit covering an Oregon Title V Operating Permit source that is issued, renewed, amended, or revised pursuant to division 218.

(84) "Oregon Title V Operating Permit program" means a program approved by the Administrator under 40 CFR Part 70.

(85) "Oregon Title V Operating Permit program source" means any source subject to the permitting requirements, OAR 340 division 218.

(86) "Ozone Precursor" means nitrogen oxides and volatile organic compounds as measured by an applicable reference method in accordance with DEQ's Source Sampling Manual (January, 1992) or as measured by an EPA reference method in 40 CFR Part 60, appendix A or as measured by a material balance calculation for VOC as appropriate.

(87) "Ozone Season" means the contiguous 3 month period during which ozone exceedances typically occur (i.e., June, July, and August).

(88) "Particulate Matter" means all finely divided solid or liquid material, other than uncombined water, emitted to the ambient air. When used in emission standards, particulate matter is defined by the method specified within the standard or by an applicable reference method in accordance with OAR 340-212-0120 and 340-212-0140. Unless otherwise specified, sources with exhaust gases at or near ambient conditions may be tested with DEQ Method 5 or DEQ Method 8, as approved by DEQ. Direct heat transfer sources shall be tested with DEQ Method 7; indirect heat transfer combustion sources and all other non-fugitive emissions sources not listed above shall be tested with DEQ Method 5.

(89) "Permit" means an Air Contaminant Discharge Permit or an Oregon Title V Operating Permit.

(90) "Permit modification" means a permit revision that meets the applicable requirements of OAR 340 division 216, 340 division 224, or 340-218-0160 through 340-218-0180.

(91) "Permit revision" means any permit modification or administrative permit amendment.

(92) "Permitted Emissions" as used in OAR division 220 means each regulated pollutant portion of the PSEL, as identified in an ACDP, Oregon Title V Operating Permit, review report, or by DEQ pursuant to OAR 340-220-0090.

(93) "Permittee" means the owner or operator of the facility, authorized by the ACDP or the Oregon Title V Operating Permit to operate the source.

(94) "Person" means individuals, corporations, associations, firms, partnerships, joint stock companies, public and municipal corporations,

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political subdivisions, the State of Oregon and any agencies thereof, and the federal government and any agencies thereof.

(95) "Plant Site Emission Limit" or "PSEL" means the total mass emissions per unit time of an individual air pollutant specified in a permit for a source. The PSEL for a major source may consist of more than one permitted emission.

(96) "PM10":

(a) When used in the context of emissions, means finely divided solid or liquid material, including condensable particulate, other than uncombined water, with an aerodynamic diameter less than or equal to a nominal 10 micrometers, emitted to the ambient air as measured by an applicable reference method in accordance with DEQ's Source Sampling Manual (January, 1992);

(b) When used in the context of ambient concentration, means airborne finely divided solid or liquid material with an aerodynamic diameter less than or equal to a nominal 10 micrometers as measured in accordance with 40 CFR Part 50, Appendix J.

(97) "PM2.5":

(a) When used in the context of direct PM2.5 emissions, means finely divided solid or liquid material, including condensable particulate, other than uncombined water, with an aerodynamic diameter less than or equal to a nominal 2.5 micrometers, emitted to the ambient air as measured by EPA reference methods 201A and 202 in 40 CFR Part 51, appendix M.

(b) When used in the context of PM2.5 precursor emissions, means sulfur dioxide (SO₂) and nitrogen oxides (NO_x) emitted to the ambient air as measured by EPA reference methods in 40 CFR Part 60, appendix A.

(c) When used in the context of ambient concentration, means particles with an aerodynamic diameter less than or equal to a nominal 2.5 micrometers as measured by a reference method based on 40 CFR Part 50, Appendix L, or an equivalent method designated in accordance with 40 CFR Part 53.

(98) "PM2.5 fraction" means the fraction of PM2.5 to PM10 for each emissions unit that is included in the netting basis and PSEL.

(99) "Pollutant-specific emissions unit" means an emissions unit considered separately with respect to each regulated air pollutant.

(100) "Potential to emit" or "PTE" means the lesser of:

(a) The capacity of a stationary source; or

(b) The maximum allowable emissions taking into consideration any physical or operational limitation, including air pollution control equipment and restrictions on hours of operation or on the type or amount of material combusted, stored, or processed, if the limitation is enforceable by the Administrator.

(c) This definition does not alter or affect the use of this term for any other purposes under the Act or the term "capacity factor" as used in Title IV of the Act and the regulations promulgated thereunder. Secondary emissions are not considered in determining the potential to emit.

(101) "Predictive emission monitoring system (PEMS)" means a system that uses process and other parameters as inputs to a computer program or other data reduction system to produce values in terms of the applicable emission limitation or standard.

(102) "Process Upset" means a failure or malfunction of a production process or system to operate in a normal and usual manner.

(103) "Proposed permit" means the version of an Oregon Title V Operating Permit that DEQ or a Regional Agency proposes to issue and forwards to the Administrator for review in compliance with OAR 340-218-0230.

(104) "Reference method" means any method of sampling and analyzing for an air pollutant as specified in 40 CFR Part 52, 60, 61 or 63.

(105) "Regional Agency" means Lane Regional Air Protection Agency.

(106) "Regulated air pollutant" or "Regulated Pollutant":

(a) Except as provided in subsections (b) and (c) of this section, means:

(A) Nitrogen oxides or any VOCs;

(B) Any pollutant for which a national ambient air quality standard has been promulgated, including any precursors to such pollutants;

(C) Any pollutant that is subject to any standard promulgated under section 111 of the Act;

(D) Any Class I or II substance subject to a standard promulgated under or established by Title VI of the Act;

(E) Any pollutant listed under OAR 340-244-0040 or 40 CFR 68.130; and

(F) Greenhouse Gases.

(b) As used in OAR 340 division 220, regulated pollutant means particulates, volatile organic compounds, oxides of nitrogen and sulfur dioxide.

(c) As used in OAR 340 division 224, regulated pollutant does not include any pollutant listed in divisions 244 and 246, unless the pollutant is listed in Table 2 (significant emission rates).

(107) "Renewal" means the process by which a permit is reissued at the end of its term.

(108) "Responsible official" means one of the following:

(a) For a corporation: a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit and either:

(A) The facilities employ more than 250 persons or have gross annual sales or expenditures exceeding \$25 million (in second quarter 1980 dollars); or

(B) The delegation of authority to such representative is approved in advance by DEQ or Lane Regional Air Protection Agency.

(b) For a partnership or sole proprietorship: a general partner or the proprietor, respectively;

(c) For a municipality, State, Federal, or other public agency: either a principal executive officer or ranking elected official. For the purposes of this division, a principal executive officer of a Federal agency includes the chief executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., a Regional Administrator of the EPA); or

(d) For affected sources:

(A) The designated representative in so far as actions, standards, requirements, or prohibitions under Title IV of the Act or the regulations promulgated there under are concerned; and

(B) The designated representative for any other purposes under the Oregon Title V Operating Permit program.

(109) "Secondary Emissions" means emissions that are a result of the construction and/or operation of a source or modification, but that do not come from the source itself. Secondary emissions must be specific, well defined, quantifiable, and impact the same general area as the source associated with the secondary emissions. Secondary emissions may include, but are not limited to:

(a) Emissions from ships and trains coming to or from a facility;

(b) Emissions from off-site support facilities that would be constructed or would otherwise increase emissions as a result of the construction or modification of a source.

(110) "Section 111" means section 111 of the FCAA which includes Standards of Performance for New Stationary Sources (NSPS).

(111) "Section 111(d)" means subsection 111(d) of the FCAA which requires states to submit to the EPA plans that establish standards of performance for existing sources and provides for implementing and enforcing such standards.

(112) "Section 112" means section 112 of the FCAA which contains regulations for Hazardous Air Pollutants (HAP).

(113) "Section 112(b)" means subsection 112(b) of the FCAA which includes the list of hazardous air pollutants to be regulated.

(114) "Section 112(d)" means subsection 112(d) of the FCAA which directs the EPA to establish emission standards for sources of hazardous air pollutants. This section also defines the criteria to be used by the EPA when establishing the emission standards.

(115) "Section 112(e)" means subsection 112(e) of the FCAA which directs the EPA to establish and promulgate emissions standards for categories and subcategories of sources that emit hazardous air pollutants.

(116) "Section 112(r)(7)" means subsection 112(r)(7) of the FCAA which requires the EPA to promulgate regulations for the prevention of accidental releases and requires owners or operators to prepare risk management plans.

(117) "Section 114(a)(3)" means subsection 114(a)(3) of the FCAA which requires enhanced monitoring and submission of compliance certifications for major sources.

(118) "Section 129" means section 129 of the FCAA which requires the EPA to establish emission standards and other requirements for solid waste incineration units.

(119) "Section 129(e)" means subsection 129(e) of the FCAA which requires solid waste incineration units to obtain Oregon Title V Operating Permits.

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(120) "Section 182(f)" means subsection 182(f) of the FCAA which requires states to include plan provisions in the State Implementation Plan for NO_x in ozone nonattainment areas.

(121) "Section 182(f)(1)" means subsection 182(f)(1) of the FCAA which requires states to apply those plan provisions developed for major VOC sources and major NO_x sources in ozone nonattainment areas.

(122) "Section 183(e)" means subsection 183(e) of the FCAA which requires the EPA to study and develop regulations for the control of certain VOC sources under federal ozone measures.

(123) "Section 183(f)" means subsection 182(f) of the FCAA which requires the EPA to develop regulations pertaining to tank vessels under federal ozone measures.

(124) "Section 184" means section 184 of the FCAA which contains regulations for the control of interstate ozone air pollution.

(125) "Section 302" means section 302 of the FCAA which contains definitions for general and administrative purposes in the Act.

(126) "Section 302(j)" means subsection 302(j) of the FCAA which contains definitions of "major stationary source" and "major emitting facility."

(127) "Section 328" means section 328 of the FCAA which contains regulations for air pollution from outer continental shelf activities.

(128) "Section 408(a)" means subsection 408(a) of the FCAA which contains regulations for the Title IV permit program.

(129) "Section 502(b)(10) change" means a change which contravenes an express permit term but is not a change that:

(a) Would violate applicable requirements;

(b) Would contravene federally enforceable permit terms and conditions that are monitoring, recordkeeping, reporting, or compliance certification requirements; or

(c) Is a Title I modification.

(130) "Section 504(b)" means subsection 504(b) of the FCAA which states that the EPA can prescribe by rule procedures and methods for determining compliance and for monitoring.

(131) "Section 504(e)" means subsection 504(e) of the FCAA which contains regulations for permit requirements for temporary sources.

(132) "Significant Air Quality Impact" means an additional ambient air quality concentration equal to or greater than in the concentrations listed in Table 1 of this rule. The threshold concentrations listed in Table 1 are used for comparison against the ambient air quality standard and do not apply for protecting PSD Class I increments or air quality related values (including visibility). For sources of VOC or NO_x, a major source or major modification has a significant impact if it is located within the Ozone Precursor Distance defined in OAR 340-225-0020.

(133) "Significant Emission Rate" or "SER," except as provided in subsections (a) through (c) of this section, means an emission rate equal to or greater than the rates specified in Table 2 of this rule.

(a) For the Medford-Ashland Air Quality Maintenance Area, the Significant Emission Rate for PM₁₀ is defined in Table 3.

(b) For regulated air pollutants not listed in Table 2 or 3 of this rule, the significant emission rate is zero unless DEQ determines the rate that constitutes a significant emission rate.

(c) Any new source or modification with an emissions increase less than the rates specified in Table 2 or 3 of this rule associated with a new source or modification which would construct within 10 kilometers of a Class I area, and would have an impact on such area equal to or greater than 1 ug/m³ (24 hour average) is emitting at a significant emission rate. This provision does not apply to greenhouse gas emissions.

(134) "Significant Impairment" occurs when DEQ determines that visibility impairment interferes with the management, protection, preservation, or enjoyment of the visual experience within a Class I area. DEQ will make this determination on a case-by-case basis after considering the recommendations of the Federal Land Manager and the geographic extent, intensity, duration, frequency, and time of visibility impairment. These factors will be considered along with visitor use of the Class I areas, and the frequency and occurrence of natural conditions that reduce visibility.

(135) "Small scale local energy project" means:

(a) A system, mechanism or series of mechanisms located primarily in Oregon that directly or indirectly uses or enables the use of, by the owner or operator, renewable resources including, but not limited to, solar, wind, geothermal, biomass, waste heat or water resources to produce energy, including heat, electricity and substitute fuels, to meet a local community or regional energy need in this state;

(b) A system, mechanism or series of mechanisms located primarily in Oregon or providing substantial benefits to Oregon that directly or indi-

rectly conserves energy or enables the conservation of energy by the owner or operator, including energy used in transportation;

(c) A recycling project;

(d) An alternative fuel project;

(e) An improvement that increases the production or efficiency, or extends the operating life, of a system, mechanism, series of mechanisms or project otherwise described in this section of this rule, including but not limited to restarting a dormant project;

(f) A system, mechanism or series of mechanisms installed in a facility or portions of a facility that directly or indirectly reduces the amount of energy needed for the construction and operation of the facility and that meets the sustainable building practices standard established by the State Department of Energy by rule; or

(g) A project described in subsections (a) to (f) of this section, whether or not the existing project was originally financed under ORS 470, together with any refinancing necessary to remove prior liens or encumbrances against the existing project.

(h) A project described in subsections (a) to (g) of this section that conserves energy or produces energy by generation or by processing or collection of a renewable resource.

(136) "Source" means any building, structure, facility, installation or combination thereof that emits or is capable of emitting air contaminants to the atmosphere, is located on one or more contiguous or adjacent properties and is owned or operated by the same person or by persons under common control. The term includes all pollutant emitting activities that belong to a single major industrial group (i.e., that have the same two-digit code) as described in the Standard Industrial Classification Manual, (U.S. Office of Management and Budget, 1987) or that support the major industrial group.

(137) "Source category":

(a) Except as provided in subsection (b) of this section, means all the pollutant emitting activities that belong to the same industrial grouping (i.e., that have the same two-digit code) as described in the Standard Industrial Classification Manual, (U.S. Office of Management and Budget, 1987).

(b) As used in OAR 340 division 220, Oregon Title V Operating Permit Fees, means a group of major sources that DEQ determines are using similar raw materials and have equivalent process controls and pollution control equipment.

(138) "Source Test" means the average of at least three test runs conducted in accordance with DEQ's Source Sampling Manual.

(139) "Startup" and "shutdown" means that time during which an air contaminant source or emission-control equipment is brought into normal operation or normal operation is terminated, respectively.

(140) "State Implementation Plan" or "SIP" means the State of Oregon Clean Air Act Implementation Plan as adopted by the Commission under OAR 340-200-0040 and approved by EPA.

(141) "Stationary source" means any building, structure, facility, or installation at a source that emits or may emit any regulated air pollutant.

(142) "Substantial Underpayment" means the lesser of ten percent (10%) of the total interim emission fee for the major source or five hundred dollars.

(143) "Synthetic minor source" means a source that would be classified as a major source under OAR 340-200-0020, but for limits on its potential to emit air pollutants contained in a permit issued by DEQ under OAR 340 division 216 or 218.

(144) "Title I modification" means one of the following modifications pursuant to Title I of the FCAA:

(a) A major modification subject to OAR 340-224-0050, Requirements for Sources in Nonattainment Areas;

(b) A major modification subject to OAR 340-224-0060, Requirements for Sources in Maintenance Areas;

(c) A major modification subject to OAR 340-224-0070, Prevention of Significant Deterioration Requirements for Sources in Attainment or Unclassified Areas;

(d) A modification that is subject to a New Source Performance Standard under Section 111 of the FCAA; or

(e) A modification under Section 112 of the FCAA.

(145) "Total Reduced Sulfur" or "TRS" means the sum of the sulfur compounds hydrogen sulfide, methyl mercaptan, dimethyl sulfide, dimethyl disulfide, and any other organic sulfides present expressed as hydrogen sulfide (H₂S).

(146) "Typically Achievable Control Technology" or "TACT" means the emission limit established on a case-by-case basis for a criteria pollutant from a particular emissions unit in accordance with OAR 340-226-0130. For existing sources, the emission limit established will be typical of the emission level achieved by emissions units similar in type and size. For

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new and modified sources, the emission limit established will be typical of the emission level achieved by well controlled new or modified emissions units similar in type and size that were recently installed. TACT determinations will be based on information known to DEQ while considering pollution prevention, impacts on other environmental media, energy impacts, capital and operating costs, cost effectiveness, and the age and remaining economic life of existing emission control equipment. DEQ may consider emission control technologies typically applied to other types of emissions units where such technologies could be readily applied to the emissions unit. If an emission limitation is not feasible, a design, equipment, work practice, operational standard, or combination thereof, may be required.

(147) "Unassigned Emissions" means the amount of emissions that are in excess of the PSEL but less than the Netting Basis.

(148) "Unavoidable" or "could not be avoided" means events that are not caused entirely or in part by poor or inadequate design, operation, maintenance, or any other preventable condition in either process or control equipment.

(149) "Upset" or "Breakdown" means any failure or malfunction of any pollution control equipment or operating equipment that may cause excess emissions.

(150) "Visibility Impairment" means any humanly perceptible change in visual range, contrast or coloration from that which existed under natural conditions. Natural conditions include fog, clouds, windblown dust, rain, sand, naturally ignited wildfires, and natural aerosols.

(151) "Volatile Organic Compounds" or "VOC" means any compound of carbon, excluding carbon monoxide, carbon dioxide, carbonic acid, metallic carbides or carbonates, and ammonium carbonate, that participates in atmospheric photochemical reactions.

(a) This includes any such organic compound except the following, which have been determined to have negligible photochemical reactivity in the formation of tropospheric ozone: methane; ethane; methylene chloride(dichloromethane); dimethyl carbonate, propylene carbonate, 1,1,1-trichloroethane(methyl chloroform); 1,1,2-trichloro-1,2,2-trifluoroethane(CFC-113); trichlorofluoromethane(CFC-11); dichlorodifluoromethane(CFC-12); chlorodifluoromethane(HCFC-22); trifluoromethane(HFC-23); 1,2-dichloro-1,1,2,2-tetrafluoroethane (CFC-114); chloropentafluoroethane(CFC-115); 1,1,1-trifluoro 2,2-dichloroethane(HCFC-123); 1,1,1,2-tetrafluoroethane(HFC-134a); 1,1-dichloro 1-fluoroethane(HCFC-141b); 1-chloro 1,1-difluoroethane(HCFC-142b); 2-chloro-1,1,1,2-tetrafluoroethane(HCFC-124); pentafluoroethane(HFC-125); 1,1,2,2-tetrafluoroethane(HFC-134); 1,1,1-trifluoroethane(HFC-143a); 1,1-difluoroethane (HFC-152a); perchlorobenzotrifluoride(PCBTF); cyclic, branched, or linear completely methylated siloxanes; acetone; perchloroethylene(tetrachloroethylene); 3,3-dichloro-1,1,1,2,2-pentafluoropropane(HCFC-225ca); 1,3-dichloro-1,1,2,2,3-pentafluoropropane (HCFC-225cb); 1,1,1,2,3,4,4,5,5,5-decafluoropentane HFC 43-10mee); difluoromethane(HFC-32); ethylfluoride(HFC-161); 1,1,1,3,3,3-hexafluoropropane(HFC-236fa); 1,1,2,2,3-pentafluoropropane(HFC-245ca); 1,1,2,3,3-pentafluoropropane(HFC-245ea); 1,1,1,2,3-pentafluoropropane(HFC-245eb); 1,1,1,3,3-pentafluoropropane(HFC-245fa); 1,1,1,2,3,3-hexafluoropropane(HFC-236ea); 1,1,1,3,3-pentafluorobutane(HFC-365mf); chlorofluoromethane (HCFC-31); 1 chloro-1-fluoroethane(HCFC-151a); 1,2-dichloro-1,1,2-trifluoroethane(HCFC-123a); 1,1,1,2,2,3,3,4,4-nonafluoro-4-methoxybutane(C4F9OCH3 or HFE-7100); 2-(difluoromethoxymethyl)-1,1,1,2,2,3,3,3-heptafluoropropane((CF3)2CFCF2OCH3); 1-ethoxy-1,1,2,2,3,3,4,4,4-nonafluorobutane(C4F9OC2H5 or HFE-7200); 2-(ethoxydifluoromethyl)-1,1,1,2,2,3,3,3-heptafluoropropane((CF3)2CFCF2OC2H5); methyl acetate; 1,1,1,2,2,3,3-heptafluoro-3-methoxy-propane(n-C3F7OCH3, HFE-7000); 3-ethoxy-1,1,1,2,3,4,4,5,5,6,6,6-dodecafluoro-2-(trifluoromethyl) hexane(HFE-7500); 1,1,1,2,3,3,3-heptafluoropropane(HFC 227ea); methyl formate (HCOOCH3); (1) 1,1,1,2,2,3,4,4,5,5,5-decafluoro-3-methoxy-4-trifluoromethyl-pentane(HFE-7300); and perfluorocarbon compounds that fall into these classes:

(A) Cyclic, branched, or linear, completely fluorinated alkanes;

(B) Cyclic, branched, or linear, completely fluorinated ethers with no unsaturations;

(C) Cyclic, branched, or linear, completely fluorinated tertiary amines with no unsaturations; and

(D) Sulfur containing perfluorocarbons with no unsaturations and with sulfur bonds only to carbon and fluorine.

(b) For purposes of determining compliance with emissions limits, VOC will be measured by an applicable reference method in accordance with DEQ's Source Sampling Manual, January, 1992. Where such a method

also measures compounds with negligible photochemical reactivity, these negligibly-reactive compounds may be excluded as VOC if the amount of such compounds is accurately quantified, and DEQ approves the exclusion.

(c) DEQ may require an owner or operator to provide monitoring or testing methods and results demonstrating, to DEQ's satisfaction, the amount of negligibly-reactive compounds in the source's emissions.

(d) The following compound(s) are VOC for purposes of all record-keeping, emissions reporting, photochemical dispersion modeling and inventory requirements which apply to VOC and must be uniquely identified in emission reports, but are not VOC for purposes of VOC emissions limitations or VOC content requirements: t-butyl acetate.

(152) "Year" means any consecutive 12 month period of time.

Stat. Auth.: ORS 468.020, 468A.025, 468A.035, 468A.055 & 468A.070

Stats. Implemented: ORS 468A.025 & 468A.035

Hist.: [DEQ 15-1978, f. & ef. 10-13-78; DEQ 4-1993, f. & cert. ef. 3-10-93; DEQ 47, f. 8-31-72, ef. 9-15-72; DEQ 63, f. 12-20-73, ef. 1-11-74; DEQ 107, f. & ef. 1-6-76; Renumbered from 340-020-0033.04; DEQ 25-1981, f. & ef. 9-8-81; DEQ 5-1983, f. & ef. 4-18-83; DEQ 18-1984, f. & ef. 10-16-84; DEQ 8-1988, f. & cert. ef. 5-19-88 (and corrected 5-31-88); DEQ 14-1989, f. & cert. ef. 6-26-89; DEQ 42-1990, f. 12-13-90, cert. ef. 1-2-91; DEQ 2-1992, f. & cert. ef. 1-30-92; DEQ 7-1992, f. & cert. ef. 3-30-92; DEQ 27-1992, f. & cert. ef. 11-12-92; DEQ 4-1993, f. & cert. ef. 3-10-93; DEQ 12-1993, f. & cert. ef. 9-24-93, Renumbered from 340-020-0145, 340-020-0225, 340-020-0305, 340-020-0355, 340-020-0460 & 340-020-0520; DEQ 19-1993, f. & cert. ef. 11-4-93; DEQ 20-1993(Temp), f. & cert. ef. 11-4-93; DEQ 13-1994, f. & cert. ef. 5-19-94; DEQ 21-1994, f. & cert. ef. 10-14-94; DEQ 24-1994, f. & cert. ef. 10-28-94; DEQ 10-1995, f. & cert. ef. 5-1-95; DEQ 12-1995, f. & cert. ef. 5-23-95; DEQ 22-1995, f. & cert. ef. 10-6-95; DEQ 19-1996, f. & cert. ef. 9-24-96; DEQ 22-1996, f. & cert. ef. 10-22-96; DEQ 9-1997, f. & cert. ef. 5-9-97; DEQ 14-1998, f. & cert. ef. 9-14-98; DEQ 16-1998, f. & cert. ef. 9-23-98; DEQ 21-1998, f. & cert. ef. 10-14-98; DEQ 1-1999, f. & cert. ef. 1-25-99; DEQ 6-1999, f. & cert. ef. 5-21-99; DEQ 14-1999, f. & cert. ef. 10-14-99, Renumbered from 340-020-0205, 340-028-0110; DEQ 6-2001, f. 6-18-01, cert. ef. 7-1-01; DEQ 2-2005, f. & cert. ef. 2-10-05; DEQ 2-2006, f. & cert. ef. 3-14-06; DEQ 6-2007(Temp), f. & cert. ef. 8-17-07 thru 2-12-08; DEQ 8-2007, f. & cert. ef. 11-8-07; DEQ 10-2008, f. & cert. ef. 8-25-08; DEQ 5-2010, f. & cert. ef. 5-21-10; DEQ 10-2010(Temp), f. 8-31-10, cert. ef. 9-1-10 thru 2-28-11; Administrative correction 3-29-11; DEQ 5-2011, f. 4-29-11, cert. ef. 5-1-11; DEQ 7-2011(Temp), f. & cert. ef. 6-24-11 thru 12-19-11; Administrative correction, 2-6-12; DEQ 1-2012, f. & cert. ef. 5-17-12; DEQ 4-2013, f. & cert. ef. 3-27-13; DEQ 11-2013, f. & cert. ef. 11-7-13

340-200-0040

State of Oregon Clean Air Act Implementation Plan

(1) This implementation plan, consisting of Volumes 2 and 3 of the State of Oregon Air Quality Control Program, contains control strategies, rules and standards prepared by DEQ and is adopted as the state implementation plan (SIP) of the State of Oregon pursuant to the federal Clean Air Act, 42 U.S.C.A 7401 to 7671q.

(2) Except as provided in section (3), revisions to the SIP will be made pursuant to the Commission's rulemaking procedures in division 11 of this chapter and any other requirements contained in the SIP and will be submitted to the United States Environmental Protection Agency for approval. The State Implementation Plan was last modified by the Commission on October 16, 2013.

(3) Notwithstanding any other requirement contained in the SIP, DEQ may:

(a) Submit to the Environmental Protection Agency any permit condition implementing a rule that is part of the federally-approved SIP as a source-specific SIP revision after DEQ has complied with the public hearings provisions of 40 CFR 51.102 (July 1, 2002); and

(b) Approve the standards submitted by a regional authority if the regional authority adopts verbatim any standard that the Commission has adopted, and submit the standards to EPA for approval as a SIP revision.

NOTE: Revisions to the State of Oregon Clean Air Act Implementation Plan become federally enforceable upon approval by the United States Environmental Protection Agency. If any provision of the federally approved Implementation Plan conflicts with any provision adopted by the Commission, DEQ shall enforce the more stringent provision.

Stat. Auth.: ORS 468.020, 468A.035 & 468A.070

Stats. Implemented: ORS 468A.035

Hist.: DEQ 35, f. 2-3-72, ef. 2-15-72; DEQ 54, f. 6-21-73, ef. 7-1-73; DEQ 19-1979, f. & ef. 6-25-79; DEQ 21-1979, f. & ef. 7-2-79; DEQ 22-1980, f. & ef. 9-26-80; DEQ 11-1981, f. & ef. 3-26-81; DEQ 14-1982, f. & ef. 7-21-82; DEQ 21-1982, f. & ef. 10-27-82; DEQ 1-1983, f. & ef. 1-21-83; DEQ 6-1983, f. & ef. 4-18-83; DEQ 18-1984, f. & ef. 10-16-84; DEQ 25-1984, f. & ef. 11-27-84; DEQ 3-1985, f. & ef. 2-1-85; DEQ 12-1985, f. & ef. 9-30-85; DEQ 5-1986, f. & ef. 2-21-86; DEQ 10-1986, f. & ef. 5-9-86; DEQ 20-1986, f. & ef. 11-7-86; DEQ 21-1986, f. & ef. 11-7-86; DEQ 4-1987, f. & ef. 3-2-87; DEQ 5-1987, f. & ef. 3-2-87; DEQ 8-1987, f. & ef. 4-23-87; DEQ 21-1987, f. & ef. 12-16-87; DEQ 31-1988, f. 12-20-88, cert. ef. 12-23-88; DEQ 2-1991, f. & cert. ef. 2-14-91; DEQ 19-1991, f. & cert. ef. 11-13-91; DEQ 20-1991, f. & cert. ef. 11-13-91; DEQ 21-1991, f. & cert. ef. 11-13-91; DEQ 22-1991, f. & cert. ef. 11-13-91; DEQ 23-1991, f. & cert. ef. 11-13-91; DEQ 24-1991, f. & cert. ef. 11-13-91; DEQ 25-1991, f. & cert. ef. 11-13-91; DEQ 1-1992, f. & cert. ef. 2-4-92; DEQ 3-1992, f. & cert. ef. 2-4-92; DEQ 7-1992, f. & cert. ef. 3-30-92; DEQ 19-1992, f. & cert. ef. 8-11-92; DEQ 20-1992, f. & cert. ef. 8-11-92; DEQ 25-1992, f. 10-30-92, cert. ef. 11-1-92; DEQ 26-1992, f. & cert. ef. 11-2-92; DEQ 27-1992, f. & cert. ef. 11-12-92; DEQ 4-1993, f. & cert. ef. 3-10-93; DEQ 8-1993, f. & cert. ef. 5-11-93; DEQ 12-1993, f. & cert. ef. 9-24-93; DEQ 15-1993, f. & cert. ef. 11-4-93; DEQ 16-1993, f. & cert. ef. 11-4-93; DEQ 17-1993, f. & cert. ef. 11-4-93; DEQ 19-1993, f. & cert. ef. 11-4-93; DEQ 1-1994, f. & cert. ef. 1-3-94; DEQ 5-1994, f. & cert. ef. 3-21-94; DEQ 14-1994, f. & cert. ef. 5-31-94; DEQ 15-1994, f. 6-8-94, cert. ef. 7-1-94; DEQ 25-1994, f. & cert. ef. 11-2-94; DEQ 9-1995, f. & cert. ef. 5-1-95; DEQ

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10-1995, f. & cert. ef. 5-1-95; DEQ 14-1995, f. & cert. ef. 5-25-95; DEQ 17-1995, f. & cert. ef. 7-12-95; DEQ 19-1995, f. & cert. ef. 9-1-95; DEQ 20-1995 (Temp), f. & cert. ef. 9-14-95; DEQ 8-1996(Temp), f. & cert. ef. 6-3-96; DEQ 15-1996, f. & cert. ef. 8-14-96; DEQ 19-1996, f. & cert. ef. 9-24-96; DEQ 22-1996, f. & cert. ef. 10-22-96; DEQ 23-1996, f. & cert. ef. 11-4-96; DEQ 24-1996, f. & cert. ef. 11-26-96; DEQ 10-1998, f. & cert. ef. 6-22-98; DEQ 15-1998, f. & cert. ef. 9-23-98; DEQ 16-1998, f. & cert. ef. 9-23-98; DEQ 17-1998, f. & cert. ef. 9-23-98; DEQ 20-1998, f. & cert. ef. 10-12-98; DEQ 21-1998, f. & cert. ef. 10-12-98; DEQ 1-1999, f. & cert. ef. 1-25-99; DEQ 5-1999, f. & cert. ef. 3-25-99; DEQ 6-1999, f. & cert. ef. 5-21-99; DEQ 10-1999, f. & cert. ef. 7-1-99; DEQ 14-1999, f. & cert. ef. 10-14-99, Renumbered from 340-020-0047; DEQ 15-1999, f. & cert. ef. 10-22-99; DEQ 2-2000, f. & cert. ef. 6-1-01; DEQ 6-2000, f. & cert. ef. 5-22-00; DEQ 8-2000, f. & cert. ef. 6-6-00; DEQ 13-2000, f. & cert. ef. 7-28-00; DEQ 16-2000, f. & cert. ef. 10-25-00; DEQ 17-2000, f. & cert. ef. 10-25-00; DEQ 20-2000, f. & cert. ef. 12-15-00; DEQ 21-2000, f. & cert. ef. 12-15-00; DEQ 2-2001, f. & cert. ef. 2-5-01; DEQ 4-2001, f. & cert. ef. 3-27-01; DEQ 6-2001, f. & cert. ef. 6-18-01, cert. ef. 7-1-01; DEQ 15-2001, f. & cert. ef. 12-26-01; DEQ 16-2001, f. & cert. ef. 12-26-01; DEQ 17-2001, f. & cert. ef. 12-28-01; DEQ 4-2002, f. & cert. ef. 3-14-02; DEQ 5-2002, f. & cert. ef. 5-3-02; DEQ 11-2002, f. & cert. ef. 10-8-02; DEQ 5-2003, f. & cert. ef. 2-6-03; DEQ 14-2003, f. & cert. ef. 10-24-03; DEQ 19-2003, f. & cert. ef. 12-12-03; DEQ 1-2004, f. & cert. ef. 4-14-04; DEQ 10-2004, f. & cert. ef. 12-15-04; DEQ 1-2005, f. & cert. ef. 1-4-05; DEQ 2-2005, f. & cert. ef. 2-10-05; DEQ 4-2005, f. & cert. ef. 5-13-05, cert. ef. 6-1-05; DEQ 7-2005, f. & cert. ef. 7-12-05; DEQ 9-2005, f. & cert. ef. 9-9-05; DEQ 2-2006, f. & cert. ef. 3-14-06; DEQ 4-2006, f. & cert. ef. 3-29-06, cert. ef. 3-31-06; DEQ 3-2007, f. & cert. ef. 4-12-07; DEQ 4-2007, f. & cert. ef. 6-28-07; DEQ 8-2007, f. & cert. ef. 11-8-07; DEQ 5-2008, f. & cert. ef. 3-20-08; DEQ 11-2008, f. & cert. ef. 8-29-08; DEQ 12-2008, f. & cert. ef. 9-17-08; DEQ 14-2008, f. & cert. ef. 11-10-08; DEQ 15-2008, f. & cert. ef. 12-31-08; DEQ 3-2009, f. & cert. ef. 6-30-09; DEQ 8-2009, f. & cert. ef. 12-16-09; DEQ 2-2010, f. & cert. ef. 3-5-10; DEQ 5-2010, f. & cert. ef. 5-21-10; DEQ 14-2010, f. & cert. ef. 12-10-10; DEQ 1-2011, f. & cert. ef. 2-24-11; DEQ 2-2011, f. & cert. ef. 3-15-11; DEQ 5-2011, f. & cert. ef. 4-29-11, cert. ef. 5-1-11; DEQ 18-2011, f. & cert. ef. 12-21-11; DEQ 1-2012, f. & cert. ef. 5-17-12; DEQ 7-2012, f. & cert. ef. 12-10-12; DEQ 10-2012, f. & cert. ef. 12-11-12; DEQ 4-2013, f. & cert. ef. 3-27-13; DEQ 11-2013, f. & cert. ef. 11-7-13

340-202-0020 Applicability

Subject to the requirements in this division and ORS 468A.100 through 468A.180, the Lane Regional Air Protection Agency is designated by the Environmental Quality Commission as the Agency to implement this division within its area of jurisdiction. The requirements and procedures contained in this division must be used by the Regional Agency to implement this division unless the Regional Agency has adopted or adopts rules that are at least as strict as this division.

Stat. Auth.: ORS 468.020 & 468A.025
Stat. Implemented: ORS 468A.025 & 468A.135
Hist.: DEQ 11-2013, f. & cert. ef. 11-7-13

340-202-0070 Sulfur Dioxide

Concentrations of sulfur dioxide in ambient air as measured by an approved method must not exceed:

(1) 0.02 ppm as an annual arithmetic mean for any calendar year at any site as measured by the reference method described in appendix A of 40 CFR part 50 (effective upon EQC adoption October 16, 2013) or by an equivalent method designated in accordance with 40 CFR part 53 (effective upon EQC adoption October 16, 2013).

(2) 0.10 ppm as a 24-hour average concentration more than once per calendar year at any site as measured by the reference method described in appendix A of 40 CFR part 50 (effective upon EQC adoption October 16, 2013) or by an equivalent method designated in accordance with 40 CFR part 53 (effective upon EQC adoption October 16, 2013).

(3) 0.50 ppm as a three-hour average concentration more than once per calendar year at any site as measured by the reference method described in appendix A of 40 CFR part 50 (effective upon EQC adoption October 16, 2013).

(4) 0.075 ppm as a three-year average of the annual 99th percentile of the daily maximum 1-hour average concentration recorded at any monitoring site as determined by appendix T of 40 CFR part 50 (effective upon EQC adoption October 16, 2013) as measured by a reference method based on appendix A or A-1 of 40 CFR part 50 (as of (effective upon EQC adoption October 16, 2013), or by a Federal Equivalent Method (FEM) designated in accordance with 40 CFR part 53 (effective upon EQC adoption October 16, 2013).

Stat. Auth.: ORS 468 & 468A
Stats. Implemented: ORS 468A.025
Hist.: DEQ 37, f. 2-15-72, ef. 3-1-72; DEQ 8-1988, f. & cert. ef. 5-19-88 (corrected 9-30-88); DEQ 24-1991, f. & cert. ef. 11-13-91; DEQ 4-1993, f. & cert. ef. 3-10-93; DEQ 14-1999, f. & cert. ef. 10-14-99, Renumbered from 340-031-0020; DEQ 6-2001, f. 6-18-01, cert. ef. 7-1-01; DEQ 11-2013, f. & cert. ef. 11-7-13

340-202-0100 Nitrogen Dioxide

Concentrations of nitrogen dioxide in ambient air as measured by a reference method based on appendix F to 40 CFR part 50 (effective upon EQC adoption October 16, 2013) or by a Federal equivalent method (FEM) designated in accordance with 40 CFR part 53 (effective upon EQC adoption October 16, 2013) must not exceed:

(1) 0.053 ppm as an annual average concentration for any calendar year at any site. The standard is met when the annual average concentration in a calendar year is less than or equal to 0.053 ppm, as determined in accordance with appendix S of 40 CFR part 50 (effective upon EQC adoption October 16, 2013) for the annual standard.

(2) 0.100 ppm as a 3-year average of the annual 98th percentile of the 1-hour daily maximum concentrations recorded at any monitoring site. The standards is met when the three-year average of the annual 98th percentile of the daily maximum 1-hour average concentration is less than or equal to 0.100 ppm, as determined in accordance with appendix S of 40 CFR Part 50 (effective upon EQC adoption October 16, 2013) for the 1-hour standard.

(3) 0.053 ppm as an annual arithmetic mean concentration as determined in accordance with Appendix S of 40 CFR Part 50 (effective upon EQC adoption October 16, 2013). The secondary standard is attained when the annual arithmetic mean concentration in a calendar year is less than or equal to 0.053 ppm, rounded to three decimal places (fractional parts equal to or greater than 0.0005 ppm must be rounded up). To demonstrate attainment, an annual mean must be based upon hourly data that are at least 75 percent complete or upon data derived from manual methods that are at least 75 percent complete for the scheduled sampling days in each calendar quarter.

Stat. Auth.: ORS 468 & 468A
Stats. Implemented: ORS 468A.025
Hist.: DEQ 37, f. 2-15-72, ef. 3-1-72; DEQ 8-1988, f. & cert. ef. 5-19-88 (corrected 9-30-88); DEQ 24-1991, f. & cert. ef. 11-13-91; DEQ 4-1993, f. & cert. ef. 3-10-93; DEQ 14-1999, f. & cert. ef. 10-14-99, Renumbered from 340-031-0040; DEQ 6-2001, f. 6-18-01, cert. ef. 7-1-01; DEQ 11-2013, f. & cert. ef. 11-7-13

340-202-0130 Ambient Air Quality Standard for Lead

The concentration of lead and its compounds in ambient air must not exceed:

(1) 0.15 micrograms per cubic meter as a maximum arithmetic mean averaged over a calendar quarter, as measured by a reference method based on appendix G of 40 CFR Part 53 (effective upon EQC adoption October 16, 2013) or an equivalent method designated in accordance with 40 CFR Part 53 (effective upon EQC adoption October 16, 2013).

(2) The standard is met when the maximum arithmetic 3-month mean concentration for a 3-year period, as determined in accordance with appendix R of 40 CFR Part (effective upon EQC adoption October 16, 2013), is less than or equal to 0.15 micrograms per cubic meter.

Stat. Auth.: ORS 468 & 468A
Stats. Implemented: ORS 468A.025
Hist.: DEQ 85, f. 1-29-75, ef. 2-25-75; DEQ 1-1983, f. & ef. 1-21-83; DEQ 8-1988, f. & cert. ef. 5-19-88 (corrected 9-30-88); DEQ 24-1991, f. & cert. ef. 11-13-91; DEQ 4-1993, f. & cert. ef. 3-10-93; DEQ 14-1999, f. & cert. ef. 10-14-99, Renumbered from 340-031-0055; DEQ 6-2001, f. 6-18-01, cert. ef. 7-1-01; DEQ 5-2010, f. & cert. ef. 5-21-10; DEQ 11-2013, f. & cert. ef. 11-7-13

Department of Fish and Wildlife Chapter 635

Rule Caption: Late Fall Commercial Drift Gill Net Seasons for the Mainstem Columbia River

Adm. Order No.: DFW 120-2013(Temp)

Filed with Sec. of State: 10-22-2013

Certified to be Effective: 10-23-13 thru 11-1-13

Notice Publication Date:

Rules Amended: 635-042-0060

Rules Suspended: 635-042-0060(T)

Subject: Amended rule authorizes five additional fishing periods for the 2013 late fall commercial salmon drift gill net fishery in the Columbia River mainstem. Two additional 12-hour fishing periods were authorized for the Zones 1 through 3 fishery. Three additional fishing periods were authorized for the mainstem fishery in Zones 4 and 5. The first additional fishing period begins at 6:00 a.m. Wednesday, October 23, 2013. Modifications are consistent with action taken October 22, 2013 by the Columbia River Compact agencies of the states of Oregon and Washington.

Rules Coordinator: Therese Kucera—(503) 947-6033

635-042-0060

Late Fall Salmon Season

(1) Late Fall Salmon Fishery Zones 1–3.

(a) Salmon may be taken for commercial purposes from the Columbia River in Zones 1 through 3, upper deadline defined as a straight line pro-

ADMINISTRATIVE RULES

jected from the Warrior Rock Lighthouse on the Oregon shore easterly through the green navigation Buoy #1 and continuing to the Washington shore during the following fishing periods:

- (A) 6:00a.m. to 6:00p.m. Wednesday October 23, 2013 (12 hours); and
(B) 6:00a.m. to 6:00p.m. Friday October 25, 2013 (12 hours).

(b) For the fishing periods described in section (1)(a) above, gear is restricted to unslackened floater drift gill nets with a 6-inch maximum mesh size. Mesh size is determined as described in OAR 635-042-0010(3) except the mesh size for nets with a maximum mesh size of 3-3/4 inches or less is determined by placing three consecutive meshes under hand tension and the measurement is taken from the inside of one knot to the outside of the opposite knot of the center mesh. Hand tension means sufficient linear tension to draw opposing knots of meshes into contact. The multiple net rule is in effect for all authorized fishing periods. Nets not authorized for a specific fishery may be onboard the vessel if properly stored. A properly stored net is defined as a net on a drum that is fully covered by a tarp (canvas or plastic) and bound with a minimum of ten revolutions of rope with a diameter of 3/8 (0.375) inches or greater. Nets fished any time between official sunset and official sunrise must have lighted buoys on both ends of the net. If the net is attached to the boat, then one lighted buoy on the end of the net opposite the boat is required.

(c) For the fishing periods described in section (1)(a) above white sturgeon and chum salmon may not be possessed or sold by participating vessels. Allowable sales are Chinook, coho and pink salmon and shad.

(d) For the fishing periods described in section (1)(a) above, Grays Bay, Elokomina-A, Cowlitz River, Kalama-A and Lewis-A sanctuaries are in effect.

- (2) Late Fall Salmon Fishery Zones 4-5.
(a) Salmon may be taken for commercial purposes from the Columbia River in Zones 4 through 5, lower deadline defined as a straight line projected from the Warrior Rock Lighthouse on the Oregon shore easterly through the green navigation Buoy #1 and continuing to the Washington shore during the following fishing periods:

- (A) 7:00 p.m. Tuesday October 22 to 7 a.m. Wednesday October 23, 2013 (12 hours);
(B) 7:00 p.m. Thursday October 24 to 7 a.m. Friday October 25, 2013 (12 hours);
(C) 7:00 p.m. Sunday October 27 to 7 a.m. Monday October 28, 2013 (12 hours);
(D) 7:00 p.m. Tuesday October 29 to 7 a.m. Wednesday October 30, 2013 (12 hours); and
(E) 7:00 p.m. Thursday October 31 to 7 a.m. Friday November 1, 2013 (12 hours)

(b) For the fishing periods described in section (2)(a) above, gear is restricted to drift gill nets with an 8-inch minimum mesh size. The multiple net rule is in effect for all authorized fishing periods. Nets not authorized for a specific fishery may be onboard the vessel if properly stored. A properly stored net is defined as a net on a drum that is fully covered by a tarp (canvas or plastic) and bound with a minimum of ten revolutions of rope with a diameter of 3/8 (0.375) inches or greater. Nets fished any time between official sunset and official sunrise must have lighted buoys on both ends of the net. If the net is attached to the boat, then one lighted buoy on the end of the net opposite the boat is required.

(c) For the fishing periods described in sections (2)(a) above white sturgeon and chum salmon may not be possessed or sold by participating vessels. Allowable sales are Chinook, coho and pink salmon and shad.

(d) For the fishing periods described in section (2)(a) above, Washougal and Sandy rivers sanctuaries are in effect.

Stat. Auth.: ORS 183.325, 506.109 & 506.119
Stats. Implemented: ORS 506.129 & 507.030
Hist.: FWC 40-1979, f. & ef. 9-10-79; FWC 45-1979(Temp), f. & ef. 9-21-79; FWC 52-1979(Temp), f. & ef. 11-2-79; FWC 48-1980(Temp), f. & ef. 9-19-80; FWC 51-1980(Temp), f. & ef. 9-22-80; FWC 55-1980(Temp), f. & ef. 9-26-80; FWC 56-1980(Temp), f. & ef. 9-29-80; FWC 58-1980(Temp), f. & ef. 10-17-80; FWC 37-1981(Temp), f. & ef. 9-24-81; FWC 38-1981(Temp), f. & ef. 9-29-81; FWC 69-1982(Temp), f. & ef. 9-30-82; FWC 72-1982(Temp), f. & ef. 10-20-82; FWC 56-1983(Temp), f. & ef. 10-5-83; FWC 54-1984(Temp), f. & ef. 9-10-84; FWC 59-1984(Temp), f. & ef. 9-18-84; FWC 66-1984(Temp), f. & ef. 9-26-84; FWC 68-1984(Temp), f. & ef. 10-2-84; FWC 58-1985(Temp), f. & ef. 9-13-85; FWC 62-1985(Temp), f. & ef. 9-24-85; FWC 66-1985(Temp), f. & ef. 10-11-85; FWC 54-1986(Temp), f. & ef. 9-5-86; FWC 64-1986(Temp), f. & ef. 10-3-86; FWC 67-1986(Temp), f. & ef. 10-17-86; FWC 74-1987(Temp), f. & ef. 9-4-87; FWC 75-1987(Temp), f. & ef. 9-11-87; FWC 80-1987(Temp), f. & ef. 9-18-87; FWC 87-1987(Temp), f. & ef. 10-9-87; FWC 91-1987(Temp), f. & ef. 10-16-87; FWC 85-1988(Temp), f. & ef. 9-9-88; FWC 93-1988(Temp), f. & ef. 9-16-88; FWC 99-1988(Temp), f. & ef. 10-7-88; FWC 100-1988(Temp), f. & ef. 10-21-88, cert. ef. 10-24-88; FWC 94-1989(Temp), f. & ef. 9-15-89, cert. ef. 9-17-89; FWC 97-1989(Temp), f. & ef. 9-21-89; FWC 109-1989(Temp), f. & ef. 10-6-89; FWC 113-1989(Temp), f. & ef. 11-9-89; FWC 100-1990(Temp), f. & ef. 9-18-90; FWC 101-1990(Temp), f. & ef. 9-19-90; FWC 102-1990(Temp), f. & ef. 9-20-90; FWC 114-1990, f. & ef. 10-8-90; FWC 105-1991, f. & ef. 9-20-

91; FWC 118-1991, f. & cert. ef. 10-4-91; FWC 122-1991(Temp), f. & cert. ef. 10-18-91; FWC 129-1991(Temp), f. 11-1-91, cert. ef. 11-3-91; FWC 97-1992(Temp), f. & cert. ef. 9-22-92; FWC 100-1992(Temp), f. 9-25-92, cert. ef. 9-27-92; FWC 107-1992(Temp), f. & cert. ef. 10-9-92; FWC 109-1992(Temp), f. 10-19-92, cert. ef. 10-20-92; FWC 110-1992(Temp), f. & cert. ef. 10-22-92; FWC 80-1995(Temp), f. 9-27-95, cert. ef. 10-9-95; FWC 46-1996, f. & cert. ef. 8-23-96; FWC 58-1996(Temp), f. 9-27-96, cert. ef. 9-30-96; FWC 60-1996(Temp), f. & cert. ef. 10-7-96; FWC 62(Temp), f. 10-18-96, cert. ef. 10-21-96; FWC 61-1997(Temp), f. 9-23-97, cert. ef. 9-24-97; FWC 62-1997(Temp), f. & cert. ef. 10-6-97; FWC 64-1997(Temp), f. & cert. ef. 10-14-97; FWC 65-1997(Temp), f. & cert. ef. 10-20-97; FWC 68-1997(Temp), f. & cert. ef. 11-3-97; DFW 79-1999(Temp), f. 10-8-99, cert. ef. 10-11-99 thru 12-31-99; DFW 83-1999(Temp), f. 10-26-99, cert. ef. 10-27-99 thru 12-31-99; DFW 87-1999(Temp), f. & cert. ef. 11-4-99 thru 11-5-99; Administrative correction 11-17-99; DFW 62-at2000(Temp), f. 9-15-00, cert. ef. 9-19-00 thru 12-31-00; DFW 68-2000(Temp), f. 10-6-00, cert. ef. 10-9-00 thru 12-31-00; DFW 71-2000(Temp), f. 10-20-00, cert. ef. 10-23-00 thru 12-31-00; DFW 74-2000(Temp), f. 10-27-00, cert. ef. 10-30-00 thru 12-31-00; Administrative correction 6-20-01; DFW 89-2001(Temp), 9-14-01 thru 12-31-01; DFW 92-2001(Temp), f. & cert. ef. 9-19-01 thru 12-31-01; DFW 93-2001(Temp), f. 9-21-01, cert. ef. 9-24-01 thru 12-31-01; DFW 98-2001(Temp), f. 10-8-01, cert. ef. 12-31-01; DFW 106-2001(Temp), f. & cert. ef. 10-26-01 thru 12-31-01; DFW 104-2002(Temp), f. & cert. ef. 9-19-02 thru 12-31-02; DFW 106-2002(Temp), f. & cert. ef. 9-24-02 thru 12-31-02; DFW 109-2002(Temp) f. & cert. ef. 9-27-02 thru 12-31-02; DFW 112-2002(Temp), f. 10-10-02, cert. ef. 10-14-02 thru 12-31-02; DFW 122-2002(Temp), f. 10-24-02, cert. ef. 10-28-02 thru 12-31-02; DFW 92-2003(Temp), f. 9-12-03, cert. ef. 9-15-03 thru 12-31-03; DFW 95-2003(Temp), f. & cert. ef. 9-17-03 thru 12-31-03; DFW 98-2003(Temp), f. 9-22-03, cert. ef. 9-23-03 thru 12-31-03; DFW 105-2003(Temp), f. 10-10-03, cert. ef. 10-12-03 thru 12-31-03; DFW 107-2003(Temp), f. 10-21-03, cert. ef. 10-26-03 thru 12-31-03; DFW 95-2004(Temp), f. 9-17-04, cert. ef. 9-19-04 thru 12-31-04; DFW 98-2004(Temp), f. & cert. ef. 9-22-04 thru 12-31-04; DFW 99-2004(Temp), f. & cert. ef. 9-24-04 thru 12-31-04; DFW 101-2004(Temp), f. & cert. ef. 9-29-04 thru 12-31-04; DFW 102-2004(Temp), f. 10-1-04, cert. ef. 10-4-04 thru 12-31-04; DFW 109-2004(Temp), f. & cert. ef. 10-19-04 thru 12-31-04; Administrative correction, 2-18-05; DFW 109-2005(Temp), f. & cert. ef. 9-19-05 thru 12-31-05; DFW 110-2005(Temp), f. & cert. ef. 9-26-05 thru 12-31-05; DFW 113-2005(Temp), f. & cert. ef. 9-28-05 thru 12-31-05; DFW 116-2005(Temp), f. 10-4-05, cert. ef. 10-5-05 thru 12-31-05; DFW 120-2005(Temp), f. & cert. ef. 10-11-05 thru 12-31-05; DFW 124-2005(Temp), f. & cert. ef. 10-18-05 thru 12-31-05; DFW 126-2005(Temp), f. 10-21-05, cert. ef. 10-23-05 thru 12-31-05; Administrative correction 1-19-06; DFW 102-2006(Temp), f. 9-15-06, cert. ef. 9-19-06 thru 12-31-06; DFW 106-2006(Temp), f. 9-22-06, cert. ef. 9-25-06 thru 12-31-06; DFW 111-2006(Temp), f. 9-29-06, cert. ef. 10-2-06 thru 12-31-06; DFW 112-2006(Temp), f. 10-4-06, cert. ef. 10-8-06 thru 12-31-06; DFW 114-2006(Temp), f. & cert. ef. 10-12-06 thru 12-31-06; DFW 120-2006(Temp), f. & cert. ef. 10-18-06 thru 12-31-06; Administrative correction 1-16-07; DFW 91-2007(Temp), f. 9-18-07, cert. ef. 9-19-07 thru 12-31-07; DFW 94-2007(Temp), f. 9-21-07, cert. ef. 9-24-07 thru 12-31-07; DFW 97-2007(Temp), f. 9-25-07, cert. ef. 9-26-07 thru 12-31-07; DFW 98-2007(Temp), f. 9-26-07, cert. ef. 9-27-07 thru 12-31-07; DFW 99-2007(Temp), f. 9-28-07, cert. ef. 10-1-07 thru 12-31-07; DFW 104-2007(Temp), f. & cert. ef. 10-3-07 thru 12-31-07; DFW 107-2007(Temp), f. & cert. ef. 10-10-07 thru 12-31-07; DFW 109-2007(Temp), f. 10-16-07, cert. ef. 10-17-07 thru 12-31-07; DFW 111-2007(Temp), f. 10-22-07, cert. ef. 10-23-07 thru 12-31-07; DFW 112-2007(Temp), f. 10-24-07, cert. ef. 10-25-07 thru 12-31-07; DFW 113-2008(Temp), f. 9-17-08, cert. ef. 9-18-08 thru 12-31-08; DFW 119-2008(Temp), f. & cert. ef. 9-24-08 thru 12-31-08; DFW 127-2008(Temp), f. 10-7-08, cert. ef. 10-8-08 thru 12-31-08; DFW 132-2008(Temp), f. 10-14-08, cert. ef. 10-15-08 thru 12-31-08; DFW 136-2008(Temp), f. & cert. ef. 10-21-08 thru 12-31-08; DFW 117-2009(Temp), f. 9-23-09, cert. ef. 9-24-09 thru 10-31-09; DFW 120-2009(Temp), f. & cert. ef. 9-30-09 thru 10-31-09; DFW 122-2009(Temp), f. & cert. ef. 10-5-09 thru 10-31-09; DFW 124-2009(Temp), f. & cert. ef. 10-7-09 thru 10-31-09; DFW 130-2009(Temp), f. & cert. ef. 10-13-09 thru 10-31-09; DFW 134-2009(Temp), f. & cert. ef. 10-20-09 thru 10-31-09; DFW 135-2009(Temp), f. & cert. ef. 10-27-09 thru 10-31-09; Administrative correction 11-19-09; DFW 139-2010(Temp), f. & cert. ef. 10-5-10 thru 11-30-10; DFW 146-2010(Temp), f. 10-13-10, cert. ef. 10-14-10 thru 11-30-10; DFW 150-2010(Temp), f. 10-18-10, cert. ef. 10-19-10 thru 11-30-10; Administrative correction 12-28-10; DFW 23-2011, f. & cert. ef. 3-21-11; DFW 126-2012(Temp), f. & cert. ef. 9-27-12 thru 10-31-12; DFW 128-2012(Temp), f. 10-3-12, cert. ef. 10-4-12 thru 10-31-12; DFW 133-2012(Temp), f. 10-15-12, cert. ef. 10-16-12 thru 10-31-12; Administrative correction 11-23-12; DFW 119-2013(Temp), f. 10-15-13, cert. ef. 10-16-13 thru 10-31-13; DFW 120-2013(Temp), f. 10-22-13, cert. ef. 10-23-13 thru 11-1-13



Rule Caption: Morgan Lake in the NE Zone Closed to All Angling November 1

Adm. Order No.: DFW 121-2013(Temp)

Filed with Sec. of State: 10-24-2013

Certified to be Effective: 11-1-13 thru 12-31-13

Notice Publication Date:

Rules Amended: 635-019-0090

Rules Suspended: 635-019-0090(T)

Subject: This amended rule closes Morgan Lake, in the NE Zone near La Grande, to all angling from November 1 through December 31, 2013. Closing the lake during this period will assist the City of La Grande, owner and operator of the lake, to resolve issues posed by the inadvertent removal of Special Regulations for Morgan Lake from the 2013 Oregon Sport Fishing Regulations synopsis.

Rules Coordinator: Therese Kucera—(503) 947-6033

635-019-0090

Inclusions and Modifications

(1) The 2013 Oregon Sport Fishing Regulations provide requirements for the Northeast Zone. However, additional regulations may be adopted in this rule division from time to time and to the extent of any inconsistency, they supersede the 2013 Oregon Sport Fishing Regulations.

ADMINISTRATIVE RULES

(2) The Umatilla River, from the Highway 730 bridge upstream to the Reservation boundary located upstream from the Highway 11 bridge at Pendleton is closed to spring Chinook angling effective 12:01a.m. Thursday, May 16, 2013. All other sport fishing regulations as stated on page 74 of the **2013 Oregon Sport Fishing Regulations** remain in effect.

(3) Special regulations for Wallowa Lake have been modified to allow for a daily bag limit of twenty (20) kokanee per day, no minimum length and no more than five (5) over 12 inches in length. All other General, Statewide and Northeast Zone Regulations, as provided in the **2013 Oregon Sport Fishing Regulations**, remain in effect.

(4) Morgan Lake (near LaGrande) is closed to all angling from November 1 through December 31, 2013.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 496.138, 496.146 & 506.119

Stats. Implemented: 496.162 & 506.129

Hist.: FWC 82-1993, f. 12-22-93, cert. ef. 1-1-94; FWC 57-1994(Temp), f. 8-30-94, cert. ef. 10-1-94; FWC 22-1995, f. 3-7-95, cert. ef. 3-10-95; FWC 70-1995, f. 8-29-95, cert. ef. 9-1-95; FWC 77-1995, f. 9-13-95, cert. ef. 1-1-96; FWC 27-1996(Temp), f. 5-24-96, cert. ef. 5-25-96; FWC 57-1996(Temp), f. 9-27-96, cert. ef. 10-1-96; FWC 72-1996, f. 12-31-96, cert. ef. 1-1-97; FWC 26-1997(Temp), f. 4-23-97, cert. ef. 5-17-97; FWC 75-1997, f. 12-31-97, cert. ef. 1-1-98; DFW 13-1998(Temp), f. & cert. ef. 2-26-98 thru 4-15-98; DFW 100-1998, f. 12-23-98, cert. ef. 1-1-99; DFW 5-1999(Temp), f. 2-5-99, cert. ef. 2-6-99 thru 2-19-99; DFW 8-1999(Temp), f. & cert. ef. 2-23-99 thru 4-15-99; DFW 37-1999(Temp), f. 5-24-99, cert. ef. 5-29-99 thru 6-5-99; DFW 43-1999(Temp), f. & cert. ef. 6-10-99 thru 6-13-99; DFW 45-1999(Temp), f. & cert. ef. 6-14-99 thru 6-20-99; DFW 96-1999, f. 12-27-99, cert. ef. 1-1-00; DFW 17-2000(Temp), f. 4-10-00, cert. ef. 4-16-00 thru 6-30-00; DFW 64-2000(Temp), f. 9-21-00, cert. ef. 9-22-00 thru 3-20-01; DFW 83-2000(Temp), f. 12-28-00, cert. ef. 1-1-01 thru 1-31-01; DFW 1-2001, f. 1-25-01, cert. ef. 2-1-01; DFW 5-2001(Temp), f. 2-22-01, cert. ef. 2-24-01 thru 4-15-01; DFW 39-2001(Temp), f. 5-23-01, cert. ef. 5-26-01 thru 7-1-01; DFW 40-2001(Temp), f. & cert. ef. 5-24-01 thru 11-20-01; DFW 45-2001(Temp), f. 6-1-01, cert. ef. 6-2-01 thru 7-31-01; DFW 49-2001(Temp), f. 6-19-01, cert. ef. 6-22-01 thru 7-31-01; DFW 70-2001, f. & cert. ef. 8-10-01; DFW 71-2001(Temp), f. 8-10-01, cert. ef. 9-1-01 thru 12-31-01; DFW 96-2001(Temp), f. 10-4-01, cert. ef. 12-1-01 thru 12-31-01; DFW 122-2001(Temp), f. & cert. ef. 12-31-01 thru 5-31-02; DFW 123-2001, f. 12-31-01, cert. ef. 1-1-02; DFW 26-2002, f. & cert. ef. 3-21-02; DFW 52-2002(Temp), f. 5-22-02, cert. ef. 5-26-02 thru 7-1-02; DFW 53-2002(Temp), f. 5-24-02, cert. ef. 5-26-02 thru 7-1-02; DFW 57-2002(Temp), f. & cert. ef. 5-30-02 thru 7-1-02; DFW 91-2002(Temp), f. 8-19-02, cert. ef. 8-20-02 thru 11-1-02 (Suspended by DFW 101-2002(Temp), f. & cert. ef. 10-3-02 thru 11-1-02); DFW 130-2002, f. 11-21-02, cert. ef. 1-1-03; DFW 44-2003(Temp), f. 5-23-03, cert. ef. 5-28-03 thru 7-1-03; DFW 48-2003(Temp), f. & cert. ef. 6-5-03 thru 7-1-03; DFW 125-2003, f. 12-11-03, cert. ef. 1-1-04; DFW 40-2004(Temp), f. 5-7-04, cert. ef. 5-13-04 thru 7-1-04; DFW 46-2004(Temp), f. 5-21-04, cert. ef. 5-22-04 thru 7-1-04; DFW 55-2004(Temp), f. 6-16-04, cert. ef. 6-19-04 thru 7-5-04; DFW 117-2004, f. 12-13-04, cert. ef. 1-1-05; DFW 42-2005(Temp), f. & cert. ef. 5-13-05 thru 9-1-05; DFW 61-2005(Temp), f. 6-22-05, cert. ef. 6-25-05 thru 7-4-05; Administrative correction 7-20-05; DFW 99-2005(Temp), f. 8-24-05, cert. ef. 8-26-05 thru 9-30-05; Administrative correction 10-19-05; DFW 136-2005, f. 12-7-05, cert. ef. 1-1-06; DFW 28-2006(Temp), f. & cert. ef. 5-15-06 thru 6-30-06; DFW 33-2006(Temp), f. 5-24-06, cert. ef. 5-25-06 thru 6-30-06; Administrative correction 7-21-06; DFW 79-2006, f. 8-11-06, cert. ef. 1-1-07; DFW 12-2007(Temp), f. 2-28-07, cert. ef. 3-1-07 thru 8-27-07; DFW 30-2007(Temp), f. 5-9-07, cert. ef. 5-10-07 thru 9-30-07; DFW 34-2007(Temp), f. 5-25-07, cert. ef. 5-26-07 thru 9-30-07; Administrative correction 10-16-07; DFW 136-2007, f. 12-31-07, cert. ef. 1-1-08; DFW 56-2008(Temp), f. 5-30-08, cert. ef. 5-31-08 thru 6-30-08; DFW 76-2008(Temp), f. & cert. ef. 7-9-08 thru 9-1-08; DFW 156-2008, f. 12-31-08, cert. ef. 1-1-09; DFW 128-2009(Temp), f. 10-12-09, cert. ef. 10-18-09 thru 4-15-10; DFW 131-2009(Temp), f. 10-14-09, cert. ef. 10-18-09 thru 4-15-10; DFW 144-2009, f. 12-8-09, cert. ef. 1-1-10; DFW 54-2010(Temp), f. 5-6-10, cert. ef. 5-22-10 thru 9-1-10; DFW 95-2010(Temp), f. 7-1-10, cert. ef. 7-11-10 thru 9-1-10; DFW 102-2010(Temp), f. 7-20-10, cert. ef. 7-25-10 thru 9-1-10; Administrative correction 9-22-10; DFW 171-2010, f. 12-30-10, cert. ef. 1-1-11; DFW 49-2011(Temp), f. 5-16-11, cert. ef. 5-28-11 thru 9-1-11; DFW 64-2011(Temp), f. 6-10-11, cert. ef. 6-13-11 thru 9-1-11; DFW 90-2011(Temp), f. & cert. ef. 7-11-11 thru 9-1-11; DFW 92-2011(Temp), f. 7-12-11, cert. ef. 7-16-11 thru 10-31-11; DFW 99-2011(Temp), f. 7-21-11, cert. ef. 7-23-11 thru 9-1-11; DFW 104-2011(Temp), f. 8-1-11, cert. ef. 8-7-11 thru 9-1-11; Administrative correction 9-23-11; DFW 163-2011, f. 12-27-11, cert. ef. 1-1-12; DFW 48-2012(Temp), f. 5-18-12, cert. ef. 5-23-12 thru 9-1-12; DFW 50-2012(Temp), f. 5-22-12, cert. ef. 5-24-12 thru 9-1-12; DFW 61-2012(Temp), f. & cert. ef. 6-11-12 thru 8-31-12; DFW 69-2012(Temp), f. 6-20-12, cert. ef. 6-22-12 thru 9-1-12; DFW 70-2012(Temp), f. 6-26-12, cert. ef. 6-27-12 thru 9-1-12; DFW 72-2012(Temp), f. 6-29-12, cert. ef. 7-1-12 thru 8-31-12; DFW 86-2012(Temp), f. 7-10-12, cert. ef. 7-15-12 thru 9-1-12; Administrative correction 9-20-12; DFW 149-2012, f. 12-27-12, cert. ef. 1-1-13; DFW 153-2012(Temp), f. 12-28-12, cert. ef. 1-1-13 thru 4-30-13; DFW 31-2013(Temp), f. 5-14-13, cert. ef. 5-16-13 thru 6-30-13; DFW 39-2013(Temp), f. 5-22-13, cert. ef. 5-24-13 thru 11-19-13; DFW 46-2013(Temp), f. 5-30-13, cert. ef. 6-1-13 thru 11-26-13; DFW 62-2013(Temp), f. 6-26-13, cert. ef. 7-5-13 thru 12-31-13; DFW 74-2013(Temp), f. 7-15-13, cert. ef. 7-19-13 thru 9-1-13; Administrative correction 11-1-13; DFW 121-2013(Temp), f. 10-24-13, cert. ef. 11-1-13 thru 12-31-13

Rule Caption: Establishes rules regarding Western Oregon Deer Regulations for 2013

Adm. Order No.: DFW 122-2013

Filed with Sec. of State: 10-25-2013

Certified to be Effective: 10-25-13

Notice Publication Date: 9-1-2013

Rules Amended: 635-068-0000

Subject: establishes the 2013 hunting regulations for western Oregon deer including season date,s bag limits, areas, methods and other restrictions. Re-filed due to filing error.

Rules Coordinator: Therese Kucera—(503) 947-6033

635-068-0000

Purpose and General Information

(1) The purpose of these rules is to establish season dates, bag limits, areas, methods and other restrictions for hunting western Oregon deer pursuant to ORS Chapter 496.

(2) Controlled hunt tag numbers for 2012 are listed in **Tables 1 and 2** and are adopted and incorporated into OAR chapter 635, division 068 by reference.

(3) OAR chapter 635, division 068 incorporates, by reference, the requirements for hunting western Oregon deer set out in the document entitled “2013 Oregon Big Game Regulations,” into Oregon Administrative Rules. Therefore, persons must consult the “2013 Oregon Big Game Regulations” in addition to OAR chapter 635, to determine all applicable requirements for hunting western Oregon deer. The annual Oregon Big Game Regulations are available at authorized license agents and regional, district, and headquarters offices of the Oregon Department of Fish and Wildlife.

[Publications: Publications and Tables referenced are available from the agency.]

Stat. Auth.: ORS 496.012, 496.138, 496.146 & 496.162

Stats. Implemented: ORS 496.012, 496.138, 496.146 & 496.162

Hist.: FWC 39-1988, f. & cert. ef. 6-13-88; FWC 35-1996, f. & cert. ef. 6-7-96; FWC 9-1997, f. & cert. ef. 2-27-97; FWC 38-1997, f. & cert. ef. 6-17-97; FWC 71-1997, f. & cert. ef. 12-29-97; DFW 49-1998, f. & cert. ef. 6-22-98; DFW 1-1999, f. & cert. ef. 1-14-99; DFW 47-1999, f. & cert. ef. 6-16-99; DFW 92-1999, f. & cert. ef. 1-1-00; DFW 30-2000, f. & cert. ef. 6-14-00; DFW 82-2000, f. & cert. ef. 12-21-00, cert. ef. 1-1-01; DFW 47-2001, f. & cert. ef. 6-13-01; DFW 121-2001, f. 12-24-01, cert. ef. 1-1-02; DFW 59-2002, f. & cert. ef. 6-11-02; DFW 3-2003, f. 1-17-03, cert. ef. 1-20-03; DFW 50-2003, f. & cert. ef. 6-13-03; DFW 121-2003, f. 12-4-03, cert. ef. 1-19-04; DFW 53-2004, f. & cert. ef. 6-16-04; DFW 124-2004, f. 12-21-04, cert. ef. 3-1-05; DFW 53-2005, f. & cert. ef. 6-14-05; DFW 131-2005, f. 12-1-05, cert. ef. 3-1-06; DFW 41-2006, f. & cert. ef. 6-14-06; DFW 125-2006, f. 12-4-06, cert. ef. 3-1-07; DFW 42-2007, f. & cert. ef. 6-14-07; DFW 116-2007, f. 10-31-07, cert. ef. 3-1-08; DFW 60-2008, f. & cert. ef. 6-12-08; DFW 13-2009, f. 2-19-09, cert. ef. 3-1-09; DFW 66-2009, f. & cert. ef. 6-10-09; DFW 14-2010, f. 2-16-10, cert. ef. 3-1-10; DFW 83-2010, f. & cert. ef. 6-15-10; DFW 14-2011, f. 2-15-11, cert. ef. 3-1-11; DFW 62-2011, f. & cert. ef. 6-3-11; DFW 15-2012, f. 2-10-12, cert. ef. 3-1-12; DFW 58-2012, f. & cert. ef. 6-11-12; DFW 14-2013, f. 2-15-13, cert. ef. 3-1-13; DFW 53-2013, f. & cert. ef. 6-10-13; DFW 122-2013, f. & cert. ef. 10-25-13

Rule Caption: Amend rules to change dates of the Wendling Elk Hunt #219D

Adm. Order No.: DFW 123-2013(Temp)

Filed with Sec. of State: 10-29-2013

Certified to be Effective: 11-1-13 thru 2-15-14

Notice Publication Date:

Rules Amended: 635-070-0020

Subject: OAR chapter 070 incorporates, by reference, the requirements for western Oregon elk seasons set out in the document entitled “2013 Oregon Big Game Regulations,” into Oregon Administrative Rules. The following rule amendment is to correct an error in the 2013 Big Game Regulations:

(2) For the 2013 hunting season, change the dates for the “Wendling” (219D) elk hunt to include Saturday and Sunday, January 11 and 12, 2014.

Rules Coordinator: Therese Kucera—(503) 947-6033

635-070-0020

Controlled Western Oregon Elk Rifle Hunts

Tags shall be issued by a controlled hunt drawing following the procedures established in OAR chapter 635, division 060. A person successful in drawing a tag for a controlled elk season shall not hunt in any other elk season, except as provided in OAR chapter 635, division 090, or they may hunt in any controlled elk season for which they possess a “left over” tag obtained through the first-come, first-serve process.

(1) Notwithstanding the provisions of the 2012 Oregon Big Game Regulations: The hunt listed on page 65 for the Coffee Butte (225C) Master Hunter Antlerless Elk Hunt is deleted. The Department may increase tag numbers in another hunt that overlays the area to compensate for the loss of this small hunt (5.5 square miles, 11 tags.)

(2) Notwithstanding the provisions of the 2013 Oregon Big Game Regulations: The season dates for the “Wendling” antlerless elk hunt #219D listed on page 65, includes, in addition to the dates printed in the regulations, January 11–12, 2014. The complete dates of the hunt are Dec. 28–29, 2013, Jan. 4–5, 11–14, 18–19, 25–26, Feb. 1–2, 2014.

Stat. Auth.: ORS 496.012, 496.138, 496.146 & 496.162

Stats. Implemented: ORS 496.012, 496.138, 496.146 & 496.162

Hist.: FWC 9-1997, f. & cert. ef. 2-27-97; DFW 47-2001, f. & cert. ef. 6-13-01; DFW 10-2013, f. & cert. ef. 2-7-13; DFW 123-2013(Temp), f. 10-29-13, cert. ef. 11-1-13 thru 2-15-14

ADMINISTRATIVE RULES

Rule Caption: Modifications to Southwest Zone Sport Chinook Salmon Regulations for the Chetco and Winchuck Rivers

Adm. Order No.: DFW 124-2013(Temp)

Filed with Sec. of State: 10-29-2013

Certified to be Effective: 11-1-13 thru 12-31-13

Notice Publication Date:

Rules Amended: 635-016-0090

Subject: Amended rule restricts harvest of naturally-produced fall Chinook in the Chetco and Winchuck rivers to 1 per day, 10 per season in order to prevent overharvest of naturally-produced fall Chinook. Rule modifications allow opportunity for harvest of both naturally and hatchery-produced fall Chinook in the Chetco and Winchuck rivers while ensuring adequate spawning escapement.

Rules Coordinator: Therese Kucera—(503) 947-6033

635-016-0090

Inclusions and Modifications

(1) The **2013 Oregon Sport Fishing Regulations** provide requirements for the Southwest Zone. However, additional regulations may be adopted in this rule division from time to time and to the extent of any inconsistency, they supersede the **2013 Oregon Sport Fishing Regulations**.

(2) Notwithstanding all other requirements provided in the **2013 Oregon Sport Fishing Regulations**, the following restrictions apply to angling in waters of the Southwest Zone:

(a) Within the Umpqua River Basin the following additional rules apply: Open for non adipose fin-clipped coho salmon in the Mainstem Umpqua River and Bay from the mouth to Scottsburg Bridge at RM 27.5 from September 15 through the earlier of November 30 or attainment of an adult coho quota of 3,000 non adipose fin-clipped coho. The daily catch limit may include one adult non adipose fin-clipped coho salmon per day and one non adipose fin-clipped jack coho per day, and no more than 2 total adult non adipose fin-clipped coho salmon in the seasonal aggregate from all waters in the Northwest Zone and Southwest Zone with a 2 adult non adipose fin-clipped coho salmon seasonal aggregate limit (Siletz River, Yaquina River, Alsea River, Siuslaw River, Beaver Creek (Ona Beach), Floras Creek/New River, Coos River, and Coquille River).

(b) Within the Coos River Basin the following additional rules apply:

(A) All waters of the South Fork Coos River upstream from the head of tidewater at Dellwood at RM 10.0 are closed for all salmon angling from August 1 through December 31 and closed for steelhead from August 1 through November 14; and

(B) Open for non adipose fin-clipped coho salmon upstream to the head of tide at Dellwood at RM 10.0 on the South Coos River and to the East Fork/West Fork Millicoma confluence from September 15 through November 30. The daily catch limit may include one adult non adipose fin-clipped coho salmon per day and one non adipose fin-clipped jack coho salmon per day, and no more than 2 total adult non adipose fin-clipped coho salmon in the seasonal aggregate from all waters in the Northwest Zone and Southwest Zone with a 2 adult non adipose fin-clipped coho salmon seasonal aggregate limit (Siletz River, Umpqua River, Yaquina River, Alsea River, Siuslaw River, Beaver Creek (Ona Beach), Floras Creek/New River, and Coquille River).

(c) Within the Coquille River Basin the following additional rules apply: Open for non adipose fin-clipped coho salmon in Coquille River and Bay upstream to the Highway 42S bridge (Sturdivant Park) at RM 24.0 from September 15 through November 30. The daily catch limit may include one adult non adipose fin-clipped coho salmon per day and one non adipose fin-clipped jack coho salmon per day, and no more than 2 total adult non adipose fin-clipped coho salmon in the seasonal aggregate from all waters in the Northwest Zone and Southwest Zone with a 2 adult non adipose fin-clipped coho salmon seasonal aggregate limit (Siletz River, Umpqua River, Yaquina River, Alsea River, Siuslaw River, Beaver Creek (Ona Beach), Floras Creek/New River, and Coos River).

(d) Within the Tenmile Lakes Basin the following additional rules apply: North and South Tenmile Lakes (Coos County) upstream from Hilltop Bridge are open for non adipose fin-clipped coho salmon from October 1 through December 31. The daily catch limit may include one adult non adipose fin-clipped coho salmon per day and one non adipose fin-clipped jack coho salmon, and no more than 5 total adult non adipose fin-clipped coho salmon in the seasonal aggregate from all waters in the Northwest Zone and Southwest Zone. Only one rod per angler may be used while angling for coho. Streams that empty into North and South Tenmile

Lakes are not open to coho salmon angling, nor is the canal that connects North and South Tenmile Lakes.

(e) Within the Floras Creek/New River Basin the following additional rules apply:

(A) All waters of Floras Creek/New River Basin that are open for Chinook salmon are limited to no more than one adult non fin-clipped Chinook salmon per day and 10 adult non fin-clipped Chinook salmon in the seasonal aggregate when combined with waters of the Sixes River, Elk River, Chetco River, and Winchuck River. Seasonal aggregate applies to all adult non fin-clipped Chinook salmon retained between August 1 and December 31; and

(B) Floras Creek/New River from the Bureau of Land Management boat ramp at Storm Ranch upstream to the confluence with the Floras Lake outlet open on Fridays, Saturdays, and Sundays ONLY for non adipose fin-clipped coho salmon from November 1-30 or until attainment of an adult coho quota of 200 fish. The daily catch limit may include one adult non adipose fin-clipped coho salmon per day and one non adipose fin-clipped jack coho salmon, and no more than 2 non adipose fin-clipped salmon in the seasonal aggregate from all waters in the Northwest Zone and Southwest Zone with a 2 adult non adipose fin-clipped coho season aggregate limit (Siletz River, Yaquina River, Beaver Creek (Ona Beach), Alsea River, Siuslaw River, Umpqua River, Coos River, and Coquille River).

(f) Within the Sixes River Basin the following additional rules apply: All waters of the Sixes River Basin that are open for Chinook salmon are limited to no more than 1 adult non fin-clipped Chinook salmon per day and 10 adult non fin-clipped Chinook salmon in the seasonal aggregate when combined with waters of Floras Creek/New River, Elk River, Chetco River, and Winchuck River. Seasonal aggregate applies to all adult non fin-clipped Chinook salmon retained between August 1 and December 31.

(g) Within the Elk River Basin the following additional rules apply: All waters of the Elk River Basin that are open for Chinook salmon are limited to no more than 1 adult non fin-clipped Chinook salmon per day and 10 adult non fin-clipped Chinook salmon in the seasonal aggregate when combined with waters of Floras Creek/New River, Sixes River, Chetco River, and Winchuck River. Seasonal aggregate applies to all adult non fin-clipped Chinook salmon retained between August 1 and December 31.

(h) Within the Chetco River Basin the following additional regulations apply:

(A) All waters of the Chetco River mainstem upstream of the power-line crossing at RM 2.2 are closed to angling from August 1 through November 1.

(B) All waters of Chetco River Basin that are open for Chinook salmon are limited to no more than one adult non fin-clipped Chinook salmon per day and 10 adult non fin-clipped Chinook salmon seasonal in aggregate with other Southwest Zone waters with a 10 non fin-clipped Chinook seasonal limit (Floras Creek/New River, Sixes River, Elk River, Chetco River, Winchuck River). Seasonal aggregate applies to all adult non fin-clipped Chinook salmon retained between August 1 and December 31.

(i) Within the Winchuck River Basin the following additional rules apply:

(A) All waters of the Winchuck River mainstem, including tidewater, are closed to angling from August 1 through November 1.

(B) All waters of Winchuck River Basin that are open for Chinook salmon are limited to no more than one adult non fin-clipped Chinook salmon per day and 10 adult non fin-clipped Chinook salmon seasonal in aggregate with other Southwest Zone waters with a 10 non fin-clipped Chinook seasonal limit (Floras Creek/New River, Sixes River, Elk River, Chetco River, Winchuck River). Seasonal aggregate applies to all adult non fin-clipped Chinook salmon retained between August 1 and December 31

(3) Effective April 1, 2013, the annual bag and possession limit for white sturgeon is two (2) fish and catch-and-release angling for white sturgeon is allowed year-round. Effective January 1, 2014, all waters within the Southwest Zone are closed to the retention of white sturgeon and catch-and-release angling is allowed year-round.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 496.138 & 496.146

Stats. Implemented: ORS 496.162

Hist.: FWC 80-1993(Temp), f. 12-21-93, cert. ef. 1-1-94; FWC 82-1993, f. 12-22-93, cert. ef. 1-1-94; FWC 31-1994, f. 5-26-94, cert. ef. 6-20-94; FWC 79-1994(Temp), f. 10-21-94, cert. ef. 7-22-94; FWC 22-1995, f. 3-7-95, cert. ef. 3-10-95; FWC 34-1995, f. & cert. ef. 5-1-95; FWC 57-1995(Temp), f. 7-3-95, cert. ef. 7-4-95; FWC 59-1995(Temp), f. 7-24-95, cert. ef. 8-1-95; FWC 77-1995, f. 9-13-95, cert. ef. 1-1-96; FWC 82-1995(Temp), f. 9-29-95, cert. ef. 10-1-95; FWC 90-1995(Temp), f. 11-29-95, cert. ef. 1-1-96; FWC 20-1996, f. & cert. ef. 4-29-96; FWC 52-1996, f. & cert. ef. 9-11-96; FWC 61-1996, f. & cert. ef. 10-9-96; FWC 72-1996, f. 12-31-96, cert. ef. 1-1-97; FWC 73-1996(Temp), f. 12-31-96, cert. ef. 1-1-97; FWC 5-1997, f. & cert. ef. 2-4-97; FWC 17-1997(Temp), f. 3-19-97, cert. ef. 4-1-97; FWC 32-1997(Temp), f. & cert. ef. 5-23-97; FWC 75-1997, f. 12-31-97, cert. ef. 1-1-98; DFW 24-1998(Temp), f. & cert. ef. 3-25-98 thru 9-15-98; DFW 34-1998, f. & cert. ef. 5-4-98; DFW 52-1998(Temp), f. 7-10-98, cert. ef. 7-11-98 thru 7-24-98; DFW 55-1998(Temp), f. & cert.

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ef. 7-24-98 thru 12-31-98; DFW 70-1998, f. & cert. ef. 8-28-98; DFW 100-1998, f. 12-23-98, cert. ef. 1-1-99; DFW 36-1999, f. & cert. ef. 5-20-99; DFW 96-1999, f. 12-27-99, cert. ef. 1-1-00; DFW 48-2000(Temp), f. 8-14-00, cert. ef. 8-15-00 thru 12-31-00; DFW 83-2000(Temp), f. 12-28-00, cert. ef. 1-1-01 thru 1-31-01; DFW 1-2001, f. 1-25-01, cert. ef. 2-1-01; DFW 8-2001, f. & cert. ef. 3-5-01; DFW 40-2001(Temp) f. & cert. ef. 5-24-01 thru 11-20-01; DFW 42-2001(Temp), f. 5-25-01, cert. ef. 5-29-01 thru 7-31-01; DFW 70-2001, f. & cert. ef. 8-10-01; DFW 72-2001(Temp), f. 8-10-01, cert. ef. 8-16-01 thru 12-31-01; DFW 90-2001(Temp), f. 9-14-01, cert. ef. 9-15-01 thru 12-31-01; DFW 97-2001(Temp), f. 10-4-01, cert. ef. 11-1-01 thru 12-31-01; DFW 105-2001(Temp), f. 10-26-01, cert. ef. 11-1-01 thru 12-31-01; DFW 122-2001(Temp), f. & cert. ef. 12-31-01 thru 5-31-02; DFW 123-2001, f. 12-31-01, cert. ef. 1-1-02; DFW 5-2002(Temp) f. 1-11-02 cert. ef. 1-12-02 thru 7-11-02; DFW 26-2002, f. & cert. ef. 3-21-02; DFW 37-2002, f. & cert. ef. 4-23-02; DFW 55-2002(Temp), f. 5-28-02, cert. ef. 7-1-02 thru 11-31-02; DFW 91-2002(Temp) f. 8-19-02, cert. ef. 8-20-02 thru 11-1-02 (Suspended by DFW 101-2002(Temp), f. & cert. ef. 10-3-02 thru 11-1-02); DFW 124-2002(Temp), f. & cert. ef. 10-30-02 thru 12-31-02 (Suspended by DFW 125-2002(Temp), f. 11-8-02, cert. ef. 11-9-2002); DFW 130-2002, f. 11-21-02, cert. ef. 1-1-03; DFW 90-2003(Temp), f. 9-12-03 cert. ef. 9-13-03 thru 12-31-03; DFW 125-2003, f. 12-11-03, cert. ef. 1-1-04; DFW 117-2004, f. 12-13-04, cert. ef. 1-1-05; DFW 127-2004, f. 12-22-04, cert. ef. 1-1-05; DFW 136-2005, f. 12-7-05, cert. ef. 1-1-06; DFW 24-2006(Temp), f. 4-25-06, cert. ef. 5-13-06 thru 10-31-06; DFW 37-2006(Temp), f. 6-2-06, cert. ef. 6-5-06 thru 12-1-06; DFW 79-2006, f. 8-11-06, cert. ef. 1-1-07; DFW 47-2007(Temp), f. 6-18-07, cert. ef. 6-21-07 thru 10-31-07; DFW 56-2007(Temp), 7-6-07, cert. ef. 8-1-07 thru 12-31-07; DFW 136-2007, f. 12-31-07, cert. ef. 1-1-08; DFW 137-2007, f. 12-31-07, cert. ef. 1-1-08; DFW 54-2008(Temp), f. 5-28-08, cert. ef. 6-1-08 thru 7-31-08; DFW 67-2008(Temp), f. 6-20-08, cert. ef. 8-1-08 thru 12-31-08; DFW 138-2008(Temp), f. 10-28-08, cert. ef. 11-1-08 thru 11-30-08; DFW 140-2008(Temp), f. 11-4-08, cert. ef. 11-5-08 thru 12-31-08; DFW 156-2008, f. 12-31-08, cert. ef. 1-1-09; DFW 57-2009(Temp), f. 5-27-09, cert. ef. 6-1-09 thru 7-31-09; DFW 77-2009(Temp), f. 6-29-09, cert. ef. 7-1-09 thru 7-31-09; DFW 87-2009(Temp), f. 7-31-09, cert. ef. 8-1-09 thru 12-31-09; DFW 113-2009(Temp), f. & cert. ef. 9-18-09 thru 12-31-09; DFW 141-2009(Temp), f. 11-4-09, cert. ef. 11-7-09 thru 12-21-09; DFW 143-2009(Temp), f. 11-17-09, cert. ef. 11-19-09 thru 12-31-09; DFW 144-2009, f. 12-8-09, cert. ef. 1-1-10; DFW 65-2010(Temp), f. 5-18-10, cert. ef. 5-22-10 thru 5-31-10; DFW 76-2010, f. 6-8-10, cert. ef. 8-1-10; DFW 143-2010(Temp), f. 10-8-10, cert. ef. 10-10-10 thru 12-31-10; DFW 152-2010(Temp), f. 10-27-10, cert. ef. 10-30-10 thru 12-31-10; DFW 171-2010, f. 12-30-10, cert. ef. 1-1-11; DFW 31-2011(Temp), f. 4-18-11, cert. ef. 5-1-11 thru 10-27-11; DFW 83-2011, f. 6-30-11, cert. ef. 7-1-11; DFW 137-2011(Temp), 9-30-11, cert. ef. 10-1-11 thru 12-31-11; DFW 145-2011(Temp), f. 10-11-11, cert. ef. 10-12-11 thru 12-31-11; DFW 149-2011(Temp), f. 10-20-11, cert. ef. 10-22-11 thru 12-31-11; DFW 163-2011, f. 12-27-11, cert. ef. 1-1-12; DFW 62-2012, f. 6-12-12, cert. ef. 7-1-12; DFW 138-2012(Temp), f. 10-29-12, cert. ef. 10-31-12 thru 12-31-12; DFW 149-2012, f. 12-27-12, cert. ef. 1-1-13; DFW 155-2012(Temp), f. 12-28-12, cert. ef. 1-1-13 thru 6-29-13; DFW 23-2013(Temp), f. 3-20-13, cert. ef. 4-1-13 thru 9-27-13; DFW 50-2013, f. 6-10-13, cert. ef. 7-1-13; DFW 124-2013(Temp), f. 10-29-13, cert. ef. 11-1-13 thru 12-31-13

Rule Caption: Amend Statewide Rule for Licenses, Tags, and Permits

Adm. Order No.: DFW 125-2013

Filed with Sec. of State: 10-30-2013

Certified to be Effective: 11-1-13

Notice Publication Date: 9-1-2013

Rules Amended: 635-011-0104

Subject: The amended rule establishes an annual and daily Columbia River Basin salmon, steelhead, and sturgeon recreational fishing endorsement as authorized by SB 830 (2013). The endorsement fee, as authorized by SB 830 (2013), is \$9.75 per annual license and \$1.00 per day for daily licenses. The endorsement is required to fish for salmon, steelhead, or sturgeon in the Columbia River Basin and is in addition to and not in lieu of angling licenses and tags required under wildlife laws.

Rules Coordinator: Therese Kucera—(503) 947-6033

635-011-0104

Licenses, Tags, and Permits

(1) Hatchery Salmon and Steelhead Harvest Tag Requirements:

(a) Persons holding an annual angling license and an annual angling harvest tag may purchase Hatchery Salmon and Steelhead Harvest Tags. There is no limit on the number of Hatchery Salmon and Steelhead Harvest Tags an angler may purchase per year. The purchase of each tag entitles the angler to take a combined total of 10 hatchery salmon or steelhead;

(b) Only adipose or otherwise fin-clipped adult salmon or adipose fin-clipped steelhead may be recorded on the Hatchery Salmon and Steelhead Harvest Tag;

(c) A valid annual angling license and a valid annual angling harvest tag must be in possession while fish validated on the Hatchery Salmon and Steelhead Harvest Tag are in angler's possession. All tags purchased must be in angler's possession while angling for salmon or steelhead;

(d) Fish must be recorded immediately upon removal from the water and fish must be recorded in the chronological order caught. The angler who landed the fish must record the fish on his or her tag irrespective of who hooked the fish; and

(e) Hatchery Salmon and Steelhead Harvest Tags should be returned to ODFW upon expiration.

(2) Columbia River Basin Endorsement:

(a) The Columbia River Basin is defined as: The mainstem Columbia River from Buoy 10 upstream to include all rivers and their tributaries that drain into the mainstem Columbia River.

(b) Effective January 1, 2014 a valid Columbia River Basin Endorsement must be in possession while angling for salmon, steelhead, or sturgeon in the Columbia River Basin.

(c) The fee for the Columbia River Basin Endorsement, when purchased in conjunction with an annual license is \$9.75, in addition to fees as described in ORS 497.121 and 497.123.

(d) The fee for the Columbia River Basin Endorsement when purchased separately is \$9.75 (plus a \$2.00 agent fee).

(e) The fee for the Columbia River Basin Endorsement, when purchased in conjunction with a daily license is \$1.00 per each day, in addition to those fees as described in ORS 497-121.

(f) No fee will be charged for a Columbia River Basin Endorsement for an angler(s) in possession of:

(A) A resident disabled veteran, resident pioneer, resident and non-resident youth under 14 license; or

(B) A Permanent Wheel-chair Angling License a Permanent Blind Angler License, or a Permanent Senior Combination License.

Stat. Auth.: ORS 496.138, 496.146, 497.121, 497.123 & 506.119

Stats. Implemented: ORS 496.162 & 506.129

Hist.: DFW 101-2001, f. & cert. ef. 10-23-01; DFW 125-2013, f. 10-30-13, cert. ef. 11-1-13

Rule Caption: Recreational Sturgeon Fishery In The Dalles Pool Closes for Remainder of 2013

Adm. Order No.: DFW 126-2013(Temp)

Filed with Sec. of State: 10-31-2013

Certified to be Effective: 11-12-13 thru 12-31-13

Notice Publication Date:

Rules Amended: 635-023-0095

Rules Suspended: 635-023-0095(T)

Subject: This amended rule closes the recreational white sturgeon fishery in The Dalles Pool of the Columbia River effective at 12:01 a.m. Tuesday, November 12, 2013 due to the anticipated attainment of the 2013 harvest guideline. Modifications were made consistent with Joint State Action taken October 31, 2013 by Columbia River Compact agencies of the states of Oregon and Washington.

Rules Coordinator: Therese Kucera—(503) 947-6033

635-023-0095

Sturgeon Season

(1) The **2013 Oregon Sport Fishing Regulations** provide requirements for the Columbia River Zone and the Snake River Zone. However, additional regulations may be adopted in this rule division from time to time, and, to the extent of any inconsistency, they supersede the **2013 Oregon Sport Fishing Regulations**.

(2) In 2013, the mainstem Columbia River from the Wauna powerlines (River Mile 40) upstream to Bonneville Dam, excluding the lower Willamette River upstream to Willamette Falls, Multnomah Channel, and the Gilbert River, is open to the retention of white sturgeon with a fork length of 38-54 inches, three days per week, Thursdays through Saturdays, during the period from January 1 through June 15.

(3) In 2013, the mainstem Columbia River from Wauna powerlines (River Mile 40) downstream to the mouth at Buoy 10, including Youngs Bay is open to the retention of white sturgeon seven days per week during the following periods:

(a) January 1 through April 30; and

(b) May 11 through June 20.

(4) During the fishing period as identified in subsection (3)(a) of this rule, only white sturgeon with a fork length of 38-54 inches may be retained.

(5) During the fishing periods as identified in subsection (3)(b) of this rule, only white sturgeon with a fork length of 41-54 inches may be retained.

(6) Effective April 1, 2013, the annual bag and possession limit for white sturgeon is two (2) fish.

(7) Angling for sturgeon is prohibited from:

(a) Bonneville Dam downstream 9 miles to a line crossing the Columbia River from Navigation Marker 82 on the Oregon shore westerly to a boundary marker on the Washington shore upstream of Fir Point from May 1 through August 31;

(b) Highway 395 Bridge upstream to McNary Dam; and

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(c) From the west end of the grain silo at Rufus upstream to John Day Dam during May 1 through July 31.

(8) Angling is prohibited for all species from the upper and lower ends of Sand Island and corresponding markers on the Oregon shoreline (slough at Rooster Rock State Park) from January 1 through April 30.

(9) Effective February 11 through June 13; June 16 through June 20; and June 22 through December 31, 2013, retention of white sturgeon is prohibited in the mainstem Columbia River from Bonneville Dam upstream to The Dalles Dam (Bonneville Pool) including adjacent tributaries. Retention of white sturgeon between 38-54 inches in fork length is allowed in the area described in this section on June 14, 15, and 21, 2013 (3 days)

(10) Effective 12:01 a.m. Saturday, June 29, 2013 the retention of white sturgeon in the John Day Pool and adjacent tributaries is prohibited.

(11) Effective 12:01 a.m. Tuesday, November 12, 2013 the retention of white sturgeon in The Dalles Pool and adjacent tributaries is prohibited.

(12) The mainstem Columbia River from McNary Dam upstream to the Oregon-Washington border at river mile 309.5 is open to retention of white sturgeon with a fork length of 43-54 inches, seven days per week from February 1 through July 31.

(13) Retention of green sturgeon is prohibited all year in all areas.

(14) Catch-and-release angling is allowed year-round except as described above in sections (7)(a) through (7)(c) and (8) above.

(15) Effective January 1, 2014, the mainstem Columbia River from the mouth at Buoy 10 upstream to Bonneville Dam, including Oregon tributaries upstream to the mainline railroad bridges, is closed to the retention of white sturgeon.

Stat. Auth.: ORS 183.325, 506.109 & 506.119

Stats. Implemented: ORS 506.129 & 507.030

Hist.: DFW 129-2004(Temp), f. 12-23-04, cert. ef. 1-1-05 thru 2-28-05; DFW 6-2005, f. & cert. ef. 2-14-05; DFW 22-2005(Temp), f. 4-1-05, cert. ef. 4-30-05 thru 7-31-05; DFW 50-2005(Temp), f. 6-3-05, cert. ef. 6-11-05 thru 11-30-05; DFW 60-2005(Temp), f. 6-21-05, cert. ef. 6-24-05 thru 12-21-05; DFW 65-2005(Temp), f. 6-30-05, cert. ef. 7-10-05 thru 12-31-05; DFW 76-2005(Temp), f. 7-14-05, cert. ef. 7-18-05 thru 12-31-05; DFW 136-2005, f. 12-7-05, cert. ef. 1-1-06; DFW 145-2005(Temp), f. 12-21-05, cert. ef. 1-1-06 thru 3-31-06; DFW 5-2006, f. & cert. ef. 2-15-06; DFW 19-2006(Temp), f. 4-6-06, cert. ef. 4-8-06 thru 7-31-06; DFW 54-2006(Temp), f. 6-29-06, cert. ef. 7-1-06 thru 12-27-06; DFW 62-2006(Temp), f. 7-13-06, cert. ef. 7-24-06 thru 12-31-06; DFW 79-2006, f. 8-11-06, cert. ef. 1-1-07; DFW 131-2006(Temp), f. 12-20-06, cert. ef. 1-1-07 thru 6-29-07; DFW 7-2007(Temp), f. 1-31-07, cert. ef. 2-1-07 thru 7-30-07; DFW 9-2007, f. & cert. ef. 2-14-07; DFW 20-2007(Temp), f. 3-26-07, cert. ef. 3-28-07 thru 7-30-07; DFW 38-2007(Temp), f. & cert. ef. 5-31-07 thru 11-26-07; DFW 59-2007(Temp), f. 7-18-07, cert. ef. 7-29-07 thru 12-31-07; DFW 75-2007(Temp), f. 8-17-07, cert. ef. 8-18-07 thru 12-31-07; DFW 102-2007(Temp), f. 9-28-07, cert. ef. 10-1-07 thru 12-31-07; DFW 135-2007(Temp), f. 12-28-07, cert. ef. 1-1-08 thru 6-28-08; DFW 136-2007, f. 12-31-07, cert. ef. 1-1-08; DFW 8-2008, f. & cert. ef. 2-11-08; DFW 23-2008(Temp), f. 3-12-08, cert. ef. 3-15-08 thru 9-10-08; DFW 28-2008(Temp), f. 3-24-08, cert. ef. 3-26-08 thru 9-10-08; DFW 72-2008(Temp), f. 6-30-08, cert. ef. 7-10-08 thru 12-31-08; DFW 78-2008(Temp), f. 7-9-08, cert. ef. 7-12-08 thru 12-31-08; DFW 86-2008(Temp), f. & cert. ef. 7-25-08 thru 12-31-08; DFW 148-2008(Temp), f. 12-19-08, cert. ef. 1-1-09 thru 6-29-09; DFW 156-2008, f. 12-31-08, cert. ef. 1-1-09; DFW 18-2009, f. & cert. ef. 2-26-09; DFW 33-2009(Temp), f. 4-2-09, cert. ef. 4-13-09 thru 10-9-09; DFW 63-2009(Temp), f. 6-3-09, cert. ef. 6-6-09 thru 10-9-09; DFW 83-2009(Temp), f. 7-8-09, cert. ef. 7-9-09 thru 12-31-09; DFW 86-2009(Temp), f. 7-22-09, cert. ef. 7-24-09 thru 12-31-09; DFW 144-2009, f. 12-8-09, cert. ef. 1-1-10; DFW 13-2010(Temp), f. 2-16-10, cert. ef. 2-21-10 thru 7-31-10; DFW 19-2010(Temp), f. 2-26-10, cert. ef. 3-1-10 thru 8-27-10; DFW 34-2010, f. 3-16-10, cert. ef. 4-1-10; DFW 49-2010(Temp), f. 4-27-10, cert. ef. 4-29-10 thru 7-31-10; DFW 50-2010(Temp), f. 4-29-10, cert. ef. 5-6-10 thru 11-1-10; DFW 88-2010(Temp), f. 6-25-10, cert. ef. 6-26-10 thru 7-31-10; DFW 91-2010(Temp), f. 6-29-10, cert. ef. 8-1-10 thru 12-31-10; DFW 99-2010(Temp), f. 7-13-10, cert. ef. 7-15-10 thru 12-31-10; DFW 165-2010(Temp), f. 12-28-10, cert. ef. 1-1-11 thru 6-29-11; DFW 171-2010, f. 12-30-10, cert. ef. 1-1-11; DFW 11-2011(Temp), f. 2-10-11, cert. ef. 2-11-11 thru 7-31-11; DFW 23-2011, f. & cert. ef. 3-21-11; DFW 26-2011(Temp), f. 4-5-11, cert. ef. 4-10-11 thru 9-30-11; DFW 74-2011(Temp), f. 6-24-11, cert. ef. 6-27-11 thru 7-31-11; DFW 87-2011(Temp), f. 7-8-11, cert. ef. 7-9-11 thru 7-31-11; DFW 96-2011(Temp), f. 7-20-11, cert. ef. 7-30-11 thru 12-31-11; DFW 129-2011(Temp), f. 9-15-11, cert. ef. 9-30-11 thru 12-31-11; DFW 163-2011, f. 12-27-11, cert. ef. 1-1-12; DFW 1-2012(Temp), f. & cert. ef. 1-5-12 thru 7-2-12; DFW 10-2012, f. & cert. ef. 2-7-12; DFW 16-2012(Temp), f. 2-14-12, cert. ef. 2-18-12 thru 7-31-12; DFW 44-2012(Temp), f. 5-1-12, cert. ef. 5-20-12 thru 7-31-12; DFW 73-2012(Temp), f. 6-29-12, cert. ef. 7-1-12 thru 8-31-12; DFW 97-2012(Temp), f. 7-30-12, cert. ef. 8-1-12 thru 12-31-12; DFW 129-2012(Temp), f. 10-3-12, cert. ef. 10-20-12 thru 12-31-12; DFW 140-2012(Temp), f. 10-31-12, cert. ef. 11-4-12 thru 12-31-12; DFW 152-2012, f. 12-27-12, cert. ef. 1-1-13; DFW 154-2012(Temp), f. 12-28-12, cert. ef. 1-1-13 thru 2-28-13; DFW 12-2013(Temp), f. 2-12-13, cert. ef. 2-28-13 thru 7-31-13; DFW 23-2013(Temp), f. 3-20-13, cert. ef. 4-1-13 thru 9-27-13; DFW 47-2013(Temp), f. 5-30-13, cert. ef. 6-14-13 thru 9-30-13; DFW 59-2013(Temp), f. 6-19-13, cert. ef. 6-21-13 thru 10-31-13; DFW 64-2013(Temp), f. 6-27-13, cert. ef. 6-29-13 thru 10-31-13; DFW 104-2013(Temp), f. 9-13-13, cert. ef. 10-19-13 thru 12-31-13; DFW 126-2013(Temp), f. 10-31-13, cert. ef. 11-12-13 thru 12-31-13

Rule Caption: Amend Rules to Change Dates of the Maury-Hampton Butte Hunt #236A

Adm. Order No.: DFW 127-2013(Temp)

Filed with Sec. of State: 11-5-2013

Certified to be Effective: 11-5-13 thru 12-1-13

Notice Publication Date:

Rules Amended: 635-071-0010

Subject: OAR chapter 71 incorporates, by reference, the requirements for Central Oregon elk seasons set out in the document entitled "2013 Oregon Big Game Regulations," into Oregon Administrative Rules. The following rule amendment is to correct an error in the 2013 Big Game Regulations:

(1) For the 2013 hunting season change the dates for the "Maury-Hampton Butte" (236A) elk hunt to continue through November 15, 2013.

Rules Coordinator: Therese Kucera—(503) 947-6033

635-071-0010

Controlled Rocky Mountain Antlerless Elk Rifle Hunts

Notwithstanding the provisions of the 2013 Oregon Big Game Regulations: The season dates for the "Maury-Hampton Butte" antlerless elk hunt #236A listed on page 66, are August 15 through November 15, 2013.

Stat. Auth.: ORS 496.012, 496.138, 496.146 & 496.162

Stats. Implemented: ORS 496.012, 496.138, 496.146 & 496.162

Hist.: FWC 37-1982, f. & ef. 6-25-82; FWC 28-1983, f. & ef. 7-8-83; FWC 34-1984, f. & ef. 7-24-84; FWC 43-1985, f. & ef. 8-22-85; FWC 76-1985(Temp), f. & ef. 12-6-85; FWC 71-1985, f. & ef. 11-8-85; FWC 35-1986, f. & ef. 8-7-86; FWC 45-1987, f. & ef. 7-6-87; FWC 42-1988, f. & cert. ef. 6-13-88; FWC 69-1989, f. & cert. ef. 8-15-89; FWC 115-1989(Temp), f. & cert. ef. 11-16-89; FWC 61-1990, f. & cert. ef. 6-21-90; FWC 116-1990(Temp), f. & cert. ef. 10-11-90; FWC 64-1991, f. & cert. ef. 6-24-91; FWC 115-1991, f. & cert. ef. 9-30-91; FWC 49-1992, f. & cert. ef. 7-15-92; FWC 36-1993, f. & cert. ef. 6-14-93; FWC 46-1993, f. & cert. ef. 8-4-93; FWC 18-1994, f. 3-30-94, cert. ef. 5-1-94; FWC 40-1994, f. & cert. ef. 6-28-94; FWC 63-1994(Temp), f. & cert. ef. 9-13-94; FWC 6-1995, f. 1-23-95, cert. ef. 4-1-95; FWC 54-1995, f. & cert. ef. 6-20-95; FWC 17-1996, f. 4-10-96, cert. ef. 4-15-96; FWC 17-1996, f. 4-10-96, cert. ef. 4-15-96; FWC 35-1996, f. & cert. ef. 6-7-96; FWC 9-1997, f. & cert. ef. 2-27-97; DFW 49-1998, f. & cert. ef. 6-22-98; DFW 47-1999, f. & cert. ef. 6-16-99; DFW 30-2000, f. & cert. ef. 6-14-00; DFW 22-2006(Temp), f. & cert. ef. 4-7-06 thru 10-4-06; DFW 41-2006, f. & cert. ef. 6-14-06; DFW 42-2007, f. & cert. ef. 6-14-07; DFW 127-2013(Temp), f. & cert. ef. 11-5-13 thru 12-1-13

Department of Human Services, Aging and People with Disabilities and Developmental Disabilities Chapter 411

Rule Caption: Renewal Application — Adult Foster Homes for Adults who are Older or Adults with Physical Disabilities

Adm. Order No.: SPD 42-2013(Temp)

Filed with Sec. of State: 10-16-2013

Certified to be Effective: 10-16-13 thru 4-13-14

Notice Publication Date:

Rules Amended: 411-050-0640

Subject: The Department of Human Services (Department) is immediately amending the renewal application process for adult foster homes for adults who are older or adults with physical disabilities in OAR 411-050-0640 to address provider and advocate concerns over privacy issues. OAR 411-050-0640 is being immediately amended to not require bank statements with each license renewal and credit reports every three years.

Rules Coordinator: Christina Hartman—(503) 945-6398

411-050-0640

Renewal Application and Fees

(1) At least 60 calendar days prior to the expiration of a license, the local licensing authority must send a reminder notice and renewal application to the licensed provider. The local licensing authority must investigate any information in the renewal application and conduct an unannounced inspection of the adult foster home prior to the license renewal.

(2) A separate application is required for each location where an adult foster home is to be operated.

(3) RENEWAL APPLICATION REQUIREMENTS. To renew an adult foster home license, the licensee must complete the Department's Renewal Application form (SDS 448C) and submit the form to the local licensing authority with the non-refundable fee prior to the expiration date of the current license. Timely submission of the renewal application and non-refundable fee shall keep the license in effect until the local licensing authority or the Department takes action.

(a) The renewal application is not complete until all of the required application information is submitted to the local licensing authority.

(b) A renewal application remaining incomplete at the time of license expiration or failure to provide accurate information on the renewal application shall result in the denial of the application.

(4) The license renewal application must include:

ADMINISTRATIVE RULES

- (a) Complete contact information for the licensee including:
 - (A) A mailing address if different from the adult foster home; and
 - (B) A business address for electronic mail, if applicable.
- (b) The maximum resident capacity;
- (c) Identification of:
 - (A) Any relatives needing care;
 - (B) The maximum number of any room and board tenants;
 - (C) The maximum number of day care individuals; and
 - (D) The names of any other occupants in the home.
- (d) A Health History and Physician or Nurse Practitioners' Statement (form SDS 0903). The Health History and Physician or Nurse Practitioners' Statement must be updated every third year or sooner if there is reasonable cause for health concerns;
- (e) FINANCIAL INFORMATION.
 - (A) A current completed Financial Information Worksheet (form SDS 0448A) demonstrating the financial ability to maintain sufficient liquid resources to pay the operating costs for each home currently operated by the licensee for at least two months without solely relying on resident income;
 - (B) Documentation of all unsatisfied judgments, liens, and pending lawsuits in which a claim for money or property is made against the applicant;
 - (C) Documentation of all bankruptcy filings;
 - (D) Documentation of all unpaid taxes due from the applicant including but not limited to property taxes, employment taxes, and state and federal income taxes;
 - (E) Proof of possessing the amount of resources necessary to pay the claims described above in subsection (D) of this section;
 - (f) If the home is leased or rented, a copy of the current signed and dated lease or rental agreement. The agreement must be a standard lease or rental agreement for residential use and include the following:
 - (A) The owner and landlord's name;
 - (B) Verification that the rent is a flat rate; and
 - (C) Signatures and date signed by the landlord and applicant, as applicable;
 - (g) Documentation of a current approved background check for each subject individual as defined in OAR 411-050-0602;
 - (h) Identification of any structural changes to the home that have occurred since the last approved application was submitted to the local licensing authority. If there has been a structural change to the home, the licensee must submit copies of all required permits and a current and accurate floor plan that indicates:
 - (A) The size of rooms;
 - (B) Which bedrooms are to be used by residents, the licensee, caregivers, for day care, and room and board tenants, as applicable;
 - (C) The location of all the exits on each level of the home, including emergency exits such as windows;
 - (D) The location of any wheelchair ramps;
 - (E) The location of all fire extinguishers, smoke alarms, and carbon monoxide alarms;
 - (F) The planned evacuation routes, initial point of safety, and final point of safety; and
 - (G) Any designated smoking areas in or on the adult foster home's premises.
 - (i) A \$20 per bed non-refundable fee for each non-relative resident;
 - (j) If the licensee intends to use a resident manager or shift caregivers, the Department's supplemental application (form SDS 448B) completed by the resident manager applicant or shift caregiver applicants as applicable;
 - (k) Written information describing the operational plan for the adult foster home including:
 - (A) The use of substitute caregivers and other staff;
 - (B) A plan of coverage for the absence of the resident manager or the shift caregivers, if applicable; and
 - (C) The name of a qualified back-up licensee or approved resident manager who does not live in the home but has been oriented to the home. The licensee must submit a signed agreement with the listed back-up provider or approved resident manager annually and maintain a copy in the facility records.
 - (l) Proof of required continuing education credits as specified in OAR 411-050-0625.
 - (5) LATE RENEWAL REQUIREMENTS (UNLICENSED ADULT FOSTER HOME). The home shall be treated as an unlicensed facility, subject to civil penalties, if the required renewal information and fee are not submitted to the local licensing authority prior to the expiration date and residents remain in the home. (See OAR 411-050-0685)

(6) The local licensing authority shall provide the licensee a copy of the Department's inspection report, (form SDS 517A and, if applicable, form SDS 517B) citing any violations and specifying a time frame for correction. The time frame for correction of violations may not exceed 30 calendar days from the date of inspection.

(7) The Department shall deny a renewal application if cited violations are not corrected within the time frame specified by the local licensing authority.

(8) The local licensing authority shall not renew a license unless the following requirements are met:

(a) The applicant and the adult foster home are in compliance with ORS 443.705 to 443.825 and these rules, including any applicable conditions and other final orders of the Department;

(b) The local licensing authority has completed an inspection of the adult foster home;

(c) The Department has completed a background check in accordance with OAR 411-050-0620;

(d) The local licensing authority has reviewed the record of sanctions available from the local licensing authority's files;

(e) The local licensing authority has determined that the nursing assistant registry maintained under 42 CFR 483.156 contains no finding that the licensee or any nursing assistant employed by the licensee has been responsible for abuse; and

(f) The local licensing authority has determined the licensee is not listed on the Office of Inspector General's and General Services Administration's Exclusion Lists.

(9) In seeking the renewal of a license when an adult foster home has been licensed for less than 24 months, the burden of proof to establish compliance with ORS 443.705 to 443.825 and these rules is upon the licensee.

(10) In seeking the renewal of a license when an adult foster home has been licensed for 24 or more continuous months, the burden of proof to establish noncompliance with ORS 443.705 to 443.825 and these rules is upon the Department.

Stat. Auth.: ORS 410.070, 443.001, 443.004, 443.725, 443.730, 443.735, 443.738, 443.742, 443.760, 443.767, 443.775, & 443.790
Stats. Implemented: ORS 443.001 to 443.004, 443.705 to 443.825, 443.875, & 443.991
Hist.: SSD 14-1985, f. 12-31-85, ef. 1-1-86; SSD 11-1988, f. 10-18-88, cert. ef. 11-1-88; SSD 3-1992, f. 5-26-92, cert. ef. 6-1-92; SSD 3-1992, f. 5-26-92, cert. ef. 6-1-92; SSD 3-1996, f. 3-29-96, cert. ef. 4-1-96; SDDS 4-2001, f. & cert. ef. 3-1-01; SPD 31-2006, f. 12-27-06, cert. ef. 1-1-07; SPD 9-2007, f. 6-27-07, cert. ef. 7-1-07; SPD 22-2009(Temp), f. 12-31-09, cert. ef. 1-1-10 thru 6-30-10; SPD 9-2010, f. 6-30-10, cert. ef. 7-1-10; Renumbered from 411-050-0420, SPD 33-2013, f. 8-30-13, cert. ef. 9-1-13; SPD 42-2013(Temp), f. & cert. ef. 10-16-13 thru 4-13-14

Rule Caption: In-Home Services

Adm. Order No.: SPD 43-2013

Filed with Sec. of State: 10-31-2013

Certified to be Effective: 11-1-13

Notice Publication Date: 10-1-2013

Rules Amended: 411-030-0002, 411-030-0020, 411-030-0033, 411-030-0040, 411-030-0050, 411-030-0055, 411-030-0080, 411-030-0090

Rules Repealed: 411-030-0002(T), 411-030-0020(T), 411-030-0033(T), 411-030-0040(T), 411-030-0050(T), 411-030-0055(T), 411-030-0080(T), 411-030-0090(T)

Subject: The Department of Human Services (Department) is permanently amending the in-home services rules in OAR chapter 411, division 030 to make permanent the changes adopted by temporary rule that became effective on May 23, 2013 and July 1, 2013.

The permanent rules:

Redefine the meaning and modify the scope of in-home services to expand Medicaid funded in-home service eligibility to individuals residing in relative adult foster homes;

Clarify that natural supports are voluntary in nature, may not be assumed, and must have the skills and abilities to perform the services needed;

Remove references to waived services, as appropriate, to provide community-based services under Medicaid waivers or under the State Plan, as appropriate;

Clarify when an individual must designate a representative in order to be eligible to receive in-home services provided by a home-care worker and the Department's right to approve or deny the representative selected by the individual; and

ADMINISTRATIVE RULES

Reflect new Department terminology and correct formatting and punctuation.

Rules Coordinator: Christina Hartman—(503) 945-6398

411-030-0002

Purpose

(1) The rules in OAR chapter 411, division 030 ensure that in-home services maximize independence, empowerment, dignity, and human potential through the provision of flexible, efficient, and suitable services. In-home services fill the role of complementing and supplementing an individual's own personal abilities to continue to live in his or her own home or the home of a relative.

(2) Medicaid in-home services are provided through the Consumer-Employed Provider Program, Spousal Pay Program, Independent Choices Program, and other approved service providers.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410.070

Hist.: SSD 4-1993, f. 4-30-93, cert. ef. 6-1-93; SPD 15-2004, f. 5-28-04, cert. ef. 6-7-04; SPD 15-2008, f. 12-26-08, cert. ef. 1-1-09; SPD 10-2013(Temp), f. & cert. ef. 5-23-13 thru 11-19-13; SPD 43-2013, f. 10-31-13, cert. ef. 11-1-13

411-030-0020

Definitions

Unless the context indicates otherwise, the following definitions apply to the rules in OAR chapter 411, division 030:

(1) "AAA" means "Area Agency on Aging" as defined in this rule.

(2) "Activities of Daily Living (ADL)" mean those personal, functional activities required by an individual for continued well-being, which are essential for health and safety. Activities include eating, dressing/grooming, bathing/personal hygiene, mobility (ambulation and transfer), elimination (toileting, bowel, and bladder management), and cognition/behavior as defined in OAR 411-015-0006.

(3) "ADL" means "activities of daily living" as defined in this rule.

(4) "Architectural Modifications" means any service leading to the alteration of the structure of a dwelling to meet a specific service need of an eligible individual.

(5) "Area Agency on Aging (AAA)" means the Department designated agency charged with the responsibility to provide a comprehensive and coordinated system of services to individuals in a planning and service area. The term Area Agency on Aging is inclusive of both Type A and Type B Area Agencies on Aging as defined in ORS 410.040 and described in ORS 410.210 to 410.300.

(6) "Assistive Devices" means any category of durable medical equipment, mechanical apparatus, electrical appliance, or instrument of technology used to assist and enhance an individual's independence in performing any activity of daily living. Assistive devices include the use of service animals, general household items, or furniture to assist the individual.

(7) "Business Days" means Monday through Friday and excludes Saturdays, Sundays, and state or federal holidays.

(8) "CA/PS" means the "Client Assessment and Planning System" as defined in this rule.

(9) "Case Manager" means an employee of the Department or Area Agency on Aging who assesses the service needs of an individual applying for services, determines eligibility, and offers service choices to the eligible individual. The case manager authorizes and implements an individual's service plan and monitors the services delivered as described in OAR chapter 411, division 028.

(10) "Client Assessment and Planning System (CA/PS)":

(a) Is a single entry data system used for --

(A) Completing a comprehensive and holistic assessment;

(B) Surveying an individual's physical, mental, and social functioning; and

(C) Identifying risk factors, individual choices and preferences, and the status of service needs.

(b) The CA/PS documents the level of need and calculates an individual's service priority level in accordance with the rules in OAR chapter 411, division 015, calculates the service payment rates, and accommodates individual participation in service planning.

(11) "Collective Bargaining Agreement" means the ratified Collective Bargaining Agreement between the Home Care Commission and the Service Employees International Union, Local 503. The Collective Bargaining Agreement is maintained on the Department's website: (<http://www.oregon.gov/dhs/spd/adv/hcc/docs/contract1113.pdf>). Printed copies may be obtained by calling (503) 945-6398 or writing the Department of Human Services, Aging and People with Disabilities, ATTN: Rule Coordinator, 500 Summer Street NE, E-10, Salem, Oregon 97301.

(12) "Consumer" or "Consumer-Employer" means an individual eligible for in-home services.

(13) "Consumer-Employed Provider Program" refers to the program described in OAR chapter 411, division 031 wherein a provider is directly employed by a consumer to provide either hourly or live-in in-home services.

(14) "Contingency Fund" means a monetary amount that continues month to month if approved by a case manager that is set aside in the Independent Choices Program service budget to purchase identified items that substitute for personal assistance.

(15) "Contracted In-Home Care Agency" means an incorporated entity or equivalent, licensed in accordance with OAR chapter 333, division 536 that provides hourly contracted in-home services to individuals receiving services through the Department or Area Agency on Aging.

(16) "Cost Effective" means being responsible and accountable with Department resources by offering less costly alternatives when providing choices that adequately meet an individual's service needs. Less costly alternatives may include other programs available from the Department, the utilization of assistive devices, natural supports, architectural modifications, and alternative service resources (defined in OAR 411-015-0005). Less costly alternatives may include resources not paid for by the Department.

(17) "Department" means the Department of Human Services (DHS).

(18) "Discretionary Fund" means a monetary amount set aside in the Independent Choices Program service budget to purchase items not otherwise delineated in the monthly service budget or agreed to be savings for items not traditionally covered under Medicaid home and community-based services. Discretionary funds are expended as described in OAR 411-030-0100.

(19) "Disenrollment" means either voluntary or involuntary termination of a participant from the Independent Choices Program.

(20) "DMAP" means the Oregon Health Authority, Division of Medical Assistance Programs.

(21) "Employee Provider" means a worker who provides services to, and is a paid provider for, a participant in the Independent Choices Program.

(22) "Employment Relationship" means the relationship of employee and employer involving an employee provider and a participant.

(23) "Exception" means an approval for payment of a service plan granted to a specific individual in their current residence or in the proposed residence identified in the exception request that exceeds the CA/PS assessed service payment levels for individuals residing in community-based care facilities or the maximum hours of service as described in OAR 411-030-0070 for individuals residing in their own homes or the home of a relative. The approval of an exception is based on the service needs of the individual and is contingent upon the individual's service plan meeting the requirements in OAR 411-027-0020, 411-027-0025, and 411-027-0050. The term "exception" is synonymous with "exceptional rate" or "exceptional payment."

(24) "FICA" is the acronym for the Social Security payroll taxes collected under authority of the Federal Insurance Contributions Act.

(25) "Financial Accountability" refers to guidance and oversight which act as fiscal safeguards to identify budget problems on a timely basis and allow corrective action to be taken to protect the health and welfare of individuals.

(26) "FUTA" is the acronym for Federal Unemployment Tax Assessment which is a United States payroll (or employment) tax imposed by the federal government on both employees and employers.

(27) "Homecare Worker" means a provider, as described in OAR 411-031-0040, that is directly employed by a consumer to provide either hourly or live-in services to the eligible consumer.

(a) The term homecare worker includes:

(A) A consumer-employed provider in the Spousal Pay and Oregon Project Independence Programs;

(B) A consumer-employed provider that provides state plan personal care services to individuals; and

(C) A relative providing Medicaid in-home services to an individual living in the relative's home.

(b) The term homecare worker does not include an Independent Choices Program provider or a personal support worker enrolled through Developmental Disability Services or the Addictions and Mental Health Division.

(28) "Hourly Services" mean the in-home services, including activities of daily living and instrumental activities of daily living, that are provided at regularly scheduled times.

ADMINISTRATIVE RULES

(29) "IADL" means "instrumental activities of daily living" as defined in this rule.

(30) "ICP" means "Independent Choices Program" as defined in this rule.

(31) "Independent Choices Program (ICP)" means a self directed in-home services program in which a participant is given a cash benefit to purchase goods and services identified in the participant's service plan and prior approved by the Department or Area Agency on Aging.

(32) "Individual" means a person age 65 or older, or an adult with a physical disability, applying for or eligible for services.

(33) "Individualized Back-Up Plan" means a plan incorporated into an Independent Choices Program service plan to address critical contingencies or incidents that pose a risk or harm to a participant's health and welfare.

(34) "In-Home Services" mean the activities of daily living and instrumental activities of daily living that assist an individual to stay in his or her own home or the home of a relative.

(35) "Instrumental Activities of Daily Living (IADL)" mean those activities, other than activities of daily living, required by an individual to continue independent living. The definitions and parameters for assessing needs in IADL are identified in OAR 411-015-0007.

(36) "Liability" refers to the dollar amount an individual with excess income contributes to the cost of service pursuant to OAR 461-160-0610 and OAR 461-160-0620.

(37) "Live-In Services" mean services provided when an individual requires activities of daily living, instrumental activities of daily living, and twenty-four hour availability. Time spent by any live-in employee doing instrumental activities of daily living and twenty-four hour availability are exempt from federal and state minimum wage and overtime requirements.

(38) "Natural Supports" or "Natural Support System" means resources and supports (e.g. relatives, friends, neighbors, significant others, roommates, or the community) who are willing to voluntarily provide services to an individual without the expectation of compensation. Natural supports are identified in collaboration with the individual and the potential "natural support". The natural support is required to have the skills, knowledge, and ability to provide the needed services and supports.

(39) "Oregon Project Independence (OPI)" means the program of in-home services described in OAR chapter 411, division 032.

(40) "Participant" means an individual eligible for the Independent Choices Program.

(41) "Provider" means the person who renders the services.

(42) "Rate Schedule" means the rate schedule maintained by the Department at <http://www.dhs.state.or.us/spd/tools/program/osip/rateschedule.pdf>. Printed copies may be obtained by calling (503) 945-6398 or writing the Department of Human Services, Aging and People with Disabilities, ATTN: Rule Coordinator, 500 Summer Street NE, E-10, Salem, Oregon 97301.

(43) "Relative" means a person, excluding an individual's spouse, who is related to the individual by blood, marriage, or adoption.

(44) "Representative" is a person either appointed by an individual to participate in service planning on the individual's behalf or an individual's natural support with longstanding involvement in assuring the individual's health, safety, and welfare. There are additional responsibilities for an Independent Choices Program (ICP) representative as described in OAR 411-030-0100. An ICP representative is not a paid employee provider regardless of relationship to a participant.

(45) "Service Budget" means a participant's plan for the distribution of authorized funds that are under the control and direction of the participant within the Independent Choices Program. A service budget is a required component of the participant's service plan.

(46) "Service Need" means the assistance an individual requires from another person for those functions or activities identified in OAR 411-015-0006 and OAR 411-015-0007.

(47) "SUTA" is the acronym for State Unemployment Tax Assessment. State unemployment taxes are paid by employers to finance the unemployment benefit system that exists in each state.

(48) "These Rules" mean the rules in OAR chapter 411, division 030.

(49) "Twenty-Four Hour Availability" means the availability and responsibility of a homecare worker to meet activities of daily living and instrumental activities of daily living needs of a consumer as required by the consumer over a twenty-four hour period. Twenty-four hour availability services are provided by a live-in homecare worker and are exempt from federal and state minimum wage and overtime requirements.

Stat. Auth.: ORS 409.050, 410.070 & 410.090

Stats. Implemented: ORS 410.010, 410.020 & 410.070

Hist.: SSD 5-1983, f. 6-7-83, ef. 7-1-83; SSD 3-1985, f. & ef. 4-1-85; SSD 5-1987, f. & ef. 7-1-87; SSD 4-1993, f. 4-30-93, cert. ef. 6-1-93; SSD 6-1994, f. & cert. ef. 11-15-94; SPD 14-2003, f. & cert. ef. 7-31-03; SPD 15-2003 f. & cert. ef. 9-30-03; SPD 18-2003(Temp), f. & cert. ef. 12-11-03 thru 6-7-04; SPD 15-2004, f. 5-28-04, cert. ef. 6-7-04; SPD 18-2005(Temp), f. 12-20-05, cert. ef. 12-21-05 thru 6-1-06; SPD 20-2006, f. 5-26-06, cert. ef. 6-1-06; SPD 3-2007(Temp), f. 4-11-07, cert. ef. 5-1-07 thru 10-28-07; SPD 17-2007, f. 10-26-07, cert. ef. 10-28-07; SPD 4-2008(Temp), f. & cert. ef. 4-1-08 thru 9-24-08; SPD 13-2008, f. & cert. ef. 9-24-08; SPD 15-2008, f. 12-26-08, cert. ef. 1-1-09; SPD 10-2013(Temp), f. & cert. ef. 5-23-13 thru 11-19-13; SPD 16-2013(Temp), f. & cert. ef. 7-1-13 thru 11-19-13; SPD 43-2013, f. 10-31-13, cert. ef. 11-1-13

411-030-0033

In-Home Service Living Arrangements

(1) The following terms are used in this rule:

(a) "Informal arrangement" means a paid or unpaid arrangement for shelter or utility costs that does not include the elements of a property manager's rental agreement.

(b) "Property manager's rental agreement" means a payment arrangement for shelter or utility costs with a property owner, property manager, or landlord that includes all of the following elements:

(A) The name and contact information for the property manager, landlord, or leaser;

(B) The period or term of the agreement and method for terminating the agreement;

(C) The number of tenants or occupants;

(D) The rental fee and any other charges (such as security deposits);

(E) The frequency of payments (such as monthly);

(F) What costs are covered by the amount of rent charged (such as shelter, utilities, or other expenses); and

(G) The duties and responsibilities of the property manager and the tenant, such as:

(i) The person responsible for maintenance;

(ii) If the property is furnished or unfurnished; and

(iii) Advance notice requirements prior to an increase in rent

(c) "Provider-owned dwelling" means a dwelling that is owned by a provider or the provider's spouse when the provider is proposing to be paid for Medicaid home and community-based services and the provider or the provider's spouse is not related to an individual by blood, marriage, or adoption. Provider-owned dwellings include, but are not limited to:

(A) Houses, apartments, and condominiums;

(B) A portion of a house such as basement or a garage even when remodeled to be used as a separate dwelling;

(C) Trailers and mobile homes; or

(D) Duplexes, unless the structure displays a separate address from the other residential unit and was originally built as a duplex.

(d) "Provider-rented dwelling" means a dwelling that is rented or leased by a provider or the provider's spouse when the provider is proposing to be paid for Medicaid home and community-based services and the provider or the provider's spouse is not related to an individual by blood, marriage, or adoption.

(2) An individual is eligible for Medicaid in-home services if the individual:

(a) Resides in a dwelling the individual owns or rents;

(b) Resides in a provider-owned or provider-rented dwelling and the individual's name is added to the property deed, mortgage, title, or property manager's rental agreement; or

(c) Resides, either through an informal arrangement or property manager's rental agreement, in a dwelling owned or rented by a relative as defined in OAR 411-030-0020.

(3) An individual is not eligible for Medicaid in-home services if the individual resides in a provider-owned or rented dwelling through an informal arrangement. A provider-owned or rented dwelling may meet the requirements for a limited adult foster home as described in OAR 411-050-0405.

Stat. Auth.: ORS 409.050, 410.070 & 410.090

Stats. Implemented: ORS 410.010, 410.020 & 410.070

Hist.: SSD 4-1993, f. 4-30-93, cert. ef. 6-1-93; SPD 14-2003, f. & cert. ef. 7-31-03; SPD 15-2003 f. & cert. ef. 9-30-03; SPD 18-2003(Temp), f. & cert. ef. 12-11-03 thru 6-7-04; SPD 15-2004, f. 5-28-04, cert. ef. 6-7-04; SPD 18-2005(Temp), f. 12-20-05, cert. ef. 12-21-05 thru 6-1-06; SPD 20-2006, f. 5-26-06, cert. ef. 6-1-06; SPD 15-2008, f. 12-26-08, cert. ef. 1-1-09; SPD 10-2013(Temp), f. & cert. ef. 5-23-13 thru 11-19-13; SPD 43-2013, f. 10-31-13, cert. ef. 11-1-13

411-030-0040

Eligibility Criteria

(1) In-home services are provided to individuals who meet the established priorities for service as described in OAR chapter 411, division 015 who have been assessed to be in need of in-home services.

(a) Payments for in-home services are not intended to replace the resources available to an individual from the individual's natural supports.

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(b) An individual whose service needs are sufficiently and appropriately met by available natural supports is not eligible for in-home services.

(2) An individual receiving Medicaid in-home services or services through the Independent Choices Program must --

(a) Meet the established priorities for service as described in OAR chapter 411, division 015;

(b) Be current recipients of OSIPM (Oregon Supplemental Income Program Medical) as defined in OAR 461-101-0010;

(c) Reside in a living arrangement described in OAR 411-030-0033; and

(d) Be 18 years of age or older.

(3) To be eligible for Medicaid in-home services, an individual must employ an enrolled homemaker worker or contracted in-home care agency. To be eligible for ICP, a participant must employ an employee provider.

(4) Initial eligibility for Medicaid in-home services or the ICP does not begin until an individual's service plan has been authorized by the Department or the Department's designee. The service plan must identify the provider who delivers the authorized services, include the date when the provision of services begins, and include the maximum number of hours authorized. Service plans must be based upon the least costly means of providing adequate services.

(5) If, for any reason, the employment relationship between an individual and provider is discontinued, an enrolled homemaker worker or contracted in-home care agency must be employed within 14 business days for the individual to remain eligible for in-home services. A participant of ICP must employ an employee provider within 14 business days to remain eligible for ICP services. The individual's case manager has the authority to waive the 14 business day restriction if the individual is making progress towards employing a provider.

(6) An eligible individual who has been receiving in-home services who temporarily enters a nursing facility or medical institution must employ an enrolled homemaker worker or contracted in-home care agency within 14 business days of discharge from the facility or institution for the individual to remain eligible for in-home services. A participant of ICP must employ an employee provider within 14 business days of discharge to remain eligible for ICP services.

(7) EMPLOYER RESPONSIBILITIES.

(a) In order to be eligible for in-home services provided by a homemaker worker, an individual must be able to, or designate a representative to:

(A) Locate, screen, and hire a qualified homemaker worker;

(B) Supervise and train the homemaker worker;

(C) Schedule the homemaker worker's work, leave, and coverage;

(D) Track the hours worked and verify the authorized hours completed by the homemaker worker;

(E) Recognize, discuss, and attempt to correct any performance deficiencies with the homemaker worker; and

(F) Discharge an unsatisfactory homemaker worker.

(b) Individuals who are unable to meet the responsibilities in subsection (a) of this section are ineligible for in-home services provided by a homemaker worker. Except as set forth in subsection (f) of this section, individuals ineligible for in-home services provided by a homemaker worker may designate a representative to manage the individual's responsibilities as an employer on the individual's behalf. A representative of an individual may not be a homemaker worker providing homemaker worker services to the individual. Individuals must also be offered other available community-based service options to meet the individual's service needs, including contracted in-home care agency services, nursing facility services, or other community-based service options.

(c) An individual determined ineligible for in-home services provided by a homemaker worker and who does not have a representative may request in-home services provided by a homemaker worker at the individual's next re-assessment, but no sooner than 12 months from the date the individual was determined ineligible. To reestablish eligibility for in-home services provided by a homemaker worker, an individual must attend training and acquire or otherwise demonstrate the ability to meet the employer responsibilities in subsection (a) of this section. Improvements in health and cognitive functioning, for example, may be factors in demonstrating the individual's ability to meet the employer responsibilities in subsection (a) of this section. If the Department determines that an individual may not meet the individual's employer responsibilities, the Department may require that the individual appoint an acceptable representative.

(d) The Department retains the right to approve the representative selected by an individual. Approval may be based on, but is not limited to, the representative's criminal history, protective services history, or credible

allegations of fraud or collusion in fraudulent activities involving a public assistance program.

(e) If an individual's designated representative is unable to meet the employer responsibilities of subsection (a) of this section or the Department does not approve the representative, the individual must designate a different representative or select other available services.

(f) An individual with a history of credible allegations of fraud or collusion in fraud with respect to in-home services is not eligible for in-home services provided by a homemaker worker.

(8) REPRESENTATIVE.

(a) The Department or the Department's designee may deny an individual's request for any representative if the representative has a history of a substantiated adult protective service complaint as described in OAR chapter 411, division 020. The individual may select another representative.

(b) An individual with a guardian must have a representative for service planning purposes. A guardian may designate themselves the representative.

(9) Additional eligibility criteria for Medicaid in-home services exist for individuals eligible for:

(a) The Consumer-Employed Provider Program as described in OAR chapter 411, division 031;

(b) The Independent Choices Program as described in OAR 411-030-0100 of these rules; and

(c) The Spousal Pay Program as described in OAR 411-030-0080 of these rules.

(10) Residents of licensed community-based care facilities, nursing facilities, prisons, hospitals, and other institutions that provide assistance with ADLs are not eligible for in-home services.

(11) Individuals with excess income must contribute to the cost of service pursuant to OAR 461-160-0610 and OAR 461-160-0620.

Stat. Auth.: ORS 409.050, 410.070 & 410.090

Stats. Implemented: ORS 410.010, 410.020 & 410.070

Hist.: SSD 3-1985, f. & cert. 4-1-85; SSD 4-1993, f. 4-30-93, cert. ef. 6-12-93, Renumbered from 411-030-0001; SPD 2-2003(Temp), f. 1-31-03, cert. ef. 2-1-03 thru 7-30-03; SPD 14-2003, f. & cert. ef. 7-31-03; SPD 15-2003 f. & cert. ef. 9-30-03; SPD 18-2003(Temp), f. & cert. ef. 12-11-03 thru 6-7-04; SPD 15-2004, f. 5-28-04, cert. ef. 6-7-04; SPD 18-2005(Temp), f. 12-20-05, cert. ef. 12-21-05 thru 6-1-06; SPD 1-2006(Temp), f. & cert. ef. 1-13-06 thru 6-1-06; SPD 20-2006, f. 5-26-06, cert. ef. 6-1-06; SPD 4-2008(Temp), f. & cert. ef. 4-1-08 thru 9-24-08; SPD 13-2008, f. & cert. ef. 9-24-08; SPD 15-2008, f. 12-26-08, cert. ef. 1-1-09; SPD 10-2013(Temp), f. & cert. ef. 5-23-13 thru 11-19-13; SPD 43-2013, f. 10-31-13, cert. ef. 11-1-13

411-030-0050

Case Management

(1) ASSESSMENT. The assessment process identifies an individual's ability to perform ADLs, IADLs, and determines an individual's ability to address health and safety concerns.

(a) The case manager must conduct an assessment in accordance with the standards of practices established by the Department in OAR 411-015-0008.

(b) The assessment must be conducted by a case manager or other qualified Department or AAA representative with a standardized assessment tool approved by the Department in the home of the eligible individual, no less than annually.

(2) PERSON-CENTERED SERVICE PLANNING.

(a) An individual and the individual's case manager, with the assistance of others involved, must consider in-home service options as well as assistive devices, architectural modifications, and other community-based resources to meet the service needs identified in the assessment process.

(A) The individual or the individual's representative is responsible for choosing and assisting in developing less costly service alternatives, including the Consumer-Employed Provider Program and contracted in-home care agency services.

(B) The case manager is responsible for:

(i) Determining eligibility for specific services;

(ii) Presenting service options, resources, and alternatives to the individual to assist the individual in making informed choices and decisions;

(iii) Identifying risks;

(iv) Assisting the individual with developing backup plans;

(v) Identifying the individual's goals and preferences;

(vi) Assessing the cost effectiveness of the individual's service plan; and

(vii) Developing a person-centered service plan.

(C) The case manager must monitor the service plan and make adjustments as needed.

(b) The Department takes necessary safeguards to protect an individual's health, safety, and welfare in implementing an individual's service plan in accordance with 42 CFR 441.302 and 42 CFR 441.570. When an

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individual with the ability to make an informed decision selects a service choice that jeopardizes health and safety, the Department or AAA staff shall offer or recommend options to the individual in order to minimize those risks. For the purpose of this rule, an "informed decision" means the individual understands the benefits, risks, and consequences of the service choice selected. Options that minimize risks may include offering or recommending:

(A) Natural supports to provide assistance with safety or health emergencies;

- (B) An emergency response system;
- (C) A back-up plan for assistance with service needs;
- (D) Resources for emergency disaster planning;
- (E) A referral for long term care community nursing services;
- (F) Resources for provider and consumer training;
- (G) Assistive devices; or
- (H) Architectural modifications.

(c) The Department or AAA may not authorize a service provider, service setting, or a combination of services selected by an eligible individual or the individual's representative when --

(A) The service setting has dangerous conditions that jeopardize the health or safety of the individual and necessary safeguards cannot be taken to improve the setting;

(B) Services cannot be provided safely or adequately by the service provider based on:

- (i) The extent of the individual's service needs; or
- (ii) The choices or preferences of the eligible individual or the individual's representative;

(C) Dangerous conditions in the service setting jeopardize the health or safety of the service provider that is authorized and paid for by the Department, and necessary safeguards cannot be taken to minimize the dangers; or

(D) The individual does not have the ability to make an informed decision, does not have a designated representative to make decisions on his or her behalf, and the Department or AAA cannot take necessary safeguards to protect the safety, health, and welfare of the individual.

(d) The case manager must present the individual or the individual's representative with information on service alternatives and provide assistance to assess other choices when the service provider or service setting selected by the individual or the individual's representative is not authorized.

(3) PAYMENT.

(a) The service plan payment is considered full payment for Medicaid home and community-based services rendered. Under no circumstances is the service provider to demand or receive additional payment for these services from the consumer or any other source.

(b) Additional payment to homecare workers or ICP employee providers for the same services covered by Medicaid in-home services or the Spousal Pay Program is prohibited.

(c) For ICP, the service plan must include the service budget as described in OAR 411-030-0100.

(d) For service plans in which a consumer lives in the relative home-care workers home, subsection (a) of this section does not apply to rent and living expenses.

(4) **HARDSHIP SHELTER ALLOWANCE.** The Department may not authorize a hardship shelter allowance associated with employing a live-in provider on or after June 1, 2006. Individuals eligible for and authorized to receive a hardship shelter allowance before June 1, 2006 may continue to receive a hardship shelter allowance on or after June 1, 2006 at the rate established by the Department if one of the following conditions is met:

(a) The individual is forced to move from their current dwelling and the individual's current average monthly rent or mortgage costs exceed current OSIP and OSIPM standards for a one-person need group as outlined in OAR 461-155-0250; or

(b) Service costs significantly increase as a result of the individual being unable to provide living quarters for a necessary live-in provider.

Stat. Auth.: ORS 409.050, 410.070 & 410.090

Stats. Implemented: ORS 410.010, 410.020 & 410.070

Hist.: SSD 5-1983, f. 6-7-83, ef. 7-1-83; SSD 3-1985, f. & ef. 4-1-85; SSD 12-1985(Temp), f. & ef. 9-19-85; SSD 16-1985, f. 12-31-85, ef. 1-1-86; SSD 4-1987(Temp), f. & ef. 7-1-87; SSD 1-1988, f. & cert. ef. 3-1-88; SSD 6-1988, f. & cert. ef. 7-1-88; SSD 9-1989, f. 6-30-89, cert. ef. 7-1-89; SSD 11-1989(Temp), f. & cert. ef. 9-1-89; SSD 18-1989, f. 12-29-89, cert. ef. 1-1-90; SSD 7-1990(Temp), f. & cert. ef. 3-1-90; SSD 16-1990, f. & cert. ef. 8-20-90; SSD 1-1992, f. & cert. ef. 2-21-92; SSD 4-1993, f. 4-30-93, cert. ef. 6-1-93, Renumbered from 411-030-0022; SPD 14-2003, f. & cert. ef. 7-31-03; SPD 15-2003 f. & cert. ef. 9-30-03; SPD 15-2004, f. 5-28-04, cert. ef. 6-7-04; SPD 18-2005(Temp), f. 12-20-05, cert. ef. 12-21-05 thru 6-1-06; SPD 20-2006, f. 5-26-06, cert. ef. 6-1-06; SPD 4-2008(Temp), f. & cert. ef. 4-1-08 thru 9-24-08; SPD 13-2008, f. & cert. ef. 9-24-08; SPD 15-2008, f. 12-26-08, cert. ef. 1-1-09; SPD 10-2013(Temp), f. & cert. ef. 5-23-13 thru 11-19-13; SPD 43-2013, f. 10-31-13, cert. ef. 11-1-13

411-030-0055

Service-Related Transportation

(1) Community transportation (non-medical) may be prior-authorized for reasons related to an eligible individual's safety or health, in accordance with the individual's service plan. Community transportation is offered through contracted transportation providers or by homecare workers.

(2) Community transportation may be authorized to assist an eligible individual in getting to and from the individual's place of employment when the individual is approved for the Employed Persons with Disabilities Program (OSIPM-EPD).

(3) Natural supports, volunteer transportation, and other transportation services available to an eligible individual are considered a prior resource and may not be replaced with transportation paid for by the Department.

(4) DMAP is a resource for medical transportation to a physician, hospital, clinic, or other medical service provider. Medical transportation costs are not reimbursed through community transportation.

(5) Community transportation is not provided by the Department to obtain medical or non-medical items that may be delivered by a supplier or sent by mail order without cost to the eligible individual.

(6) Community transportation must be prior authorized by an individual's case manager and documented in the individual's service plan. The Department does not pay any provider under any circumstances for more than the total number of hours, miles, or rides prior authorized by the Department or AAA and documented in the individual's service plan.

(a) Contracted transportation providers are reimbursed according to the terms of their contract with the Department. Community transportation services provided through contracted transportation providers must be authorized by a case manager based on an estimate of a total count of one way rides per month.

(b) Homecare workers who use their own personal vehicle for community transportation are reimbursed according to the terms defined in their Collective Bargaining Agreement between the Home Care Commission and Service Employees International Union, Local 503, OPEU. Any mileage reimbursement authorized to a homecare worker must be based on an estimate of the monthly maximum miles required to drive to and from the destination authorized in an individual's service plan. Community transportation hours are authorized in accordance with OAR 411-030-0070.

(c) The Department or AAA does not authorize reimbursement for travel to or from the residence of a homecare worker. The Department or AAA only authorizes community transportation and mileage from the home of an eligible individual to the destination authorized in the individual's service plan and back to the individual's home.

(7) The Department is not responsible for any vehicle damage or personal injury sustained while using a personal motor vehicle for community transportation.

Stat. Auth.: ORS 409.050, 410.070 & 410.090

Stats. Implemented: ORS 410.010, 410.020 & 410.070

Hist.: SPD 18-2005(Temp), f. 12-20-05, cert. ef. 12-21-05 thru 6-1-06; SPD 20-2006, f. 5-26-06, cert. ef. 6-1-06; SPD 15-2008, f. 12-26-08, cert. ef. 1-1-09; SPD 10-2013(Temp), f. & cert. ef. 5-23-13 thru 11-19-13; SPD 43-2013, f. 10-31-13, cert. ef. 11-1-13

411-030-0080

Spousal Pay Program

(1) The Spousal Pay Program is one of the live-in service options under in-home services for those who qualify.

(2) For the purposes of the Spousal Pay Program, a spouse is defined as a person who is legally married per OAR 461-001-0000 to an individual eligible for Medicaid in-home services.

(3) **ELIGIBILITY.** An individual may be eligible for the Spousal Pay Program when all of the following conditions are met:

(a) The individual has met all eligibility requirements for in-home services as described in OAR 411-030-0040;

(b) The individual requires full assistance in at least four of the six ADLs described in OAR 411-015-0006 as determined by the assessment described in OAR chapter 411, division 015;

(c) The individual would otherwise require nursing facility services without Medicaid in-home services;

(d) The individual has a medically-diagnosed, progressive, debilitating condition that limits additional ADL, or has experienced a spinal cord injury or similar disability with permanent impairment of the ability to perform ADLs;

(e) At the time of requesting enrollment in the Spousal Pay Program, the individual is determined, through a pre-admission screening (PAS) assessment (as defined in OAR 411-070-0005) to meet the requirements described in sections (3)(b), (3)(c) and (3)(d) of this rule. The PAS assess-

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ment is a second, independent assessment, conducted by the Department or AAA using the CA/PS;

(f) The individual's service needs exceed in both extent and duration the usual and customary services rendered by one spouse to another;

(g) The spouse demonstrates the capability and health to provide the services and actually provides the principal services, including the majority of service plan hours, for which payment has been authorized;

(h) The spouse meets all requirements for enrollment as a homemaker worker in the Consumer-Employed Provider Program as described in OAR 411-031-0040; and

(i) The Department has reviewed the request and approved program eligibility at enrollment and annually upon re-assessment.

(4) PAYMENTS.

(a) All payments must be prior authorized by the Department or the Department's designee.

(b) The hours authorized in an individual's service plan must consist of one-half of the assessed hours for twenty-four hour availability, one-half of the assessed hours for IADLs, plus all of the hours for specific ADLs based on the service needs of the individual.

(c) Except as described otherwise in subsection (d) of this section, spousal pay providers are paid at live-in homemaker worker rates for ADLs, IADLs, and twenty-four hour availability as bargained in the Collective Bargaining Agreement between the Home Care Commission and Service Employees International Union, Local 503, OPEU.

(d) Homemaker workers who marry their consumer-employer retain the same standard of compensation, if their employer meets the spousal pay eligibility criteria as described in section (3) of this rule. Additional IADL hours may be authorized in the service plan when necessary to prevent a loss of compensation to the homemaker worker following marriage to the consumer-employer.

(e) Spousal pay providers may not claim payment from the Department for hours that the spousal pay provider did not work unless paid leave is utilized.

(5) Spousal pay providers are subject to the provisions in OAR chapter 411, division 031 governing homemaker workers enrolled in the Consumer-Employed Provider Program.

(6) Individuals receiving Spousal Pay Program services who have excess income must contribute to the cost of services pursuant to OAR 461-160-0610 and 461-160-0620.

Stat. Auth.: ORS 409.050, 410.070 & 410.090

Stats. Implemented: ORS 410.010, 410.020, 410.070, 411.802 & 411.803

Hist.: SSD 4-1984, f. 4-27-84, ef. 5-1-84; SSD 3-1985, f. & ef. 4-1-85; SSD 4-1993, f. 4-30-93, cert. ef. 6-1-93, Renumbered from 411-030-0027; SDSD 2-2000, f. 3-27-00, cert. ef. 4-1-00; SPD 2-2003(Temp), f. 1-31-03, cert. ef. 2-1-03 thru 7-30-03; SPD 14-2003, f. & cert. ef. 7-31-03; SPD 15-2003 f. & cert. ef. 9-30-03; SPD 15-2004, f. 5-28-04, cert. ef. 6-7-04; SPD 20-2006, f. 5-26-06, cert. ef. 6-1-06; SPD 3-2007(Temp), f. 4-11-07, cert. ef. 5-1-07 thru 10-28-07; SPD 17-2007, f. 10-26-07, cert. ef. 10-28-07; SPD 15-2008, f. 12-26-08, cert. ef. 1-1-09; SPD 13-2012(Temp), f. & cert. ef. 9-26-12 thru 3-25-13; SPD 4-2013, f. 3-25-13, cert. ef. 3-26-13; SPD 10-2013(Temp), f. & cert. ef. 5-23-13 thru 11-19-13; SPD 43-2013, f. 10-31-13, cert. ef. 11-1-13

411-030-0090

Contracted In-Home Care Agency Services

(1) Contracted in-home care agency services are one of the in-home service options for individuals eligible for Medicaid in-home services.

(2) In-home care agencies must be licensed in accordance with OAR chapter 333, division 536. The geographic service area in which the agency provides services must comply with OAR 333-536-0050. The specific services provided must be described in each contracted in-home care agency's statement of work.

Stat. Auth.: ORS 409.050, 410.070 & 410.090

Stats. Implemented: ORS 410.010, 410.020 & 410.070

Hist.: SSD 4-1993, f. 4-30-93, cert. ef. 6-1-93; SPD 14-2003, f. & cert. ef. 7-31-03; SPD 20-2006, f. 5-26-06, cert. ef. 6-1-06; SPD 2-2007(Temp), f. & cert. ef. 3-30-07 thru 9-25-07; SPD 13-2007, f. 8-31-07, cert. ef. 9-4-07; SPD 15-2008, f. 12-26-08, cert. ef. 1-1-09; SPD 10-2013(Temp), f. & cert. ef. 5-23-13 thru 11-19-13; SPD 43-2013, f. 10-31-13, cert. ef. 11-1-13

Department of Human Services, Child Welfare Programs Chapter 413

Rule Caption: Changing OARs affecting Child Welfare programs

Adm. Order No.: CWP 9-2013(Temp)

Filed with Sec. of State: 11-1-2013

Certified to be Effective: 11-1-13 thru 4-30-14

Notice Publication Date:

Rules Amended: 413-120-0905

Subject: OAR 413-120-0905, which defines terms used in the rules on "Intercountry Adoption Pursuant to the Hague Convention and Intercountry Adoption Act," is being amended to expand the definition of relative to include the unrelated parent of a half-sibling and their specified blood relatives, for the purposes of placing the half-siblings together in an intercountry adoption.

Rules Coordinator: Annette Tesch—(503) 945-6067

413-120-0905

Definitions

The following definitions apply to OAR 413-120-0900 to 413-120-0970:

(1) "Adoption" means a legal or administrative process that establishes a permanent legal parent-child relationship between a child and an adult who is not already the child's legal parent and terminates the legal parent-child relationship between the adopted child and any former parent.

(2) "Central authority" means the entity designated as such by a Convention country that is authorized to discharge the duties imposed on Convention countries.

(3) "Central authority functions" means any duty required to be carried out by a central authority or foreign authorized entity under the Convention.

(4) "Convention" means the Convention on the Protection of Children and Co-operation in Respect of Intercountry Adoptions, concluded at The Hague, the Netherlands, on May 29, 1993, which went into effect in the United States on April 1, 2008.

(5) "Convention adoption" means an adoption of a child who is a habitual resident in a Convention country by an individual in another Convention country when the child has been, is being, or will be moved between the two Convention countries for the purpose of adoption.

(6) "Convention country" means a country that is a party to the Convention.

(7) "Department" means the Department of Human Services, Child Welfare.

(8) "Foreign authorized entity" means a foreign central authority or an accredited entity authorized by the foreign country to perform central authority functions in Convention adoption cases.

(9) "Hague adoption certificate" means a certificate issued by the Secretary of State in an outgoing Convention adoption certifying that the child has been adopted in the United States in conformity with the Convention and IAA.

(10) "Hague custody declaration" means a declaration issued by the Secretary of State in an outgoing Convention adoption declaring that custody of the child for purposes of adoption has been granted in the United States in conformity with the Convention and IAA.

(11) "IAA" means the Intercountry Adoption Act of 2000, Public Law 106-279, 42 USC 14901 to 14954.

(12) "Incoming Convention adoption" means a case in which a child who is a resident of another Convention country has been, is being, or will be moved to the United States for placement and adoption.

(13) "Outgoing Convention adoption" means a case in which a child in the United States has been, is being, or will be moved to another Convention country for placement and adoption.

(14) "Prospective adoptive parents" means the parents, family members, or other people who reside in the residence, or the physical home location of the family, who have been studied and approved by a foreign authorized entity to adopt a child in the legal and physical custody of the Department and with whom the Department has made an official decision to place the child in the family home for the purpose of adoption.

(15) "Receiving Convention country" means a Convention country in which a child who is the subject of an outgoing adoption will be placed for purposes of adoption.

(16) "Relative" means:

(a) An individual with one of the following relationships to the child or young adult through the child or young adult's parent:

(A) Any blood relative of preceding generations denoted by the prefixes of grand, great, or great-great.

(B) Any half-blood relative of preceding generations denoted by the prefixes of grand, great, or great-great (individuals with one common biological parent are half-blood relatives).

(C) An aunt, uncle, nephew, niece, first cousin, and first cousin once removed.

(D) A sibling, also to include an individual with a sibling relationship to the child or young adult through a putative father.

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(b) The unrelated legal or biological father or mother of a half-sibling of the child or young adult for the purposes of placing the half-siblings together.

(c) An individual with a relationship to the child or young adult's half-sibling through the half-sibling's legal or biological father or mother as described in paragraphs (a)(A) through (D) of this section, for the purpose of placing the half-siblings together.

(17) "Secretary of State" means the Secretary of the United States Department of State, the central authority for the United States.

(18) "Special Immigrant Juvenile Status" means the legal process to obtain lawful permanent resident status for a child who does not have lawful permanent resident status because he or she entered the United States without inspection.

(19) "U.S. State Department" means the United States Department of State.

Stat. Auth.: ORS 417.262, 417.265 & 418.005
Stats. Implemented: ORS 417.262, 417.265 & 418.005
Hist.: CWP 8-2010(Temp), f. & cert. ef. 6-30-10 thru 12-27-10; CWP 23-2010, f. & cert. ef. 12-28-10; CWP 9-2013(Temp), f. & cert. ef. 11-1-13 thru 4-30-14

Rule Caption: Changing OARs affecting Child Welfare programs

Adm. Order No.: CWP 10-2013

Filed with Sec. of State: 11-14-2013

Certified to be Effective: 1-1-14

Notice Publication Date: 10-1-2013

Rules Adopted: 413-090-0055, 413-090-0060, 413-090-0065, 413-090-0070, 413-090-0075, 413-090-0080, 413-090-0085, 413-090-0090

Rules Amended: 413-010-0500

Subject: These rules are being written to standardize practice in the delivery of Behavior Rehabilitation Services in the child welfare system with other Oregon Departments who also contract for such services with BRS Contractors and BRS Providers. These rules also clarify the Placement Related Activities provided to a BRS client receiving Behavior Rehabilitation Services through a BRS Contractor or BRS Provider. These rules also outline the responsibilities of the Department for contract compliance and oversight. These rules ensure that Behavior Rehabilitation Services are provided to meet the needs of children and young adults in the care or custody of the Department.

Rules Coordinator: Annette Tesch—(503) 945-6067

413-010-0500

Purpose, Right to Request Hearing, Applicable Rules, and Computation of Time

(1) The purpose of these rules (OAR 413-010-0500 to 413-010-0535) is to:

(a) State the rights of individuals and entities to request a contested case hearing when the Department takes certain actions; and

(b) Set forth rules governing some aspects of the contested case hearings process.

(2) The individuals and entities described below have the right to request a contested case hearing under ORS Chapter 183. In order to exercise the right to a hearing, the individual or entity must submit and the Department must receive a hearing request which complies with OAR 413-010-0505 within the timeframes described in that rule.

(a) A child or young adult placed in substitute care by the Department may request a hearing in the manner set forth in OAR 413-010-0505 when the Department issues a notice and decision that includes a statement of hearing rights that:

(A) Reduces or terminates the base rate payment;

(B) Determines, denies, reduces or terminates a level of care payment;

(C) Determines, denies, reduces or terminates a level of personal care payment;

(D) Denies eligibility under Title IV-E of the Social Security Act when such denial impacts a benefit;

(E) Denies, reduces or terminates the base rate payment made on behalf of the child's or young adult's minor child when the minor child:

(i) Lives with the child or young adult in substitute care; and

(ii) Is not in the legal custody of the Department; or

(F) Denies eligibility for medical assistance under Child Welfare Policy I-E.6.2, "Title XIX and General Assistance Medical Eligibility,"

(OAR 413-100-0400 through 413-100-0610) when such denial impacts assistance.

(G) Denies prior authorization for the BRS Program under Child Welfare Policy I-E.5.1.1.1, "Behavior Rehabilitation Services Program," (OAR 413-090-0075(2)(b)).

(b) Unless an adoption assistance agreement automatically expires, a pre-adoptive family or an adoptive family applying for or receiving adoption assistance under Child Welfare Policy I-G.3.1, "Adoption Assistance," (OAR 413-130-0000 to 413-130-0130) may request a hearing in the manner set forth in OAR 413-010-0505 when the Department issues a notice and decision that includes a statement of hearing rights and:

(A) Denies Title IV-E adoption assistance benefits;

(B) Denies adoption assistance from state funds;

(C) Reduces adoption assistance payments or terminates adoption assistance without the concurrence of the adoptive family;

(D) Reduces adoption assistance payments or terminates adoption assistance for a reason other than a child turning age 18 or a young adult turning age 21 when an extension has been granted; or

(E) Offers the family a specific amount or type of adoption assistance when the Department and the adoptive family or pre-adoptive family are unable to reach agreement through a negotiation or renegotiation under OAR 413-130-0070 or 413-130-0075.

(c) Unless a guardianship assistance agreement automatically expires, a potential guardian or a guardian applying for or receiving guardianship assistance payments under Child Welfare Policy I-E.3.6.2, "Guardianship Assistance," (OAR 413-070-0900 to 413-070-0982) in the manner set forth in OAR 413-010-0505 when the Department issues a notice and decision that includes a statement of hearing rights and:

(A) Denies Title IV-E guardianship assistance benefits;

(B) Terminates, reduces, or otherwise changes guardianship assistance payments without the concurrence of the guardian;

(C) Terminates guardianship assistance for a reason other than a child turning age 18 or a young adult turning age 21 when an extension has been granted; or

(D) Offers the family a specific amount or type of guardianship assistance when the Department and the guardian or potential guardian are unable to reach agreement through a negotiation or renegotiation under OAR 413-070-0917, 413-070-0939, or 413-070-0969.

(d) An applicant for a Certificate of Approval or a certified family may request a hearing in the manner set forth in OAR 413-010-0505 when the Department denies the application or revokes a certificate under Child Welfare Policy II-B.1, "Standards for Certification of Foster Parents, Relative Caregivers, and Approval of Potential Adoptive Resources," (OAR 413-200-0301 to 413-200-0396);

(e) An applicant for a license to operate a private child-caring agency or a licensee may request a hearing in the manner set forth in OAR 413-010-0505 when the Department denies, suspends, or revokes a license or imposes a civil penalty under Child Welfare Policy II-C.1, "Licensing Umbrella Rules," (OAR 413-215-0000 to 413-215-0131);

(f) An organization or school that operates a residential care program for children and is not also a private child-caring agency may request a hearing in the manner set forth in OAR 413-010-0505 when the Department orders the organization or school to alter the conditions under which a child lives or receives schooling or denies, suspends or revokes a license under Child Welfare Policy II-C.1, "Licensing Umbrella Rules," (OAR 413-215-0000 to 413-215-0131);

(g) An applicant to adopt or an applicant for a Certificate of Approval may request a hearing in the manner set forth in OAR 413-010-0505 when the Department determines that the applicant is unfit based on the criminal offender information or a false statement regarding criminal offender information of the applicant or of another individual in the household of the applicant under Child Welfare Policy I-G.1.4, "Criminal Records Check Requirements for Relative Caregivers, Foster Parents, Adoptive Resources, and Other Persons in the Household," (OAR 413-120-0400 to OAR 413-120-0475).

(3) A person may request a hearing in the manner set forth in OAR 413-010-0505 when that person has the right to a contested case hearing under a statute concerning Child Welfare Programs or a rule in Chapter 413.

(4) These rules (OAR 413-010-0500 to 413-010-0535), apply to contested cases arising from the properly made hearings requests described in sections (2) and (3) of this rule. The following other rules do or do not apply as noted:

(a) OAR 137-003-0501 to 137-003-0700 apply to these contested cases, except to the extent that rules in Chapter 413 are permitted to and provide otherwise.

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(b) Rules in Chapter 461 do not apply to these contested cases unless a rule in Chapter 413 expressly refers to them.

Stat. Auth.: ORS 418.005
Stats. Implemented: ORS 183.411 - 183.685, 411.095 & 418.005
Hist.: SOSCF 32-2001, f. 6-29-01 cert. ef. 7-1-01; CWP 6-2009(Temp), f. & cert. ef. 7-1-09 thru 12-28-09; CWP 10-2009(Temp), f. & cert. ef. 9-1-09 thru 12-28-09; CWP 20-2009, f. & cert. ef. 12-29-09; CWP 8-2011(Temp), f. & cert. ef. 6-30-11 thru 12-27-11; CWP 27-2011, f. 11-3-11, cert. ef. 11-4-11; CWP 6-2012, f. & cert. ef. 9-7-12; CWP 10-2013, f. 11-14-13, cert. ef. 1-1-14

413-090-0055

Effective Date and Administration of the BRS Program

(1) OAR 413-090-0055 through 413-090-0090 are effective on January 1, 2014.

(2) BRS contractors (see OAR 410-170-0020) and BRS providers (see OAR 410-170-0020) that provide services (see 410-170-0020) to a child (see 410-170-0020) or young adult (see 410-170-0020) in the care or custody of the Department of Human Services or one of the federally recognized tribes in Oregon must comply with the requirements in the BRS program general rules (410-170-0000 through 410-170-0120) and these rules (413-090-0055 through 413-090-0090).

(3) All references to federal and state laws and regulations referenced in these rules are those in place on November 13, 2013, and the Agency-specific BRS program rules that are effective on January 1, 2014.

Stat. Auth.: ORS 183.355, 409.050, 418.005, 411.060, 411.070 & 411.116
Stats. Implemented: ORS 418.005, 418.015, 418.027, 411.070, 411.116, 411.141, 418.285, 418.312, 418.315, 418.490 & 418.495
Hist.: CWP 10-2013, f. 11-14-13, cert. ef. 1-1-14

413-090-0060

Purpose

The purpose of the Behavior Rehabilitation Services (BRS) Program (see OAR 410-170-0020) is to remediate the BRS client's debilitating psychosocial, emotional, and behavioral disorders by providing such services (see 410-170-0020) as behavioral intervention, counseling, and skills-training. These rules supplement the BRS program general rules with additional requirements for BRS programs provided through contract with the Department (see 410-170-0020).

Stat. Auth.: ORS 409.050, 418.005, 411.060, 411.170 & 411.116
Stats. Implemented: ORS 418.005, 418.015, 418.027, 411.070, 411.116, 411.141, 418.285, 418.312, 418.315, 418.490 & 418.495
Hist.: CWP 10-2013, f. 11-14-13, cert. ef. 1-1-14

413-090-0065

Definitions

In addition to the definitions in OAR 410-170-0020, the following definitions apply to these rules (413-090-0055 to 431-090-0090).

(1) "Absent day" means a calendar day that:

(a) The BRS client (see OAR 410-170-0020) is enrolled in but not physically present in the BRS provider's (see OAR 410-170-0020) program;

(b) Does not meet the definition of a billable care day (see OAR 410-170-0020);

(c) The Department's placement plan is to return the BRS client to the BRS provider (see OAR 410-170-0020); and

(d) The BRS contractor (see OAR 410-170-0020) or BRS provider obtains authorization from the BRS client's caseworker (see OAR 410-170-0020) and the contract administrator (see section (5) of this rule) to bill the calendar day as an absent day.

(2) "Abuse check" means obtaining and reviewing abuse allegations, abuse investigation reports and associated exhibits and documents for the purpose of determining whether a subject individual has a history as a perpetrator of potentially disqualifying abuse (a potentially disqualifying condition) as described in OAR 407-007-0290(11).

(3) "Babysitting" means the provision of temporary, occasional care for a child (see OAR 410-170-0020) or young adult (see OAR 410-170-0020) that is:

(a) Ten consecutive hours or less; and

(b) Not overnight care.

(4) "Background Check Unit (BCU)" means the Department of Human Services' Background Check Unit.

(5) "Contract administrator" means the employee or other individual designated in writing by the Department, by name or position description, to conduct the contract administration of a contract or class of contracts.

(6) "Criminal records check" means obtaining and reviewing criminal records as required by these rules and includes any or all of the following:

(a) An Oregon criminal records check where criminal offender information is obtained from the Oregon State Police (OSP) using the Law Enforcement Data System (LEDS). The Oregon criminal records check

may also include a review of other criminal records information (see section (7) of this rule) obtained from other sources.

(b) A national criminal records check where records are obtained from the Federal Bureau of Investigation (FBI) through the use of fingerprint cards sent to OSP and other identifying information. The national criminal records check may also include a review of other criminal records information.

(c) A state-specific criminal records check where records are obtained from law enforcement agencies, courts, or other criminal records information resources located in, or regarding, a state or jurisdiction outside Oregon.

(7) "Other criminal records information" means information obtained and used in the criminal records check process that is not criminal offender information from OSP. "Other criminal records information" includes but is not limited to police investigations and records, information from local or regional criminal records information systems, justice records, court records, information from the Oregon Judicial Information Network, sexual offender registration records, warrants, Oregon Department of Corrections records, Oregon Department of Transportation's Driver and Motor Vehicle Services Division information, information provided on the background check requests, disclosures by a subject individual, and any other information from any jurisdiction obtained by or provided to the Department for the purpose of conducting a fitness determination.

(8) "Subject individual" means an individual described in OAR 407-007-0030(30)(a).

(a) For the purposes of this rule, a subject individual also includes:

(A) An individual who provides respite care (see OAR 410-170-0020) for an approved provider parent (see OAR 410-170-0020);

(B) An individual who volunteers with or is employed by an approved provider parent to assist with the care of a BRS client, other than an individual who provides babysitting (see section (3) of this rule) unless paragraph (D) of this subsection applies;

(C) An individual 18 years of age or older who is living in the home of an approved provider parent;

(D) An individual under 18 years of age who is living in the home of an approved provider parent if there is reason to believe the individual may pose a risk to a BRS client;

(E) An individual who provides babysitting or an individual who frequents the home of an approved provider parent if there is reason to believe the individual may pose a risk to a BRS client; and

(F) An individual who has access to a BRS client in the home of an approved provider parent if the contract administrator has requested a criminal records check on the individual.

(b) The following individuals are not subject individuals:

(A) A child or young adult in the care or custody of the Department who lives in the home of the approved provider parent, and

(B) A BRS client.

(9) "Transitional visit" means an overnight visit by the BRS client to another placement for the purpose of facilitating the BRS client's transition.

Stat. Auth.: ORS 181.534, 181.537, 409.050, 411.060, 411.070, 411.116 & 418.005
Stats. Implemented: ORS 181.534, 181.537, 409.010, 409.025, 409.027, 411.060, 411.070, 411.116, 411.141, 418.005, 418.015, 418.016, 418.027, 418.285, 418.312, 418.315, 418.490 & 418.495
Hist.: CWP 10-2013, f. 11-14-13, cert. ef. 1-1-14

413-090-0070

BRS Provider Requirements

In addition to the requirements in OAR 410-170-0030, the BRS contractor (see 410-170-0020) and the BRS provider (see 410-170-0020) providing services (see 410-170-0020) and placement-related activities (see 410-170-0020) to a BRS client (see 410-170-0020) in the care or custody of the Department (see 410-170-0020) or one of the federally-recognized Tribes in Oregon must comply with all of the following requirements:

(1) Ensure completion of a background check, including a criminal records check (see OAR 413-090-0065) and an abuse check (see 413-090-0065), on each subject individual (see 413-090-0065) in compliance with the Department's Criminal Records and Abuse Check Rules in 407-007-0210 to 407-007-0380, any applicable background check requirements that apply to Public Child-Caring Agencies (see 410-170-0020) or Private Child-Caring Agencies (see 410-170-0020), and this section.

(a) Each time a criminal records check is required by OAR 407-007-0220, 413-215-0321(3)(c)-(d), 413-215-0331(2)(b)-(d), or 413-215-0061(1) for personnel of public child-caring agencies or private child-caring agencies, a national criminal records check, described in 407-007-0210(13)(b), must be completed, unless one of the following exceptions applies:

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(A) The subject individual has previously had a national criminal records check, has not lived outside the state of Oregon for more than 60 consecutive days after the subject individual's most recent criminal records check, and has not been arrested since the subject individual's most recent criminal records check;

(B) The subject individual is a respite care (see OAR 413-090-0065) provider and has not lived outside the state of Oregon for more than 60 consecutive days in the last five years, does not disclose any history of arrests or convictions, and does not have a history of arrests or convictions, based on an Oregon criminal records check under OAR 407-007-0220(1) or information received from any other source;

(C) The subject individual is living in the home of an approved provider parent (see OAR 410-170-0020) and is under the age of 18, a babysitter (see 413-090-0065), or an individual who frequents the home of an approved provider parent but is not an employee or volunteer who assists with the care of a BRS client (see 410-170-0020); or

(D) The subject individual is unable to submit fingerprints due to a physical or mental condition that makes compliance impossible or presents an undue safety risk to the subject individual or Department staff and the contract administrator (see OAR 413-090-0065) provides written approval to forego a fingerprint-based check.

(b) Even if one of the circumstances in paragraphs (1)(a)(A) to (1)(a)(D) applies, the contract administrator may require a national criminal records check on a subject individual if deemed necessary by the Department.

(c) Notwithstanding OAR 407-007-0280, 407-007-0300 and 407-007-0320(1), a subject individual may not be approved to be an approved provider parent or an individual described in 413-090-0065(9)(a), if the subject individual has a conviction described in 413-120-0450(3) or (4). The Department's Background Check Unit (see 413-090-0065) must provide written notice of the denial, as required by OAR 407-007-0320(2)-(3).

(d) Notwithstanding OAR 407-007-0280, when a subject individual is seeking to be approved as an approved provider parent or an individual described in 413-090-0065(9)(a), any conviction described in 413-120-0450(5), (6) and (7) or any arrest described in 413-120-0455(1) is a potentially disqualifying condition that requires a weighing test under 407-007-0300.

(A) The Department's Background Check Unit shall make a final fitness determination in accordance with OAR 407-007-0320(1)(a) or (c).

(B) A subject individual subject to a weighing test may not be approved with restrictions under OAR 407-007-0320(1)(b).

(e) OAR 407-007-0330 applies to any decisions to deny a subject individual based on subsection (1)(b) or (1)(c) of this rule.

(f) A subject individual may be approved on a preliminary basis, consistent with OAR 413-120-0440(7), if the subject individual:

(A) Does not have a conviction described in subsection (1)(c) of this rule or OAR 413-120-0450(3) or (4);

(B) Preliminary approval of the subject individual is not prohibited by OAR 407-007-0315(7);

(C) The Department's Background Check Unit conducts a preliminary fitness determination with a weighing test if the subject individual has any convictions or arrests described in subsection (1)(d) of this rule or potentially disqualifying abuse; and

(D) The Department's Background Check Unit determines that, more likely than not, the subject individual poses no potential threat to BRS clients.

(2) Ensure the following documents are contained in the individual, confidential file of each BRS client:

(a) A face sheet with frequently referenced information;

(b) The BRS client's medical insurance information;

(c) The BRS client's school enrollment, attendance, progress and discipline information during the BRS client's stay in the program;

(d) Signed consent for the BRS client to participate in the BRS program;

(e) Documentation regarding the individuals authorized to consent to medical or mental health services for the BRS client;

(f) Documentation regarding home or other family visits;

(g) Documentation of recreational, social, and cultural activities;

(h) Documentation of legal custody or voluntary placement status;

(i) Referral information;

(j) All services documentation, including but not limited to the ISP, AER, MSP, MSP updates, Discharge Summary and Aftercare Summary as required by BRS service planning in OAR 410-170-0070;

(k) Any restrictions on or special permissions for the BRS client's participation in activities or outings and the duration of any restrictions or special permissions; and

(1) All other case related information specific to the BRS client.

(3) The BRS contractor and the BRS provider must maintain in their program records:

(a) Staff schedules for BRS programs utilizing a residential care model (see OAR 410-170-0020);

(b) Certification status for approved provider parents for BRS programs utilizing a therapeutic foster care model (see OAR 410-170-0020); and

(c) Authorization for each absent day (see OAR 413-090-0065) billed for a BRS client.

Stat. Auth.: ORS 181.534, 181.537, 409.050, 411.060, 411.070, 411.116 & 418.005

Stat. Implemented: ORS 181.534, 181.537, 409.010, 409.025, 409.027, 411.060, 411.070, 411.116, 411.141, 418.005, 418.015, 418.016, 418.027, 418.285, 418.312, 418.315, 418.490 & 418.495

Hist.: CWP 10-2013, f. 11-14-13, cert. ef. 1-1-14

413-090-0075

Prior Authorization for the BRS program; Appeal Rights

(1) BRS Program Eligibility.

(a) The Department (see OAR 413-090-0065) may provide prior authorization for the BRS program to a child (see 410-170-0020) or young adult (see 410-170-0020) who:

(A) Meets the requirements in OAR 410-170-0040(2)(a)(A) through (C); and

(B) Is in the care or custody of the Department or one of the federally recognized tribes in Oregon.

(b) Notwithstanding subsection (1)(a) of this rule, the Department may provide prior authorization for the BRS program to a child or young adult who:

(A) Meets the requirements in OAR 410-170-0040(2)(a)(B) through (E);

(B) Is eligible for state-funded medical assistance under Title XIX and General Assistance Medical Eligibility, OAR 413-100-0400 through 413-100-0610; and

(C) Is in the care or custody of the Department or one of the federally recognized tribes in Oregon.

(2) Appeal Rights.

(a) When a child or young adult in the care or custody of the Department or a federally recognized tribe in Oregon is denied prior authorization for the BRS program under subsection (1)(a) of this rule, he or she is entitled to notice and contested case hearing rights under OAR 410-120-1860 to 410-120-1865. The contested case hearing will be held by the Authority (see OAR 410-170-0020).

(b) When a child or young adult in the care or custody of the Department and who is enrolled in the Oregon Health Plan is denied prior authorization for the BRS program under subsection (1)(b) of this rule, he or she is entitled to notice and contested case hearing rights under OAR 413-010-0500 to 413-010-0535. The contested case hearing will be held by the Department.

Stat. Auth.: ORS 409.050, 411.060, 411.070, 411.116 & 418.005

Stat. Implemented: ORS 409.010, 411.060, 411.070, 411.095, 411.116, 411.141, 418.005, 418.015, 418.027, 418.285, 418.312, 418.315, 418.490 & 418.495

Hist.: CWP 10-2013, f. 11-14-13, cert. ef. 1-1-14

413-090-0080

BRS Placement Related Activities for a Department BRS Contractor and BRS Provider

(1) A BRS contractor (see OAR 410-170-0020) and BRS provider (see 410-170-0020) must coordinate all placement-related activities (see 410-170-0020) for the BRS Client (see 410-170-0020) with the BRS client's Department (see 410-170-0020) or Tribal caseworker (see 410-170-0020) to ensure these activities support the child welfare case plan and the child specific case plan.

(2) A BRS contractor and BRS provider must provide facilities, personnel, materials, equipment, supplies and services, and transportation related to placement-related activities.

(a) Clothing: The Department will place the BRS client with a BRS contractor and BRS provider with sufficient clothing at the time of placement. It is the BRS contractor's and BRS provider's responsibility to maintain the BRS client's clothing at an adequate and appropriate level. A caseworker may request approval from a child welfare supervisor or program manager for payment for additional clothing when necessary.

(b) Transportation: A BRS contractor and BRS provider is responsible to arrange or provide transportation for the BRS client for the following: school, to the extent not provided by the school district; medical, den-

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tal, and therapeutic appointments; recreational and community activities; employment; and shopping for incidental items. Notwithstanding this responsibility, the cost of transportation for the BRS client for the purposes of home visits or visits to foster homes or relatives will be equally shared by the Department, the BRS contractor and BRS provider and in as much as they are able as determined by the Department, the BRS client's parents. The BRS contractor, BRS provider, and the caseworker must jointly plan the transportation method and payment procedures as much in advance as possible.

(3) Non BRS-Related Medical and Mental Health Care.

(a) If there is no record that the BRS client has received a physical examination within the six months immediately prior to the BRS client's placement with the BRS contractor and BRS provider, the BRS contractor and BRS provider must coordinate scheduling a medical exam with the BRS client's caseworker, consistent with health insurance allowances, within 30 days of the BRS client's placement. The BRS contractor and BRS provider must keep documentation of the medical exam in the BRS client's file, and must send a copy to the BRS client's caseworker.

(b) The BRS contractor and BRS provider must coordinate with each BRS client's caseworker to ensure the BRS client's mental health, physical health (including alcohol and drug treatment services), dental, and vision needs are met. This does not include paying the cost of services or medications which are covered by the Oregon Health Plan (OHP) or by the BRS client's third party private insurance coverage. The BRS contractor and BRS provider must work with the BRS client's Department or Tribal caseworker to secure payment for services or medications not covered by OHP or the BRS client's third party private insurance coverage.

(c) The BRS contractor and BRS provider must administer and monitor medications consistent with all applicable Department rules in OAR 413-070-0400 through 413-070-0490, and the BRS provider's medication management policy must comply with Department rules.

(d) The BRS contractor and BRS provider must facilitate the BRS client's access to other medical and mental health providers whenever identified needs cannot be met within the scope of services offered by the BRS provider.

(4) Educational and vocational activities: A BRS contractor and BRS provider must have a system in place for a BRS client to attend school in order to meet the educational needs of a BRS client in its program either on-site or at an off-site location that complies with OAR 413-100-0900 through 413-100-0940.

(5) Language and culture: The BRS contractor and BRS provider must allow a BRS client to speak his or her primary language and must honor his or her culture.

(6) Other placement-related activities (see OAR 410-170-0020):

(a) Recreational, social, and cultural activities:

(A) A BRS contractor and BRS provider must provide recreation time for the BRS client on a daily basis. A BRS contractor and BRS provider must offer activities that are varied in type to allow the BRS client to obtain new experiences.

(B) A BRS contractor and BRS provider must provide each BRS client a minimum of one opportunity per week to participate in recreational activities in the community, unless the BRS client is clearly unable to participate in offsite activities due to safety issues.

(C) The BRS contractor and BRS provider must provide access to or make available social and cultural activities for the BRS client. These activities are to promote the BRS client's normal development and help broaden the BRS client's understanding and appreciation of the community, arts, environment and other cultural groups.

(D) The BRS contractor and BRS provider must not permit a BRS client to participate in recreational activities that present a higher level of risk to a BRS client without the Department's approval. This applies to activities that require a moderate to high level of technical expertise to perform safely, present environmental hazards, or where special certification or training is recommended or required such as: whitewater rafting, rock climbing, ropes courses, activities on or in any body of water where a certified lifeguard is not present and on duty, camping, backpacking, mountain climbing, using motorized yard equipment, and horseback riding.

(b) Academic Assistance: If needed, the BRS contractor and BRS provider must provide adequate opportunities for the BRS client to complete homework assignments with assistance from staff, or an approved provider parent (see OAR 410-170-0020), if applicable.

(7) The BRS contractor and BRS provider must comply with Child Welfare Policy I-A.4.1, "Rights of Children and Young Adults".

Stat. Auth.: ORS 409.050, 411.060, 411.070, 411.116 & 418.005

Stats. Implemented: ORS 409.010, 411.060, 411.070, 411.116, 411.141, 418.005, 418.015, 418.027, 418.285, 418.312, 418.315, 418.490 & 418.495

Hist.: CWP 10-2013, f. 11-14-13, cert. ef. 1-1-14

413-090-0085

Billing and Payment for Services and Placement-Related Activities

(1) Billable care day (see OAR 410-170-0020):

(a) The BRS contractor (see OAR 410-170-0020) is compensated for a billable care day services (see 410-170-0020) and placement-related activities (see 410-170-0020) rates on a fee-for-service basis in accordance with OAR 410-170-0120.

(b) The BRS contractor may include an overnight transitional visit (see OAR 413-090-0065) by the BRS client (see 410-170-0020) to another placement in its billable care days. The BRS contractor must:

(A) Receive prior approval for the transitional visit from the Department (see OAR 410-170-0020);

(B) Ensure that the transitional visit is in support of the MSP goals related to transition;

(C) Pay the hosting placement at the established absent day (see OAR 413-090-0065) rate for the sending BRS provider (see 410-170-0020); and

(D) Ensure the hosting placement will not seek any reimbursement from the Department for the care of the visiting BRS client.

(2) Absent Days:

(a) The BRS contractor is compensated for an absent day at the absent day rate in order to hold a BRS program placement for a BRS client with the prior approval of the BRS client's caseworker (see OAR 410-270-0020).

(b) Notwithstanding OAR 410-170-0110(4), the BRS contractor may request prior approval from the BRS client's caseworker to be reimbursed for more than 8 but no more than 14 calendar days of home visits in a month for a BRS client. However, any additional days of home visits approved under this rule will be paid at the absent day rate.

(3) The BRS contractor may only be reimbursed for the BRS type of care (see OAR 410-170-0020) authorized in the contract with the Department.

(4) Invoice Form:

(a) The BRS contractor must submit to the Department a monthly invoice in a format acceptable to the Department, on or after the first day of the month following the month in which services (see OAR 410-170-0020) and placement-related activities (see 410-170-0020) were provided to the BRS client. The monthly invoice must specify the number of billable care days and absent days for each BRS client in that month.

(b) The BRS contractor must provide upon request, in a format approved by the Department, written documentation of each BRS client's location for each day claimed as a billable care day and an absent day.

(5) Billable care day and absent day rates are provided in the "BRS Rates Table", dated January 1, 2014, which is adopted as Exhibit 1 and incorporated by reference into this rule. A printed copy may be obtained from the Department.

Stat. Auth.: ORS 409.050, 411.060, 411.070, 411.116 & 418.005

Stats. Implemented: ORS 409.010, 411.060, 411.070, 411.116, 411.141, 418.005, 418.015, 418.027, 418.285, 418.312, 418.315, 418.490 & 418.495

Hist.: CWP 10-2013, f. 11-14-13, cert. ef. 1-1-14

413-090-0090

Compliance Reviews and Remedies

(1) The BRS contractor (see OAR 410-170-0020) must cooperate, and ensure its BRS providers cooperate, with program compliance reviews or audits conducted by any federal, state or local governmental agency or entity related to the BRS program, including but not limited to the Department's provider rules 407-120-0170, 407-120-0180, 407-120-0310, and 407-120-1505.

(2) The Department (see OAR 410-170-0020) or its designee will conduct compliance reviews periodically, including but not limited to review of documentation and onsite inspections.

(3) The Department may pursue any combination of contract remedies, including but not limited to recovery of overpayments; licensing actions; and other remedies authorized under the contract, at law or in equity against a BRS Contractor, a BRS Provider (see OAR 410-170-0020), or both, for non-compliance with applicable laws, regulations or contract provisions. In addition to or in lieu of any of the above, the Department may proceed under the applicable provisions of 410-170-0120.

Stat. Auth.: 409.050, 411.060, 411.070, 411.116 & 418.005

Stat. Implemented: 409.010, 411.060, 411.070, 411.116, 418.005, 418.027 & 418.495

Hist.: CWP 10-2013, f. 11-14-13, cert. ef. 1-1-14

ADMINISTRATIVE RULES

Department of Human Services, Self-Sufficiency Programs Chapter 461

Rule Caption: Changing OARs affecting public assistance, medical assistance, or Supplemental Nutrition Assistance Program clients

Adm. Order No.: SSP 35-2013(Temp)

Filed with Sec. of State: 11-1-2013

Certified to be Effective: 11-1-13 thru 3-30-14

Notice Publication Date:

Rules Amended: 461-155-0150

Rules Suspended: 461-155-0150(T)

Subject: OAR 461-155-0150, which was amended by temporary rule on October 1, 2013, is being further amended to update the provider rates for Standard and Enhanced Family care providers as determined through SEIU provider bargaining agreements. The amendment will also support provider rate increases for Standard, Enhanced and Certified child care centers effective November 1. This rule is also being amended to state that providers are not reimbursed more than they charge

Rules Coordinator: Annette Tesch—(503) 945-6067

461-155-0150

Child Care Eligibility Standard, Payment Rates, and Copayments

The following provisions apply to child care in the ERDC, JOBS, JOBS Plus, and TANF programs:

(1) The following definitions apply to the rules governing child care rates:

(a) Infant: For all providers other than licensed (registered or certified) care, a child aged newborn to 1 year. For licensed care, an infant is a child aged newborn to 2 years.

(b) Toddler: For all providers other than licensed (registered or certified) care, a child aged 1 year to 3 years. For licensed care, a toddler is a child aged 2 years to 3 years.

(c) Preschool: A child aged 3 years to 6 years.

(d) School: A child aged 6 years or older.

(e) Special Needs: A child who meets the age requirement of the program (ERDC or TANF) and who requires a level of care over and above the norm for his or her age due to a physical, behavioral or mental disability. The need for a higher level of care must be determined by the provider and the disability must be verified by one of the following:

(A) A physician, nurse practitioner, clinical social worker, or any additional sources in OAR 461-125-0830.

(B) Eligibility for Early Intervention and Early Childhood Special Education Programs, or school-age Special Education Programs.

(C) Eligibility for SSI.

(2) The following definitions apply to the types of care specified in the child care rate charts in subsections (4)(a) through (4)(c) of this rule:

(a) The Standard Family Rate applies to child care provided in the provider's own home or in the home of the child when the provider does not qualify for the enhanced rate allowed by subsection (b) of this section.

(b) The Enhanced Family Rate applies to child care provided in the provider's own home or in the home of the child when the provider meets the training requirements of the Oregon Registry, established by the Oregon Center for Career Development in Childhood Care and Education.

(c) The Registered Family Rate applies to child care provided in the provider's own home when the provider meets criteria established by the Office of Child Care.

(d) The Certified Family Rate applies to child care provided in a residential dwelling that is certified by the Office of Child Care as a Certified Family Home. To earn this designation, the facility must be inspected, and both provider and facility are required to meet certain standards not required of a registered family provider.

(e) The Standard Center Rate applies to child care provided in a facility that is not located in a residential dwelling and is exempt from Office of Child Care Certification rules (see OAR 414-300-0000).

(f) The Enhanced Center Rate applies to child care provided in an exempt center whose staff meet the training requirements of the Oregon Registry established by the Oregon Center for Career Development in Childhood Care and Education. Eligibility to receive the enhanced center rate for care provided in an exempt center is subject to the following requirements:

(A) A minimum of one staff member for every 20 children in care must meet the Oregon Registry training requirements noted in paragraph (2)(b) of this rule.

(B) New staff must meet the Oregon Registry training requirements within 90 days of hire, if necessary to maintain the trained staff-to-children ratio described in paragraph (A) of this subsection.

(C) There must be at least one person present where care is provided who has a current certificate in infant and child CPR and a current American Red Cross First Aid card or an equivalent.

(g) An enhanced rate will become effective not later than the second month following the month in which the Department receives verification that the provider has met the requirements of subsection (2)(b), (f), or (g) of this rule.

(h) The Certified Center Rate applies to child care provided in a center that is certified by the Office of Child Care.

(3) The following provisions apply to child care payments:

(a) Providers not eligible for the enhanced or licensed rate will be paid at an hourly rate for children in care less than 158 hours per month subject to the maximum full-time monthly rate.

(b) Providers eligible for the enhanced or licensed rate will be paid at an hourly rate for children in care less than 136 hours a month, unless the provider customarily bills all families at a part-time monthly rate (subject to the maximum full-time monthly rate) and is designated as the primary provider for the case.

(c) At their request, providers eligible for the enhanced or licensed rate may be paid at the part-time monthly rate if they provide 63 or more hours of care in the month, customarily bill all families at a part-time monthly rate, and are designated as the primary provider for the case.

(d) Unless required by the circumstances of the client or child, the Department will not pay for care at a part-time monthly or a monthly rate to more than one provider for the same child for the same month.

(e) The Department will pay at the hourly rate for less than 63 hours of care in the month subject to the maximum full-time monthly rate.

(f) The Department will pay for up to five days each month the child is absent if:

(A) The child was scheduled to be in care and the provider bills for the amount of time the child was scheduled to be in care; and

(B) It is the provider's policy to bill all families for absent days.

(g) The Department will not pay for more than five consecutive days of scheduled care for which the child is absent.

(4) The following are the child care rates, the rates are based on the type of provider, the location of the provider (shown by zip code), the age of the child, and the type of billing used (hourly or monthly):

(a) [Table not included. See ED. NOTE.]

(b) [Table not included. See ED. NOTE.]

(c) [Table not included. See ED. NOTE.]

(5) Except to the extent provided otherwise in section (12) of this rule, this section establishes the ERDC eligibility standard and the client's copayment (copay).

(a) The ERDC eligibility standard is met for need groups (see OAR 461-110-0630) of eight or less if monthly countable income (see 461-001-0000) for the need group is less than 185 percent of the federal poverty level (FPL), as described in 461-155-0180(6). The eligibility standard for a need group size of eight applies to any need group larger than eight.

(b) The minimum monthly ERDC copay is \$25.

(c) For filing groups (see OAR 461-110-0310) whose countable income is at or below 50 percent of the 2007 FPL, the copay is \$25 or 1.5 percent of the filing group's monthly countable income, whichever is greater.

(d) For filing groups whose countable income is over 50 percent of the 2007 FPL, the copay amount is determined with the following percentage of monthly income:

(A) Determine filing group's countable income as a percent of FPL (rounding to the nearest hundredth of the percentage), subtract 50, and multiply this difference by 0.12.

(B) Add 1.5 to the amount in paragraph (A) of this subsection. This sum is the percentage of monthly income to determine the copay amount.

(e) The 2007 federal poverty level used to determine copay amounts under subsections (c) and (d) of this section is set at the following amounts: [Table not included. See ED. NOTE.]

(6) Subject to the provisions in section (9) of this rule, the monthly limit for each child's child care payments is the lesser of the amount charged by the provider or providers and the following amounts:

(a) The monthly rate provided in section (4) of this rule.

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(b) The product of the hours of care, limited by section (8) of this rule, multiplied by the hourly rate provided in section (4) of this rule.

(7) The limit in any month for child care payments on behalf of a child whose caretaker is away from the child's home for more than 30 days because the caretaker is a member of a reserve or National Guard unit that is called up for active duty is the lesser of the following:

- (a) The amount billed by the provider or providers.
- (b) The monthly rate established in this rule for 215 hours of care.
- (8) The number of payable billed hours of care for a child is limited as follows:

(a) In the ERDC and TANF programs, the total payable hours of care in a month may not exceed:

(A) 125 percent of the number of hours necessary for the client to perform the duties of his or her job, or to participate in activities included in a case plan (see OAR 461-001-0025) including, for clients in the JOBS Plus program, the time the client searches for unsubsidized employment and for which the employer pays the client; or

(B) The monthly rate established in section (4) of this rule multiplied by a factor of not more than 1.5, determined by dividing the number of hours billed by 215, when the client meets the criteria for extra hours under section (10) of this rule.

(b) In the ERDC program, for a client who earns less than the Oregon minimum wage, the total may not exceed 125 percent of the anticipated earnings divided by the state minimum wage not to exceed 172 hours (which is full time). The limitation of this subsection is waived for the first three months of the client's employment.

(c) In the TANF program, for a client who earns less than the Oregon minimum wage or is self-employed, the total may not exceed 125 percent of the anticipated earnings divided by the state minimum wage not to exceed 172 hours (which is full time). The limitation of this subsection is waived for the first three months of the client's employment.

(9) The limit in any month for child care payments on behalf of a child whose caretaker has special circumstances, defined in section (10) of this rule, is the lesser of one of the following:

- (a) The amount billed by the provider or providers; or

(b) The monthly rate established in section (4) of this rule multiplied by a factor, of not more than 1.5, determined by dividing the number of hours billed by 215.

(10) The limit allowed by section (9) of this rule is authorized once the Department has determined the client has special circumstances. For the purposes of this section, a client has special circumstances when it is necessary for the client to obtain child care in excess of 215 hours in a month to perform the requirements of his or her employment or training. This is limited to the following situations:

- (a) The commute time to and from work exceeds two hours per day.
- (b) The caretaker works an overnight shift and care is necessary for both work hours and sleep hours.
- (c) The caretaker works a split shift and it is not feasible to care for the child between shifts.
- (d) The caretaker consistently works more than 40 hours per week.
- (e) Weekend work or other nonstandard work hours require care by more than one provider, and the total allowable hours billed by both providers exceeds the maximum limit.
- (f) The caretaker needs child care for both full-time work and participation in Department assigned activities.

(11) The payment available for care of a child who meets the special needs criteria described in subsection (1)(e) of this rule is increased in accordance with OAR 461-155-0151 if the requirements of both of the following subsections are met:

- (a) The child requires significantly more direct supervision by the child care provider than normal for a child of the same age; and
- (b) The child is enrolled in a local school district Early Intervention or Early Childhood Special Education program or school-age Special Education Program. The enrollment required by this subsection is waived if determined inappropriate by a physician, nurse practitioner, licensed or certified psychologist, clinical social worker, or school district official.

(12) Starting May 1, 2012:

- (a) The minimum monthly ERDC copay is \$27.

(b) Except as stated in subsection (a) of this section, the Department adds 10 percent to the monthly client co-payment amount set under section (5) of this rule.

(13) A provider caring for a child in a contracted child care slot with the Department will be paid the lesser of the monthly rate provided in section (4) of this rule or the amount charged by the provider.

[ED. NOTE: Tables referenced are available from the agency.]

Stat. Auth.: ORS 409.050, 411.060, 411.070, 412.006 & 412.049

Stats. Implemented: ORS 409.010, 409.610, 411.060, 411.070, 412.006 & 412.049
Hist.: AFS 80-1989, f. 12-21-89, cert. ef. 2-1-90; AFS 12-1990, f. 3-30-90, cert. ef. 4-1-90; AFS 16-1990, f. 6-29-90, cert. ef. 7-1-90; AFS 30-1990, f. 12-31-90, cert. ef. 1-1-91; AFS 19-1991(Temp), f. & cert. ef. 10-1-91; AFS 4-1992, f. 2-28-92, cert. ef. 3-1-92; AFS 14-1992, f. & cert. ef. 6-1-92; AFS 20-1992, f. 7-31-92, cert. ef. 8-1-92; AFS 10-1993, f. & cert. ef. 6-1-93; AFS 2-1994, f. & cert. ef. 2-1-94; AFS 9-1994, f. 4-29-94, cert. ef. 5-1-94; AFS 13-1994, f. & cert. ef. 7-1-94; AFS 19-1994, f. & cert. ef. 9-1-94; AFS 23-1994, f. 9-29-94, cert. ef. 10-1-94; AFS 23-1995, f. 4-20-95, cert. ef. 10-1-95; AFS 41-1995, f. 12-26-95, cert. ef. 1-1-96; AFS 9-1997, f. & cert. ef. 7-1-97; AFS 19-1997, f. & cert. ef. 10-1-97; AFS 10-1998, f. 6-29-98, cert. ef. 7-1-98; AFS 14-1999, f. & cert. ef. 11-1-99; AFS 16-1999, f. 12-29-99, cert. ef. 1-1-00; AFS 4-2000(Temp), f. 2-29-00, cert. ef. 3-1-00 thru 8-25-00; AFS 10-2000, f. 3-31-00, cert. ef. 4-1-00; AFS 17-2000, f. 6-28-00, cert. ef. 7-1-00; AFS 34-2000, f. 12-22-00, cert. ef. 1-1-01; AFS 22-2001, f. & cert. ef. 10-1-01; AFS 27-2001, f. 12-21-01, cert. ef. 1-1-02; AFS 10-2002, f. & cert. ef. 7-1-02; AFS 13-2002, f. & cert. ef. 10-1-02; AFS 23-2002(Temp), f. 12-31-02, cert. ef. 1-1-03 thru 6-30-03; SSP 2-2003(Temp), f. & cert. ef. 2-7-03 thru 6-30-03; SSP 16-2003, f. & cert. ef. 7-1-03; SSP 23-2003, f. & cert. ef. 10-1-03; SSP 24-2003(Temp), f. & cert. ef. 10-1-03 thru 12-31-03; SSP 35-2003(Temp), f. 12-31-03 cert. ef. 1-1-04 thru 3-31-04; SSP 33-2003, f. 12-31-03, cert. ef. 1-4-04; SSP 35-2003(Temp), f. 12-31-03 cert. ef. 1-1-04 thru 3-31-04; SSP 8-2004, f. & cert. ef. 4-1-04; SSP 14-2005, f. 9-30-05, cert. ef. 10-1-05; SSP 19-2005, f. 12-30-05, cert. ef. 1-1-06; SSP 7-2006(Temp), f. 3-31-06, cert. ef. 4-1-06 thru 9-28-06; SSP 10-2006, f. 6-30-06, cert. ef. 7-1-06; SSP 11-2007(Temp), f. & cert. ef. 10-1-07 thru 3-29-08; SSP 5-2008, f. 2-29-08, cert. ef. 3-1-08; SSP 23-2008, f. & cert. ef. 10-1-08; SSP 4-2009(Temp), f. 3-11-09, cert. ef. 4-1-09 thru 9-28-09; SSP 27-2009, f. & cert. ef. 9-29-09; SSP 32-2010, f. & cert. ef. 10-1-10; SSP 17-2011, f. & cert. ef. 7-1-11; SSP 35-2011, f. 12-27-11, cert. ef. 1-1-12; SSP 13-2012(Temp), f. & cert. ef. 4-10-12 thru 10-7-10; SSP 30-2012, f. 9-28-12, cert. ef. 10-1-12; SSP 39-2012(Temp), f. 12-28-12, cert. ef. 1-1-13 thru 6-30-13; SSP 13-2013, f. & cert. ef. 7-1-13; SSP 31-2013(Temp), f. & cert. ef. 10-1-13 thru 3-30-14; SSP 35-2013, f. & cert. ef. 11-1-13 thru 3-30-14

Rule Caption: Changing OARs affecting public assistance, medical assistance, or Supplemental Nutrition Assistance Program clients

Adm. Order No.: SSP 36-2013(Temp)

Filed with Sec. of State: 11-1-2013

Certified to be Effective: 11-1-13 thru 4-30-14

Notice Publication Date:

Rules Amended: 461-195-0501, 461-195-0521, 461-195-0541, 461-195-0561

Subject: OAR 461-195-0501, 461-195-0521, 461-195-0541, 461-195-0561 about overpayment definitions, calculations, liability, and compromise of claims are being amended to align with the October 1, 2013 rule changes to the OCCS Medical programs for the Oregon Health Authority. These amendments will apply as of October 1, 2013.

Rules Coordinator: Annette Tesch—(503) 945-6067

461-195-0501

Definitions and Categories of Overpayments

This rule applies to benefits and services delivered under chapters 410, 411, and 461 of the Oregon Administrative Rules.

(1) "Overpayment" means:

(a) A benefit or service received by or on behalf of a client, or a payment made by the Department on behalf of a client, that exceeds the amount for which the client is eligible.

(b) A payment made by the Department and designated for a specific purpose which is spent by a person on an expense not approved by the Department.

(c) A payment for child care made by the Department to, or on behalf of, a client that:

(A) Is paid to an ineligible provider;

(B) Exceeds the amount for which a provider is eligible;

(C) Is paid when the client was not engaged in an activity that made the client eligible for child care, such as an activity of the JOBS program (see OAR 461-001-0025 and 461-190-0151 to 461-190-0401);

(D) Is paid when the client was not eligible for child care benefits; or

(E) Has given an electronic benefit transfer (EBT) card, card number, or personal identification number (PIN) to a provider for the purpose of checking a child in or out from the provider's child care.

(d) A misappropriated payment when a person cashes and retains the proceeds of a check from the Department on which that person is not the payee and the check has not been lawfully endorsed or assigned to the person.

(e) A benefit or service provided for a need when that person is compensated by another source for the same need and the person fails to reimburse the Department when required to do so by law.

(f) A cash benefit received by an individual in the GA or SFPSS programs for each month for which the client receives a retroactive SSI lump sum payment.

(g) In the TA-DVS program, only when an IPV in the TA-DVS program is established.

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(2) The Department may establish an overpayment for the initial month (see OAR 461-001-0000) of eligibility under circumstances including but not limited to:

(a) The filing group, ineligible student, or authorized representative (see OAR 461-115-0090) withheld information;

(b) The filing group, ineligible student, or authorized representative provided inaccurate information;

(c) The Department fails to use income reported as received or anticipated in determining the benefits of the filing group; or

(d) The error was due to an error in computation or processing by the Department.

(3) In the OCCS Medical programs, the Department may establish an overpayment for the budget month (see OAR 410-200-0015) when OCCS medical program household group (see 410-200-0015) or authorized representative (see 410-200-0015) withheld or provided inaccurate information.

(4) Overpayments are categorized as follows:

(a) An administrative error overpayment is an overpayment caused by any of the following circumstances:

(A) The Department fails to reduce, suspend, or end benefits after timely reporting by the filing group, OCCS medical program household group, ineligible student, or authorized representative (see OAR 461-001-0000 and 410-200-0015) of a change covered under 461-170-0011 and that reported change requires the Department to reduce, suspend, or end benefits;

(B) The Department fails to use the correct benefit standard;

(C) The Department fails to compute or process a payment correctly based on accurate information timely provided by the filing group, OCCS medical program household group, ineligible student, or authorized representative (see OAR 461-001-0000 and 410-200-0015);

(D) In the GA and SFPSS programs, the Department fails to require a client to complete an interim assistance agreement; or

(E) The Department commits a procedural error that was no fault of the filing group, OCCS medical program household group, ineligible student, or authorized representative (see OAR 461-001-0000 and 410-200-0015).

(b) A client error overpayment is any of the following:

(A) An overpayment caused by the failure of a filing group, OCCS medical program household group, ineligible student, or authorized representative (see OAR 461-001-0000 and 410-200-0015) to declare or report information or a change in circumstances as required under OAR 461-170-0011 or 410-200-0235, including information available to the Department, that affects the client's eligibility to receive benefits or the amount of benefits.

(B) A client's unreduced liability or receipt of unreduced benefits pending a contested case hearing decision or other final order favorable to the Department.

(C) A client's failure to return a benefit known by the client to exceed the correct amount.

(D) A client's use of a JOBS or SFPSS program support payment (see OAR 461-190-0211) for other than the intended purpose.

(E) A payment for child care when the client was not engaged in an activity that made the client eligible for child care, such as an activity of the JOBS program (see OAR 461-001-0025 and 461-190-0151 to 461-190-0401).

(F) A payment for child care when the client was not eligible for child care benefits.

(G) The failure of a client to pay his or her entire share of the cost of services or the participant fee (see OAR 461-160-0610 and 461-160-0800) in the month in which it is due.

(H) An overpayment caused by a client giving an electronic benefit transfer (EBT) card, card number, or personal identification number (PIN) to a provider for the purpose of checking a child in or out from the provider's child care.

(c) A fraud overpayment is an overpayment determined to be an intentional program violation (see OAR 461-195-0601 and 461-195-0611) or substantiated through a criminal prosecution.

(d) In the SNAP program, a provider error overpayment is an overpayment made to a drug or alcohol treatment center or residential care facility that acted as a client's authorized representative.

(e) In the child care program, a provider error overpayment is a payment made by the Department on behalf of a client to a child care provider when:

(A) Paid to an ineligible provider;

(B) The payment exceeds the amount for which a provider is eligible.

(5) When an overpayment is caused by both an administrative and client error in the same month, the Department determines the primary cause of the overpayment and assigns as either an administrative or client error overpayment.

(6) In the TANF program, when an overpayment puts the client at greater risk of domestic violence (see OAR 461-001-0000), the overpayment is waived (see OAR 461-135-1200).

Stat. Auth.: ORS 409.050, 411.060, 411.070, 411.081, 411.404, 411.816, 412.001, 412.014, 412.049, HB 2089 (2013, Section 10)

Stats. Implemented: ORS 409.010, 411.060, 411.070, 411.081, 411.117, 411.404, 411.620, 411.640, 411.690, 411.816, 411.892, 412.001, 412.014, 412.049, 414.025, 416.350

Hist.: AFS 3-2000, f. 1-31-00, cert. ef. 2-1-00; AFS 7-2001(Temp), f. & cert. ef. 4-4-01 thru 6-30-01; AFS 12-2001, f. 6-29-01, cert. ef. 7-1-01; SSP 33-2003, f. 12-31-03, cert. ef. 1-4-04; SSP 14-2005, f. 9-30-05, cert. ef. 10-1-05; SSP 11-2007(Temp), f. & cert. ef. 10-1-07 thru 3-29-08; SSP 14-2007, f. 12-31-07, cert. ef. 1-1-08; SSP 15-2007(Temp), f. 12-31-07, cert. ef. 1-1-08 thru 3-29-08; SSP 5-2008, f. 2-29-08, cert. ef. 3-1-08; SSP 13-2009, f. & cert. ef. 7-1-09; SSP 38-2009, f. 12-31-09, cert. ef. 1-1-10; SSP 25-2011, f. 9-30-11, cert. ef. 10-1-11; SSP 7-2013(Temp), f. & cert. ef. 3-25-13 thru 9-21-13; SSP 23-2013, f. & cert. ef. 9-20-13; SSP 36-2013(Temp), f. & cert. ef. 11-1-13 thru 4-30-14

461-195-0521

Calculation of Overpayments

This rule specifies how the Department calculates an overpayment (see OAR 461-195-0501).

(1) The Department calculates an overpayment by determining the amount the client received or the payment made by the Department on behalf of the client that exceeds the amount for which the client was eligible.

(2) When a filing group, OCCS Medical programs household group (see OAR 410-200-0020), ineligible student, or authorized representative (see OAR 461-115-0090 and 410-200-0015) fails to report income, the Department calculates and determines the overpayment by assigning unreported income to the applicable budget month without averaging the unreported income, except:

(a) A client's earned income reported quarterly from the Employment Department is considered received by the client in equal amounts during the months identified in the report.

(b) In the ERDC, MAA, MAF, REF, SNAP, and TANF programs, a client's actual self-employment income is annualized retrospectively to calculate the overpayment.

(c) In the OCCS Medical programs, if actual income is not available for the months in which an overpayment occurred, a client's actual self-employment income (see OAR 410-200-0020) received during the year when an overpayment occurred is annualized to calculate an overpayment.

(3) When using prospective budgeting (see OAR division 461-150) and the actual income differs from the amount determined under OAR 461-150-0020(2), there may be a client error overpayment (see 461-195-0501) only when the filing group, ineligible student, or authorized representative withheld information, failed to report a change, or provided inaccurate information. In such a case, the Department uses the actual income to determine the amount of an overpayment.

(4) When using anticipated income for the OCCS Medical programs and the actual income differs from the amount determined under OAR 410-200-0310, there may be a client error overpayment only when the OCCS Medical programs household group (see OAR 410-200-0020) or authorized representative (see 410-200-0015) withheld information, failed to report a change, or provided inaccurate information. In such a case, the Department uses the actual income to determine the amount of an overpayment.

(5) When a filing group, ineligible student, or authorized representative fails to report all earned income within the reporting time frame, the earned income deduction (see OAR 461-160-0160, 461-160-0190, 461-160-0430, 461-160-0550, and 461-160-0552) is applied as follows:

(a) In the OSIP, OSIPM, QMB, and REFM programs, the Department allows the earned income deduction.

(b) In the MAA, MAF, REF, and TANF programs, the Department allows the earned income deduction when good cause (see section (6) of this rule) exists.

(c) In the SNAP program, no deduction is applied to earned income not timely reported.

(6) For the purposes of OAR 461-195-0501 to 461-195-0561, "good cause" means circumstances beyond the client's reasonable control that caused the client to be unable to report income timely and accurately.

(7) When support is retained:

(a) In the TANF program, the amount of support (other than cash medical support) the Department of Justice retains as a current reimbursement each month is added to other income to determine eligibility. When a client is not eligible for TANF program benefits, the overpayment is offset

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by the support the Department of Justice retains as a current reimbursement.

(b) In the medical programs, the amount of the cash medical support the Department retains each month is excluded income and not used to determine eligibility for medical program benefits. When a client has incurred a medical program overpayment, the overpayment is offset by the amount of the cash medical support the Department retains during each month of the overpayment.

(8) In the REF and TANF programs, when a client directly receives support used to determine eligibility or calculate benefits, the overpayment is:

(a) If still eligible for REF or TANF program benefits, the amount of support the client received directly; or

(b) If no longer eligible for REF or TANF program benefits, the amount of program benefits the client received.

(9) When an overpayment occurs due to the failure of an individual to reimburse the Department, when required by law to do so, for benefits or services (including cash medical support) provided for a need for which that individual is compensated by another source, the overpayment is limited to the lesser of the following:

(a) The amount of the payment from the Department;

(b) Cash medical support; or

(c) The amount by which the total of all payments exceeds the amount payable for such a need under the Department's rules.

(10) Benefits paid during a required notice period (see OAR 461-175-0050, 410-200-0120) are included in the calculation of the overpayment when:

(a) The filing group, OCCS Medical programs household group (see OAR 410-200-0020), ineligible student, or authorized representative (see OAR 461-115-0090 and 410-200-0015) failed to report a change within the reporting time frame under OAR 461-170-0011 or 410-200-0235; and

(b) Sufficient time existed for the Department to adjust the benefits to prevent the overpayment if the filing group, OCCS Medical program household group (see OAR 410-200-0020), ineligible student, or authorized representative (see 461-115-0090 and 410-200-0015) had reported the change at any time within the reporting time frame.

(11) In the SNAP program:

(a) If the benefit group (see OAR 461-110-0750) was categorically eligible, there is no overpayment based on resources.

(b) For a filing group (see OAR 461-110-0370) found eligible for SNAP program benefits under 461-135-0505(1)(a) to (c), and the actual income made the group ineligible for the related program, the group remains categorically eligible for SNAP program benefits as long as the eligibility requirement under OAR 461-135-0505(1)(d) is met. A benefit group of one or two individuals would be entitled to at least the minimum SNAP program benefit allotment under OAR 461-165-0060.

(c) For a filing group found eligible for SNAP program benefits only under OAR 461-135-0505(1)(d), and the actual income equals or exceeds 185 percent of the Federal Poverty Level, the filing group is no longer categorically eligible. The overpayment is the amount of SNAP program benefits incorrectly received.

(12) In the OSIP and OSIPM programs, when a client does not pay his or her share of the cost of services (see OAR 461-160-0610) or the OSIP-EPD or OSIPM-EPD program participant fee (see OAR 461-160-0800) in the month in which it is due, an overpayment is calculated as follows:

(a) All payments made by the Department on behalf of the client during the month in question are totaled, including but not limited to any payment for:

(A) Capitation;

(B) Long term care services;

(C) Medical expenses for the month in question;

(D) Medicare buy-in (when not concurrently eligible for an MSP);

(E) Medicare Part D;

(F) Mileage reimbursement;

(G) Special needs under OAR 461-155-0500 to 416-155-0710; and

(H) Home and community-based care (see OAR 461-001-0030), including home delivered meals and non-medical transportation.

(b) Any partial or late liability payment made by a client receiving home and community-based care in-home services or participant fee paid by an OSIP-EPD or OSIPM-EPD program client is subtracted from the total calculated under subsection (a) of this section. The remainder, if any, is the amount of the overpayment.

(13) When a client's liability is unreduced pending the outcome of a contested case hearing about that liability the overpayment is the difference

between the liability amount determined in the final order and the amount, if any, the client has repaid.

(14) In the OCCS Medical programs, OSIPM, QMB, and REFM programs if the client was not eligible for one program, but during the period in question was eligible for another program:

(a) With the same benefit level, there is no overpayment.

(b) With a lesser benefit level, the overpayment is the amount of medical program benefit payments made on behalf of the client exceeding the amount for which the client was eligible.

(15) When an overpayment is caused by administrative error (see OAR 461-195-0501), any overpayment of GA, OSIP, REF, SFPSS, or TANF program benefits is not counted as income when determining eligibility for the GAM, OCCS Medical programs, OSIPM, and REFM programs.

(16) Credit against an overpayment is allowed as follows:

(a) In the GA, REF, and TANF programs, a credit is allowed for a client's payment for medical services made during the period covered by the overpayment, in an amount not to exceed the Department fee schedule for the service, but credit is not allowed for an elective procedure unless the Department authorized the procedure prior to its completion.

(b) In the SNAP program, if the overpayment was caused by unreported earned income, verified child care costs are allowed as a credit to the extent the costs would have been deductible under OAR 461-160-0040 and 461-160-0430.

(c) In the SFPSS and TANF programs, if the overpayment is caused by reported earned income, a credit is allowed for the Post-TANF grant if the client meets eligibility under OAR 461-135-1250 and the client has received less than 12 months of Post-TANF program benefits.

(d) In all programs, for an underpayment of benefits.

(17) In the SNAP program, in compliance with the American Recovery and Reinvestment Act of 2009, effective April 1, 2009 through September 30, 2009, the amount between the normal Thrifty Food Plan (TFP) benefit amount under this section and the increased TFP benefit amount under OAR 461-155-0190 is not counted in the overpayment amount unless the filing group was ineligible for SNAP program benefits. [Table not included. See ED. NOTE]

[ED. NOTE: Tables referenced are available from the agency.]

Stat. Auth.: ORS 409.050, 411.060, 411.070, 411.404, 411.660, 411.706, 411.816, 412.014, 412.049, 412.124, 414.231

Stats. Implemented: ORS 409.010, 411.060, 411.070, 411.404, 411.620, 411.630, 411.635, 411.640, 411.660, 411.690, 411.706, 411.816, 412.014, 412.049, 412.124, 414.231, 416.350
Hist.: AFS 3-2000, f. 1-31-00, cert. ef. 2-1-00; AFS 25-2000, f. 9-29-00, cert. ef. 10-1-00; AFS 6-2001, f. 3-30-01, cert. ef. 4-1-01; AFS 27-2001, f. 12-21-01, cert. ef. 1-1-02; AFS 22-2002, f. 12-31-02, cert. ef. 1-1-03; SSP 23-2003, f. & cert. ef. 10-1-03; SSP 4-2005, f. & cert. ef. 4-1-05; SSP 10-2006, f. 6-30-06, cert. ef. 7-1-06; SSP 20-2003, f. & cert. ef. 8-15-03; SSP 7-2007, f. 6-29-07, cert. ef. 7-1-07; SSP 14-2007, f. 12-31-07, cert. ef. 1-1-08; SSP 8-2008, f. & cert. ef. 4-1-08; SSP 6-2009(Temp), f. & cert. ef. 4-1-09 thru 9-28-09; SSP 13-2009, f. & cert. ef. 7-1-09; SSP 28-2009, f. & cert. ef. 10-1-09; SSP 38-2009, f. 12-31-09, cert. ef. 1-1-10; SSP 17-2011, f. & cert. ef. 7-1-11; SSP 25-2011, f. 9-30-11, cert. ef. 10-1-11; SSP 13-2013, f. & cert. ef. 7-1-13; SSP 17-2013(Temp), f. & cert. ef. 7-1-13 thru 12-28-13; SSP 26-2013, f. & cert. ef. 10-1-13; SSP 36-2013(Temp), f. & cert. ef. 11-1-13 thru 4-30-14

461-195-0541

Liability for Overpayments

(1) In all programs except the OCCS Medical, OSIP, OSIPM, QMB, REFM, and SNAP programs or a child care program, the following persons are liable for repayment of an overpayment (see OAR 461-195-0501):

(a) Each individual in the filing group or required to be in the filing group and the payee when the overpayment was incurred, except an individual who did not reside with and did not know he or she was included in the filing group.

(b) A caretaker relative (see OAR 461-001-0000) and his or her spouse (see 461-001-0000) who were not part of, but resided with, the filing group when the overpayment was incurred.

(c) A parent (see OAR 461-001-0000) or caretaker relative of a child (see 461-001-0000) in the benefit group (see 461-110-0750) and the spouse of the parent or caretaker relative if the parent, caretaker relative, or spouse was a member of or resided with the filing group when the overpayment was incurred.

(d) An individual determined liable for an overpayment remains liable when the individual becomes a member of a new filing group.

(e) An authorized representative (see OAR 461-115-0090) when the authorized representative gave incorrect or incomplete information or withheld information resulting in the overpayment.

(2) In the OCCS Medical and REFM programs, the following persons are liable for repayment of an overpayment:

(a) Each individual in the filing group, the OCCS Medical programs household group (see OAR 410-200-0020), or required to be in the filing

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group and the payee when the overpayment was incurred, except an individual who:

(A) Was a child or dependent child (see OAR 461-001-0000) at the time of the overpayment; or

(B) Did not reside with and did not know he or she was included in the filing group.

(b) A caretaker relative and his or her spouse who were not part of, but resided with, the filing group or OCCS Medical programs household group (see OAR 410-200-0020) when the overpayment was incurred.

(c) A parent or caretaker relative of a child in the filing group or OCCS Medical programs household group (see OAR 410-200-0020) and the spouse of the parent or caretaker relative if the parent, caretaker relative, or spouse was a member of or resided with the filing group or OCCS Medical programs household group when the overpayment was incurred.

(d) An authorized representative (see OAR 461-001-0000 and 410-200-0015) when the authorized representative gave incorrect or incomplete information or withheld information that resulted in the overpayment.

(3) In a child care program:

(a) An overpayment caused by administrative error is collectible as follows:

(A) The provider is liable for a provider overpayment made on behalf of a client eligible for child care payments.

(B) Each adult in the filing group or required to be in the filing group is liable for an overpayment if the client was not eligible for the payment.

(b) Each adult in the filing group or required to be in the filing group is liable for a client overpayment, and a provider is liable for an overpayment caused by the provider. The client and provider are jointly and severally liable for an overpayment caused by both. In the case of an alleged provider overpayment, a provider's failure to provide contemporaneous records of care provided creates a rebuttable presumption that the care was not provided.

(c) An adult who cosigned an application with a minor provider applicant is liable for an overpayment incurred by the minor provider.

(4) In the GA, GAM, OSIP, OSIPM, and QMB programs, the following persons are liable for repayment of an overpayment:

(a) Each individual in the filing group or required to be in the filing group and the payee when the overpayment was incurred, except an individual who:

(A) Was a child or dependent child at the time of the overpayment; or

(B) Did not reside with and did not know he or she was included in the filing group.

(b) A caretaker relative and his or her spouse who were not part of, but resided with, the filing group when the overpayment was incurred.

(c) A parent or caretaker relative of a child in the filing group and the spouse of the parent or caretaker relative if the parent, caretaker relative, or spouse was a member of or resided with the filing group when the overpayment was incurred.

(d) An authorized representative when the authorized representative knowingly gave incorrect or incomplete information or intentionally withheld information that resulted in the overpayment.

(5) In the SNAP program, the following persons are liable for repayment of an overpayment or a claim that results from trafficking (see OAR 461-195-0601(2)) of SNAP benefits:

(a) The primary person (see OAR 461-001-0015) of any age, an ineligible student in the household, and all adults (see 461-001-0015) who were members of or required to be in the filing group (see 461-110-0370) when excess benefits were issued.

(b) A sponsor of a non-citizen household member if the sponsor is at fault, for payments prior to November 21, 2000.

(c) A drug or alcohol treatment center or residential care facility that acted as the authorized representative of the client.

(6) Except as provided otherwise in section (7) of this rule, in all programs, both a non-citizen and the sponsor of the non-citizen are liable for an overpayment incurred if the overpayment results from the failure of the sponsor to provide correct information (see OAR 461-145-0820 to 461-145-0840). If the sponsor had good cause (see 461-195-0521(5)) for withholding the information, the sponsor is not liable for the overpayment.

(7) In the SNAP program, the sponsor of a non-citizen is not liable under section (6) of this rule for payments on or after November 21, 2000.

(8) In the OCCS medical programs, the November 2013 amendments to OAR 461-195-0501, 461-195-0521, 461-195-0541, and 461-195-0561 apply as of October 1, 2013.

Stat. Auth.: ORS 409.050, 411.060, 411.404, 411.816, 412.014, 412.049, 2013 HB 2089 (Sect. 10)

Stats. Implemented: ORS 409.010, 411.060, 411.087, 411.404, 411.630, 411.635, 411.640, 411.690, 411.816, 412.014, 412.049, 416.350

Hist.: AFS 3-2000, f. 1-31-00, cert. ef. 2-1-00; AFS 17-2000, f. 6-28-00, cert. ef. 7-1-00; SSP 23-2003, f. & cert. ef. 10-1-03; SSP 4-2005, f. & cert. ef. 4-1-05; SSP 14-2005, f. 9-30-05, cert. ef. 10-1-05; SSP 15-2006, f. 12-29-06, cert. ef. 1-1-07; SSP 4-2007, f. 3-30-07, cert. ef. 4-1-07; SSP 38-2009, f. 12-31-09, cert. ef. 1-1-10; SSP 25-2011, f. 9-30-11, cert. ef. 10-1-11; SSP 7-2013(Temp), f. & cert. ef. 3-25-13 thru 9-21-13; SSP 13-2013, f. & cert. ef. 7-1-13; SSP 14-2013(Temp), f. & cert. ef. 7-1-13 thru 12-28-13; SSP 23-2013, f. & cert. ef. 9-20-13; SSP 36-2013(Temp), f. & cert. ef. 11-1-13 thru 4-30-14

461-195-0561

Compromise of an Overpayment Claim

This rule specifies when and how the Department may compromise an overpayment (see OAR 461-195-0501) claim.

(1) The Department may consider a request to compromise an overpayment claim only if the estimated administration and collection costs necessary to collect the account in full likely exceed the current balance of the overpayment.

(2) The following limitations apply to the compromise of an overpayment claim:

(a) The authority of the Department to compromise may be limited by federal or state law.

(b) The Department may compromise a claim only once it is a liquidated claim (see OAR 461-195-0551).

(c) The Department may compromise a claim only if the requester has made a good faith effort to repay the overpayment.

(d) The Department may not compromise:

(A) A fraud overpayment claim;

(B) Any overpayment claim, unless 36 months have passed since the requester initially was notified of the overpayment;

(C) An overpayment claim if the debtor has the ability to repay the overpayment in full within 36 months of the request date.

(D) An overpayment claim for less than 75 percent of the total amount of the claim.

(E) An overpayment claim if the debtor is a member, currently or in the previous 12 months, of a filing group or OCCS medical program household group (see OAR 410-200-0015) that received benefits under the program in which the overpayment occurred.

(F) A child care provider overpayment claim if the provider, currently or in the previous 12 months, received a direct provider payment for child care under division 165 of this chapter of rules.

(3) The Department may allow a compromised claim to be paid in installments over a period not to exceed 90 days.

(4) During the 12 months following the date of the compromise agreement, the Department reserves the right to collect the original unmitigated claim through benefit reduction under OAR 461-195-0551.

Stat. Auth.: ORS 409.050, 411.060, 411.404, 411.816, 412.014, 412.049, 2013 HB 2089 (Sect. 10)

Stats. Implemented: ORS 409.010, 411.060, 411.404, 411.635, 411.816, 412.014, 412.049, 416.350

Hist.: AFS 34-2000, f. 12-22-00, cert. ef. 1-1-01; SSP 33-2003, f. 12-31-03, cert. ef. 1-4-04; SSP 10-2006, f. 6-30-06, cert. ef. 7-1-06; SSP 11-2007(Temp), f. & cert. ef. 10-1-07 thru 3-29-08; SSP 5-2008, f. 2-29-08, cert. ef. 3-1-08; SSP 38-2009, f. 12-31-09, cert. ef. 1-1-10; SSP 36-2013(Temp), f. & cert. ef. 11-1-13 thru 4-30-14

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Department of Oregon State Police, State Athletic Commission Chapter 230

Rule Caption: Amends OAR 230-020-0002 to authorize the OSP Superintendent to issue licenses on an annual basis.

Adm. Order No.: SAC 6-2013

Filed with Sec. of State: 11-5-2013

Certified to be Effective: 11-5-13

Notice Publication Date: 10-1-2013

Rules Amended: 230-020-0002

Subject: Oregon Administrative Rule (OAR) 230-020-0002 currently establishes that the licensing year for all licenses issued by the Superintendent shall run from July 1 to June 30 of the following year. The rule amendment eliminates the requirement that the licensing year run from July 1 to June 30, and instead authorizes the Superintendent to issue annual licenses at any point during the calendar year.

Rules Coordinator: Lili M. Wright—(503) 378-2493

230-020-0002

Licensing Year

All licenses issued by the Superintendent shall be issued on an annual basis, and expire one year from the date of issuance.

Stat. Auth.: ORS 463.113

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Stats. Implemented: ORS 463.025
Hist.: BWC 1-1991, f. & cert. ef. 9-20-91; BWC 1-1995, f. 10-10-95, cert. ef. 10-13-95; SAC 2-2013(Temp), f. & cert. ef. 4-15-13 thru 10-12-13; SAC 5-2013(Temp), f. & cert. ef. 7-10-13 thru 10-12-13; Administrative correction, 11-1-13; SAC 6-2013, f. & cert. ef. 11-5-13

Rule Caption: Requiring boxing or mixed martial arts female competitors to submit and pass a pregnancy test.

Adm. Order No.: SAC 7-2013

Filed with Sec. of State: 11-5-2013

Certified to be Effective: 11-5-13

Notice Publication Date: 10-1-2013

Rules Amended: 230-020-0330

Rules Repealed: 230-020-0330(T)

Subject: Oregon Revised Statute (ORS) 463.113(1) authorizes the Oregon Athletic Commission (Commission) to adopt administrative rules for “* * * conducting professional boxing and mixed martial arts events that promote the safety and best interest of the contestants and of the public.”

The Oregon State Athletic Commission has adopted temporary rule to amend OAR 230-020-0330 related to boxing and mixed martial arts competitions in Oregon. The rule amendment implements in Oregon a common industry practice designed to promote the health and safety of competitors, by adding into OAR 230-020-0330 a requirement that female boxing and mixed martial arts competitors submit and pass a pregnancy test in order to participate in the upcoming boxing or mixed martial arts event. The rule includes an option for waiver of the test requirement upon submission of documentation that the contestant has undergone a full hysterectomy. The rule also specifies the timing of the test and acceptable test methods.

Rules Coordinator: Lili M. Wright—(503) 378-2493

230-020-0330

Medical Disqualification

(1) The Superintendent must refuse to certify a boxer or mixed martial arts contestant if the examining physician or the Superintendent determines that withholding certification is necessary to preserve the health or safety of the boxer or mixed martial arts combatant.

(2) A boxer or mixed martial arts contestant is medically disqualified from competition if he or she:

(a) Has sustained a significant cut that is not completely healed;

(b) Has sustained three consecutive knockouts or TKOs, any knockout within the past 60 days, or any TKO within the past 30 days;

(c) Has sustained two knockouts within 90 days or a knockout in the first fight after a disqualification;

(d) Is not sufficiently conditioned to participate safely.

(3) A boxer or mixed martial arts contestant who has sustained three knockouts may be referred for neurological consultation.

(4) Pre-fight pregnancy test. Prior to participating in any boxing or mixed martial arts event, each female competitor must submit and pass a pregnancy test.

(a) For purposes of this rule, “pass” means the competitor tests negative for pregnancy.

(b) The pregnancy test must be administered during the pre-fight physical examination under the supervision of the examining physician or a female assistant authorized by the Commission, using a pregnancy test kit supplied by the Commission.

(A) Pregnancy test kits not supplied by the Commission shall not be accepted.

(B) The female competitor shall be accompanied to the bathroom facility by the examining physician or authorized female assistant, shall be allowed to take the pregnancy test in privacy, and shall promptly provide the test to the examining physician for interpretation of the results. The female competitor may not carry personal belongings into the bathroom while taking the test.

(c) In place of the pregnancy test described in subsection (b) of this rule, a female competitor may submit a results report from a serum or urine pregnancy test administered within 14 days of the scheduled event by a clinical laboratory or licensed physician. The competitor must submit the results report to the Commission no less than 72 hours before the event.

(d) The Superintendent or the examining physician may waive the pre-fight pregnancy test upon submission of written documentation from a licensed physician or clinic showing that the female competitor has undergone a total hysterectomy.

(A) Waiver of the pre-fight pregnancy test requirement may not be provided for any other reason.

(B) A competitor submitting such hysterectomy documentation to the Commission for the first time must do so no less than 72 hours prior to an event in which the competitor wishes to participate. Once adequate documentation of hysterectomy has been submitted by the competitor, the Commission may keep the documentation on file and the competitor shall not be required to re-submit the documentation for subsequent events unless re-submission is requested by the Commission.

(e) A competitor who tests positive for pregnancy may not participate in the boxing or mixed martial arts event for which the pregnancy test was submitted. A female competitor who fails to submit pregnancy test results or waiver documentation consistent with all requirements of this rule may not participate in the boxing or mixed martial arts event for which the pregnancy test was required. Nothing in this rule shall bar a competitor from seeking to establish eligibility to participate in subsequent events.

Stat. Auth.: ORS 463.113

Stats. Implemented: ORS 463.025 & 463.047

Hist.: BWC 1-1988, f. 3-22-88, cert. ef. 3-29-88; BWC 1-1991, f. & cert. ef. 9-20-91, Section (2) renumbered from 230-060-0150(2); BWC 1-1995, f. 10-10-95, cert. ef. 10-13-95; SAC 5-2008, f. 6-12-08, cert. ef. 7-1-08; SAC 1-2013, f. & cert. ef. 2-21-13; SAC 3-2013(Temp), f. & cert. ef. 7-10-13 thru 1-6-14; SAC 4-2013(Temp), f. & cert. ef. 7-10-13 thru 1-6-14; SAC 7-2013, f. & cert. ef. 11-5-13

Department of State Lands

Chapter 141

Rule Caption: Add a new rule restricting public recreational use on state-owned land at Jones Beach.

Adm. Order No.: DSL 3-2013

Filed with Sec. of State: 11-12-2013

Certified to be Effective: 12-1-13

Notice Publication Date: 5-1-2013

Rules Adopted: 141-088-0190

Subject: This rulemaking will amend the Department’s public recreational use rules relative to state-owned land at Jones Beach, in Columbia County. On April 9, 2012 the Department received a petition for rulemaking from Mr. Scott Fraser, pursuant to ORS 183.390 and OAR 137-001-0070. The petition sought adoption of a rule closing Jones Beach to overnight uses and limiting use of all-terrain vehicles to specific times and days. The petition asserted that use of motorized vehicles within the wetted river channel “poses a significant risk of harm and damage to the natural resource of the land and to the public.” The Department recommended to the State Land Board that it grant the petition and authorize the Department to initiate rulemaking to impose restrictions on the public recreational use of state-owned land at Jones Beach as part of the Department’s rules on “Public Recreational Use of State-Owned Property” found in Oregon Administrative Rules at OAR 141-088. The State Land Board approved this request at the June 12, 2012 meeting.

Rules Coordinator: Tiana Teeters—(503) 986-5239

141-088-0190

Restrictions for the State-Owned Property at Jones Beach (Columbia River)

All state-owned land that is under the jurisdiction of the Department in the area known as Jones Beach, between Columbia River Mile 46.0 and Columbia River Mile 48.0, lying north of River Front Road, in Sections 33 and 34, Township 8 North, Range 5 West, in Columbia County, Oregon, is closed to:

(1) All uses between 10 p.m. and 5 a.m. throughout the year, and

(2) All-terrain vehicles as defined in ORS 801.190–.194 throughout the year. Excepted from these restrictions are Government-owned vehicles on official business, street legal class II all-terrain vehicles during open use hours, public and private vehicles performing company business, vehicles involved in rescue or emergency activities, district authorized persons and landowners inspecting or maintaining levees and fences.

Stat. Auth.: ORS 183, 273 & 274

Stats. Implemented: ORS 273& 274

Hist.: DSL 3-2013, f. 11-12-13 cert. ef. 12-1-13

ADMINISTRATIVE RULES

Department of Veterans' Affairs Chapter 274

Rule Caption: Veterans' extended outreach grant program as a budget note

Adm. Order No.: DVA 10-2013(Temp)

Filed with Sec. of State: 11-15-2013

Certified to be Effective: 11-15-13 thru 1-20-14

Notice Publication Date:

Rules Suspended: 274-030-0625(T)

Subject: The rule restated the budget note that was part of the Department's 2013–2015 budget. The budget note described a 1 million grant program for counties. The budget note stated that each of the 34 counties with a county veterans service office will receive a base amount of funds and that \$600,000 must be awarded in the form of competitive grants.

The Department is suspending this rule because it only reiterates the budget note information and the rule is not needed.

Rules Coordinator: Laurie Skillman—(503) 373-2016

274-030-0625

Veterans' Extended Outreach Grant Program

(1) For the 2013–2015 biennium, the Oregon Legislature approved approximately \$1 million in one-time monies to be used to create the Veterans' Extended Outreach Grant Program (VEOGP).

(2) The intent of VEOGP is to serve veterans statewide to greatest effect, to improve outreach to veterans, to inform them of their benefits, and to file claims on their behalf.

(3) The Oregon Department of Veterans' Affairs shall administer the VEOGP as outlined in the agency's budget note for its 2013–2015 biennium budget.

(4) The Oregon Department of Veterans' Affairs shall develop the grant application with clear instructions as to the grants requirements, including but not limited to:

(a) Target outreach population.

(b) Strategic plan to reach that population, including a detailed proposed budget.

(c) How the county will measure outcomes and success of their grant program.

(d) Reporting requirements for both outreach outcomes and financial expenditures.

(e) Application deadlines and other administrative procedures.

(5) Each county with a county veteran service officer is:

(a) To receive \$10,000 as a base amount from the VEOGP for the biennium; and

(b) Eligible to submit a grant application for additional funds through a competitive grant process.

(6) The Director shall appoint a five-member grant committee consisting of:

(a) Two members from the Oregon Department of Veterans Affairs; and

(b) Two county veteran service officer representing one urban and one rural region in consultation with the County Veteran Service Officer Association; and

(c) One member of the Veterans' Affairs Advisory Committee to the Director of Veterans' Affairs, selected by the Chair.

(7) The Director may appoint ad hoc, non-voting grant committee members.

(8) The grant committee shall review submitted grant application and determine appropriations based on criteria including but not limited to:

(a) Target outreach population; and

(b) Maximum return on investment which includes increased Power of Attorneys, increased new claims, increase federal dollar recoveries.

(c) Measurable outcomes that include program analytics to determine effectiveness of grant.

(9) The grant committee may approve part or all of a grant application or may deny a grant application due to insufficiency, not meeting program goals, limitation of funds, or any other reasonable criteria determined by the grant committee.

(10) The grant committee shall send a letter to the county veteran service officer explaining its decision for approval, partial approval, or denial of a grant request.

(11) The grant committee may revoke a grant and withhold funds in accordance with OAR 274-030-0630 should the grantee not implement its proposal in accordance with their application.

(12) A grantee may request of the grant committee to amend its proposal but may do so only with the approval of the grant committee.

(13) If a grant is approved, funds will be released in accordance with Legislative guidance and the needs of the grant proposal.

(14) A minimum of \$600,000 will be expended on successful grant applications approved by the grant committee defined in these rules.

(15) Distribution of funds available for this grant purposes will be made upon approval of grant application

Stat. Auth.: ORS 406.030 & 406.050

Stats. Implemented:

Hist.: DVA 5-2013(Temp), f. & cert. ef. 7-24-13 thru 1-20-14; Suspended by DVA 10-2013(Temp), f. & cert. ef. 11-15-13 thru 1-20-14

Rule Caption: Applications for veteran's loans

Adm. Order No.: DVA 11-2013(Temp)

Filed with Sec. of State: 11-15-2013

Certified to be Effective: 11-15-13 thru 1-19-14

Notice Publication Date:

Rules Suspended: 274-020-0280(T), 274-020-0290(T)

Subject: OAR 274-020-280 states the number of applications that a veteran may make. The temporary rule in place eliminated language about a veteran's balance of a loan right. Suspending this temporary rule will retain the language about a veteran's balance of a loan right.

OAR 274-020-0290 states the requirements for an additional veteran's loan. The temporary rule in place eliminated language about a veteran's balance of a loan right. Suspending this temporary rule will retain the language about a veteran's balance of a loan right.

Rules Coordinator: Laurie Skillman—(503) 373-2016

274-020-0280

Number of Applications Permitted

(1) A veteran may have only one application for a loan pending at any time.

(2) A veteran may make application for another loan if conditions exist which entitle him to another loan.

(3) A veteran may make an application for an additional loan if he presently has a state loan.

(4) A veteran may make application for an advance for improvements provided the security for the loan is the primary residence.

Stat. Auth.: ORS 406

Stats. Implemented: ORS 407.205

Hist.: DVA 29, f. 7-3-63, ef. 9-2-63; DVA 32, f. 12-2-65, ef. 10-25-65; DVA 1-1980, f. & ef. 1-15-80; DVA 4-2013(Temp), f. & cert. ef. 7-23-13 thru 1-19-14; Suspended by DVA 11-2013(Temp), f. & cert. ef. 11-15-13 thru 1-19-14

274-020-0290

Additional Loans

Before an additional loan may be granted:

(1) The repayment shall have been satisfactory; and

(2) The amount shall not exceed the maximum single-family loan limit set by Fannie Mae (federal National Mortgage Association) for the State of Oregon.

Stat. Auth.: ORS 406

Stats. Implemented: ORS 407.205 & 407.265

Hist.: DVA 22, f. 11-15-57, ef. 11-14-57; DVA 29, f. 7-3-63, ef. 9-2-63; DVA 36, f. 7-25-69, ef. 8-25-69; DVA 42, f. 3-2-73, ef. 3-20-73; DVA 45, f. & ef. 12-1-75; DVA 4-2013(Temp), f. & cert. ef. 7-23-13 thru 1-19-14; Suspended by DVA 11-2013(Temp), f. & cert. ef. 11-15-13 thru 1-19-14

Land Use Board of Appeals Chapter 661

Rule Caption: Amends Rule to Reflect Agency Change of Address

Adm. Order No.: LUBA 2-2013(Temp)

Filed with Sec. of State: 10-28-2013

Certified to be Effective: 10-29-13 thru 4-27-14

Notice Publication Date:

Rules Amended: 661-010-0075

Subject: Effective May 6, 2013, LUBA's offices were re-located to the Department of State Lands Building, 775 Summer Street NE, Suite 330, Salem Oregon, 97301-1283. Accordingly, LUBA must amend OAR 661-010-0075(9), which specifies the mailing location

ADMINISTRATIVE RULES

of the Board, and Exhibit 5 to LUBA's rules, which is a sample certificate of filing with LUBA's address listed. LUBA adopted a temporary rule to accomplish this. That temporary rule expires October 28, 2013. LUBA anticipated that it would replace the temporary amendments with permanent rule amendments within 180 days of the effective date of the temporary rule. LUBA has been unable to complete its permanent rule amendments and therefore needs to adopt a second temporary rule.

Rules Coordinator: Kelly Burgess—(503) 373-1265

661-010-0075

Miscellaneous Provisions

(1) Cost Bill and Attorney Fees:

(a) Time for Filing: The prevailing party may file a cost bill or a motion for attorney fees, or both, no later than 14 days after the final order is issued. The prevailing party shall serve a copy of any such cost bill or motion for attorney fees on all parties.

(b) Recoverable Costs: Costs may be recovered only for the items set forth in this subsection.

(A) If the petitioner is the prevailing party, the petitioner may be awarded the cost of the filing fee.

(B) If the governing body is the prevailing party, the governing body may be awarded copying costs for the required number of copies of the record, at 25 cents per page, whether or not the governing body actively participated in the review.

(C) Costs awarded to the governing body pursuant to this section shall be paid from the deposit required by OAR 661-010-0015(4) and shall not exceed the amount of that deposit.

(c) Forfeit of Filing Fee and Deposit: If a record has been filed and a petition for review is not filed within the time required by these rules, and the governing body files a cost bill pursuant to this section requesting forfeiture of the filing fee and deposit, the filing fee and deposit required by OAR 661-010-0015(4) shall be awarded to the governing body as cost of preparation of the record. See OAR 661-010-0030(1).

(d) Return of Deposit: After any award of costs under subsection (b) of this section is made, any amount of the deposit remaining shall be returned to petitioner.

(e) Attorney Fees:

(A) Attorney fees shall be awarded by the Board to the prevailing party as specified in ORS 197.830(15)(b); a motion for attorney fees shall include a signed and detailed statement of the amount of attorney fees sought.

(B) Attorney fees shall be awarded to the applicant, against the governing body, if the Board reverses a land use decision or limited land use decision and orders a local government to approve a development application pursuant to ORS 197.835(10).

(C) Attorney fees shall be awarded to the applicant, against the person who requested a stay pursuant to ORS 197.845, if the Board affirms a quasi-judicial land use decision or limited land use decision for which such a stay was granted. The amount of the award shall be limited to reasonable attorney's fees incurred due to the stay request, and together with any actual damages awarded, shall not exceed the amount of the undertaking required under ORS 197.845(2).

(f) Responses and Objections: Any response to a motion for attorney fees, together with any objections to the detailed statement of the amount of attorney fees sought, shall be filed with the Board within 14 days after the date of service of the motion. Objections to the cost bill shall be filed with the Board within 14 days after the date of service of the cost bill.

(g) If a cost bill, a motion for attorney fees, or both are filed, and the Board's decision is appealed to the Court of Appeals, the Board shall act on the cost bill or motion for attorney fees after an appellate judgment is issued and any further Board proceedings necessitated by that judgment are concluded.

(2) Filing and Service:

(a) Filing:

(A) Documents may not be filed by facsimile. Documents filed with the Board may include facsimile signatures.

(B) Except as provided in OAR 661-010-0015(1)(b) with regard to the notice of intent to appeal, filing a document with the Board is accomplished by:

(i) Delivery to the Board on or before the date due; or

(ii) Mailing on or before the date due by first class mail with the United States Postal Service. If the date of mailing is relied upon as the date of filing, the date of the first class postmark on the envelope mailed to the Board is the date of filing.

(b) Service:

(A) Any document filed with the Board, other than the record as provided in OAR 661-010-0025(3), or the record after withdrawal for reconsideration as provided in 661-010-0021(6), must also be served on all parties contemporaneously. Service on two or more petitioners unrepresented by an attorney is accomplished by serving the lead petitioner designated under 661-010-0015(3)(f)(A). Service on two or more intervenors unrepresented by an attorney is accomplished by serving the lead intervenor designated under 661-010-0050(2).

(B) Service may be in person, or by first-class mail. Mail service is complete on deposit in the mail.

(C) Service copies of documents other than the Notice or the record shall include a certificate showing the date of filing with the Board (see Exhibit 5). [Exhibit not included. See ED. NOTE.]

(D) Documents filed with the Board shall contain either an acknowledgement of service by the person served or proof of service by a statement certified by the person who made service of the date of personal delivery or deposit in the mail, and the names and addresses of the persons served (see Exhibit 6). [Exhibit not included. See ED. NOTE.]

(c) Recycled Paper. Parties filing anything with the Board, including but not limited to notices of intent to appeal, records, motions, and briefs, are encouraged to use recycled paper if recycled paper is readily available at a reasonable price in the party's community. Further, parties are encouraged to use paper containing the highest available content of post-consumer waste, as defined in ORS 279.545, that is recyclable in the office paper recycling program in the party's community.

(3) Number of Copies Required: Unless these rules provide otherwise, all documents filed with the Board shall be filed with one copy. No copy of a record transmitted pursuant to OAR 661-010-0025(2), or a record after withdrawal for reconsideration transmitted pursuant to 661-010-0021(6), is required.

(4) Copying Fee: The following fees shall be charged for certified copies of Board nonexempt public records as defined in ORS 192.410, 192.501, 192.502, and 192.505:

(a) 25 cents per page for copies of any Board transcript or document of public record.

(b) \$10 for a copy of a cassette tape, compact disc or similar media disc in the record.

(c) \$20 for a copy of a videocassette tape in the record.

(d) The Board shall also charge the actual cost of copying and mailing oversized exhibits, plans or maps.

(5) Conferences: On its own motion or at the request of any party, the Board may conduct one or more conferences. Conferences may be by telephone. The Board shall provide reasonable notice advising all parties of the time, place and purpose of any conference.

(6) Appearances Before the Board: An individual shall either appear on his or her own behalf or be represented by an attorney. A corporation or other organization shall be represented by an attorney. In no event may a party be represented by someone other than an active member of the Oregon State Bar. In the event someone other than an active member of the Oregon State Bar files a notice of intent to appeal on behalf of a corporation, other organization, or another individual, the individual filing the notice of intent to appeal will be given an opportunity to provide an amended notice of intent to appeal that conforms with this section. If an amended notice of intent to appeal is not filed within the time set by the Board, the Board will dismiss the appeal.

(7) Lead Petitioner or Intervenor:

(a) A lead petitioner is responsible for notifying the other petitioners of documents and communications received from the Board and other parties, but each petitioner remains responsible for his or her own representation.

(b) A lead intervenor is responsible for notifying the other intervenors of documents and communications received from the Board and other parties, but each intervenor remains responsible for his or her own representation. A lead intervenor's responsibilities under this subsection extend only to intervenors who joined in the lead intervenor's motion to intervene and does not extend to intervenors who filed separate motions to intervene.

(8) Computation of Time: Time deadlines in these rules shall be computed by excluding the first day and including the last day. If the last day is Saturday, Sunday or other state or federal legal holiday, the act must be performed on the next working day.

(9) Address and Hours of the Board: Until May 5, 2013, the Board's address is Public Utility Commission Building, 550 Capitol Street NE, Suite 235, Salem, Oregon, 97301-2552. Effective May 6, 2013, the Board's address is Department of State Lands Building, 775 Summer Street NE,

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Suite 330, Salem Oregon, 97301-1283. The Board will accept as correctly addressed pleadings addressed to either location. The telephone number is (503) 373-1265. The offices of the Board shall be open from 8:00 a.m. to 12:00 p.m., and 1:00 p.m. to 5:00 p.m. Monday through Friday.

(10) Citations to Board Decisions: Citations to Board decisions shall be in the following form:

(a) Reported Cases: John Doe v. XYZ County, 5 Or LUBA 654 (1981).

(b) Unreported Cases: John Doe v. XYZ County, ___ Or LUBA ___ (LUBA No. 80-123, February 15, 1981).

(11) Motion to Transfer to Circuit Court:

(a) Any party may request, pursuant to ORS 34.102, that an appeal be transferred to the circuit court of the county in which the appealed decision was made, in the event the Board determines the appealed decision is not reviewable as a land use decision or limited land use decision as defined in 197.015(10) or (12).

(b) A request for a transfer pursuant to ORS 34.102 shall be initiated by filing a motion to transfer to circuit court not later than 14 days after the date a respondent's brief or motion that challenges the Board's jurisdiction is filed. If the Board raises a jurisdictional issue on its own motion, a motion to transfer to circuit court shall be filed not later than 14 days after the date the moving party learns the Board has raised a jurisdictional issue.

(c) If the Board determines the appealed decision is not reviewable as a land use decision or limited land use decision as defined in ORS 197.015(10) or (12), the Board shall dismiss the appeal unless a motion to transfer to circuit court is filed as provided in subsection (11)(b) of this rule, in which case the Board shall transfer the appeal to the circuit court of the county in which the appealed decision was made.

(12) Transfer from Circuit Court: When any appeal of a land use or limited land use decision is transferred to LUBA from circuit court, the petition for writ of review filed in the circuit court shall be treated as the notice of intent to appeal, and the case shall proceed as provided in LUBA's rules, subject to the following:

(a) No additional filing fee shall be required;

(b) After an appeal is transferred to LUBA, the Board, by letter, will establish a deadline for the petitioner to submit the deposit for costs and a deadline for the respondent to transmit the record.

(13) Transfer from the Oregon Department of Land Conservation and Development: Where the Director of the Oregon Department of Land Conservation and Development transfers a matter to LUBA pursuant to ORS 197.825(2)(c)(A), the case shall proceed as provided in LUBA's rules, subject to the following:

(a) The date of the notice from the Director making the transfer shall begin the running of a 21-day period within which one or more parties in the proceedings before the department may file a notice of intent to appeal with LUBA. A notice filed thereafter shall not be deemed timely filed, and the appeal shall be dismissed.

(b) Except as provided in this section, the notice of intent to appeal shall conform to the requirements of OAR 661-010-0015, including payment of the filing fee and deposit for costs. The notice of intent to appeal shall identify the local government as the respondent, rather than the Oregon Department of Land Conservation and Development or the Land Conservation and Development Commission.

(c) On receipt of a notice of intent to appeal, the Board shall, by letter, establish a deadline for the respondent to file the portion of the local record necessary to review the transferred matter. In all other respects, an appeal of a transferred matter shall proceed according to LUBA's rules.

(14) All briefs and motions filed with the Board shall comply with the rules in OAR 661-010-0030(2) with respect to type size, spacing, paper size and printing, numbering and margins.

[ED. NOTE: Exhibits referenced are available from the agency.]

Stat. Auth.: ORS 183.545 & 197.820(4)

Stats. Implemented: ORS 34.102, 197.830(9), (13)(a) & (15), 197.835(10) & 197.845(3)

Hist.: LUBA 1-1979(Temp), f. & ef. 11-1-79; LUBA 2-1980, f. & ef. 4-29-80; LUBA 2-1981(Temp), f. & ef. 8-20-81; LUBA 1-1982(Temp), f. & ef. 5-19-82; LUBA 1-1983, f. & ef. 10-3-83; LUBA 1-1987, f. & ef. 12-30-87; LUBA 1-1989, f. & ef. 11-30-89; LUBA 1-1992, f. & ef. 1-21-92; LUBA 2-1992, f. & ef. 3-19-92; LUBA 1-1994, f. & ef. 6-22-94; LUBA 1-1998, f. 2-12-98, cert. ef. 3-1-98; LUBA 2-1998(Temp), f. & ef. 6-15-98 thru 12-12-98; LUBA 3-1998, f. 12-1-98, cert. ef. 12-13-98; LUBA 1-2001, f. 10-15-01, cert. ef. 1-1-02; LUBA 1-2010, f. 6-30-10, cert. ef. 7-1-10; LUBA 1-2013(Temp), f. 4-30-13, cert. ef. 5-1-13 thru 10-28-13; LUBA 2-2013(Temp), f. 10-28-13, cert. ef. 10-29-13 thru 4-27-14

Oregon Board of Dentistry Chapter 818

Rule Caption: Amends Rules regarding Practice, infection control guidelines, HPSP, Sedation Permit and radiologic proficiency.

Adm. Order No.: OBD 3-2013

Filed with Sec. of State: 10-24-2013

Certified to be Effective: 1-1-14

Notice Publication Date: 10-1-2013

Rules Amended: 818-012-0005, 818-012-0040, 818-013-0001, 818-013-0005, 818-026-0060, 818-042-0060

Subject: The Board is amending 818-012-0005 to clarify the training a dentist needs to utilize Botulinum Toxin Type A.

The Board is amending 818-012-0040 to clarify the record keeping requirements for sterilization equipment.

The Board is amending 818-013-0001 to delete language from the rule.

The Board is amending 818-013-0005 to delete language from the rule.

The Board is amending 818-026-0060 to clarify the rule.

The Board is amending 818-042-0060 to add digital radiographs as an option for proficiency.

Rules Coordinator: Stephen Prisby—(971) 673-3200

818-012-0005

Scope of Practice

(1) No dentist may perform any of the procedures listed below:

(a) Rhinoplasty;

(b) Blepharoplasty;

(c) Rhytidectomy;

(d) Submental liposuction;

(e) Laser resurfacing;

(f) Browlift, either open or endoscopic technique;

(g) Platysmal muscle plication;

(h) Otoplasty;

(i) Dermabrasion;

(j) Lip augmentation;

(k) Hair transplantation, not as an isolated procedure for male pattern baldness; and

(1) Harvesting bone extra orally for dental procedures, including oral and maxillofacial procedures.

(2) Unless the dentist:

(a) Has successfully completed a residency in Oral and Maxillofacial Surgery accredited by the American Dental Association, Commission on Dental Accreditation (CODA), and

(b) Has successfully completed a clinical fellowship, of at least one continuous year in duration, in esthetic (cosmetic) surgery recognized by the American Association of Oral and Maxillofacial Surgeons or by the American Dental Association Commission on Dental Accreditation, or

(c) Holds privileges either:

(A) Issued by a credentialing committee of a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to perform these procedures in a hospital setting; or

(B) Issued by a credentialing committee for an ambulatory surgical center licensed by the State of Oregon and accredited by either the JCAHO or the American Association for Ambulatory Health Care (AAAHC).

(3) A dentist may utilize Botulinum Toxin Type A to treat a condition that is within the scope of the practice of dentistry after completing a minimum of 16 hours in a hands on clinical course(s) in which the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP).

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.010(2), 679.140(1)(c), 679.140(2), 679.170(6) & 680.100

Hist.: OBD 6-2001, f. & cert. ef. 1-8-01; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 3-2013, f. 10-24-13, cert. ef. 1-1-14

818-012-0040

Infection Control Guidelines

In determining what constitutes unacceptable patient care with respect to infection control, the Board may consider current infection control guidelines such as those of the Centers for Disease Control and Prevention and the American Dental Association. Additionally, licensees must comply with the following requirements:

(1) Disposable gloves shall be worn whenever placing fingers into the mouth of a patient or when handling blood or saliva contaminated instruments or equipment. Appropriate hand hygiene shall be performed prior to gloving.

ADMINISTRATIVE RULES

(2) Masks and protective eyewear or chin-length shields shall be worn by licensees and other dental care workers when spattering of blood or other body fluids is likely.

(3) Between each patient use, instruments or other equipment that come in contact with body fluids shall be sterilized.

(4) Heat sterilizing devices shall be tested for proper function on a weekly basis by means of a biological monitoring system that indicates micro-organisms kill. Testing results shall be retained by the licensee for the current calendar year and the two preceding calendar years.

(5) Environmental surfaces that are contaminated by blood or saliva shall be disinfected with a chemical germicide which is mycobactericidal at use.

(6) Impervious backed paper, aluminum foil, or plastic wrap may be used to cover surfaces that may be contaminated by blood or saliva and are difficult or impossible to disinfect. The cover shall be replaced between patients.

(7) All contaminated wastes and sharps shall be disposed of according to any governmental requirements.

Stat. Auth.: ORS 679.120, 679.250(7), 680.075 & 680.150

Stats. Implemented: ORS 679.140, 679.140(4) & 680.100

Hist.: DE 1-1988, f. 12-28-88, cert. ef. 2-1-89; DE 1-1989, f. 1-27-89, cert. ef. 2-1-89; DE 2-1992, f. & cert. ef. 6-24-92; OBD 1-2004, f. 5-27-04, cert. ef. 6-1-04; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08; OBD 3-2013, f. 10-24-13, cert. ef. 1-1-14

818-013-0001

Definitions

For the purpose of this section, the following definitions apply:

(1) "Confidential" means that, to the highest degree possible, the identities of the licensees investigated for alleged addiction to, dependence upon, or abuse of alcohol, drugs, and mind altering substances, or mental health disorders, and who have a diagnosed substance abuse disorder or mental health disorder, will be kept confidential by the Board and not be a matter of public record.

(2) "Diagnosis" means the principal mental health or substance use diagnosis listed in the DSM. The diagnosis is determined through the evaluation and any examinations, tests, or consultations suggested by the evaluation, and is the medically appropriate reason for services.

(3) "Direct Observe" means that a collection taker is in the restroom with donor and observes the providing of the sample throughout the entire process.

(4) "Diversion Coordinator" means the individual(s) authorized by the Board and the Executive Director to know the identities of the licensees who are candidates for or who are enrolled in HPSP.

(5) "Division" means the Oregon Health Authority, Addictions and Mental Health Division.

(6) "DSM" means the *Diagnostic and Statistical Manual of Mental Disorders*, published by the American Psychiatric Association.

(7) "Evaluation" means the process a Board approved, independent evaluator uses to diagnose the licensee's symptoms and to recommend treatment options for the licensee.

(8) "Health Professionals' Services Program" (HPSP) means the consolidated, statewide health professionals program for licensees diagnosed with a substance use disorder, a mental health disorder, or both types of disorders, as established by ORS 676.190.

(9) "Independent evaluator" means a Board approved individual or entity qualified to evaluate, diagnose, and recommend treatment regimens for substance abuse disorders, mental health disorders, or co-occurring disorders.

(10) "Mental health disorder" means a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress or disability or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom that is identified in the DSM. "Mental health disorder" includes gambling disorders.

(11) "Monitoring agreement" means an individualized agreement between a licensee and the HPSP vendor that meets the requirements for a diversion agreement set by ORS 676.190.

(12) "Monitoring Entity" means an independent third-party that monitors licensees' program enrollment statuses and monitoring agreement compliance.

(13) "Non-disciplinary" means the Board will not take disciplinary action or enter disciplinary orders against a licensee who agrees to enter into the HPSP and remains compliant with that program.

(14) "Non-identifying" means a system where the licensee is referred to by number rather than name and the licensee's identity remains confidential to the Board.

(15) "Program" means the process whereby allegations of addiction to, dependence upon, or abuse of alcohol, drugs, or mind altering substances or mental health disorders are investigated, evaluated, and reported to the Board for action.

(16) "Substance Use Disorders" means disorders related to the taking of a drug of abuse including alcohol, to the side effects of a medication, and to a toxin exposure. The disorders include substance use disorders such as substance dependence and substance abuse, and substance-induced disorders, including substance intoxication, withdrawal, delirium, and dementia, as well as substance induced psychotic disorder, mood disorder, etc., as defined in DSM criteria.

(17) "Substantial non-compliance" means that a licensee is in violation of the terms of his or her monitoring agreement in a way that gives rise to concerns about the licensee's ability or willingness to participate in the program. Substantial non-compliance and non-compliance include, but are not limited to, the factors listed in ORS 676.190(1)(f). Conduct that occurred before a licensee entered into a monitoring agreement does not violate the terms of that monitoring agreement.

(18) "Successful completion" means the licensee has complied with the licensee's monitoring agreement to the satisfaction of the Board.

(19) "Toxicology testing" means urine testing or alternative chemical monitoring including, but not limited to blood, saliva, or breath as conducted by a laboratory certified, accredited or licensed and approved for toxicology testing.

(20) "Treatment" means the planned, specific, individualized health and behavioral-health procedures, activities, services and supports that a treatment provider uses to remediate symptoms of a substance use disorder, mental health disorder or both types of disorders.

(21) "Vendor" means the entity that has contracted with the Division to conduct the program.

(22) "Voluntary" means that the Board cannot compel a licensee to enter the HPSP.

Stat. Auth.: ORS 676, 679 & 680

Stats. Implemented: ORS 676.185, 676.190, 676.195, 676.200 & 676.140(e)

Hist.: OBD 2-2010(Temp), f. & cert. ef. 8-6-10 thru 2-1-11; OBD 1-2011, f. 1-11-11, cert. ef. 2-1-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 3-2013, f. 10-24-13, cert. ef. 1-1-14

818-013-0005

Participation in Health Professionals' Services Program

(1) Effective July 1, 2010, the Board participates in the Health Professionals' Services Program (HPSP).

(a) The Board establishes procedures to process cases of licensees preparatory to transfer to HPSP.

(b) The procedures will be confidential, non-disciplinary, and voluntary.

(c) The Executive Director will have overall management responsibilities for the procedures. The Executive Director will designate Board staff to serve as Diversion Coordinator(s) who will manage and conduct investigations and report to the Board.

(d) The Diversion Coordinator(s) will investigate information related to addiction to, dependence upon, or abuse of alcohol, drugs, or mind altering substances or mental health disorders, by licensees and provide licensees with resources for evaluations, if appropriate.

(2) Only licensees of the Board who meet the referral criteria may be referred by the Board to the HPSP.

(a) The Board may refer a licensee to the HPSP in lieu of public discipline.

(b) In the event a licensee declines to submit to an evaluation or declines referral to HPSP, the Diversion Coordinator(s) will present the matter to the Board for decision and the Board's action may jeopardize the confidential nature of licensee's status as a candidate for, or enrollment in, HPSP.

Stat. Auth.: ORS 676, 679 & 680

Stats. Implemented: ORS 676.185, 676.190, 676.195, 676.200 & 676.140(e)

Hist.: OBD 2-2010(Temp), f. & cert. ef. 8-6-10 thru 2-1-11; OBD 1-2011, f. 1-11-11, cert. ef. 2-1-11; OBD 3-2013, f. 10-24-13, cert. ef. 1-1-14

818-026-0060

Moderate Sedation Permit

Moderate sedation, minimal sedation, and nitrous oxide sedation.

(1) The Board shall issue or renew a Moderate Sedation Permit to an applicant who:

(a) Is a licensed dentist in Oregon;

(b) Either holds a current Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated, or successfully completes the American Dental Association's course "*Recognition and Management of*

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Complications during Minimal and Moderate Sedation” at least every two years; and

(c) Satisfies one of the following criteria:

(A) Completion of a comprehensive training program in enteral and/or parenteral sedation that satisfies the requirements described in Part V of the *ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students* (2007) at the time training was commenced.

(i) Enteral Moderate Sedation requires a minimum of 24 hours of instruction plus management of at least 10 dental patient experiences by the enteral and/or enteral-nitrous oxide/oxygen route.

(ii) Parenteral Moderate Sedation requires a minimum of 60 hours of instruction plus management of at least 20 dental patients by the intravenous route.

(B) Completion of an ADA accredited postdoctoral training program (e.g., general practice residency) which affords comprehensive and appropriate training necessary to administer and manage parenteral sedation, commensurate with these Guidelines.

(C) In lieu of these requirements, the Board may accept equivalent training or experience in moderate sedation anesthesia.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient’s airway, quickly alter the patient’s position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient’s skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment, automated external defibrillator (AED); and

(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.

(3) No permit holder shall have more than one person under moderate sedation, minimal sedation, or nitrous oxide sedation at the same time.

(4) During the administration of moderate sedation, and at all times while the patient is under moderate sedation, an anesthesia monitor, and one other person holding a Health Care Provider BLS/CPR level certificate or its equivalent, shall be present in the operatory, in addition to the dentist performing the dental procedures.

(5) Before inducing moderate sedation, a dentist who induces moderate sedation shall:

(a) Evaluate the patient and document, using the American Society of Anesthesiologists *Patient Physical Status Classifications*, that the patient is an appropriate candidate for moderate sedation;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient’s guardian; and

(c) Obtain written informed consent from the patient or patient’s guardian for the anesthesia.

(6) A patient under moderate sedation shall be visually monitored at all times, including the recovery phase. The dentist or anesthesia monitor shall monitor and record the patient’s condition.

(7) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring using pulse oximetry and End-tidal CO₂ monitors. The patient’s blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 15 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative

vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient’s record. A patient under moderate sedation shall be continuously monitored;

(b) During the recovery phase, the patient must be monitored by an individual trained to monitor patients recovering from moderate sedation.

(8) A dentist shall not release a patient who has undergone moderate sedation except to the care of a responsible third party.

(9) The dentist shall assess the patient’s responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

(c) The patient can talk and respond coherently to verbal questioning;

(d) The patient can sit up unaided;

(e) The patient can ambulate with minimal assistance; and

(f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.

(10) A discharge entry shall be made by the dentist in the patient’s record indicating the patient’s condition upon discharge and the name of the responsible party to whom the patient was discharged.

(11) After adequate training, an assistant, when directed by a dentist, may introduce additional anesthetic agents to an infusion line under the direct visual supervision of a dentist.

(12) Permit renewal. In order to renew a Moderate Sedation Permit, the permit holder must provide documentation of having current ACLS or PALS certification or current certification of successful completion of the American Dental Association’s course “*Recognition and Management of Complications during Minimal and Moderate Sedation*” and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS or PALS certification or successful completion of the American Dental Association’s course “*Recognition and Management of Complications during Minimal and Moderate Sedation*” may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 1-1999, f. 2-26-99, cert. ef. 3-1-99; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-00; OBD 2-2001, f. & cert. ef. 1-8-01; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 3-2013, f. 10-24-13, cert. ef. 1-1-14

818-042-0060

Certification — Radiologic Proficiency

(1) The Board may certify a dental assistant in radiologic proficiency by credential in accordance with OAR 818-042-0120, or if the assistant:

(2) Submits an application on a form approved by the Board, pays the application fee and:

(a) Completes a course of instruction in a program approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry, in accordance with OAR 333-106-0055 or submits evidence that RPS recognizes that the equivalent training has been successfully completed;

(b) Passes the written Dental Radiation Health and Safety Examination administered by the Dental Assisting National Board, Inc. (DANB), or comparable exam administered by any other testing entity authorized by the Board, or other comparable requirements approved by the Oregon Board of Dentistry; and

(c) Passes a clinical examination approved by the Board and graded by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board, consisting of exposing, developing and mounting a full mouth series of radiographs or by exposing and mounting a digital full mouth series of radiographic images (14 to 18 periapical and 4 bitewing radiographic images) within one hour and under the supervision of a person permitted to take radiographs in Oregon. No portion of the clinical examination may be completed in advance; a maximum of three retakes is permitted (i.e., three individual radiographic exposures, not three full mouth series); only the applicant may determine the necessity of

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retakes. The radiographic images should be acquired on an adult patient with at least 24 fully erupted teeth. The full mouth series must be submitted for grading within six months after it is taken.

Stat. Auth.: ORS 679
Stats. Implemented: ORS 679.020, 679.025 & 679.250
Hist.: OBD 9-1999, f. 8-10-99, cert. ef. 1-1-00; OBD 2-2003, f. 7-14-03 cert. ef. 7-18-03; OBD 4-2004, f. 11-23-04 cert. ef. 12-1-04; OBD 3-2005, f. 10-26-05, cert. ef. 11-1-05; OBD 3-2007, f. & cert. ef. 11-30-07; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 3-2013, f. 10-24-13, cert. ef. 1-1-14

Oregon Board of Naturopathic Medicine Chapter 850

Rule Caption: Correct late fee in 850-030-0195 to agree with 850-030-0035

Adm. Order No.: OBNM 4-2013

Filed with Sec. of State: 11-5-2013

Certified to be Effective: 11-5-13

Notice Publication Date: 9-1-2013

Rules Amended: 850-030-0195

Subject: Amendment will correct OAR 850-030-0195 to reflect the approved fee found in OAR 850-030-0035.

Rules Coordinator: Anne Walsh—(971) 673-0193

850-030-0195

License Renewal Requirements

All Naturopathic physicians licensed under ORS Chapter 685, whether active or inactive or retired must complete an annual renewal form furnished by the Board. Specific requirements for each license status, renewal procedures and requirements are as follows:

(1) A Naturopathic physician holding an initial license:

(a) Must complete the renewal form furnished by the Board; and

(b) Pay the annual renewal fee according to OAR 850-030-0090 and 850-030-0035; and

(c) Is exempt from completing CE in the initial year of licensure.

(2) A licensee doing an accredited residency for at least six months in the calendar year must:

(a) Complete the annual renewal form furnished by the Board; and

(b) Pay the annual renewal fee according to OAR 850-030-0090 and 850-030-0035; and

(c) Provide proof of an accredited residency to meet the CE requirement for an active license.

(3) A Naturopathic physician holding a certificate to practice natural childbirth must complete at least 15 hours of CE each year in obstetrics and sign an affidavit furnished by the Board confirming these hours. The 15 hours in obstetrics may be used to satisfy the requirement of an active license in 850-030-0195(4). The licensee must provide proof of current certification in neonatal resuscitation annually with the renewal.

(4) To maintain an active license, a licensee must:

(a) Complete the annual renewal form furnished by the Board; and

(b) Pay the annual renewal fee according to OAR 850-030-0090 and 850-030-0035; and

(c) Complete Board approved CE as required under OAR 850-040-0210 for an active license each year and submit a signed affidavit furnished by the Board confirming this.

(5) At least 10 of the required CE hours must be in the pharmacology of legend drugs.

(6) A Naturopathic physician holding an inactive license must:

(a) Complete the renewal form furnished by the Board; and

(b) Pay the annual renewal fee per OAR 850-030-0035; and

(c) Complete at least 10 hours of Board approved CE each year and submit a signed affidavit furnished by the Board confirming these hours.

(7) A retired status Naturopathic license, upon completing the renewal form furnished by the Board and paying the annual renewal fee for a retired license is not required to complete CE for renewal.

(8) By November 1, the Board will send to all licensees an annual renewal form to the last mailing address on record. For a renewal to be timely, a licensee must submit to the Board a completed renewal application postmarked no later than December 15 each year. A completed renewal application consists of the completed renewal form, the annual license fee if due, and the late fee, if appropriate, and the completed affidavit confirming completion of continuing education as required under sections (1) through (5) of this rule. Failure to meet the December 15 deadline shall result in a late fee of \$100, which must be submitted with the renewal application form. Any licensee who does not receive the renewal form by

November 15 should notify the Board. It is the licensee's duty to obtain and submit the renewal form in a timely manner.

(9) The license of any licensee who fails to submit a completed renewal application by December 31 shall lapse, effective at midnight, December 31.

(10) Licensees must maintain for a period of at least five years, full and accurate records including verification of attendance to support hours reported on the signed affidavit.

(11) Each year the Board will audit a number of license renewals. These licensees will be asked to provide their CE documents to verify the signed affidavit. Licensee must provide CE records and verifications that will document compliance with the renewal requirements.

(12) To apply for reinstatement of a license from inactive to active status a licensee must:

(a) Complete the reinstatement form furnished by the Board; and

(b) Pay the appropriate fees per ORS 685.100 and OAR 850-030-0035, and

(c) Submit an affidavit confirming completion of continuing education as follows:

(A) If the license is inactive for 12 months or less, the licensee must demonstrate completion of the required hours of approved continuing education during the past 12 months for an active license, with 10 of these hours in pharmacology; and

(B) If the license is inactive for more than one year, licensee must provide an additional five hours of approved continuing education for each subsequent year or partial year that the license was inactive, in addition to the 10 hours of CE required by OAR 850-030-0195(6).

(d) If license is inactive for more than five years, licensee must take and pass the state jurisprudence and formulary examinations furnished by the Board.

(13) After January 1, the Board may reinstate a license that has been lapsed for one year or less, upon submission of the affidavit of continuing education as required for an active license, completion of the renewal form furnished by the Board and paying the appropriate fees per ORS 685.100 and OAR 850-030-0035.

(14) Any licensee who has allowed a license to lapse for more than 12 months must apply and meet the qualifications under ORS 685.060 through 685.085 for licensure.

Stat. Auth.: ORS 685.125

Stats. Implemented: ORS 685.100

Hist.: BNE 1-2003, f. & cert. ef. 2-14-03; Renumbered from 850-010-0195, BNE 8-2005, f. & cert. ef. 10-27-05; BNE 3-2008, f. 4-21-08, cert. ef. 6-10-08; BNE 4-2009, f. & cert. ef. 10-6-09; BNE 5-2009(Temp), f. & cert. ef. 10-13-09 thru 12-31-09; BNE 6-2009, f. 11-2-09, cert. ef. 1-1-10; OBNM 4-2013, f. & cert. ef. 11-5-13

Oregon Business Development Department Chapter 123

Rule Caption: This new division of rules relates to the Local Economic Opportunity Fund.

Adm. Order No.: OBDD 10-2013

Filed with Sec. of State: 10-31-2013

Certified to be Effective: 11-1-13

Notice Publication Date: 10-1-2013

Rules Adopted: 123-056-0010, 123-056-0020, 123-056-0030, 123-056-0035, 123-056-0040

Rules Repealed: 123-056-0010(T), 123-056-0020(T), 123-056-0030(T), 123-056-0035(T), 123-056-0040(T)

Subject: This new division of rules relating to the Local Economic Development Fund explains criteria for strategic plans necessary for funding. These rules were temporary and are now being made permanent.

Rules Coordinator: Mindee Sublette—(503) 986-0036

123-056-0010

Purpose

As provided in Oregon Revised Statutes (ORS) 285B.260, the Oregon Business Development Department shall administer the Local Economic Opportunity Fund to provide grants for projects that support economic development priorities as identified in approved local economic development strategies.

Stat. Auth.: ORS 285B.230 - 285B.266

Stats. Implemented: ORS 285B.230 - 285B.266

Hist.: OBDD 5-2013(Temp), f. & cert. ef. 6-3-13 thru 11-30-13; OBDD 10-2013, f. 10-31-13, cert. ef. 11-1-13

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123-056-0020

Definitions

(1) "Department" means the Oregon Business Development Department.

(2) "Fund" means the Local Economic Opportunity Fund created by ORS 295B.260.

(3) "Approved Strategic Plan" means a strategic plan determined by the Department to meet the requirements set forth in OAR 123-056-0030.

Stat. Auth.: ORS 285B.230 - 285B.266

Stats. Implemented: ORS 285B.230 - 285B.266

Hist.: OBDD 5-2013(Temp), f. & cert. ef. 6-3-13 thru 11-30-13; OBDD 10-2013, f. 10-31-13, cert. ef. 11-1-13

123-056-0030

Strategic Plans

In order to be an Approved Strategic Plan, a strategic plan must:

(1) Identify, address and coordinate the economic development priorities of a community or geographic region in the state of Oregon

(2) Result in economic benefit to the state of Oregon, such as:

(a) Promotes favorable investment climate to strengthen businesses, create jobs, and raise real wages;

(b) Contributes in a manner that improves the national and global competitiveness of Oregon companies;

(c) Assists Oregon communities in building capacity to retain, expand, and attract businesses;

(d) Promotes, fosters and sustains economic development in the state, emphasizing rural and distressed areas; or

(e) Implements economic strategies that reinforce Oregon's long-term prosperity and livability.

(3) Sets forth, in measurable terms, the extent to which the strategic plan will accomplish the economic development priorities of the community or geographic region of the state of Oregon;

(4) Sets forth, in measurable terms, the extent to which the strategic plan will accomplish the Department's performance standards as adopted by the Oregon Business Development Commission; and

(5) Be formally adopted by a municipality, a special district, a port, or other governmental entity.

Stat. Auth.: ORS 285B.230 - 285B.266

Stats. Implemented: ORS 285B.230 - 285B.266

Hist.: OBDD 5-2013(Temp), f. & cert. ef. 6-3-13 thru 11-30-13; OBDD 10-2013, f. 10-31-13, cert. ef. 11-1-13

123-056-0035

Distribution of Funds

The Department, in its sole discretion, shall determine grants awarded from the Fund. The grant must support implementation of a project included in an Approved Strategic Plan.

Stat. Auth.: ORS 285B.230 - 285B.266

Stats. Implemented: ORS 285B.230 - 285B.266

Hist.: OBDD 5-2013(Temp), f. & cert. ef. 6-3-13 thru 11-30-13; OBDD 10-2013, f. 10-31-13, cert. ef. 11-1-13

123-056-0040

Waiver of Non-Statutory Requirements

The Director or the Director's designee may waive non-statutory requirements of this division of administrative rules, if demonstrated that such a waiver serves to further the goals and objectives of ORS 285B.230 to 285B.266, and that it contributes to sound economic or community development.

Stat. Auth.: ORS 285B.230 - 285B.266

Stats. Implemented: ORS 285B.230 - 285B.266

Hist.: OBDD 5-2013(Temp), f. & cert. ef. 6-3-13 thru 11-30-13; OBDD 10-2013, f. 10-31-13, cert. ef. 11-1-13

Oregon Department of Education

Chapter 581

Rule Caption: Implements provisions of HB 3232 by establishing a Mentoring, Monitoring, and/or Accelerated program.

Adm. Order No.: ODE 23-2013(Temp)

Filed with Sec. of State: 10-18-2013

Certified to be Effective: 10-18-13 thru 4-16-14

Notice Publication Date:

Rules Adopted: 581-017-0200, 581-017-0205, 581-017-0210, 581-017-0215, 581-017-0220

Subject: The proposed temporary rules implement the provisions of House bill 3232 by establishing a Mentoring, Monitoring and/or

Accelerated program designed to re-enroll, return, or maintain eighth and ninth grade student progress toward graduation.

Rules Coordinator: Cindy Hunt—(503) 947-5651

581-017-0200

Definitions

The following definitions apply to OAR (581-017-0200 to 581-017-0220):

(1) "Accelerated" means an underserved student who has achieved a "C" or higher will gain access to IB, AP or college credit courses. This can include but is not limited to transportation, consortium creation and teacher training.

(2) "At-risk" means a student who is less likely to succeed academically or more likely to drop out of school due to circumstances beyond their control.

(3) "Cultural Competence" means an individual or organization has proven their ability to understand the emotional, mental and physical challenges of non-majority individuals in a way that promotes a self-awareness and confidence that is reflected in the students' academic achievement.

(4) "Non-profit organization" means:

(a) An organization established as a nonprofit organization under the laws of Oregon; and

(b) Qualifies as an exempt organization under section 501(c)(3) of the Internal Revenue Code as defined in ORS 314.011.

(5) "Wraparound" intervention strategy means an organization can demonstrate the ability to execute a highly structured and integrated effort to meet student needs in their home, school and community that is reflected in the students' academic achievement.

(6) "Underserved" means a student who is not making satisfactory progress toward a high school diploma, modified diploma or an extended diploma and has not considered enrolling in post-secondary education.

Stat. Auth.: 2013 OL Ch. 660, Sec. 1 (Enrolled HB 3232)

Stat. Implemented: 2013 OL Ch. 660, Sec. 1 (Enrolled HB 3232)

Hist.: ODE 23-2013(Temp), f. & cert. ef. 10-18-13 thru 4-16-14

581-017-0205

Establishment

(1) The Mentoring, Monitoring, Acceleration Grant is established as part of the Guidance and Support for Post-Secondary Aspirations Strategic Investment.

(2) The purposes of the grant is to:

(a) Extend or expand a students' ability to achieve a "C" or higher within the current academic year in all core subjects;

(b) Increase the academic achievement for underserved and at-risk students in addition to the cultural competence within academic communities; and

(c) Create, expand or replicate programs that achieve the purposes of the grant.

Stat. Auth.: 2013 OL Ch. 660, Sec. 1 (Enrolled HB 3232)

Stat. Implemented: 2013 OL Ch. 660, Sec. 1 (Enrolled HB 3232)

Hist.: ODE 23-2013(Temp), f. & cert. ef. 10-18-13 thru 4-16-14

581-017-0210

Eligibility

The Department of Education shall allocate funds for the Mentoring, Monitoring and Accelerated grant program based on the following eligibility criteria:

(1) The following entities shall be eligible to receive the Mentoring, Monitoring, Accelerated program award:

(a) Non-profit organizations;

(b) School districts; and

(c) Consortia of non-profits or school districts and other entities.

Each eligible consortium must have at least one non-profit organization or school district to be eligible for the grant which will serve as the fiscal agent.

(2) Eligible non-profit organizations and school districts must have a comprehensive system for monitoring progress and providing individualized planning, mentoring, tutoring or other support services to students or must have as part their proposal a plan to have a comprehensive system.

(3) Eligible non-profit organizations and school districts must provide data documenting and must ensure that the resources received will be used for underserved, at-risk or accelerating students in eighth or ninth grade.

Stat. Auth.: 2013 OL Ch. 660, Sec. 1 (Enrolled HB 3232)

Stat. Implemented: 2013 OL Ch. 660, Sec. 1 (Enrolled HB 3232)

Hist.: ODE 23-2013(Temp), f. & cert. ef. 10-18-13 thru 4-16-14

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581-017-0215

Implementation of Grant Funding

(1) The Department of Education will make awards between \$50,000 and \$250,000 for use during the 2013–2014 or 2014–2015 school year for each eligible Mentoring, Monitoring, Accelerated grant program. The Department may not award more than \$3 million in total per biennium for the grants.

(2) The Oregon Department of Education shall establish a request for proposal solicitation and approval process to be conducted for the Mentoring, Monitoring, Acceleration program funds. All proposals will comply with the requirements of sections 1 and 3, chapter 660, Oregon Laws 2013 (Enrolled House Bill 3232) and rules adopted to implement those sections.

(3) Awards will be based on the following criteria:

(a) Whether the proposal identifies how the funds will be used to reach the 40-40-20 goal and improve education outcomes for underserved and at risk and accelerating students as identified by the Oregon Education Investment Board Equity Lens document.

(b) Whether the applicant proposal demonstrates support, commitment and readiness to design or revise culturally competent programming specifically for underserved/at-risk eighth and ninth grade students.

(4) The Department shall give priority to proposals that meet the minimum criteria and:

(a) Provide a sustainability plan to continue the program for at least two years after the program funding has ended.

(b) The extent to which the applicant clearly documents its capacity to implement and carry out programming and services for students achieving a “C” or higher in core academic subjects within the current academic year.

(5) The Department of Education shall allocate funds for the grant program based on the evaluation of the grant application and the following considerations:

(a) Organizations who have documented evidence of serving underserved/at-risk eighth and ninth grade students and/or drop outs.

(b) Organizations designed to return or advance eighth or ninth grade students to a “C” or higher grade in core academic subjects within the same academic year using a systematic program design.

(c) Geographic location of the program organization to ensure geographic representation of the targeted student groups are included throughout the state.

(d) Organizations currently serving eighth and ninth grade underserved or at risk students that could improve academic levels to “C” or higher in core academic subjects with additional resources.

(e) Organizations that have a high level of students who are at or below a “C” in core academic subjects.

(f) Give preference to organizations that have demonstrated success by improving student academic outcomes.

(6) Each award may be up to \$250,000 which shall be given during the following phases based on a detailed budget narrative and budget template:

(a) Planning phase.

(b) Implementation phase

(c) Evaluation phase.

(7) Grant recipients shall use funds received for the planning, implementation, and evaluation phases of the grant for activities outlined in the request for proposal.

(8) Grant recipients must be able to expend the funds for allowable purposes specified in the request for proposal within the grant timeline according to acceptable accounting procedures.

Stat. Auth.: 2013 OL Ch. 660, Sec. 1 (Enrolled HB 3232)

Stats. Implemented: 2013 OL Ch. 660, Sec. 1 (Enrolled HB 3232)

Hist.: ODE 23-2013(Temp), f. & cert. ef. 10-18-13 thru 4-16-14

581-017-0220

Timelines and Performance Measures

The Oregon Department of Education shall provide award recipients a template for an interim and final grant report. Recipients are required to submit the interim and final report prior to receiving their final request for funds.

Stat. Auth.: 2013 OL Ch. 660, Sec. 1 (Enrolled HB 3232)

Stat. Implemented: 2013 OL Ch. 660, Sec. 1 (Enrolled HB 3232)

Hist.: ODE 23-2013(Temp), f. & cert. ef. 10-18-13 thru 4-16-14

Rule Caption: Establishes Closing the Achievement Gap for African American Students grant.

Adm. Order No.: ODE 24-2013(Temp)

Filed with Sec. of State: 10-18-2013

Certified to be Effective: 10-18-13 thru 4-16-14

Notice Publication Date:

Rules Adopted: 581-018-0250, 581-018-0255, 581-018-0260, 581-018-0265, 581-018-0270, 581-018-0275

Subject: Establishes the Closing the Achievement Gap for African American Students Grant Program for nonprofit organizations as part of the Network of Quality and Teaching and Learning. Specifies criteria, purpose and reporting.

Rules Coordinator: Cindy Hunt—(503) 947-5651

581-018-0250

Definitions

The following definitions apply to OAR 581-018-0205 to 581-018-0275:

(1) “Achievement gap” means the research-based gap in achievement that often exists between students who are economically disadvantaged, students learning English as a second language and students who are African American, Hispanic or Native American and their peers.

(2) “African American” means persons from African descent living in America; also referred to in census data as “Black.”

(3) “Closing the Achievement Gap for African American Students Grant” means the Grant established in OAR 581-018-0205 to implement section 1(3)(f), chapter 661, Oregon Laws 2013 (Enrolled House Bill 3233).

(4) “Non-profit organization” means:

(a) An organization established as a nonprofit organization under the laws of Oregon; and

(b) Qualifies as an exempt organization under section 501(c)(3) of the Internal Revenue Code as defined in ORS 314.011.

Stat. Auth.: 2013 OL Ch. 661, Sec. 1 (Enrolled HB 3233)

Stat. Implemented: 2013 OL Ch. 661, Sec. 1 (Enrolled HB 3233)

Hist.: ODE 24-2013(Temp), f. & cert. ef. 10-18-13 thru 4-16-14

581-018-0255

Establishment

(1) There is established the Closing the Achievement Gap for African American Students Grant to support nonprofit organizations who are working to design, implement, improve, expand, or otherwise revise programming and services for African American students. The programs and services assist African American students by offering unique opportunities to make strong home, school, and community connections in an effort to increase academic achievement and personal well-being. Research suggests that community organizations are positioned to provide targeted support to learners who are sometimes neglected in traditional school systems.

(2) Subject to available funds, the grants will be awarded for one year based on a detailed description of proposed programming or services. This can include but is not limited to:

(a) Planning phase.

(b) Implementation phase.

(c) Program evaluation phase.

(3) The purpose of the grant program is to provide funds to non-profit organizations that understand the unique needs of African American students, who have the potential to become exemplar programs and who can create collaborative practices around:

(a) Strengthening ties between home, school, and community;

(b) Creating space for active parent participation;

(c) Innovative programming that focuses on closing achievement gaps for African American students;

(d) Training or professional development for parents, educators, and interested community entities on closing achievement gaps for African American students;

(e) Literacy initiatives for closing achievement gaps for African American students; and

(f) College and career readiness and transition to college or career.

Stat. Auth.: 2013 OL Ch. 661, Sec. 1 (Enrolled HB 3233)

Stat. Implemented: 2013 OL Ch. 661, Sec. 1 (Enrolled HB 3233)

Hist.: ODE 24-2013(Temp), f. & cert. ef. 10-18-13 thru 4-16-14

581-018-0260

Eligibility

(1) To be eligible to receive the Closing the Achievement Gap for African American Students Grant an organization must:

(a) Be a non-profit organizations; and

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(b) Provide data to the Department of Education documenting that the majority of the students served through programming and resources by the organization are African American

(2) A single grant proposal may include more than one eligible applicant, but the fiscal agent must be one of the eligible applicants identified in subsection (1) of this rule.

Stat. Auth.: 2013 OL Ch. 661, Sec. 1 (Enrolled HB 3233)
Stat. Implemented: 2013 OL Ch. 661, Sec. 1 (Enrolled HB 3233)
Hist.: ODE 24-2013(Temp), f. & cert. ef. 10-18-13 thru 4-16-14

581-018-0265

Criteria

(1) The Oregon Department of Education shall establish a request for proposal solicitation and approval process to be conducted for the Closing the Achievement Gap for African American Students Grant funds. All proposals must comply with the requirements of section 1, chapter 661, Oregon Laws 2013 (Enrolled House Bill 3233) and rules adopted to implement that section.

(2) Grants shall be awarded based on the following criteria:

(a) Whether the grant application identifies how the funds will be used to reach the 40-40-20 goal and improve education outcomes for African American students as identified by the Oregon Education Investment Board Equity Lens document.

(b) Whether the grant applicant demonstrates support, commitment and readiness to design or revise programming specifically for African American students.

(3) The Department shall give priority to proposals that meet the minimum criteria and:

(a) Provide a sustainability plan to continue the program for at least two years after the grant funding has ended.

(b) The extent to which the applicant clearly documents its capacity to implement and carry out programming and services for closing the achievement gap for African American student populations, including demonstrated intentions to work in a collaborative way with school districts, other non-profits or post-secondary institutions.

(4) The Department of Education shall allocate funds for the grant program based on the evaluation of the grant application and the following considerations:

(a) Geographic location of the non-profit organization to insure geographic diversity within the recipients of grant program funds throughout the state;

(b) Organizations who have documented evidence of serving a primarily African American student population;

(c) Organizations who have a high level of students who are economically disadvantaged; and

(d) Give preference to entities that have demonstrated success in improving student outcomes.

Stat. Auth.: 2013 OL Ch. 661, Sec. 1 (Enrolled HB 3233)
Stat. Implemented: 2013 OL Ch. 661, Sec. 1 (Enrolled HB 3233)
Hist.: ODE 24-2013(Temp), f. & cert. ef. 10-18-13 thru 4-16-14

581-018-0270

Funding

(1) Each grantee may receive up to \$100,000 which shall be awarded during the following phases based on a detailed budget narrative and budget template:

- (a) Planning phase.
- (b) Implementation phase.
- (c) Evaluation phase.

(2) Grantees shall use funds received for the planning, implementation, and evaluation phases of the grant for activities outlined in the request for proposal.

(3) Grantees must be able to expend the funds for allowable purposes specified in the request for proposal within the grant timeline according to acceptable accounting procedures.

Stat. Auth.: 2013 OL Ch. 661, Sec. 1 (Enrolled HB 3233)
Stat. Implemented: 2013 OL Ch. 661, Sec. 1 (Enrolled HB 3233)
Hist.: ODE 24-2013(Temp), f. & cert. ef. 10-18-13 thru 4-16-14

581-018-0275

Reporting

The Oregon Department of Education shall provide to grant recipients a template for an interim and final grant report. Grantees are required to submit a final report prior to receiving their final request for funds.

Stat. Auth.: 2013 OL Ch. 661, Sec. 1 (Enrolled HB 3233)
Stat. Implemented: 2013 OL Ch. 661, Sec. 1 (Enrolled HB 3233)
Hist.: ODE 24-2013(Temp), f. & cert. ef. 10-18-13 thru 4-16-14

Oregon Department of Education, Fair Dismissal Appeals Board Chapter 586

Rule Caption: Updates of procedural rules for Fair Dismissal Appeals Board

Adm. Order No.: FDAB 1-2013

Filed with Sec. of State: 10-30-2013

Certified to be Effective: 11-7-13

Notice Publication Date: 10-1-2013

Rules Amended: 586-001-0000, 586-001-0005

Subject: The rule amendments update FDAB's rule on notifications to stakeholders of rule changes to reflect current law. The rule amendments also update the reference to the AG model rules.

Rules Coordinator: Cindy Hunt—(503) 947-5651

586-001-0000

Giving Reasonable Notice to Interested Persons on Any Proposal by the Fair Dismissal Appeals Board to Adopt, Amend, or Repeal Any Rule

(1) Prior to the adoption, amendment, or repeal of any rule, other than a temporary rule which shall be adopted in accordance with ORS 183.335(5) the Fair Dismissal Appeals Board shall give notice of the proposed adoption, amendment, or repeal:

(a) In the Secretary of State's Bulletin referred to in ORS 183.360 at least 21 days prior to the effective date of the rule to be adopted.

(b) By mailing or e-mailing, at least 28 days before the effective date of the rule, a copy of the notice to persons on the Board's mailing list established pursuant to ORS 183.335(8);

(c) By mailing or e-mailing a copy of the notice to the legislators specified in ORS 183.335(15) at least 49 days before the effective day of the rule; and,

(d) By mailing or e-mailing a copy of the notice to persons, organizations and publications identified by the Board and established educational, student and parent organizations that have submitted mailing or e-mailing addresses to the Board.

(2) Persons who wish to be placed on the Board's mailing or e-mailing list may request in writing or by e-mail that the Board send to the person copies of its notice of proposed rulemaking.

(3) The Board may update the mailing and e-mailing lists described in this rule annually by requesting persons to confirm that they wish to remain on the lists. If a person does not respond to a request for confirmation within 28 days of the date the Board sends the request, the Board will remove the person from the mailing and e-mailing lists. Any person removed from the mailing or e-mailing lists will be returned to the mailing or e-mailing list upon request, provided that the person provides a mailing address or e-mailing address to which notice may be sent.

Stat. Auth.: ORS 183.335 & 183.341(4)

Stats. Implemented: ORS 183.335

Hist.: FDA 8, f. 4-5-76, ef. 4-15-76; FDA 2-1980, f. & ef. 3-27-80; FDA 1-1985, f. 3-25-85, ef. 3-27-85; FDA 1-1992, f. & cert. ef. 3-5-92; FDAB 1-2013, f. 10-30-13, cert. ef. 11-7-13

586-001-0005

Model Rules of Procedure

Pursuant to ORS 183.341, the Board adopts the Attorney General's Uniform and Model Rules of Procedure under the Administrative Procedures Act, in effect on January 1, 2012, except those rules pertaining to contested cases.

[ED. NOTE: The full text of the Attorney General's Model Rules of Procedure is available from the office of the Attorney General or the Department of Education.]

Stat. Auth.: ORS 183.341

Stats. Implemented: ORS 183.341

Hist.: FDA 1, f. 5-5-72, ef. 5-15-72; FDA 3, f. 1-18-74, ef. 2-11-74; FDA 7, f. 4-2-76, ef. 4-15-76; FDA 1-1978, f. 3-16-78, ef. 3-20-78; FDA 1-1980, f. & ef. 3-18-80; FDA 3-1982, f. 11-4-82, ef. 11-5-82; FDA 1-1985, f. 3-25-85, ef. 3-27-85; FDA 1-1986, f. 11-7-86, ef. 11-12-86; FDA 1-1992, f. & cert. ef. 3-5-92; FDAB 1-2013, f. 10-30-13, cert. ef. 11-7-13

Oregon Health Authority, Addictions and Mental Health Division: Addiction Services Chapter 415

Rule Caption: Temporary amendments to OAR 415-065 entitled Health Professionals' Services Program.

Adm. Order No.: ADS 7-2013(Temp)

Filed with Sec. of State: 11-8-2013

Certified to be Effective: 11-8-13 thru 5-7-14

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Notice Publication Date:

Rules Amended: 415-065-0020, 415-065-0055, 415-065-0065

Subject: The purpose of these rules is to establish a consolidated, statewide health professionals' monitoring program for licensees of participating health licensing boards, as required by ORS 676.190, who are unable to practice with professional skill and safety due to substance use disorders, mental health disorders, or both types of disorders. The program shall provide non-treatment compliance monitoring and reporting services.

Rules Coordinator: Nola Russell—(503) 945-7652

415-065-0020

Audits

(1) The Division shall arrange for an independent third-party every four years to audit the program and to ensure compliance with the program guidelines.

(2) The Division shall report the results of the audit to the Legislative Assembly, the Governor, and the boards.

(3) The Division's report may not contain individually identifiable information about the licensees.

Stat. Auth.: ORS 413.042 & 676.190

Stats. Implemented: ORS 676.185 - 676.200

Hist.: ADS 3-2010, f. & cert. ef. 7-1-10; ADS 3-2012, f. 6-27-12, cert. ef. 7-1-12; ADS 7-2013(Temp), f. & cert. ef. 11-8-13 thru 5-7-14

415-065-0055

Program Requirements

The contractor shall:

(1) Inform the licensee about the program services, requirements, benefits, risks, and confidentiality limitations and ensure that the licensee has signed a consent for services. The consent for services explains:

(a) Information the contractor will give to the board and under what circumstances;

(b) That the board may take action to suspend, restrict, modify, or revoke the licensee's license or end the licensee's participation in the program based on information from the contractor.

(2) Enter into a monitoring agreement with the licensee;

(3) Assess the licensee's compliance with his or her monitoring agreement;

(4) Assess the ability of the licensee's employer, when an employer exists, to supervise the licensee and an assessment of any documentation of the direct supervisor's completion of licensee supervision specialized training;

(5) Report the licensee's substantial noncompliance with his or her monitoring agreement to a noncompliant licensee's board within one business day after the contractor learns of any substantial noncompliance; and

(6) At least weekly, submit to licensees' boards:

(a) A list of licensees who were referred to the program by the health profession licensing board and who are enrolled in the program; and

(b) A list of licensees who were referred to the program by the health profession licensing board and who successfully completed the program.

(7) The lists submitted under section 6(a)(b) are exempt from disclosure as a public record under ORS 192.140 to 192.505.

(8) Seek a court order authorizing the contractor to release identifying information to a licensee's board, including a report of substantial noncompliance as is described in OAR 415-065-0060, if a self-referred licensee enrolled in the program, or a provisionally enrolled licensee with a qualifying diagnosis, revokes his or her consent to report substantial noncompliance to the licensee's board.

(a) The contractor shall file documents with the court seeking a court order as soon as possible but no later than three business days from the date it was notified that the licensee revoked consent to report substantial noncompliance.

(b) The contractor shall comply with 42 USC & 290dd-2(b)(2); 42 CFR Part 2; the Health Insurance Portability and Accountability Act (HIPAA), Public Law 104-191, 45 CFR Parts 160, 162 and 164 and ORS 179.505, 192.518–192.524 in seeking such a court order.

(c) The contractor shall disclose to the licensee's board, within one (1) business day, any information the court authorizes it to disclose.

Stat. Auth.: ORS 413.042 & 676.190

Stats. Implemented: ORS 676.185 - 676.200

Hist.: ADS 3-2010, f. & cert. ef. 7-1-10; ADS 1-2011(Temp), f. & cert. ef. 2-11-11 thru 8-5-11; ADS 3-2011, f. & cert. ef. 8-16-11; ADS 2-2012, f. & cert. ef. 2-9-12; ADS 3-2012, f. 6-27-12, cert. ef. 7-1-12; ADS 7-2013(Temp), f. & cert. ef. 11-8-13 thru 5-7-14

415-065-0065

Program Services

The contractor shall provide the following services:

(1) Safe Practice Investigations of Self-referred Licensees:

(a) The contractor shall conduct a focused safe-practice investigation of a self-referred licensee to determine whether the licensee's practice while impaired presents or has presented a danger to the public. The investigation may include contractor interviews with the licensee's employer, supervisor, co-workers, family, or significant others.

(b) The contractor shall complete the safe-practice investigation within 15 business days of the contractor's receipt of the independent third party's evaluation with a qualifying diagnosis. The licensee remains provisionally enrolled in the program during this process.

(2) Monitoring Agreements:

(a) The contractor shall develop and the licensee shall sign an individualized, written monitoring agreement that is consistent with the independent third-party's evaluation and treatment recommendations unless otherwise authorized by the appropriate board, and on any other relevant and appropriate information, which may include information from employers, supervisors, co-workers, family, and significant others.

(b) The contractor shall amend the monitoring agreement as necessary to respond to changes in the licensee's situation, with the goal of protecting the public, except that the contractor shall not amend the treatment plan established by the independent third-party evaluation unless authorized by the appropriate board to do so.

(c) The contractor shall give the licensee and their employer, when an employer exists, a copy of the licensee's monitoring agreement, including any amendments, and shall immediately place a copy of the monitoring agreement, including any amendments, in the licensee's individual service record.

(d) The monitoring agreement shall:

(A) Require the licensee to participate in the program for at least two years or longer, as specified by board rule or order;

(B) Require the licensee to participate in a treatment provider's treatment plan;

(C) Outline the limits on the licensee's health profession practice by the contractor and the board;

(D) Notify the licensee that the program, in its discretion, may require the licensee to obtain an evaluation of the licensee's fitness to practice before the program removes limits on the licensee's health profession practice;

(E) Outline methods for the licensee's employer to monitor and report on the licensee's safe practice;

(F) Based on the independent third-party evaluator's evaluation, require the licensee to abstain from all mind-altering or intoxicating substances or potentially addictive drugs, unless, when authorized by the appropriate board to approve drugs, the program approves the licensee to use a particular drug prescribed for the licensee by a person authorized by law to prescribe for the licensee's documented medical condition;

(G) Require the licensee to report to the program the licensee's use of mind-altering or intoxicating substances or potentially addictive drugs within 24 hours of the licensee's use of the substances or drugs;

(H) Require the licensee to submit to random toxicology testing, per an individualized schedule;

(I) Require the licensee to report his or her arrest for or conviction of a misdemeanor or felony crime to the contractor within three business days if the licensee is arrested or convicted;

(J) Require the licensee to report to the contractor any of the licensee's applications for licensure in other states, changes in employment, changes in practice setting, and changes in residence;

(K) Require the licensee to report at least weekly to the program regarding the licensee's compliance with the agreement; and

(L) Require the licensee to attend compliance consultation group meetings on an individualized schedule based on the contractor's assessment of the licensee's need for additional accountability and structure and based on board's monitoring requirements.

(e) Boards may provide other requirements by rule, including allowing for practice supervision of sole practice licensees or other licensees not in an employment setting.

(3) Compliance Consultation Group Meetings. If required by a board's rules, a licensee identified by the board must attend compliance consultation group meetings. Any board-referred or self-referred licensee may elect to attend the meetings. There may be a fee for the meetings.

(a) The contractor shall conduct or arrange for non-treatment compliance consultation group meetings in which a monitoring consultant meets

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face-to-face, either directly or by tele-video, with licensees identified by a board to determine the licensee's overall compliance with his or her monitoring agreement and for the licensee to gain peer support for his or her compliance efforts.

(b) A monitoring consultant shall conduct each compliance consultation group meeting.

(c) The monitoring consultants shall assess the licensee's progress with his or her monitoring agreement and provide holistic progress reports to the contractor regarding the licensee's status in relation to, but not limited to, his or her: compliance with the monitoring agreement, compliance with the treatment provider's treatment plan, recovery activities, emotional and physical health, work-place dynamics, and relationship and boundary concerns.

(d) The licensee's board may elect to pay for the licensee's participation in the compliance consultation group meetings or the board may require the licensee to pay for the service.

(4) Toxicology Testing. Unless the licensee is diagnosed solely with a mental health disorder and an independent third-party evaluator has not recommended toxicology testing, the contractor shall ensure that:

(a) The licensee receives a baseline toxicology test within five business days of the date the contractor enrolls the licensee in the program;

(b) The licensee receives a final toxicology test before the licensee is deemed to successfully complete the program;

(c) All monitoring agreements contain provisions requiring three types of toxicology testing:

(A) Testing customized to the licensee's circumstances, including where appropriate requiring expanded toxicology testing drug panels and long-acting alcohol consumption toxicology testing;

(B) Random testing; and

(C) Testing that is required when the contractor has reason to believe that the licensee may have used alcohol or other drugs in violation of the licensee's monitoring agreement.

(d) The contractor's toxicology testing laboratory is certified by the Substance Abuse and Mental Health Services Administration and accredited through the College of American Pathologists Forensic Drug Testing Accreditation Program.

(e) In addition, the laboratory shall perform testing in compliance with OAR 333-024-0305 through 333-024-0350.

(f) Urinalysis specimens are collected in a way that preserves the integrity of the specimen. Unless otherwise provided by the licensee's board by rule, the person collecting the sample must be able to see the licensee void.

(g) If the contractor suspects that the licensee has used alcohol or other drugs in violation of the licensee's monitoring agreement or suspects that the licensee has attempted to provide a false or dilute urine sample, the licensee may be required to provide a directly observed urine specimen under the procedures described in 49 CFR 40.67(g) through (k), including:

(A) A person of the same gender as the licensee must ask the licensee to raise his or her shirt, blouse, or dress/skirt, as appropriate, above the waist, and lower clothing and underpants to demonstrate, by turning around, that the licensee does not have a prosthetic device to dispense urine; and

(B) A person of the same gender as the licensee must watch the urine go from the licensee's body into the specimen collection container.

Stat. Auth.: ORS 413.042 & 676.190

Stats. Implemented: ORS 676.185 - 676.200

Hist.: ADS 3-2010, f. & cert. ef. 7-1-10; ADS 2-2012, f. & cert. ef. 2-9-12; ADS 7-2013(Temp), f. & cert. ef. 11-8-13 thru 5-7-14

Oregon Health Authority, Addictions and Mental Health Division: Mental Health Services Chapter 309

Rule Caption: Temporary amendments to OAR 309-114 entitled Informed Consent By Patients in State Institutions.

Adm. Order No.: MHS 12-2013(Temp)

Filed with Sec. of State: 10-29-2013

Certified to be Effective: 10-29-13 thru 4-27-14

Notice Publication Date:

Rules Amended: 309-114-0000, 309-114-0010, 309-114-0020

Subject: These rules prescribe standards and procedures to be observed by personnel of state institutions operated by the Addictions and Mental Health (AMH) Division, in obtaining informed consent

from patients, for use of significant procedures, as defined by these rules.

Rules Coordinator: Nola Russell—(503) 945-7652

309-114-0000

Purpose

Purpose. These rules prescribe standards and procedures to be observed by personnel of state institutions operated by Division in obtaining informed consent to significant procedures, as defined by these rules, from patients of such state institutions. These rules do not apply to routine medical procedures. Administration of significant procedures without informed consent is permitted as described in OAR 309-114-0010(1)(b). The purpose of these rules is to assure that the rights of patients are protected with respect to significant procedures.

Stat. Auth.: ORS 179.040

Stats. Implemented: ORS 179.321, 426.070 & 426.385

Hist.: MHD 3-1983, f. 2-24-83, ef. 3-26-83; MHS 14-2007(Temp), f. 11-30-07, cert. ef. 12-1-07 thru 5-29-08; MHS 2-2008(Temp), f. & cert. ef. 4-7-08 thru 10-4-08; MHS 6-2008, f. & cert. ef. 7-25-08; MHS 12-2010, f. & cert. ef. 9-9-10; MHS 12-2013(Temp), f. & cert. ef. 10-29-13 thru 4-27-14

309-114-0010

General Policy on Obtaining Informed Consent to Treatment and Training

(1)(a) Basic Rule. Patients, or parents or guardians of minors, or guardians on behalf of legally incapacitated patients, may refuse any significant procedure and may withdraw at any time consent previously given to a significant procedure. Any refusal or withdrawal or withholding of consent shall be documented in the patient's record.

(b) Personnel of a state institution shall not administer a significant procedure to a patient unless written informed consent is obtained from or on behalf of the patient in the manner prescribed in these rules, except as follows:

(A) Administration of significant procedures to legally incapacitated patients as provided in section (6) of this rule;

(B) Administration of significant procedures without informed consent in emergencies under OAR 309-114-0015;

(C) Involuntary administration of significant procedures with good cause to persons committed to the Division under OAR 309-114-0020; or

(D) Involuntary administration of significant procedures pursuant to a valid court order.

(2) Capacity of the patient: In order to consent to, or refuse, withhold, or withdraw consent to significant procedures, the patient must have the capacity to make a decision concerning acceptance or rejection of a significant procedure, as follows:

(a) Unless adjudicated legally incapacitated for all purposes or for the specific purpose of making treatment decisions, a patient shall be presumed competent to consent to, or refuse, withhold, or withdraw consent to significant procedures. A person committed to the Division may be deemed unable to consent to or refuse, withhold, or withdraw consent to a significant procedure only if the person currently demonstrates an inability to reasonably comprehend and weigh the risks and benefits of the proposed procedure, alternative procedures, or no treatment at all including, but not limited to, all applicable factors listed in (3)(a) of this rule. The patient's current inability to provide informed consent is to be documented in the patient's record and supported by the patient's statements or behavior; and may be evidenced in the treating physician's or psychiatric nurse practitioner's informed consent form, the evaluation form by the independent examining physician and forms approving or disapproving the procedure by the superintendent or chief medical officer;

(b) A person committed to the Division shall not be deemed unable to consent to or refuse, withhold, or withdraw consent to a significant procedure merely by reason of one or more of the following facts:

(A) The person has been involuntarily committed to the Division;

(B) The person has been diagnosed as mentally ill;

(C) The person has disagreed or now disagrees with the treating physician's or psychiatric nurse practitioner's diagnosis; or

(D) The person has disagreed or now disagrees with the treating physician's or psychiatric nurse practitioner's recommendation regarding treatment.

(c) If a court has determined that a patient is legally incapacitated, then consent shall be sought from the legal guardian.

(3) Procedures for Obtaining Informed Consent and Information to be Given: The person from whom informed consent to a significant procedure is sought shall be given information, orally and in writing, the substance of which is to be found on the treating physician's or psychiatric nurse practitioner's informed consent form. In the case of medication, there shall be

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attached a preprinted information sheet on the risks and benefits of the medication listed on the treating physician's or psychiatric nurse practitioner's form. All written materials under this rule will be provided in English. However, if the institution has reason to believe a patient has limited English language proficiency or the patient requests it, then the institution will make reasonable accommodations to provide the patient with meaningful access to the information, such as providing the patient with copies of the materials in the patient's native language if the materials are readily available in that language or providing the opportunity to have an interpreter orally translate written materials into the patient's native language. Specific information about significant procedures of a similar class will not be provided to or discussed with the patient.

(a) The information shall describe:

(A) The nature and seriousness of the patient's mental illness or condition;

(B) The purpose of the significant procedures listed on the treating physician's or psychiatric nurse practitioner's form, the intended outcome and the risks and benefits of the procedures;

(C) Any alternatives, particularly alternatives offering less material risks to the proposed significant procedure that are reasonably available and reasonably comparable in effectiveness;

(D) If the proposed significant procedure is medication, facility medical staff shall give the name, dosage range, and frequency of administration of the medication listed on the treating physician's or psychiatric nurse practitioner's form, and shall explain the material risks of the medication at that dosage range.

(E) The side effects of the intended medication or electro-convulsive therapy;

(F) The predicted medical, psychiatric, social, or legal consequences of not accepting the significant procedure or any comparable procedure, including any potential risk the patient represents to the health and safety of the patient, or others, which may include, but is not limited to, a consideration of the patient's history of violence and its relationship to mental health treatment if he or she does not receive the significant procedure;

(G) That consent may be refused, withheld or withdrawn at any time; and

(H) Any additional information concerning the proposed significant procedure requested by the patient.

(b) A medication educator shall assist by providing information to the patient that explains the proposed significant procedure, as described in subsection (3)(a) of this rule;

(c) The treating physician or psychiatric nurse practitioner intending to administer a significant procedure shall document in the patient's chart that the information required in subsection (3)(a) of this rule was explained and that the patient, parent or guardian of a minor or guardian of a legally incapacitated patient explicitly consented, refused, withheld or withdrew consent. The treating physician or psychiatric nurse practitioner may document this by completing the informed consent form and make it part of the patient's record.

(4) When discussing the significant procedure with the treating physician or psychiatric nurse practitioner and the medication educator, the patient may request additional information about the significant procedure pursuant to OAR 309-114-0010(3)(a)(H) and present additional information relevant to making his or her decision.

(5) Voluntary Consent: Consent to a proposed significant procedure must be given voluntarily, free of any duress or coercion. Subject to the provisions of OAR 309-114-0020, the decision to refuse, withhold or withdraw consent previously given shall not result in the denial of any other benefit, privilege, or service solely on the basis of refusing, withholding or withdrawing consent. A voluntary patient may be discharged from the institution if offered procedures are refused.

(6) Obtaining Consent with Respect to Legally Incapacitated Patients: A state institution may not administer a significant procedure to a legally incapacitated patient without the consent of the guardian, or, in the case of a minor, the parent or guardian, except in the case of an emergency under OAR 309-114-0015, where the institution has good cause to involuntarily administer a significant procedure under 309-114-0020, or pursuant to a valid court order. In order to prove good cause, the institution must prove 309-114-0020(1)(a) and (1)(d) in reference to the guardian and 309-114-0020(1)(b) and (1)(c) in reference to the patient.

(7) Reports of Progress: A patient, the parents or guardian of a minor patient, or the guardian of a legally incapacitated patient shall, upon request, be informed of the progress of the patient during administration of the significant procedure.

(8) These rules will be effective as of December 1, 2007 on all new orders for administration of significant procedures without informed consent. This includes new orders written after expiration of the previous order. This rule will be effective for existing, unexpired orders as of January 1, 2008, on a phased-in schedule that will accommodate as many new hearings as is practicable to schedule each week.

Stat. Auth.: ORS 179.040

Stats. Implemented: ORS 179.321, 426.070 & 426.385

Hist.: MHD 3-1983, f. 2-24-83, ef. 3-26-83; MHD 3-1988, f. 4-12-88, (and corrected 5-17-88), cert. ef. 6-1-88; MHS 14-2007(Temp), f. 11-30-07, cert. ef. 12-1-07 thru 5-29-08; MHS 2-2008(Temp), f. & cert. ef. 4-7-08 thru 10-4-08; MHS 6-2008, f. & cert. ef. 7-25-08; MHS 1-2009(Temp), f. & cert. ef. 1-23-09 thru 7-22-09; MHS 3-2009, f. & cert. ef. 6-26-09; MHS 12-2010, f. & cert. ef. 9-9-10; MHS 12-2013(Temp), f. & cert. ef. 10-29-13 thru 4-27-14

309-114-0020

Involuntary Administration of Significant Procedures to Persons Committed to the Division with Good Cause

(1) Good cause: Good cause exists to administer a significant procedure to a person committed to the Division without informed consent if in the opinion of the treating physician or psychiatric nurse practitioner after consultation with the treatment team, the following factors are satisfied:

(a) Pursuant to OAR 309-114-0010(2), the person is deemed unable to consent to, refuse, withhold or withdraw consent to the significant procedure. This determination must be documented on the treating physician's or psychiatric nurse practitioner's informed consent form and the independent examining physician's evaluation form. It must include the specific questions asked and answers given regarding the patient's ability to weigh the risks and benefits of the proposed treatment, alternative treatment and no treatment including, but not limited to all relevant factors listed in 309-114-0010(3)(a).

(b) The proposed significant procedure will likely restore or prevent deterioration of the person's mental or physical health, alleviate extreme suffering or save or extend the person's life. This factor is established conclusively for purposes of a hearing under OAR 309-114-0025 by introducing into evidence the treating physician's or psychiatric nurse practitioner's informed consent form and the independent examining physician's evaluation form, unless this factor is affirmatively raised as an issue by the patient or his or her representative at the hearing.

(c) The proposed significant procedure is the most appropriate treatment for the person's condition according to current clinical practice all other less intrusive procedures have been considered and all criteria and information set forth in OAR 309-114-0010(3)(a) were considered. This factor is established conclusively for purposes of a hearing under 309-114-0025 by introducing into evidence the treating physician's or psychiatric nurse practitioner's informed consent form and the independent examining physician's evaluation form, unless this factor is affirmatively raised as an issue by the patient or his or her representative at the hearing.

(d) The institution made a conscientious effort to obtain informed consent from the patient. This factor is established conclusively for purposes of a hearing under OAR 309-114-0025 by introducing into evidence the treating physician's or psychiatric nurse practitioner's informed consent form and the medication educator's form or progress note, unless this factor is affirmatively raised as an issue by the patient or his or her representative at the hearing. If the institution has reason to believe a patient has limited English language proficiency or the patient requests it, the institution will make reasonable accommodations to provide the patient with meaningful access to the informed consent process, such as providing the patient with the opportunity to have an interpreter orally translate written materials into the patient's native language and provide translation during the treating physician's or psychiatric nurse practitioner's attempts to obtain informed consent and the medication educator's attempt to provide information about the significant procedure. A "conscientious effort" to obtain informed consent means the following:

(A) The patient's treating physician or psychiatric nurse practitioner made at least two good faith attempts to obtain informed consent by attempting to explain the procedure to the patient and documenting those efforts in the patient's record; and

(B) The medication educator made at least one good faith attempt to provide the information required in OAR 309-114-0010(3)(a) and explain and discuss the proposed procedure with the patient.

(e) Because of the preliminary nature of their commitment, the following additional findings must be made for patients under ORS 161.370 jurisdiction in order to show good cause under this rule:

(A) Medication is not requested for the sole purpose of restoring trial competency; and

(B) The patient is being medicated because of the patient's dangerousness or to treat the patient's grave disability.

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(2) Independent Review: Prior to granting approval for the administration of a significant procedure for good cause to a person committed to the Division, the superintendent or chief medical officer of a state institution for the mentally ill shall obtain consultation and approval from an independent examining physician, or if a patient refuses to be examined, the superintendent or chief medical officer shall document that an independent examining physician made at least two good faith attempts to examine the patient. The superintendent or chief medical officer shall maintain a list of independent examining physicians and shall seek consultation and approval from independent examining physicians selected on a rotating basis from the list. The independent examining physician shall not be an employee of the Division, shall be a board-eligible psychiatrist, shall have been subjected to review by the medical staff executive committee as to qualifications to make such an examination, shall have been provided with a copy of administration rules OAR 309-114-0000 through 309-114-0030 and shall have participated in a training program regarding these rules, their meaning and application.

(3) The superintendent or chief medical officer shall provide to a patient to whom a significant procedure is proposed to be administered written advance notice of the intent to seek consultation and approval of an independent examining physician for the purpose of administering the procedure without the patient's consent.

(4) The physician selected to conduct the independent consultation shall:

(a) Review the person's medical chart including the records of efforts made to obtain the person's informed consent and

(A) Personally examine the person at least one time; or

(B) If the patient refuses to be examined, the physician shall make two good faith attempts to examine the patient. If the patient refuses to be examined during these two good faith attempts, the independent consultation and approval requirement outlined in subsection (4)(a)(A) and (4)(b) of this rule shall be deemed to be fulfilled.

(b) Discuss the matter with the person to determine the extent of the need for the procedure and the nature of the person's refusal, withholding or withdrawal or inability to consent to the significant procedure. This determination as well as the supporting evidence in the form of the specific questions asked and answers given regarding the patient's ability to weigh the risks and benefits of the proposed treatment, alternative treatment and no treatment must be documented in the patient's record;

(c) Consider additional information, if any, presented prior to or at the time of examination or interview as may be requested by the person or anyone on behalf of the person; and

(d) Make a determination whether the factors required under these rules exist for the particular person or that one or more factors are not present and complete a report of his or her findings which provides their approval or disapproval of the proposed significant procedure. The written report must be provided to:

(A) The superintendent or chief medical officer; and

(B) The person to whom a significant procedure is proposed to be administered with a copy being made part of the person's record.

(5) Superintendent's Determination:

(a) The superintendent or chief medical officer shall approve or disapprove of the administration of the significant procedure to a person committed to the Division based on good cause provided that if the examining physician or psychiatric nurse practitioner found that one or more of the factors required by section (1) of this rule were not present or otherwise disapproved of the procedure; the superintendent or chief medical officer shall not approve the significant procedure and it shall not be performed;

(b) Approval of the significant procedure shall be only for as long as no substantial increase in risk is encountered in administering the significant procedure or significant procedure of a similar class during the term of a person's commitment, but in no case longer than 180 days. Disapproval shall be only for as long as no substantial change occurs in the person's condition during the term of commitment, but in no case longer than 180 days;

(c) Written notice of the superintendent's or chief medical officer's determination shall be provided to the patient and made part of the individual's record. This notice must be delivered to the patient and fully explained by facility medical staff. This notice must include a clear statement of the decision to treat without informed consent, specific basis for the decision, what evidence was relied on to make the decision and include a clear notice of the opportunity to ask for a contested case hearing with an administrative law judge if the patient disagrees with the decision. Attached must be a form with a simple procedure to request a hearing. The patient indicating in writing or verbally to any staff member a desire to challenge the institution's decision will be sufficient to request a contested case hearing pur-

suant to OAR 309 114 0025. The patient shall have 48 hours to request a contested case hearing after receiving this notice. If the patient does not request a hearing within the 48 hour period or the patient subsequently withdraws his initial hearing request and is not already receiving the significant procedure, the institution may involuntarily administer the significant procedure. A patient retains the right to request an initial hearing on the decision to administer a significant procedure without informed consent at any time.

(d) If the patient withdraws his or her initial request for hearing or refuses to attend the initial hearing without good cause, the administrative law judge will issue a dismissal order pursuant to OAR 137-003-0672(3). A dismissal order will allow the institution to immediately administer the significant procedure without informed consent as if the patient had never requested a hearing. If a dismissal order is issued, the patient may request a second hearing. If the patient withdraws his second request for hearing or refuses to attend the second hearing without good cause, the hearing will occur as scheduled with the institution presenting a prima facie case pursuant to ORS 183.417(4) and the administrative law judge will issue a proposed order by default. The institution will then issue a final order by default.

(e) Records of all reports by independent examining physicians of the determinations of the superintendent or chief medical officer under this rule shall be maintained by the superintendent or chief medical officer in a separate file and shall be summarized each year. Such summaries shall show:

(A) Each type of proposed significant procedure for which consultation with an independent examining physician was sought;

(B) The number of times consultation was sought from a particular independent examining physician for each type of proposed significant procedure;

(C) The number of times each independent examining physician approved and disapproved each type of proposed significant procedure; and

(D) The number of times the superintendent or chief medical officer approved and disapproved each type of proposed significant procedure.

(f) The summaries referred to in subsection (5)(e) of this rule shall be public records and shall be made available to the public during reasonable business hours in accordance with ORS Chapter 192.

(6) When treatment is being administered without informed consent, the ward physician or psychiatric nurse practitioner will write a progress note addressing any changes in patient's capacity to give informed consent every 60 days.

(7) At any time that a patient's condition changes so that there appears to his or her treating physician or psychiatric nurse practitioner to be a substantial improvement in the patient's capacity to consent to or refuse treatment, a formal re assessment of the patient's capacity to consent shall occur as described in OAR 309-114-0010 and 309-114-0020. No order to administer treatment without informed consent in non-emergency situations shall be valid for longer than 180 days or the duration of the commitment, whichever is shorter, without re establishing the need for the order by following the procedures described in 309-114-0010 and 309-114-0020.

(8) When an individual is transferred to a state institution from a community hospital or another state institution where he or she was already being treated with a significant procedure without informed consent, the receiving institution must apply OAR 309-114-0000 through 309-114-0030 no later than 7 days after the date of admission to the new institution. A state institution can honor an existing order for involuntary administration of a significant procedure without informed consent if procedures such as those outlined in 309-114-0010 through 309-114-0030 have already been applied and all necessary documentation is in the patient's file.

Stat. Auth.: ORS 179.040

Stats. Implemented: ORS 179.321, 426.070 & 426.385

Hist.: MHD 3-1983, f. 2-24-83, ef. 3-26-83; MHD 3-1988, f. 4-12-88, (and corrected 5-17-880, cert. ef. 6-1-88; MHS 14-2007(Temp), f. 11-30-07, cert. ef. 12-1-07 thru 5-29-08; MHS 2-2008(Temp), f. & cert. ef. 4-7-08 thru 10-4-08; MHS 6-2008, f. & cert. ef. 7-25-08; MHS 1-2009(Temp), f. & cert. ef. 1-23-09 thru 7-22-09; MHS 3-2009, f. & cert. ef. 6-26-09; MHS 6-2010(Temp), f. & cert. ef. 3-24-10 thru 9-20-10; MHS 12-2010, f. & cert. ef. 9-9-10; MHS 13-2010(Temp), f. & cert. ef. 11-19-10 thru 5-18-11; MHS 4-2011, f. & cert. ef. 5-19-11; MHS 12-2013(Temp), f. & cert. ef. 10-29-13 thru 4-27-14

Oregon Health Authority, Division of Medical Assistance Programs Chapter 410

Rule Caption: Amend rules governing payment for Medicaid EHR Incentive Program

Adm. Order No.: DMAP 56-2013

Filed with Sec. of State: 10-22-2013

Certified to be Effective: 10-22-13

ADMINISTRATIVE RULES

Notice Publication Date: 9-1-2013

Rules Amended: 410-165-0000, 410-165-0020, 410-165-0060, 410-165-0080, 410-165-0100, 410-165-0120, 410-165-0140

Subject: The Division needs to amend these rules because new federal legislation from the Centers for Medicare and Medicaid Services (CMS) affects how providers are eligible for the Medicaid EHR Incentive Program. These amended rules incorporate these changes including how a key eligibility criterion, Medicaid patient volume (or for some providers, needy individual patient volume), is determined and calculated.

Rules Coordinator: Sandy Cafourek—(503) 945-6430

410-165-0000

Basis and Purpose

(1) These rules (OAR chapter 410 division 165) govern the Oregon Health Authority (Authority), Division of Medical Assistance Programs (Division), Medicaid Electronic Health Record (EHR) Incentive Program. The Medicaid EHR Incentive Program provides incentive payments, consistent with federal law concerning such payments, to eligible providers participating in the Medicaid program who adopt, implement or upgrade, or successfully demonstrate meaningful use of certified EHR technology and who are qualified by the program.

(2) The Medicaid EHR Incentive Program is implemented pursuant to:

(a) The American Reinvestment and Recovery Act of 2009, Pub. L. No. 111-5, section 4201;

(b) The Centers for Medicare and Medicaid Services (CMS) federal regulation 42 CFR Part 495 (2010 & 2012) pursuant to the Social Security Act sections 1903(a)(3)(F) and 1903(t);

(c) The Division's General Rules Program, OAR chapter 410, division 120;

(d) The Authority's Provider Rules, OAR chapter 943, division 120.

(3) The following retroactive effective dates apply to these rules:

(a) For eligible hospitals, the effective date is October 1, 2012, the start date for program year 2013;

(b) For eligible professionals, the effective date is January 1, 2013 the start date for program year 2013.

Stat. Auth.: ORS 413.042

Stats. Implemented: ORS 413.042 & 414.033

Hist.: DMAP 13-2011, f. 6-29-11, cert. ef. 7-1-11; DMAP 20-2013(Temp), f. & cert. ef. 4-26-13 thru 10-23-13; DMAP 56-2013, f. & cert. ef. 10-22-13

410-165-0020

Definitions

The following definitions apply to OAR 410-165-0010 through 410-165-0140:

(1) Acceptance documents — Written evidence supplied by a provider demonstrating that the provider met Medicaid EHR Incentive Program eligibility criteria or participation requirements according to standards specified by the Oregon Health Authority's (Authority) Division of Medicaid Assistance Programs.

(2) Acute care hospital — A healthcare facility, including but not limited to a critical access hospital, with a Centers for Medicare and Medicaid Services' (CMS) certification number (CCN) that ends in 0001-0879 or 1300-1399; and where the average length of patient stay is 25 days or fewer.

(3) Adopt, implement or upgrade:

(a) Acquire, purchase, or secure access to certified EHR technology capable of meeting meaningful use requirements;

(b) Install or commence utilization of certified EHR technology capable of meeting meaningful use requirements; or

(c) Expand the available functionality of certified EHR technology capable of meeting meaningful use requirements at the practice site, including staffing, maintenance, and training, or upgrade from existing EHR technology to certified EHR technology.

(4) Attestation — A statement that

(a) Is made by an eligible provider or preparer during the application process,

(b) Represents that the eligible provider met the thresholds and requirements of the Medicaid EHR Incentive Program and

(c) Is made under penalty of prosecution for falsification or concealment of a material fact.

(5) Certified EHR technology — As defined in 42 CFR 495.4 (2010 and 2012) and 45 CFR 170.102 (2010, 2011 and 2012) per the Office of the

National Coordinator for Health Information Technology EHR certification criteria.

(6) Children's hospital — A separately certified hospital, either free-standing or hospital-within hospital that predominantly treats individuals under 21 years of age and that either

(a) Has a CMS Certification Number (CCN) that ends in 3300–3399; or

(b) Does not have a CCN but has been provided an alternative number by CMS for purposes of enrollment in the Medicaid EHR Incentive Program as a children's hospital.

(7) Dentist — As defined in OAR 410-120-0000; and as defined in 42 CFR 440.100.

(8) Eligible hospital — An acute care hospital with at least 10% Medicaid patient volume or a children's hospital.

(9) Eligible professional — A professional who

(a) Is a physician; a dentist; a nurse practitioner, including a nurse-midwife nurse practitioner; or a physician assistant practicing in a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC), that is so led by a physician assistant,

(b) Meets patient volume requirements described in OAR 410-165-0060; and

(c) Is not a hospital-based professional.

(10) Eligible provider — Eligible hospital or eligible professional.

(11) Encounter:

(a) For an eligible hospital, either

(A) Services rendered to an individual per inpatient discharge; or

(B) Services rendered to an individual in an emergency department on any one day;

(b) For an eligible professional, services rendered to an individual on any one day.

(12) Enrolled provider — A hospital or health care practitioner who is actively registered with the Authority pursuant to OAR 943-120-0320.

(13) Entity promoting the adoption of certified EHR technology — An entity, designated by the Authority, that promotes the adoption of certified EHR technology by enabling: oversight of the business, operational and legal issues involved in the adoption and implementation of certified EHR technology; or the exchange and use of electronic clinical and administrative data between participating providers, in a secure manner, including but not limited to maintaining the physical and organizational relationship integral to the adoption of certified EHR technology by eligible providers.

(14) Federal fiscal year (FFY) — October 1 to September 30.

(15) Federally Qualified Health Center (FQHC) — As defined in OAR 410-120-0000.

(16) Grace period — A period of time following the end of a payment year when an eligible provider may submit an application to the Medicaid EHR Incentive Program for that payment year:

(a) For program years 2011 and 2012, the following applies:

(i) For a first year application, the grace period is 60 days;

(ii) For all subsequent years, the grace period is 90 days.

(b) For program year 2013 and later, the grace period is 90 days.

(17) Group — A clinic as defined in OAR 407-120-0100.

(18) Hospital-based professional — A professional who furnishes 90 percent or more of his or her Medicaid-covered services in a hospital emergency room (place of service code 23), or inpatient hospital (place of service code 21) in the calendar year (CY) preceding the payment year, except that hospital-based professional does not include a professional practicing predominantly at a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC).

(19) Individuals receiving Medicaid — Individuals served by an eligible provider where the services rendered would qualify under the Medicaid encounter definition.

(20) Meaningful EHR user — An eligible provider that, for an EHR reporting period for a payment year, demonstrates (in accordance with 42 CFR 495.5 and 42 CFR 495.8) meaningful use of certified EHR technology by meeting the applicable objectives and associated measures in 42 CFR 495.6 and as prescribed by 42 CFR Part 495.

(21) Medicaid encounter:

(a) For an eligible hospital applying for payment year 2011 or 2012, either:

(A) Services rendered to an individual per inpatient discharge where Medicaid (or a Medicaid demonstration project approved under the Social Security Act section 1115) paid for part or all of the service; or Medicaid (or a Medicaid demonstration project approved under the Social Security

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Act section 1115) paid all or part of the individual's premiums, copayments, or cost-sharing; or

(B) Services rendered in an emergency department on any one day where Medicaid (or a Medicaid demonstration project approved under the Social Security Act section 1115) paid for part or all of the service; or Medicaid (or a Medicaid demonstration project approved under the Social Security Act section 1115) paid all or part of the individual's premiums, copayments, and cost-sharing;

(b) For an eligible hospital applying for payment year 2013 or later, either

(A) Services rendered to an individual per inpatient discharge where the individual was enrolled in Medicaid (or a Medicaid demonstration project approved under the Social Security Act section 1115) or Children's Health Insurance Program (CHIP) if part of a state's Medicaid expansion (does not apply to Oregon's as it is designated as a separate CHIP state), at the time the billable service was provided; or

(B) Services rendered in an emergency department on any one day where the individual was enrolled in Medicaid (or a Medicaid demonstration project approved under the Social Security Act section 1115) or Children's Health Insurance Program (CHIP) if part of a state's Medicaid expansion (does not apply to Oregon's as it is designated as a separate CHIP state), at the time the billable service was provided;

(c) For an eligible professional applying for payment year 2011 or 2012, either

(A) Services rendered to an individual on any one day where Medicaid (or a Medicaid demonstration project approved under the Social Security Act section 1115) paid for part or all of the service; or

(B) Medicaid (or a Medicaid demonstration project approved under the Social Security Act section 1115) paid all or part of the individual's premiums, copayments, and cost-sharing.

(d) For an eligible professional applying for payment year 2013 or later, services rendered to an individual on any one day where the individual was enrolled in a Medicaid program (or a Medicaid demonstration project approved under the Social Security Act section 1115) or Children's Health Insurance Program (CHIP) if part of a state's Medicaid expansion (does not apply to Oregon's as it is designated as a separate CHIP state), at the time the billable service was provided.

(22) National Provider Identifier — As defined in 45 CFR Part 160 and OAR 410-120-0000.

(23) Needy individual — Individuals served by an eligible professional where the services rendered qualify under the needy individual encounter definition.

(24) Needy individual encounter:

(a) For an eligible professional applying for program year 2011 or 2012, services rendered to an individual on any one day where:

(A) Medicaid or Children's Health Insurance Program (CHIP) (or a Medicaid or CHIP demonstration project approved under the Social Security Act section 1115) paid for part or all of the service;

(B) Medicaid or CHIP (or a Medicaid or CHIP demonstration project approved under the Social Security Act section 1115) paid all or part of the individual's premiums, copayments, or cost-sharing;

(C) The services were furnished at no cost, and calculated consistent with 42 CFR 495.310(h); or

(D) The services were paid for at a reduced cost based on a sliding scale determined by the individual's ability to pay.

(b) For an eligible professional applying for program year 2013 or later, services rendered to an individual on any one day where:

(A) The services were rendered to an individual enrolled in a Medicaid program (or a Medicaid demonstration project approved under the Social Security Act section 1115) or Children's Health Insurance Program (CHIP), at the time the billable service was provided;

(B) The services were furnished at no cost, and calculated consistently with 42 CFR 495.310(h); or

(C) The services were paid for at a reduced cost based on a sliding scale determined by the individual's ability to pay.

(25) Nurse practitioner — As defined in OAR 410-120-0000; and as defined in 42 CFR 440.166.

(26) Panel — A managed care panel, medical or health home program panel, or similar provider structure with capitation or case assignment that assigns patients to providers.

(27) Patient volume:

(a) For eligible hospitals: The proportion of Medicaid encounters to total encounters expressed as a percentage;

(b) For eligible professionals who do not meet the definition of "practices predominantly": The proportion of Medicaid encounters to total encounters expressed as a percentage;

(c) For eligible professionals who meet the definition of "practices predominantly": The proportion of Needy Individual encounters to total encounters expressed as a percentage.

(28) Payment year:

(a) The calendar year (CY) for an eligible professional; or

(b) The federal fiscal year (FFY) for an eligible hospital.

(29) Pediatrician — A physician who predominantly treats individuals under 21.

(30) Physician — As defined in OAR 410-120-0000; and as defined in 42 CFR 440.50.

(31) Physician assistant — As defined in OAR 410-120-0000; and as defined in 42 CFR 440.60.

(32) Practices predominantly — An eligibility criterion to permit use of needy individual patient volume. An eligible professional "practices predominantly" if:

(a) For program year 2011 or 2012, more than 50 percent of an eligible professional's total patient encounters over a period of six months in the calendar year preceding the payment year occur at an FQHC or RHC.

(b) For program year 2013 and later, more than 50 percent of an eligible professional's total patient encounters occur at an FQHC or RHC:

(A) During a six month period in the calendar year preceding the payment year; or

(B) During a six month period in the most recent 12 months prior to attestation.

(33) Preparer — A person authorized by an eligible provider to act on behalf of the provider to complete an application for a Medicaid EHR incentive via an electronic media connection with the Authority.

(34) Provider Web Portal — The Department of Human Services' web site that provides a secure gateway for eligible providers or preparers to apply for the Medicaid EHR Incentive Program.

(35) Qualify — Meet the eligibility criteria and participation requirements to receive a Medicaid EHR incentive payment for the payment year. The Medicaid EHR Incentive Program (Program) makes the determination whether an eligible provider qualifies.

(36) Rural Health Clinic (RHC) — A clinic located in a rural and medically underserved community, designated as an RHC by CMS. Payment by Medicare and Medicaid to an RHC is on a cost-related basis for outpatient physician and certain non-physician services.

(37) So led — When an FQHC or RHC has a physician assistant who is:

(a) The primary provider in the clinic;

(b) A clinical or medical director at the clinical site of practice; or

(c) An owner of the RHC.

Stat. Auth.: ORS 413.042

Stats. Implemented: ORS 413.042 & 414.033

Hist.: DMAP 13-2011, f. 6-29-11, cert. ef. 7-1-11; DMAP 20-2013(Temp), f. & cert. ef. 4-26-13 thru 10-23-13; DMAP 56-2013, f. & cert. ef. 10-22-13

410-165-0060

Eligibility

For the purposes of the Medicaid Electronic Health Record (EHR) Incentive Program Oregon Administrative Rules, chapter 410, division 165, there are three categories of eligibility criteria: criteria for an eligible professional, criteria for an eligible professional practicing predominately in a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC), and criteria for an eligible hospital.

(1) To be eligible for a Medicaid EHR incentive payment for the payment year, a eligible professional, as listed in Table 165-0060-1, must meet the Medicaid EHR Incentive Program criteria each year:

(a) To be eligible for an incentive payment, an eligible professional must, at a minimum:

(A) Meet and follow the scope of practice regulations, as applicable for each professional as defined in 42 CFR Part 440;

(B) Meet the following certified EHR technology and meaningful use requirements for the corresponding payment year:

(i) First payment year: Adopt, implement, or upgrade certified EHR technology; and

(ii) Subsequent payment years: Demonstrate meaningful use as prescribed by 42 CFR 495.8 and meet the corresponding meaningful use criteria for the payment year as prescribed by 42 CFR 495.6; or

(ii) In all payment years, demonstrate meaningful use as prescribed by 42 CFR 495.8 and meet the corresponding meaningful use criteria for the payment year as prescribed by 42 CFR 495.6; or

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(C) Either not be a hospital-based professional or for program year 2013 or later, meet the requirements that allow a reversal of a hospital based determination. To be considered non-hospital-based in future program years after an initial reversal determination, the professional must attest in each subsequent program year that the professional continues to meet the requirements. To meet the requirements, the professional must do all of the following:

(i) Fund the acquisition, implementation and maintenance of Certified EHR Technology, including supporting hardware and interfaces needed for meaningful use, without reimbursement from an eligible hospital, and use such Certified EHR Technology in the inpatient or emergency department of a hospital;

(ii) Provide documentation to the Program for review and approval for the program year and in accordance with the program application rules in OAR 410-165-0040;

(iii) Meet all applicable requirements to receive an incentive payment;

(d) If attesting to meaningful use, demonstrate using all encounters at all locations equipped with Certified EHR Technology, including those in the inpatient and emergency departments of the hospital; and

(D) Meet one of the following criteria:

(i) Have a minimum of 30 percent patient volume attributable to individuals receiving Medicaid; or

(ii) Be a pediatrician who has a minimum of 20 percent patient volume attributable to individuals receiving Medicaid;

(b) An eligible professional must calculate patient volume, as listed in Table 165-0060-2, by using the patient volume calculation method either of patient encounter or of patient panel. The patient panel volume calculation method may be used only when all of the following apply:

(A) The patient panel is appropriate as a patient volume calculation method for the eligible professional; and

(B) There is an auditable data source to support the patient panel data;

(c) An eligible professional must calculate patient volume, as listed in Table 165-0060-2, by using either the patient volume of the eligible professional or the patient volume of the group. The patient volume of the group may be used only when all of the following apply:

(A) The group's patient volume is appropriate as a patient volume methodology calculation for the eligible professional;

(B) There is an auditable data source to support the group's patient volume determination;

(C) All eligible professionals in the group must use the same patient volume calculation method for the payment year;

(D) The group uses the entire practice or clinic's patient volume and does not limit patient volume in any way; and

(E) If an eligible professional works inside and outside of the group, then the patient volume calculation includes only those encounters associated with the group, and not the eligible professional's outside encounters.

(d) An eligible professional's patient volume must be calculated using one of the following methods:

(A) The patient encounter calculation method based on the patient volume of the eligible professional requires that:

(i) For program year 2011 or 2012, the eligible professional must divide the total Medicaid encounters by the total patient encounters that were rendered by the eligible professional in any representative, continuous 90-day period in the preceding calendar year; or

(ii) For program year 2013 and later, the eligible professional must divide the total Medicaid encounters by the total patient encounters that were rendered by the eligible professional in any representative, continuous 90-day period either in the preceding calendar year or in the twelve month timeframe preceding the date of attestation. The eligible professional may not use the same 90-day timeframe to calculate patient volume in different program years.

(B) The patient encounter calculation method based on the patient volume of the group requires that:

(i) For program year 2011 or 2012, the eligible professional must divide the group's total Medicaid encounters by the group's total patient encounters in any representative, continuous 90-day period in the preceding calendar year;

(ii) For program year 2013 and later, the eligible professional must divide the group's total Medicaid encounters by the group's total patient encounters in any representative, continuous 90-day period either in the preceding calendar year or in the twelve month timeframe preceding the date of attestation. The eligible professional may not use the same 90-day timeframe to calculate patient volume in different program years.

(C) The patient panel calculation method based on the patient volume of the eligible professional requires that:

(i) For program year 2011 or 2012 the eligible professional must:

(I) Add the total Medicaid patients assigned to the eligible professional's panel in any representative 90-day period in the prior calendar year, provided at least one Medicaid encounter took place with the patient in the preceding calendar year, to the eligible professional's unduplicated Medicaid encounters rendered in the same 90-day period; and

(II) Divide the result calculated above in (I)(d)(C)(i)(I) by the sum of the total patients assigned to the eligible professional's panel in the same 90-day period, provided at least one encounter took place with the patient during the preceding calendar year, plus all of the unduplicated patient encounters in the same 90-day period;

(ii) For program year 2013 and later, the eligible professional must:

(I) Add the total Medicaid patients assigned to the eligible professional's panel in any representative 90-day period in either the preceding calendar year or during the 12 month timeframe preceding the attestation date, provided at least one Medicaid encounter took place with the individual during the 24 months before the beginning of the 90-day period, to the eligible professional's unduplicated Medicaid encounters rendered same 90-day period; and

(II) Divide the result calculated above in (I)(d)(C)(ii)(I) by the sum of the total patients assigned to the eligible professional's panel in the same 90-day period, provided at least one encounter took place with the patient during the 24 months before the beginning of the 90-day period, plus all of the unduplicated patient encounters in the same 90-day period; and

(III) Not use the same 90-day timeframe to calculate patient volume in different program years;

(D) The patient panel calculation method based on the patient volume of the group requires that:

(i) For program year 2011 or 2012 the eligible professional must:

(I) Add the total Medicaid patients assigned to the group's panel in any representative 90-day period in the prior calendar year, provided at least one Medicaid encounter took place with the patient in the preceding calendar year, to the group's unduplicated Medicaid encounters in the same 90-day period; and

(II) Divide the result calculated above in (I)(d)(D)(i)(I) by the sum of the total patients assigned to the group's panel in the same 90-day period, provided at least one encounter took place with the patient during the preceding calendar year, plus all of the unduplicated patient encounters in the same 90-day period;

(ii) For program year 2013 and later, the eligible professional must:

(I) Add the total Medicaid patients assigned to the group's panel in any representative 90-day period in either the preceding calendar year or during the 12 month timeframe preceding the attestation date, provided at least one Medicaid encounter took place with the individual during the 24 months before the beginning of the 90-day period, to the group's unduplicated Medicaid encounters that same 90-day period; and

(II) Divide the result calculated above in (I)(d)(D)(ii)(I) by the sum of the total patients assigned to the group's panel in the same 90-day period, provided at least one encounter took place with the patient during the 24 months before the beginning of the 90-day period, plus all of the unduplicated patient encounters in the same 90-day period; and

(III) Not use the same 90-day timeframe to calculate patient volume in different program years;

(2) To be eligible for a Medicaid EHR incentive payment for the payment year, an eligible professional practicing predominantly in an FQHC or an RHC, as listed in Table 165-0060-1, must meet the Medicaid EHR Incentive Program professional eligibility criteria each year, by meeting either the above section (1) of this rule or by meeting the following FQHC- and RHC-specific criteria:

(a) To be eligible for an incentive payment, an eligible professional must, at a minimum:

(A) Meet and follow the scope of practice regulations, as applicable for each professional as prescribed by 42 CFR Part 440;

(B) Meet the following certified EHR technology and meaningful use requirements for the corresponding payment year:

(i) First payment year:

(I) Adopt, implement, or upgrade certified EHR technology; or

(II) Demonstrate meaningful use as prescribed by 42 CFR 495.8 and meet the corresponding meaningful use requirements for the payment year as prescribed by 42 CFR 495.6;

(ii) Subsequent payment years: Demonstrate meaningful use as prescribed by 42 CFR 495.8 and meet the corresponding meaningful use requirements for the payment year as prescribed by 42 CFR 495.6; and

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(C) Have a minimum of 30 percent patient volume attributable to needy individuals;

(b) An eligible professional must calculate patient volume, as listed in Table 165-0060-3, by using the patient volume calculation method either of patient encounter or of patient panel. The patient panel volume calculation method may be used only when all of the following apply:

(A) The patient panel is appropriate as a patient volume calculation method for the eligible professional; and

(B) There is an auditable data source to support the patient panel data;

(c) An eligible professional must calculate patient volume, as listed in Table 165-0060-3, by using either the patient volume of the (eligible professional or the patient volume of the group. The group's patient volume may be used only when all of the following apply:

(A) The group's patient volume is appropriate as a patient volume methodology calculation for the eligible professional;

(B) There is an auditable data source to support the group's patient volume determination;

(C) All eligible professionals in the group must use the same patient volume calculation method for the payment year;

(D) The group uses the entire practice or clinic's patient volume and does not limit patient volume in any way; and

(E) If an eligible professional works inside and outside of the group, then the patient volume calculation includes only those encounters associated with the group, and not the eligible professional's outside encounters;

(d) An eligible professional's needy individual patient volume must be calculated using one of the following methods:

(A) The patient encounter calculation method based on the patient volume of the eligible professional:

(i) For program year 2011 or 2012, the eligible professional must divide the total needy individual encounters by the total patient encounters that were rendered by the eligible professional in any representative, continuous 90-day period in the preceding calendar year;

(ii) For program year 2013 and later, the eligible professional must divide the total needy individual encounters by the total patient encounters that were rendered by the eligible professional in any representative, continuous 90-day period either in the preceding calendar year or in the twelve month timeframe preceding the date of attestation. The eligible professional may not use the same 90-day timeframe to calculate patient volume in different program years;

(B) The patient encounter calculation method based on the patient volume of the group requires that:

(i) For program year 2011 or 2012, the eligible professional must divide the group's total needy individual encounters by the group's total patient encounters in any representative, continuous 90-day period in the preceding calendar year;

(ii) For program year 2013 and later, the eligible professional must divide the group's total needy individual encounters by the group's total patient encounters in any representative, continuous 90-day period either in the preceding calendar year or in the twelve month timeframe preceding the date of attestation. The eligible professional may not use the same 90-day timeframe to calculate patient volume in different program years.

(C) The patient panel calculation method based on the patient volume of the eligible professional requires that:

(i) For program year 2011 or 2012, the eligible professional must:

(I) Add the total needy individual patients assigned to the eligible professional's panel in any representative 90-day period in the prior calendar year, provided at least one Medicaid encounter took place with the patient in the preceding calendar year, to the eligible professional's unduplicated needy individual encounters rendered in the same 90-day period; and

(II) Divide the result calculated above in (1)(d)(C)(i)(I) by the sum of the total patients assigned to the eligible professional's panel in the same 90-day period, provided at least one encounter took place with the patient during the preceding calendar year, plus all of the unduplicated patient encounters in the same 90-day period;

(ii) For program year 2013 and later, the eligible professional must:

(I) Add the total needy individual patients assigned to the eligible professional's panel in any representative 90-day period either in the preceding calendar year or during the twelve month timeframe preceding the attestation date, provided at least one Medicaid encounter took place with the individual during the 24 months before the beginning of the 90-day period, to the eligible professional's unduplicated needy individual encounters rendered same 90-day period; and

(II) Divide the result calculated above in (1)(d)(C)(ii)(I) by the sum of the total patients assigned to the eligible professional's panel in the same 90-day period, provided at least one encounter took place with the patient

during the 24 months before the beginning of the 90-day period, plus all of the unduplicated patient encounters in the same 90-day period; and

(III) Not use the same 90-day timeframe to calculate patient volume in different program years;

(D) The patient panel calculation method based on the patient volume of the group requires that:

(i) For program year 2011 or 2012 the eligible professional must:

(I) Add the total needy individual patients assigned to the group's panel in any representative 90-day period in the prior calendar year, provided at least one needy individual encounter took place with the patient in the preceding calendar year, to the group's unduplicated Medicaid encounters in the same 90-day period; and

(II) Divide the result calculated above in (1)(d)(D)(i)(I) by the sum of the total patients assigned to the group's panel in the same 90-day period, provided at least one encounter took place with the patient during the preceding calendar year, plus all of the unduplicated patient encounters in the same 90-day period;

(ii) For program year 2013 and later, the eligible professional must:

(I) Add the total needy individual patients assigned to the group's panel in any representative 90-day period either in the preceding calendar year or during the twelve month timeframe preceding the attestation date, provided at least one needy individual encounter took place with the individual during the 24 months before the beginning of the 90-day period, to the group's unduplicated Medicaid encounters that same 90-day period; and

(II) Divide the result calculated above in (1)(d)(D)(ii)(I) by the sum of the total patients assigned to the group's panel in the same 90-day period, provided at least one encounter took place with the patient during the 24 months before the beginning of the 90-day period, plus all of the unduplicated patient encounters in the same 90-day period; and

(III) Not use the same 90-day timeframe to calculate patient volume in different program years.

(3) To be eligible for a Medicaid EHR incentive payment for the payment year, an eligible hospital must meet the Medicaid EHR Incentive Program criteria each year:

(a) To be eligible for an incentive payment, an eligible hospital must, at a minimum, meet the certified EHR technology and meaningful use requirements for the corresponding payment year:

(A) First payment year:

(i) Adopt, implement, or upgrade certified EHR technology; or

(ii) Demonstrate meaningful use under the Medicare EHR Incentive Program to Centers for Medicare and Medicaid Services (CMS) and be deemed a meaningful EHR user for the payment year, as prescribed by 42 CFR 495.8 and 42 CFR 495.6;

(B) Subsequent payment years:

(i) For eligible hospitals that participate in both the Medicare and Medicaid EHR Incentive Programs, demonstrate meaningful use under the Medicare EHR Incentive Program to Centers for Medicare and Medicaid Services (CMS) and be deemed a meaningful EHR user for the payment year, as prescribed by 42 CFR 495.8 and 42 CFR 495.6;

(ii) For eligible hospitals that participate in the Medicaid EHR Incentive Program only, demonstrate meaningful use as prescribed by 42 CFR 495.8 and meet the corresponding meaningful use criteria for the payment year as prescribed by 42 CFR 495.6;

(b) If an eligible hospital is an acute care hospital, it must calculate patient volume by dividing the total eligible hospital Medicaid encounters by the total encounters in any representative, continuous 90-day period:

(A) For program year 2011 and 2012, in the preceding federal fiscal year;

(B) For program year 2013 and later, either in the preceding federal fiscal year or in the twelve month timeframe preceding the attestation date. The eligible hospital may not use the same 90-day timeframe to calculate patient volume in different program years;

(4) **Table 165-0060-1.**

(5) **Table 165-0060-2.**

(6) **Table 165-0060-3.**

[ED. NOTE: Tables referenced are available from the agency.]

Stat. Auth.: ORS 413.042

Stats. Implemented: ORS 413.042 & 414.033

Hist.: DMAP 20-2011, f. 7-21-11, cert. ef. 7-22-11; DMAP 20-2013(Temp), f. & cert. ef. 4-26-13 thru 10-23-13; DMAP 56-2013, f. & cert. ef. 10-22-13

410-165-0080

Meaningful Use

(1) An eligible provider must demonstrate being a meaningful Electronic Health Record (EHR) user as prescribed by 42 CFR 495.4 (2010 and 2012), 42 CFR 495.6 (2012), and 42 CFR 495.8 (2010 and 2012).

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(2) An eligible provider must satisfy meaningful use objectives and measures as prescribed by 42 CFR 495.6. In Stage 1, the state of Oregon requires an eligible provider to satisfy the objective "Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice".

(a) If Centers for Medicare and Medicaid Services (CMS) deem an eligible hospital to be a meaningful EHR user for the Medicare EHR Incentive Program for a payment year, then the eligible hospital is automatically deemed to be a meaningful EHR user for the Medicaid EHR Incentive Program for the same payment year;

(b) An eligible hospital deemed to be a meaningful EHR user by Medicare for a payment year does not have to also meet Oregon's Stage 1 requirement to satisfy the objective "Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice" for the Medicaid EHR incentive payment for the same payment year.

Stat. Auth.: ORS 413.042

Stats. Implemented: ORS 413.042 & 414.033

Hist.: DMAP 13-2011, f. 6-29-11, cert. ef. 7-1-11; DMAP 20-2013(Temp), f. & cert. ef. 4-26-13 thru 10-23-13; DMAP 56-2013, f. & cert. ef. 10-22-13

410-165-0100

Participation and Incentive Payments

(1) To qualify for an incentive payment, an eligible provider applying for a Medicaid Electronic Health Record (EHR) incentive payment must meet the Medicaid EHR Incentive Program eligibility criteria and participation requirements for each year that the eligible provider applies. a) An eligible provider must meet the eligibility criteria for each payment year of:

- (A) Type of eligible provider;
- (B) Patient volume minimum; and

(C) Certified EHR technology adoption, implementation, or upgrade requirements for the first payment year and meaningful use requirements for the subsequent payment years;

(b) An eligible provider must meet the participation requirements for each payment year including:

(A) Be an enrolled Medicaid provider with the Oregon Health Authority's (Authority) Division of Medical Assistance Programs (Division);

(B) Maintain current provider information with the Division;

(C) Possess an active professional license and comply with all licensing statutes and regulations within the state where the eligible provider practices;

(D) Have an active Provider Web Portal account;

(E) Ensure the designated payee is able to receive electronic funds transfer from the Authority; and

(F) Comply with all applicable Oregon Administrative Rules (OAR), including chapter , chapter 410, division 120, and chapter 943, division 120;

(c) An eligible professional may reassign the entire amount of the incentive payment to:

(A) The eligible professional's employer with which the eligible professional has a contractual arrangement allowing the employer to bill and receive payments for the eligible professional's covered professional services;

(B) An entity with which the eligible professional has a contractual arrangement allowing the entity to bill and receive payments for the eligible professional's covered professional services; or

(C) An entity promoting the adoption of certified EHR technology.

(2) An eligible professional must follow the Medicaid EHR Incentive Program participation conditions including requirements that an eligible professional must:

(a) Receive an incentive payment from only one state for a payment year;

(b) Only receive an incentive payment from either Medicare or Medicaid for a payment year, but not both;

(c) Not receive more than the maximum incentive amount of \$63,750 over a six-year period; or the maximum incentive of \$42,500 over a six-year period if the eligible professional qualifies as a pediatrician who meets the 20 percent patient volume minimum and less than the 30 percent patient volume;

(d) Participate in the Medicaid EHR Incentive Program:

(A) Starting as early as calendar year (CY) 2011, but no later than CY 2016;

(B) Ending no later than CY 2021;

(C) For a maximum of six years; and

(D) On a consecutive or non-consecutive annual basis;

(e) Be allowed to switch between the Medicare and Medicaid EHR Incentive Program only one time after receiving at least one incentive payment, and only for a payment year before 2015.

(3) Payments are disbursed to an eligible professional following verification of eligibility for the payment year:

(a) An eligible professional is paid an incentive amount for the corresponding payment year for each year of qualified participation in the Medicaid EHR Incentive Program;

(b) The payment structure is as follows for:

(A) An eligible professional qualifying with 30 percent minimum patient volume:

(i) The first payment year incentive amount is \$21,250; and

(ii) The second, third, fourth, fifth, or sixth payment year incentive amount is \$8,500; or

(B) An eligible pediatrician qualifying with 20 percent, but less than 30 percent minimum patient volume:

(i) The first payment year incentive amount is \$14,167; and

(ii) The second, third, fourth, fifth, or sixth payment year incentive amount is \$5,667.

(4) An eligible hospital must follow the Medicaid EHR Incentive Program participation conditions including requirements that the eligible hospital:

(a) Receives a Medicaid EHR incentive payment from only one state for a payment year;

(b) May participate in both the Medicare and Medicaid EHR Incentive Programs only if the eligible hospital meets all eligibility criteria for the payment year for both programs;

(c) Participates in the Medicaid EHR Incentive Program:

(A) Starting as early as federal fiscal year (FFY) 2011 but no later than FFY 2016;

(B) Ending no later than FFY 2021;

(C) For a maximum of three years;

(D) On a consecutive or non-consecutive annual basis for federal fiscal years prior to FFY 2016; and

(E) On a consecutive annual basis for federal fiscal years starting in FFY 2016;

(d) A multi-site hospital with one Centers for Medicare and Medicaid Services' Certification Number (CCN) is considered one hospital for purposes of calculating payment.

(5) Payments are disbursed to an eligible hospital following verification of eligibility for the payment year. An eligible hospital is paid the aggregate incentive amount over three years of qualified participation in the Medicaid EHR Incentive Program:

(a) The payment structure as listed in Table 165-0100-1 is as follows:

(A) The first payment year incentive amount is equal to 50% of the aggregate EHR amount;

(B) The second payment year incentive amount is equal to 40% of the aggregate EHR amount; and

(C) The third payment year incentive amount is equal to 10% of the aggregate EHR amount;

(b) The aggregate EHR amount is calculated as the product of the "overall EHR amount" times the "Medicaid Share" as listed in Table 165-00100-2. The aggregate EHR amount is calculated once, for the first year participation, and then paid over three years according to the payment schedule:

(A) The overall EHR amount for an eligible hospital is based upon a theoretical four years of payment the hospital would receive, and is the sum of the following calculation performed for each of such four years. For each year, the overall EHR amount is the product of the initial amount, the Medicare share and the transition factor:

(i) The initial amount as listed in Table 165-0100-3 is equal to the sum of the base amount, which is set at \$2,000,000 for each of the theoretical four years, plus the discharge-related amount, that is calculated for each of the theoretical four years:

(I) For initial amounts calculated in program years 2011 or 2012, the discharge-related amount is \$200 per discharge for the 1,150th through the 23,000th discharge, based upon the total discharges for the eligible hospital (regardless of source of payment) from the hospital fiscal year that ends during the federal fiscal year (FFY) prior to the FFY year that serves as the first payment year. No discharge-related amount is added for discharges prior to the 1,150th or any discharges after the 23,000th;

(II) For initial amounts calculated in program year 2013 or later, the discharge-related amount is \$200 per discharge for the 1,150th through the 23,000th discharge, based upon the total discharges for the eligible hospi-

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tal (regardless of source of payment) from the hospital fiscal year that ends before the FFY that serves as the first payment year. No discharge-related amount is added for discharges prior to the 1,150th or any discharges after the 23,000th;

(III) For purposes of calculating the discharge-related amount for the last three of the theoretical four years of payment, discharges are assumed to increase each year by the hospital's average annual rate of growth; negative rates of growth must also be applied. Average annual rate of growth is calculated as the average of the annual rate of growth in total discharges for the most recent three years for which data are available per year.

(ii) The Medicare share that equals 1;

(iii) The transition factor, that equals:

(I) 1 for the first of the theoretical four years;

(II) 0.75 for the second of the theoretical four years;

(III) 0.5 for the third of the theoretical four years; and

(IV) 0.25 for the fourth of the theoretical four years;

(B) The Medicaid share for an eligible hospital is equal to a fraction:

(i) The numerator for the FFY and with respect to the eligible hospital is the sum of:

(I) The estimated number of inpatient-bed-days that are attributable to Medicaid individuals; and

(II) The estimated number of inpatient-bed-days that are attributable to individuals who are enrolled in a managed or coordinated care organization, a pre-paid inpatient health plan, or a pre-paid ambulatory health plan administered under 42 CFR Part 438;

(ii) The denominator is the product of:

(I) The estimated total number of inpatient-bed-days with respect to the eligible hospital during such period; and

(II) The estimated total amount of the eligible hospital's charges during such period, not including any charges that are attributable to charity care, divided by the estimated total amount of the hospital's charges during such period;

(iii) In computing inpatient-bed-days for the Medicaid share, an eligible hospital may not include either of the following:

(I) Estimated inpatient-bed-days attributable to individuals that may be made under Medicare Part A; or

(II) Inpatient-bed-days attributable to individuals who are enrolled with a Medicare Advantage organization under Medicare Part C;

(iv) If an eligible hospital's charity care data necessary to calculate the portion of the formula for the Medicaid share are not available, the eligible hospital's data on uncompensated care may be used to determine an appropriate proxy for charity care, but must include a downward adjustment to eliminate bad debt from uncompensated care data if bad debt is not otherwise differentiated from uncompensated care. Auditable data sources must be used; and

(v) If an eligible hospital's data necessary to determine the inpatient bed-days attributable to Medicaid managed care patients are not available, that amount is deemed to equal 0. In the absence of an eligible hospital's data necessary to compute the percentage of inpatient bed days that are not charity care as described under (B)(ii)(II) in this section, that amount is deemed to be 1.

(6) The aggregate EHR amount is determined by the State from which the eligible hospital receives its first incentive payment. If a hospital receives incentive payments from other States in subsequent years, total incentive payments received over all payment years of the program can be no greater than the aggregate EHR amount calculated by the State from which the eligible hospital received its first incentive payment.

(6) **Table 165-0100-1.**

(7) **Table 165-0100-2.**

(8) **Table 165-0100-3.**

[ED. NOTE: Tables referenced are available from the agency.]

Stat. Auth.: ORS 413.042

Stats. Implemented: ORS 413.042 & 414.033

Hist.: DMAP 13-2011, f. 6-29-11, cert. ef. 7-1-11; DMAP 20-2013(Temp), f. & cert. ef. 4-26-13 thru 10-23-13; DMAP 56-2013, f. & cert. ef. 10-22-13

410-165-0120

Appeals

(1) The appeals process for the Medicaid Electronic Health Record (EHR) Incentive Program is pursuant to 42 CFR 495.370 and the Oregon Health Authority's (Authority) Provider Appeals Rules in the Oregon Administrative Rules (OAR) chapter 410, division 120.

(2) The Authority exercises its option, pursuant to 42 CFR 495.312 and 42 CFR 495.370, to have the Centers for Medicare and Medicaid Services (CMS) conduct the audits and handle any subsequent appeals, of whether eligible hospitals are meaningful EHR users.

(3) For purposes of OAR chapter 410, division 165, a provider who applies for a Medicaid EHR incentive payment may appeal a decision by the Medicaid EHR Incentive Program as outlined in the Authority's Division of Medical Assistance Programs' Provider Appeal Rules (OAR chapter 410, division 120). The provider's appeal must note the specific reason for the appeal, which must be due to one or more of the following issues:

(a) An incentive payment;

(b) An incentive payment amount;

(c) A provider eligibility determination;

(d) The demonstration of adopting, implementing or upgrading; or

(e) Meaningful use eligibility other than a meaningful use eligibility issue where CMS handles the appeal, as provided in section (2) of this section.

Stat. Auth.: ORS 413.042

Stats. Implemented: ORS 413.042 & 414.033

Hist.: DMAP 13-2011, f. 6-29-11, cert. ef. 7-1-11; DMAP 20-2013(Temp), f. & cert. ef. 4-26-13 thru 10-23-13; DMAP 56-2013, f. & cert. ef. 10-22-13

410-165-0140

Oversight and Audits

(1) A provider who qualifies for a Medicaid Electronic Health Record (EHR) incentive payment under the Medicaid (EHR) Incentive Program is subject to audit or other post-payment review procedures as authorized in Oregon Administrative Rule (OAR) 943-120-1505.

(2) The Oregon Health Authority and the Department of Human Services have the authority to recover overpayments from the person or entity who received an incentive payment from the Medicaid EHR Incentive Program.

(3) As authorized in 42 CFR 495.312, the Oregon Health Authority and the Department of Human Services designate Centers for Medicare and Medicaid Services (CMS) to conduct audits on Eligible Hospitals Meaningful Use attestations.

(4) The person or entity who received a Medicaid EHR incentive overpayment must repay the amount specified within 30 calendar days from the mailing date of written notification of the overpayment as prescribed by OAR 943-120-1505.

Stat. Auth.: ORS 413.042

Stats. Implemented: ORS 413.042 & 414.033

Hist.: DMAP 13-2011, f. 6-29-11, cert. ef. 7-1-11; DMAP 20-2013(Temp), f. & cert. ef. 4-26-13 thru 10-23-13; DMAP 56-2013, f. & cert. ef. 10-22-13

Rule Caption: Amendment of HERC Prioritized List of Health Services reflecting approved modifications effective October 1, 2013

Adm. Order No.: DMAP 57-2013(Temp)

Filed with Sec. of State: 10-29-2013

Certified to be Effective: 10-29-13 thru 3-31-14

Notice Publication Date:

Rules Amended: 410-141-0520

Rules Suspended: 410-141-0520(T)

Subject: The Division is temporarily amending 410-141-0520 HERC Prioritized List of Health Services to reference the January 1, 2011–December 31, 2013, Prioritized List of Health Services effective October 1, 2013 which includes interim modifications and technical changes made for 2009 national code set.

Rules Coordinator: Sandy Cafourek—(503) 945-6430

410-141-0520

Prioritized List of Health Services

(1) The Health Evidenced Review Commission (HERC) Prioritized List of Health Services (Prioritized List) is the listing of physical and mental health services with "expanded definitions" of preventive services and the practice guidelines, as presented to the Oregon Legislative Assembly. The Prioritized List is generated and maintained by HERC. The HERC maintains the most current list on their Web site: <http://www.oregon.gov/oha/herc/Pages/Prioritized-List-Pending.aspx>, or for a hardcopy contact the Medical Assistance Programs within the Oregon Health Authority (OHA). This rule incorporates by reference the Centers for Medicare and Medicaid Services (CMS) approved biennial January 1, 2011–December 31, 2013 Prioritized List, including October 1, 2013 interim modifications and technical changes, expanded definitions, practice guidelines and condition treatment pairs funded through line 498.

(2) Certain mental health services are only covered for payment when provided by a Mental Health Organization (MHO), Community Mental

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Health Program (CMHP) or authorized Coordinated Care Organization (CCO).

(3) Substance Use Disorder (SUD) treatment services are covered for eligible OHP clients when provided by an FCHP, PCO, and CCO or by a provider who has a letter of approval from the Addictions and Mental Health Division and approval to bill Medicaid for SUD services.

Stat. Auth.: ORS 192.527, 192.528, 413.042 & 414.065
Stats. Implemented: ORS 192.527, 192.528, 414.065 & 414.727
Hist.: HR 7-1994, f. & cert. ef. 2-1-94; OMAP 33-1998, f. & cert. ef. 9-1-98; OMAP 40-1998(Temp), f. & cert. ef. 10-1-98 thru 3-1-99; OMAP 48-1998(Temp), f. & cert. ef. 12-1-98 thru 5-1-99; OMAP 21-1999, f. & cert. ef. 4-1-99; OMAP 39-1999, f. & cert. ef. 10-1-99; OMAP 9-2000(Temp), f. 4-27-00, cert. ef. 4-27-00 thru 9-26-00; OMAP 13-2000, f. & cert. ef. 9-12-00; OMAP 14-2000(Temp), f. 9-15-00, cert. ef. 10-1-00 thru 3-30-01; OMAP 40-2000, f. 11-17-00, cert. ef. 11-20-00; OMAP 22-2001(Temp), f. 3-30-01, cert. ef. 4-1-01 thru 9-1-01; OMAP 28-2001, f. & cert. ef. 8-10-01; OMAP 53-2001, f. & cert. ef. 10-1-01; OMAP 18-2002, f. 4-15-02, cert. ef. 5-1-02; OMAP 64-2002, f. & cert. ef. f. & cert. ef. 10-2-02; OMAP 65-2002(Temp), f. & cert. ef. 10-2-02 thru 3-15-0; OMAP 88-2002, f. 12-24-02, cert. ef. 1-1-03; OMAP 14-2003, f. 2-28-03, cert. ef. 3-1-03; OMAP 30-2003, f. 3-31-03 cert. ef. 4-1-03; OMAP 79-2003(Temp), f. & cert. ef. 10-2-03 thru 3-15-04; OMAP 81-2003(Temp), f. & cert. ef. 10-23-03 thru 3-15-04; OMAP 94-2003, f. 12-31-03 cert. ef. 1-1-04; OMAP 17-2004(Temp), f. 3-15-04 cert. ef. 4-1-04 thru 9-15-04; OMAP 28-2004, f. 4-22-04 cert. ef. 5-1-04; OMAP 48-2004, f. 7-28-04 cert. ef. 8-1-04; OMAP 51-2004, f. 9-9-04, cert. ef. 10-1-04; OMAP 68-2004(Temp), f. 9-14-04, cert. ef. 10-1-04 thru 3-15-05; OMAP 83-2004, f. 10-29-04 cert. ef. 11-1-04; OMAP 27-2005, f. 4-20-05, cert. ef. 5-1-05; OMAP 54-2005(Temp), f. & cert. ef. 10-14-05 thru 4-1-06; OMAP 62-2005, f. 11-29-05, cert. ef. 12-1-05; OMAP 71-2005, f. 12-21-05, cert. ef. 1-1-06; OMAP 6-2006, f. 3-22-06, cert. ef. 4-1-06; OMAP 46-2006, f. 12-15-06, cert. ef. 1-1-07; DMAP 14-2007(Temp), f. & cert. ef. 10-1-07 thru 3-28-08; DMAP 28-2007(Temp), f. & cert. ef. 12-20-07 thru 3-28-08; DMAP 8-2008, f. & cert. ef. 3-27-08; DMAP 10-2008(Temp), f. & cert. ef. 4-1-08 thru 9-15-08; DMAP 23-2008, f. 6-13-08, cert. ef. 7-1-08; DMAP 31-2008(Temp), f. & cert. ef. 10-1-08 thru 3-29-09; DMAP 40-2008, f. 12-11-08, cert. ef. 1-1-09; DMAP 4-2009(Temp), f. & cert. ef. 1-30-09 thru 6-25-09; DMAP 6-2009(Temp), f. 3-26-09, cert. ef. 4-1-09 thru 9-25-09; DMAP 8-2009(Temp), f. & cert. ef. 4-17-09 thru 9-25-09; DMAP 26-2009, f. 8-3-09, cert. ef. 8-5-09; DMAP 30-2009(Temp), f. 9-15-09, cert. ef. 10-1-09 thru 3-29-10; DMAP 36-2009(Temp), f. 12-10-09 ef. 1-1-10 thru 3-29-10; DMAP 1-2010(Temp), f. & cert. ef. 1-15-10 thru 3-29-10; DMAP 3-2010, f. 3-5-10, cert. ef. 3-17-10; DMAP 5-2010(Temp), f. 3-26-10, cert. ef. 4-1-10 thru 9-1-10; DMAP 10-2010, f. & cert. ef. 4-26-10; DMAP 27-2010(Temp), f. 9-24-10, cert. ef. 10-1-10 thru 3-25-11; DMAP 43-2010, f. 12-28-10, cert. ef. 1-1-11; DMAP 4-2011, f. 3-23-11, cert. ef. 4-1-11; DMAP 24-2011(Temp), f. 9-15-11, cert. ef. 10-1-11 thru 3-26-12; DMAP 45-2011, f. 12-21-11, cert. ef. 12-23-11; DMAP 47-2011(Temp), f. 12-13-11, cert. ef. 1-1-12 thru 6-25-12; DMAP 22-2012(Temp), f. 3-30-12, cert. ef. 4-1-12 thru 9-21-12; DMAP 43-2012(Temp), f. 9-21-12, cert. ef. 9-23-12 thru 3-21-13; DMAP 11-2013, f. & cert. ef. 3-21-13; DMAP 50-2013(Temp), f. & cert. ef. 10-1-13 thru 3-30-14; DMAP 57-2013(Temp), f. & cert. ef. 10-29-13 thru 3-30-14

Rule Caption: Amends Modifications Based on Client Circumstances to Medical Transportation for Recipients of Medical Assistance Programs

Adm. Order No.: DMAP 58-2013(Temp)

Filed with Sec. of State: 10-30-2013

Certified to be Effective: 10-30-13 thru 4-28-14

Notice Publication Date:

Rules Amended: 410-136-3260

Subject: The temporary rule will align Oregon rules with federal regulations regarding providing non-emergent medical transportation.

Rules Coordinator: Sandy Cafourek—(503) 945-6430

410-136-3260

Modifications Based on Client Circumstances

(1) Brokerages may impose reasonable modifications on NEMT services when the client:

- Is threatening harm to the driver or others in the vehicle;
- Has a health condition that creates health or safety concerns to the driver or others in the vehicle;
- Has other behaviors or circumstances that place the driver or others in the vehicle at risk of harm;
- Frequently does not show up for scheduled rides;
- Frequently cancels the ride on the day of the scheduled ride time;
- Has behaviors that cause local medical providers or facilities to refuse to provide further services without imposing modifications; or
- Has special needs that require special accommodations.

(2) Reasonable modifications include, but are not limited to, requiring the client to:

- Use a specific transportation subcontractor;
- Travel with an attendant;
- Use public transportation where available;
- Drive themselves or locate someone to drive them and receive mileage reimbursement; or
- Confirm the ride with the brokerage on the day of or the day before the scheduled ride.

(3) Before requiring any modifications, the brokerage shall talk with the client about the reason for imposing a modification, explore modifications that are appropriate to the needs of the client and that address the

health and safety concerns of the brokerages. The brokerage or client may include the client's worker, PHP or CCO in the discussion. The client may include other individuals in the discussion.

(4) Brokerages may not make a reasonable modification based on the criteria in (1)(a)-(g) above that results in a denial of NEMT services to a client and must make all reasonable efforts to offer an appropriate alternative to meet the client's needs under the circumstances.

Stat. Auth.: ORS 413.042
Stats. Implemented: ORS 413.042, 414.065
Hist.: DMAP 36-2013, f. 6-27-13, cert. ef. 7-1-13; DMAP 58-2013(Temp), f. & cert. ef. 10-30-13 thru 4-28-14

Rule Caption: Align with Department of Human Services OAR chapter 461, medical eligibility rules

Adm. Order No.: DMAP 59-2013(Temp)

Filed with Sec. of State: 10-31-2013

Certified to be Effective: 11-1-13 thru 4-29-14

Notice Publication Date:

Rules Amended: 410-120-0006

Rules Suspended: 410-120-0006(T)

Subject: The General Rules Program administrative rules govern the Division's payments for services provided to clients, and medical assistance eligibility determinations made by the Oregon Health Authority. In coordination with the Department of Human Services' (Department) revision of medical eligibility rules in chapter 461, the Division is amending OAR 410-120-0006 to assure that the Division's medical eligibility rule aligns with and reflects information found in the Department's medical eligibility rules. In OAR 410-120-0006, the Division adopts in rule by reference Department eligibility rules and must update OAR 410-120-0006 in conjunction.

Rules Coordinator: Sandy Cafourek—(503) 945-6430

410-120-0006

Medical Eligibility Standards

As the state Medicaid and CHIP agency, the Oregon Health Authority (Authority) is responsible for establishing and implementing eligibility policies and procedure consistent with applicable law. As outlined in 943-001-0020; the Authority, and the Department of Human Services (Department) work together to adopt rules to assure that medical assistance eligibility procedures and determinations are consistent across both agencies.

(1) The Authority adopts and incorporates by reference the rules established in OAR Chapter 461 and in effect November 1, 2013, for all medical eligibility requirements for medical assistance when the Authority conducts eligibility determinations.

(2) Any reference to OAR Chapter 461 in Oregon Administrative Rules or contracts of the Authority are deemed to be references to the requirements of this rule and shall be construed to apply to all eligibility policies, procedures and determinations by or through the Authority.

(3) For purposes of this rule, references in OAR chapter 461 to the Department or to the Authority shall be construed to be references to both agencies.

(4) Effective on or after July 1, 2011 the Authority shall conduct medical eligibility determinations using the OAR chapter 461 rules which are in effect on the date the Authority makes the medical eligibility determination.

(5) A request for a hearing resulting from a determination under this rule, made by the Authority shall be handled pursuant to the hearing procedures set out in division 25 of OAR Chapter 461. References to "the Administrator" in division 25 of chapter 461 or "the Department" are hereby incorporated as references to the Authority."

Stat. Auth.: ORS 413.042
Stats. Implemented: ORS 413.042 & 414.065
Hist.: DMAP 10-2011, f. 6-29-11, cert. ef. 7-1-11; DMAP 18-2011(Temp), f. & cert. ef. 7-15-11 thru 1-11-12; DMAP 21-2011(Temp), f. 7-29-11, cert. ef. 8-1-11 thru 1-11-12; DMAP 25-2011(Temp), f. 9-28-11, cert. ef. 10-1-11 thru 1-11-12; DMAP 36-2011, f. 12-13-11, cert. ef. 1-1-12; DMAP 1-2012(Temp), f. & cert. ef. 1-13-12 thru 7-10-12; DMAP 2-2012(Temp), f. & cert. ef. 1-26-12 thru 7-10-12; DMAP 3-2012(Temp), f. & cert. ef. 1-31-12 thru 2-1-12; DMAP 4-2012(Temp), f. 1-31-12, cert. ef. 2-1-12 thru 7-10-12; DMAP 9-2012(Temp), f. & cert. ef. 3-1-12 thru 7-10-12; DMAP 21-2012(Temp), f. 3-30-12, cert. ef. 4-1-12 thru 7-10-12; DMAP 25-2012(Temp), f. & cert. ef. 5-1-12 thru 7-10-12; Administrative correction 8-1-12; DMAP 35-2012(Temp), f. & cert. ef. 7-20-12 thru 1-15-13; DMAP 45-2012(Temp), f. & cert. ef. 10-5-12 thru 1-19-13; DMAP 50-2012, f. 10-31-12, cert. ef. 11-1-12; DMAP 53-2012(Temp), f. & cert. ef. 11-1-12 thru 4-29-13; DMAP 56-2012(Temp), f. 11-30-12, cert. ef. 12-1-12 thru 4-1-13; DMAP 60-2012, f. 12-27-12, cert. ef. 1-1-13; DMAP 65-2012(Temp), f. 12-28-12, cert. ef. 1-1-13 thru 6-29-13; DMAP 2-2013(Temp), f. & cert. ef. 1-8-13 thru 6-29-13; DMAP 3-2013(Temp), f. & cert. ef. 1-30-13 thru 6-29-13; DMAP 5-2013(Temp), f. & cert. ef. 2-20-13 thru 6-29-13; DMAP 7-2013(Temp), f. & cert. ef. 3-1-13 thru 6-29-13;

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DMAP 12-2013, f. 3-27-13, cert. ef. 4-1-13; DMAP 17-2013, f. & cert. ef. 4-10-13; DMAP 24-2013, f. & cert. ef. 5-29-13; DMAP 32-2013, f. & cert. ef. 6-27-13; DMAP 39-2013(Temp), f. 7-26-13, cert. ef. 8-1-13 thru 1-28-14; DMAP(Temp), f. 8-21-13, cert. ef. 8-23-13 thru 1-28-14; DMAP 51-2013, f. & cert. ef. 10-1-13; DMAP 52-2013(Temp), f. & cert. ef. 10-1-13 thru 3-30-14; DMAP 55-2013(Temp), f. & cert. ef. 10-2-13 thru 3-31-14; DMAP 59-2013(Temp), f. 10-31-13, cert. ef. 11-1-13 thru 3-31-14

Rule Caption: Rules related to client appeals/hearings, provider requirements related to billing clients for non-covered services

Adm. Order No.: DMAP 60-2013

Filed with Sec. of State: 10-31-2013

Certified to be Effective: 10-31-2013

Notice Publication Date: 10-1-2013

Rules Amended: 410-141-0262, 410-141-0263, 410-141-0265, 410-141-0420, 410-141-3260, 410-141-3263, 410-141-3395, 410-141-3420

Subject: Rules are amended to require providers to review with and have OHP clients sign a new OHP Client Agreement to Pay for Health Services form, DMAP 3165, or facsimile containing the elements of the form, before providing and charging clients for non-covered services. Rules are further revised to allow for use of a new Medical Assistance Service Denial Appeal and Hearing Request form, or Division approved facsimile, to be used in place of the MSC 443 and DMAP 3030 forms; change the standard for client failure to meet timely filing/actions from "circumstances beyond the control of the client" to "good cause;" state that providers shall not bill a client or submit a client billing to a Collection Agency for any amount owed by the CCO for which the client is not liable; clarify current policy and for housekeeping purposes.

Rules Coordinator: Sandy Cafourek—(503) 945-6430

410-141-0262

Prepaid Health Plan Appeal Procedures

(1) A Division of Medical Assistance Programs (Division) Member or their representative that disagrees with a Notice of Action may file a Prepaid Health Plan (PHP) level appeal or request a Division administrative hearing. Division members may not be required to go through a PHP level appeal in order to request a Division administrative hearing.

(2) The PHP must have a system in place for Division member which includes an appeal process when a Division member has requested a Division administrative hearing. For purposes of this rule, an appeal includes a request to the PHP for review of an Action upon notification from the Division.

(3) An appeal must be filed with the PHP no later than 45 calendar days from the date on the Notice of Action required under OAR 410-141-0263.

(4) If the Division member initiates an appeal directly with the PHP, it shall be documented in writing by the PHP and handled as an appeal consistent with this rule. The Division member or Division member's representative may file an appeal with the PHP either orally or in writing and, unless he or she requests expedited resolution, must follow an oral filing with a written and signed appeal.

(5) Each PHP must adopt written policies and procedures for handling appeals that, at a minimum, meet the following requirements:

(a) Give Division members any reasonable assistance in completing forms and taking other procedural steps related to filing and resolution of an appeal or administrative hearings request. This includes, but is not limited to, providing interpreter services and toll-free numbers that have adequate Tele Typewriter (TTY)/ Telecommunications Devices for the Deaf (TTD) and interpreter capacity;

(b) Address how the PHP will accept, process and respond to such appeals, including how the PHP will acknowledge receipt of each appeal;

(c) Ensuring that Division members who receive a Notice of Action described in OAR 410-141-0263 are informed of their right to file an appeal and an administrative hearing request and how to do so;

(d) Ensuring that each appeal is transmitted timely to staff having authority to act on it;

(e) Ensuring that each appeal is investigated and resolved in accordance with these rules; and

(f) Ensuring that the individuals who make decisions on appeals are individuals:

(A) Who were not involved in any previous level of review or decision making; and

(B) Who are health care professionals who have the appropriate clinical expertise in treating the Division member's condition or disease if an appeal of a denial is based on lack of medical appropriateness or if an appeal involves clinical issues;

(g) Include a requirement for appeals to be documented in the log to be maintained by the PHP that is in compliance with OAR 410-141-0266.

(6) The PHP shall assure Division members that appeals are handled in confidence consistent with ORS 411.320, 42 CFR 431.300 et seq, the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules, and other applicable federal and state confidentiality laws and regulations. The PHP shall safeguard the Division member's right to confidentiality of information about the appeal as follows:

(a) PHPs shall implement and monitor written policies and procedures to ensure that all information concerning a Division member's appeal is kept confidential consistent with appropriate use or disclosure as treatment, payment, or health care operations of the PHP, as those terms are defined in 45 CFR 164.501. The PHP and any practitioner whose authorization, treatment, services, items, quality of care, or request for payment is alleged to be involved in the appeal have a right to use this information for purposes of resolving the appeal and for purposes of maintaining the log required in OAR 410-141-0266 and for health oversight purposes by Division, without a signed release from the Division member. The administrative hearing regarding the appeal without a signed release from the Division member, pursuant to 410-120-1360(4);

(b) Except as provided in subsection (a) or as otherwise authorized by all other applicable confidentiality laws, PHPs shall ask the Division member to authorize a release of information regarding the appeal to other individuals. Before any information related to the appeal is disclosed under this subsection, the PHP shall have an authorization for release of information documented in the appeal file.

(7) The process for appeals must:

(a) Provide that oral inquiries seeking to appeal an action are treated as appeals (to establish the earliest possible filing date for the appeal) and must be confirmed in writing, unless the Division member or Division member's representative requests expedited resolution;

(b) Provide the Division member a reasonable opportunity to present evidence and allegations of fact or law in person as well as in writing. (The PHP must inform the Division member or the Division member's representative of the limited time available in the case of an expedited resolution);

(c) Provide the Division member and/or the Division member's representative an opportunity, before and during the appeals process, to examine the Division member's file, including medical records and any other documents or records to be considered during the appeals process; and

(d) Include as parties to the appeal the Division member, the Division member's representative, or the legal representative of a deceased Division member's estate.

(8) The PHP must resolve each appeal and provide a client notice of the appeal resolution as expeditiously as the Division member's health condition requires and within the time frames in this section:

(a) For the standard resolution of appeals and client notices to the Division member or Division member's representative, the PHP shall resolve the appeal and provide a client notice no later than 16 calendar days from the day the PHP receives the appeal.

(b) When the PHP has granted a request for expedited resolution of an appeal, the PHP shall resolve the appeal and provide a client notice no later than 3 working days after the PHP receives the appeal. This timeframe may be extended pursuant to subsection (c) of this section;

(c) In accordance with 42 CFR 438.408, the PHP may extend the timeframes from subsections (a) or (b) of this section by up to 14 calendar days if:

(A) The Division member or Division members representative requests the extension; or

(B) The PHP shows (to the satisfaction of the Division's Hearings Unit upon its request) that there is need for additional information and how the delay is in the Division member's interest;

(d) If the PHP extends the timeframes, it must, for any extension not requested by the Division member, give the Division member or Division member's representative a written notice of the reason for the delay.

(9) For all appeals, the PHP must provide written Notice of Appeal Resolution to the Division member or their representative. If the PHP knows that there is a representative, the PHP must send a copy of the Notice to the representative. For notice on an expedited resolution, the PHP must also make reasonable efforts to provide oral notice.

(10) The written Notice of Appeal Resolution must be on a Division approved form and include the following:

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(a) The results of the resolution process and the date it was completed; and

(b) For appeals not resolved wholly in favor of the Division member, the notice must also include the following information:

(A) Reasons for the resolution and a reference to the particular sections of the statutes and rules involved for each reason identified in the Notice of Appeal Resolution relied upon to deny the appeal;

(B) Unless the appeal was referred to the PHP from the Division as part of an administrative hearings process, the right to request a Division Administrative Hearing, and how to do so, which includes attaching the appropriate forms as outlined in 410-141-0263;

(C) The right to request to receive benefits while the hearing is pending, and how to make the request; and

(D) That the Division member may be held liable for the cost of those benefits if the hearing decision upholds the PHP's Action.

(11) Unless the appeal was referred to the PHP as part of an administrative hearing process, a Division member may request a Division administrative hearing not later than 45 calendar days from the date on the Notice of Appeal Resolution. The parties to the Division administrative hearing include the PHP as well as the Division member and/or Division member's representative, or the Representative of the deceased Division member's estate.

(12) Each PHP shall establish and maintain an expedited review process for appeals, consistent with OAR 410-141-0265.

(13) Each PHP shall maintain records of appeals, enter appeals and their resolution into a log, and address the appeals in the context of quality improvement activity (OAR 410-141-0200) as required in OAR 410-141-0266.

(14) Continuation of benefits pending appeal:

(a) As used in this section, "timely" filing means filing on or before the later of the following:

(A) Within 10 calendar days of the PHP mailing the Notice of Action;

or

(B) The intended effective date of the PHP's proposed Action;

(b) The PHP must continue the Division member's benefits if:

(A) The Division member or Division member's representative files the appeal or administrative hearing request timely;

(B) The appeal or administrative hearing request involves the termination, suspension, or reduction of a previously authorized course of treatment;

(C) The services were ordered by an authorized provider;

(D) The original period covered by the original authorization has not expired; and

(E) The Division member or representative requests extension of benefits:

(c) Continuation of benefits pending administrative hearing — If, at the Division member's request, the PHP continues or reinstates the Division member's benefits while the appeal or administrative hearing is pending, the benefits must be continued pending administrative hearing pursuant to OAR 410-141-0264.

(15) If the final resolution of the appeal or administrative hearing is adverse to the Division member, that is, upholds the PHP's Action, the PHP may recover the cost of the services furnished to the Division member while the appeal or administrative hearing was pending, to the extent that they were furnished solely because of the requirements of this section and in accordance with the policy set forth in 42 CFR 431.230(b).

(16) If the PHP or a Division administrative hearing decision reverses a decision to deny, limit, or delay services that were not furnished while the appeal was pending, the PHP must authorize or provide the disputed services promptly, and as expeditiously as the Division member's health condition requires.

(17) If the PHP or the Division administrative hearing decision reverses a decision to deny authorization of services, and the Division member received the disputed services while the appeal was pending, the PHP or the Division must pay for the services in accordance with the Division policy and regulations.

(18) If the appeal was referred to the PHP from the Division as part of an administrative hearing process, the PHP must immediately (within two business days) transmit the Notice of Appeal Resolution and the complete record of the appeal to the Division Hearings Unit.

(19) If the appeal was made directly by the Division member or Representative, and if the Notice of Appeal Resolution was not favorable to the Division member, the PHP must: Retain a complete record of the appeal for not less than 45 days so that, if an administrative hearing is requested,

the record can be submitted to the Division's Hearings Unit within two business days of the Division's request.

Stat. Auth.: ORS 413.042

Stats. Implemented: ORS 414.065

Hist.: HR 19-1996, f. & cert. ef. 10-1-96; HR 25-1997, f. & cert. ef. 10-1-97; OMAP 50-2003, f. 7-31-03 cert. ef. 8-1-03; OMAP 35-2004, f. 5-26-04 cert. ef. 6-1-04; DMAP 22-2008, f. 6-13-08, cert. ef. 7-1-08; DMAP 10-2013(Temp), f. & cert. ef. 3-1-13 thru 8-27-13; DMAP 16-2013(Temp), f. & cert. ef. 4-10-13 thru 8-27-13; DMAP 46-2013, f. & cert. ef. 8-26-13; DMAP 60-2013, f. & cert. ef. 10-31-13

410-141-0263

Notice of Action by a Prepaid Health Plan

The Division of Medical Assistance Programs (Division) may have specific definitions for common terms. Please use OAR 410-141-0000, Definitions, in conjunction with this rule.

(1) When a Prepaid Health Plan (PHP) (or authorized practitioner (see definition) acting on behalf of the PHP) takes or intends to take any "action," including but not limited to denials or limiting prior authorizations of a requested service(s) in an amount, duration, or scope that is less than requested, or reductions, suspension, discontinuation or termination of a previously authorized service, or any other action, the PHP (or authorized practitioner acting on behalf of the PHP) shall mail a written client (see definition) Notice of Action in accordance with section (2) of this rule to the Division member (see definition) within the timeframes specified in subsection (3) of this rule.

(2) The written client Notice of Action must be on a Division approved form and must be used for all denials of a requested service(s), reductions, discontinuations or terminations of previously authorized services, denials of claims payment, or other action. The client Notice of Action must meet the language and format requirements of 42 CFR 438.10(c) and (d) and shall inform the Division member of the following:

(a) Relevant information shall include, but is not limited to, the following:

(A) Date of client Notice of Action;

(B) PHP name;

(C) PCP/PCD name;

(D) The Division member's name and ID number;

(E) Date of service or item requested or provided;

(F) Who requested or provided the item or service;

(G) Effective date of the action, if different from the date of the NOA;

(H) Whether the PHP considered other conditions as co-morbidity factors if the service was below the funding line on the OHP Prioritized List of Health Services;

(b) The action the PHP or its participating provider (see definition) has taken or intends to take;

(c) Reasons for the action, with enough specificity to clearly explain the actual reason for the denial, including but not limited to the following reasons:

(A) The item requires pre-authorization and it was not pre-authorized;

(B) The service or item is received in an emergency care setting and does not qualify as an Emergency Service under the prudent layperson standard;

(C) The person was not a Division member at the time of the service or is not a Division member at the time of a requested service; and

(D) The provider is not on the PHP's panel and prior approval was not obtained (if such prior authorization would be required under the Oregon Health Plan rules);

(d) A reference to the particular sections of the statutes and rules involved for each reason identified in the Notice of Action pursuant to subsection (b) of this section, in compliance with the notice requirements in ORS 183.415(2)(c);

(e) The Division member's right to file an appeal with the PHP and how to exercise that right as required in OAR 410-141-0262;

(f) The Division member's right to request a Division administrative hearing and how to exercise that right. A copy of the following forms must be attached to the Notice of Action:

(A) Hearing Request form, (DHS 443), and the Notice of Hearing Rights, (DMAP 3030), or

(B) The Medical Assistance Service Denial Appeal and Hearing Request form, DMAP 1234, or approved facsimile.

(g) The circumstances under which expedited appeal resolution is available and how to request it;

(h) The Division member's right to have benefits continue pending resolution of the appeal, how to request that benefit(s) be continued, and the circumstances under which the Division member may be required to pay the costs of these services; and

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(i) The telephone number to contact the PHP for additional information.

(3) The PHP or practitioner acting on behalf of the PHP must mail the Notice of Action within the following time frames:

(a) For termination, suspension, or reduction of previously authorized OHP covered services (see definition), the following time frames apply:

(A) The notice must be mailed at least 10 calendar days before the date of action, except as permitted under subsections (B) or (C) of this section;

(B) The PHP (or authorized practitioner acting on behalf of the PHP) may mail a notice not later than the date of action if:

(i) The PHP or practitioner receives a clear written statement signed by the Division member that he or she no longer wishes services or gives information that requires termination or reduction of services and indicates that he or she understands that this must be the result of supplying the information;

(ii) The Division member has been admitted to an institution where he or she is ineligible for covered services from the PHP;

(iii) The Division member's whereabouts are unknown and the post office returns PHP or practitioner's mail directed to him or her indicating no forwarding address;

(iv) The PHP establishes the fact that another State, territory, or commonwealth has accepted the Division member for Medicaid services;

(v) A change in the level of medical or dental care is prescribed by the Division member's PCP or PCD; or

(vi) The date of action will occur in less than 10 calendar days, in accordance with 42 CFR 483.12(a)(5)(ii), related to discharges or transfers and long-term care facilities;

(C) The PHP may shorten the period of advance notice to 5 calendar days before the date of the action if the PHP has facts indicating that an action should be taken because of probable fraud by the Division member. Whenever possible, these facts should be verified through secondary sources:

(b) For denial of payment, at the time of any action affecting the claim;

(c) For standard prior authorizations that deny a requested service or that authorize a service in an amount, duration, or scope that is less than requested, the PHP must provide Notice of Action as expeditiously as the Division member's health condition requires and within 14 calendar days following receipt of the request for service, except that:

(A) The PHP may have a possible extension of up to 14 additional calendar days if the Division member or the provider requests the extension; or if the PHP justifies (to the Division upon request) a need for additional information and how the extension is in the Division member's interest;

(B) If the PHP extends the timeframe, in accordance with subsection (A) of this section, it must give the Division member written notice of the reason for the decision to extend the timeframe and inform the Division member of their right to file a grievance if he or she disagrees with that decision. The PHP must issue and carry out its prior authorization determination as expeditiously as the Division member's health condition requires and no later than the date the extension expires;

(d) For prior authorization decisions not reached within the timeframes specified in subsection (c) of this section, (which constitutes a denial and is thus an adverse action), on the date that the timeframes expire;

(e) For expedited prior authorizations, within the timeframes specified in OAR 410-141-0265.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 413.042 & 414.065

Stats. Implemented: ORS 414.065

Hist.: HR 19-1996, f. & cert. ef. 10-1-96; HR 25-1997, f. & cert. ef. 10-1-97; OMAP 39-1999, f. & cert. ef. 10-1-99; OMAP 26-2000, f. 9-28-00, cert. ef. 10-1-00; OMAP 50-2003, f. 7-31-03 cert. ef. 8-1-03; OMAP 35-2004, f. 5-26-04 cert. ef. 6-1-04; OMAP 46-2005, f. 9-9-05, cert. ef. 10-1-05; DMAP 22-2008, f. 6-13-08, cert. ef. 7-1-08; DMAP 45-2009, f. 12-15-09, cert. ef. 1-1-10; DMAP 42-2010, f. 12-28-10, cert. ef. 1-1-11; DMAP 60-2013, f. & cert. ef. 10-31-13

410-141-0265

Request for Expedited Appeal or Expedited Administrative Hearing

(1) Each PHP shall establish and maintain an expedited review process for appeals, when the PHP determines (upon request from the Division of Medical Assistance Programs (Division) member) or the provider indicates (in making the request on a Division member's behalf or supporting the DMAP member's request) that taking the time for a standard resolution could seriously jeopardize the Division member's life, health, or ability to attain, maintain or regain maximum function.

(2) The PHP must ensure that punitive action is not taken against a provider who requests an expedited resolution or supports a Division member's appeal.

(3) If the PHP provides an expedited appeal, but denies the services or items requested in the expedited appeal, the PHP shall inform the Division member of the right to request an expedited Administrative Hearing and send the member a Division approved Notice of Appeal Resolution, Hearing Request and Information forms as outlined in OAR 410-141-0263 with the Notice of Appeal Resolution.

(4) If the PHP denies a request for expedited resolution on appeal, it must:

(a) Transfer the appeal to the time frame for standard resolution in accordance with OAR 410-141-0262;

(b) Make reasonable efforts to give the Division member prompt oral notice of the denial, and follow-up within 2 calendar days with a written notice.

(5) A Division member who believes that taking the time for a standard resolution of a request for an Administrative Hearing could seriously jeopardize the Division member's life or health or ability to attain, maintain or regain maximum function may request an expedited Administrative Hearing.

(6) The PHP shall submit relevant documentation to the Division's Medical Director within, as nearly as possible, 2 working days for a decision as to the necessity of an expedited Administrative Hearing. The Division's Medical Director shall decide within, as nearly as possible, 2 working days from the date of receiving the medical documentation applicable to the request, whether the Division member is entitled to an expedited Administrative Hearing.

(7) If the Division's Medical Director denies a request for expedited Administrative Hearing, the Division must:

(a) Handle the request for Administrative Hearing in accordance with OAR 410-141-0264; and

(b) Make reasonable efforts to give the Division member prompt oral notice of the denial, and follow-up within 2 calendar days with a written notice.

[ED. NOTE: Forms referenced are available from the agency.]

Stat. Auth.: ORS 409.110, 413.042 & 414.065

Stats. Implemented: ORS 414.065

Hist.: HR 19-1996, f. & cert. ef. 10-1-96; HR 25-1997, f. & cert. ef. 10-1-97; OMAP 39-1999, f. & cert. ef. 10-1-99; OMAP 50-2003, f. 7-31-03 cert. ef. 8-1-03; OMAP 35-2004, f. 5-26-04 cert. ef. 6-1-04; DMAP 22-2008, f. 6-13-08, cert. ef. 7-1-08; DMAP 60-2013, f. & cert. ef. 10-31-13

410-141-0420

Managed Care Prepaid Health Plan Billing and Payment under the Oregon Health Plan

The Division of Medical Assistance Programs (Division) may have specific definitions for common terms. Please use OAR 410-141-0000, Definitions, in conjunction with this rule.

(1) Providers must submit all billings for Oregon Health Plan (OHP) clients to Prepaid Health Plans (PHPs) and to the Division within four (4) months and twelve (12) months, respectively, of the date of service, subject to other applicable Division billing rules. Providers must submit billings to PHPs within the four (4) month time frame except in the following cases:

(a) Pregnancy;

(b) Eligibility issues such as retroactive deletions or retroactive enrollments;

(c) Medicare is the primary payer;

(d) Other cases that could have delayed the initial billing to the PHP (which does not include failure of provider to certify the Division member's (see definition) eligibility); or

(e) Third Party Liability (TPL). Pursuant to 42 CFR 136.61, subpart G: Indian Health Services and the amended Public Law 93-638 under the Memorandum of Agreement that Indian Health Service and 638 Tribal Facilities are the payer of last resort and is not considered an alternative liability or TPL.

(2) Providers must be enrolled with the Division to be eligible for Division fee-for-service (FFS) payments. Mental health providers, except Federally Qualified Health Centers (FQHC), must be approved by the Local Mental Health Authority (LMHA) and the Addictions and Mental Health (AMH) Division before enrollment with the Division or to be eligible for PHP payment for services. Providers may be retroactively enrolled, in accordance with OAR 410-120-1260, Provider Enrollment.

(3) Providers, including mental health providers (see definition), must be enrolled with the Division either as a Medicaid provider or an encounter-only provider prior to submission of encounter data to ensure the servicing provider is not excluded per federal and State standard as defined in OAR 407-120-0300.

(4) Providers shall verify, before rendering services, which Division member is eligible for the Medical Assistance Program on the date of serv-

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ice using the Division tools and optionally the PHP's tools, as applicable and that the service to be rendered is covered under the Oregon Health Plan Benefit Package of covered services. Providers shall also identify the party responsible for covering the intended service and seek pre-authorizations from the appropriate payer before rendering services. Before providing a non-covered service, the provider must complete, and have the member sign, a DMAP 3165, or facsimile, as described in OAR 410-120-1280.

(5) PHPs are responsible for payment of all capitated services. Such services should be billed directly to the PHP, unless the PHP or the Division specifies otherwise. PHPs may require providers to obtain preauthorization to deliver certain capitated services.

(6) Payment by the PHP to participating providers for capitated services is a matter between the PHP and the participating provider, except as follows:

(a) Pre-authorizations:

(A) PHPs shall have written procedures for processing pre-authorization requests received from any provider. The procedures shall specify time frames for:

(i) Date stamping pre-authorization requests when received;

(ii) Determining within a specific number of days from receipt whether a pre-authorization request is valid or non-valid;

(iii) The specific number of days allowed for follow up on pended preauthorization requests to obtain additional information;

(iv) The specific number of days following receipt of the additional information that a redetermination must be made;

(v) Providing services after office hours and on weekends that require preauthorization;

(vi) Sending notice of the decision with appeal rights to the Division member when the determination is made to deny the requested service as specified in 410-141-0263.

(B) PHPs shall make a determination on at least 95% of valid pre-authorization requests, within two working days of receipt of a preauthorization or reauthorization request related to urgent services; alcohol and drug services; and/or care required while in a skilled nursing facility. Preauthorization for prescription drugs must be completed and the pharmacy notified within 24 hours. If a preauthorization for a prescription cannot be completed within the 24 hours, the PHP must provide for the dispensing of at least a 72-hour supply if the medical need for the drug is immediate. PHP shall notify providers of such determination within 2 working days of receipt of the request;

(C) For expedited prior authorization requests in which the provider indicates, or the PHP determines, that following the standard timeframe could seriously jeopardize the Division member's life or health or ability to attain, maintain, or regain maximum function:

(i) The PHP must make an expedited authorization decision and provide notice as expeditiously as the member's health condition requires and no later than three working days after receipt of the request for service;

(ii) The PHP may extend the three working days time period by up to 14 calendar days if the Division member requests an extension, or if the PHP justifies to the Division a need for additional information and how the extension is in the member's interest.

(D) For all other preauthorization requests, PHPs shall notify providers of an approval, a denial or a need for further information within 14 calendar days of receipt of the request. PHPs must make reasonable efforts to obtain the necessary information during that 14-day period. However, the PHP may use an additional 14 days to obtain follow-up information, if the PHP justifies (to the Division upon request) the need for additional information and how the delay is in the interest of the Division member. If the PHP extends the timeframe, it shall give the Division member written notice of the reason for the extension, as outlined in OAR 410-141-0263. The PHP shall make a determination as the Division member's health condition requires, but no later than the expiration of the extension.

(b) Claims payment:

(A) PHPs shall have written procedures for processing claims submitted for payment from any source. The procedures shall specify time frames for:

(i) Date stamping claims when received;

(ii) Determining within a specific number of days from receipt whether a claim is valid or non-valid;

(iii) The specific number of days allowed for follow up of pended claims to obtain additional information;

(iv) The specific number of days following receipt of additional information that a determination must be made; and

(v) Sending notice of the decision with appeal rights to the Division member when the determination is made to deny the claim.

(B) PHPs shall pay or deny at least 90% of valid claims within 45 calendar days of receipt and at least 99% of valid claims within 60 calendar days of receipt. PHPs shall make an initial determination on 99% of all claims submitted within 60 calendar days of receipt;

(C) PHPs shall provide written notification of PHP determinations when such determinations result in a denial of payment for services, as outlined in 410-141-0263.

(D) PHPs shall not require providers to delay billing to the PHP;

(E) PHPs shall not require Medicare be billed as the primary insurer for services or items not covered by Medicare, nor require non-Medicare approved providers to bill Medicare;

(F) PHPs shall not deny payment of valid claims when the potential TPR is based only on a diagnosis, and no potential TPR has been documented in the Division member's clinical record;

(G) PHPs shall not delay nor deny payments because a co-payment was not collected at the time of service.

(c) FCHPs, PCOs, and MHOs are responsible for payment of Medicare coinsurances and deductibles up to the Medicare or PHP's allowable for covered services the Division member receives within the PHP, for authorized referral care, and for urgent care services or emergency services the Division member receives from non-participating providers (see definition). FCHPs, PCOs, and MHOs are not responsible for Medicare coinsurances and deductibles for non-urgent or non-emergent care Division members receive from non-participating providers;

(d) FCHPs and PCOs shall pay transportation, meals and lodging costs for the Division member and any required attendant for out-of-state services (as defined in General Rules, chapter 410, division 120) that the FCHP and PCO has arranged and authorized when those services are available within the state, unless otherwise approved by the Division;

(e) PHPs shall be responsible for payment of covered services (see definition) provided by a non-participating provider which was not pre-authorized if the following conditions exist:

(A) It can be verified that the participating provider (see definition) ordered or directed the covered services to be delivered by a non-participating provider; and

(B) The covered service was delivered in good faith without the pre-authorization; and

(C) It was a covered service that would have been pre-authorized with a participating provider if the PHP's referral protocols had been followed;

(D) The PHP shall be responsible for payment to non-participating providers (providers enrolled with the Division that do not have a contract with the PHP) for covered services that are subject to reimbursement from the PHP, the amount specified in OAR 410-120-1295. This rule does not apply to providers that are Type A or Type B hospitals, as they are paid in accordance with ORS 414.727.

(7) Other services:

(a) Division members enrolled with PHPs may receive certain services on a Division FFS basis. Such services are referred to as non-capitated services (see definition);

(b) Certain services must be authorized by the PHP or the Community Mental Health Program (CMHP) for some mental health services, even though such services are then paid by the Division on a Division FFS basis. Before providing services, providers should verify a Division member's eligibility via the web portal or AVR. For some mental health services, providers will need to contact the CMHP directly. In addition, the provider may call the PHP to obtain information about coverage for a particular service or pre-authorization requirements;

(c) Services authorized by the PHP or CMHP are subject to the rules and limitations of the appropriate Division administrative rules and supplemental information, including rates and billing instructions;

(d) Providers shall bill the Division directly for non-capitated services in accordance with billing instructions contained in the Division administrative rules and supplemental information;

(e) The Division shall pay at the Medicaid FFS rate in effect on the date the service is provided subject to the rules and limitations described in the relevant rules, contracts, billing instructions and Division administrative rules and supplemental information;

(f) The Division shall not pay a provider for provision of services for which a PHP has received a capitation payment unless otherwise provided for in OAR 410-141-0120;

(g) When an item or service is included in the rate paid to a medical institution, a residential facility or foster home, provision of that item or service is not the responsibility of the Division, AMH, nor a PHP except as provided for in Division administrative rules and supplemental information

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(e.g., capitated services that are not included in the nursing facility all-inclusive rate);

(h) FCHPs and PCOs that contract with FQHCs and RHCs shall negotiate a rate of reimbursement that is not less than the level and amount of payment which the FCHP or PCO would make for the same service(s) furnished by a provider, who is not an FQHC nor RHC, consistent with the requirements of BBA 4712(b)(2).

(8) Coverage of services through the Oregon Health Plan Benefit Package of covered services is limited by OAR 410-141-0500, excluded services and limitations for OHP clients.

(9) OHP clients who are enrolled with a PCM receive services on a FFS basis:

(a) PCMs are paid a per client-per month payment to provide Primary Care Management Services, in accordance with OAR 410-141-0410, Primary Care Manager Medical Management;

(b) PCMs provide primary care access, and management services for preventive services, primary care services, referrals for specialty services, limited inpatient hospital services and outpatient hospital services. The Division payment for these PCM managed services is contingent upon PCCM authorization;

(c) All PCM managed services are covered services that shall be billed directly to the Division in accordance with billing instructions contained in the Division administrative rules and supplemental information;

(d) The Division shall pay at the Division FFS rate in effect on the date the service is provided subject to the rules and limitations described in the appropriate Division administrative rules and supplemental information.

(10) All OHP clients who are enrolled with a PCO receive inpatient hospital services on a Division FFS basis:

(a) May receive services directly from any appropriately enrolled Division provider;

(b) All services shall be billed directly to the Division in accordance with FFS billing instructions contained in the Division administrative rules and supplemental information;

(c) The Division shall pay at the Division FFS rate in effect on the date the service is provided subject to the rules and limitations described in the appropriate Division administrative rules and supplemental information.

(11) OHP clients who are not enrolled with a PHP receive services on a Division FFS basis:

(a) Services may be received directly from any appropriate enrolled Division provider;

(b) All services shall be billed directly to the Division in accordance with billing instructions contained in the Division administrative rules and supplemental information;

(c) The Division shall pay at the Division FFS rate in effect on the date the service is provided subject to the rules and limitations described in the appropriate Division administrative rules and supplemental information.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 413.042 & 414.065

Stats. Implemented: ORS 414.065

Hist.: HR 31-1993, f. 10-14-93, cert. ef. 2-1-94; HR 7-1994, f. & cert. ef. 2-1-94; HR 17-1995, f. 9-28-95, cert. ef. 10-1-95; HR 19-1996, f. & cert. ef. 10-1-96; HR 25-1997, f. & cert. ef. 10-1-97; OMAP 21-1998, f. & cert. ef. 7-1-98; OMAP 39-1999, f. & cert. ef. 10-1-99; OMAP 26-2000, f. 9-28-00, cert. ef. 10-1-00; OMAP 15-2001, f. 3-30-01, cert. ef. 4-1-01; OMAP 52-2001, f. & cert. ef. 10-1-01; OMAP 57-2002, f. & cert. ef. 10-1-02; OMAP 4-2003, f. 1-31-03, cert. ef. 2-1-03; OMAP 61-2003, 9-5-03, cert. ef. 10-1-03; OMAP 23-2004(Temp), f. & cert. ef. 3-23-04 thru 8-15-04; OMAP 33-2004, f. 5-26-04, cert. ef. 6-1-04; OMAP 37-2004(Temp), f. 5-27-04 cert. ef. 6-1-04 thru 11-15-04; OMAP 47-2004, f. 7-22-04 cert. ef. 8-1-04; OMAP 27-2005, f. 4-20-05, cert. ef. 5-1-05; OMAP 46-2005, f. 9-9-05, cert. ef. 10-1-05; OMAP 23-2006, f. 6-12-06, cert. ef. 7-1-06; OMAP 53-2006(Temp), f. 12-28-06, cert. ef. 1-1-07 thru 6-29-07; DMAP 9-2007, f. 6-14-07, cert. ef. 6-29-07; DMAP 45-2009, f. 12-15-09, cert. ef. 1-1-10; DMAP 16-2010, f. 6-11-10, cert. ef. 7-1-10; DMAP 42-2010, f. 12-28-10, cert. ef. 1-1-11; DMAP 29-2011, f. 10-19-11, cert. ef. 10-20-11; DMAP 48-2011(Temp), f. 12-23-11, cert. ef. 1-1-12 thru 6-25-12; Administrative correction, 8-1-12; DMAP 60-2013, f. & cert. ef. 10-31-13

410-141-3260

Grievance System: Grievances, Appeals and Contested Case Hearings

(1) This rule applies to requirements related to the grievance system, which includes appeals, contested case hearings, and grievances. For purposes of this rule and OAR 410-141-3261 through 410-141-3264, references to member means a member, member's representative and the representative of a deceased member's estate.

(2) The CCO must establish and have a Division approved process and written procedures, for the following:

(a) Member rights to appeal and request a CCO's review of an action;

(b) Member rights to request a contested case hearing on a CCO action under the Administrative Procedures Act; and

(c) Member rights to file a grievance for any matter other than an appeal or contested case hearing;

(d) An explanation of how CCOs shall accept, process, and respond to appeals, hearing requests, and grievances;

(e) Compliance with grievance system requirements as part of the state quality strategy and to monitor and enforce consumer rights and protections within the Oregon Integrated and Coordinated Health Care Delivery System and ensure consistent response to complaints of violations of consumer right and protections.

(3) Upon receipt of a grievance or appeal, the CCO must:

(a) Acknowledge receipt to the member;

(b) Give the grievance or appeal to staff with the authority to act upon the matter;

(c) Obtain documentation of all relevant facts concerning the issues;

(d) Ensure that staff making decisions on the grievance or appeal are:

(A) Not involved in any previous level of review or decision-making; and

(B) Health care professionals, as defined in OAR 410-120-0000, with appropriate clinical expertise in treating the member's condition or disease if the grievance or appeal involves clinical issues or if the member requests an expedited review.

(4) The CCO must analyze all grievances, appeals, and hearings in the context of quality improvement activity pursuant to OAR 410-141-3200 and 410-141-3260.

(5) CCOs must keep all healthcare information concerning a member's request confidential, consistent with appropriate use or disclosure as the terms treatment, payment, or CCO health care operations, are defined in 45 CFR 164.501.

(6) The following pertains to release of a member's information:

(a) The CCO and any provider whose authorizations, treatments, services, items, quality of care, or requests for payment are involved in the grievance, appeal or hearing may use this information without the member's signed release for purposes of:

(A) Resolving the matter; or

(B) Maintaining the grievance or appeals log.

(b) If the CCO needs to communicate with other individuals or entities, not listed in subsection (a), to respond to the matter, the CCO must obtain the member's signed release and retain the release in the member's record.

(7) The CCO must provide members with any reasonable assistance in completing forms and taking other procedural steps related to filing grievances, appeals, or hearing requests. Reasonable assistance includes, but is not limited to:

(a) Assistance from qualified community health workers, qualified peer wellness specialists or personal health navigators to participate in processes affecting the member's care and services;

(b) Free interpreter services;

(c) Toll-free phone numbers that have adequate TTY/TTD and interpreter capabilities; and

(d) Reasonable accommodation or policy and procedure modifications as required by any disability of the member.

(8) The CCO and its participating providers may not:

(a) Discourage a member from using any aspect of the grievance, appeal, or hearing process;

(b) Encourage the withdrawal of a grievance, appeal, or hearing request already filed; or

(c) Use the filing or resolution of a grievance, appeal, or hearing request as a reason to retaliate against a member or to request member disenrollment.

(9) In all CCO administrative offices and in those physical, behavioral, and oral health offices where the CCO has delegated response to the appeal, hearing request or grievance, the CCO must have the following forms available:

(a) OHP Complaint Form (OHP 3001);

(b) Appeal forms;

(c) Hearing request form, (DHS 443) and Notice of Hearing Rights (DMAP 3030); or

(d) The Medical Assistance Service Programs Denial Appeal and Hearing Request form (DMAP 1234), or approved facsimile.

(10) A member's provider:

(a) Acting on behalf of and with written consent of the member, may file an appeal;

(b) May not act as the member's authorized representative for requesting a hearing or filing a grievance.

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(11) The CCO and its participating providers must cooperate with the Department of Human Services Governor's Advocacy Office, the Authority's Ombudsman and hearing representatives in all activities related to member appeals, hearing requests, and grievances including providing all requested written materials.

(12) If the CCO delegates the grievance and appeal process to a subcontractor, the CCO must:

(a) Ensure the subcontractor meets the requirements consistent with this rule and OAR 410-141-3261 through 410-141-3264;

(b) Monitor the subcontractor's performance on an ongoing basis;

(c) Perform a formal compliance review at least once a year to assess performance, deficiencies, or areas for improvement; and

(d) Ensure the subcontractor takes corrective action for any identified areas of deficiencies that need improvement.

(13) CCO's must maintain yearly logs of all appeals and grievances for seven calendar years with the following requirements:

(a) The logs must contain the following information pertaining to each member's appeal or grievance:

(A) The member's name, ID number, and date the member filed the grievance or appeal;

(B) Documentation of the CCO's review, resolution, or disposition of the matter, including the reason for the decision and the date of the resolution or disposition;

(C) Notations of oral and written communications with the member; and

(D) Notations about appeals and grievances the member decides to resolve in another way if the CCO is aware of this.

(b) For each calendar year, the logs must contain the following aggregate information:

(A) The number of actions; and

(B) A categorization of the reasons for and resolutions or dispositions of appeals and grievances.

(14) The CCO must review the log monthly for completeness and accuracy, which includes but is not limited to timeliness of documentation and compliance with procedures.

(15) A member or a member's provider may request an expedited resolution of an appeal or a contested case hearing if the member or provider believes taking the standard time of resolution could seriously jeopardize the member's:

(a) Life, health, mental health or dental health; or

(b) Ability to attain, maintain or regain maximum function.

(16) A member who may be entitled to continuing benefits may request and receive continuing benefits in the same manner and same amount while an appeal or contested case hearing is pending:

(a) To be entitled to continuing benefits, the member must complete a hearing request or request for appeal, requesting continuing benefits, no later than:

(A) The tenth day following the date of the notice or the notice of appeal resolution; and

(B) The effective date of the action proposed in the notice, if applicable.

(b) In determining timeliness under section (3)(a) of this rule, delay for good cause, as defined in OAR 137-002-0528, is not counted;

(c) The benefits must be continued until:

(A) A final appeal resolution resolves the appeal, unless the member requests a hearing with continuing benefits, no later than ten days following the date of the notice of appeal resolution;

(B) A final order resolves the contested case;

(C) The time period or service limits of a previously authorized service have been met; or

(D) The member withdraws the request for hearing.

(17) The CCO shall review and report to the Authority complaints that raise issues related to racial or ethnic background, gender, religion, sexual orientation, socioeconomic status, culturally or linguistically appropriate service requests, disability status and other identity factors for consideration in improving services for health equity.

(18) If a CCO receives a complaint or grievance related to a member's entitlement of continuing benefits in the same manner and same amount during the transition of transferring from one CCO to another CCO for reasons defined in OAR 410-141-3080 (15) the CCO shall log the complaint/grievance and work with the receiving/sending CCO to ensure continuity of care during the transition

Stat. Auth.: ORS 413.032, 414.615, 414.625, 414.635, 414.651

Stats. Implemented: ORS 414.610 – 414.685

Hist.: DMAP 16-2012(Temp), f. & cert. ef. 3-26-12 thru 9-21-12; DMAP 37-2012, f. & cert. ef. 8-1-12; DMAP 54-2012(Temp), f. & cert. ef. 11-1-2 thru 4-29-13; DMAP 22-2013, f. & cert. ef. 4-26-13; DMAP 60-2013, f. & cert. ef. 10-31-13

410-141-3263

Notice of Action

(1) A CCO must provide a member with a notice of action when the CCO's decision about a health service constitutes an action. The notice of action must:

(a) Be written in language sufficiently clear that a layperson could understand the notice and make an informed decision about appealing the action and requesting a hearing;

(b) Comply with the Authority's formatting and readability standards;

(c) The notice must include but is not limited to the following:

(A) Date of the notice;

(B) CCO's name and telephone number;

(C) Name of the member's PCP, PCD, or behavioral health professional, as applicable;

(D) Member's name and member ID number;

(E) Service requested and whether the CCO is denying, terminating, suspending or reducing a service or payment;

(F) Date of the service or date the member requested the service;

(G) Name of the provider who performed or requested the service;

(H) Effective date of the action if different from the date of the notice;

(I) Whether the CCO considered other conditions as co-morbidity factors if the service was below the funding line on the OHP Prioritized List of Health Services;

(J) Clearly and thoroughly explain specific reasons for the action and a reference to the specific sections of the statutes and rules pertaining to each reason;

(K) Member's right to file an appeal with the CCO or request a contested case hearing;

(L) An explanation of circumstances under which the member may request expedited resolution of an appeal, and how to request one; and

(M) A statement that the member has the right to request to receive the services that are being denied pending resolution of the appeal and that the member may be responsible for the cost of those services if the outcome of the appeal upholds the CCO's action;

(d) The Notice of Action must be on a Division approved form.

(2) The CCO must include the appropriate forms based on the Division approved Notice of Action, as outlined in OAR 410-141-3260, to the notice.

(3) For actions affecting previously authorized services, the CCO must mail the notice at least 10 calendar days before the date of action with the exception of circumstances described in section (4) of this rule.

(4) The CCO may mail the notice no later than the date of action if:

(a) The CCO or provider has information confirming the death of the member;

(b) The member sends the CCO a signed statement stating the member no longer wants the service;

(c) The CCO can verify that the member is in an institution where the member is no longer eligible for OHP services;

(d) The CCO is unaware of the member's whereabouts; the post office returns the mail indicating no forwarding address; and the Authority or Department of Human Services has no other address;

(e) The CCO verifies another state, territory, or commonwealth has accepted the member for Medicaid services;

(f) The member's PCP, PCD, or behavioral health professional has prescribed a change in the level of health services; or

(g) The date of action shall occur in less than 10 calendar days when the CCO:

(A) Has facts indicating probable fraud by the member, and the CCO has certified those facts, if possible, through a secondary resource; or

(B) Denies payment for a claim.

(5) For actions affecting services not previously authorized, the CCO must send the notice as expeditiously as the member's health condition requires but no later than 14 calendar days following the date of receipt of the request for service.

(6) For actions affecting services not previously authorized and for which the CCO grants expedited review, the CCO must send the notice as expeditiously as the member's health condition requires but no later than three business days after receipt of the request for service.

(7) In accordance with 42 CFR 438.408, the CCO may extend the timeframes from (5) above by up to 14 calendar days, if:

(a) The Division member or Division member's representative requests the extension; or

(b) The CCO shows (to the satisfaction of the Division's Hearings Unit upon its request) that there is need for additional information and how the delay is in the Division member's interest.

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(8) If the CCO extends the timeframes, it must, for any extension not requested by the Division member, give the Division member and Division member's representative, a written notice of the reason for the delay.

Stat. Auth.: ORS 414.032, 414.615, 414.625, 414.635, 414.651

Stats. Implemented: ORS 414.610 – 685 OL 2011, Ch 602 Sec. 13, 14, 16, 17, 62, 64 (2), 65, HB

Hist.: DMAP 16-2012(Temp), f. & cert. ef. 3-26-12 thru 9-21-12; DMAP 37-2012, f. & cert. ef. 8-1-12; DMAP 60-2013, f. & cert. ef. 10-31-13

410-141-3395

Member Protection Provisions

(1) In the event of a finding of impairment by OHA or of a termination of certification as a CCO or of the CCO contract, members of the CCO shall be offered disenrollment from the CCO and enrollment in accordance with OHA rule.

(2) For the purpose of this section only, and only in the event of a finding of impairment by OHA or of a termination of certification or of the CCO contract, any covered health care service furnished within the state by a provider to a member of a CCO shall be considered to have been furnished pursuant to a contract between the provider and the CCO with whom the member was enrolled when the services were furnished.

(3) Each contract between a CCO and a provider of health services shall provide that if the CCO fails to pay for covered health services as set forth in the contract, the member is not liable to the provider for any amounts owed by the CCO.

(4) If the contract between the contracting provider and the CCO has not been reduced to writing or fails to contain the provisions required by this rule, the member is not liable to the contracting provider for any amounts owed by the CCO.

(5) No contracting provider or agent, trustee or assignee of the contracting provider shall bill a member, send a member's bill to a Collection Agency, or maintain a civil action against a member to collect any amounts owed by the CCO for which the member is not liable to the contracting provider in this rule and under 410-120-1280.

(6) Nothing in this section impairs the right of a provider to charge, collect from, and attempt to collect from or maintain a civil action against a member for any of the following:

(a) Deductible, copayment or coinsurance amounts;

(b) Health services not covered by the CCO, if a valid DMAP 3165, or facsimile, signed by the client, has been completed as described in OAR 410-120-1280; or

(c) Health services rendered after the termination of the contract between the CCO and the provider, unless the health services were rendered during the confinement in an inpatient facility and the confinement began prior to the date of termination or unless the provider has assumed post-termination treatment obligations under the contract. Before providing a non-covered service, the provider must complete a DMAP 3165, or facsimile, as described in OAR 410-120-1280.

Stat. Auth.: ORS 413.042, 414.615, 414.625, 414.635 & 414.651

Stats. Implemented: ORS 414.610 - 414.685

Hist.: DMAP 16-2012(Temp), f. & cert. ef. 3-26-12 thru 9-21-12; DMAP 37-2012, f. & cert. ef. 8-1-12; DMAP 60-2013, f. & cert. ef. 10-31-13

410-141-3420

Billing and Payment

(1) Subject to other applicable Division billing rules, providers must submit all billings for CCO members following the timeframes in (a) and (b) below:

(a) Submit billings within 12 months of the date of service in the following cases:

(A) Member pregnancy;

(B) Eligibility issues such as retroactive deletions or retroactive enrollments;

(C) Medicare is the primary payer, except where the CCO is responsible for the Medicare reimbursement;

(D) Other cases that could have delayed the initial billing to the CCO (which does not include failure of provider to certify the member's eligibility); or

(E) Third Party Liability (TPL). Pursuant to 42 CFR 136.61, subpart G; Indian Health Services and the amended Public Law 93-638 under the Memorandum of Agreement that Indian Health Service and 638 Tribal Facilities are the payer of last resort and is not considered an alternative liability or TPL.

(b) Submit bills within four months of the date of service for all other cases.

(2) Providers must be enrolled with the Authority's Division of Medical Assistance Programs to be eligible for fee-for-service (FFS) payments. Mental health providers, except Federally Qualified Health Centers

(FQHC), must be approved by the Local Mental Health Authority (LMHA) and the Authority's Addictions and Mental Health (AMH) Division before enrollment with the Authority or to be eligible for CCO payment for services. Providers may be retroactively enrolled, in accordance with OAR 410-120-1260 (Provider Enrollment).

(3) Providers, including mental health providers, must be enrolled with the Authority as a Medicaid provider or an encounter-only provider prior to submission of encounter data to ensure the encounter is accepted.

(4) Providers shall verify, before providing services, that the member is eligible for coordinated care services on the date of service. Providers shall use the Authority tools and the CCO's tools, as applicable, to determine if the service to be provided is covered under the member's Oregon Health Plan Benefit Package of covered services. Providers shall also identify the party responsible for covering the intended service and seek pre-authorizations from the appropriate payer before providing services. Before providing a non-covered service, the provider must complete a DMAP 3165, or facsimile, signed by the client, as described in OAR 141-120-1280.

(5) CCOs shall pay for all covered coordinated care services. These services must be billed directly to the CCO, unless the CCO or the Authority specifies otherwise. CCOs may require providers to obtain preauthorization to deliver certain coordinated care services.

(6) Payment by the CCO to participating providers for coordinated care services is a matter between the CCO and the participating provider, except as follows:

(a) CCOs shall have procedures for processing pre-authorization requests received from any provider. The procedures shall specify time frames for:

(A) Date stamping pre-authorization requests when received;

(B) Determining within a specific number of days from receipt whether a pre-authorization request is valid or non-valid;

(C) The specific number of days allowed for follow up on pended preauthorization requests to obtain additional information;

(D) The specific number of days following receipt of the additional information that a redetermination must be made;

(E) Providing services after office hours and on weekends that require preauthorization;

(F) Sending notice of the decision with appeal rights to the member when the determination is a denial of the requested service as specified in OAR 410-141-3263.

(b) CCOs shall make a determination on at least 95% of valid preauthorization requests, within two working days of receipt of a preauthorization or reauthorization request related to urgent services; alcohol and drug services; or care required while in a skilled nursing facility. Preauthorization for prescription drugs must be completed and the pharmacy notified within 24 hours. If a preauthorization for a prescription cannot be completed within the 24 hours, the CCO must provide for the dispensing of at least a 72-hour supply if there is an immediate medical need for the drug. CCOs shall notify providers of the determination within 2 working days of receipt of the request;

(c) For expedited prior authorization requests in which the provider indicates, or the CCO determines, that following the standard timeframe could seriously jeopardize the member's life or health or ability to attain, maintain, or regain maximum function:

(A) The CCO must make an expedited authorization decision and provide notice as expeditiously as the member's health or mental health condition requires and no later than three working days after receipt of the request for service;

(B) The CCO may extend the three working day time period no more than 14 calendar days if the member requests an extension, or if the CCO justifies to the Authority a need for additional information and how the extension is in the member's best interest.

(d) For all other preauthorization requests, CCOs shall notify providers of an approval, a denial or the need for further information within 14 calendar days of receipt of the request, as outlined in 410-141-3263. CCOs must make reasonable efforts to obtain the necessary information during the 14-day period. However, the CCO may use an additional 14 days to obtain follow-up information, if the CCO justifies (to the Authority upon request) the need for additional information and how the delay is in the interest of the member. The CCO shall make a determination as the member's health or mental health condition requires, but no later than the expiration of the extension.

(7) CCOs shall have written procedures for processing payment claims submitted from any source. The procedures shall specify time frames for:

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- (a) Date stamping claims when received;
- (b) Determining within a specific number of days from receipt whether a claim is valid or non-valid;
- (c) The specific number of days allowed for follow up of pended claims to obtain additional information;
- (d) The specific number of days following receipt of additional information that a determination must be made; and
- (e) Sending notice of the decision with appeal rights to the member when the determination is made to deny the claim;
- (f) CCOs shall pay or deny at least 90% of valid claims within 45 calendar days of receipt and at least 99% of valid claims within 60 calendar days of receipt. CCOs shall make an initial determination on 99% of all claims submitted within 60 calendar days of receipt;
- (g) CCOs shall provide written notification of CCO determinations when the determinations result in a denial of payment for services as outlined in 410-141-3263;
- (h) CCOs may not require providers to delay billing to the CCO;
- (i) CCOs may not require Medicare be billed as the primary insurer for services or items not covered by Medicare, or require non-Medicare approved providers to bill Medicare;
- (j) CCOs may not deny payment of valid claims when the potential TPR is based only on a diagnosis, and no potential TPR has been documented in the member's clinical record;
- (k) CCOs may not delay or deny payments because a co-payment was not collected at the time of service.
- (8) CCOs shall pay for Medicare coinsurances and deductibles up to the Medicare or CCOs allowable for covered services the member receives within the CCO, for authorized referral care, and urgent care services or emergency services the member receives from non-participating providers. CCOs may not pay for Medicare coinsurances and deductibles for non-urgent or non-emergent care members receive from non-participating providers.
- (9) CCOs shall pay transportation, meals and lodging costs for the member and any required attendant for services that the CCO has arranged and authorized when those services are not available within the state, unless otherwise approved by the Authority.
- (10) CCOs shall pay for covered services provided by a non-participating provider which was not pre-authorized if the following conditions exist:
 - (a) It can be verified that the participating provider ordered or directed the covered services to be delivered by a non-participating provider; and
 - (b) The covered service was delivered in good faith without the pre-authorization; and
 - (c) It was a covered service that would have been pre-authorized with a participating provider if the CCO's referral procedures had been followed;
 - (d) The CCO shall pay non-participating providers (providers enrolled with the Authority that do not have a contract with the CCO) for covered services that are subject to reimbursement from the CCO, in the amount specified in OAR 410-120-1295. This rule does not apply to providers that are Type A or Type B hospitals;
 - (e) CCOs shall reimburse hospitals for services provided on or after January 1, 2012 using Medicare Severity DRG for inpatient services and Ambulatory Payment Classification (APC) for outpatient services or other alternative payment methods which incorporate the most recent Medicare payment methodologies for both inpatient and outpatient services established by CMS for hospital services; and alternative payment methodologies, including but not limited to pay-for-performance, bundled payments and capitation. An alternative payment methodology does not include reimbursement payment based on percentage of billed charges. This requirement does not apply to Type A or Type B hospitals as referenced in ORS 442.470. CCO shall attest annually to the Authority, in a manner to be prescribed, to CCO's compliance with these requirements.
- (11) Members may receive certain services on a Fee for Service (FFS) basis:
 - (a) Certain services must be authorized by the CCO or the Community Mental Health Program (CMHP) for some mental health services, even though the services are then paid by the Authority on a FFS basis. Before providing services, providers must verify a member's eligibility using the web portal or AVR;
 - (b) Services authorized by the CCO or CMHP are subject to the rules and limitations of the appropriate Authority administrative rules and supplemental information, including rates and billing instructions;

(c) Providers shall bill the Authority directly for FFS services in accordance with billing instructions contained in the Authority administrative rules and supplemental information;

(d) The Authority shall pay at the Medicaid FFS rate in effect on the date the service is provided subject to the rules and limitations described in the relevant rules, contracts, billing instructions;

(e) The Authority may not pay a provider for provision of services for which a CCO has received a CCO payment unless otherwise provided for in rule;

(f) When an item or service is included in the rate paid to a medical institution, a residential facility or foster home, provision of that item or service is not the responsibility of the Authority or a CCO except as provided in Authority administrative rules and supplemental information (e.g., coordinated care services that are not included in the nursing facility all-inclusive rate);

(g) CCOs that contract with FQHCs and RHCs shall negotiate a rate of reimbursement that is not less than the level and amount of payment which the CCO would pay for the same service furnished by a provider, who is not an FQHC nor RHC, consistent with the requirements of BBA 4712(b)(2).

(12) Coverage of services through the Oregon Health Plan Benefit Package of covered services is limited by OAR 410-141-0500, excluded services and limitations for OHP clients.

Stat. Auth.: ORS 414.032, 414.615, 414.625, 414.635, 414.651

Stats. Implemented: ORS 414.610 – 685 OL 2011, Ch 602 Sec. 13, 14, 16, 17, 62, 64 (2), 65, HB 3650

Hist.: DMAP 16-2012(Temp), f. & cert. ef. 3-26-12 thru 9-21-12; DMAP 37-2012, f. & cert. ef. 8-1-12; DMAP 38-2013(Temp), f. 7-8-13, cert. ef. 7-9-13 thru 1-5-14; DMAP 60-2013, f. & cert. ef. 10-31-13

Rule Caption: Related to client appeals/hearings, and provider requirements related to billing clients for non-covered services

Adm. Order No.: DMAP 61-2013

Filed with Sec. of State: 10-31-2013

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Rules Amended: 410-120-1280, 410-120-1400, 410-120-1860

Subject: Rules are amended to require providers to review with and have OHP clients sign a new OHP Client Agreement to Pay for Health Services form, DMAP 3165, or facsimile containing the elements of the DMAP 3165, before providing and charging clients for non-covered services. Rules are further revised to allow for use of a new Medical Assistance Service Denial Appeal and Hearing Request form, or Division approved facsimile, to be used in place of the MSC 443 and DMAP 3030 forms; change the standard for client failure to meet timely filing/actions from "circumstances beyond the control of the client" to "good cause;" more directly link that failure to comply with policies outlined in 410-120-1280 may be cause for provider sanctions; and to make clarity and housekeeping revisions.

Rules Coordinator: Sandy Cafourek—(503) 945-6430

410-120-1280

Billing

(1) A provider enrolled with the Authority or providing services to a client in a CCO or PHP under the Oregon Health Plan (OHP) must not seek payment, from the client for any services covered by Medicaid fee-for-service or through contracted health care plans:

(a) A client cannot be billed for missed appointments. A missed appointment is not considered to be a distinct Medicaid service by the federal government and as such is not billable to the client or the Division;

(b) A client cannot be billed for services or treatments that have been denied due to provider error (e.g., required documentation not submitted, prior authorization not obtained, etc.).

(2) For Medicaid covered services the provider must not bill the Division more than the provider's usual charge (see definitions) or the reimbursement specified in the applicable Division Program rules.

(3) Providers shall only bill a client or a financially responsible relative or representative of that client in the following situations:

(a) For any applicable coinsurance, copayments and deductibles expressly authorized in OAR chapter 410, division 120, OAR chapter 410, division 141, or any other individual Division Program rules;

(b) The client did not inform the provider of their OHP coverage, enrollment in a prepaid health plan (PHP) or coordinated care organization (CCO), or third party insurance coverage at the time of or after a service

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was provided, therefore, the provider could not bill the appropriate payer for reasons including, but not limited to, the lack of prior authorization, or the time limit to submit the claim for payment has passed. The provider must verify eligibility, pursuant to OAR 410-120-1140, and document attempts to obtain coverage information prior to billing the client;

(c) The client became eligible for benefits retroactively but did not meet all of the other criteria required to receive the service);

(d) A third party payer made payments directly to the client for services provided;

(e) The client has a limited benefit package: Citizen Alien Waived Emergency Medical Program (CWM) may be billed for services that are not benefits of those programs, refer to OAR 410-120-1210 for coverage. The provider must document that the client was informed in advance that the service or item would not be part of their benefit coverage by the Division. A DMAP 3165 is not required for these services;

(f) The client has requested a continuation of benefits during the contested case hearing process and the final decision was not in favor of the client. The client is responsible for any charges incurred for the denied service, on or after the effective date on the Notice of Action or Notice of Appeal Resolution. The provider must complete the DMAP 3165 pursuant to section (3)(h) of this rule before providing these services;

(g) In exceptional circumstances, a client may decide to privately pay for a covered service. In this situation, the provider may bill the client if the provider informs the client in advance of all of the following:

(A) The requested service is a covered service, and the appropriate payer (the Division, PHP, CCO or third party payer) would pay the provider in full for the covered service; and

(B) The estimated cost of the covered service, including all related charges, the amount that the appropriate payer would pay for the service, and that the provider cannot bill the client for an amount greater than the amount the appropriate payer would pay; and

(C) That the client knowingly and voluntarily agrees to pay for the covered service;

(D) The provider documents in writing, signed by the client or the client's representative, the provider gave the client the information described in (3)(g)(A-C); the client had an opportunity to ask questions, obtain additional information and consult with the client's caseworker or client representative; and the client agreed to privately pay for the service by signing an agreement incorporating all of the information described above. The client must be given a copy of the signed agreement. A provider shall not submit a claim for payment for covered services to the Division or to the client's PHP, CCO or third party payer that is subject to such agreement.

(h) A provider may bill a client for services that are not covered by the Division, PHP, or CCO (see definition of non-covered services). Before providing the non-covered service, the client must sign the provider-completed Agreement to Pay (DMAP 3165), or a facsimile containing all of the information and elements of the DMAP 3165, as shown in Table 3165 of this rule. The completed DMAP 3165, or facsimile, is valid only if the estimated fee does not change and the service is scheduled within 30 days of the client's signature. Providers must make a copy of the completed DMAP 3165, or facsimile, available to the Division or applicable PHP or CCO upon request.

(4) Code Set requirements:

(a) Federal Code Set requirements (45 CFR 162) apply to all Medicaid Code Set requirements, including the use of diagnostic or procedure codes for prior authorization, claims submissions and payments. Code Set has the meaning established in 45 CFR 162.103 and it includes the codes and the descriptors of the codes. Federal Code Set requirements are mandatory and the Division lacks any authority to delay or alter their application or effective dates as established by the U.S. Department of Health and Human Services;

(b) The Division will adhere to the Code Set requirements in 45 CFR 162.1000 — 162.1011;

(c) Periodically, the Division will update its provider rules and tables to conform to national codes. In the event of an alleged variation between a Division-listed code and a national code, the Division will apply the national code in effect on the date of request or date of service;

(d) Only codes with limitations or requiring prior authorization are noted in rules. National Code Set issuance alone should not be construed as coverage, or a covered service by the Division;

(e) The Division adopts by reference the National Code Set revisions, deletions, and additions issued and published by the American Medical Association (Current Procedural Terminology — CPT) and on the CMS website (Healthcare Common Procedural Coding System — HCPCS). This

code adoption should not be construed coverage, or a covered service by the Division.

(5) Claims:

(a) Upon submission of a claim to the Division for payment, the provider agrees that it has complied with all Division Program rules. Submission of a claim, however, does not relieve the provider from the requirement of a signed provider agreement;

(b) A provider enrolled with the Division must bill using the Authority assigned provider number, in addition to the National Provider Identification (NPI) number, if the NPI is available, pursuant to 410-120-1260;

(c) The provider must not bill the Division more than the provider's usual charge (see definitions) or the reimbursement specified in the applicable Division Program rules;

(d) Must be submitted on the appropriate form as described in the individual Division Program rules or electronically in a manner authorized in OAR chapter 943, division 120;

(e) Must be for services provided within the provider's licensure or certification;

(f) Must be submitted after (unless specified otherwise in the Division's individual Program rules):

(A) Delivery of service; or

(B) Dispensing, shipment or mailing of the item.

(g) It is the responsibility of the provider to submit true and accurate information when billing the Division. Use of a billing provider does not abrogate the performing provider's responsibility for the truth and accuracy of submitted information;

(h) A claim is considered a valid claim only if all required data is entered on or attached to the claim form. See the appropriate provider rules and supplemental information for specific instructions and requirements;

(i) A provider or its contracted agency (including billing providers) shall not submit or cause to be submitted:

(A) Any false claim for payment;

(B) Any claim altered in such a way as to result in a payment for a service that has already been paid;

(C) Any claim upon which payment has been made or is expected to be made by another source unless the amount paid or to be paid by the other party is clearly entered on the claim form;

(D) Any claim for furnishing specific care, item(s), or service(s) that have not been provided.

(j) The provider is required to submit an Individual Adjustment Request, or to refund the amount of the overpayment, on any claim where the provider identifies an overpayment made by the Division;

(k) A provider who, after having been previously warned in writing by the Division or the Department of Justice about improper billing practices, is found to have continued such improper billing practices and has had an opportunity for a contested case hearing, shall be liable to the Division for up to triple the amount of the Division established overpayment received as a result of such violation.

(6) Diagnosis code requirement:

(a) A primary diagnosis code is required on all claims, using the HIPAA nationally required diagnosis Code Set, unless specifically excluded in individual Division Program rules;

(b) All diagnosis codes are required to the highest degree of specificity;

(c) Hospitals are always required to bill using the 5th digit, in accordance with methodology used in the Medicare Diagnosis Related Groups.

(7) Procedure code requirement:

(a) For claims requiring a procedure code the provider must bill as instructed in the appropriate Division Program rules and must use the appropriate HIPAA procedure Code Set such as CPT, HCPCS, ICD-9-CM, ADA CDT, NDC, established according to 45 CFR 162.1000 to 162.1011, which best describes the specific service or item provided;

(b) For claims that require the listing of a diagnosis or procedure code as a condition of payment, the code listed on the claim form must be the code that most accurately describes the client's condition and the service(s) provided. Providers must use the ICD-9-CM diagnosis coding system when a diagnosis is required unless otherwise specified in the appropriate individual Division Program rules. Hospitals must follow national coding guidelines;

(c) When there is no appropriate descriptive procedure code to bill the Division, the provider must use the code for "unlisted services." Instructions on the specific use of unlisted services are contained in the individual provider rules. A complete and accurate description of the specific care, item, or service must be documented on the claim;

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(d) Where there is one CPT, CDT or HCPCS code that according to CPT, CDT and HCPCS coding guidelines or standards, describes an array of services the provider must bill the Division using that code rather than itemizing the services under multiple codes. Providers must not “unbundled” services in order to increase the Division payment.

(8) Third party Liability (TPL):

(a) Federal law requires that state Medicaid agencies take all reasonable measures to ensure that in most instances the Division will be the payer of last resort;

(b) Providers must make reasonable efforts to obtain payment first from other resources. For the purposes of this rule “reasonable efforts” include determining the existence of insurance or other resources on each date of service by:

(A) Using an insurance database such as Electronic Verification System (EVS) available to the provider;

(B) Using the Automated Voice Response (AVR) or secure provider web portal on each date of service and at the time of billing.

(c) Except as noted in (8) (d) (A through E) below, when third party coverage is known to the provider, prior to billing the Division the provider must:

(A) Bill the TPL; and

(B) Except for pharmacy claims billed through the Division’s point-of-sale system the provider must have waited 30 days from submission date of a clean claim and have not received payment from the third party; and

(C) Comply with the insurer’s billing and authorization requirements; and

(D) Appeal a denied claim when the service is payable in whole or in part by an insurer.

(d) In accordance with federal regulations the provider must bill the TPL prior to billing the Division, except under the following circumstances:

(A) The covered health service is provided by an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID);

(B) The covered health service is provided by institutional services for the mentally and emotionally disturbed;

(C) The covered health services are prenatal and preventive pediatric services;

(D) Services are covered by a third party insurer through an absent parent where the medical coverage is administratively or court ordered;

(E) When another party may be liable for an injury or illness (see definition of Liability Insurance), the provider may bill the insurer or liable party or place a lien against a settlement or the provider may bill the Division. The provider may not both place a lien against a settlement and bill the Division. The provider may withdraw the lien and bill the Division within 12 months of the date of service. If the provider bills the Division the provider must accept payment made by the Division as payment in full.

(e) The provider must not return the payment made by the Division in order to accept payment from a liability settlement or liability insurer or place a lien against that settlement:

(A) In the circumstances outlined in (8)(d)(A through E) above, the provider may choose to bill the primary insurance prior to billing the Division. Otherwise, the Division will process the claim and, if applicable, will pay the Division allowable rate for these services and seek reimbursement from the liable third party insurance plan;

(B) In making the decision to bill the Division the provider should be cognizant of the possibility that the third party payer may reimburse the service at a higher rate than the Division, and that, once the Division makes payment no additional billing to the third party is permitted by the provider.

(f) The provider may bill the Division directly for services that are never covered by Medicare or another insurer on the appropriate form identified in the relevant provider rules. Documentation must be on file in the provider’s records indicating this is a non-covered service for purposes of Third Party Resources. See the individual provider rules for further information on services that must be billed to Medicare first;

(g) Providers are required to submit an Individual Adjustment Request showing the amount of the third party payment or to refund the amount received from another source within 30 days of the date the payment is received. Failure to submit the Individual Adjustment Request within 30 days of receipt of the third party payment or to refund the appropriate amount within this time frame is considered concealment of material facts and grounds for recovery and/or sanction:

(A) When a provider receives a payment from any source prior to the submission of a claim to the Division, the amount of the payment must be shown as a credit on the claim in the appropriate field;

(B) Any provider who accepts third party payment for furnishing a service or item to a Division client after having billed the Division, shall:

(i) Submit an Individual Adjustment Request indicating the amount of the third party payment. Follow instructions in the individual Division Program rules and supplemental billing; or

(ii) When the provider has already accepted payment from the Division for the specific service or item, the provider shall make direct payment of the amount of the third party payment to the Division. The check to repay the Division shall include the reason the payment is being made and either:

(I) An Individual Adjustment Request which identifies the original claim, name and number of the client, date of service and item(s) or service(s) for which the repayment is made; or

(II) A copy of the Remittance Advice showing the original Division payment.

(C) Any provider who accepts payment from a client, or client’s representative, and is subsequently paid for the service by the Division, shall reimburse the client, or their representative, the full amount of their payment.

(h) The Division reserves the right to make a claim against any third party payer after making payment to the provider of service. The Division may pursue alternate resources following payment if it deems this a more efficient approach. Pursue alternate resources includes, but is not limited to, requesting the provider to bill the third party and to refund the Division in accordance with this rule;

(i) For services rendered to a Medicare and Medicaid dual eligible client, the Division may request the provider to submit a claim for Medicare payment and the provider must honor that request. Under federal regulation, a provider agrees not to charge a beneficiary (or the state as the beneficiary’s subrogee) for services for which a provider failed to file a timely claim (42 CFR 424) with Medicare despite being requested to do so;

(j) If Medicare is the primary payer and Medicare denies payment, Medicare appeals must be timely pursued and Medicare denial must be obtained prior to submitting the claim for payment to Division. Medicare denial on the basis of failure to submit a timely appeal may result in the Division reducing from the amount of the claim any amount the Division determines could have been paid by Medicare.

(9) Full use of alternate resources:

(a) The Division will generally make payment only when other resources are not available for the client’s medical needs. Full use must be made of reasonable alternate resources in the local community;

(b) Except as provided in subsection (10) of this rule, alternate resources may be available:

(A) Under a federal or state worker’s compensation law or plan;

(B) For items or services furnished by reason of membership in a pre-payment plan;

(C) For items or services provided or paid for directly or indirectly by a health insurance plan or as health benefits of a governmental entity, such as:

(i) Armed Forces Retirees and Dependents Act (CHAMPVA);

(ii) Armed Forces Active Duty and Dependents Military Medical Benefits Act (CHAMPUS); and

(iii) Medicare Parts A and B.

(D) To residents of another state under that state’s Title XIX or state funded medical assistance programs; or

(E) Through other reasonably available resources.

(10) Exceptions:

(a) Indian Health Services or Tribal Health Facilities. Pursuant to 42 CFR 136.61 subpart G and the Memorandum of Agreement in OAR 310-146-0000, Indian Health Services facilities and tribal facilities operating under Public Law 93, Section 638 agreement are payers of last resort, and are not considered an alternate resource or TPL;

(b) Veterans Administration. Veterans who are also eligible for Medicaid benefits are encouraged to utilize Veterans’ Administration facilities whenever possible. Veterans’ benefits are prioritized for service related conditions and as such are not considered an alternate or TPL.

(11) Table 120-1280 – TPR codes.

(12) Table – OHP Client Agreement to Pay for Health Services, DMAP 3165.

[ED. NOTE: Tables referenced are available from the agency.]

Stat. Auth.: ORS 413.042

Stats. Implemented: ORS 414.025, 414.065 & 414.085

Hist.: PWC 683, f. 7-19-74, ef. 8-11-74; PWC 803(Temp), f. & ef. 7-1-76; PWC 812, f. & ef. 10-1-76; AFS 5-1981, f. 1-23-81, ef. 3-1-81, Renumbered from 461-013-0050, 461-013-0060, 461-013-0090 & 461-013-0020; AFS 47-1982, f. 4-30-82, & AFS 52-1982, f. 5-28-82, ef. 5-1-82 for providers located in the geographical areas covered by the branch offices of North Salem, South Salem, Dallas, Woodburn, McMinnville, Lebanon, Albany and Corvallis, ef. 6-30-82 for remaining AFS branch offices; AFS 117-1982, f. 12-30-82, ef. 1-1-

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83; AFS 42-1983, f. 9-2-83, ef. 10-1-83; AFS 45-1983, f. 9-19-83, ef. 10-1-83; AFS 6-1984(Temp), f. 2-28-84, ef. 3-1-84; AFS 36-1984, f. & ef. 8-20-84; AFS 24-1985, f. 4-24-85, cert. ef. 6-1-85; AFS 33-1986, f. 4-11-86, ef. 6-1-86; AFS 43-1986, f. 6-13-86, ef. 7-1-86; AFS 57-1986, f. 7-25-86, ef. 8-1-86; AFS 14-1987, f. 5-31-87, ef. 4-1-87; AFS 38-1988, f. 5-17-88, cert. ef. 6-1-88; HR 2-1990, f. 2-12-90, cert. ef. 3-1-90, Renumbered from 461-013-0140, 461-013-0150, 461-013-0175 & 461-013-0180; HR 19-1990, f. & cert. ef. 7-9-90; HR 41-1991, f. & cert. ef. 10-1-91; HR 32-1993, f. & cert. ef. 11-1-93, Renumbered from 410-120-0040, 410-120-0260, 410-120-0280, 410-120-0300 & 410-120-0320; HR 31-1994, f. & cert. ef. 11-1-94; HR 5-1997, f. 1-31-97, cert. ef. 2-1-97; HR 21-1997, f. & cert. ef. 10-1-97; OMAP 20-1998, f. & cert. ef. 7-1-98; OMAP 10-1999, f. & cert. ef. 4-10-99; OMAP 31-1999, f. & cert. ef. 10-1-99; OMAP 35-2000, f. 9-29-00, cert. ef. 10-1-00; OMAP 30-2001, f. 9-24-01, cert. ef. 10-1-01; OMAP 23-2002, f. 6-14-02 cert. ef. 8-1-02; OMAP 42-2002, f. & cert. ef. 10-1-02; OMAP 73-2002, f. 12-24-02, cert. ef. 1-1-03; OMAP 3-2003, f. 1-31-03, cert. ef. 2-1-03; OMAP 62-2003, f. 9-8-03, cert. ef. 10-1-03; OMAP 10-2004, f. 3-11-04, cert. ef. 4-1-04; OMAP 10-2005, f. 3-9-05, cert. ef. 4-1-05; OMAP 39-2005, f. 9-2-05, cert. ef. 10-1-05; OMAP 67-2005, f. 12-21-05, cert. ef. 1-1-06; OMAP 15-2006, f. 6-12-06, cert. ef. 7-1-06; OMAP 45-2006, f. 12-15-06, cert. ef. 1-1-07; DMAP 34-2008, f. 11-26-08, cert. ef. 12-1-08; DMAP 39-2010, f. 12-28-10, cert. ef. 1-1-11; DMAP 49-2012, f. 10-31-12, cert. ef. 11-1-12; DMAP 61-2013, f. 10-31-13, cert. ef. 11-1-13

410-120-1400

Provider Sanctions

(1) The Authority recognizes two classes of provider sanctions, mandatory and discretionary, outlined in (3) and (4) respectively.

(2) Except as otherwise noted, the Authority will impose provider sanctions at the discretion of the Authority Director or the Administrator of the Division whose budget includes payment for the services involved.

(3) The Division of Medical Assistance Programs (Division) will impose mandatory sanctions and suspend the provider from participation in Oregon's medical assistance programs:

(a) When a provider of medical services has been convicted (as that term is defined in 42 CFR 1001.2) of a felony or misdemeanor related to a crime, or violation of Title XVIII, XIX, or XX of the Social Security Act or related state laws;

(b) When a provider is excluded from participation in federal or state health care programs by the Office of the Inspector General of the U.S. Department of Health and Human Services or from the Medicare (Title XVIII) program of the Social Security Act as determined by the Secretary of Health and Human Services. The provider will be excluded and suspended from participation with Division for the duration of exclusion or suspension from the Medicare program or by the Office of the Inspector General;

(c) If the provider fails to disclose ownership or control information required under 42 CFR 455.104 that is required to be reported at the time the provider submits a provider enrollment application or when there is a material change in the information that must be reported, or information related to business transactions required to be provided under 42 CFR 455.105 upon request of federal or state authorities.

(4) The Division may impose discretionary sanctions when the Division determines that the provider fails to meet one or more of the Division's requirements governing participation in its medical assistance programs. Conditions that may result in a discretionary sanction include, but are not limited to, when a provider has:

(a) Been convicted of fraud related to any federal, state, or locally financed health care program or committed fraud, received kickbacks, or committed other acts that are subject to criminal or civil penalties under the Medicare or Medicaid statutes;

(b) Been convicted of interfering with the investigation of health care fraud;

(c) Been convicted of unlawfully manufacturing, distributing, prescribing, or dispensing a controlled substance;

(d) By actions of any state licensing authority for reasons relating to the provider's professional competence, professional conduct, or financial integrity either:

(A) Had his or her health care license suspended or revoked, or has otherwise lost such license; or

(B) Surrendered his or her license while a formal disciplinary proceeding is pending before such licensing authority.

(e) Been suspended or excluded from participation in any federal or state health care program for reasons related to professional competence, professional performance, or other reason;

(f) Billed excessive charges (i.e., charges in excess of the usual charge); furnished items or services substantially in excess of the Division client's needs or in excess of those services ordered by a medical provider or in excess of generally accepted standards or of a quality that fails to meet professionally recognized standards;

(g) Failed to furnish medically necessary services as required by law or contract with the Division if the failure has adversely affected (or has a substantial likelihood of adversely affecting) the Division client;

(h) Failed to disclose required ownership information;

(i) Failed to supply requested information on subcontractors and suppliers of goods or services;

(j) Failed to supply requested payment information;

(k) Failed to grant access or to furnish as requested, records, or grant access to facilities upon request of the Division or the State of Oregon's Medicaid Fraud Unit conducting their regulatory or statutory functions;

(l) In the case of a Hospital, failed to take corrective action as required by the Division, based on information supplied by the Quality Improvement Organization to prevent or correct inappropriate admissions or practice patterns, within the time specified by the Division;

(m) Defaulted on repayment of federal or state government scholarship obligations or loans in connection with the provider's health profession education. The Division:

(A) Must have made a reasonable effort to secure payment;

(B) Must take into account access of beneficiaries to services; and

(C) Will not exclude a community's sole physician or source of essential specialized services.

(n) Repeatedly submitted a claim with required data missing or incorrect:

(A) When the missing or incorrect data has allowed the provider to:

(i) Obtain greater payment than is appropriate;

(ii) Circumvent prior authorization requirements;

(iii) Charge more than the provider's usual charge to the general public;

(iv) Receive payments for services provided to persons who were not eligible;

(v) Establish multiple claims using procedure codes that overstate or misrepresent the level, amount or type of health care provided.

(B) Does not comply with the requirements of OAR 410-120-1280.

(o) Failed to develop, maintain, and retain in accordance with relevant rules and standards adequate clinical or other records that document the medical appropriateness, nature, and extent of the health care provided;

(p) Failed to develop, maintain, and retain in accordance with relevant rules and standards adequate financial records that document charges incurred by a client and payments received from any source;

(q) Failed to develop, maintain and retain adequate financial or other records that support information submitted on a cost report;

(r) Failed to follow generally accepted accounting principles or accounting standards or cost principles required by federal or state laws, rules, or regulations;

(s) Submitted claims or written orders contrary to generally accepted standards of medical practice;

(t) Submitted claims for services that exceed that requested or agreed to by the client or the responsible relative or guardian or requested by another medical provider;

(u) Breached the terms of the provider contract or agreement. This includes failure to comply with the terms of the provider certifications on the medical claim form;

(v) Rebated or accepted a fee or portion of a fee or charge for a the Division client referral; or collected a portion of a service fee from the client, and billed the Division for the same service;

(w) Submitted false or fraudulent information when applying for a the Division assigned provider number, or failed to disclose information requested on the provider enrollment application;

(x) Failed to correct deficiencies in operations after receiving written notice of the deficiencies from the Division;

(y) Submitted any claim for payment for which payment has already been made by the Division or any other source unless the amount of the payment from the other source is clearly identified;

(z) Threatened, intimidated or harassed clients or their relatives in an attempt to influence payment rates or affect the outcome of disputes between the provider and the Division;

(aa) Failed to properly account for a Division client's Personal Incidental Funds; including but not limited to using a client's Personal Incidental Funds for payment of services which are included in a medical facility's all-inclusive rates;

(bb) Provided or billed for services provided by ineligible or unsupervised staff;

(cc) Participated in collusion that resulted in an inappropriate money flow between the parties involved, for example, referring clients unnecessarily to another provider;

(dd) Refused or failed to repay, in accordance with an accepted schedule, an overpayment established by the Division;

(ee) Failed to report to Division payments received from any other source after the Division has made payment for the service;

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(ff) Failure to comply with the requirements listed in OAR 410-120-1280, Billing.

(5) A provider who has been excluded, suspended or terminated from participation in a federal or state medical program, such as Medicare or Medicaid, or whose license to practice has been suspended or revoked by a state licensing board, shall not submit claims for payment, either personally or through claims submitted by any billing agent/service, billing provider or other provider, for any services or supplies provided under the medical assistance programs, except those services or supplies provided prior to the date of exclusion, suspension or termination.

(6) Providers must not submit claims for payment to the Division for any services or supplies provided by a person or provider entity that has been excluded, suspended or terminated from participation in a federal or state medical program, such as Medicare or Medicaid, or whose license to practice has been suspended or revoked by a state licensing board, except for those services or supplies provided prior to the date of exclusion, suspension or termination.

(7) When the provisions of subsections (5) or (6) are violated, the Division may suspend or terminate the billing provider or any individual performing provider within said organization who is responsible for the violation(s).

Stat. Auth.: ORS 413.042

Stats. Implemented: ORS 414.019, 414.025 & 414.065

Hist.: AFS 47-1982, f. 4-30-82 & AFS 52-1982, f. 5-28-82, ef. 5-1-82 for providers located in the geographical areas covered by the branch offices of North Salem, South Salem, Dallas, Woodburn, McMinnville, Lebanon, Albany and Corvallis, ef. 6-30-82 for remaining AFS branch offices; AFS 42-1983, f. 9-2-83, ef. 10-1-83; HR 2-1990, f. 2-12-90, cert. ef. 3-1-90, Renumbered from 461-013-0095; HR 32-1993, f. & cert. ef. 11-1-93, Renumbered from 410-120-0600; OMAP 39-2005, f. 9-2-05, cert. ef. 10-1-05; OMAP 15-2006, f. 6-12-06, cert. ef. 7-1-06; DMAP 61-2013, f. 10-31-13, cert. ef. 11-1-13

410-120-1860

Contested Case Hearing Procedures

(1) These rules apply to all contested case hearings provided by the Division of Medical Assistance Programs (Division) involving a client's health care benefits, except as otherwise provided in OAR 410-141-0263. The hearings are conducted in accordance with the Attorney General's model rules at 137-003-0501 and following. When the term "agency" is used in the Attorney General's model rules, it shall refer to the Division for purposes of this rule. Except for 137-003-0528(1)(a), the method described in 137-003-0520(8)-(10) is used in computing any period of time prescribed in this division of rules (OAR 410 division 120) applicable to timely filing of client requests for hearing. Due to operational conflicts, the procedures needing revision and the expense of doing so, 137-003-0528(1)(a), which allows hearing requests to be treated as timely based on the date of postmark, does not apply to Division contested cases.

(2) Medical provider appeals and administrative reviews involving the Division are governed by OAR 410-120-1560 through 410-120-1600.

(3) Complaints and appeals for clients requesting or receiving medical assistance from a Coordinated Care Organization (CCO) or Prepaid Health Plan (PHP) shall be governed exclusively by the procedures in OARs 410-141-3260 to 410-141-3262 and 410-141-0260 to 410-141-0262. This rule describes the procedures applicable when those clients request and are eligible for a Division contested case hearing.

(4) Contested Case Hearing Requests:

(a) A client has the right to a contested case hearing in the following situations upon the timely completion of a request for a hearing:

(A) The Authority acts to deny client services, payment of a claim, or to terminate, discontinue or reduce a course of treatment, or issues related to disenrollment in a CCO or PHP; or

(B) The right of a client to request a contested case hearing is otherwise provided by statute or rule, including OAR 410-141-0264 when a client of a PHP or 410-141-0364 when a client of a CCO may request a state hearing.

(b) To be timely, a request for a hearing is complete when the Division receives the Division approved appeal and hearing forms not later than the 45th day following the date of the decision notice;

(c) In the event a request for hearing is not timely, the Division will determine whether the client showed there was good cause, as defined in OAR 137-003-0501(7) for their failure to timely file the hearing request. In determining whether to accept a late hearing request, the Division requires the request to be supported by a written statement that explains why the request for hearing is late. The Division may conduct such further inquiry as the Division deems appropriate. If the Division finds that the client has good cause for late filing, the Division will refer the case to the OAH for a contested case hearing. The following factual disputes will be referred to the OAH for a hearing:

(A) Whether the hearing request was received timely;

(B) Whether the client received the notice of action;

(C) The information included in the client's statement of good cause.

(d) In the event the claimant has no right to a contested case hearing on an issue, the Division may enter an order accordingly. The Division may refer a hearing request to the Office of Administrative Hearings for a hearing on the question of whether the claimant has a right to a contested case hearing;

(e) A client who requests a hearing shall be referred to as a claimant. The parties to a contested case hearing are the claimant and, if the claimant has requested a hearing about a decision of a CCO or PHP, the claimant's CCO or PHP;

(f) A client may be represented by any of the persons identified in ORS 183.458. A CCO or PHP that is a corporation may be represented by any of the persons identified in ORS 410.190.

(5) Expedited hearings:

(a) A claimant who feels his or her medical or dental problem cannot wait for the normal review process may be entitled to an expedited hearing;

(b) Expedited hearings are requested using Authority Form 443 or other Division approved appeal and/or hearing request forms;

(c) Division staff will request all relevant medical documentation and present the documentation obtained in response to that request to the Division Medical Director or the Medical Director's designee for review. The Division Medical Director or the Medical Director's designee will decide if the claimant is entitled to an expedited hearing within, as nearly as possible, two working days from the date of receiving the documentation applicable to the request;

(d) An expedited hearing will be allowed, if the Division Medical Director or the Medical Director's designee, determines that the claimant has a medical condition which is an immediate, serious threat to claimant's life or health and claimant has been denied a medical service.

(6) Informal conference:

(a) The Division hearing representative and the claimant, and their legal representative if any, may have an informal conference, without the presence of the Administrative law Judge (ALJ), to discuss any of the matters listed in OAR 137-003-0575. The informal conference may also be used to:

(A) Provide an opportunity for the Division and the claimant to settle the matter;

(B) Provide an opportunity to make sure the claimant understands the reason for the action that is subject of the hearing request;

(C) Give the claimant and the Division an opportunity to review the information that is the basis for that action;

(D) Inform the claimant of the rules that serve as the basis for the contested action;

(E) Give the claimant and the Division the chance to correct any misunderstanding of the facts;

(F) Determine if the claimant wishes to have any witness subpoenas issued for the hearing; and

(G) Give the Division an opportunity to review its action.

(b) The claimant may, at any time prior to the hearing date, request an additional informal conference with the Authority representative, which may be granted if the Authority representative finds, in his or her sole discretion, that the additional informal discussion will facilitate the hearing process or resolution of disputed issues;

(c) The Division may provide to the claimant the relief sought at any time before the Final Order is served;

(d) Any agreement reached in an informal conference shall be submitted to the ALJ in writing or presented orally on the record at the hearing.

(7) A claimant may withdraw a hearing request at any time. The withdrawal is effective on the date it is received by the Division or the ALJ, whichever is first. The ALJ will send a Final Order confirming the withdrawal to the claimant's last known address. The claimant may cancel the withdrawal up to the tenth calendar day following the date such an order is effective.

(8) Contested case hearings are closed to non-participants in the hearing; however, a client may choose to have another person present.

(9) Proposed and Final Orders:

(a) In a contested case, an ALJ assigned by the Office of Administrative Hearings will serve a proposed order on all parties and the Division, unless, prior to the hearing, the Division notifies the ALJ that a final order may be served. The proposed order issued by the ALJ will become a final order if no exceptions are filed within the time specified in subsection (b) unless the Division notifies the parties and the ALJ that the Division will issue the final order;

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(b) If the ALJ issues a proposed order, a party adversely affected by the proposed order may file exceptions to the proposed order or present argument for the Division's consideration:

(A) The exceptions must be in writing and reach the Division not later than 10 working days after date the proposed order is issued by the ALJ;

(B) After receiving the exceptions, if any, the Division may adopt the proposed order as the final order or may prepare a new order. Prior to issuing the final order, the Authority will issue an amended proposed order.

(10) A hearing request is dismissed by order when neither the party nor the party's legal representative, if any, appears at the time and place specified for the hearing. The order is effective on the date scheduled for the hearing. The Division will cancel the dismissal order on request of the party upon the party being able to show good cause, as defined in OAR 137-003-0501(7), as to why they were unable to attend the hearing and unable to request a postponement.

(11) The final order is effective immediately upon being signed or as otherwise provided in the order. A final order resulting from the claimant's withdrawal of the hearing request is effective the date the claimant withdraws. When claimant fails to appear for the hearing and the hearing request is dismissed by final order, the effective date of the order is the date of the scheduled hearing.

(12) All contested case hearing decisions are subject to judicial review under ORS 183.482 in the Court of Appeals.

[ED. NOTE: Forms referenced are available from the agency.]

Stat. Auth.: ORS 183.341 & 413.042

Stats. Implemented: ORS 183.411 - 183.470, 414.025, 414.055 & 414.065

Hist.: AFS 47-1982, f. 4-30-82 & AFS 52-1982, f. 5-28-82, ef. 5-1-82 for providers located in the geographical areas covered by the branch offices of North Salem, South Salem, Dallas, Woodburn, McMinnville, Lebanon, Albany and Corvallis, ef. 6-30-82 for remaining AFS branch offices; AFS 13-1984(Temp), f. & ef. 4-2-84; AFS 37-1984, f. 8-30-84, ef. 9-1-84; HR 2-1990, f. 2-12-90, cert. ef. 3-1-90, Renumbered from 461-013-0053; HR 19-1990, f. & cert. ef. 7-9-90; HR 35-1990(Temp), f. & cert. ef. 10-15-90; HR 32-1990, f. 9-24-90, cert. ef. 10-1-90; HR 41-1990, f. & cert. ef. 11-26-90; HR 11-1991(Temp), f. & cert. ef. 3-1-91; HR 34-1991, f. & cert. ef. 8-26-91; HR 32-1993, f. & cert. ef. 11-1-93, Renumbered from 410-120-0760; HR 7-1996, f. 5-31-96 & cert. ef. 6-1-96; HR 5-1997, f. 1-31-97, cert. ef. 2-1-97; OMAP 41-2000, f. & cert. ef. 12-1-00; OMAP 39-2005, f. 9-2-05, cert. ef. 10-1-05; DMAP 6-2012(Temp), f. & cert. ef. 2-1-12 thru 7-4-12; DMAP 28-2012, f. 6-21-12, cert. ef. 7-1-12; DMAP 49-2012, f. 10-31-12, cert. ef. 11-1-12; DMAP 61-2013, f. 10-31-13, cert. ef. 11-1-13

Rule Caption: Rules related to Substance Use Disorder Residential Treatment Managed Care Enrollment Process and Procedures

Adm. Order No.: DMAP 62-2013(Temp)

Filed with Sec. of State: 10-31-2013

Certified to be Effective: 11-1-13 thru 4-30-14

Notice Publication Date:

Rules Adopted: 410-141-0065, 410-141-3065

Subject: The Division intends to amend the above rules to clarify the Substance Use Disorder Residential Treatment Services managed care enrollment process and procedures. All other revisions are to clarify current policy or for housekeeping purposes.

Rules Coordinator: Sandy Cafourek—(503) 945-6430

410-141-0065

Fully Capitated Health Plan or Physician Care Organization (FCHP or PCO) Enrollment Requirements for Individuals Receiving Residential Substance Use Disorder (SUD) Treatment Services

This rule implements and further describes how the Oregon Health Authority (Authority) will administer its authority under 410-141-0060 for purposes of making enrollment decisions and 410-141-0080 for purposes of making disenrollment decisions for the adult and adolescent individuals receiving residential SUD treatment services;

(1) The Authority has determined that, to the maximum extent possible, all individuals should be enrolled at the next available enrollment date following eligibility, redetermination, or upon review by the Authority, unless disenrollment is authorized by the Authority in accordance with this section, OAR 410-141-0050 and 410-141-0080

(2) If the Authority determines that disenrollment should occur, the FCHP or PCO will continue to be responsible for providing covered services until the disenrollment date established by the Authority, which shall provide for an adequate transition to the next responsible FCHP or PCO when applicable.

(3) It is not unusual for individuals to receive residential SUD treatment services outside of their residential or home county and outside of the FCHP or PCO's delivery service area. Receiving residential SUD treatment is considered a temporary absence from the individual's residential or home county and does not represent a change of residence or a change in enroll-

ment when the individual is reasonably likely to return to the FCHP or PCO's delivery service area at the end of the residential treatment stay.

(4) If the individual is enrolled in a FCHP or PCO on the same day the individual is admitted to the residential treatment services, the managed care organization shall be responsible for the covered services during that placement even if the location of the facility is outside of the FCHP or PCO's service area;

(5) The individual is presumed to continue to be enrolled in the FCHP or PCO with which the individual was most recently enrolled. An admission to a residential SUD facility is deemed a temporary placement and does not constitute a change of residence for the purposes of FCHP or PCO enrollment and does not constitute a basis for disenrollment from the FCHP or PCO, notwithstanding OAR 410-141-0080(2)(b)(F). If the Authority determines that an individual was disenrolled for reasons not consistent with these rules, the Authority will re-enroll the individual with the appropriate FCHP or PCO and assign an enrollment date that provides for continuous FCHP or PCO coverage with the appropriate FCHP or PCO. If the individual was enrolled in a different FCHP or PCO in error, the Authority will disenroll the individual and recoup the capitation payments.

(6) If the individual is enrolled in a FCHP or PCO after the first day of an admission to a residential SUD treatment service facility, the individual will be retro effectively disenrolled from the FCHP or PCO, and capitation will be recouped. The date of enrollment shall be effective the next available enrollment date following discharge from the residential FCHP or PCO treatment service facility.

Stat. Auth.: ORS 414.042

Stats. Implemented: ORS 414.042

Hist.: DMAP 62-2013(Temp), f. 10-31-13, cert. ef. 11-1-13 thru 4-30-14

410-141-3065

Coordinated Care Organization (CCO) Enrollment Requirements for Individuals Receiving Residential Substance Abuse Disorder (SUD) Treatment Services

This rule implements and further describes how the Oregon Health Authority (Authority) will administer its authority under 410-141-3060 for purposes of making enrollment decisions and 410-141-3080 for purposes of making disenrollment decisions for adult and adolescent individuals receiving residential SUD treatment services;

(1) The Authority has determined that, to the maximum extent possible, all individuals should be enrolled at the next available enrollment date following eligibility, redetermination, or upon review by the Authority. Unless disenrollment is authorized by the Authority in accordance with this section, OAR 410-141-3050 or 410-141-3080. If the Authority determines that disenrollment should occur, the CCO will continue to be responsible for providing covered services until the disenrollment date established by the Authority, which shall provide for an adequate transition to the next responsible managed care organization when applicable.

(2) It is not unusual for individuals to receive residential SUD treatment services outside of their residential/home county and outside of the coordinated care organization's delivery service area. Receiving residential SUD treatment is considered a temporary absence from the individual's residential/home-county and does not represent a change of residence or a change in enrollment when the individual is reasonably likely to return to the coordinated care organization's delivery service area at the end of the residential treatment stay.

(3) If the individual is enrolled in a coordinated care organization on the same day the individual is admitted to the residential treatment services, the CCO shall be responsible for the covered services during that placement even if the location of the facility is outside of the CCO's service area; The individual is presumed to continue to be enrolled in the CCO with which the individual was most recently enrolled. An admission to a residential SUD facility is deemed a temporary placement and does not constitute a change of residence for the purposes of CCO enrollment and does not constitute a basis for disenrollment from the CCO, notwithstanding OAR 410-141-3080. If the Authority determines that an individual was disenrolled for reasons not consistent with these rules, the Authority will re-enroll the individual with the appropriate CCO and assign an enrollment date that provides for continuous CCO coverage with the appropriate CCO. If the individual was enrolled in a different CCO in error, the Authority will disenroll the individual from that CCO and recoup the capitation payments.

(4) If the individual is enrolled in a CCO after the first day of an admission to a residential SUDs treatment service facility, the individual will be retro disenrolled from the CCO, and any capitation payment will be recouped. The date of enrollment shall be effective the next available enrollment date following discharge from the residential SUD treatment service facility.

Stat. Auth.: ORS 414.042

ADMINISTRATIVE RULES

Stats. Implemented: ORS 414.042
Hist.: DMAP 62-2013(Temp), f. 10-31-13, cert. ef. 11-1-13 thru 4-30-14

Rule Caption: Describe program requirements for Behavior Rehabilitation Services Program

Adm. Order No.: DMAP 63-2013

Filed with Sec. of State: 11-14-2013

Certified to be Effective: 1-1-14

Notice Publication Date: 10-1-2013

Rules Adopted: 410-170-0000, 410-170-0010, 410-170-0020, 410-170-0030, 410-170-0040, 410-170-0050, 410-170-0060, 410-170-0070, 410-170-0080, 410-170-0090, 410-170-0100, 410-170-0110, 410-170-0120

Subject: Administrative rules need to be put in place for the Behavior Rehabilitation Services (BRS) Program, as no rules currently exist. These rules describe the general program requirements for the BRS Program, prior authorization process, Services and Placement Related Activities, BRS Contractor and BRS Provider requirements, reimbursement rates, and compliance and oversight activities.

Rules Coordinator: Sandy Cafourek—(503) 945-6430

410-170-0000

Effective Date and Administration of the BRS Program

(1) OAR 410-170-0000 through 410-170-0120 are effective on January 1, 2014.

(2) All BRS contractor's and BRS provider's programs must meet the requirements in the BRS program general rules (OAR 410-170-0000 through 410-170-0120). Additional agency-specific BRS program rules for the Department of Human Services are contained in 413-090-0055 through 413-090-0090, and for the Oregon Youth Authority are contained in 416-335-0000 through 416-335-0100.

(3) All references to federal and state laws and regulations referenced in these rules are those in place on November 13, 2013, and the agency-specific BRS program rules that are effective on January 1, 2014.

(4) Delegation of Authority: The Oregon Health Authority may delegate authority to another agency or a unit of government to carry out some of its obligations under these rules.

Stat. Auth.: ORS 183.355, 413.042 & 414.065

Stats. Implemented: ORS 414.065

Hist.: DMAP 63-2013, f. 11-14-13, cert. ef. 1-1-14

410-170-0010

Purpose

The purpose of the Behavior Rehabilitation Services (BRS) Program is to remediate the BRS client's debilitating psychosocial, emotional and behavioral disorders by providing such services as behavioral intervention, counseling, and skills-training. These rules describe the general program requirements for the BRS program, prior authorization process, services and placement related activities, BRS contractor and BRS provider requirements, reimbursement rates, and compliance and oversight activities.

Stat. Auth.: ORS 413.042, 414.065

Stats. Implemented: ORS 414.065

Hist.: DMAP 63-2013, f. 11-14-13, cert. ef. 1-1-14

410-170-0020

Definitions

The following definitions apply to terms used in OAR 410-170-0000 through 410-170-0120.

(1) Agency means the state agency that has a contract with the BRS contractor to provide services and placement related activities to the BRS client, and provides prior authorization for the BRS client to receive services and placement related activities pursuant to the BRS program general rules and, as applicable, agency-specific BRS program rules. The agency will be one of the following state agencies: the Department of Human Services, the Oregon Health Authority, or the Oregon Youth Authority.

(2) Approved provider parent means an individual who a BRS contractor, a BRS provider, or OYA has approved to provide services or placement related activities to the BRS client in the home of that individual. Approved provider parents who provide services are considered direct care staff, and must meet those qualifications in OAR 410-170-0030(4).

(3) Behavior Rehabilitation Services (BRS) program is a program that provides services and placement related activities to the BRS client to address their debilitating psychosocial, emotional and behavioral disorders in a community placement utilizing either a residential care model or therapeutic foster care model.

(4) Billable care day means each calendar day the BRS client is in the direct care of the BRS provider at 11:59 p.m. or meets the requirements in OAR 410-170-0110.

(5) BRS client means the person who has prior authorization from an agency to receive services or placement related activities through the BRS program in accordance with the BRS program general rules, and as applicable agency-specific BRS program rules.

(6) BRS contractor means the entity contracted with an agency to be responsible for providing services and placement related activities to the BRS client. The BRS contractor may also be the BRS provider if it provides direct services and placement related activities to the BRS client.

(7) BRS provider means a facility, institution, corporate entity, or other organization that provides direct services and placement related activities to the BRS client.

(8) BRS type of care means the type of program model, services, placement related activities, staffing requirements and qualifications which are necessary to meet the medical and other needs of the BRS client.

(9) Caseworker means the individual who coordinates the services and placement related activities for the BRS client with the BRS contractor and BRS provider.

(10) Child or children means a person or persons under 18 years of age.

(11) Children's health insurance program (CHIP) means the federal and state funded portion of the Oregon Health Plan (OHP) established by Title XXI of the Social Security Act and administered by the Authority.

(12) Designated LPHA means a licensed practitioner of the healing arts, who has a contract with, is approved by, or is employed by the agency to make a determination on the medical appropriateness of the BRS program for the BRS client.

(13) DHS or Department means the Department of Human Services, Child Welfare.

(14) Direct care staff means an individual who is employed by or who has a contract or an agreement with the BRS provider, and is responsible for assisting social service staff in providing individual and group counseling, skills-training and therapeutic interventions, and monitoring and managing the BRS client's behavior to provide a safe, structured living environment that is conducive to treatment.

(15) Initial service plan (ISP) means the initial written individualized services plan, developed by the BRS contractor or BRS provider, identifying the services that must be provided to the BRS client during the first 45 days in its BRS program or until the master service plan is written. Additional requirements are described in OAR 410-170-0070.

(16) Licensed practitioner of the healing arts (LPHA) means a physician or other practitioner licensed in the State of Oregon who is authorized within the scope of his or her practice, as defined under state law, to diagnose and treat individuals with physical or mental disabilities, or psychosocial, emotional and behavioral disorders.

(17) Master service plan (MSP) means the written individualized services plan, developed by the BRS contractor or BRS provider, identifying the services that must be provided to the BRS client in its BRS program. Additional requirements are described in OAR 410-170-0070.

(18) Medicaid means the federal and state funded portion of the medical assistance programs established by Title XIX of the Social Security Act, as amended, administered in Oregon by the Authority.

(19) OHA or Authority means the Oregon Health Authority. The Authority is the agency established in ORS Chapter 413 that administers the funds for Titles XIX and XXI of the Social Security Act. It is the single state agency for the administration of the medical assistance program under ORS chapter 414. For purposes of these rules, the agencies under the authority of the Authority are the Public Health Division, the Addictions and Mental Health Division, and the Division of Medical Assistance Programs.

(20) OYA means the Oregon Youth Authority.

(21) Physical restraint means the act of restricting the BRS client's voluntary movement as an emergency measure to manage and protect the BRS client or others from injury when no alternate actions are sufficient to manage the BRS client's behavior. Physical restraint does not include temporarily holding a BRS client to assist him or her or assure his or her safety, such as preventing a child from running onto a busy street.

(22) Placement related activities means the BRS contractor's or BRS provider's activities related to the operation of the program and the care of the BRS client as set forth in the BRS program general rules, applicable agency-specific BRS program rules, the contract or agreement with the agency or the BRS contractor, and applicable federal and state licensing and regulatory requirements. Placement related activities may include but

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are not limited to providing the BRS client with: food, clothing, shelter, daily supervision, access to educational, cultural and recreational activities; and case management. Room and board is not funded by Medicaid or CHIP.

(23) Private child-caring agency is defined by the definitions in ORS 418.205, and means a "child-caring agency" that is not owned, operated, or administered by any governmental agency or unit:

- (a) A child-caring agency means an agency or organization providing:
 - (A) Day treatment for disturbed children;
 - (B) Adoption placement services;
 - (C) Residential care, including but not limited to foster care or residential treatment for children;
 - (D) Outdoor youth programs (defined at OAR 413-215-0911); or
 - (E) Other similar services for children;
- (b) A child-caring agency does not include residential facilities or foster care homes certified or licensed by the Department under ORS 443.400 to 443.455, 443.830 and 443.835 for children receiving developmental disability services.

(24) Proctor parent means an approved provider parent who is certified by OYA and a private child-caring agency in accordance with the applicable provisions in OAR 416-530-0000 through 416-530-0200 and 416-550-0000 through 416-550-0080, and who is employed by or who has a contract or agreement with the private child-caring agency to provide some services and placement related activities to the BRS client in the individual's home.

(25) Program coordinator or program director means an individual employed by or contracted with the BRS provider, and is responsible for supervising staff, providing overall direction to the BRS provider, planning and coordinating program activities and delivery of services and placement related activities, and ensuring the safety and protection of the BRS client and the BRS provider's staff.

(26) Public child-caring agency means, for purposes of this rule, an agency or institution operated by a governmental agency or unit other than DHS, OYA, or OHA, which provides care to the BRS client in a residential community setting.

(27) Residential care model means that services and placement related activities are provided to the BRS client in a residential community setting and not in the home of an approved provider parent.

(28) Respite care means a formal planned arrangement to relieve an approved provider parent's responsibilities by an individual temporarily assuming responsibility for the care and supervision of the BRS client in the home of the respite provider or approved provider parent. Respite care must be less than 14 consecutive days.

(29) Seclusion means the involuntary confinement of a BRS client to an area or room from which the BRS client is physically prevented from leaving.

(30) Services means the treatment provided to the BRS client in a BRS provider's program, including but not limited to treatment planning, individual and group counseling, skills-training, and parent training.

(31) Social service staff means an individual employed by or contracted with the BRS provider, and is responsible for case management and the development of the ISP or MSP for the BRS client; individual, group and family counseling; individual and group skills-training; assisting the direct care staff in providing appropriate treatment to the BRS client; coordinating services with other agencies; and documenting the BRS client's treatment progress.

(32) Therapeutic foster care model means services and placement related activities are provided to the BRS client who resides in the home of an approved provider parent.

(33) Total daily rate means the total amount of the service payment and placement related activities payment for a billable care day.

(34) Young adult means a person aged 18 through 20 years.

Stat. Auth.: ORS 413.042, 414.065

Stats. Implemented: ORS 414.065

Hist.: DMAP 63-2013, f. 11-14-13, cert. ef. 1-1-14

410-170-0030

BRS Contractor and BRS Provider Requirements

(1) Conditions of BRS contractor and BRS provider participation. The BRS contractor must ensure that itself and its BRS providers meet the following minimum requirements:

(a) Have the necessary current and valid licenses, approvals or certifications required by federal or state law or regulations for the entity and its staff to operate a BRS program;

(b) Have a license to operate a private child-caring agency or be approved by the Department of Human Services' Office of Licensing and Regulatory Oversight to operate a public child-caring agency;

(c) Comply with all federal and state laws and regulations required to be a licensed or an approved foster care agency under OAR 413-215-0301 to 413-215-0396 or residential care agency under OAR 413-215-0501 to 413-215-0586 and, if the BRS client is a person age 18 or older, comply with the licensing or approval requirements that would apply if the BRS client was a child;

(d) Comply with the provider enrollment requirements in OAR 410-120-1260;

(e) Comply with the requirements in OAR 410-120-1380(1)(c)(J) for excluding individuals and entities from being subcontractors if they are found on the listed exclusion list(s); and

(f) Have a contract or agreement with an agency, or as applicable a BRS contractor, to provide services and placement related activities to the BRS client.

(2) Compliance with Federal and State Law. The BRS contractor must, and must ensure its BRS providers, comply with all applicable federal and state laws and regulations pertaining to the provision of Medicaid services under the Medicaid Act, Title XIX, 42 USC 1396 et seq. and the BRS program, including but not limited to all applicable provisions in OAR 410-120-0000 through 410-120-1980.

(3) Confidentiality of BRS client information:

(a) Confidentiality Generally: The BRS contractor must not, and ensure its BRS providers do not, use or disclose any information concerning a BRS client for any purpose not directly connected with the administration of the BRS contractor's or BRS provider's program or as otherwise permitted by law, except with the written consent of the agency, or if the agency is not the BRS client's guardian, on the written consent of the person or persons authorized by law to consent to such use or disclosure. The BRS contractor must, and must require its employees and BRS providers to, comply with all appropriate federal and state laws, rules and regulations regarding the confidentiality of records related to the BRS client;

(b) HIPAA Compliance and Medical Privacy. The BRS contractor must, and ensure its BRS providers, comply with all applicable confidentiality requirements in the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Public Law 104-191, August 21, 1996) and its implementing regulations in 45 CFR 160 and 164 et. seq., and all applicable confidentiality requirements in state statutes and administrative rules, including but not limited to ORS 179.505 and OAR chapter 410, division 120;

(c) Maintenance of Written Records: The BRS contractor must, and ensure its BRS providers, appropriately secure all records and files related to BRS clients to prevent access by unauthorized persons or entities;

(d) Disclosure to the Agency, Authority or other governmental oversight or licensing entities:

(A) The BRS contractor must, and ensure its BRS providers, promptly provide access to any information or written documentation in its possession related to the BRS client or its BRS program upon the request of the agency for any reason; and

(B) The BRS contractor must, and ensure its BRS providers, promptly provide access to any information or written documentation in its possession related to the BRS client or its BRS program that is necessary for the purpose of evaluating, overseeing or auditing the BRS contractor's program upon the request of the Authority or other governmental oversight or licensing entities.

(4) Staff Qualifications. The BRS contractor must ensure that its BRS program, either operated by itself or by its BRS provider, has a program coordinator, social service staff, and direct care staff who meet and maintain the following minimum qualifications:

(a) No less than 50% of the direct care staff for a BRS provider must have a Bachelor's degree from an accredited college or university. A combination of formal education and experience with children or young adults may be substituted for a Bachelor's degree. Direct care staff must be under the direction of a qualified social service staff member or a program coordinator;

(b) Direct care staff, social service staff, and the program coordinator, who directly work with BRS clients, must:

(A) Receive a minimum of 28 hours of initial training prior to or within 30 days of employment or certification on the following topics: BRS services documentation, mandatory reporting of child abuse, program policies and expectations, gender- and cultural-specific services, behavior and crisis management, medication administration, discipline and restraint policies, and suicide prevention. Any direct care staff, social service staff, or program coordinator who has not yet completed this initial training prior to employment or certification, must be supervised by a person who has completed this training when having direct contact with BRS clients; and

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(B) Receive a minimum of 16 hours of training annually on the following topics: skills-training that supports evidence-based or promising practices, and other subjects relevant to the responsibilities of providing services and placement related activities to the BRS client; and

(C) Have and maintain cardiopulmonary resuscitation (CPR) and first aid certification;

(c) The program coordinator or program director must have a Bachelor's degree from an accredited college or university, preferably with major study in psychology, sociology, social work, social sciences, or a closely allied field, and two years of experience in the supervision and management of a residential facility for the care and treatment of children or young adults;

(d) Social service staff must have a Master's degree from an accredited college or university with major study in social work or a closely allied field and one year of experience in the care and treatment of children or young adults; or have a Bachelor's degree with major study in social work, psychology, sociology or a closely allied field and two years of experience in the care and rehabilitation of children or young adults.

(5) Fitness Determination:

(a) The BRS contractor and BRS provider must ensure that its employees, volunteers, contractors, vendors, approved provider parents, or other persons providing services or placement related activities to BRS clients, comply with all applicable criminal record and child abuse background checks and any fitness determination process required by federal or state law or regulation;

(b) The BRS contractor and the BRS provider must ensure that its employees, volunteers, contractors, vendors, approved provider parents, or other persons providing services or placement related activities to BRS clients, who have not yet successfully completed the requirements in section (5)(a) of this rule, are supervised by a person who has successfully met these requirements when having direct contact with BRS clients;

(c) Except in cases where more stringent legal requirements apply, the BRS contractor and BRS provider must ensure that its employees, volunteers, contractors, vendors, approved provider parents, or other persons providing services or placement related activities to BRS clients, report to it any arrests or court convictions, any known allegation of child abuse or neglect, and any other circumstance that could reasonably affect a fitness determination within one business day. The BRS contractor and BRS provider must report this information to the agency on the same day it receives the information.

(6) Mandatory Reporting:

(a) The BRS contractor and BRS provider must comply with the child abuse reporting laws in ORS 419B.010 through 419B.050;

(b) The BRS contractor and BRS provider must require any staff member, including employees, volunteers, subcontractors, approved provider parents, or other persons providing services or placement related activities to BRS clients, to immediately make a report or cause a report to be made under ORS 419B.015 anytime the staff member has reasonable cause to believe that any child with whom the staff member comes in contact has suffered abuse, as defined by 419B.005(1), or that any person with whom the staff member comes in contact has abused a child;

(c) The BRS contractor and BRS provider must train their staff regarding child abuse reporting requirements;

(d) The BRS contractor must ensure that its BRS provider complies with the requirements of this section.

(7) Communication:

(a) The BRS contractor must ensure that its BRS program, either operated by itself or by its BRS provider, maintains a system for immediate and on-going communication amongst program staff regarding the whereabouts, status and condition of the BRS clients in its program;

(b) The BRS contractor must ensure that direct care staff and social service staff have access to a BRS client's information to the extent it is relevant to providing the BRS client with services and placement related activities;

(c) The BRS contractor must provide, or ensure that its BRS provider provides, immediate verbal notification to the caseworker and the agency (if an additional contact person is designated) when there is a communication outage at the program, and must provide an alternative means by which the program may be contacted, if possible.

(8) Staffing Requirements:

(a) Supervision of BRS clients: The BRS contractor must ensure that its BRS program, either operated by itself or by its BRS provider, meets and maintains appropriate staffing levels to ensure supervision of the BRS clients in its program at all times (24 hours a day, 7 days a week), including taking steps to ensure that a BRS client is supervised while temporarily

outside of the program. The BRS provider must not leave a BRS client unsupervised, except in cases where there is a service plan for the BRS client to be out of the BRS provider's direct supervision;

(b) Therapeutic Foster Care Model:

(A) The Authority's or the Department's BRS contractors. The BRS contractor must ensure that its BRS program, either operated by itself or by its BRS provider, meets and maintains the following adult to child ratios in its therapeutic foster care homes:

(i) Shelter Evaluation and Assessment and Independent Living Services:

(I) A maximum of 3 BRS clients shall be placed in the home of an approved provider parent;

(II) A maximum of 5 children (including both BRS clients and non-BRS clients) and young adults (BRS clients only) shall live in an approved provider parent home with two parents;

(III) A maximum of 4 children (including both BRS clients and non-BRS clients) and young adults (BRS clients only) shall live in an approved provider parent home with one parent; and

(IV) No more than two children (including both BRS clients and non-BRS clients) under the age of three shall live in an approved provider parent home;

(ii) Intensive Community Care, Therapeutic Foster Care, and Enhanced Therapeutic Foster Care:

(I) A maximum of 2 BRS clients shall be placed in the home of an approved provider parent;

(II) A maximum of 5 children (including both BRS clients and non-BRS clients) and young adults (BRS clients only) shall live in an approved provider parent home with two parents;

(III) A maximum of 4 children (including both BRS clients and non-BRS clients) and young adults (BRS clients only) shall live in an approved provider parent home with one parent; and

(IV) No more than two children (including both BRS clients and non-BRS clients) under the age of three shall live in an approved provider parent home;

(iii) Notwithstanding section (8)(b)(A)(i) and (ii) of this rule, the BRS contractor or BRS provider may exceed these limits on the maximum number of children and young adults who shall live in a home when the approved provider parent is providing respite care;

(B) OYA's BRS contractors. The BRS contractor must ensure that its BRS program, either operated by itself or by its BRS provider, meets and maintains the adult to child or young adult ratios described in OYA-specific BRS program rules for therapeutic foster care homes;

(c) Residential Care Model: The BRS contractor must ensure that its BRS program, either operated by itself or by its BRS provider, meets and maintains the following direct care staff to BRS client ratios for the BRS type of care it provides in its residential care BRS program:

(A) Shelter Assessment and Evaluation, Intensive Community Care, and Independent Living Service: During scheduled school days, weekends and non-scheduled school days, the program must:

(i) Have 1 direct care staff member for every 7 BRS clients onsite between 7 a.m. and 3 p.m.;

(ii) Have 1 direct care staff member for every 4.7 BRS clients onsite between 3 p.m. and 11 p.m.; and

(iii) Have 1 direct care staff member for every 9.3 BRS clients onsite between 11 p.m. and 7 a.m.;

(B) Community Step-Down, Independent Living Program, and BRS Basic Residential and Rehabilitation Services:

(i) During scheduled school days, the program must:

(I) Have 1 direct care staff member for every 7 BRS clients onsite between 7 a.m. and 3 p.m.;

(II) Have 1 direct care staff member for every 4.7 BRS clients onsite between 3 p.m. and 11 p.m.;

(III) Have 1 direct care staff member for every 9.3 BRS clients onsite between 11 p.m. and 7 a.m.; and

(ii) During weekends and non-scheduled school days, the program must:

(I) Have 1 direct care staff member for every 4.7 BRS clients onsite between 7 a.m. and 3 p.m.;

(II) Have 1 direct care staff member for every 4.7 BRS clients onsite between 3 p.m. and 11 p.m.;

(III) Have 1 direct care staff member for every 9.3 BRS clients onsite between 11 p.m. and 7 a.m.;

(C) Intensive Rehabilitation Residential Services, BRS Residential, BRS Enhanced, and Short-Term Stabilization Program:

(i) During scheduled school days, the program must:

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(I) Have 1 direct care staff member for every 7 BRS clients onsite between 7 a.m. and 3 p.m.;

(II) Have 1 direct care staff member for every 2.8 BRS clients onsite between 3 p.m. and 11 p.m.;

(III) Have 1 direct care staff member for every 9.3 BRS clients onsite between 11 p.m. and 7 a.m.; and

(ii) During weekends and non-scheduled school days, the program must:

(I) Have 1 direct care staff member for every 4.7 BRS clients onsite between 7 a.m. and 3 p.m.;

(II) Have 1 direct care staff member for every 2.8 BRS clients onsite between 3 p.m. and 11 p.m.;

(III) Have 1 direct care staff member for every 9.3 BRS clients onsite between 11 p.m. and 7 a.m.;

(d) For purposes of calculating the number of direct care staff under section (8)(c) of this rule only, a social service staff member or program coordinator may be included if that staff member is specifically scheduled to and actually provides direct supervision to BRS clients onsite during the relevant time period;

(e) Under section (8)(c) of this rule only, in the event that no BRS clients are onsite at the program due to home visits or other planned absences, the BRS contractor and BRS provider must ensure that its program has the resources and procedures in place to serve the BRS client who may need to return to the program prior to the scheduled return date;

(f) In the event a BRS client is temporarily admitted to a hospital (other than to a psychiatric hospital) but is still enrolled in the BRS provider's program, the BRS contractor and BRS provider must ensure that its program works with the caseworker, and the family when appropriate, to develop a plan approved by the agency for supervision during the BRS client's hospitalization;

(g) The BRS contractor may, or allow its BRS provider to, request prior written agency approval for its BRS program to deviate from the ratios described in section (8)(b) and (c) of this rule or agency-specific BRS program rules. If the agency grants a waiver, this shall only apply to BRS program ratio requirements specified in these rules and agency-specific BRS program rules. The BRS contractor and BRS provider must comply with any ratio requirements applicable under federal or state licensing requirements or approvals;

(9) Physical Facility. The BRS contractor must ensure that its BRS program, either operated by itself or by its BRS provider, do the following:

(a) Provide an environment suitable for the treatment of a BRS client, which meets all applicable safety, health and general environment standards required for a residential community setting, if services are provided to the BRS client in a residential care model, or in the home of an approved provider parent certified by the BRS provider, if services are provided to the BRS client in a therapeutic foster care model;

(b) Provide separate bedrooms for children and persons 18 years or older, except in cases where the child shares a bedroom with a young adult who is the child's parent and caregiver or where there is written approval from the Department of Human Services' Office of Licensing and Regulatory Oversight Coordinator and the agency;

(c) Provide separate bedrooms for BRS clients who have inappropriate sexual behaviors identified in their service plan and BRS clients who do not have those behaviors identified in their service plan, unless there is written approval from the agency;

(d) Provide that BRS clients, who have inappropriate sexual behaviors identified in their service plan, occupy a bedroom either individually or in a group of three or more BRS clients who have inappropriate sexual behaviors identified in their service plan, unless there is written approval from the agency;

(e) Provide separate bedrooms for BRS clients and other members of the household unless there is written approval from the agency;

(f) Provide separate bedrooms or dormitories for females and males;

(g) Provide physical separation of BRS clients served in its BRS program from persons housed in a detention facility or youth correction facility;

(h) Provide that at least one door in each bedroom is unlocked at all times;

(i) Provide that at least one door in each dormitory is unlocked at all times, unless the BRS contractor or BRS provider receives prior written agency approval to lock all dormitory doors for eight hours at night; and

(j) Provide a means of egress for BRS clients to leave the facility.

(10) BRS providers and BRS contractors are not required to comply with (9)(b) and (c) of this rule if they provide services or placement related activities in a dormitory setting.

(11) BRS Program Policies and Procedures:

(a) The BRS contractor must ensure that its BRS program, either operated by itself or by its BRS provider, has the following written policies and procedures, which have been reviewed and approved by the agency:

(A) Admission criteria and standards to accept a BRS client into its program;

(B) Staff training policies and procedures, including child abuse reporting expectations under ORS 419B.005, 419B.010 and 419B.015;

(C) Policies and procedures related to reviewing referrals to its program and notification of admission decisions;

(D) A behavior management system policy designed to consistently encourage appropriate behaviors by the BRS client in a non-punitive manner;

(E) A behavioral rehabilitation program model that uses evidence-based or promising practices whenever possible and the curriculum, policies, and procedures which implement that model;

(F) Policies regarding the BRS client's and family's rights, including but not limited to the search and seizure of the BRS client's person, property, and mail; visitation and communication; and discharges initiated by the BRS client;

(G) A grievance policy describing the process through which the BRS client, and, if applicable, the BRS client's parent, guardian or legal custodian may present grievances to the BRS provider about its operation and a process to resolve issues;

(H) A suicide prevention policy and procedure that describes how the BRS provider must respond in the event a BRS client exhibits self-injurious, self-harm or suicidal behavior. This policy must describe warning signs of suicide; emergency protocol and contacts; training requirements for staff, including suicide prevention training and suicide risk assessment tool training; procedures for determining implementation of additional supervision precautions and for determining removal of additional supervision precautions; suicide risk assessment procedures on the day of intake; documentation requirements for suicide ideation, self-harm, and special observation precautions to ensure immediate communication to all staff; a process for tracking suicide behavioral patterns; and a "post-intervention" plan with identified resources;

(I) A seclusion and physical restraint policy that describes when such interventions may be used in compliance with applicable federal and state laws and regulations, including but not limited to requirements for licensed or approved public or private child-caring agencies and agency-specific BRS program rules. Physical restraint or seclusion shall only be used as a last resort, and shall not be used for discipline, punishment, convenience of personnel, or as a substitute for activities, treatment or training. The policy must describe how staff are trained and monitored and who may perform such interventions;

(J) A medication management policy which complies with applicable licensing requirements and agency-specific BRS program rules. At minimum, the policy must describe:

(i) How and where medications are stored and dispensed; and

(ii) How the BRS provider must notify the caseworker if the BRS client refuses prescribed medications for more than 7 days or refuses a medication that has been identified by any LPHA as requiring an immediate report for health care reasons;

(K) A quality improvement policy and procedures that monitor the operation of the BRS program to ensure compliance with all applicable laws and regulations, including but not limited to tracking service hours, monitoring the timeliness of reporting requirements, and monitoring the quality of service delivery;

(b) The BRS contractor must ensure that its BRS program, either operated by itself or by its BRS provider, reviews and updates its policies and procedures as listed in section (9)(a) of this rule biannually, and has any updated policies and procedures reviewed and approved by the agency;

(c) The BRS contractor must ensure that its BRS program, either operated by itself or by its BRS provider, complies with, and maintains documentation of its compliance, with all policies and procedures described in section (9)(a) of this rule, and with any modifications to their policies and procedures that are required by the agency.

(12) Documentation Requirements:

(a) The BRS contractor and BRS provider must:

(A) Comply with all documentation requirements in OAR 410-120-1360, BRS program general rules and agency-specific BRS program rules;

(B) Use forms reviewed and approved by the agency to document the following if required: the ISP, the assessment and evaluation report, the MSP, the MSP 90 day updates, the daily and weekly log for service hours, and the invoice form;

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(C) Maintain current documentation of its staff's compliance with applicable training, qualifications, and licensing requirements, which must be readily available for on-site review by the caseworker, agency, and other appropriate licensing or oversight entity;

(D) Create, maintain and update an individualized case file for each BRS client either in hard copy or electronically, including but not limited to service documentation (service plans, weekly service type and hour records, and discreet service notes), which must be readily available for on-site review by the BRS provider's direct care staff and social service staff, the caseworker, the agency, and the appropriate licensing or oversight entity;

(E) Ensure that all documentation about the BRS client is written in terms that are easily understood by all persons involved in service planning and delivery, including but not limited to the service plans, progress notes and reports, assessments, and incident reports; and

(F) Ensure that all documentation (paper or electronic) identifies any corrections made, including the original information, what was corrected or changed, the date of the correction, and who made the correction. White out, eraser tape, electronic deletions or other means of eradicating information to make corrections on documentation may not be used;

(b) Incident Reports: The BRS contractor must ensure that its BRS program, either operated by itself or by its BRS provider, creates and maintains a record of all incidents and crisis interventions on a form approved by the agency, including but not limited to use of seclusion and physical restraint, a risk to the status or custody of the BRS client, or other incidents likely to cause complaints, generate safety, programmatic or other serious concerns, or come to the attention of the media or law enforcement.

(A) Incident reports must contain the following information:

(i) Name of the BRS client;

(ii) The date, location, and type of incident or crisis intervention;

(iii) The duration of any seclusions or physical restraints employed in the context of the incident;

(iv) Name of staff involved in the incident or crisis intervention, including the names of any witnesses;

(v) Description of the incident or crisis intervention, including precipitating factors, preventative efforts employed, and description of circumstances during the incident;

(vi) Physical injuries to the BRS client or others resulting from the incident or crisis intervention, including information regarding any follow-up medical care or treatment;

(vii) Documentation showing that any necessary reports were made to the appropriate agency, any other entity required by law to be notified, and, as applicable the BRS client's parent, guardian or legal custodian;

(viii) Documentation indicating the date that a copy of the incident report was sent to the caseworker;

(ix) Actions or interventions taken by program staff;

(x) Any follow-up recommendations for the BRS client or staff;

(xi) Any follow-up or investigation conducted by the BRS contractor or BRS provider's supervisory staff and administrative personnel, DHS, OHA, OYA or other entities; and

(xii) The BRS contractors or BRS provider's review of the incident or crisis intervention.

(B) The BRS contractor must ensure that its BRS program, either operated by itself or by its BRS provider, provides immediate verbal notification to the caseworker, the agency's designated contact, and as applicable the appropriate licensing entity of the following types of incidents: incidents posing a risk to the status or custody of the BRS client, and any other incidents that are of a nature serious enough to raise safety, programmatic, or other serious concerns. Verbal notification must be followed up by the submission of a written incident report to the individuals or entities described in this section within 1 business day. Compliance with this notification requirement does not satisfy child abuse reporting requirements under ORS 419B.005 to 419B.045;

(C) The BRS contractor must ensure that its BRS program, either operated by itself or by its BRS provider, provides a written incident report within 5 business days to the caseworker regarding any use of seclusion or physical restraint on a BRS client;

(D) At the end of each month, the BRS contractor must ensure that its BRS program, either operated by itself or by its BRS provider, sends copies of all incident reports for that month, not previously submitted under section (12)(b)(B) of this rule, to the designated agency contact;

(c) The BRS contractor and BRS provider must promptly provide documentation to the agency upon request or by the deadline specified in a written request, whichever is sooner. The BRS contractor's or BRS provider's failure to provide the agency with the requested documentation

by the agency's deadline may result in the agency pursuing any one or a combination of the sanctions or remedies against the BRS contractor described in OAR 410-170-0120 or agency-specific BRS rules.

(13) Overnight Absences: The BRS contractor must ensure that its program, either operated by itself or by its BRS provider, receives prior written approval from the caseworker whenever the BRS client will be sleeping outside of its program for any reason (such as home visits, camping trips, court appearances, hospital admissions, or detention) excluding cases of emergency:

(a) Initial approval shall be completed at intake and will include information from the caseworker documenting any special instructions such as:

(A) Conditions under which an overnight absence from the program would be approved;

(B) Home visit resources that are acceptable;

(C) Any required notifications to the community: victim, court, special interest group, or law enforcement;

(D) Approved and non-approved contacts during absences, as applicable; and

(E) Approved and non-approved activities, as applicable;

(b) After initial approval by the caseworker, the BRS contractor must ensure that its BRS program, either operated by itself or by its BRS provider, notifies the caseworker of each upcoming overnight visit at least 2 business days prior to the visit, and provides the following information:

(A) Dates of visit;

(B) Type of visit or activity;

(C) Location of visit or activity; and

(D) Explanation of how any special conditions or requirements will be addressed;

(c) The BRS contractor and BRS provider shall not permit the BRS client to leave the state or country without prior written approval by the agency.

(14) Publicly-Operated Community Residences. The BRS contractor must ensure that its BRS program, either operated by itself or by its BRS provider, that provides services and placement related activities in a publicly-operated community residence does not serve more than 16 residents, unless it receives prior written approval from the Authority with a determination that it is not an institution for mental diseases (see definitions in 42 CFR 435.1010).

(15) The BRS contractor's Supervision of the BRS Provider:

(a) The BRS contractor is responsible for monitoring and ensuring that its BRS providers comply with all applicable laws and regulations related to the BRS program. The Authority and agency may pursue any sanctions, remedies, or recovery of an overpayment as described in OAR 410-170-0120 or agency-specific BRS rules against the BRS contractor for failing to monitor and ensure its BRS providers are in compliance with all applicable laws and regulations related to the BRS program;

(b) The BRS contractor is solely responsible for any and all obligations owed to its BRS provider under its subcontract or agreement;

(16) The BRS Contractor's Supervision of the Approved Provider Parent:

(a) The BRS contractor must, or must ensure that its BRS provider, monitors and ensures that its approved provider parents comply with all applicable laws and regulations related to the BRS program. The Authority and agency may pursue any sanctions, remedies, or recovery of an overpayment described in OAR 410-170-0120 or agency-specific BRS rules against the BRS contractor for failing to monitor and ensure its approved provider parents are in compliance with all applicable laws and regulations related to the BRS program;

(b) The BRS contractor must, or ensure that its BRS provider:

(A) Recruits, trains, reimburses, and supports the approved provider parent in providing services or placement related activities to the BRS client;

(B) Visits the approved provider parent's home a minimum of one time each month for the purposes of supervision, monitoring, training and support;

(C) Provides at minimum the following support services to the approved provider parent:

(i) Twenty-four hour back-up services: The BRS contractor must, or ensure that its BRS provider, have staff available to provide the approved provider parent with back-up services at all times (24 hours per day, 7 days a week), which includes on-call services, consultation, and direct crisis counseling. Approved provider parents must be given the contact details (names and phone numbers) of the program staff that are available to provide these back-up services;

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(ii) Forty eight hours of respite care: The BRS contractor must provide, or ensure that its BRS provider provides, the approved provider parent with the opportunity to receive 48 hours per month of time away from approved provider parent responsibilities. Daytime supervision and nighttime monitoring equivalent to that provided by the approved provider parent must be arranged and provided to the BRS client during that time;

(c) The BRS contractor, or as applicable the BRS provider, is solely responsible for any and all obligations owed to the approved provider parent under its subcontract or agreement.

(17) Conflict of Interest: The BRS contractor must, or ensure that its BRS provider, notifies the agency in writing when a current employee or newly hired employee is also an employee of the agency. The BRS contractor must, or ensure that its BRS provider, submits the notification to the contract administrator and the agency's contracts unit and shall include the name of the employee and their job description. The agency must review the employment situation for any actual or potential conflicts of interest as identified under ORS chapter 244.

Stat. Auth.: ORS 413.042 & 414.065

Stats. Implemented: ORS 414.065

Hist.: DMAP 63-2013, f. 11-14-13, cert. eff. 1-1-14

410-170-0040

Prior Authorization for the BRS Program; Appeal Rights

(1) The BRS program requires prior authorization from the agency in accordance with the Authority's rules, the general BRS program rules and applicable agency-specific BRS program rules. A referral by a LPHA or agency to the Authority for prior authorization of the BRS program is not a prior authorization.

(2) Prior Authorization Criteria for the BRS program:

(a) The Authority shall provide prior authorization for the BRS program to a person who:

(A) Is enrolled in the Oregon Health Plan (OHP), is eligible for Oregon's Medicaid or CHIP program, and is eligible for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services, according to the procedures established by the Authority;

(B) Has a determination by a designated LPHA that the BRS program is medically appropriate to meet his or her medical needs;

(C) Is not receiving residential mental health or residential developmental disability services from another governmental unit or entity;

(D) Is a child or young adult; and

(E) Does not have a current prior authorization for the BRS program for the requested time period from OYA or the Department;

(b) OYA or the Department may provide prior authorization for the BRS program for a person that meets the requirements in its agency-specific BRS program rules.

(3) In order to meet the requirement in section (2)(a)(B) of this rule, the designated LPHA must determine that the BRS program is medically appropriate because the person:

(a) Has a primary mental, emotional or behavioral disorder, or developmental disability that prevents the person from functioning at a developmentally appropriate level in the person's home, school or community;

(b) Demonstrates severe emotional, social and behavioral problems, including but not limited to: drug and alcohol abuse; anti-social behaviors requiring close supervision, intervention and structure; sexual behavioral problems; or behavioral disturbances;

(c) Requires out-of-home behavioral rehabilitation treatment in order to restore or develop the person's appropriate functioning at a developmentally appropriate level in the person's home, school or community;

(d) Is able to benefit from the BRS program at a developmentally-appropriate level;

(e) Does not have active suicidal, homicidal, or serious aggressive behaviors; and

(f) Does not have active psychosis or psychiatric instability.

(4) The Authority may also request that the designated LPHA determine the BRS type of care that is medically appropriate for the person. The designated LPHA must make that determination based on the following factors, including but not limited to the:

(a) Severity of the person's psychosocial, emotional and behavior disorders;

(b) Intensity and type of services that would be appropriate to treat the person;

(c) Type of setting or treatment model that would be most beneficial to the person;

(d) Least restrictive and intensive setting based on the person's treatment history, degree of impairment, current symptoms and the extent of family and other supports; and

(e) Behavior management needs of the person.

(5) The agency is not required to provide prior authorization or to make payment for services or placement related activities under the following circumstances:

(a) The person was not eligible for the BRS program at the time services or placement related activities were provided;

(b) The documentation is not adequate to determine the type, medical appropriateness, or frequency and duration of services;

(c) The services or placement related activities billed or provided are not consistent with the information submitted when the prior authorization was requested;

(d) The services or placement related activities billed are not consistent with those provided;

(e) The services or placement related activities were not provided within the timeframe specified on the notice of prior authorization;

(f) The BRS program is not covered under the person's medical assistance package;

(g) The services or placement related activities were not authorized or provided in compliance with the BRS program general rules, agency-specific BRS program rules, or applicable DMAP General Rules (OAR 410-120-0000 to 410-120-1920);

(h) The person does not meet the prior authorization requirements as stated above;

(i) The BRS contractor or BRS provider was not eligible to receive reimbursement through the BRS program at the time the services or placement related activities were provided; or

(j) The person's needs could be better met through another system of care, the individual is eligible for services under that system of care; the individual has been given notice of that eligibility; and the services necessary to support a successful transition to the alternate system of care have been provided.

(6) Retroactive Eligibility and Authorization:

(a) In those instances when the BRS client is made retroactively eligible for the BRS program, the agency may grant prior authorization if:

(A) The BRS contractor or BRS provider received preliminary approval from the agency prior to admitting the BRS client into its program while the prior authorization process was pending;

(B) The BRS client met all prior authorization criteria and eligibility requirements on the date that the services and placement related activities were provided;

(C) The BRS provider delivered the services and placement related activities in accordance with all applicable BRS program general rules and agency-specific BRS program rules; and

(D) Prior authorization was retroactively approved by the agency within 5 business days from the date that the BRS client was admitted into the BRS provider's program;

(b) Prior authorization after 5 business days from the date the BRS client was admitted into the BRS contractor's or BRS provider's program requires documentation that prior authorization could not have been obtained within those 5 business days.

(7) Prior authorization is valid for the time period specified on the agency's prior authorization notice, but is not to exceed 12 months from the date on the notice, unless the BRS client is no longer eligible for a medical assistance program that covers the BRS program, in which case the authorization shall terminate on the date coverage ends.

(8) The BRS contractor is responsible for ensuring that there is a prior authorization from the agency for the BRS client in advance of providing the services or placement related activities for the applicable time period unless section (6) of this rule applies.

(9) If a person is denied prior authorization for the BRS program under section (2)(a) of this rule, OAR 413-090-0075(1)(a), or OAR 416-335-0040(1)(a), the person is entitled to notice and contested hearing rights under OAR 410-120-1860 and 410-120-1865. The contested case hearing shall be held by the Authority.

Stat. Auth.: ORS 413.042 & 414.065

Stats. Implemented: ORS 414.065

410-170-0050

Program Referrals and Admission to BRS Provider

(1) After the BRS client has received prior authorization for the BRS program, the agency shall refer the BRS client for admission to one or more BRS contractors or BRS providers that provide the appropriate BRS type of care.

(2) The agency shall provide the BRS contractor, or as applicable the BRS provider, with the following documents in the BRS client's referral packet:

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(a) Information identifying the person or entity with legal authority over the BRS client, which may be the BRS client's parent, guardian or legal custodian;

(b) Any prior evaluations, assessments, or other documents that provide background information about the BRS client or that support the need for the BRS client's current level of services; and

(c) The caseworker's case plan describing necessary services or similar planning form for the BRS client.

(3) The BRS contractor, or as applicable the BRS provider, must make admission decisions for the BRS client based on its agency-approved written admission criteria unless provided with written authorization from the agency to accept a BRS client who does not meet its admission criteria.

(4) The BRS contractor, or as applicable the BRS provider, shall not deny an eligible BRS client admission to its program if a vacancy exists within the program at the time of referral and the BRS client meets its agency-approved admission criteria, unless it receives written approval from the referring agency.

(5) The BRS contractor must not, and ensure its BRS providers do not, deny an eligible BRS client admission to its program for any of the following reasons:

(a) The presence or absence of family members to support the placement;

(b) The race, religion, sexual orientation, color, or national origin of the BRS client involved;

(c) The BRS client's place of residence; or

(d) The absence of an identified after-care resource.

(6) The BRS contractor must, or must ensure its BRS provider, notifies the caseworker of its admission decision within 5 business days of receiving the BRS client's referral packet, unless an earlier timeframe is required in agency-specific BRS rules. If the BRS provider denies admission to the BRS client, then it must provide the caseworker with a written explanation.

(7) The BRS contractor must, or must ensure its BRS provider, maintains documentation (either electronically or in hard copy) of all its admission decisions for BRS clients referred by an agency or BRS contractor, which includes the following:

(a) The name of the BRS client referred;

(b) The date the referral was received;

(c) The reason the referral was accepted or denied; and

(d) The date the referral was responded to in writing.

(8) Intake Procedures:

(a) On the day that the BRS client is physically admitted to the BRS contractor's or BRS provider's program, its staff must provide the BRS client and, as applicable, the BRS client's parent, guardian or legal custodian, with copies of the following policies:

(A) Behavior management system policy;

(B) Grievance policy;

(C) BRS client's and family's rights policies, including but not limited to visitation and communication policies and the policies regarding the search and seizure of the BRS client's person, property, and mail;

(D) Discharge policies, including but not limited to a discharge initiated by the BRS client;

(E) Seclusion and physical restraint policies;

(F) Suicide prevention policy and procedures; and

(G) Medication management policy;

(b) The BRS contractor must ensure its program, either operated by itself or by its BRS provider, maintains signed documentation indicating that the BRS client and, as applicable, the BRS client's parent, guardian or legal custodian received and understood the information described in section (8)(a) of this rule;

(c) If any of the policies described in section (8)(a) of this rule are individualized for a particular BRS client and differ from the program's standard documented practices, these variations shall be explained and documented, and included in or attached to the BRS client's service plan;

(d) If the BRS client's parent, guardian or legal custodian is unavailable at the time of admission, the BRS contractor must ensure its program, either operated by itself or by its BRS provider, documents in the BRS client's case file that it has forwarded this information to the BRS client's parent, guardian or legal custodian by facsimile, mail or electronic mail within 48 hours of the BRS client's admission to the program;

(e) The agency is responsible for notifying the BRS contractor or BRS provider of any changes to the information described in section (2) of this rule. In addition, the agency must provide the BRS contractor or BRS provider with the following information;

(A) Applicable written authorizations by the BRS client or the BRS client's parent, guardian or legal custodian consenting to the BRS client's participation in the BRS program;

(B) If applicable, the prepaid health plan or coordinated care organization in which the BRS client is enrolled;

(C) The BRS client's current medical information, medication regime, and other medical needs; and

(D) If applicable, the BRS client's school information, parental contact information, or similar types of information.

Stat. Auth.: ORS 413.042 & 414.065

Stats. Implemented: ORS 414.065

Hist.: DMAP 63-2013, f. 11-14-13, cert. ef. 1-1-14

410-170-0060

Discharge from the BRS Contractor or BRS Provider

(1) Discharge initiated by the BRS client:

(a) The BRS client's participation in the BRS program is voluntary.

The BRS contractor must, or ensure its BRS provider, develops and follows a process that allows the BRS client to provide no more than 3 business days advance notice of his or her decision to leave the BRS contractor's or BRS provider's program. If the BRS client wants to be discharged from the program, the BRS client is only required to provide the BRS contractor or BRS provider with 3 business days advance notice;

(b) If the BRS client wants to be discharged from the program, the BRS client must give the BRS contractor or BRS provider notice that complies with the policy described above. After receiving that notice, the BRS contractor or BRS provider must provide immediate verbal notification within 1 business day to the caseworker and the agency's designated contact and, if applicable, the BRS client's parent, guardian or legal custodian to allow for alternate placement arrangements. The BRS contractor or BRS provider must provide written notification to the caseworker and the agency's designated contact within 1 business day of its verbal notification.

(2) Planned discharge initiated by the BRS contractor, BRS provider, or the agency:

(a) Initiated by the BRS contractor or BRS provider:

(A) The BRS contractor or BRS provider must notify the caseworker in writing as soon as reasonably practicable regarding its intent to initiate the planned discharge of the BRS client from its program;

(B) Following notification, the BRS contractor or BRS provider and caseworker shall meet to discuss the case. If a discharge date can be agreed upon, the BRS client shall be discharged on that date. If they cannot agree, the caseworker shall remove the BRS client from the program within 30 days from the original written notice to the caseworker, resulting in the BRS client's planned discharge;

(b) Initiated by the agency:

(A) The BRS client's caseworker must notify the BRS contractor or BRS provider in writing as soon as reasonably practicable regarding the agency's intent to initiate the planned discharge of the BRS client from its program;

(B) Following notification, the caseworker and the BRS contractor or BRS provider must meet to discuss the case. If a discharge date can be agreed upon, the BRS client must be discharged on that date. If they cannot agree, the caseworker may remove the BRS client from the program resulting in the BRS client's planned discharge.

(3) Emergency Discharge:

(a) Initiated by the BRS contractor or BRS provider:

(A) The BRS contractor or BRS provider may request the immediate discharge of a BRS client from its program if, after contact with the agency staff, there is mutual agreement that the BRS client is a clear and immediate danger to self or others. In such situations, the caseworker must consider the notification a priority and respond to the BRS contractor or BRS provider as soon as practicable but no later than one business day;

(B) The BRS contractor or BRS provider and caseworker must discuss the BRS client's continuation in, temporary removal or discharge from the program;

(b) Initiated by the agency: The agency may immediately remove the BRS client from the BRS contractor's or BRS provider's program for any reason, resulting in the BRS client's emergency discharge;

(c) Initiated by the parent or guardian: A parent or guardian with appropriate legal authority, as determined by the agency, may immediately remove the BRS client from the BRS contractor's or BRS provider's program, resulting in the BRS client's emergency discharge.

(4) Discharge from a particular program does not impact a BRS client's prior authorization for the BRS program generally. A BRS client may be referred to another BRS contractor or BRS provider or request re-

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referral to the same program, as long as the prior authorization remains valid and the BRS client remains eligible for the BRS program.

(5) Temporary Removal: The agency may temporarily remove the BRS client for any reason without resulting in a discharge from the BRS contractor's or BRS provider's program.

(6) Storage of the BRS client's personal property:

(a) The BRS contractor or BRS provider must store property belonging to the BRS client in its program for up to 30 days in a secure location following discharge, when the BRS client exits the program without his or her property;

(b) The BRS contractor or BRS provider must contact the BRS client's caseworker as soon as possible to make arrangements for the property to be retrieved. If the property has not been retrieved by the 15th day following discharge, the BRS contractor or BRS provider must contact the caseworker once more in order to remind them of the need to retrieve the property by the 30th day.

Stat. Auth.: ORS 413.042 & 414.065

Stats. Implemented: ORS 414.065

Hist.: DMAP 63-2013, f. 11-14-13, cert. ef. 1-1-14

410-170-0070

BRS Service Planning

(1) Initial Service Plan (ISP):

(a) The BRS contractor or BRS provider must:

(A) Ensure that a social service staff member completes a written ISP within two business days of the BRS client's admission to its program;

(B) Provide an opportunity for the following individuals to participate in developing the BRS client's ISP, including but not limited to: the BRS client, the BRS client's family, social service staff, the BRS client's caseworker and any other significant persons involved with the BRS client;

(C) Obtain and maintain the signatures of all participants or documentation that the individuals listed in section (1)(a)(B) of this rule were provided with the opportunity to participate in developing the ISP;

(D) Obtain written approval of the ISP prior to its implementation from the caseworker and, as applicable and appropriate, the BRS client and the BRS client's parent, guardian or legal custodian; and

(E) Provide the services identified in the ISP during the first 45 days in the BRS provider's program or until the MSP is written;

(b) The BRS contractor or BRS provider must ensure that the ISP is individualized, developmentally appropriate, and based on a thorough assessment of the BRS client's referral information, and include at minimum the following:

(A) A plan to address specific behaviors identified in the referral information including the intervention to be used;

(B) A plan for any overnight home visits;

(C) The anticipated discharge date;

(D) The anticipated type of placement at discharge;

(E) A plan to address any needs identified in the referral information;

(F) Existing orders for medication and any prescribed treatments for medical conditions, mental health conditions, or substance abuse;

(G) Any type of behavior management system that will be used as an intervention; and

(H) Specific behavior management needs.

(2) Assessment and Evaluation Report (AER):

(a) The BRS contractor or BRS provider must:

(A) Ensure that a social service staff member conducts a comprehensive assessment of the BRS client and completes a written AER; and

(B) Submit the written AER to the caseworker within 30 days of the BRS client's admission to its program;

(b) The BRS contractor or BRS provider must ensure that the AER includes information about the BRS client with regard to the following domains:

(A) Legal custody and basis for custody;

(B) Medical information including prescribed medications and dosages;

(C) Family information including specific cultural factors;

(D) Mental health information;

(E) Alcohol and drug use both current and historical;

(F) Educational needs;

(G) Vocational needs;

(H) Social living skills; and

(I) Placement plans including home visits, anticipated discharge date, and placement resources;

(c) The BRS contractor or BRS provider must ensure that the AER describes the following:

(A) Identified problems, reason for referral or placement, and pertinent historical information;

(B) The BRS client's behaviors, response to current services, and strengths and assets;

(C) Significant incidents or interventions or both;

(D) The behavior management level needed for the BRS client, specifically any behavior management needs greater than usual for its program;

(E) Identification of any service goals; and

(F) Identified needs by assessment and history.

(d) Abbreviated AERs:

(A) Upon the request of the caseworker, the BRS contractor or BRS provider must submit an abbreviated AER regarding the BRS client's current status by the deadline stated in the written request;

(B) If a BRS client is transferred to the current BRS program from another BRS program and the BRS client's most recent AER is less than 90 days old, the current BRS contractor or BRS provider may submit an abbreviated AER to the caseworker within 30 days of the BRS client's transfer to its program;

(C) The BRS contractor or BRS provider must ensure an abbreviated AER includes at minimum the information in section (2)(b)(A) of this rule and any other specific information requested by the caseworker. If the information is available, the BRS contractor or BRS provider must also include the information in section (2)(b)(B) through (D) of this rule;

(3) Master Service Plan (MSP):

(a) The BRS contractor or BRS provider must:

(A) Ensure that a social service staff member completes a written individualized MSP within 45 days of the BRS client's admission to its program;

(B) Provide the opportunity for the individuals listed in section (1)(a)(B) of this rule to participate in developing the BRS client's MSP;

(C) Obtain and maintain the signatures of all participants or documentation that the individuals listed in section (1)(a)(B) of this rule were provided with the opportunity to participate in developing the MSP;

(D) Obtain written approval of the MSP prior to its implementation from the caseworker and, as applicable and appropriate, the BRS client and the BRS client's parent, guardian or legal custodian; and

(E) Provide the services identified in the MSP;

(b) The BRS contractor or BRS provider must ensure that the MSP includes goals that are measurable and attainable within a specified time frame, and address at minimum the following domains where need is indicated by the BRS client's assessment and history:

(A) Legal custody and basis for custody;

(B) Medical information including medications and dosages;

(C) Family information including specific cultural factors;

(D) Mental health information;

(E) Alcohol and drug use both current and historical;

(F) Educational needs;

(G) Vocational needs;

(H) Social living skills;

(I) Placement plans including home visits, anticipated discharge date, and placement resources;

(J) Other needs identified in the BRS client's AER that do not fall in one of the other identified domains above; and

(K) Completion criteria individualized for each BRS client. Completion is defined by progress in acquiring pro-social behaviors, attitudes, and beliefs while in the program, and not engaging in behavior that seriously jeopardizes the safety of staff and other program participants;

(c) The BRS contractor or BRS provider must ensure that the MSP is individualized and developmentally appropriate, and includes:

(A) Specifically stated and prioritized service goals for the BRS client that include the caseworker's recommendations and goals that the BRS client wants to achieve;

(B) Specific interventions and services its program shall provide to address each goal, including the use of a behavior management system as an intervention and any behavior management needs that are greater than usual for the program;

(C) Staff responsible for providing the identified services;

(D) Specifically stated behavioral criteria for evaluating the achievement of goals;

(E) A timeframe for the completion of goals;

(F) The method used to monitor the BRS client's progress towards completing goals and the person responsible for monitoring progress; and

(G) Aftercare and transition goals and planning;

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(d) The BRS contractor or BRS provider must identify in the MSP those needs identified in a BRS client's AER that will be addressed by an outside provider and identify that provider. The BRS contractor or BRS provider must also facilitate the BRS client's access to other providers whenever needs identified in the AER cannot be met within the scope of the services offered by its program;

(e) The BRS contractor or BRS provider must also describe in the MSP any plan for the BRS client to participate in overnight home visits, including but not limited to documenting when the home visits are to occur, identifying the frequency of the visits (up to a maximum of 8 days per month), and describing how the visits relate to the BRS client's goals identified in the MSP. The BRS contractor or BRS provider must make every attempt to schedule home visits so that they do not conflict with services. Any deviation from the approved home visit plan requires prior written approval from the agency.

(4) Master Service Plan 90 Day Updates:

(a) The BRS contractor or BRS provider must:

(A) Ensure that a social service staff member reviews and updates in writing the BRS client's MSP no later than 90 days from the date the MSP was first finalized or the last time it was updated, and every 90 days thereafter. Social service staff must review the MSP, and update it in writing if necessary, earlier whenever additional information becomes available that suggests that other services should be provided;

(B) Provide the opportunity for the individuals listed in section (1)(a)(B) of this rule to participate in developing the BRS client's MSP updates;

(C) Obtain and maintain the signatures of all participants or documentation that the individuals listed in section (1)(a)(B) of this rule were provided with the opportunity to participate in developing the MSP updates;

(D) Obtain written approval of an updated MSP prior to its implementation from the caseworker and, as applicable and appropriate, the BRS client and the BRS client's parent, guardian or legal custodian; and

(E) Provide the services identified in the most recent MSP update;

(b) The BRS contractor or BRS provider must ensure that the written update to the MSP is individualized and developmentally appropriate, and includes at minimum the following:

(A) The BRS client's progress towards achieving service goals;

(B) The BRS client's performance on the behavior management system;

(C) The BRS client's performance on any individualized plans developed to address specific behaviors;

(D) Any modifications to services based on the BRS client's new behaviors or identified needs;

(E) Any changes regarding recommendations, the discharge date, or aftercare and transition plans; and

(F) A summary of incidents involving the BRS client that have occurred since the last time the MSP was updated.

(5) Aftercare and Transition Plan (ATP):

(a) The BRS contractor or BRS provider must:

(A) Ensure that a social service staff member develops and completes a written ATP at least 30 days prior to or as close as possible to the BRS client's planned discharge;

(B) Provide the opportunity for the individuals listed in section (1)(a)(B) of this rule and members of the service planning team to participate in developing the BRS client's written ATP;

(C) Obtain and maintain the signatures of all participants or documentation that the individuals listed in section (1)(a)(B) of this rule and members of the service planning team were provided with the opportunity to participate in developing the written ATP;

(D) Provide a copy of the written ATP to the individuals described in section (1)(a)(B) of this rule and members of the service planning team; and

(E) Obtain written approval of the written ATP from the caseworker and, as applicable and appropriate, the BRS client and the BRS client's parent, guardian or legal custodian;

(b) The BRS contractor or BRS provider must ensure that the written ATP describe how the BRS client will successfully transition from its program to the community, specifically addressing the period of 90 days after discharge from its program. The BRS contractor or BRS provider must ensure that the written ATP includes, at minimum, the following:

(A) Identification of the BRS client's individual needs and unmet goals;

(B) Identification of the aftercare services and supports outside of its program that will be available for the 90-day time period;

(C) Identification of the person or entity responsible for providing the aftercare services; and

(D) Schedule for regular telephone contact by BRS provider staff with the BRS client and, as applicable, the BRS client's family, caseworker or other identified significant persons;

(c) The BRS contractor or BRS provider shall not be required to provide an initial and final written ATP under the following circumstances:

(A) The agency, legal guardian, or custodian removes the BRS client from the program with little or no advance notice and in a manner not in accordance with the existing ATP;

(B) The BRS client is discharged from the program on an emergency basis due to the BRS client's behavior, runaway status without a plan to return to the program, or transfer to another program or higher level of care; or

(C) The BRS client initiates an immediate voluntary discharge from the program.

(6) Discharge Summary: The BRS contractor or BRS provider must ensure that a social service staff member completes and provides a written discharge summary to the caseworker within 15 days following the BRS client's planned or actual discharge from its program. The discharge summary must include the BRS client's progress towards service goals.

(7) Aftercare Summary: The BRS contractor or BRS provider must ensure that a social service staff member completes and provides a written aftercare summary to the caseworker within 120 days following the BRS client's discharge from its program. An aftercare summary is not required if the BRS provider was not required to complete an ATP. The aftercare summary must summarize the BRS client's status and progress on the ATP for the 90 days following the BRS client's discharge from the BRS provider, including but not limited to the BRS client's adjustment to the community and any further recommendations.

(8) Notwithstanding sections (5) through (7) of this rule, the BRS contractor or BRS provider is not required to complete an ATP, discharge summary and aftercare summary for the BRS clients receiving services and placement related activities in the following BRS types of care:

(a) Shelter, Assessment and Evaluation;

(b) Intensive Community Care; and

(c) Independent Living Service.

(9) Independent Living Program: A BRS contractor or BRS provider that provides services and placement related activities in an Independent Living Program:

(a) Is not required to complete an ISP, AER, ATP, and aftercare summary for the BRS clients in its program, notwithstanding sections (1), (2) and (5) through (7) of this rule; and

(b) Must complete an MSP, the MSP updates and a discharge summary for the BRS clients in its program consistent with the requirements in sections (3) and (4) of this rule, and the additional requirements for a master service plan — transition and the master service plan — transition updates as described in OAR 416-335-0060.

(10) Short-Term Stabilization Program: A BRS contractor or BRS provider that provides services and placement related activities in a Short-Term Stabilization Program:

(a) Is not required to complete an ISP and aftercare summary for the BRS clients in its program, notwithstanding sections (1) and (7) of this rule;

(b) Must complete an AER for the BRS clients in its program consistent with the requirements in section (2) of this rule, except in cases where the BRS client is not expected to remain in its program for more than 30 days;

(c) Must complete an ATP for the BRS clients in its program consistent with the requirements in section (5) of this rule except for those in section (5)(b)(D), and must complete the additional requirements for an aftercare and transition plan — stabilization in OAR 416-335-0070 for BRS clients who are being discharged home or into a non-BRS foster care placement; and

(d) Must complete a MSP and the MSP updates for the BRS clients in its program consistent with the requirements in sections (3) and (4) of this rule, and the additional requirements for a master service plan — stabilization and the master service plan — stabilization updates as described in OAR 416-335-0070.

(11) Documentation: The BRS contractor or BRS provider must ensure that all BRS service plans described in this rule are developed and maintained in the BRS client's case file in accordance with the timeframes and criteria in this rule, unless otherwise exempted.

Stat. Auth.: ORS 413.042 & 414.065

Stats. Implemented: ORS 414.065

Hist.: DMAP 63-2013, f. 11-14-13, cert. ef. 1-1-14

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Services

(1) The BRS contractor or BRS provider must provide services to the BRS client in accordance with the BRS client's ISP or MSP.

(2) All services must be structured and directly supervised by the BRS contractor or BRS provider's staff.

(3) Types of Services:

(a) Crisis counseling: The BRS contractor or BRS provider provides the BRS client with counseling on a 24-hour basis in order to stabilize the BRS client's behavior until the problem can be resolved or assessed and treated by a qualified mental health professional or licensed medical practitioner;

(b) Individual and group counseling: The BRS contractor or BRS provider provides face-to-face individual or group counseling sessions to the BRS client which are designed to remediate the problem behaviors identified in the BRS client's ISP or MSP;

(c) Milieu therapy: The BRS contractor or BRS provider provides the BRS client with structured activities and planned interventions designed to normalize psycho-social development, promote safety, stabilize environment, and assist in responding in developmentally appropriate ways. The program's staff must monitor the BRS client in these activities, which include developmental, recreational, academic, rehabilitative, or other productive work. Milieu therapy occurs in concert with one of the other types of services;

(d) Parent training: Direct care staff or social service staff provide planned activities or interventions (face-to-face or by telephone) to the BRS client's family or identified aftercare resource family. Parent training is designed to assist the family in identifying the specific needs of the BRS client, to support the BRS client's efforts to change, and to improve and strengthen parenting knowledge or skills indicated in the ISP or MSP as being necessary for the BRS client to return home or to another community living resource;

(e) Skills-training: The BRS contractor or BRS provider provides the BRS client with planned, curriculum-based individual or group sessions designed to improve specific areas of functioning in the BRS client's daily living as identified in the ISP or MSP. Skills-training may be designed to develop appropriate social and emotional behaviors, improve peer and family relationships, improve self-care, encourage conflict resolution, reduce aggression, improve anger control, and reduce or eliminate impulse and conduct disorders;

(4) The BRS contractor or BRS provider must:

(a) Provide a combination of services necessary to comply with the BRS client's ISP or MSP and the requirements in OAR 410-170-0090 for the appropriate BRS type of care;

(b) Create and maintain written documentation describing the services provided to each BRS client which includes at a minimum the following information:

(A) Name of the BRS client;

(B) Date of service;

(C) Name and position of the staff member providing the service to the BRS client;

(D) Length of time staff spent providing the service to the BRS client;

(E) Description of the service provided; and

(F) Description of the BRS client's participation in the service;

(c) Create and maintain a written weekly record in each BRS client's case file with the total number of service hours provided each day to the BRS client and a breakdown of the number of hours spent providing each particular type of service described in section (3) of this rule; and

(d) Ensure that that social service staff review the documentation described in this section each week for quality, content, and appropriateness with the BRS client's ISP or MSP.

Stat. Auth.: ORS 413.042 & 414.065

Stats. Implemented: ORS 414.065

Hist.: DMAP 63-2013, f. 11-14-13, cert. ef. 1-1-14

410-170-0090

BRS Types of Care

The BRS types of care are as follows:

(1) Shelter Assessment and Evaluation, Intensive Community Care, Independent Living Service, Community Step-Down, and Independent Living Program:

(a) The BRS contractor or BRS provider may use either a residential care model or therapeutic foster care model for these BRS types of care;

(b) The BRS client is placed in these BRS types of care to identify deficiencies and develop necessary skills;

(c) The BRS contractor or BRS provider providing one of these BRS types of care must ensure that a minimum of six hours of services are available per week to each BRS client as follows:

(A) One hour of individual counseling or individual skills-training provided by social service staff; and

(B) Five hours of any combination of individual or group counseling, crisis counseling, skills-training, or parent training.

(2) Therapeutic Foster Care, BRS Proctor and Multidimensional Treatment Foster Care:

(a) The BRS contractor or BRS provider must use a therapeutic foster care model for these BRS types of care;

(b) The BRS client placed in these BRS types of care requires structure, behavior management, and support services to develop the skills necessary to be successful in a less restrictive environment;

(c) The BRS contractor or BRS provider providing one of these BRS types of care must ensure that a minimum of 11 hours of services are available per week to each BRS client as follows:

(A) Two hours of individual counseling or individual skills-training, one of which is provided by social service staff; and

(B) Nine hours of any combination of individual or group counseling, crisis counseling, skills-training, or parent training.

(3) BRS Proctor Day Treatment:

(a) The BRS contractor or BRS provider must use a therapeutic foster care model for this BRS type of care and provide skills-training in a day treatment setting;

(b) The BRS client placed in this BRS type of care requires enhanced structure during the day time hours. This level of care provides the structure of day treatment for necessary skill development and a less restrictive home setting with an approved provider parent;

(c) The BRS contractor or BRS provider providing this BRS type of care must ensure that a minimum of eleven hours of services are available per week to each BRS client as follows:

(A) Two hours of either individual counseling or individual skills-training, one of which is provided by social service staff; and

(B) Nine hours of individual or group counseling, crisis counseling, skills-training, or parent training;

(4) BRS Basic Residential, BRS Rehabilitation Services:

(a) The BRS contractor or BRS provider must use a residential care model for these BRS types of care. The BRS contractor or BRS provider must provide 24 hour supervision of the BRS client by ensuring that at least one direct care staff is on duty and awake whenever a BRS client is present in its program;

(b) The BRS client placed in these BRS types of care requires the structure, behavior management, and support services of a residential care model for necessary skill development;

(c) The BRS contractor or BRS provider providing these BRS types of care must ensure that a minimum of eleven hours of services are available per week to each BRS client as follows:

(A) Two hours of either individual counseling or individual skills-training, one of which is provided by social service staff; and

(B) Nine hours of any combination of individual or group counseling, crisis counseling, skills-training, or parent training.

(5) Intensive Rehabilitation Services, BRS Residential, BRS Enhanced, Short-Term Stabilization Program:

(a) The BRS contractor or BRS provider must use a residential care model for these BRS types of care. The BRS contractor or BRS provider must provide 24-hour supervision of the BRS client by ensuring that at least one direct care staff is on duty and awake whenever a BRS client is present in its program;

(b) The BRS client placed in these BRS types of care requires more intensive structure, behavior management and support services than a BRS client in the BRS types of care described in section (4) of this rule;

(c) The BRS contractor or BRS provider providing one of these BRS types of care must ensure that a minimum of 11 hours of services are available per week to each BRS client as follows:

(A) Two hours of either individual counseling or individual skills-training, one of which is provided by social service staff; and

(B) Nine hours of any combination of individual or group counseling, crisis counseling, skills-training, or parent training.

(6) Enhanced Therapeutic Foster Care:

(a) The BRS contractor or BRS provider must use a therapeutic foster care model for this BRS type of care;

(b) The BRS client placed in this BRS type of care can be maintained in a home of an approved provider parent with structure, behavior management and enhanced supports. The BRS client placed in this BRS type of

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care has difficulty in a group setting and requires a placement utilizing a therapeutic foster care model;

(c) The BRS contractor or BRS provider providing this BRS type of care must ensure that a minimum of 13 hours of services are available per week to each BRS client as follows:

(A) Two hours of either individual counseling or individual skills-training, one of which is provided by social service staff; and

(B) Eleven hours of any combination of individual or group counseling, crisis counseling, skills-training, or parent training.

Stat. Auth.: ORS 413.042 & 414.065

Stats. Implemented: ORS 414.065

Hist.: DMAP 63-2013, f. 11-14-13, cert. ef. 1-1-14

410-170-0100

Placement Related Activities for the Authority's BRS Contractors and BRS Providers

(1) In cases where the Authority is the agency, the BRS contractor or BRS provider must provide the following placement related activities, and all facilities, personnel, materials, equipment, supplies and services, and transportation necessary to provide those activities including but not limited to:

(a) Transportation: The BRS contractor or BRS provider is responsible for the transportation of the BRS client to: attend school, to the extent not provided by the school district; medical, dental, and therapeutic appointments, to the extent not provided through the Oregon Health Plan; recreational and community activities; places of employment; and shopping for incidental items;

(b) Educational and vocational activities: The BRS contractor or BRS provider must have a system in place to meet the educational and vocational needs of the BRS client in its program either on-site or at an off-site location or a combination of the two;

(c) Recreational, social, and cultural activities:

(A) The BRS contractor or BRS provider shall provide recreation time for the BRS client on a daily basis, and offer activities that are varied in type to allow BRS clients to obtain new experiences. The BRS contractor or BRS provider shall document recreation as having been provided, by recording the type of activity the BRS client participated in, and the date it occurred;

(B) The BRS contractor or BRS provider shall provide each BRS client 2 to 3 opportunities per week to participate in recreational activities in the community, unless the BRS client is clearly unable to participate in offsite activities due to safety issues. If a BRS client is restricted from participation in community recreation, the BRS contractor or BRS provider shall document the reason in the BRS client's case file, and the reason must be reviewed regularly to ensure that the BRS client is not unnecessarily restricted from offsite activities. The BRS contractor or BRS provider shall offer any BRS client who is restricted from community activities alternative opportunities for recreation on-site;

(C) The BRS contractor or BRS provider shall provide access to or make available social and cultural activities for the BRS clients as part of the therapeutic milieu of the program. These activities are to promote the BRS client's normal development and help broaden the BRS client's understanding and appreciation of the community, arts, environment and other cultural groups;

(D) The BRS contractor or BRS provider may not permit BRS clients to participate in recreational activities that present a higher level of risk to BRS clients without pre-approval by the caseworker. This applies to activities that require a moderate to high level of technical expertise to perform safely, present environmental hazards, or where special certification or training is recommended or required such as: whitewater rafting, rock climbing, ropes courses, activities on or in any body of water where a certified lifeguard is not present and on duty, camping, backpacking, mountain climbing, using motorized yard equipment, and horseback riding;

(d) Academic Assistance: The BRS contractor or BRS provider shall provide adequate opportunities for the BRS clients to complete homework assignments with assistance from staff if needed.

(2) Non BRS-Related Medical Care:

(a) If there is no record that the BRS client has received a physical examination within the six months immediately prior to the BRS client's placement with its program, the BRS contractor or BRS provider shall ensure or make every effort to ensure that the BRS client receives a general medical check, consistent with health insurance allowances, within 30 days of placement. The BRS contractor or BRS provider shall keep documentation of this procedure in the BRS client's file and send a copy to the BRS client's caseworker;

(b) The BRS contractor or BRS provider shall ensure that each BRS client's mental health, physical health, (including alcohol and drug treatment services), dental and vision needs are arranged for. This does not include paying the cost of services or medications which are covered by the Oregon Health Plan (OHP) or by the BRS client's third party private insurance coverage. For services or medications not covered by OHP or third party private insurance, the BRS contractor or BRS provider must notify and work with the caseworker to resolve payment issues;

(c) The BRS contractor or BRS provider shall administer and monitor medications consistent with all applicable licensing rules and the program's own medication management policy;

(d) The BRS contractor or BRS provider shall facilitate the BRS client's access to other providers whenever identified needs cannot be met within the scope of services offered by the program. If health care services are needed but the program is unable to access the needed services for the BRS client, the BRS contractor or BRS provider shall immediately notify the caseworker about this in writing and document its unsuccessful efforts to access healthcare for the BRS client in the BRS client's case file.

(3) The Authority's BRS contractor, if not also the BRS provider, is responsible for ensuring its BRS provider provides the placement related activities to the BRS client as described in this rule.

Stat. Auth.: ORS 413.042, 414.065

Stats. Implemented: ORS 414.065

410-170-0110

Billing and Payment for Services and Placement Related Activities

(1) The BRS contractor is compensated for a billable care day (service and placement related activities rates) on a fee-for-service basis, except as otherwise provided for in these rules. The Authority does not make payments for any calendar day that does not meet the definition of a billable care day under this rule.

(2) Billable care day rates are provided in the "BRS Rates Table", dated January 1, 2014, which is adopted as Exhibit 1 and incorporated by reference into this rule. The BRS Rates Table is available at www.dhs.state.or.us/policy/healthplan/guides/brs/main.html. A printed copy may be obtained from the agency.

(3) Billable Care Day:

(a) For purposes of computing a billable care day, the BRS client must be in the direct care of the BRS provider at 11:59 p.m. of that day or be on an authorized home visit in accordance with section (4) of this rule;

(b) A billable care day does not include any day where the BRS client is on runaway status, in detention, an inpatient in a hospital, or has not yet entered or has been discharged from the BRS contractor's or BRS provider's program.

(4) Home Visits:

(a) The BRS contractor shall only include a maximum of 8 calendar days of home visits in a month as billable care days;

(b) In order to qualify as an authorized home visit day, the BRS contractor must:

(A) Ensure that the home visit is tied to the BRS client's ISP or MSP;

(B) Work with the BRS client and the BRS client's family or substitute family on goals for the home visit and receive regular reports from the family on the BRS client's progress while on the home visit;

(C) Have staff available to answer calls from the BRS client and BRS client's family or substitute family, and to provide services to the BRS client during the time planned for the home visit if the need arises;

(D) Document communications with the BRS client's family or substitute family; and

(E) Document the BRS client's progress on goals set for the home visits.

(5) Invoice form:

(a) The BRS contractor must submit a monthly billing form to the agency in a format acceptable to the agency, on or after the first day of the month following the month in which it provided services and placement related activities to the BRS client. The billing form must specify the number of billable care days provided to each BRS client in that month;

(b) The BRS contractor must provide upon request, in a format that meets the agency's approval, written documentation of each BRS client's location for each day claimed as a billable care day;

(c) The BRS contractor may only submit a claim for a billable care day consistent with the agency's prior authorization.

(6) Payment for a Billable Care Day:

(a) The agency shall pay the service and placement related activities rates to the BRS contractor for each billable care day in accordance with the BRS Rates Table described in section (2) of this rule;

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(b) Notwithstanding section (6)(a) of this rule, the Authority shall only pay the service rate for each billable care day to a public child-caring agency, who by rule or contract provides the local match share for Medicaid claims under OAR 410-120-0035 and 42 CFR 433 Subpart B. The Authority shall not pay the placement related activities rate for each billable care day to these types of public child-caring agencies;

(c) To the extent the payment for services is funded by Medicaid and CHIP funds, the BRS contractor and the BRS provider are subject to Medicaid billing and payment requirements in these rules and the Authority's general rules (OAR 410-120-0000 to 410-120-1980).

(7) Third Party Resources:

(a) The Authority's BRS contractors must make reasonable efforts to obtain payment first from other resources consistent with OAR 410-120-1280(16);

(b) The Department's and OYA's BRS contractors are not required to review or pursue third party resources. The Department and OYA must make reasonable efforts to obtain payment first from other resources consistent with OAR 410-120-1280(16) for Medicaid-eligible BRS clients.

(8) Public child-caring agencies, who are responsible by rule or contract for the local match share portion of eligible Medicaid claims, must comply with OAR 410-120-0035 and 42 CFR 433 Subpart B.

(9) In cases where the BRS contractor is not also the BRS provider, the BRS contractor is responsible for compensating the BRS provider for billable care days pursuant to the agency-approved subcontract between the BRS contractor and the BRS provider.

(10) The Authority shall not be financially responsible for the payment of any claim that the Centers for Medicare and Medicaid Services (CMS) disallows under the Medicaid or CHIP program. If the Authority has previously paid the agency or BRS contractor for any claim which CMS disallows, the payment shall be recouped pursuant to OAR 410-120-1397. The Authority shall recoup or recover any other overpayments as described in OAR 410-120-1397 and OAR 943-120-0350 and 943-120-0360.

Stat. Auth.: ORS 413.042 & 414.065

Stats. Implemented: ORS 414.065

Hist.: DMAP 63-2013, f. 11-14-13, cert. ef. 1-1-14

410-170-0120

Compliance Reviews & Sanctions

(1) The BRS contractor must cooperate, and ensure its BRS providers cooperate, with program compliance reviews or audits conducted by any federal or state or local governmental agency or entity related to the BRS program.

(2) The Authority or agency, or both, must conduct compliance reviews periodically, including but not limited to review of documentation and onsite inspections.

(3) If the agency determines that the BRS contractor is not in compliance with its contract to provide BRS services or placement related activities, including but not limited to non-compliance with state or federal law or regulation, then the agency may:

(a) Provide technical assistance;

(b) Require the BRS contractor or BRS provider to develop and implement a corrective action plan;

(c) Pursue any or all remedies authorized under the contract;

(d) Pursue any other remedy authorized by state or federal law; or

(e) Pursue any combination of the above.

(4) If the agency determines that the BRS contractor or the BRS provider is not in compliance with state or federal law or regulation then, in addition to pursuing any contract remedy, the agency may:

(a) Provide technical assistance;

(b) Require the BRS contractor or BRS provider to develop and implement a corrective action plan;

(c) Refer the case to an appropriate licensing or other oversight federal or state or local governmental agency or entity;

(d) Pursue any other remedy authorized by state or federal law; or

(e) Pursue any combination of the above.

(5) In addition to the remedies provided in section (3) and (4) above, if the Authority determines that the BRS contractor or the BRS provider is not in compliance with state or federal law or regulation, then the Authority may:

(a) Impose sanctions pursuant to OAR 410-120-1400 and 410-120-1460;

(b) Recover an overpayment pursuant to OAR 410-120-1397; or

(c) Any combination of the above.

(6) Overpayment:

(a) The Authority Identified: When an overpayment is identified, the Authority must notify the BRS contractor or BRS provider in writing. The

overpayment amount will be determined at the Authority's discretion through direct examination of claims, through statistical sampling and extrapolation techniques or other means. Procedures for recovery of funds are as described in OAR 410-120-1397 or by applicable contract language;

(b) BRS contractor or Provider Identified: When a BRS contractor or BRS provider discovers that they requested and may have received reimbursement not in compliance with all applicable rules they must contact the Division's Medicaid Policy Unit and Office of Payment Accuracy and Recovery (OPAR) promptly to report the possible inappropriate payment and discuss the manner by which the appropriateness will be determined as well as programmatic changes and other notifications to be made.

(7) The BRS contractor or the BRS provider may appeal an Authority's notice of action for sanctions or overpayments under the appeal processes specified in the notice and applicable administrative rules for the Authority.

Stat. Auth.: ORS 413.042, 414.065

Stats. Implemented: ORS 414.065

Hist.: DMAP 63-2013, f. 11-14-13, cert. ef. 1-1-14

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Oregon Health Authority, Oregon Educators Benefit Board Chapter 111

Rule Caption: Adopt temporary language to cover Transition Relief

Adm. Order No.: OEGB 13-2013(Temp)

Filed with Sec. of State: 10-23-2013

Certified to be Effective: 10-24-13 thru 4-20-14

Notice Publication Date:

Rules Adopted: 111-040-0039

Subject: In 2014, employees will be able to purchase coverage through the Exchanges, and health care reform's individual shared responsibility (individual mandate) penalty will become applicable for individuals without qualifying coverage. At that time, some employees may wish to drop employer-provided health coverage and enroll in coverage through an Exchange, or to enroll in qualifying employer-provided coverage to avoid the individual shared responsibility penalty. However, the permitted election change regulations do not currently provide for midyear cafeteria plan election changes on account of either of these events. In order to accommodate employees participating in non-calendar-year cafeteria plans (who would otherwise be locked into their elections as of January 1, 2014), the IRS has provided transition relief under which non-calendar-year plans like OEGB's can permit certain health plan election changes during the cafeteria plan year beginning in 2013. OEGB is adopting a temporary rule to cover Transition Relief.

Rules Coordinator: April Kelly — (503) 378-6588

111-040-0039

Transition Relief

(1) Benefit-eligible employees may make one election change to their medical, dental and vision coverages having an effective date of October 1, 2013, through December 1, 2013. This election change request must be in writing or on an election change form and received by the entity between December 1, 2013, and January 31, 2014. The effective date of the election change shall be the first of the month following the date the request is received.

(2) Allowable election changes include:

(a) Enrolling in medical, dental and/or vision coverage;

(b) Adding a previously eligible dependent to coverage;

(c) Waiving or opting-out of medical, declining dental and/or vision; and

(d) Removing an eligible dependent from coverage.

(3) Eligible early retirees and COBRA subscribers may make one election change to their medical, dental and vision coverages having an effective date of October 1, 2013, through December 1, 2013. This election change request must be in writing or on an election change form and received by the administering entity between December 1, 2013, and January 31, 2014. The effective date of the election change shall be the first of the month following the date the request is received.

(4) Allowable election changes include:

(a) Cancelling medical, dental and/or vision; and

(b) Removing an eligible dependent from coverage.

Stat. Auth.: ORS 243.860 – 243.886

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Stats. Implemented: ORS 243.864(1)(a)
Hist.: OEBB 13-2013(Temp), f. 10-23-13, cert. ef. 10-24-13 thru 4-20-14

Rule Caption: Removing development of benefit plans from rule and updating new plans and plan requirements

Adm. Order No.: OEBB 14-2013

Filed with Sec. of State: 10-23-2013

Certified to be Effective: 10-23-13

Notice Publication Date: 8-1-2013

Rules Amended: 111-030-0010, 111-030-0046

Rules Repealed: 111-030-0001, 111-030-0005, 111-030-0020, 111-030-0025, 111-030-0010(T), 111-030-0046(T)

Subject: Removing development of benefit plans from rule, as this language applied to the OEBB benefit program when the program was in development. Benefit plan selection no longer applies since the Board made the decision to no longer restrict plans. Amendments made to plan selection criteria and the Health Savings Account section update new plans and plan requirements.

Rules Coordinator: April Kelly — (503) 378-6588

111-030-0010

Medical, Pharmaceutical, Dental and Vision Plan Selection Criteria

Educational Entities may choose or allow all medical, dental and vision plans available in the service area to be available to some or all Entity Employee Groups with the following exceptions:

(1) The HMO vision plan offered through Kaiser Permanente is only available if the HMO medical plan offered through Kaiser Permanente is available.

(2) Moda Health Plan H can only be offered to employee groups who have the option to participate in a Health Savings Account (HSA) effective October 1, 2013. Eligible employees must qualify and contribute to an HSA during the plan year to enroll in Moda Health Plan H.

Stat. Auth.: ORS 243.860-243.886

Stats. Implemented: ORS 243.864(1)(a)

Hist.: OEBB 8-2010(Temp), f. & cert. ef. 8-3-10 thru 1-29-11; OEBB 2-2011, f. & cert. ef. 2-11-11; OEBB 3-2012(Temp), f. & cert. ef. 4-20-12 thru 10-16-12; OEBB 8-2012, f. & cert. ef. 10-9-12; OEBB 8-2013(Temp), f. & cert. ef. 7-12-13 thru 1-7-14; OEBB 14-2013, f. & cert. ef. 10-23-13

111-030-0046

Development of Health Savings Accounts (HSA)

(1) Effective October 1, 2011, OEBB will offer the use of an employer sponsored vendor for Health Savings Accounts (HSA). For purposes of this rule, an HSA vendor will be considered employer sponsored if the Educational Entity offers:

(A) Employer contributions to the HSA; or

(B) Pre-tax or direct deposit of employee contributions to the HSA.

(2) If an Educational Entity chooses to offer an employer sponsored HSA, the Educational Entity may offer this plan through the OEBB-contracted HSA.

(3) Educational Entities may select or allow the HSA option to be available to eligible employees who enroll in OEBB's high-deductible health plan (HDHP) option (currently Moda Health Plan H).

(4) Eligible employees who are eligible to enroll in an HSA, and choose the employer sponsored HSA vendor, may do so directly through the HSA vendor or their Educational Entity.

(5) Eligible employees must meet requirements established by the Internal Revenue Service (IRS) to qualify for enrollment in an HSA. Once enrolled in an HSA, members are responsible to adhere to tax requirements of the IRS.

(6) Because IRS requirements for an individual to qualify for enrollment in an HSA include concurrent enrollment in a high-deductible health plan (HDHP), an Educational Entity that offers an employer sponsored HSA must offer its employees the choice of a HDHP option from among OEBB's medical plans (i.e., prior to the 2013-14 plan year, ODS Health Plan 9; beginning with the 2013-14 plan year, Moda Health Plan H). If an employee is enrolled in an OEBB medical plan other than OEBB's HDHP, the employee may not enroll in the OEBB HSA.

Stat. Auth.: ORS 243.860 - 243.886

Stats. Implemented: ORS 243.874(5)

Hist.: OEBB 13-2011(Temp), f. & cert. ef. 8-2-11 thru 1-28-12; OEBB 21-2011, f. 10-13-11, cert. ef. 10-14-11; OEBB 8-2013(Temp), f. & cert. ef. 7-12-13 thru 1-7-14; OEBB 14-2013, f. & cert. ef. 10-23-13

Rule Caption: Amendments update language regarding eligibility verifications and reviews

Adm. Order No.: OEBB 15-2013

Filed with Sec. of State: 10-23-2013

Certified to be Effective: 10-23-13

Notice Publication Date: 8-1-2013

Rules Amended: 111-040-0015

Subject: Amendments update language that aligns with the new eligibility verification and review language in OEBB's Division 80, Operations rule.

Rules Coordinator: April Kelly — (503) 378-6588

111-040-0015

Removing an Ineligible Individual from Benefit Plans

(1) An active employee who enrolls them self and/or an eligible person is responsible for removing spouses, domestic partners and children from their OEBB-sponsored benefit plans by submitting completed, applicable forms to their Educational Entity benefits administrator within 31 calendar days after the date the individual becomes ineligible. Coverage ends on the date identified under OAR 111-040-0005.

(2) An Educational Entity is responsible for removing ineligible individuals from the OEBB benefits management system. The Educational Entity must complete such removal within 14 calendar days after:

(a) An event resulting in loss of the employee's eligibility, or

(b) The receipt of notification of an event resulting in loss of eligibility of the employee's spouse, domestic partner or child.

(3) If coverage of an employee's spouse, domestic partner or child is terminated retroactively then:

(a) The employee may be responsible for claims previously paid by the benefit plans to the providers during the period of ineligibility at the carrier's discretion; and

(b) Premium adjustments will be made retroactively based on the coverage end date.

(4) OEBB shall conduct eligibility verifications and reviews to monitor compliance with OEBB administrative rules governing eligibility and enrollment. Eligibility reviews may occur at different times throughout the plan year. The member is responsible to submit documentation upon request. In the event the member does not provide the required documentation in a timely manner to sufficiently prove the dependent meets eligibility requirements, or the documentation provided is insufficient, the dependent's coverage will be terminated. Retroactive terminations may occur if the documentation provided shows the dependent was not eligible for coverage and the member misrepresented the dependent as being an eligible dependent as defined by OAR 111-080-0045.

Stat. Auth.: ORS 243.860 - 243.886

Stats. Implemented: ORS 243.864(1)(a)

Hist.: OEBB 14-2008, f. & cert. ef. 8-15-08; OEBB 9-2010(Temp), f. & cert. ef. 8-3-10 thru 1-29-11; OEBB 12-2010(Temp), f. 9-30-10, cert. ef. 10-1-10 thru 1-29-11; OEBB 3-2011, f. & cert. ef. 2-11-11; OEBB 17-2011(Temp), f. 9-30-11, cert. ef. 10-1-11 thru 3-29-12; OEBB 23-2011, f. & cert. ef. 12-14-11; OEBB 4-2012(Temp), f. & cert. ef. 4-20-12 thru 10-16-12; OEBB 9-2012, f. & cert. ef. 10-9-12; OEBB 15-2013, f. & cert. ef. 10-23-13

Rule Caption: Amendments update and clarify language related to early retirees

Adm. Order No.: OEBB 16-2013

Filed with Sec. of State: 10-23-2013

Certified to be Effective: 10-23-13

Notice Publication Date: 8-1-2013

Rules Amended: 111-050-0010, 111-050-0050

Subject: Amendments to 111-050-0010 align the definition of Eligible Early Retiree with OEBB's definition under Division 10 and clarify the language related continuation of coverage from active coverage to retiree coverage. Amendments to 111-00-0050 update language that aligns with the new eligibility verification and review language in OEBB's Division 80 Operations rule.

Rules Coordinator: April Kelly — (503) 378-6588

111-050-0010

Eligibility for Retiree Insurance Coverage

(1) Active eligible employees and their enrolled eligible dependents not yet eligible for Medicare may continue coverage in OEBB medical, dental, vision, life and accidental death and dismemberment plan options upon retirement, provided the plans are offered to Eligible Early Retirees through the Educational Entity or OEBB. Insurance coverage under the OEBB or non-OEBB entity active employee benefit plans, as an employee

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or as a dependent of an employee, and retiree benefit plans must be continuous.

(2) Active eligible employees and/or their enrolled eligible dependents that are eligible for Medicare, and therefore not eligible to continue on the OEBB medical or vision plan options, may continue coverage on OEBB dental, life, and accidental death and dismemberment plan options upon retirement, provided the plans are offered to retirees through the Educational Entity or OEBB.

(3) An Eligible Early Retiree means and includes a previously Eligible Employee who is:

- (a) Not Medicare-eligible; or
- (b) Under 65 years old; and

(A) Receiving a service or disability retirement allowance or pension under the Public Employees Retirement System (PERS) or under any other retirement or disability benefit plan or system offered by an OEBB participating organization for its employees;

(B) Eligible to receive a service retirement allowance under PERS and has reached earliest retirement age under ORS Chapter 238;

(C) Eligible to receive a pension under ORS 238A.100 to 238A.245 and has reached earliest retirement age as described in ORS 238A.165; or

(D) Eligible to receive a service retirement allowance or pension under another retirement benefit plan or system offered by an OEBB participating organization and has reached earliest retirement age under the plan or system.

(4) An Eligible Early Retiree may continue medical, dental, vision, optional life and accidental death and dismemberment coverage for themselves only or may continue to cover any eligible dependents who were enrolled in the employee's active plan immediately prior to the retirement as long as the coverage and plan options are included in the plans offered by the Educational Entity.

(5) Basic life and basic accidental death and dismemberment requires 100 percent mandatory enrollment unless otherwise specified in a collective bargaining agreement in effect on or before September 30, 2009, and the Educational Entity can provide documentation that supports the administration of this benefit.

(6) A former Eligible Employee who elects COBRA and is also eligible for early retiree benefits or later becomes eligible as an Eligible Early Retiree will have the right to transfer the COBRA medical, dental, and vision insurance coverage to the OEBB early retiree benefit plans at any time during COBRA or within 30 days of the COBRA end date. Insurance coverage under the OEBB active, COBRA and early retiree benefit plans must be continuous.

Stat. Auth.: ORS 243.860 - 243.886

Stats. Implemented: ORS 243.864(1)(a)

Hist.: OEBB 2-2007(Temp), f. & cert. ef. 9-21-07 thru 3-18-08; OEBB 7-2008, f. & cert. ef. 4-15-08; OEBB 13-2008(Temp), f. & cert. ef. 8-15-08 thru 2-11-09; OEBB 3-2009, f. & cert. ef. 1-30-09; OEBB 15-2009(Temp), f. & cert. ef. 7-31-09 thru 1-26-10; OEBB 1-2010, f. & cert. ef. 2-1-10; OEBB 10-2010(Temp), f. & cert. ef. 8-3-10 thru 1-29-11; OEBB 4-2011, f. & cert. ef. 2-11-11; OEBB 5-2012(Temp), f. & cert. ef. 4-20-12 thru 10-16-12; OEBB 10-2012, f. & cert. ef. 10-9-12; OEBB 16-2013, f. & cert. ef. 10-23-13

111-050-0050

Removing an Ineligible Individual from Benefit Plans

(1) An Eligible Early Retiree who enrolls themselves and/or an eligible person is responsible for removing ineligible spouses, domestic partners and children from their OEBB-sponsored benefit plans by submitting completed, applicable forms to their Educational Entity benefits administrator within 31 calendar days after the date the individual becomes ineligible. Coverage ends on the date identified under OAR 111-050-0045.

(2) An Educational Entity is responsible for removing ineligible individuals from the OEBB benefits management system. The Educational Entity must complete such removal within 14 calendar days after:

- (a) An event resulting in loss of the early retiree's eligibility, or
- (b) The receipt of notification of an event resulting in loss of eligibility of the early retiree's spouse, domestic partner or child.

(3) If coverage of an early retiree's spouse, domestic partner or child is terminated retroactively then:

(a) The early retiree may be responsible for claims previously paid by the benefit plans to the providers during the period of ineligibility at the carrier's discretion; and

(b) Premium adjustments will be made retroactively based on the coverage end date.

(4) OEBB shall conduct eligibility verifications and reviews to monitor compliance with OEBB administrative rules governing eligibility and enrollment. Eligibility reviews may occur at different times throughout the plan year. The member is responsible to submit documentation upon request. In the event the member does not provide the required documenta-

tion in a timely manner to sufficiently prove the dependent meets eligibility requirements, or the documentation provided is insufficient, the dependent's coverage will be terminated. Retroactive terminations may occur if the documentation provided shows the dependent was not eligible for coverage and the member misrepresented the dependent as being an eligible dependent as defined by OAR 111-080-0045.

(3) OEBB long term care carrier(s) will transfer the coverage from a Group Long Term Care to an Individual Long Term Care policy and premiums will be paid directly to the carrier upon request.

Stat. Auth.: ORS 243.860 - 243.886

Stats. Implemented: ORS 243.864(1)(a)

Hist.: OEBB 13-2008(Temp), f. & cert. ef. 8-15-08 thru 2-11-09; OEBB 3-2009, f. & cert. ef. 1-30-09; OEBB 10-2010(Temp), f. & cert. ef. 8-3-10 thru 1-29-11; OEBB 13-2010(Temp), f. & cert. ef. 9-30-10, cert. ef. 10-1-10 thru 1-29-11; OEBB 4-2011, f. & cert. ef. 2-11-11; OEBB 18-2011(Temp), f. & cert. ef. 10-1-11 thru 3-29-12; OEBB 24-2011, f. & cert. ef. 12-14-11; OEBB 5-2012(Temp), f. & cert. ef. 4-20-12 thru 10-16-12; OEBB 10-2012, f. & cert. ef. 10-9-12; OEBB 16-2013, f. & cert. ef. 10-23-13

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Rule Caption: Amendments to this rule update plans available, open enrollment period and premium payments

Adm. Order No.: OEBB 17-2013

Filed with Sec. of State: 10-23-2013

Certified to be Effective: 10-23-13

Notice Publication Date: 8-1-2013

Rules Amended: 111-070-0005, 111-070-0015, 111-070-0050

Rules Repealed: 111-070-0005(T), 111-070-0015(T), 111-070-0050(T)

Subject: Amendments to 111-070-0005 update plans available to this group. Amendments to 111-070-0015 extend the open enrollment timeframe and amendments to 111-070-0050 add a processing fee if the member declines the use of the electronic funds transfer and has a checking account.

Rules Coordinator: April Kelly—(503) 378-6588

111-070-0005

Plan Selections

HB 2557 eligible members will use the tiered rate structure and may elect to enroll in Moda Health Plan E, Moda Health Plan G, or Moda Health Plan H. Moda Health Plan H can only be elected if the HB 2557 member qualifies for and contributes to Health Savings Account (HSA).

Stat. Auth.: ORS 243.860 - 243.886

Stats. Implemented: 243.864(1)(a)

Hist.: OEBB 4-2010, f. & cert. ef. 3-15-10; OEBB 7-2013(Temp), f. & cert. ef. 7-12-13 thru 1-7-14; OEBB 17-2013, f. & cert. ef. 10-23-13

111-070-0015

Enrollment

(1) OEBB will directly provide HB 2557 eligible members notice of their eligibility, the open enrollment schedule and instructions for completing the required enrollment information prior to the beginning of the open enrollment period.

(2) HB 2557 eligible members and eligible dependents may enroll in a medical plan as specified in 111-070-0005 when one of the following occurs:

(a) During the annual open enrollment period (August 15 through September 25);

(A) Required enrollment information may be submitted by the member to the OEBB office prior to the beginning of the open enrollment period;

(B) All required enrollment information must be received from the member by OEBB by close of business on September 25;

(C) Required enrollment information not received from the member on or before the end of the open enrollment period will be considered a declination of coverage for the Plan Year;

(D) Coverage selected will be effective at the beginning of the new Plan Year (October 1) for HB 2557 eligible member and dependent(s) who have submitted the required enrollment information by the submission deadline; or

(b) Following confirmation that an individual not initially identified as eligible for benefits is eligible for benefits:

(A) All required enrollment information must be received from the member by OEBB by close of business on the date specified in the written eligibility notice sent to the HB 2557 eligible member. Failure to meet the due date will be considered a declination of coverage for the Plan Year;

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(B) Coverage selected will be effective the first day of the month following eligibility confirmation and receipt of the required enrollment information.

Stat. Auth.: ORS 243.860 - 243.886
Stats. Implemented 243.864(1)(a)
Hist.: OEBB 4-2010, f. & cert. ef. 3-15-10; OEBB 7-2013(Temp), f. & cert. ef. 7-12-13 thru 1-7-14; OEBB 17-2013, f. & cert. ef. 10-23-13

111-070-0050

Premium Payment

(1) **HB 2557 Eligible Member Payment Methods and Due Dates:**

(a) HB 2557 eligible members will submit payment to OEBB for benefits by electronic funds transfer (EFT).

(b) OEBB may grant an exception from the requirement in section (1) to pay by EFT if the HB 2557 eligible member demonstrates their financial institution cannot accommodate an EFT transfer, or the member does not maintain an account at a financial institution.

(c) Notwithstanding section (2), the electronic transfer of funds will occur on the 25th day of the month prior to the next month's health care coverage. All payments will be subject to this due date.

(2) If the HB 2557 member has a checking account, but submits a written letter declining to use the electronic funds transfer payment method, a \$35.00 processing fee shall be applied to the HB 2557 member's monthly premium.

(3) **HB 2557 Eligible Member Invoicing:**

(a) OEBB will enroll a new HB 2557 eligible member after one of the following is completed:

(A) The required ACH payment agreement for electronic transfer of funds is received from the member, processed and set-up with their financial institution; or

(B) The Exception Request Form is received from the member, reviewed and approved;

(b) OEBB will mail payment reminders to HB 2557 eligible members to provide notification of the amount and date the automatic checking deduction will occur.

(c)(A) If the payment is not received in full by the 25th calendar day of the month, the member's coverage will be terminated on the last day of the month in which a full premium payment was received. All premium payments must be paid in full before payment to the carrier will be made.

(B) OEBB shall not be responsible for any unpaid portion of premiums for coverage and will terminate the HB 2557 eligible member and dependent coverage for non-payment or underpayment of premiums due.

(4) **HB 2557 Eligible Member Overpayments:**

(a) OEBB will mail notification of overpayments to the HB 2557 eligible member. This written notice shall inform the member of the amount overpaid and a description of the overpayment.

(b)(A) OEBB will automatically apply any overpayments to the next month's premium due. The member may complete a Request for Reimbursement form if a refund of an overpayment is desired. However, the member may be responsible for processing fees associated with refunds less than \$100.

(B) Remaining balances on coverage that has ended will be refunded in full.

(5) **HB 2557 Eligible Member Underpayments:**

(a) Premiums that are not paid in full by the 25th calendar day of the month prior to the coverage effective month will result in the eligible member's and dependent's coverage being terminated at the end of the last month for which premiums were paid in full.

(b)(A) HB 2557 eligible members will be notified if their coverage was terminated due to the premium not being paid in full, including payments returned by the bank for Non-Sufficient Funds (NSF).

(B) A check or ACH transaction that is returned for NSF is considered non-payment of premiums.

(c) Coverage terminated due to non-payment or underpayment cannot be reinstated until a following Plan Year in which a person is deemed a HB 2557 eligible member.

Stat. Auth.: ORS 243.860 - 243.886
Stats. Implemented 243.864(1)(a)
Hist.: OEBB 4-2010, f. & cert. ef. 3-15-10; OEBB 7-2013(Temp), f. & cert. ef. 7-12-13 thru 1-7-14; OEBB 17-2013, f. & cert. ef. 10-23-13

Rule Caption: Establishes eligibility verification and review language under Operations rule

Adm. Order No.: OEBB 18-2013

Filed with Sec. of State: 10-23-2013

Certified to be Effective: 10-23-13

Notice Publication Date: 8-1-2013

Rules Adopted: 111-080-0055

Rules Repealed: 111-080-0055(T)

Subject: Currently, limited eligibility review language exists in Division 40 and Division 50 under OEBB's Chapter 111 rules. 111-080-0055 establishes eligibility verification and reviews language in rule under OEBB's Operations rule which elaborates on the different types of verifications and reviews and the timeline for such reviews.

Rules Coordinator: April Kelly—(503) 378-6588

111-080-0055

Eligibility Verifications and Reviews

(1) OEBB shall plan and conduct eligibility verifications and reviews to monitor compliance with OEBB administrative rules. Reviews shall include, but are not be limited to the following:

- (a) Dependent eligibility;
- (b) Employee eligibility;
- (c) Election change limitations; and
- (c) Plan enrollment limitations.

(2)(a) Employee eligibility, election change and plan enrollment reviews may occur on a random basis throughout the year, or if anomalies in data warrant a formal review.

(b) The Eligible Employee and educational entity are responsible to submit documentation upon request.

(3) Dependent eligibility verifications shall be completed at least once every three years per participating educational entity.

(a) OEBB shall develop a review plan that will include an onsite verification of dependent eligibility documentation for benefit-eligible employees of each participating educational entity once every three years.

(b) Educational entities may have a formal dependent eligibility verification and review completed by a third party vendor on or after October 1, 2013. The use of a third party vendor for a dependent eligibility verification and review may meet the once every three years requirement provided the vendor meets the standards and criteria set in the OEBB verification and review plan and agrees to report all findings to OEBB via a secure electronic file. All requests to substitute a third party vendor for this purpose must be pre-approved by OEBB.

(c) The member is responsible to submit documentation upon request.

In the event the member does not provide the required documentation to sufficiently prove the dependent meets eligibility requirements, or the documentation provided is insufficient, the dependent's coverage will be terminated. Retroactive terminations may occur if the documentation provided shows the dependent was not eligible for coverage and the member misrepresented the dependent as being an eligible dependent as defined by OAR 111-080-0045.

Stat. Auth.: ORS 243.860 - 243.886
Stats. Implemented: ORS 243.864(1)(a)
Hist.: OEBB 9-2013(Temp), f. & cert. ef. 7-12-13 thru 1-7-14; OEBB 18-2013, f. & cert. ef. 10-23-13

Oregon Health Authority, Public Health Division Chapter 333

Rule Caption: WIC Participant Administration

Adm. Order No.: PH 10-2013

Filed with Sec. of State: 11-6-2013

Certified to be Effective: 12-1-13

Notice Publication Date: 9-1-2013

Rules Adopted: 333-053-0075

Rules Amended: 333-053-0030, 333-053-0040, 333-053-0050, 333-053-0060, 333-053-0080, 333-053-0100, 333-053-0110

Rules Repealed: 333-053-0070, 333-053-0090

Subject: The Oregon Health Authority, Public Health Division is permanently adopting, amending and repealing administrative rules in chapter 333, division 53 as they pertain to WIC participants. These amendments are clarifications and adjustments to definitions, eligibility, participant information, violations, claims, and administrative review language which reflect program participant administration practices in an Electronic Benefit Transfer (EBT) system.

Rules Coordinator: Brittany Sande—(971) 673-1291

ADMINISTRATIVE RULES

333-053-0030

Description of the WIC Program

(1) The WIC program is a federally funded program established in 1972 by an amendment to the Child Nutrition Act of 1966. The purpose of the WIC program is to serve as an adjunct to health care by providing: nutrition education and counseling; nutritious supplemental foods; health screening and referral services to pregnant and breastfeeding women, infants and children in certain high-risk categories.

(2) Federal regulations governing the WIC program, 7 CFR § 246, require adoption and implementation of standards and procedures to guide the state's administration of the WIC program. These regulations also define the rights and responsibilities of participants.

(3) The Oregon Health Authority administers the WIC program in the State of Oregon.

(4) Any participant who receives benefits from the WIC program shall comply with these rules. Failure to comply with these rules shall result in sanctions.

(5) WIC program participation may include participation in the Oregon Farm Direct Nutrition Program (FDNP).

Stat. Auth.: ORS 413.500

Stats. Implemented: ORS 413.500

Hist.: PH 17-2008, f. & cert. ef. 11-5-08; PH 10-2013, f. 11-6-13, cert. ef. 12-1-13

333-053-0040

Definitions

(1) "Adjunctively income eligible" means an applicant or participant who is eligible for WIC because they are:

(a) Certified and fully eligible to receive benefits for the:

(A) Food Distribution Program on Indian Reservations (FDPIR);

(B) Supplemental Nutrition Assistance Program (SNAP);

(C) Medicaid/Oregon Health Plan (OHP); or

(D) Temporary Assistance for Needy Families (TANF); or

(b) A member of a household with:

(A) A SNAP recipient;

(B) A pregnant woman or infant currently on Medicaid/OHP;

(C) A TANF recipient; or

(D) A FDPIR recipient.

(2) "Appeal" means review of an agency decision by a neutral third party.

(3) "Applicant" means any pregnant woman, post-partum woman, infant or child who is applying to receive WIC program benefits, and a breastfed infant of an applicant breastfeeding woman. Applicants include individuals who are currently participating in the program but are re-applying because their certification period is about to expire.

(4) "Authority" means the Oregon Health Authority.

(5) "Authorized food" means any supplemental foods approved by the Oregon WIC program and listed on the WIC Authorized Food List or food instrument.

(6) "Authorized shopper" means:

(a) The participant or any person designated by a participant who has been documented as such to act on the participant's behalf; and

(b) In the case of an infant or child, the caretaker or the caretaker's designee; or

(c) Any representative of the Authority posing as a participant or participant designee as authorized by the Authority.

(7) "Cardholder" means the person authorized by the WIC program to use the eWIC card to purchase WIC food benefits at WIC-authorized vendors.

(8) "Cash Value Benefit" or "CVB" means a fixed-dollar benefit on a check, voucher, electronic benefit transfer (EBT) card or other document which is used by an authorized shopper to obtain WIC authorized fruits and vegetables.

(9) "Certification" means the implementation of criteria and procedures to assess and document each applicant's eligibility for participation in the WIC program.

(10) "CFR" means Code of Federal Regulations.

(11) "Claim" means a demand for repayment for intentional misuse of WIC or FDNP benefits.

(12) "CSFP" means the Commodity Supplemental Food Program.

(13) "Disqualification" means termination of participation in the WIC program and cessation of WIC benefits due to a participant violation for a specific amount of time.

(14) "Dual participation" means simultaneous participation in more than one WIC program (more than one state or more than one local agency within Oregon) or participation in the WIC program and in the CSFP at the same time.

(15) "Electronic benefit account" or "EBA" means an account established for a WIC household administered by Oregon's eWIC banking contractor and where food benefits for all participants in the household are aggregated into that single account.

(16) "eWIC card" means the electronic benefit transfer (EBT) card used by cardholders to purchase WIC authorized foods or formulas from their electronic benefit account (EBA).

(17) "Fair hearing" means a proceeding before an administrative law judge to review actions proposed by the Authority.

(18) "Farm Direct Nutrition Program" or "FDNP" means the Farmers' Market Nutrition Program administered by the United States Department of Agriculture (USDA), Food and Nutrition Services and implemented by the State of Oregon, Oregon Health Authority.

(19) "First cardholder" means the required cardholder for an electronic benefit account. The first cardholder is either the woman participant or the parent or caretaker from the same household as the infant or child participant therefore sharing the same address.

(20) "Food instrument" means a WIC program voucher, check, coupon, electronic benefit transfer (EBT) card, or other document which is used to obtain authorized foods.

(21) "Hearing request" or "request for a hearing" means any clear expression by an individual, or the individual's parent, caretaker or representative, that he or she desires an opportunity to present his or her case to a higher authority.

(22) "Local agency" means:

(a) A public or private non-profit health or human services agency that provides health services, either directly or through contract with the Authority to provide services, in accordance with 7 CFR § 246.5;

(b) An Indian Health Service unit in contract with the Authority to provide services;

(c) An Indian tribe, band or group recognized by the Department of the Interior that operates a health clinic or is provided health services by an Indian Health Service unit; or

(d) An intertribal council or group that is an authorized representative of Indian tribes, bands or groups recognized by the Department of the Interior that operates a health clinic or is provided health services by an Indian Health Service unit.

(23) "Notice of Non-compliance" means a letter notifying participants, parents or caretakers of an infant or child participant when they commit a program violation. This notice is an explanation of the violation and a warning about repercussions of subsequent violations.

(24) "Participant" means any pregnant woman, breastfeeding woman, post-partum non-lactating woman, infant or child who has been certified to receive benefits from the WIC program.

(25) "Participant's caretaker" means a person who has significant responsibility for providing food to the infant or child. The caretaker is usually part of the family unit, for example the parent or legal guardian of the infant or child.

(26) "Restitution" means reimbursement to the Authority of the cash value of WIC program benefits received by a participant as a result of a violation.

(27) "Sanction" means a penalty imposed by the state WIC program because of a violation.

(28) "Second cardholder" means an individual authorized on a WIC electronic benefit account who has been issued their own eWIC card with the permission of the first cardholder.

(29) "Service area" means a local program or subdivision of a local agency that encompasses a specific geographic area.

(30) "Termination" means a participant's file is closed and WIC program benefits cease for any reason including, but not limited to, lack of eligibility, no longer breastfeeding, or transferring out of state, and participant violations.

(31) "Trafficking" means the buying or selling of a WIC food instrument for cash.

(32) "Violation" means any intentional action of a participant, parent or caretaker of an infant or child participant, or any eWIC cardholder that violates federal or state statutes, regulations, policies or procedures governing the WIC program.

(33) "WIC program" or "WIC" means the Special Supplemental Nutrition Program for Women, Infants and Children authorized by Section 17 of the Federal Child Nutrition Act of 1966, as amended, 42 U.S.C. § 1786.

(34) "WIC program benefits" mean benefits a participant receives that includes but are not limited to food, formula, and breast pumps.

Stat. Auth.: ORS 413.500

Stats. Implemented: ORS 413.500

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Hist.: PH 17-2008, f. & cert. ef. 11-5-08; PH 5-2011(Temp), f. & cert. ef. 7-1-11 thru 12-27-11; PH 11-2011, f. & cert. ef. 10-27-11; PH 10-2013, f. 11-6-13, cert. ef. 12-1-13

Stats. Implemented: ORS 413.500
Hist.: PH 10-2013, f. 11-6-13, cert. ef. 12-1-13

333-053-0050

Participant Eligibility

(1) In order to be eligible for the WIC program, at the time of application an applicant must:

(a) Be a pregnant woman, a breastfeeding woman less than one year after delivery, a non-lactating, post-partum woman less than six months after delivery, or a child through the end of the month he or she turns five years of age;

(b) Reside within the jurisdiction of the State of Oregon and either reside within the local agency service area or within the Indian State jurisdiction;

(c) Meet the state's income eligibility criteria at the time of application; and

(d) Be at nutritional risk as defined by the Authority.

(2) In order to establish eligibility, a state or local agency shall require proof of residency, identity, and income and may require verification of pregnancy.

(3) Participants may only be enrolled in one local agency or clinic within a local agency in Oregon at a time.

(4) Participants may be enrolled in only one state WIC program at a time. If a participant moves to a new state they are no longer eligible to receive Oregon WIC program benefits.

(5) A participant may be terminated from the WIC program because they are no longer eligible.

(6) A participant may be disqualified from the WIC program for violations of program rules.

(7) A participant may voluntarily withdraw from participating in the WIC program at any time.

(8) A participant is eligible to receive FDNP benefits if the individual meets all of the following eligibility criteria on the date of FDNP benefit issuance:

(a) Is currently receiving benefits under the WIC program; and

(b) Belongs to any eligible WIC category described in subsection (1)(a) of this rule; and

(c) Is four months of age or older.

(9) A participant will be informed of and required to verify that he or she understands the rights and responsibilities of WIC participation at the time of their eligibility certification.

Stat. Auth.: ORS 413.500

Stats. Implemented: ORS 413.500

Hist.: PH 17-2008, f. & cert. ef. 11-5-08; PH 10-2013, f. 11-6-13, cert. ef. 12-1-13

333-053-0060

Participant Information

(1) Applicants shall provide accurate information as part of the certification process.

(2) State or local WIC staff may verify any of the information provided by the applicant, participant, or participant's caretaker.

(3) The WIC program may share information about applicants and participants with other public health programs and Oregon Head Start programs. This information will only be used to access other health services and assess the effectiveness of those services.

(4) Information concerning eligibility shall be shared with another WIC clinic or local agency if the participant moves from one service area to another or to a different state.

(5) Applicants, participants and the participant's caretakers will be given the opportunity to register to vote at the local agency, and they may decline to provide this information. Receipt of WIC program benefits will not be affected by answers to voter registration questions.

Stat. Auth.: ORS 413.500

Stats. Implemented: ORS 413.500

Hist.: PH 17-2008, f. & cert. ef. 11-5-08; PH 10-2013, f. 11-6-13, cert. ef. 12-1-13

333-053-0075

eWIC Cards

(1) At the time of certification, a first cardholder will be identified and issued a eWIC card for the family.

(a) If a family requires more than one authorized shopper, a second eWIC card for use by the family's second cardholder will be issued.

(b) Each family will have no more than two activated eWIC cards at a time.

(c) No more than one activated eWIC card can be assigned to a cardholder at a time.

(2) The Authority may issue replacement eWIC cards at its discretion.

Stat. Auth.: ORS 413.500

333-053-0080

Participant Violations

(1) During each certification visit, participants shall be informed of their rights and responsibilities, program rules and the sanctions issued should they intentionally violate a program rule.

(2) Whenever the Authority assesses a claim of misappropriated WIC program benefits of \$100 or more resulting from a participant violation, assesses a claim for dual participation, or assesses a second or subsequent claim of any amount resulting from a participant violation, the Authority shall disqualify the participant for one year.

(3) A participant shall be issued a Notice of Non-compliance for the first instance; a six month disqualification from the program and issued a claim for the second instance; and a one year disqualification from the program and issued a claim for the third and any subsequent instance of the following violations:

(a) Simultaneously using his or her own WIC benefits and acting as a store cashier for the transaction if employed by or owns store;

(b) Destruction of vendor or farmer property during a WIC transaction;

(c) Verbal abuse of store, farmer, or farm stand employees or owners during a WIC or FDNP transaction;

(d) Verbal abuse of state or local agency staff;

(e) Destruction of state or local agency property;

(f) Altering a food instrument;

(g) Failing to notify local agency staff of change of eligibility information;

(h) Returning foods purchased with a food instrument to a WIC vendor in exchange for money or different food unless they are receiving the identical item in exchange;

(i) Attempting to use a food instrument reported lost or stolen; or

(j) Redeeming a food instrument for unauthorized foods or formula.

(4) A participant shall be issued a Notice of Non-compliance and issued a claim for the first instance; and disqualified from the program for one year and issued a claim for the second and any subsequent instance of misrepresenting eligibility information to gain WIC or FDNP benefits.

(5) A participant shall be disqualified from the program for six months for the first instance and disqualified from the program for one year for the second or any subsequent instance of the following violations:

(a) Assaulting or using physical force, actual or threatened, against store, farmer, or farm stand employees or owners during a WIC or FDNP transaction; or

(b) Assaulting or using physical force, actual or threatened, against state or local agency staff.

(6) A participant shall be disqualified from the program for one year and issued a claim for the first and any subsequent instance of the following violations:

(a) Collusion with local agency staff to improperly obtain WIC program or FDNP benefits;

(b) Collusion with store staff to use a food instrument for the purchase of anything other than specifically indicated WIC program benefits;

(c) Theft of a food instrument;

(d) Buying, attempting to buy, exchanging, attempting to exchange, selling, or attempting to sell food or formula purchased with a food instrument for credit, merchandise, favors, or other non-food items;

(e) Trafficking a food instrument; or

(f) Collusion with store staff to accept the return of food or formula purchased with a food instrument for cash, credit, merchandise, favors, or other non-food items.

(7) The Authority may decide not to impose a disqualification if, within 30 days of the date the letter was mailed demanding repayment, full restitution is made or a repayment schedule is agreed upon. In the case of a violation committed by the parent or caretaker of an infant or child participant, or by a participant under the age of 18, the Authority may approve the designation of a proxy in order to continue program benefits to these participants.

(8) Participants may reapply for benefits at any time after the disqualification period is over.

Stat. Auth.: ORS 413.500

Stats. Implemented: ORS 413.500

Hist.: PH 17-2008, f. & cert. ef. 11-5-08; PH 10-2013, f. 11-6-13, cert. ef. 12-1-13

ADMINISTRATIVE RULES

333-053-0100

Participant Claims

(1) If the Authority determines that WIC program benefits have been obtained, sold, given away, traded, or otherwise disposed of improperly as the result of a participant violation, the Authority shall establish a claim against the participant for the full value of such benefits.

(2) For all participant claims, the Authority shall issue a written notification demanding repayment.

(3) If the full restitution is not made or a repayment schedule is not agreed on within 30 days of the date the letter was mailed, the Authority shall take additional collection actions until restitution is made or a repayment schedule is agreed on, unless the Authority determines that further collection actions would not be cost-effective to pursue.

Stat. Auth.: ORS 413.500

Stats. Implemented: ORS 413.500

Hist.: PH 17-2008, f. & cert. ef. 11-5-08; PH 10-2013, f. 11-6-13, cert. ef. 12-1-13

333-053-0110

Administrative Review

(1) The Authority shall provide a participant with a fair hearing in accordance with the provision of ORS chapter 183 and 7 CFR 246.9 for the following:

(a) Denial of participation;

(b) Disqualification; or

(c) A claim against the individual for repayment of the cash value of improperly obtained or disposed of WIC program benefits.

(2) The Authority shall notify the participant in writing of the right to a fair hearing, of the method by which a hearing may be requested, and that any positions or arguments on behalf of the individual may be presented personally or by a representative such as a relative, friend, legal counsel or other spokesperson.

(3) The Authority shall not limit or interfere with the participant's freedom to request a hearing.

(4) Participants must request a fair hearing within 60 days from the date the Authority notifies the applicant or participant of an adverse action.

(5) The Authority shall not deny or dismiss the request for a fair hearing unless:

(a) The request is not received within 60 days;

(b) The request is withdrawn in writing by the participant or participant's representative;

(c) The participant or the participant's representative fails, without good cause, to appear at the scheduled hearing; or

(d) The participant has been denied participation by a previous hearing and cannot provide evidence that the circumstances relevant to program eligibility have changed in such a way as to justify a hearing.

(6) Participants may continue receiving WIC benefits pending a hearing outcome or their certification period expires, whichever comes first.

(7) Applicants who are denied benefits at initial certification, participants whose certification periods have expired, and participants who become categorically ineligible during a certification period may request an administrative hearing to appeal the denial or termination of WIC program benefits, however they shall not receive WIC program benefits while awaiting the hearing or its outcome.

Stat. Auth.: ORS 413.500

Stats. Implemented: ORS 413.500

Hist.: PH 17-2008, f. & cert. ef. 11-5-08; PH 10-2013, f. 11-6-13, cert. ef. 12-1-13

Rule Caption: WIC Vendor and Farmer Administration

Adm. Order No.: PH 11-2013

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Rules Amended: 333-054-0000, 333-054-0010, 333-054-0020, 333-054-0025, 333-054-0027, 333-054-0030, 333-054-0035, 333-054-0040, 333-054-0050, 333-054-0055, 333-054-0060, 333-054-0065, 333-054-0070

Subject: The Oregon Health Authority, Public Health Division is permanently adopting and amending administrative rules in chapter 333, division 54 as they pertain to vendors and farmers that are authorized by the Oregon WIC Program. These amendments are clarifications and adjustments to definitions, authorization requirements, agreements, incentive items, monitoring specifications, and violations and sanctions language which reflect program vendor and

farmer administration practices in an Electronic Benefit Transfer (EBT) system.

Rules Coordinator: Brittany Sande—(971) 673-1291

333-054-0000

Description of WIC Program

(1) The WIC Program is a federally funded program established in 1972 by an amendment to the Child Nutrition Act of 1966. The purpose of the WIC Program is to serve as an adjunct to health care by providing: nutrition education and counseling; nutritious supplemental foods; and health screening and referral services to pregnant and breast-feeding women, infants, and children in certain high-risk categories.

(2) Federal regulations governing the WIC Program, 7 CFR § Part 246, require adoption and implementation of standards and procedures to guide the state's administration of the WIC Program. These regulations also define the rights and responsibilities of vendors and farmers.

(3) The WIC Program in the State of Oregon is administered by the Oregon Health Authority (Authority).

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 413.500

Stats. Implemented: ORS 413.500

Hist.: HD 7-1993, f. & cert. ef. 6-11-93; OHD 17-2001, f. 8-02-01, cert. ef. 8-15-01; OHD 22-2002, f. & cert. ef. 12-24-02; PH 19-2003(Temp), f. & cert. ef. 11-14-03 thru 5-12-04; PH 22-2003, f. 12-31-03, cert. ef. 1-5-04; PH 30-2006, f. & cert. ef. 12-27-06; PH 11-2013, f. 11-6-13, cert. ef. 12-1-13

333-054-0010

Definitions

(1) "A50" means an authorized vendor or applicant that derives, or is expected to derive, more than 50 percent of its total annual food sales from WIC food sales. The total food sales do not include alcohol, tobacco, lottery or any other non-food item.

(2) "Abbreviated administrative review" means a hearing that is held at the request of a vendor that has been issued an application denial, civil money penalty, civil penalty, or sanction by the Authority. Abbreviated reviews are facilitated by the Authority staff other than the staff person that imposed the sanction. A facilitated discussion is held in order to resolve the imposition of a sanction.

(3) "Adequate participant access" means there are authorized vendors sufficient for participant need using Authority criteria in OAR 333-054-0060.

(4) "Annual Food Sales" means sales of all Supplemental Nutrition Assistance Program (SNAP) eligible foods intended for home preparation and consumption including meat, fish, and poultry; bread and cereal products; dairy products; and fruits and vegetables. Food items such as condiments and spices, coffee, tea, cocoa, and carbonated and non-carbonated drinks may be included in food sales when offered for sale along with foods in the categories identified above. Food sales do not include sales of any items that cannot be purchased with SNAP benefits, such as hot foods or food that will be eaten in the store.

(5) "Applicant" means any person, or person with an interest in the business, making a written request for authorization to participate in the WIC Program, including vendors and farmers that reapply for authorization.

(6) "Authority" means the Oregon Health Authority.

(7) "Authorization" means the process by which the Authority assesses, selects, and enters into agreements with stores and farmers that apply or subsequently reapply to be vendors or authorized farmers.

(8) "Authorized food" means any supplemental foods approved by the Oregon WIC Program and listed on the WIC Authorized Food List or food instrument.

(9) "Authorized shopper" means the participant or any person designated by a participant who has been documented as such to act on the participant's behalf and, in the case of an infant or child, the caretaker or the caretaker's designee. This includes any representative posing as a participant or participant designee as authorized by the Authority.

(10) "CFR" means Code of Federal Regulations.

(11) "CMP" means civil money penalty.

(12) "Cash Value Benefit" or "CVB" means a fixed-dollar benefit on a check, voucher, electronic benefit transfer (EBT) card or other document which is used by an authorized shopper to obtain WIC authorized fruits and vegetables.

(13) "Compliance buy" means a single covert, on-site visit in which an Authority authorized representative poses as an authorized shopper and attempts to transact, or transacts, one or more food instruments.

(14) "Disqualification" means cancelling the WIC program participation of a vendor or farmer, as a punitive action.

ADMINISTRATIVE RULES

(15) "Educational buy" means a single, on-site visit used for training purposes in which an Authority authorized representative poses as an authorized shopper, redeems WIC food instruments, and provides the vendor with immediate feedback about compliance with WIC procedures.

(16) "Farmer" means an individual who owns, leases, rents or share-crops land to grow, cultivate or harvest crops on that land.

(17) "Farmer agreement" means a standard written legal contract between the farmer and the Authority that sets forth responsibilities of the parties.

(18) "FNS" means the Food and Nutrition Service of the U. S. Department of Agriculture.

(19) "Food instrument" or "FI" means a WIC Program voucher, check, coupon, electronic benefit transfer (EBT) card or other document, which is used to obtain authorized foods.

(20) "Full administrative review" means a formal hearing that is held before an assigned administrative law judge from the state Office of Administrative Hearings in accordance with 7 CFR § 246.18 and ORS Chapter 183.

(21) "Incentive item" means a food or non-food item offered free of charge to WIC shoppers, but not other shoppers, or eligibility to receive an item is structured where the majority of those meeting the criteria are WIC shoppers, to motivate them to shop at a particular store. Examples of incentive items include, but are not limited to, cash gifts/prizes in any amount for any reason, lottery tickets, transportation, sales/specials such as a buy-one-get-one free or free additional ounces offer not offered to other shoppers, and other free food or merchandise not offered to other shoppers.

(22) "Inventory audit" means an examination of food invoices or other proofs of vendor purchases to determine whether a vendor has purchased sufficient quantities of authorized foods to support the vendor's claim for reimbursement for such foods from the Authority during a specific period of time.

(23) "Investigation" means a period of review, beginning with the start of an inventory audit or the first compliance buy and closing when the audit has been completed or a sufficient number of compliance buys have been completed to provide evidence of compliance or non-compliance, not to exceed 24 months, to determine a vendor or farmer's compliance with program rules and procedures.

(24) "Local agency" means:

(a) A public or private non profit health or human services agency that provides health services, either directly or through contract, in accordance with 7 CFR § 246.5;

(b) An Indian Health Service unit;

(c) An Indian tribe, band or group recognized by the Department of the Interior which operates a health clinic or is provided health services by an Indian Health Service unit; or

(d) An intertribal council or group that is an authorized representative of Indian tribes, bands or groups recognized by the Department of the Interior, which operates a health clinic or is provided health services by an Indian Health Service unit.

(25) "Notice of Non-compliance" means a letter notifying vendors when they commit a program violation. This notice is an explanation of the violation and a warning about repercussions of subsequent violations.

(26) "Overcharge" means intentionally or unintentionally charging the Authority more for authorized foods than the actual shelf price or the price charged to other shoppers.

(27) "Participant" means any pregnant woman, breastfeeding woman, post-partum non-lactating woman, infant or child who has been certified to receive benefits from the WIC Program.

(28) "Pattern" means three or more findings of the same rule violation that occurs within a single investigation or over the course of one or more routine monitoring(s).

(29) "Peer group" means a group of vendors considered to be in the same category by the Authority based on factors such as store type, size or business model, number of cash registers and geography.

(30) "Person" means a human being, a public or private corporation, an unincorporated association, a partnership, a Limited Liability Corporation, a sole proprietor, a government or a governmental instrumentality.

(31) "Person with an interest in the business" means an officer, director, partner, or manager of the business or a shareholder with 10 percent interest or more in the business.

(32) "Pharmacy – in-store" means a pharmacy that is located within a WIC authorized grocery store and is affiliated with that business entity.

(33) "Pharmacy – stand alone" means a pharmacy that is operated independently from or is not located in a WIC authorized grocery store.

(34) "Price adjustment" means an adjustment made by the Authority, in accordance with the vendor/farmer agreement, to the amount paid to the vendor/farmer on a food purchase, to ensure that the payment complies with the Authority price limitations.

(35) "Prominently displayed" means immediately noticeable by persons entering the vendor or farmer location.

(36) "Routine monitoring" means an overt, on-site visit in which the Authority authorized representatives or federal officials identify themselves to vendor or farm personnel.

(37) "Shelf Price Survey" or "SPS" means a tool used by the Authority to collect a sample of a WIC authorized vendor's current shelf prices.

(38) "SNAP" means the Supplemental Nutrition Assistance Program of the Food and Nutrition Services of the U.S. Department of Agriculture. This program was formerly known as the Food Stamp Program or "FSP."

(39) "Termination" means the cancellation of a vendor or farmer agreement which may or may not be linked to a disqualification.

(40) "Trafficking" means buying or selling WIC food instruments for cash.

(41) "U.S.C." means United States Code.

(42) "Unauthorized food item" means foods, brands and sizes not allowed on the WIC Authorized Food List. It also means foods not specified on a food instrument as eligible for purchase for that participant, with WIC benefits.

(43) "Vendor" means the current owner(s) or any person with an interest in the business, of any retail store location that is currently authorized by the Authority to participate in the WIC Program. Vendor may also refer to the authorized store location.

(44) "Vendor agreement" means a standard written legal contract between the vendor and the Authority that sets forth responsibilities of the parties.

(45) "Vendor Price List" means a form containing current authorized foods with current shelf prices completed by the vendor and submitted to the Authority and in which vendors document their shelf prices at the time of the application process.

(46) "Violation" means an activity that is prohibited by OAR 333-054-0000 through 333-054-0070 and is classified in OAR 333-054-0050 and 333-054-0055.

(47) "WIC Authorized Food List" means the supplemental foods approved by the State of Oregon.

(48) "WIC food benefit" means supplemental foods issued to a participant for purchase at an authorized vendor.

(49) "WIC Program" or "WIC" means the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) authorized by Section 17 of the Federal Child Nutrition Act of 1966, as amended, 42 U.S.C. § 1786.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 413.500

Stats. Implemented: ORS 413.500

Hist.: HD 7-1993, f. & cert. ef. 6-11-93; HD 31-1994, f. & cert. ef. 12-22-94; OHD 17-2001, f. 8-02-01, cert. ef. 8-15-01; OHD 22-2002, f. & cert. ef. 12-24-02; PH 19-2003(Temp), f. & cert. ef. 11-14-03 thru 5-12-04; PH 22-2003, f. 12-31-03, cert. ef. 1-5-04; PH 7-2005(Temp), f. & cert. ef. 5-2-05 thru 10-28-05; PH 16-2005, f. & cert. ef. 10-28-05; PH 30-2006, f. & cert. ef. 12-27-06; PH 5-2009, f. & cert. ef. 6-1-09; PH 5-2011(Temp), f. & cert. ef. 7-1-11 thru 12-27-11; PH 9-2011, f. & cert. ef. 9-30-11; PH 11-2013, f. 11-6-13, cert. ef. 12-1-13

333-054-0020

How a Vendor Becomes WIC Authorized

(1) Only vendors authorized by the Authority may accept Oregon food instruments in exchange for authorized foods.

(2) Application:

(a) An applicant shall submit a completed application to the Authority, which includes:

(A) An application form;

(B) A Vendor Price List;

(C) A current SNAP authorization number; and

(D) Any other documents or information required by the Authority.

(b) The Authority may limit the periods during which applications for vendor authorization will be accepted and processed. The Authority will process applications, outside of the limited application period, if it determines the applicant's store is necessary to ensure adequate participant access in a specific geographic location.

(c) The Authority may impose a moratorium on the authorization of new vendors. Notice will be provided to current vendors prior to such a moratorium. During the period of moratorium the Authority may choose to not accept applications, not process applications, and not to authorize new stores. A moratorium will not apply to a store that is necessary for participant access.

ADMINISTRATIVE RULES

(3) Selection Criteria: In order for the Authority to consider authorizing an applicant, the applicant shall:

(a) Demonstrate and maintain competitive pricing as determined by the Authority based on the applicant's current existing shelf prices on the date of application, as charged to regular shoppers and as compared to data from the peer group appropriate to the applicant's characteristics. Such data may include redemption prices and shelf prices. If an applicant's store is necessary to ensure adequate participant access, it may be exempt from this requirement;

(b) Possess a current bank account number;

(c) Possess a current electronic mail address;

(d) Not have, within the previous six years, a criminal conviction or civil judgment involving fraud or any other offense related to the applicant's business integrity or honesty;

(e) Possess a current SNAP authorization number. Pharmacies, military commissaries, and stores that are determined by the Authority as necessary to provide adequate participant access shall be exempt from this selection requirement due to the nature of the services they provide for the WIC Program;

(f) Not have a history of serious violations with either the WIC Program or SNAP;

(g) Not be currently disqualified from participation in another state's WIC Program. The Authority shall not authorize an applicant that has been assessed a CMP in lieu of disqualification by another state WIC Program until the period of the disqualification that would otherwise have been imposed has expired;

(h) Not be currently disqualified from participation in the SNAP. The Authority shall not authorize an applicant that has been assessed a SNAP civil money penalty in lieu of disqualification until the period of the disqualification that would otherwise have been imposed has expired unless this store has been determined necessary for participant access;

(i) Have a fixed location for each store that includes refrigeration and freezer equipment in the retail area;

(j) Carry foods intended for home preparation and consumption, in addition to WIC-required minimum stock items, that include:

(A) Fresh or frozen uncooked meat, fish, or poultry (or meat substitute);

(B) Bread and cereal products;

(C) Dairy products; and

(D) Fresh fruits and vegetables.

(k) Meet minimum stock requirements at the time of application to become an authorized vendor:

(A) A store that is applying for authorization must meet minimum stock requirements at the time of application, either on the shelf or with proof of order at the time of the on-site review;

(B) Stand-alone pharmacies and in-store pharmacies shall obtain infant formula, including formula that requires a prescription, within 72 hours of an Authority, local agency or WIC shopper request;

(C) Stand-alone pharmacies and in-store pharmacies are exempt from minimum stock requirements; and

(D) Grocery stores with in-store pharmacies are required to meet all minimum stock requirements.

(l) Purchase infant formula, which is to be sold to WIC shoppers, only from the Oregon WIC Program's list of approved manufacturers, wholesalers, distributors, and WIC-authorized retailers. Vendors must maintain and provide, when requested, documentation showing source(s) of infant formula purchases;

(m) Maintain and provide documentation of SNAP-eligible food sales throughout the contract period. According to USDA, CFR 245.2, "Food sales" means sales of all foods that are eligible items under the SNAP. These foods are intended for home preparation and consumption and include:

(A) Meat, fish, and poultry;

(B) Bread and cereal products;

(C) Dairy products; and

(D) Fruits and vegetables;

(E) Food items such as condiments and spices, coffee, tea, cocoa, and carbonated and noncarbonated beverages may be included in food sales when offered for sale along with foods in the four primary categories. Food sales do not include sales of any items that are not approved for purchase with SNAP benefits, such as alcoholic beverages, hot foods, or foods that will be eaten on the store premises; and

(n) Be open for business at least eight hours per day for five days per week.

(4) Authorization Requirements:

(a) The Authority or its designated representative shall conduct a documented on-site visit prior to, or at the time of, authorization of an applicant, including evaluating the inventory and condition of authorized foods and providing the applicant with the WIC Program information prior to or at the time of authorization;

(b) The Authority may grant a written exception to minimum stock requirements for cases where there is no participant need in the vendor's area for a specific authorized food item. The Authority shall determine participant need based on:

(A) Local agency's input regarding a vendor request for exception;

(B) Vendor redemption data relative to the vendor's request; and

(C) Number of participants prescribed the specific food item in the vendor's store's zip code.

(c) If a vendor with a stock exception is notified of a specific need for that authorized food item, the vendor will ensure that the authorized food item is available within seven days of the request.

(d) Once authorized, the vendor shall remain in compliance with the current selection criteria set forth in OAR 333-054-0020(3) for the duration of the vendor agreement.

(5) Application Denials: The Authority shall give the applicant written notification of denial, in conformance with ORS chapter 183. As otherwise provided in these rules, the Authority may deny an applicant authorization for reasons including, but not limited to, the following:

(a) The applicant's failure to meet the selection criteria;

(b) The applicant's store or business has been sold by its previous owner in an attempt to circumvent a WIC program sanction. In making this determination, the Authority may consider such factors as whether the applicant's store or business was sold to a relative by blood or marriage of the previous owner(s) or sold to any person for less than its fair market value;

(c) The applicant's history of complaints, violations and sanctions;

(d) The applicant's refusal to accept training from the WIC program;

(e) The applicant's submission of prices to the Authority for WIC foods that are not the actual prices being charged to current customers;

(f) The applicant's submission of prices to the Authority for WIC foods that the vendor does not stock in the store;

(g) The applicant's failure to complete an application within an Authority-specified period of time, after notification of the application's deficiencies; or

(h) The applicant's misrepresentation of information on the application.

(6) Subsequent to authorization, an agreement may be terminated if it is found that the vendor provided false or omitted pertinent information during the authorization process.

(7) If the Authority denies an application it may require the applicant to wait some period of time before reapplying.

Stat. Auth.: ORS 413.500

Stats. Implemented: ORS 413.500

Hist.: HD 7-1993, f. & cert. ef. 6-11-93; OHD 17-2001, f. 8-02-01, cert. ef. 8-15-01; OHD 22-2002, f. & cert. ef. 12-24-02; PH 19-2003(Temp), f. & cert. ef. 11-14-03 thru 5-12-04; PH 22-2003, f. 12-31-03, cert. ef. 1-5-04; PH 7-2005(Temp), f. & cert. ef. 5-2-05 thru 10-28-05; PH 16-2005, f. & cert. ef. 10-28-05; PH 16-2006(Temp), f. 6-30-06, cert. ef. 7-1-06 thru 12-27-06; PH 30-2006, f. & cert. ef. 12-27-06; PH 5-2009, f. & cert. ef. 6-1-09; PH 9-2011, f. & cert. ef. 9-30-11; PH 11-2013, f. 11-6-13, cert. ef. 12-1-13

333-054-0025

Above 50% Vendors (A50)

(1) An applicant that is likely to derive more than 50 percent of the store's annual food sales from WIC transactions will not be authorized except for cases of participant access hardship as determined solely by the Authority.

(2) If a currently authorized vendor is found to derive more than 50 percent of the store's annual food sales from WIC transactions the Authority will terminate the vendor agreement unless the vendor is necessary for participant access.

Stat. Auth.: ORS 413.500

Stats. Implemented: ORS 413.500

Hist.: PH 30-2006, f. & cert. ef. 12-27-06; PH 5-2009, f. & cert. ef. 6-1-09; PH 9-2011, f. & cert. ef. 9-30-11; PH 11-2013, f. 11-6-13, cert. ef. 12-1-13

333-054-0027

How a Farmer Becomes WIC Authorized

(1) Only authorized farmers may accept CVBs from authorized shoppers in exchange for eligible foods. Authorized farmers may not accept CVBs from unauthorized farmers.

(2) In order to be eligible for participation in the WIC program, a farmer applicant must:

ADMINISTRATIVE RULES

(a) Grow, cultivate, or harvest fresh fruits or vegetables in Oregon or a bordering county in a contiguous state to sell at a farmers' market or farm stand. Farmers are exempt from the minimum WIC authorized food stocking requirements as indicated for vendor authorization under OAR 333-054-0020(3);

(b) Complete the farmer application and return it to the appropriate state office to verify eligibility; and

(c) Agree to follow the terms and conditions of the farmer agreement.

(3) The Authority shall conduct an interactive training for all farmers who have never previously participated in the program prior to their commencing participation.

(4) The Authority and the WIC program are not required to authorize all applicants.

(5) Any individual who purchases all the produce they plan to sell is considered a distributor and is not allowed to participate in the WIC program as a farmer.

Stat. Auth.: ORS 413.500

Stats. Implemented: ORS 413.500

Hist.: PH 5-2009, f. & cert. ef. 6-1-09; PH 9-2011, f. & cert. ef. 9-30-11; PH 11-2013, f. 11-6-13, cert. ef. 12-1-13

333-054-0030

Vendor Agreements

(1) Each applicant who has been approved for authorization shall sign a vendor agreement.

(a) The vendor agreement shall include the contractual obligations that must be met by an authorized vendor.

(b) Failure to adhere to the vendor agreement is a violation and may result in a sanction.

(c) The vendor agreement shall be signed by a representative of the Authority and a representative of the vendor who has the legal authority to sign the vendor agreement and obligate the applicant to the terms of the vendor agreement.

(d) The term of a vendor agreement shall not exceed three years.

(2) The Authority shall provide a vendor with not less than 15 days advance written notice of the expiration of its vendor agreement.

(3) The Authority shall immediately terminate the vendor agreement if it determines that the vendor has provided false information in connection with its application for authorization.

(4) When a vendor has more than one store location, the vendor agreement shall include a list of each store's name and location. Individual store locations may be added or deleted, by amendment to the vendor agreement or disqualification of an individual store location, without affecting the remaining store locations. Each store location included in the vendor agreement shall meet all applicable laws and rules.

(5) The vendor agreement does not constitute a license or property interest.

(6) The vendor agrees to comply with terms in a final order issued by the Authority or an investigation by federal or state officials.

(7) A vendor shall provide the Authority or a federal official access to food instruments negotiated on requested dates.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 413.500

Stats. Implemented: ORS 413.500

Hist.: HD 7-1993, f. & cert. ef. 6-11-93; OHD 17-2001, f. 8-2-01, cert. ef. 8-15-01; OHD 22-2002, f. & cert. ef. 12-24-02; PH 19-2003(Temp), f. & cert. ef. 11-14-03 thru 5-12-04; PH 22-2003, f. 12-31-03, cert. ef. 1-5-04; PH 7-2005(Temp), f. & cert. ef. 5-2-05 thru 10-28-05; PH 16-2005, f. & cert. ef. 10-28-05; PH 16-2006(Temp), f. 6-30-06, cert. ef. 7-1-06 thru 12-27-06; PH 30-2006, f. & cert. ef. 12-27-06; PH 5-2009, f. & cert. ef. 6-1-09; PH 11-2013, f. 11-6-13, cert. ef. 12-1-13

333-054-0033

Provision of Incentive Items

(1) Vendors shall not provide or advertise the provision of incentive items to WIC shoppers that are not offered to other shoppers.

(2) The Authority may approve any of the following incentive items to be provided by authorized vendors to WIC shoppers, at the discretion of the Authority:

(a) Food, merchandise, or services obtained at no cost to the vendor, subject to documentation;

(b) Food, merchandise, or services with a nominal value of \$2 or less per item, which is subject to documentation;

(c) Food sales and specials which involve no cost or less than \$2 in cost to the vendor for the food items involved, subject to documentation, and do not result in a charge to a WIC food instrument for foods in excess of the foods listed on the food instrument; and

(d) Minimal customary courtesies of the retail food trade, such as helping the shopper to obtain an item from a shelf or from behind a count-

er, bagging food for the shopper, and assisting the shopper with loading the food into a vehicle.

(3) The following incentive items are prohibited for authorized vendors to provide to WIC shoppers:

(a) Services which result in a conflict of interest or the appearance of such conflict for the authorized vendor, such as assistance with applying for WIC benefits;

(b) Lottery tickets provided to WIC shoppers at no charge or below face value;

(c) Cash gifts in any form, in any amount and for any reason;

(d) Anything made available in a public area as a complimentary gift which may be consumed or taken without charge;

(e) An allowable incentive item provided more than once per WIC shopper per visit, regardless of the number of shoppers or food instruments involved, unless the incentive items had been obtained by the vendor at no cost or the total value of the multiple incentive items provided during the shopping visit would not exceed the less than \$2 nominal value limit;

(f) Food, merchandise, or services of greater than the nominal value provided to the WIC shopper;

(g) Food or merchandise sold to WIC shoppers, but not other shoppers, below fair market value;

(h) Any kind of incentive item which incurs a liability for the WIC Program; and

(i) Any kind of incentive item which violates federal, state, or local law or regulations.

(4) For-profit goods or services offered by the authorized vendor to WIC shoppers at fair market value based on comparable for-profit goods or services of other businesses are not incentive items subject to approval or prohibition, except that such goods or services must not constitute a conflict of interest or result in a liability for the WIC Program.

Stat. Auth.: ORS 413.500

Stat. Implemented: ORS 413.500

Hist.: PH 11-2013, f. 11-6-13, cert. ef. 12-1-13

333-054-0035

Farmer Agreements

(1) A farmer application/agreement must be signed by a representative who has legal authority to obligate the farmer.

(2) The farmer application/agreement must include a requirement that the farmer comply with OAR 333-054-0000 through 333-054-0070, as applicable to farmers.

(3) The farmer application/agreement will be valid for no more than three years.

(4) Neither the Authority nor the farmer is obligated to renew the agreement.

(5) An authorized farmer must comply with requirements contained in 7 CFR 246, OAR 333-054-0000 through 333-054-0070, and the terms and conditions of the farmer application/agreement.

Stat. Auth.: ORS 413.500

Stats. Implemented: ORS 413.500

Hist.: PH 5-2009, f. & cert. ef. 6-1-09; PH 9-2011, f. & cert. ef. 9-30-11

333-054-0040

Vendor and Farmer Monitoring

(1) The Authority shall, at its sole discretion, monitor vendors and farmers for compliance with applicable laws and rules.

(2) The Authority or its authorized representative must conduct compliance buys or inventory audits to collect evidence of improper vendor practices.

(3) The Authority or its authorized representative shall conduct routine monitorings and survey current WIC authorized food shelf prices of selected vendors.

(4) The Authority or its authorized representative shall conduct covert compliance buys and routine monitorings of authorized farmers for compliance with the Authority rules and regulations.

(5) The Authority or its authorized representative may conduct educational buys at selected authorized vendors.

(6) The Authority or its authorized representative may conduct an inventory count of authorized WIC foods at select vendors. The inventory count may include any WIC authorized foods physically located within the store at the time of the visit as well as the foods' current shelf prices.

Stat. Auth.: ORS 413.500

Stats. Implemented: ORS 413.500

Hist.: HD 7-1993, f. & cert. ef. 6-11-93; OHD 17-2001, f. 8-2-01, cert. ef. 8-15-01; OHD 22-2002, f. & cert. ef. 12-24-02; PH 19-2003(Temp), f. & cert. ef. 11-14-03 thru 5-12-04; PH 22-2003, f. 12-31-03, cert. ef. 1-5-04; PH 16-2005, f. & cert. ef. 10-28-05; PH 30-2006, f. & cert. ef. 12-27-06; PH 5-2009, f. & cert. ef. 6-1-09; PH 9-2011, f. & cert. ef. 9-30-11; PH 11-2013, f. 11-6-13, cert. ef. 12-1-13

ADMINISTRATIVE RULES

333-054-0050

Vendor Violation Notifications and Sanctions

(1) The Authority must notify a vendor in writing when an investigation reveals an initial incidence of a violation for which a pattern of incidences must be established in order to impose a sanction, before another such incidence is documented, unless the Authority determines, in its discretion, on a case-by-case basis, that notifying the vendor would compromise an investigation.

(2) Prior to imposing a sanction for a pattern of violative incidences, the Authority must either provide such notice to the vendor, or document in the vendor file the reason(s) for determining that such a notice would compromise an investigation.

(3) If notification is provided, the Authority may continue its investigation after the notice of violation is received by the vendor, or presumed to be received by the vendor consistent with the Authority's procedures for providing such notice.

(4) All incidences of a violation occurring during the first compliance buy visit must constitute only one incidence of that violation for the purpose of establishing a pattern of incidences.

(5) A single violative incidence may only be used to establish the violations as written in OAR 333-054-0050(4)(d) and 333-054-0050(4)(e).

(6) Vendors shall receive a written "Notice of Non-compliance" for a single instance of:

- (a) Failing to comply with the vendor's current vendor agreement;
 - (b) Failing to complete and return the Shelf Price Survey (SPS) by the deadline set by the Authority;
 - (c) Failing to provide the authorized shopper with a receipt for foods purchased with a food instrument;
 - (d) Failing to ensure that within 60 days of a name change the outside sign bears the same name as that listed on the vendor agreement;
 - (e) Influencing an authorized shopper's selection of authorized foods;
 - (f) Failing to display prices;
 - (g) Requesting or requiring any identification or information from the authorized shopper other than the WIC Program identification card;
 - (h) Failing to respond to a request issued by the Authority;
 - (i) Failing to accept training when required by the Authority;
 - (j) Using the "WIC" acronym or logos without prior authorization by the Authority;
 - (k) Failing to maintain or provide, to the Authority upon request, invoices or receipts to show source(s) of formula purchase;
 - (l) Retaining WIC identification or any information that identifies a shopper as a WIC participant or disclosing information regarding a client of the WIC Program to any person other than the Authority, its representatives or a federal official;
 - (m) Failing to comply with the terms in a final order issued by the Authority;
 - (n) Failing to comply with an investigation by federal or state officials;
 - (o) Refusing the Authority or a federal official access to food instruments negotiated on the day of review;
 - (p) Failing to provide, within two business days of the Authority's request, purchasing/receiving records to substantiate the volume and prices charged to the Authority;
 - (q) Failing to stock appropriate quantities of authorized foods and infant formula;
 - (r) Violating the nondiscrimination clause listed in the vendor agreement;
 - (s) Failing to maintain or provide, to the Authority upon request, documentation for each incentive item;
 - (t) Failing to have at least one register that accepts WIC open during all of the vendor's operating hours; or
 - (u) Failing to display signs at registers to indicate where WIC is accepted, if the vendor doesn't accept WIC in all lanes.
- (7) The Authority shall issue the following civil penalties to vendors for program violations committed within a single contract period:
- (a) The Authority shall issue a civil penalty of \$100 to vendors for the first instance of seeking restitution from an authorized shopper or participant for a WIC transaction not reimbursed or partially reimbursed by the Authority, or for which the Authority has requested payment from the vendor.
 - (b) The Authority shall issue a civil penalty of \$100 to vendors for second instances of the following violations:
 - (A) Failing to display prices for WIC-authorized items;
 - (B) Failing to stock appropriate quantities of authorized foods and infant formula;

(C) Requesting or requiring any identification or information from the authorized shopper other than the WIC Program identification card;

(D) Requiring a cash purchase in addition to the WIC transaction;

(E) Requiring authorized shoppers to pay for authorized foods during a WIC transaction other than with a food instrument. It is permissible for a vendor to request payment over the dollar amount listed on a CVB if the cost of the authorized purchase exceeds the CVB amount.

(F) Using the "WIC" acronym or logos without prior authorization by the Authority;

(G) Failing to attend training when required by the Authority;

(H) Failing to maintain or provide, to the Authority upon request, documentation for each incentive item;

(I) Failing to have at least one register that accepts WIC open during all of the vendor's operating hours;

(J) Failing to display signs at registers to indicate where WIC is accepted, if the vendor doesn't accept WIC in all lanes; or

(K) Failing to provide the authorized shopper with a receipt for foods purchased with a food instrument.

(c) The Authority shall issue a civil penalty of \$200 to vendors for a second instance of seeking restitution from an authorized shopper or participant for a WIC transaction not reimbursed or partially reimbursed by the Authority, or for which the Authority has requested payment from the vendor.

(d) The Authority shall issue a civil penalty of \$200 to vendors for third instances of the following violations:

(A) Failing to display prices for WIC-authorized items;

(B) Using the "WIC" acronym or logos without prior authorization by the Authority;

(C) Requesting or requiring any identification or information from the authorized shopper other than the WIC Program identification card;

(D) Requiring a cash purchase in addition to the WIC transaction;

(E) Requiring authorized shoppers to pay for authorized foods during a WIC transaction other than with a food instrument. It is permissible for a vendor to request payment over the dollar amount listed on a CVB if the cost of the authorized purchase exceeds the CVB amount.

(F) Failing to have at least one register that accepts WIC open during all of the vendor's operating hours;

(G) Failing to display signs at registers to indicate where WIC is accepted, if the vendor doesn't accept WIC in all lanes; or

(H) Failing to provide the authorized shopper with a receipt for foods purchased with a food instrument.

(e) The Authority shall issue a civil penalty of \$400 to vendors for the fourth offense of the following violations:

(A) Failing to display prices for WIC-authorized items;

(B) Failing to provide the authorized shopper with a receipt for foods purchased with a food instrument;

(C) Failing to have at least one register that accepts WIC open during all of the vendor's operating hours; or

(D) Failing to display signs at registers to indicate where WIC is accepted, if the vendor doesn't accept WIC in all lanes.

(f) The Authority shall issue a civil penalty of \$800 to vendors for the fifth offense of the following violations:

(A) Failing to display prices for WIC-authorized items;

(B) Failing to provide the authorized shopper with a receipt for foods purchased with a food instrument;

(C) Failing to have at least one register that accepts WIC open during all of the vendor's operating hours; or

(D) Failing to display signs at registers to indicate where WIC is accepted, if the vendor doesn't accept WIC in all lanes.

(g) The Authority shall issue a civil penalty of \$1600 to vendors for the sixth offense of the following violations:

(A) Failing to display prices for WIC-authorized items;

(B) Failing to provide the authorized shopper with a receipt for foods purchased with a food instrument;

(C) Failing to have at least one register that accepts WIC open during all of the vendor's operating hours; or

(D) Failing to display signs at registers to indicate where WIC is accepted, if the vendor doesn't accept WIC in all lanes.

(8) Sanctions:

(a) The Authority shall deny a vendor's application for authorization upon renewal and require a six-month waiting period before the vendor may reapply if a vendor fails for a third instance to attend training when required by the Authority.

(b) For the following violations, the Authority shall disqualify a vendor for one year:

ADMINISTRATIVE RULES

(A) A pattern of providing unauthorized food items in exchange for food instruments, including charging for authorized food provided in excess of those listed on the food instrument;

(B) A pattern of failing to stock appropriate quantities of authorized foods and infant formula;

(C) A pattern of providing change when redeeming a food instrument;

(D) A pattern of allowing a refund or any other item of value in exchange for authorized foods or providing exchanges for authorized food items obtained with food instruments, except for exchanges of an identical authorized food item when the original authorized food item is defective, spoiled, or has exceeded its "sell by," "best if used by," or other date limiting the sale or use of the food item. An identical authorized food item means the exact brand and size as the original authorized food item obtained and returned by the authorized shopper;

(E) Providing WIC shoppers with incentive items or other merchandise or services not approved by the Authority;

(F) A pattern of failing to maintain or provide, to the Authority upon request, documentation for each incentive item;

(G) Failure to pay a civil penalty assessed by the Authority within the designated timeframe set forth in the notice of civil penalty;

(H) A pattern of failing to comply with the vendor's current vendor agreement; or

(I) A pattern of selling expired authorized foods or formula to authorized shoppers.

(c) For the following violations, the Authority shall disqualify the vendor for three years:

(A) One incident of the sale of alcohol, an alcoholic beverage, or a tobacco product in exchange for a food instrument;

(B) Failing an Authority inventory audit;

(C) A pattern of claiming reimbursement for the sale of an amount of a specific authorized food item, which exceeds the store's documented inventory of that authorized food item for a specific period of time;

(D) A pattern of vendor overcharges;

(E) A pattern of receiving, transacting or redeeming food instruments outside of authorized channels or locations. This includes, but is not limited to use of an unauthorized vendor, use of an unauthorized person, or redemption of food instruments outside of an authorized store location;

(F) A pattern of seeking restitution from an authorized shopper or participant for a WIC transaction not reimbursed or partially reimbursed by the Authority, or for which the Authority has requested payment from the vendor;

(G) A pattern of charging for foods not received by the authorized shopper; or

(H) A pattern of providing credit or non-food items in exchange for food instruments, other than those items listed in OAR 333-054-0050(4)(d) and 333-054-0050(4)(e).

(d) For the following violations, the Authority shall disqualify the vendor for six years:

(A) One incident of buying or selling a food instrument for cash (trafficking); or

(B) One incident of selling a firearm, ammunition, explosive, or controlled substance, as defined in 21 U.S.C. § 802, in exchange for a food instrument.

(e) The Authority shall permanently disqualify a vendor convicted of trafficking in food instruments or selling firearms, ammunition, explosives, or controlled substances as defined in 21 U.S.C. § 802 in exchange for a food instrument.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 413.500

Stats. Implemented: ORS 413.500

Hist.: HD 7-1993, f. & cert. ef. 6-11-93; OHD 17-2001, f. 8-2-01, cert. ef. 8-15-01; OHD 22-2002, f. & cert. ef. 12-24-02; PH 19-2003(Temp), f. & cert. ef. 11-14-03 thru 5-12-04; PH 22-2003, f. 12-31-03, cert. ef. 1-5-04; PH 7-2005(Temp), f. & cert. ef. 5-2-05 thru 10-28-05; PH 16-2005, f. & cert. ef. 10-28-05; PH 30-2006, f. & cert. ef. 12-27-06; PH 5-2009, f. & cert. ef. 6-1-09; PH 9-2011, f. & cert. ef. 9-30-11; PH 11-2013, f. 11-6-13, cert. ef. 12-1-13

333-054-0055

Farmer Violations and Sanctions

(1) A farmer is in violation if a farmer fails to comply with WIC program rules and the terms and conditions of the farmer application/agreement or fails to respond to requests, implement corrective action, or comply with the terms in final orders as directed by the Authority.

(2) Farmer Sanctions:

(a) The Authority may issue a written notification of non-compliance to an authorized farmer for an initial incident of:

(A) Accepting CVBs for ineligible foods;

(B) Failing to prominently display the official sign provided by the Authority, each market day when at authorized farmers' markets or authorized farm stands;

(C) Failing to provide WIC shoppers with the full amount of product for the value of each CVB;

(D) Failing to ensure that WIC shoppers receive equitable treatment, including the availability of produce that is of the same quality and no greater price than sold to other shoppers;

(E) Failing to reimburse the Authority for CVBs that are improperly transacted;

(F) Charging sales tax on CVB purchases;

(G) Seeking restitution from WIC shoppers or participants for CVBs not paid by the Authority;

(H) Giving cash back for purchases less than the value of the CVB (providing change);

(I) Accepting CVBs from an unauthorized farmer;

(J) Failing to comply with WIC program rules and the terms and conditions of the farmer application/agreement;

(K) Failing to respond to requests, implement corrective action, or comply with the terms in final orders as directed by the Authority;

(L) Using CVBs for any purpose other than to deposit or cash them at the authorized farmer's financial institution; or

(M) Failing to cooperate with staff from the Authority, staff authorized to act on the Authority's behalf or the Oregon Department of Agriculture in monitoring for compliance with program requirements and failing to provide information that the Authority or the Oregon Department of Agriculture may require.

(b) The Authority may disqualify a farmer for six months for an initial incident of:

(A) Providing credit in exchange for CVBs; or

(B) Charging WIC shoppers higher prices than other shoppers.

(c) The Authority may disqualify a farmer for six months, for second or subsequent incidents of:

(A) Accepting CVBs for ineligible foods;

(B) Failing to prominently display the official sign provided by the Authority, each market day when at authorized farmers' markets or authorized farm stands;

(C) Failing to provide WIC shoppers with the full amount of product for the value of each CVB;

(D) Failing to ensure that WIC shoppers receive equitable treatment, including the availability of produce that is of the same quality and no greater price than sold to other shoppers;

(E) Charging sales tax on CVB purchases;

(F) Seeking restitution from WIC shoppers or participants for CVBs not paid by the Authority;

(G) Using CVBs for any purpose other than deposit or cash at the authorized farmer's financial institution;

(H) Giving cash back for purchases less than the value of the CVB (providing change);

(I) Accepting CVBs from an unauthorized farmer; or

(J) Failing to respond to requests, implement corrective action, or comply with the terms in final orders as directed by the Authority.

(d) The Authority may disqualify a farmer for one year following second or subsequent incidents of:

(A) Providing credit in exchange for CVBs;

(B) Charging WIC shoppers higher prices than other shoppers;

(C) Failing to reimburse the Authority for CVBs that are improperly transacted; or

(D) Failing to cooperate with staff from the Authority or the Oregon Department of Agriculture in monitoring for compliance with program requirements and failing to provide information required to be submitted by the Authority or the Oregon Department of Agriculture.

(e) The Authority may immediately disqualify a farmer for three years for an incident of:

(A) Trafficking in CVBs (exchanging checks for cash, controlled substances, tobacco products, firearms, or alcohol) in any amount; or

(B) A USDA substantiated violation of laws regarding non-discrimination, and applicable USDA instructions.

Stat. Auth.: ORS 413.500

Stats. Implemented: ORS 413.500

Hist.: PH 5-2009, f. & cert. ef. 6-1-09; PH 9-2011, f. & cert. ef. 9-30-11; PH 11-2013, f. 11-6-13, cert. ef. 12-1-13

ADMINISTRATIVE RULES

333-054-0060

Vendor Disqualifications

(1) A vendor may not apply for authorization during a period of disqualification from the WIC Program.

(2) The Authority shall not accept a vendor's voluntary withdrawal from the WIC Program as an alternative to disqualification. In addition, the Authority may not use non-renewal as an alternative to disqualification.

(3) The Authority shall disqualify a vendor that does not pay, partially pays or fails to timely pay, a CMP assessed in lieu of disqualification, for the length of the disqualification corresponding to the violation for which the CMP was assessed.

(4) In order to participate in the WIC program after a vendor is disqualified, it must apply for authorization after the disqualification period has passed.

(5) The Authority shall disqualify a vendor for a period corresponding to the most serious sanction during the course of a single investigation when the Authority determines the vendor has committed multiple violations. The Authority shall include all violations in the notice of administrative action. If a sanction for a specific violation is not upheld after the hearing or appeal, the Authority may impose a sanction for any remaining violations.

(6) If the basis for disqualification of a vendor is for violation of OAR 333-054-0050(4)(d), the effective date of the disqualification is the date the vendor received notice, either actual or constructive, of the disqualification.

(7) The Authority may disqualify a vendor that has been disqualified or assessed a CMP in lieu of disqualification by another WIC state agency for a mandatory sanction.

(a) The length of the disqualification shall be for the same length of time as the disqualification by the other WIC state agency or, in the case of a CMP in lieu of disqualification assessed by the other WIC state agency, for the same length of time for which the vendor would otherwise have been disqualified. The disqualification may begin at a later date than the sanction imposed by the other WIC state agency.

(b) If the Authority determines that disqualification of a vendor would result in inadequate participant access, the Authority shall impose a CMP in lieu of disqualification.

(8) The Authority shall disqualify a vendor who has been disqualified from the SNAP. The disqualification shall be for the same length of time as the SNAP disqualification, although it may begin at a later date than the SNAP disqualification. Such disqualification by the WIC program shall not be subject to administrative or judicial review under the WIC program.

(a) The Authority may disqualify a vendor who has been assessed a CMP in lieu of disqualification in the SNAP, as provided in 7 CFR § 278.6. The length of such disqualification shall correspond to the period for which the vendor would otherwise have been disqualified in the SNAP. The Authority shall determine if the disqualification of a vendor would result in inadequate participant access prior to disqualifying a vendor for SNAP disqualification pursuant to section (8) of this rule or for any of the violations listed in this rule. If the Authority determines that disqualification of the vendor would result in inadequate participant access, the Authority shall not disqualify or impose a CMP in lieu of disqualification. The Authority shall include participant access documentation in vendor files.

(b) The Authority shall provide the appropriate FNS office with a copy of the notice of adverse action and information on vendors it has disqualified. This information shall include the vendor's name, address, identification number, the type of violation(s), length of the disqualification, or the length of the disqualification corresponding to the violation for which a SNAP CMP was assessed.

(9) Disqualification from the WIC Program may result in disqualification as a retailer in the SNAP. Such disqualification may not be subject to administrative or judicial review under the SNAP.

(10) Prior to disqualifying a vendor, the Authority shall determine if disqualification of the vendor would result in inadequate participant access.

(a) If the Authority determines that disqualification of the vendor would result in inadequate participant access, the Authority shall not disqualify the vendor and shall impose a CMP in lieu of disqualification.

(b) The Authority shall include documentation of its participant access determination and any supporting documentation in the vendor's file.

(c) The Authority shall not impose a CMP in lieu of disqualification for third or subsequent sanctions, even if the disqualification results in inadequate participant access.

(d) The Authority shall not impose a CMP in lieu of disqualification for trafficking or an illegal sales conviction, even if the disqualification results in inadequate participant access.

(11) Pursuant to 7 CFR 246.12 (l)(1), the Authority shall use the following formula to calculate a CMP imposed in lieu of disqualification:

(a) Determine the vendor's average monthly redemptions for at least the six-month period ending with the month immediately preceding the month during which the notice of administrative action is dated;

(b) Multiply the average monthly redemptions figure by 10 percent (.10); and

(c) Multiply the product from subsection (11)(b) of this rule by the number of months for which the store would have been disqualified. This is the amount of the CMP, provided that the CMP shall not exceed \$11,000 for each violation. For a violation that warrants permanent disqualification, the amount of the CMP shall be \$11,000. The Authority shall impose a CMP for each violation when during the course of a single investigation the Authority determines a vendor has committed multiple violations. The total amount of CMPs imposed for violations cited as part of a single investigation shall not exceed \$44,000.

(12) The Authority shall use the formula in subsections (11)(a) through (c) of this rule to calculate a CMP in lieu of disqualification for any violation under OAR 333-054-0050(4)(b). The Authority has the discretion to reduce the amount of this CMP in quarterly increments, after reviewing the following criteria:

(a) Whether the vendor had other WIC violations or complaints within the 12 months immediately preceding the month the notice of administrative action is dated;

(b) The degree of severity of the violations and complaints;

(c) If the vendor being sanctioned is part of a multi-store chain, whether there is a pattern within the corporation of violations and the seriousness of those violations; and

(d) The degree of cooperation shown by the vendor, demonstrated by the vendor's willingness to schedule staff training and to make changes in store operations based on the Authority recommendations.

(13) The Authority shall, where appropriate, refer vendors who abuse the WIC Program to appropriate federal, state or local authorities for prosecution under applicable statutes.

(14) A vendor who commits fraud or abuse of the program is subject to prosecution under applicable federal, state or local laws. A vendor who has embezzled, willfully misapplied, stolen or fraudulently obtained program funds, assets, or property shall be subject to a fine of not more than \$25,000 or imprisonment for not more than five years or both, if the value of the funds is \$100 or more. If the value is less than \$100, the penalties are a fine of not more than \$1,000 or imprisonment for not more than one year or both.

(15) A vendor may be subject to actions in addition to the sanctions in this rule, such as claims by the Authority of reimbursement for improperly redeemed food instruments and penalties outlined in 7 CFR § 246.12(1)(2)(i).

(16) The Authority shall use the following criteria to determine inadequate participant access:

(a) The availability of other authorized vendors within a 15-mile radius; and

(b) Geographic barriers.

(17) Any time the Authority uses criteria in section (16) of this rule, the Authority shall include participant access documentation in the vendor file.

(18) The Authority shall not reimburse for food instruments submitted by a vendor for payment during a period of disqualification.

(19) A vendor is not entitled to receive any compensation for revenues lost as a result of a disqualification.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 413.500

Stats. Implemented: ORS 413.500

Hist.: HD 7-1993, f. & cert. ef. 6-11-93; OHD 17-2001, f. 8-2-01, cert. ef. 8-15-01; OHD 22-2002, f. & cert. ef. 12-24-02; PH 19-2003(Temp), f. & cert. ef. 11-14-03 thru 5-12-04; PH 22-2003, f. 12-31-03, cert. ef. 1-5-04; PH 7-2005(Temp), f. & cert. ef. 5-2-05 thru 10-28-05; PH 16-2005, f. & cert. ef. 10-28-05; PH 30-2006, f. & cert. ef. 12-27-06; PH 5-2009, f. & cert. ef. 6-1-09; PH 9-2011, f. & cert. ef. 9-30-11; PH 11-2013, f. 11-6-13, cert. ef. 12-1-13

333-054-0065

Farmer Disqualifications

(1) Farmers who do not comply with WIC program requirements are subject to sanctions, including civil penalties, in addition to, or in lieu of, disqualification.

(2) Prior to disqualifying a farmer, the Authority may determine if disqualification of the farmer would result in inadequate participant access. If the Authority determines that disqualification of the farmer would result in inadequate participant access, the Authority may impose a CMP in lieu of

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disqualification in the amount of 5 percent of the farmer's CVBs sales over the last twelve months or \$250, whichever is greater.

(3) The Authority must give written notice to a farmer of an action proposed to be taken against a farmer, not less than 15 days before the effective date of the action. The notice must state what action is being taken, the effective date of the action, and the procedure for requesting a hearing.

(4) A farmer that has been disqualified from the WIC program may reapply at the end of the disqualification period.

(5) The Authority may accept a farmer's voluntary withdrawal from the program as an alternative to disqualification. If a farmer chooses to withdraw in lieu of disqualification, the farmer may not apply for participation until the following year.

(6) The Authority will not reimburse farmers who have been disqualified or have withdrawn in lieu of disqualification.

(7) Civil penalties must be paid to the Authority within the time period specified in the Notice.

(8) A farmer who commits fraud or abuse of the WIC program is subject to prosecution under applicable federal, state or local laws.

Stat. Auth.: ORS 413.500
Stats. Implemented: ORS 413.500

Hist.: PH 5-2009, f. & cert. ef. 6-1-09; PH 11-2013, f. 11-6-13, cert. ef. 12-1-13

333-054-0070

Administrative Review

(1) The Authority shall provide a full administrative review in accordance with the provisions of ORS chapter 183 for the following, as applicable:

- (a) Denial of authorization based on a determination that the vendor or farmer is attempting to circumvent a sanction;
 - (b) Termination of an agreement for cause;
 - (c) Disqualification;
 - (d) Imposition of a civil penalty or a CMP in lieu of disqualification;
- and

(e) Denial of authorization based on the vendor selection criteria for competitive price or minimum variety and quantity of authorized WIC foods.

(2) The Authority may provide a vendor with an abbreviated or full administrative review in accordance with the provisions of ORS chapter 183 for the following, as applicable:

- (a) Denial of authorization based on selection criteria for business integrity or for a current FSP disqualification or CMP penalty for hardship;
- (b) Denial of authorization based on an Authority selection criteria for previous history of WIC sanctions or SNAP withdrawal of authorization or disqualification;
- (c) Denial of authorization based on the Authority's limiting criteria;
- (d) Termination of an agreement because of a change in ownership or location or cessation of operations;
- (e) Disqualification based on a trafficking conviction;
- (f) Disqualification based on the imposition of a SNAP CMP for hardship;
- (g) Disqualification or CMP based on a USDA mandatory sanction from another state WIC agency; and
- (h) Application of criteria used to determine whether a store is an A50.

(3) The vendor or farmer shall not be entitled to an administrative review for the following actions, as applicable:

- (a) The validity or appropriateness of the Authority's limiting or selection criteria;
- (b) The validity or appropriateness of the Authority's participant access criteria and the Authority's participant access determinations;
- (c) The Authority's determination regarding whether an effective policy and program in effect to prevent trafficking regardless of the vendor or farmer's awareness, approval, or involvement in the violation activity;
- (d) Denial of authorization if the Authority vendor authorization is subject to the procurement procedures applicable to the Authority;
- (e) The expiration of the agreement;
- (f) Disputes regarding food instrument payments and claims;
- (g) Disqualification of a vendor as a result of disqualification from the SNAP;

(h) The Authority's determination whether to notify a vendor in writing when an investigation reveals an initial violation for which a pattern of violations must be established in order to impose a sanction;

(i) The Authority's determination to include or exclude an infant formula manufacturer, wholesaler, distributor, or retailer from the list required;

(j) The validity or appropriateness of the Authority's criteria used to determine whether or not a vendor is an A50 store; and

(k) The validity or appropriateness of the Authority's prohibition of incentive items and the Authority's denial of an A50 vendor's request to provide an incentive item to shoppers.

(4) A request for a hearing must be in writing and must be received within 30 days from the date of the notice describing the proposed action.

(5) The Authority may, at its discretion, permit the vendor or farmer to continue participating in the program pending the outcome of an administrative hearing. The vendor or farmer may be required to repay funds for FIs redeemed during the pendency of the hearing, depending on the hearing outcome.

(6) If an agreement expires during the appeal period, the Authority will accept application for renewal and delay determination until all appeals have been exhausted.

Stat. Auth.: ORS 413.500
Stats. Implemented: ORS 413.500

Hist.: HD 7-1993, f. & cert. ef. 6-11-93; OHD 17-2001, f. 8-2-01, cert. ef. 8-15-01; OHD 22-2002, f. & cert. ef. 12-24-02; PH 19-2003(Temp), f. & cert. ef. 11-14-03 thru 5-12-04; PH 22-2003, f. 12-31-03, cert. ef. 1-5-04; PH 16-2005, f. & cert. ef. 10-28-05; PH 30-2006, f. & cert. ef. 12-27-06; PH 5-2009, f. & cert. ef. 6-1-09; PH 9-2011, f. & cert. ef. 9-30-11; PH 11-2013, f. 11-6-13, cert. ef. 12-1-13

Oregon Liquor Control Commission Chapter 845

Rule Caption: Amends two rules to implement statutory changes requiring service permits for new category of persons

Adm. Order No.: OLCC 9-2013

Filed with Sec. of State: 10-30-2013

Certified to be Effective: 11-1-13

Notice Publication Date: 8-1-2013

Rules Amended: 845-009-0010, 845-009-0015

Subject: OAR 845-009-0010 identifies the persons who are required to obtain a valid service permit under ORS 471.360. It also identifies the persons who may temporarily work without a valid service permit after submitting an indorsed application in accordance with ORS 471.375. OAR 845-009-0015 describes the licensee's duty to verify a person's identity and possession of a valid service permit if one is required under ORS 471.360 and the licensee's or other authorized person's duties if an indorsed application is temporarily allowed in lieu of a valid service permit under ORS 471.375.

On April 11, 2013, the Governor signed House Bill (HB) 2443 into law. HB 2443 (addressing "Growlers") amended ORS 471.360 to require any person who participates in the dispensing of malt beverages, wines or cider sold in securely covered containers provided by the consumer to possess a valid service permit. On June 26, 2013, the Governor signed Senate Bill (SB) 795 into law. SB 795 amended ORS 471.375 to allow persons who dispense malt beverages, wines or ciders into containers for off-premises consumption to temporarily work without a valid service permit after submitting an indorsed application.

The proposed amendments incorporate the recent statutory revisions enacted by HB 2443 and SB 795.

Rules Coordinator: Annabelle Henry—(503) 872-5004

845-009-0010

Service Permit Requirements

(1) Who Needs a Service Permit. ORS 471.360 requires a valid service permit for any person employed by a licensee who performs the following duties:

- (a) Mixes, sells or serves alcoholic beverages for consumption on licensed premises;
- (b) Dispenses malt beverages, wines or cider into securely covered containers provided by the consumer;
- (c) Directly supervises persons described in subsection (a) of this rule; or
- (d) The individual principals of a licensed legal entity who perform the duties described in subsections (a), (b) or (c) of this rule.

(2) Exceptions. The following persons are not required to have a valid service permit:

- (a) An individual named on the license as a licensee;
- (b) ORS 471.360(2) allows the Commission to waive the service permit requirement if the licensee's primary business is not the sale or service

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of alcoholic beverages or food. Under this authority, the Commission waives the service permit requirement for Public Passenger Carriers whose primary business is transportation (for example airlines and most trains), but it does not waive the requirement for Public Passenger Carriers whose primary business is touring (for example tour boats in Oregon waters more than 30 days per calendar year and small excursion-type railroads). The Commission waives the service permit requirement for the holder of some temporary licenses (see OAR 845-005-0440(12) & (13) Temporary Sales Licenses).

(c) Under ORS 471.190, employees and volunteers serving alcoholic beverages for a nonprofit or charitable organization with a temporary sales license are not required to have service permits (see OAR 845-005-0440(13) Temporary Sales Licenses).

(3) Authority to Mix, Sell or Serve Based on an Application. ORS 471.375 allows some service permit applicants to begin mixing, selling or serving alcoholic beverages after the applicant completes an official service permit application and an authorized person as defined under ORS 471.375 indorses and sends the application to the Commission. This authority does not apply to the following applicants:

(a) Any applicant whose service permit application was refused or whose service permit was revoked within three years of the date the Commission received the current application;

(b) Any applicant whose service permit application was refused because he or she failed to complete the required alcohol server education course and/or pass the required exam. To mix, serve or sell alcoholic beverages, the applicant must first complete all server education requirements;

(c) Any applicant whose service permit application was returned under OAR 845-009-0005 Return of Applications; or

(d) Any applicant whose service permit is currently suspended.

Stat. Auth.: ORS 471, 471.030, 471.040, 471.190 & 471.730(1) & (5)

Stats. Implemented: ORS 471.190, 471.360, 471.365(2) & 471.375

Hist.: OLCC 2-1989, f. 3-1-89, cert. ef. 4-1-89; OLCC 3-1991, f. 3-1-91, cert. ef. 4-1-91; OLCC 19-2000, f. 12-6-00, cert. ef. 1-1-01; OLCC 10-2001(Temp), f. 10-12-01, cert. ef. 11-1-01 thru 4-29-02; OLCC 5-2002, f. 4-12-02, cert. ef. 4-29-02; OLCC 9-2003, f. 6-27-03, cert. ef. 7-1-03; OLCC 10-2004, f. 10-15-04 cert. ef. 11-1-04; OLCC 4-2005, f. 6-7-05, cert. ef. 7-1-05; OLCC 17-2010, f. 12-22-10, cert. ef. 1-1-11; OLCC 3-2013(Temp), f. & cert. ef. 5-10-13 thru 11-6-13; OLCC 9-2013, f. 10-30-13, cert. ef. 11-1-13

845-009-0015

Licensee and Authorized Person's Responsibility for Verifying Identification

(1) Before allowing anyone who is required to have a service permit under ORS 471.360 to perform the duties described in OAR 845-009-0010(1), a licensee must:

(a) Make sure the person has a valid service permit; and

(b) Verify the person's identity (for example, make sure the person's physical description matches the person's driver's license photo and description).

(2) If the person does not have a valid service permit, but he or she is eligible to mix, sell or serve alcoholic beverages based on an application under OAR 845-009-0010(3), the following rules apply:

(a) If the person has submitted an application with the Commission, the licensee must, before allowing the person to mix, sell or serve alcoholic beverages:

(A) Verify that the person has a pending application (for example, see a copy of the submitted service permit application);

(B) Verify the person's identity (for example, make sure the person's physical description matches the person's driver's license photo and description); and

(C) Verify the person's age.

(b) If the person has not submitted an application with the Commission, the licensee must, before allowing the person to mix, sell or serve alcoholic beverages:

(A) Verify the person's identity (for example, make sure the person's physical description matches the person's driver's license photo and description);

(B) Verify the person's age; and

(C) Mail or personally deliver a completed service permit application, with the appropriate fee, to the Commission by the end of the first work day following the person's first work shift.

(c) After the application is submitted, the licensee has a continuing duty to verify that the person has taken and passed an alcohol server education course and that the person's service permit has been issued.

(3) All other persons authorized to indorse applications under ORS 471.375 must:

(a) Verify the person's identity (for example, make sure the person's physical description matches the person's driver's license photo and description);

(b) Verify the person's age; and

(c) Mail or personally deliver a completed service permit application, with the appropriate fee, to the Commission within 36 hours of indorsement. Holidays and weekends are not included in counting the 36 hours.

(4) If a company authorized to indorse applications under ORS 471.375(2)(b) fails to comply with subsection (3) of this rule, the Commission will rescind its approval to indorse service permit applications.

Stat. Auth.: ORS 471, 471.030, 471.040 & 471.730(1)

Stats. Implemented: ORS 471.360(1), 471.365(2) & 471.375

Hist.: OLCC 3-1991, f. 3-1-91, cert. ef. 4-1-91; OLCC 10-2001(Temp), f. 10-12-01, cert. ef. 11-1-01 thru 4-29-02; OLCC 5-2002, f. 4-12-02, cert. ef. 4-29-02; OLCC 9-2003, f. 6-27-03, cert. ef. 7-1-03; OLCC 20-2003, f. 11-24-03, cert. ef. 12-1-03; OLCC 10-2004, f. 10-15-04 cert. ef. 11-1-04; OLCC 4-2005, f. 6-7-05, cert. ef. 7-1-05; OLCC 3-2013(Temp), f. & cert. ef. 5-10-13 thru 11-6-13; OLCC 9-2013, f. 10-30-13, cert. ef. 11-1-13

Rule Caption: Affirms that the prohibition against self-service continues to apply to all persons.

Adm. Order No.: OLCC 10-2013

Filed with Sec. of State: 11-14-2013

Certified to be Effective: 12-1-13

Notice Publication Date: 8-1-2013

Rules Amended: 845-006-0345

Subject: Section (1) of this rule prohibits a licensee or permittee from consuming an alcoholic beverage or being under the influence of intoxicants while on duty. The amendments create a new section, labeled section (11), that prohibits any patron from mixing, dispensing or serving an alcoholic beverage for or to himself or herself for on-premises or off-premises consumption. The prohibition against patron self-service is not new; however, the statutory amendments enacted by House Bill 2443 have changed the statutory bases for this prohibition. The adopted rule language affirms that the prohibition against self-service continues to apply to all patrons. The adopted rule language also amends section (10)(a)(G) to clarify the prohibition on alcohol inhalation devices or techniques.

Rules Coordinator: Annabelle Henry—(503) 872-5004

845-006-0345

Prohibited Conduct

The Commission holds licensees accountable for the acts of their agents and employees. (OAR 845-006-0362). No employee or agent of a licensee may violate any provision of this rule. A violation of any section of this rule by an employee or agent of a licensee is considered a violation by the licensee.

(1) Drinking on Duty: No licensee or permittee will drink or be under the influence of intoxicants while on duty.

(a) "On duty" means from the beginning of a work shift that involves the mixing, sale or service of alcoholic beverages, checking identification or controlling conduct on the premises, to the end of the shift including coffee and meal breaks.

(b) "On duty" also means, for those working outside a scheduled work shift, having the authority to put himself or herself on duty and performing acts on behalf of the licensee which involve the mixing, sale or service of alcoholic beverages, checking identification or controlling conduct on the premises. Whether a person is paid or scheduled for work is not determinative of whether the person is considered "on duty" under this subsection.

(c) "A work shift that involves the sale and service of alcoholic beverages" includes supervising those who mix, sell or serve, check identification or control the premises.

(d) Being under the influence of intoxicants on duty is a Category II violation.

(e) Drinking on duty is a Category III violation.

(2) No licensee or permittee will fail to call the police when a Commission regulatory employee directs the licensee or permittee to call. Violation of this section is a Category II violation.

(3) Evidence:

(a) No licensee or permittee will:

(A) Destroy, damage, alter, remove, or conceal potential evidence, or attempt to do so;

(B) Refuse to give a Commission regulatory employee or police officer this evidence when the employee or officer lawfully requests it; or

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(C) Ask or encourage another person to do subsections (a) or (b) of this section.

(b) Violation of this section is a Category III violation.

(4) Access to Premises:

(a) Both during regular business hours and when a premises is closed, no licensee or permittee will refuse to admit or fail to promptly admit to the licensed premises a Commission regulatory employee or police officer who identifies him/herself and who enters or wants to enter to conduct a reasonable search to ensure compliance with alcoholic beverage law. Examination of premises that are or appear closed occurs only when there is reason to believe an alcoholic beverage law violation is occurring.

(b) Once the regulatory employee or police officer is on the licensed premises, no licensee or permittee will ask the regulatory employee or officer to leave until the regulatory employee or officer has had an opportunity to conduct a reasonable search to ensure compliance with the alcoholic beverage laws.

(c) Violation of this section is a Category II violation.

(5) Open Containers: No licensee or permittee will permit a person to take an open container of alcoholic beverages from the licensed premises, except as ORS 471.175, 471.178, 471.186, 471.200, 471.223 and 471.227 allow. Except for tastings as allowed in OAR 845-006-0450, no Off-Premises Sales licensee will permit an open container of alcoholic beverages on the licensed premises unless the licensee also holds another license at the premises that allows on-premises consumption. Violation of this section is a Category V violation.

(6) Liquor on Premises: No licensee or permittee will have or permit any alcoholic liquor on the licensed premises which the license does not allow the licensee to sell or serve. Notwithstanding this requirement, a limited on-premises or brewery-public house sales licensee may have distilled spirits on the premises if the distilled spirits are used only for cooking, are kept in a container only in the food preparation area, and the container is clearly marked "for cooking only." Violation of this section is a Category V violation.

(7) Drive-up Window: No licensee or permittee will sell or deliver any alcoholic beverages through a drive-up window. Violation of this section is a Category III violation.

(8) Liquor as a Prize: Except as allowed in ORS 471.408, no licensee or permittee will give or permit any alcoholic beverage as a prize, premium, or consideration for any lottery, contest, game of chance or skill, exhibition, or any competition of any kind on the licensed premises. Violation of this section is a Category V violation.

(9) "Good Faith Effort": ORS 471.315(1)(a)(H), and 471.412(1) prohibit a licensee or permittee from allowing a visibly intoxicated person to drink alcoholic beverages. A licensee or permittee who makes a good faith effort to remove the alcoholic beverage does not violate these statutes.

(a) As used in ORS 471.412(2) and this rule, "good faith effort" means:

(A) Placing a hand on the drink and trying to remove it; or

(B) Making a verbal request for the drink, if the server has reason to believe that touching the patron's drink could cause a disturbance.

(b) The Commission will issue letters of reprimand for the first three violations of this section within a two-year period. A fourth violation within a two-year period is a Category III violation assessed at the fourth level (cancellation).

(10) Promotions.

(a) The following practices are prohibited:

(A) The sale, offer or service to any person of an unlimited number of alcoholic beverage(s) during any set period of time for a fixed price;

(B) The sale, offer or service of alcoholic beverages by the drink for a price per drink that is less than the licensee's cost for the alcohol to any person paying a fixed "buy in" price, entry fee, cover or door charge;

(C) Price reductions on alcoholic beverages by the drink from 12:00 midnight until 2:30 a.m. A price reduction is a lower price as compared to the usual, customary, or established non-discounted price the licensee charges for a drink of that type on the licensed premises;

(D) The sale, offer or service of distilled spirits by the bottle for consumption on the premises, except as allowed in OAR 845-006-0433 (Minibars in Hotel Guest Rooms) and 845-006-0434 (Minibars in Arena Suites). This subsection does not prohibit a Full On-Premises Public Location Sales Licensee (F-PL) or Full On-Premises Catering Sales Licensee (F-Cat) from charging clients by the bottle for distilled spirits that are served by the drink at hotel suites, banquets, receptions or catered events where the reasonably projected attendance is at least 20 patrons;

(E) Operating, encouraging or permitting games of chance or skill, contests, exhibitions, or competitions of any kind on the licensed premises that involve drinking alcoholic beverages, (e.g., beer pong, "21 for 21");

(F) Dispensing, pouring or otherwise serving any alcoholic beverage directly into a person's mouth, including through any device such as a "bong"; and

(G) The use of any device or serving technique that produces an alcoholic mist or vapor for consumption by inhalation. An alcohol vaporization device, for example, also called an alcohol without liquid machine, is a device, machine or process which mixes spirits, alcoholic liquors or any product containing alcoholic liquor with oxygen or any other gas to produce a vaporized product for consumption by humans by inhalation.

(b) Violation of this section is a Category III violation.

(11) Self-Service. No licensee or permittee will permit any patron to mix, dispense or serve an alcoholic beverage for or to himself or herself for on-premises or off-premises consumption. Violation of this section is a Category III violation.

Stat. Auth.: ORS 471, 471.030, 471.040 & 471.730(1) & (5)

Stats. Implemented: ORS 471.030, 471.040 471.175, 471.178, 471.186, 471.200, 471.223, 471.227, 471.315(1)(a)(H), 471.351(1), 471.405(1), 471.408, 471.412, 471.675 & 471.730
Hist.: OLCC 19-2000, f. 12-6-00, cert. ef. 1-1-01; OLCC 6-2001, f. 8-15-01, cert. ef. 9-1-01; OLCC 4-2003, f. 3-31-03 cert. ef. 4-1-03; OLCC 5-2007, f. 3-22-07, cert. ef. 4-1-07; OLCC 3-2009, f. 4-21-09, cert. ef. 5-1-09; OLCC 18-2010, f. 12-22-10, cert. ef. 1-1-11; OLCC 8-2011, f. 11-1-11, cert. ef. 1-1-12; OLCC 2-2013, f. 3-15-13, cert. ef. 4-1-13; OLCC 10-2013, f. 11-14-13, cert. ef. 12-1-13

Oregon State Marine Board Chapter 250

Rule Caption: Prohibits the use of internal combustion motor boats and sea planes on Waldo Lake.

Adm. Order No.: OSMB 6-2013

Filed with Sec. of State: 10-28-2013

Certified to be Effective: 11-1-13

Notice Publication Date: 9-1-2013

Rules Amended: 250-020-0221, 250-030-0030

Subject: These rules prohibit the use of combustion motor boats and the operation of sea planes on Waldo Lake in compliance with the 2013 Oregon Legislative Session statutory revisions.

Rules Coordinator: June LeTarte—(503) 378-2617

250-020-0221

Boat Operations on Certain Waters in Lane County

(1) No person shall operate a motorboat in excess of 5 MPH ("Slow No Wake") in the following areas:

(a) Triangle Lake: Within 200 feet of a marked swimming area or a designated public launching ramp;

(b) Fern Ridge Lake:

(A) Within 200 feet of a marked swimming area or a designated public launching ramp;

(B) In the Coyote Creek Channel;

(C) Between shore and buoy line which extends southerly from the north shore to a point approximately 200 feet of the northern most Eugene Yacht Club mooring dock thence generally south and west approximately 200 feet of the docks to a point approximately 200 feet south of the Tri Pass Club mooring dock thence generally west to the southern tip of the Tri Pass Club dock as buoyed except for the buoyed corridor immediately south of the Eugene Yacht Club southernmost dock;

(D) South of the buoy line which extends easterly from a point approximately 100 yards north of the Perkins Boat Ramp to the adjacent shoreline;

(E) In the Main Long Tom River Channel.

(c) Dexter Dam Reservoir:

(A) Within 200 feet of a marked swimming area or a designated public launching ramp;

(B) Within 50 feet of the causeway crossing the reservoir.

(d) Lookout Point Reservoir:

(A) Within 200 feet of a marked swimming area or a designated public launching ramp;

(B) East of the Southern Pacific Railroad bridge.

(e) Dorena Dam Reservoir:

(A) Within 200 feet of a marked swimming area or a designated public launching ramp.

(B) Southeast of a line between markers on Humphrey Point and the northeast shore.

(f) Cottage Grove Reservoir:

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(A) Within 200 feet of a marked swimming area or a designated public launching ramp;

(B) South of a line between a marker on the east shore, near the Wilson Creek area, and on the west shore near Cedar Creek.

(g) Hills Creek Reservoir:

(A) Within 200 feet of a marked swimming area or a designated public launching ramp;

(B) On Packard Creek arm west of Rigdon Road (USFS Road #21);

(C) On Hills Creek south of the Hills Creek Crossing Bridge;

(D) On the Middle Fork, Willamette River south of the Rigdon Road (USFS #21) (Upper Crossing) Bridge;

(E) No person shall operate a motorboat for any purpose on Larison Creek arm west of Rigdon Road (USFS Road #21).

(h) Collard Lakes;

(i) Picket Lake;

(j) Munsel Lake — west of the line of marker buoys;

(k) Fall Creek Lake:

(A) Within 200 feet of a designated public launching ramp or marked swimming area;

(B) On Fall Creek upriver from the buoys located approximately 200 feet downstream of the Big Fall Creek Road;

(C) On Winberry Creek upriver from the buoys located approximately 1800 feet downstream of the Winberry Creek Road Bridge.

(l) Siltcoos Lake:

(A) Within 200 feet of a designated public launching ramp or marked swimming area;

(B) Between shore and buoy line at the mouth of Kiechle Arm beginning at a point at the east shoreline of Arrowhead Point and extending northerly approximately 900 yards to a point approximately 100 yards off shore of Camp Baker during the period of June 1 through September 30.

(C) In Miller Arm north of the buoy line, located at the entrance near Nightingales' Fishing Camp, during the period of May 1 through September 31.

(2) No person shall operate a motorboat in excess of 5 MPH on Leaburg Reservoir and the McKenzie River from the dam upstream to Good Pasture Bridge.

(3) No person shall operate a motorboat in excess of a "Slow-No Wake" speed within 300 feet of a boat launching ramp or a boat moorage on the following bodies of water (for purpose of this regulation, "Slow-No Wake" speed means the speed of a boat shall not exceed 5 MPH):

(a) Cougar Reservoir;

(b) Blue River Reservoir;

(c) Siuslaw River — between the river entrance and the highway bridge at Mapleton.

(4) No person shall operate a motorboat for any purpose on the following lakes: Scott, Melakwa, Hidden, Blair, Upper Erma Bell, Middle Erma Bell, Lower Erma Bell, Torrey, Whig, Wahanna, Rigdon, Lower Rigdon, Kiwa, Upper Eddeeleo, Round, Betty, and Alameda.

(5) No person shall operate a motorboat for any purpose in excess of 10 MPH on Munsel Lake east of the line of marker buoys, except from June 1 through September 30, between the hours of 10 a.m. and 5 p.m.

(6) No person shall operate a motorboat on the McKenzie River above Good Pasture Bridge, except a representative of the Oregon State Police or the County Sheriff's Office pursuant to a criminal investigation or search and rescue operation.

(7) No person shall operate a motorboat, except with an electric motor:

(a) In the Old Long Tom River Channel;

(b) On Fern Ridge Reservoir south of State Highway 126;

(c) On Hult Reservoir.

(8) No person shall operate a propeller-driven airboat or non-displacement hull type hovercraft in the following areas on Fern Ridge Reservoir where there is emergent vegetation present:

(a) Coyote Creek area — east of a line beginning at the West Coyote Creek bridge at Highway 126 extending north approximately one mile to a point near the mouth of Coyote Creek, then extending north approximately 1.4 miles to a point located approximately 100 yards off shore of the northwest corner of Gibson Island;

(b) Amazon Bay area — east of a line beginning at a point located approximately 100 yards off shore of the northwest corner of Gibson Island extending northeast approximately one mile to the Shore Lane access;

(c) South Marsh area — west of a line extending from a point on the shoreline at the southern boundary of Zumwalt Park near the end of Vista Drive extending southeast approximately one mile to a point on the shoreline at the tip of Perkins Peninsula;

(d) Long Tom Area — southwest of a line beginning at a point on the shore line at the end of Moyer Lane extending southeast approximately 0.9 miles to a point on the west shoreline of the Jeans Peninsula at the north end of Winter Lane.

(9) No person shall operate a motorboat north and east of a line across the entrance of Bannister Cove on Lookout Point Reservoir, as marked.

Stat. Auth.: ORS 830.110 & 830.175

Stats. Implemented: ORS 830.175

Hist.: MB 21, f. 8-23-63; MB 27, f. 6-3-65; MB 31, f. 6-20-66; MB 42, f. 12-3-68; MB 44, f. 8-21-69; MB 48, f. 6-28-71, ef. 7-25-71; MB 49, f. 8-14-72, ef. 9-1-72; MB 3-1979(Temp), f. & ef. 6-22-79; MB 5-1979, f. 7-31-79, ef. 8-1-79; Renumbered from 250-020-0131; MB 8-1981, f. & ef. 11-16-81; MB 5-1982, f. & ef. 6-1-82; MB 6-1982, f. & ef. 6-1-82; MB 15-1984, f. 11-30-84, ef. 12-1-84; MB 6-1995, f. & cert. ef. 7-14-95; MB 9-1996, f. & cert. ef. 5-29-96; OSMB 2-2000, f. & cert. ef. 7-14-00; OSMB 2-2001, f. & cert. ef. 1-25-01; OSMB 1-2008, f. & cert. ef. 1-15-08; OSMB 3-2010, f. & cert. ef. 1-15-10; OSMB 9-2010(Temp), f. & cert. ef. 5-6-10 thru 9-30-10; Administrative correction 10-26-10; OSMB 13-2010, f. & cert. ef. 11-1-10; OSMB 5-2011(Temp), f. 3-28-11, cert. ef. 4-8-11 thru 4-11-11; Administrative correction, 4-25-11; [OSMB 10-2011(Temp), f. 6-30-11, cert. ef. 7-1-11 thru 10-1-11; OSMB 10-2011(Temp) Suspended by OSMB 11-2011(Temp), f. & cert. ef. 8-5-11 thru 10-1-11, Administrative correction, 8-25-11]; OSMB 4-2012(Temp), f. & cert. ef. 4-2-12 thru 4-30-12; OSMB 8-2012, f. 4-24-12, cert. ef. 5-1-12; OSMB 1-2013(Temp), f. 3-18-13, cert. ef. 4-12-13 thru 4-27-13; Administrative correction, 5-22-13; OSMB 6-2013, f. 10-28-13, cert. ef. 11-1-13

250-030-0030

Regulations

The State Marine Board is authorized to carry out the provisions of the Federal Wild and Scenic Rivers Act (PL 90-542) and the State Scenic Waterways Act (ORS 390.805 to 390.925) under ORS 830.175 by regulating boat use through a permit system initiated by the Board. Authority to limit or prohibit motorboat use is also granted by this statute. The specific regulations which follow are adopted in accordance with these statutory provisions:

(1) In order to meet the goals and objectives of management and recreation plans for the subsequently named rivers, the State Marine Board will regulate commercial and noncommercial boat use, both for non-powered boats and for motorboats, by means of a permit system. On occasion the Board may find it necessary to establish interim boat use levels in order to protect the riverine environment and assure to the users a quality recreation experience. Such limits may be prescribed in those instances where, in the absence of river management or recreation plans, it finds it necessary to act to assure compliance with the objectives of appropriate federal and state laws.

(2) It is the policy of the State Marine Board to provide for equitable use of certain designated rivers by commercial and noncommercial boaters. A system of permits for all boaters, whether they plan to run a river as private individuals or as patrons of a commercial entrepreneur, may be initiated on controlled rivers when use approaches or exceeds approved levels or capacity.

(3) No person, other than a member of the Department of State Police, county sheriff, and governmental agencies of this state and the federal government having jurisdiction over the following described waters, shall use a motor for propelling a boat for any purpose on the following described waters, with the exceptions stated:

(a) Deschutes River:

(A) That portion bordering the Warm Springs Reservation, no motors year round. (ORS 830.180)

(B) Between the northern boundary of the Warm Springs Reservation and the mouth of Buckhollow Creek (downstream from Sherars Falls), no person shall operate a motorboat with the exception of ingress/egress by landowners under permit issued by the Board.

(C) Between the mouth of Buckhollow Creek and Macks Canyon Campground, no motors from June 15 to September 30, with the exception of ingress/egress by landowners under permit by the Board.

(D) Between Macks Canyon Campground and the Heritage Landing boat ramp, motors will be prohibited during alternating Thursday, Friday, Saturday and Sunday periods commencing with the first Thursday to Sunday period that falls on or after June 15, continuing until September 30. No daily restrictions on motorized use from October 1 to June 14.

(E) Between Heritage Landing boat ramp and the confluence with the Columbia River, no prohibitions on motors, except for OAR 250-030-0041 rule for slow no wake, maximum 5 MPH.

(b) Illinois River — From Deer Creek downstream to Nancy Creek, which is located in the area immediately upstream of Oak Flat.

(c) John Day River — From State Highway 218 bridge at Clarno downstream to Tumwater Falls between May 1 and October 1.

(d) Minam River — From Minam Lake downstream to the Wallowa River.

(e) Owyhee River System:

ADMINISTRATIVE RULES

- (A) West Little Owyhee;
- (B) North Fork Owyhee; and
- (C) The mainstem Owyhee River above approximately river mile 70 at Pinnacle Rock, as marked.
- (f) Rogue River — from Grave Creek downstream to the lowermost portion of Blossom Bar Rapids approximately 250 feet upstream of the top of Devil’s Staircase Rapids as marked, between May 15 and November 15.
- (g) Sandy River — From Dodge Park downstream to Dabney State Park.

Stat. Auth.: ORS 830.110 & 830.175
Stats. Implemented: ORS 830.110 & 830.175
Hist.: MB 53, f. 9-25-73, ef. 1-1-74; MB 64, f. 2-18-75, ef. 3-11-75; MB 66, ef. 4-22-75(Temp), 5-11-75(Perm); MB 76, f. & ef. 5-27-76; MB 79, f. 1-20-77, ef. 5-27-77; MB 89, f. 12-27-77, ef. 1-1-78; MB 12-1984, f. 8-13-84, ef. 8-14-84; MB 12-1985, f. & ef. 7-31-85; MB 21-1985, f. & ef. 12-4-85; MB 3-1993, f. 2-4-93, cert. ef. 5-15-93; MB 4-1994, f. & cert. ef. 3-23-94; MB 15-1996, f. & cert. ef. 12-4-96; MB 6-1997, f. & cert. ef. 5-30-97; OSMB 5-1998, f. & cert. ef. 4-3-98; OSMB 5-2010(Temp), f. & cert. ef. 1-15-10 thru 6-30-10; OSMB 10-2010, f. & cert. ef. 5-6-10; OSMB 8-2012, f. 4-24-12, cert. ef. 5-1-12; OSMB 6-2013, f. 10-28-13, cert. ef. 11-1-13

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Rule Caption: Amend Division 014 to implement SB 26 statutory changes.

Adm. Order No.: OSMB 7-2013

Filed with Sec. of State: 10-28-2013

Certified to be Effective: 1-1-14

Notice Publication Date: 9-1-2013

Rules Amended: 250-014-0001, 250-014-0002, 250-014-0003, 250-014-0005

Subject: The rule amendments clarify the authority of the Marine Board to apply for federal Boating Infrastructure Grants and allows federal agencies to apply for Boating Facility Grants in compliance with the 2013 Oregon Legislative Session statutory changes. Minor clarifications to rule language were also made.

Rules Coordinator: June LeTarte—(503) 378-2617

250-014-0001

Definitions

For the purposes of OAR 250-014-0001 to 250-014-0005, the following definitions shall apply:

- (1) “Annual Maintenance” means routine maintenance and operation activities performed by the participant during the one-year allocation period.
- (2) “Biennium” means the 24-month period beginning July 1 of each odd numbered year and ending June 30 of the next odd numbered year.
- (3) “Board” means the State Marine Board.
- (4) “Boarding Float” means a floating structure on or adjacent to a launch ramp that provides temporary short term use for loading or off-loading from a boat. Floats are normally 6 to 8 feet wide.
- (5) “Boating Facility Grant Program” means the program authorized by ORS 830.150. Funds are available for the acquisition, development and rehabilitation of public boating facilities available to, and ordinarily used by, motorized boats.
- (6) “Boating Infrastructure Grants Program” (BIG) means the federal program authorized by 50 CFR Part 80 and ORS 830.150. Funds are available for the development and rehabilitation of non-home port transient tie-up facilities at public and private facilities used principally by non-trailer recreational boats.
- (7) “Clean Vessel Act (CVA) Grant Program” means the federal program authorized by 50 CFR Part 85 and ORS 830.150. Clean Vessel Act grants can be used to develop, refurbish, or maintain floating restrooms and vessel waste collection systems ordinarily used by recreational boats at public and private boating facilities.
- (8) “Director” means the State Marine Board Director.
- (9) “Fiscal Year” means the twelve-month period beginning July 1 of any year and ending June 30 of the next year.
- (10) “Floating Restroom” means a floating structure moored in open water that is not connected to shore and provides toilet facilities to boaters.
- (11) “Grounds” includes the area at or immediately adjacent to an improved boating facility where garbage pickup and maintenance of turf, vegetation, trees/shrubs, bank stabilization and small picnic areas occurs.
- (12) “Improved Public Boating Facility” means developed public facilities with hard surface launch ramps, boarding floats, parking areas, access roads, restrooms, grounds, transient tie-up floats or vessel waste collection facilities.

(13) “Launch Ramp” is an inclined hard surface consisting of asphalt or concrete used to launch and retrieve boats. A launch ramp consists of one or more launch lanes. Each launch lane is normally 15 to 20 feet wide.

(14) “Maintenance Assistance Program” (MAP), means funding assistance to eligible public participants for the routine maintenance and operations of improved public boating facilities.

(15) “Mixed Use Site” means a boating facility where annual use is mixed (31%-69%) between motorized (or registered) and non-motorized (or non-registered boats).

(16) “Motorized Use Site” means a boating facility where annual use by motorized (or registered) boats is 70% or more of all boat use.

(17) “Non-Motorized Use Site” means a boating facility where the annual use by motorized (or registered) boats is 30% or less of all boat use.

(18) “Off-Season” means the six-month period of lowest motorized (or registered) boat use generally the period from October 15 to April 15.

(19) “Parking Area” means a developed gravel or asphalt surface with a least six boat trailer spaces (10’ x 40’) and two single car spaces (10’ x 20’) associated with a launch ramp. This includes any required accessible parking spaces.

(20) “Participant” means any public or private party that qualifies to receive funds from the Boating Facility Grant Program or Maintenance Assistance Program and voluntarily participates in either program.

(21) “Peak Season” means the three month period of heaviest boat use generally the period from June 1 to August 31.

(22) “Public Boating Facility Grant Project” means a project to develop, improve, rehabilitate or replace public boating facilities or to acquire property for the development of an improved boating facility.

(23) “Private Boating Facility Grant Project” means a project to develop, improve, rehabilitate or replace private marina facility vessel waste collection systems and transient tie-up facilities that are available/open for public use.

(24) “Public Boating Facility” or “Public Marine Facility” means public launch ramps, parking, boarding floats, transient tie-up facilities, restrooms, access roads, floating restrooms, vessel waste collection systems, signing and water markers, potable water systems and related facilities for the use and convenience of the boating public.

(25) “Private Marine Facility” or “Private Marina Facility” means private facilities that have the capability to provide vessel waste collection systems or transient tie-up facilities that are open and available for public use.

(26) “Public Project Sponsor,” “Eligible Public Participants,” or “Public Entity” means cities, counties, park and recreation districts, port districts and state or federal agencies that own and or operate public boating facilities as specified in these rules.

(27) “Private Project Sponsor,” “Eligible Private Participants,” or “Private Entity” means any individual firm, corporation, association, partnership, consortium, joint venture, industry, or any other nonpublic entity that operates a marina facility as specified in these rules.

(28) “Restroom” means all types of landside facilities used to collect human waste to include flush, vault, composting and portable toilets. A restroom may include one or more stalls (urinal or toilet).

(29) “Routine Maintenance” means all types of ordinary maintenance activities completed on a regular basis (daily, weekly or monthly).

(30) “Shoulder Season” means the three month period of moderate boat use generally the period from April 15 to May 31 and September 1 to October 15.

(31) “Transient Tie-Up” means a floating structure at least 100 feet in length used for short term boat tie-up and broadside tie-up or space for mooring at least six non-trailer boats. Transient tie-up does not include tenant based moorage or facilities that allow stays longer than ten consecutive days.

(32) “Use Fee” means any form of user fee charged to boaters for access or use of a boating facility. This includes day use, launch, parking, tie-up or any other general entrance or use fee.

(33) “Vessel Waste Collection System” means all types of stationary or portable systems that pump or remove human waste from a recreational boat holding tank or portable potties. This includes pumpouts, dump stations, related forward sewage lift stations, necessary floats, piles, and gangways, and related facilities.

Stat. Auth.: ORS 830.110 & 830.150

Stats. Implemented ORS 830.150

Hist.: MB 18-1985, f. & ef. 10-21-85; MB 11-1987, f. 5-20-87, ef. 6-1-87; MB 12-1987, f. & ef. 6-15-87; MB 7-1992, f. & cert. ef. 5-15-92; MB 8-1995, f. & cert. ef. 11-6-95; OSMB 6-1998, f. & cert. ef. 4-15-98; OSMB 8-2001, f. & cert. ef. 7-30-01; OSMB 10-2006, f. 11-22-06, cert. ef. 7-1-07; OSMB 6-2012, f. 4-20-12, cert. ef. 5-1-12; OSMB 7-2013, f. 10-28-13, cert. ef. 1-1-14

ADMINISTRATIVE RULES

250-014-0002

Eligibility

(1) The Boating Facility Grant Program is available to eligible public project sponsors.

(2) The Clean Vessel Act and Boating Infrastructure Grant programs are available to eligible public and private project sponsors.

(3) The Maintenance Assistance Program is available to eligible public project sponsors excluding federal agencies.

Stat. Auth.: ORS 830.110 & 830.150

Stats. Implemented: ORS 830.150

Hist.: MB 18-1985, f. & ef. 10-21-85; MB 11-1987, f. 5-20-87, ef. 6-1-87; MB 12-1987, f. & ef. 6-15-87; MB 7-1992, f. & cert. ef. 5-15-92; MB 8-1995, f. & cert. ef. 11-6-95; OSMB 6-1998, f. & cert. ef. 4-15-98; OSMB 8-2001, f. & cert. ef. 7-30-01; OSMB 10-2006, f. 11-22-06, cert. ef. 7-1-07; OSMB 7-2013, f. 10-28-13, cert. ef. 1-1-14

250-014-0003

Boating Facility Grant Program

(1) Program Description:

(a) The Board is authorized by ORS 830.150(2)(a) to provide funds for the construction, rehabilitation, and replacement of boating facilities. The program can provide for the acquisition of property and related development projects such as ramps, parking, potable water, sanitation, docks, and other facilities for the convenience and safety of recreational boaters. The Board may adopt other policies, guidelines, and procedure manuals as necessary to implement these rules. The funds are available to eligible participants on a full grant or matching basis. Applicants are strongly encouraged to provide some form of matching funds. This will enhance a project's potential for funding. The applicant's match may be a hard match of cash or a soft match of "in-kind" materials or services such as project administration, design, engineering, force-account labor and permit fees specifically related to the Boating Facility Grant as set forth in the Procedure Guide. Eligible permit fees include application fees for US Army Corps of Engineers and Department of State Lands section 404 and section 10 permits, other state and local government permit fees required for construction or other activities associated with the grant, but not system development charges, impact fees, and general government overhead charges, or waterway leases and licenses associated with ownership of property.

(b) In granting funds, ORS 830.150(2)(a), requires the Board to give first priority to applications for facilities designed to control water pollution or otherwise enhance water quality, including but not limited to, pumping stations for recreational boat holding tanks, and to those other facilities for which there appears the greatest public need. Funds may also be granted for removal of obsolete and abandoned dock or mooring facilities, if these constitute a boating or navigational hazard.

(c) Applications for grants may be submitted by:

(A) Cities;

(B) Counties;

(C) Park and Recreation Districts;

(D) Port Districts;

(E) State Agencies; and

(F) Federal Agency participants such as U.S. Forest Service, Bureau of Land Management and the Corps of Engineers.

(d) Prior to issuing any grant, the Board shall hold a public hearing in the area where a facility is to be constructed or land acquired if, in the judgment of the Board, use of the facility would stimulate significant change in the character of the recreational use of the waters.

(e) Cities, counties, park and recreation districts, port districts, and state or federal agencies that have developed long-range plans for development of boating facilities are encouraged to file a copy with the State Marine Board.

(2) Procedures:

(a) Pre-Application: Prior to submitting an application for a Marine Board boating facility grant, the applicant should contact the Marine Board for a pre-application conference to discuss the proposed project. This will provide applicants with an opportunity to ask any questions regarding the grant program, and will permit the Marine Board staff to assist the applicant in the early planning stages of a project. Requests for application forms, guidance, and assistance may be obtained from: Boating Facilities Section, Oregon State Marine Board.

(b) Application: When an applicant for a grant has completed the planning phase, application shall be made to the Board on such forms as described in the Procedure Guide. A complete application must include the following enclosures:

(A) Completed original application form.

(B) A resolution or statement from the governing body authorizing the project.

(C) Certification from the local city or county planning agency that the project is in compliance with local comprehensive plans and zoning ordinances or not subject to local plans and ordinances.

(D) The following supporting documents must be submitted:

(i) Location map of the city or county, showing geographic reference location of the project.

(ii) A vicinity map showing the entire facility, boundaries, geographical features and land use adjacent to the project.

(iii) A site plan showing the area to be developed with this grant. All items should be clearly labeled on the plan as existing or proposed development. The plan should show appropriate dimensions to scale.

(iv) Photographs of the existing project site. These should be sufficient to show major site features and any special characteristics. (An aerial photo is desirable if available).

(v) A preliminary cost estimate, with calculations and quantities, including all proposed facilities and work tasks. Where marine facilities are only a portion of the total project cost, indicate the boating related facilities to be developed with Marine Board funds.

(vi) Preliminary Plans of all proposed structures, including a plan view (top) and elevation view (side) of each proposed structure.

(vii) Third Party Agreements including copies of leases, special use permits, or intergovernmental agreements if the applicant manages but does not own the project site. If applicable, a cooperative agreement between the eligible applicant and a third party participant outlining scope and nature of the project should be included.

(viii) A description and chronology of notice given to the public of the application or proposed project and the opportunities for public input and the comments received.

(E) If lands are to be acquired, complete information pertaining to description, present ownership, appraised value, etc. is required.

(F) For all applications, a brief Environmental Checklist describing the anticipated environmental impacts of the project is required.

(G) For certain projects, various regulatory permits, leases, licenses, certifications, and plan reviews must be obtained. It is the responsibility of the applicant to secure the necessary clearances prior to implementing any project. The applicant shall indicate to the Board the status of any such permits, etc., as part of its application.

(H) The Board will not consider incomplete applications.

(c) Notice to Applicants: Following Board consideration, the applicant shall be advised in writing of the Board's decision. If a denial is made based on the protection of water quality, specific notice shall be provided indicating the point or points of the plan which are inadequate ORS 830.150(4).

(d) Approval of Boating Facility Grant: In order to approve a Boating Facility Grant, the Board shall assure that the project complies with the statewide planning goals and is compatible with applicable acknowledged comprehensive plans by following the procedures set out in the Board's state agency coordination program adopted pursuant to ORS 197.180.

(e) Approved Boating Facility Grants: Following Board approval of a Boating Facility Grant, a special cooperative agreement shall be entered into between the applicant and the Board. This agreement shall describe the responsibilities of both participants. Failure by the applicant to execute the grant agreement within 90 calendar days of project approval by the Board may result in the cancellation of the Boating Facility Grant.

(f) Completion and Final Reimbursement: Upon completion of the project, the sponsor shall notify the Board. A final billing with cost documentation shall be provided to the Board. After a satisfactory review of billing documents and final inspection by Marine Board staff, final reimbursement will be authorized.

(g) Boating Facilities Grant Procedure Guide: The Procedure Guide, adopted by the Board shall set forth policies, application form, billing form and sample cooperative agreement for use by all eligible participants.

(h) Boating Facility Grant Availability: Boating Facility Grants are available each biennial period as prescribed by the Board. Large projects may be phased in over a period of years or bienniums to maximize leverage, distribution and availability of funds. Notice of grant fund availability will be given once to all interested applicants on or about February 15 for the ensuing new biennial period.

(3) Priorities:

(a) The Board shall provide grants for boating facilities as the need for facilities appear to the Board as authorized by ORS 830.150(1).

(b) Since funding for the program is derived from boat registration fees and state motorboat gas tax, the highest priorities will go to projects that serve registered motorboats and sailboats.

ADMINISTRATIVE RULES

(c) When applications for grants exceed funds available, the Marine Board will, pursuant to ORS 830.150(2), consider the results of the Boating Survey conducted in accordance with ORS 830.115 in determining areas of greatest need. The Statewide Six Year Boating Facilities Plan, prepared under ORS 830.110(6), with input from cities, counties, park districts, port districts, state and federal agencies, shall also be used to guide the allocation of funds to priority needs.

(d) The Board in its Procedure Guide shall prescribe specific ranking criteria for grant applications. The Board may convene an advisory committee to assist in the review grant project requests.

(4) Policies:

(a) It is the policy of the Board to encourage applicants to make use of matching funds. As a part of this policy, applicants will be encouraged to seek other sources of matching monies or provide some form of local matching contribution. This local matching contribution may be a "hard" match of cash and a "soft" match of "in-kind" materials or services such as project administration, design, engineering, force account labor, and permit fees specifically related to the Boating Facility Grant. The Board recognizes that, in some instances, this local matching contribution may be beyond the applicant's capabilities. In such cases, the Board may provide a grant covering the full eligible costs. The availability of matching funds or local participation, while not the primary factor in considering a grant application will be examined as one aspect of the project in the decision-making process. The Board in its Procedure Guides shall develop a general policy on applicant matching funds.

(b) Grants will be limited to actual certified expenditures for materials, equipment, labor, and services directly related to construction. Applicants are encouraged to supply "in-house" administration, labor, equipment and services as a form of match to the Marine Board grant. "In-kind" participation shall be documented to the maximum extent possible.

(c) The Board requires project sponsors to place a credit sign at facilities developed with a Marine Board grant. This sign shall indicate that the facility was developed with assistance from the Marine Board. The credit sign shall also recognize grant funding received through the U.S. Fish & Wildlife Services Clean Vessel Act, Boating Infrastructure, or Sport Fish Restoration programs, or other funding sources as appropriate. The cost of design, fabrication and installation is an eligible cost and may be included in the construction contract. The sponsor shall place the required sign in a suitable location at the facility.

(d) In determining approval of the grants, the Board will give priority to those facilities providing free services to the general public.

(e) Marine Board staff will, within budgetary limitations, inspect each proposed facility site with the grant applicant prior to Board consideration of any grant. On-site visits shall be made to assure that the facts presented in the application are correct and to furnish Board members such additional data as may be desired. A final inspection will, within budgetary limitations, also be made prior to the final grant reimbursement.

(f) Grant applications must be received 30 calendar days or more prior to scheduled State Marine Board meetings to be considered by the Board. Applicants should contact the Boating Facilities Section Manager concerning grant application deadlines and availability of funds.

(g) At the discretion and direction of the Board, the Director may be authorized each biennium to approve small grants up to \$10,000 for minor public boating facility improvements not to exceed \$20,000 in total cost. The Board may limit the total amount of funds available for small grants each biennium. Applicants eligible to receive Boating Facilities Grants may apply for small grants by letter from the governing body of the applicant, addressed to the Director and accompanied by appropriate supporting information sufficient to describe the proposed project, including a drawing or plan of the site and proposed improvements, photographs, and a cost estimate or written cost quote from a qualified contractor or vendor. Small grants may not be used for routine maintenance activities that are eligible under the Maintenance Assistance Program. The Director may waive all or part of the standard cooperative agreement for small grants. At each regularly scheduled Board meeting, the Director will report on the status of all authorized small grants.

(h) It is the policy of the Board to require that projects be completed within a biennial budget period or less from the date of grant approval. Exceptions may be allowed by the Director if warranted by extraordinary circumstances. The Director is authorized to approve project time extensions up to 90 days, provided this is reported to the Board or as provided by state rule.

(i) Partial reimbursement can be made based upon percentage of project completion with submittal of appropriate documentation (invoices, receipts, photographs, etc.). Final reimbursement will be forwarded upon

receipt and approval of appropriate final billing documentation, and a satisfactory final inspection by Board staff. Project sponsors must inform the staff of any alterations to the project, and should provide an early indication of any possible cost overruns or delays which will necessitate a time extension beyond the two year limit.

(j) Except as provided in the Consent Agenda Grant Consideration Policy applicants shall attend the Marine Board meeting at which their facility grant request is being considered. The Marine Board staff shall inform applicants as to the date, time, and location of the Board meeting. Failure to appear at the meeting may result in a deferral of the grant request. The Director may waive this requirement for smaller projects or if special conditions prevent the applicant from being present.

(k) Reimbursement will not be made for projects initiated or completed prior to approval by the Board and federal granting agency. Recognizing that emergencies may arise necessitating quick action, applicants with emergencies should contact the Boating Facilities Section Manager for instructions before initiating any improvements.

(l) Grants will not be approved for the routine maintenance of facilities (e.g., cleaning, litter pickup, lawn care, painting, etc.). These items may be eligible for funding through the Maintenance Assistance Program.

(m) The Director is authorized to approve minor cost overruns (less than \$10,000). Applicants must notify the Board of possible cost overruns prior to incurring them in order to be eligible for possible reimbursement.

(n) In submitting the Grant Application and by execution of the Cooperative Grant Agreement the Applicant certifies that all developments will occur on property owned, leased or controlled by Applicant during the term of the agreement. All property or facilities developed with Facilities Grant funds must be dedicated for public use and maintained for a period not less than twenty (20) years. In the event the applicant fails to maintain the facility, or converts the use of the facility, the applicant shall promptly reimburse the Board for all improvement costs provided by the Board.

(o) All projects must comply with "Uniform Sign Guidelines" as published by the Board. All launch ramp facilities developed with Marine Board funds must have at least one uniform boat ramp sign placed on roads leading to the facility in order to direct the public.

(p) All projects must be designed and engineered by a registered engineer or architect unless completed using force account labor or otherwise provided by law. This will assure the applicant and the Board that proper and necessary provisions are being met with respect to public health, life and safety through the best use of materials and labor at a minimal cost.

(q) A publication by the Board titled "Design Guidelines for Recreational Boating Facilities" provides basic technical specifications and design criteria for the development of facility grant projects. All projects must comply with these guidelines or other approved methods.

(r) Applicants shall forward one copy of the final plans and specifications to the Board for review, prior to procuring any contractor, material supplier or commencing any work at the project site. Marine Board staff will notify applicants of plan approval, at which time they may commence implementation of the approved plan.

(s) The Board has the capability to provide some design-engineering services for grant applicants. Requests for technical engineering assistance should be directed to the Boating Facilities Section Manager.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 830.110 & 830.150

Stats. Implemented: ORS 830.150

Hist.: MB 18-1985, f. & ef. 10-21-85; MB 11-1987, f. 5-20-87, ef. 6-1-87; MB 12-1987, f. & ef. 6-15-87; MB 4-1988, f. 4-21-88, cert. ef. 5-15-88; MB 7-1992, f. & cert. ef. 5-14-92; MB 9-1994, f. & cert. ef. 8-5-94; MB 8-1995, f. & cert. ef. 11-6-95; OSMB 6-1998, f. & cert. ef. 4-15-98; OSMB 8-2001, f. & cert. ef. 7-30-01; OSMB 10-2006, f. 11-22-06, cert. ef. 7-1-07; OSMB 7-2013, f. 10-28-13, cert. ef. 1-1-14

250-014-0005

Vessel Waste Collection and Boating Infrastructure Grant Program

(1) Program Descriptions:

(a) The Board is authorized to provide federal Clean Vessel Act and Boating Infrastructure Grant funds made available through the U.S. Fish and Wildlife Service, in the form of grants in accordance with ORS 830.137 for the construction, rehabilitation or replacement of facilities, such as vessel waste collection systems, transient tie-ups and related support facilities.

(b) Federal Clean Vessel Act and Boating Infrastructure Grant funds are provided to the Board contingent on availability and approval by the U.S. Fish and Wildlife Service. Federal Clean Vessel Act and Boating Infrastructure Grant funds require at least a 25% non-federal match. For Clean Vessel Act projects, the required non-federal matching funds are generally provided by the Board. All participants must agree to comply with any and all federal funding requirements including but not limited to compliance with the Single Audit Act. federal OMB Circular A-133.

ADMINISTRATIVE RULES

(c) Clean Vessel Act Grant Funds may be used for the construction/renovation of pumpouts, dump stations and floating restrooms.

(d) Clean Vessel Act Grant Funds may not be used for the construction/renovation of upland restroom facilities; or the construction/renovation, operation and maintenance of onsite sewage treatment plants such as package treatment plants and septic systems, or municipal sewage treatment plants for primary and secondary treatment.

(e) Boating Infrastructure Grant funds may be used for the construction/renovation of docks and piers, gangways, fixed and floating breakwaters, debris booms, vessel waste collection systems, utilities and restrooms that principally support tie-up facilities serving non-trailer boats.

(f) Boating Infrastructure Grant funds may not be used for the construction/renovation of any trailered boat facilities, routine maintenance activities, dry stack storage, annual, seasonal or homeport moorage or other related facilities.

(g) Cities, counties, parks and recreation districts, port districts, state agencies, federal agency participants such as U.S. Forest Service, Bureau of Land Management, the Corps of Engineers and private project sponsors are eligible to submit applications for grants.

(2) Procedures:

(a) Pre Application:

(A) Cities, counties, park and recreation districts, port districts, state and federal agencies and private project sponsors that have developed long-range plans for development of boating facilities are encouraged to file a copy with the State Marine Board.

(B) Prior to submitting an application for a Marine Board facility grant, the applicant should contact the Marine Board for a pre-application conference to discuss the proposed project. This will provide applicants with an opportunity to ask any questions regarding the grant program, and will permit the Marine Board staff to assist the applicant in the early planning stages of a project. Requests for application forms, guidance, and assistance may be obtained from: Boating Facilities Section, Oregon State Marine Board.

(C) The Public Boating Facility Grant Procedure Guide, adopted by the Board shall set forth policies, application form and sample cooperative agreement for use by all eligible public participants.

(D) The Private Grant Procedure Guide shall set forth policies, application form and sample cooperative agreement for use by all eligible private participants.

(b) Application: When an applicant for a grant has completed the planning phase, application shall be made to the Board on such forms and manner as described in the Public or Private Procedure Guide. The application must include the following enclosures:

(A) A completed original application form and enclosures.

(B) For Public Project Sponsors, a resolution or statement from the governing body authorizing the project.

(C) For Private Project Sponsors, a statement from the legal owner, corporation or entity authorizing the project.

(D) Permits and Environmental Assessment:

(i) Certification is from the local city or county planning agency that the project is in compliance with local comprehensive plans and zoning ordinances or statement that the project is not subject to these.

(ii) For certain projects, various regulatory permits, leases, licenses, certifications, and plan reviews must be obtained. It is the responsibility of the applicant to secure the necessary clearances prior to implementing any project. The applicant shall indicate to the Board the status of any such permits, etc., as part of its application.

(iii) For all projects, a brief Environmental Checklist describing the anticipated environmental impacts of the project is required.

(E) The following planning attachments must be submitted:

(i) Location map of the city or county, showing geographic reference location of the project.

(ii) Vicinity map showing entire facility, boundaries, geographical features and land use adjacent to the project.

(iii) Site Plan showing the area to be developed with the grant. All items should be clearly labeled on the plan as existing or proposed development including dimensions to scale.

(iv) Photographs of the existing project site. These should be sufficient to show major site features and any special characteristics. (An aerial photo is desirable if available).

(v) A preliminary cost estimate, with calculations and quantities, including all proposed facilities and work tasks. For projects where proposed boating facilities are only a portion of the total cost, the estimate

must indicate the boating related facilities to be developed with Marine Board funds.

(vi) Preliminary Plans of all proposed structures, including a plan view (top) and elevation view (side) of each proposed structure.

(vii) Third Party Agreements including copy of leases, special use permits, or intergovernmental agreements if the applicant manages but does not own the project site. If applicable, a cooperative agreement between the eligible applicant and a third party participant outlining scope and nature of the project should be included.

(viii) A description and chronology of notice given to the public of the application or proposed project and the opportunities for public input and the comments received.

(c) Application Evaluation:

(A) Marine Board staff shall evaluate each and every complete grant application using evaluation criteria as established by the Board.

(B) Marine Board staff shall prepare a report and funding recommendation for the Board. A copy of this report will be forwarded to the applicant prior to the Board meeting when the application will be considered.

(C) Incomplete applications will not be considered by the Board.

(D) Board Consideration:

(a) Except as provided in the Consent Agenda Grant Consideration Policy applicants shall plan to attend the Marine Board meeting at which their facility grant request is being considered. The Marine Board staff shall inform applicants as to the date, time, and location of the Board meeting. Failure to appear at the meeting may result in a deferral of the grant request. The Director may waive this requirement for smaller projects or if special conditions prevent the applicant from being present.

(b) Following Board consideration, the applicant shall be advised in writing of the Board's decision. If a denial is made based on the protection of water quality, specific notice shall be provided indicating the point or points of the plan which are inadequate (ORS 830.150(4)).

(c) Prior to issuing any grant, the Board shall hold a public hearing in the area where a facility is to be constructed or land acquired if, in the judgment of the Board, use of the facility would stimulate significant change in the character of the recreational use of the waters.

(d) In order to approve a Facility Grant, the Board shall assure that the project complies with the statewide planning goals and is compatible with applicable acknowledged comprehensive plans by following the procedures set out in the Board's state agency coordination program adopted pursuant to ORS 197.180.

(E) Approved Projects:

(a) Following Board approval of a grant, a special cooperative agreement shall be entered into between the applicant and the Board. This agreement shall describe the responsibilities of all parties. Failure by the applicant to execute the grant agreement within 90 calendar days of project approval by the Board may result in the cancellation of the grant.

(b) The Board requires that projects be completed within a biennial budget period or less from the date of grant approval. Exceptions may be allowed by the Director if warranted by extraordinary circumstances. The Director is authorized to approve project time extensions up to 90 days, provided this is reported to the Board.

(F) Project Closeouts:

(a) The public or private project sponsor shall notify the Board of projection completion. A final billing with cost documentation shall be provided to the Board. After a satisfactory review of billing documentation and final inspection by Marine Board staff, final reimbursement will be authorized.

(B) Upon final approval and inspection by the Marine Board staff, ownership of all facilities (and components) developed with partial or full grant funds shall remain with the public or private project sponsor subject to the terms of the Cooperative Agreement.

(3) Priorities:

(A) Funding:

(a) The funds are available to eligible participants on a full grant or matching basis.

(b) In granting funds, the Board shall give first priority to applications for public facilities and to those facilities which appear to have the greatest public need as determined by the Marine Board.

(c) Grant funds are available each biennial period as prescribed by the Board. Large projects may be phased in over a period of years or bienniums to maximize leverage, distribution and availability of funds.

(d) Notice of grant fund availability will be given once to all interested applicants on or about February 15 for the ensuing new biennial period.

(B) Need:

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(a) The Board shall provide grants for Marine facilities as the need for facilities appear to the Board ORS 830.150(2).

(b) When applications for grants exceed funds available, the Marine Board will, pursuant to ORS 830.150(2), consider the results of the Boating Survey conducted in accordance with ORS 830.115 in determining areas of greatest need. The Statewide Six Year Boating Facilities Plan, prepared under ORS 830.110(6), with input from cities, counties, park districts, port districts, state and federal agencies, and private project sponsors, shall also be used to guide the allocation of funds for boat waste collection facilities.

(c) The Board's Public and Private Procedures Guides shall prescribe specific ranking criteria and project priorities.

(4) Policies:

(A) Matching Funds:

(a) It is the policy of the Board to encourage applicants to make use of matching funds. As a part of this policy, applicants will be encouraged to seek other sources of matching monies or to provide some form of matching contribution. This public or private matching contribution may be a "hard" match of cash or a "soft" match may consist of "in-kind" materials such as project administration, design, engineering, force account labor, permit fees exclusively related to the eligible grant component, and in the case of private participants long term maintenance costs. The Board recognizes that, in some instances, this matching contribution may be beyond the applicant's capabilities. In such cases, the Board may provide a grant covering the full eligible project costs.

(b) Grants will be limited to actual certified expenditures for materials, equipment, labor, and services directly related to construction. Applicants are encouraged to supply "in-house" administrative, design, labor, equipment and engineering services as a form of match to the Marine Board grant. "In-kind" participation shall be documented to the maximum extent possible.

(B) Fees:

(a) Since the Board intends to provide the majority of capital development costs in the form of grants, public and private project sponsors shall not charge any type of user fee for the use of vessel waste collection facilities during the term of the Agreement.

(b) To encourage public use, all public and private vessel waste collection facilities developed in whole or in part by grant funds shall be available free for public use during the term of the Agreement.

(c) Approval must be obtained by the Board prior to charging any user fees for all facilities funded by Boating Infrastructure Grant funds. Any fees charged shall be reasonable and based on the prevailing rate charged by other public and private facilities in the area.

(C) Signs:

(a) The Board requires public and private project sponsors to place a credit sign at facilities developed with a Marine Board grant. The use of any federal Clean Vessel Act or Boating Infrastructure Grant funds requires placement of a credit sign at the facility indicating use of federal funds.

(b) The sponsor shall place a standard logo pumpout or dump station sign at each facility developed with federal Clean Vessel Act grant funds.

(c) The cost of design, fabrication and installation of required signs is an eligible cost and may be included in the construction contract.

(D) Applications:

(a) Grant applications must be received 30 calendar days or more prior to scheduled State Marine Board meetings to be considered by the Board. Applicants should contact the Boating Facilities Section Manager concerning grant application deadlines and availability of funds.

(b) Applications will be considered by the Board at regular or special meetings as determined by the Board. Funding periods (rounds) shall be established on or about February 15 for the ensuing new biennium period. Notice will be given to any interested applicant.

(E) Public Use and Access:

(a) All vessel waste collection and transient tie-up facilities developed with Boating Facility Grant funds must be open and available for public use. Reasonable hours of operation may be prescribed if necessary. The facility may be closed for short periods to protect against cold weather damage.

(b) Public and private project sponsors shall agree to provide unrestricted and unencumbered access to the general public by either land or water to vessel waste collection facilities or Boating Infrastructure Grant facilities developed in whole or part with Facility Grants or federal funds.

(F) Cooperative Agreements:

(a) Public and private project sponsors shall enter into an agreement with the Board in the manner and form prescribed by the Board. This agreement, which outlines the terms and conditions of funding and other obligations by all parties, must be executed by the Director and the project sponsor

prior to commencing any project work. Failure by the applicant and to execute the agreement within 90 calendar days of project approval by the Board may result in the cancellation of the grant.

(b) The term of the Cooperative agreement for Vessel Waste Collection Systems shall be 10 years and Boating Infrastructure Grant facilities shall be 20 years, the assumed average useful life span of these facilities.

(c) The public or private project sponsor shall provide ordinary and routine maintenance activities during the term of this agreement.

(d) The public or private sponsor shall agree to allow unencumbered facility access to the Board or its authorized agents during the term of the Cooperative Agreement.

(e) Funding recipients shall maintain accurate records on the expenditure of project funds, provide the Board with these records consistent with the agreement and upon request, and permit the Board to audit the use of grant funds in accordance with generally accepted audit practices and standards.

(f) Private project sponsors are not required to follow State of Oregon Public Contract Laws but must procure goods and services at reasonable cost and avoid any favoritism with contractors, vendors or suppliers.

(g) In the event the public or private project sponsor fails to maintain the facility or converts the use of the facility, the public or private project sponsor shall reimburse the Board for all grant funds provided by the Board.

(G) Operation and Maintenance:

(a) Grants will not be approved for the routine maintenance of facilities.

(b) Private Project Sponsors -- Since the Board intends to provide the majority of all capital development costs in the form of grants, the private project sponsor shall agree to furnish long term ordinary and routine operation and maintenance costs as "match" to the project. Annual usage reports will be submitted to the Marine Board in the manner and form described.

(H) Engineering and Design Criteria:

(a) All projects must be designed and engineered by a registered engineer or architect unless completed using force account labor or otherwise provided by law. This will assure the applicant and the Board that proper and necessary provisions are being met with respect to public health, life and safety through the best use of materials and labor at a minimal cost.

(b) Applicants shall forward one copy of the final plans and specifications to the Marine Board staff for review, prior to procuring any contractor or material supplier or commencing any work at the project site. Marine Board staff will notify applicants of plan approval, at which time they may commence implementation of the approved plan.

(c) The Marine Board staff has the capability to provide some design-engineering services for grant applicants. Requests for technical engineering assistance should be directed to the Boating Facilities Section Manager.

(d) A publication by the Board titled Vessel Waste Collection System Guidelines or Layout and Design Guidelines for Recreational Boat Launching and Transient Tie-up Facilities provides basic technical specifications and design criteria for the development of facility grant projects. All projects must comply with these guidelines or other approved methods.

(I) Payments and Inspection:

(a) Partial reimbursement can be made monthly based upon percentage of project completion with submittal of appropriate documentation (invoices, receipts, photographs, etc.). Final reimbursement will be forwarded upon receipt and approval of appropriate final billing documentation, and a satisfactory final inspection by Board staff;

(b) Project sponsors must inform the staff of any alterations to the project, and should provide an early indication of any possible cost overruns or delays which will necessitate a time extension beyond the two year limit;

(c) Reimbursement will not be made for projects initiated or completed prior to approval by the Board and federal granting agency. Recognizing that emergencies may arise, necessitating quick action, applicants with emergencies should contact the Boating Facilities Section Manager for instructions before initiating any improvements;

(d) The Director is authorized to approve minor cost overruns (not to exceed \$10,000). Project sponsors must notify the Board of possible overruns prior to incurring them in order to be eligible for possible reimbursement;

(e) Marine Board staff will, within budgetary limitations, inspect each proposed facility site with the grant applicant prior to Board consideration of any grant. A final inspection will, within budgetary limitations, also be made by Marine Board staff prior to the final grant reimbursement;

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(f) On-site visits by Marine Board staff shall be made to assure that the facts presented in the application are correct, to furnish Board members such additional data as may be desired, to inspect work in progress, and to perform final project inspections. The public or private project sponsor or third party participant shall agree to give the Board and its authorized agents unrestricted access to the project at all times during the term of the Cooperative Agreement.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 830.110 & 830.150

Stats. Implemented: ORS 830.150

Hist.: MB 8-1995, f. & cert. ef. 11-6-95; OSMB 6-1998, f. & cert. ef. 4-15-98; OSMB 8-2001, f. & cert. ef. 7-30-01; OSMB 10-2006, f. 11-22-06, cert. ef. 7-1-07; OSMB 7-2013, f. 10-28-13, cert. ef. 1-1-14

**Oregon University System
Chapter 580**

Rule Caption: Align rules with SB 242; delineate roles and responsibilities; clarify language; eliminate unnecessary provisions.

Adm. Order No.: OUS 5-2013

Filed with Sec. of State: 11-1-2013

Certified to be Effective: 11-1-13

Notice Publication Date: 10-1-2013

Rules Amended: 580-060-0000, 580-060-0010, 580-060-0015, 580-060-0020, 580-060-0025, 580-060-0035, 580-060-0040, 580-060-0045, 580-060-0050, 580-060-0055

Rules Repealed: 580-060-0060

Subject: The amendments align the terminology with these rules with that within Senate Bill 242, namely referring to institutions as “public universities” and institution presidents as “university presidents.” Additionally, in accordance with the provisions of SB 242, OUS is no longer subject to the Land Conservation and Development Commission’s OAR 660-030, which mandates that university plans conform to regulations of applicable local jurisdiction. 580-060-0060 was repealed and will be made an internal management directive as it is not required to be in rule and having in policy allows for more efficient administration of future policy changes.

Rules Coordinator: Marcia M. Stuart—(541) 346-5749

580-060-0000

Authority

These rules establish the procedures that will be followed by Public Universities of the Oregon University System to acquire, receive, hold, control, convey, sell, manage, operate, lease, lend, improve, and develop all real property of the Public Universities under the control of the Board.

Stat. Auth.: ORS 351

Stats. Implemented:

Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 1-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 5-2013, f. & cert. ef. 11-1-13

580-060-0010

Comprehensive Plan Coordination

Each of the Public Universities will maintain a long-range campus development plan covering all real property under its control and management. The combined Public University plans will be known as the Oregon University System Comprehensive Plan. Institutional plans, and revisions thereof, will be approved by the President and by the Chancellor or designee. The Chancellor or designee will approve revisions to the campus boundaries.

Stat. Auth.: ORS 351

Stats. Implemented:

Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 1-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 5-2013, f. & cert. ef. 11-1-13

580-060-0015

Records

Each OUS Public University will maintain the official records of all documents that affect real property under its control and management. Documents affecting real property include, but are not limited to, all instruments that acquire, transfer, sell, or alter the character of land.

Stat. Auth.: ORS 351

Stats. Implemented:

Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 1-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 5-2013, f. & cert. ef. 11-1-13

580-060-0020

Purchase of Real Property

(1) All purchases of real property will be for the present or future development of the Public University.

(2) Legal title to all real property purchased must be taken and held in the name of the State of Oregon.

(3) The President is delegated the authority to execute conveyances for the purchase of real property after the following have been performed to satisfaction of the President:

(a) Obtain at least one appraisal by a licensed and experienced real estate appraiser estimating the fair market value;

(b) Complete an environmental assessment and determine that any risk associated with the real property is reasonable;

(c) Determine that sufficient ongoing revenues are available to operate and maintain the property

(4) If the consideration for the purchase is \$5,000,000.00 or more, the President must receive the prior approval of the State Board of Higher Education or an appropriate standing committee of the Board.

Stat. Auth.: ORS 351

Stats. Implemented:

Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 1-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 5-2013, f. & cert. ef. 11-1-13

580-060-0025

Gifts of Real Property

(1) Legal title to all real property gifted to a Public University must be taken and held in the name of the State of Oregon.

(2) The President is delegated the authority to execute conveyances for the gift of real property after the following have been performed to satisfaction of the President:

(a) Complete an environmental assessment and determine that any risk associated with the real property is reasonable under the circumstances;

(b) Determine that sufficient ongoing revenues are available to operate and maintain the property.

Stat. Auth.: ORS 351

Stats. Implemented:

Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 1-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 5-2013, f. & cert. ef. 11-1-13

580-060-0035

Sale of Real Property

(1) The university president is delegated the authority to execute conveyances for the sale of real property after the following have been performed to satisfaction of the university president:

(a) Obtain at least one appraisal by a licensed and experienced real estate appraiser estimating the fair market value;

(b) Verify with the Chancellor’s Office regarding whether any tax exempt financing was used to purchase or improve the property and, if any such debt remains outstanding, coordinate with the Chancellor’s Office to ensure continued compliance with IRS regulations.

(2) If the consideration for the sale is \$5,000,000.00 or more, the university president must receive the prior approval of the State Board of Higher Education or an appropriate standing committee of the Board.

Stat. Auth.: ORS 351

Stats. Implemented:

Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 1-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 5-2013, f. & cert. ef. 11-1-13

580-060-0040

Easements

(1) The President is delegated the authority to execute easements and other nonpossessory interests in real estate.

(2) If granting an easement, the President shall first verify with the Chancellor’s Office regarding whether any tax exempt financing was used to purchase or improve the property and, if any such debt remains outstanding, coordinate with the Chancellor’s Office to ensure continued compliance with IRS regulations.

Stat. Auth.: ORS 351

Stats. Implemented:

Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 1-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 5-2013, f. & cert. ef. 11-1-13

580-060-0045

Use of Board Property

(1) If a Public University intends to lease or license real property owned by the Board and either (a) the term of the lease or license exceeds

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50 days in total or (b) the arrangement was not set at fair market value, then prior to the execution of the lease or license, the President or designee will confer with the OUS Controller's Division to determine compliance with bond restrictions.

(2) The President or designee will obtain prior approval of the State Board of Higher Education or an appropriate standing committee of the Board for agreements permitting the construction on or renovation to Board-owned property if such improvements exceed \$5 million during the term of the agreement. To obtain approval from the State Board of Higher Education or an appropriate standing committee of the Board, the Public University must specify where funding for operations and maintenance will come from.

(3) If the Public University permits construction on or renovation to Board-owned property, the Public University must approve all plans and specifications prior to the commencement of work and obtain record drawings upon termination of the agreement or completion of the work, whichever first occurs.

(4) Public Universities normally will not make available Public University buildings and other facilities to individuals for essentially private use or to outside organizations, unless approved in Public University policy or required by law. Exceptions will be made only if the proposed use is consistent with Public University policies and missions and the individual or organization fully reimburses the Public University for all appropriate costs.

Stat. Auth.: ORS 351
Stats. Implemented:
Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 1-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 5-2013, f. & cert. ef. 11-1-13

580-060-0050

Leases

(1) A President is delegated the authority to execute leases of real property.

(2) If the consideration for the lease is from \$5,000,000 to \$15,000,000 or the term of the lease is over 10 years but less than 15 years, the President must receive the prior approval of the Chancellor.

(3) If the consideration for the lease is over \$15,000,000 or the term of the lease is over 15 years, the President must receive the prior approval of the State Board of Higher Education or an appropriate standing committee of the Board.

(4) Prior to executing an amendment to a lease, the President must receive approval under subsection (2) or (3) based on the consideration or term of the amended lease.

Stat. Auth.: ORS 351
Stats. Implemented: ORS 351
Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 4-2011(Temp), f. & cert. ef. 11-10-11 thru 5-7-12; Administrative correction, 5-25-12; OUS 9-2012, f. & cert. ef. 6-18-12; OUS 1-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 5-2013, f. & cert. ef. 11-1-13

580-060-0055

Naming Buildings

A President is authorized to name buildings. No building or structure of the Oregon University System will be named after a living person. However, the Chancellor, or designee may make exceptions to this rule if a donor contributes a substantial share of the cost of construction or if other unusually meritorious reasons exist.

Stat. Auth.: ORS 351
Stats. Implemented:
Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 1-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 5-2013, f. & cert. ef. 11-1-13

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Rule Caption: Align rules with SB 242; delineate roles and responsibilities; clarify language; eliminate unnecessary provisions.

Adm. Order No.: OUS 6-2013

Filed with Sec. of State: 11-1-2013

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Rules Amended: 580-061-0010, 580-061-0020, 580-061-0030, 580-061-0035, 580-061-0065, 580-061-0070, 580-061-0075, 580-061-0080, 580-061-0085, 580-061-0090, 580-061-0095, 580-061-0100, 580-061-0110, 580-061-0115, 580-061-0120, 580-061-0125, 580-061-0130, 580-061-0135, 580-061-0140, 580-061-0145, 580-061-0155, 580-061-0160

Subject: The amendments align the terminology with these rules with that within Senate Bill 242 and recently adopted Board policies (specifically removing all references to DAS; provide exemptions to contract for insurance and legal products and services required by OUS' departure from the state insurance fund and the DOJ; and include language to align OARs with the Board policy on contracting with Historically Underrepresented Businesses); update processes to reflect changing technologies and procedures; and clarify language and eliminate unnecessary provisions.

Rules Coordinator: Marcia M. Stuart—(541) 346-5749

580-061-0010

Definitions

The following Definitions will apply to chapter 580, divisions 60, 61, 62, and 63, unless the context requires otherwise:

(1) "Addendum" or "Addenda" means an addition to, deletion from, a material change in, or general interest explanation of the Solicitation Document. Addenda will be labeled as such and posted on the OUS procurement website for access by all interested Offerors.

(2) "Award" or "Awarding" means, as the context requires, identifying the Entity with whom the Public University intends to enter into a Contract following the resolution of any protest of the selection of that Entity and the completion of all Contract negotiations.

(3) "Bid" means an offer, binding on the Bidder and submitted in response to an ITB.

(4) "Bidder" means an Entity that submits a Bid in response to an ITB.

(5) "Board" means the Oregon State Board of Higher Education.

(6) "Change Order" or "Contract Amendment" means a written order issued by a Public University to the Contractor requiring a change in the Work within the general scope of the original Contract.

(7) "Closing" means the date and time specified in a Solicitation Document as the deadline for submitting Bids or Proposals.

(8) "Competitive Process" means the process of procuring goods and services and construction-related services by fair and open competition, under varying market conditions, with the intent of minimizing opportunities for favoritism and assuring that Contracts are award equitably and economically using various factors in determining such equitability and economy.

(9) "Contract" means a contract for sale or other disposal, or a purchase, lease, rental, or other acquisition, by a Public University of personal property, services, including personal or professional services, public improvements, public works, minor alterations, or ordinary repair or maintenance necessary to preserve a Public Improvement. "Contract" does not include grants. "Contract" may also mean a purchase order, Price Agreement, or other Contract document in addition to a Public University's Solicitation Document and the accepted portions of a Solicitation Response.

(10) "Contract Officer" means the Vice President for Finance and Administration or his or her designee at the Public University or the Vice Chancellor for Finance and Administration or his or her designee with the authority to negotiate and execute Contracts.

(11) "Contract Price" means, as the context requires, the maximum monetary obligation that a Public University either will or may incur under a Contract, including bonuses, incentives and contingency amounts, Addenda, Change Orders, or approved alternates, if the Contractor fully performs under the Contract.

(12) "Contractor" means the Entity awarded a Contract to furnish a Public University goods, services, or Work.

(13) "Days" means calendar days, including weekdays, weekends, and holidays, unless otherwise specified.

(14) "Disadvantaged Business Enterprise" means a small business concern as defined in ORS 200.005.

(15) "Disqualification or Disqualify" means the preclusion of an Entity from contracting with an agency of the State of Oregon in accordance with OAR 580-061-0160.

(16) "Electronic Solicitation Response" means a response to a Solicitation Document submitted to a Public University via the World Wide Web or some other internet protocol.

(17) "Emergency" means an unexpected, serious situation that creates a significant risk of loss, damage, interruption of service, or threat to the public health or safety that requires prompt action to remedy the condition.

(18) "Emerging Small Business" means an Emerging Small Business as defined in ORS 200.005 and that maintains a current certification issued by the Oregon Department of Consumer and Business Services.

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(19) "Entity" means a natural person capable of being legally bound, sole proprietorship, corporation, partnership, limited liability company or partnership, limited partnership, profit or nonprofit unincorporated association, business trust, two or more persons having a joint or common economic interest, or any other person with legal capacity to contract, or a government or governmental subdivision.

(20) "Grant" means:

(a) An agreement under which a Public University receives money, property, or other assistance, including, but not limited to, federal assistance that is characterized as a Grant by federal law or regulations, loans, loan guarantees, credit enhancements, gifts, bequests, commodities, or other assets, from a grantor for the purpose of supporting or stimulating a program or activity of the Public University and in which no substantial involvement by the grantor is anticipated in the program or activity other than involvement associated with monitoring compliance with the Grant conditions; or

(b) An agreement under which an Public University provides money, property, or other assistance, including, but not limited to, federal assistance that is characterized as a Grant by federal law or regulations, loans, commodities, or other assets, to a recipient for the purpose of supporting or stimulating a program or activity of the recipient and in which no substantial involvement by the Public University is anticipated in the program or activity other than involvement associated with monitoring compliance with the Grant conditions.

(c) "Grant" does not include a Public Improvement Contract or a Contract for Emergency Work.

(21) "Historically Underrepresented Business" means Minority Business Enterprises, Women Business Enterprises, and Emerging Small Businesses certified by the State of Oregon or self-certified, and firms certified federally or by another state or entity with substantially similar procedures to the State of Oregon.

(22) "Invitation to Bid" (ITB) means a Solicitation Document for the solicitation of competitive, written, signed, and Sealed Bids in which Specifications, price, and delivery (or project completion) are the predominant award criteria.

(23) "Minority Business Enterprise" means a Minority Business Enterprise as defined in ORS 200.005 and that maintains a current certification issued by the State of Oregon.

(24) "Opening" means the date, time, and place specified in the Solicitation Document for the public opening of written or electronically submitted Solicitation Responses.

(25) "Offeror" means the entity submitting a binding Solicitation Response.

(26) "OUS Retainer Program" means Contracts by which, pursuant to a Solicitation Document, multiple Contractors are authorized to provide specific materials to or perform specific services for a Public University(ties). Contractors on an OUS Retainer Program may provide goods or services on a non-exclusive and as-needed basis. OUS Retainer Programs are administered centrally by the Vice Chancellor for Finance and Administration or designee.

(27) "Owner" means the Board, in its own right or on behalf of one of its Public Universities as identified in the Solicitation Document, also known as the Oregon University System (OUS).

(28) "President" means the president of one of the Public Universities and, in the case of the Chancellor's Office, the Chancellor. Where the term "President" is used, it refers to the president of the Public University (or Chancellor) as context requires.

(29) "Personal or Professional Services" means a Contract with an Entity whose primary purpose is to acquire specialized skills, knowledge, and resources in the application of technical or scientific expertise, or the exercise of professional, artistic, or management discretion or judgment, including, without limitation, a Contract for the services of an accountant, physician or dentist, educator, consultant, broadcaster or artist (including a photographer, filmmaker, painter, weaver, or sculptor). "Personal or Professional Services" under this definition does not include architects, engineers, planners, land surveyors, appraisers, construction managers, and similar professional consultants for construction work.

(30) "Price Agreement" means a nonexclusive agreement in which the Contractor agrees to provide specific items or services to a Public University at a set price during a specified period of time.

(31) "Proposal" means a binding competitive offer submitted in response to a Request for Proposals.

(32) "Proposer" means an Entity that submits a Proposal in response to a Request for Proposals.

(33) "Public Improvement" means a project for construction, reconstruction, or major renovation on real property by or for a Public University. "Public Improvement" does not include:

(a) Projects for which no funds of an Public University are directly or indirectly used, except for participation that is incidental or related primarily to project design or inspection; or

(b) Emergency Work, minor alteration, ordinary repair or maintenance necessary to preserve a Public Improvement.

(34) "Public Improvement Contract" means a Contract for a Public Improvement. "Public Improvement Contract" does not include a Contract for Emergency Work, minor alterations, or ordinary repair or maintenance necessary to preserve a Public Improvement.

(35) "Public University" means a university under the authority of the Board, including the Chancellor's Office.

(36) "Public Work" is defined by the Bureau of Labor and Industries (BOLI) in ORS 279C.800(6).

(37) "Qualified Rehabilitation Facility" means a nonprofit activity center or rehabilitation facility authorized by the Oregon Department of Administrative Services to provide goods or services in accordance with ORS 279.835 et seq.

(38) "Request for Information (RFI)" means a Solicitation Document seeking information regarding products or services that a Public University is interested in procuring.

(39) "Request for Proposals (RFP)" means a Solicitation Document to obtain competitive Proposals to be used as a basis for making an acquisition or entering into a Contract when price will not necessarily be the predominant award criteria.

(40) "Request for Qualifications" means a Solicitation Document issued by a Public University to which interested Contractors respond in writing by describing their experience with and qualifications to provide the services described in the Solicitation Document.

(41) "Request for Quotes" means a Solicitation Document to obtain competitive quotes to be used as a basis for making an acquisition or entering into a Contract when best value will be the award criteria.

(42) "Responsible Offeror" means an Entity that demonstrates their ability to perform satisfactorily under a Contract by meeting the applicable standards of responsibility outlined in OAR 580-061-0130.

(43) "Responsive Solicitation Response" means a Solicitation Response that has substantially complied in all material respects with the criteria outlined in a Solicitation Document.

(44) "Retainer Contract" means a Contract by which, pursuant to a Solicitation Document, multiple Contractors are authorized to provide specific supplies or equipment to or perform specific services for a Public Universities. Contractors on a Retainer Contract may provide goods or services on a non-exclusive and as-needed basis.

(45) "Sealed" means a Solicitation Response to an RFP or an ITB that has not been opened by the Public University or a Solicitation Response delivered by electronic means that has not been distributed beyond the Public University personnel responsible for receiving the electronically submitted Solicitation Response.

(46) "Signed or Signature" mean any Written mark, word, or symbol that is made or adopted by an Entity with the intent to be bound and that is attached to or logically associated with a Written document to which the Entity intends to be bound.

(47) "Single Seller" means the only Contractor of a particular product or service reasonably available.

(48) "Solicitation Document" means an Invitation to Bid, Request for Proposals, Request for Qualifications, Request for Information or any other written document issued or posted on the OUS procurement website by a Public University that outlines the required Specifications necessary to submit a Bid, Proposal, or other response.

(49) "Solicitation Response" means a binding offer submitted in response to a Solicitation Document.

(50) "Specifications" means a description of the physical or functional characteristics, or of the nature of the goods or services, including any requirement for inspecting, testing, or preparing the goods or services for delivery and the quantities or qualities of the goods or services to be furnished under a Contract. Specifications generally will state the result to be obtained and may describe the method and manner of performance.

(51) "Women Business Enterprise" means a Women Business Enterprise as defined in ORS 200.005 and that maintains a current certification issued by the Oregon Department of Consumer and Business Services.

(52) "Work" means the furnishing of all materials, equipment, labor, transportation, services, and incidentals necessary to successfully complete

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any individual item or the entire Contract and carrying out and completion of all duties and obligations imposed by the Contract.

(3) "Written or Writing" means letters, characters, and symbols inscribed on paper by hand, print, type, or other method of impression intended to represent or convey particular ideas or means. "Written" or "Writing," when required or permitted by law, or required or permitted in a Solicitation Document, also means letters, characters, and symbols made in electronic form and intended to represent or convey particular ideas or meanings.

Stat. Auth.: ORS 351
Stats. Implemented: ORS 351
Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 5-2011(Temp), f. & cert. ef. 11-10-11 thru 5-7-12; Administrative correction, 5-25-12; OUS 10-2012, f. & cert. ef. 6-18-12; OUS 2-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 6-2013; f. & cert. ef. 11-1-13

580-061-0020

Designation of Contract Officers

Each Public University Vice President for Finance and Administration or the Vice Chancellor for Finance and Administration will designate staff authorized to enter into Contracts and Public Improvement Contracts for the Public University.

(1) Public Universities will maintain a list identifying Contract Officers and describing the types and Contract Price of Contracts and Public Improvement Contracts they are authorized to enter into. Public Universities will provide an updated list annually to the Chancellor's Office. The Vice Chancellor for Finance and Administration may designate staff authorized to enter into Contracts and Public Improvement Contracts on behalf of all Public Universities.

(2) Contracts or Public Improvement Contracts entered into by individuals not designated as authorized Contract Officers and unauthorized procurements or expenditures that do not follow the OUS Procurement and Contracting Code will be voidable at the sole discretion of the Public University. Public Universities may take appropriate action in response to execution of Contracts or procurements contrary to this rule. Such actions include, but are not limited to, providing educational guidance, imposing disciplinary measures, and holding individuals personally liable for such Contracts or procurements.

(3) Authorized Contract Officers will be responsible for ensuring that the proper procedures are followed as outlined in chapter 580, divisions 60, 61, 62, and 63.

(4) Unless otherwise specified in chapter 580, divisions 60, 61, 62, and 63, the Contracting Officer will perform all the duties of the Owner on behalf of the Board.

(5) The President may, by Written agreement with the President of another Public University or the Chancellor, and after notice to the Chancellor, transfer such delegation to a person at another Public University.

Stat. Auth.: ORS 351
Stats. Implemented:
Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 2-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 6-2013; f. & cert. ef. 11-1-13

580-061-0030

Affirmative Action; General Policy

(1) The general policy of OUS Public Universities will be to expand economic opportunities for Historically Underrepresented Businesses by offering them the contracting and subcontracting opportunities available through Public University Contracts. Notice of all Contracts over \$25,000 procured through a Competitive Process will be provided to the Advocate for Minority, Women, and Emerging Small Business, unless otherwise provided, by fully completing the information set out on the OUS procurement website. Public Universities are encouraged to unbundle contracts, when appropriate, to expand contract opportunities for Historically Underrepresented Businesses and Oregon-based businesses.

(2) OUS will not knowingly contract with or procure goods or services from any Entity that discriminates on the basis of age, disability, national origin, race, marital status, religion, sex, or sexual orientation.

(3) Offerors will certify, as part of the Solicitation Response that such Offeror has not discriminated against Historically Underrepresented Businesses in obtaining any required subcontracts.

(4) Public Universities will comply with the OUS Equity Contracting and Purchasing Policy and Data Reporting Procedures.

Stat. Auth.: ORS 351
Stats. Implemented: ORS 351
Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 5-2011(Temp), f. & cert. ef. 11-10-11 thru 5-7-12; Administrative correction, 5-25-12; OUS 10-2012, f. & cert. ef. 6-18-12; OUS 2-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 6-2013; f. & cert. ef. 11-1-13

580-061-0035

Emerging Small Business Program

(1) The Board encourages participation of Emerging Small Businesses by creating an Emerging Small Business Program. The Emerging Small Business Program is limited to businesses that meet the definition in ORS 200.005(3) and that maintain a current certification issued by the State of Oregon. When conducting procurements, Public Universities may implement the Emerging Small Business Program by methods including, but not limited to:

(a) Priority of Contract Award. In the event of a tie low Bid, when price is the sole determinative factor, give priority to a certified Emerging Small Business;

(b) Exclusive Emerging Small Business Opportunities. Public Universities have the authority to create opportunities that are only open to certified Emerging Small Businesses. When a Public University issues a Solicitation Document, the Public University may determine that it is in the university's interest to limit the opportunity to only qualified and certified Emerging Small Businesses.

(c) Evaluation Criteria. A Public University may identify in a Solicitation Document that it will award additional evaluation points based on certified Emerging Small Business status.

(2) For Construction-Related Services where price is the determinative factor, if a Responsible Emerging Small Business' Responsive Bid is within one percent of the lowest Responsible Responsive Bid, the Public University will award the Contract to the Emerging Small Business.

Stat. Auth.: ORS 351
Stats. Implemented:
Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 2-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 6-2013; f. & cert. ef. 11-1-13

580-061-0065

Contract Amendments (Including Change Orders and Extra Work) and Expired Contracts

An amendment for additional Work or goods that is reasonably related to the scope of Work under the original Contract, including Change Orders, extra work, field orders, or other change in the original Specifications that increases the original Contract Price or length of time, may be made with the Contractor without using a Competitive Process provided that the amendment does not materially alter such a Contract. An amendment that extends the Contract past the period set out in the Solicitation Document for anything other than completion of the Work contemplated in the original Contract as extended will require a new Competitive Process, unless approved by the Vice President for Finance and Administration or Vice Chancellor for Finance and Administration for good cause. Expired Contracts may be revived and reinstated upon the approval of the Vice President for Finance and Administration or Vice Chancellor for Finance and Administration or their designees.

Stat. Auth.: ORS 351
Stats. Implemented:
Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 2-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 6-2013; f. & cert. ef. 11-1-13

580-061-0070

Solicitation Responses are Offers

(1) Offer and Acceptance. The Solicitation Response is the Offeror's offer to enter into a Contract that will be binding upon the Offeror for thirty (30) days, unless a different time frame is specified in the Solicitation Document.

(2) The Solicitation Response will be a complete offer and fully responsive to the Solicitation Document, unless Offerors are specifically authorized by the Solicitation Document to take exceptions or to leave terms open to negotiation.

(3) Unless expressly authorized by the Solicitation Document, Offerors will not make their Solicitation Response contingent upon the Public University's acceptance of Specifications or contract terms that conflict with or are in addition to those in the Solicitation Document.

Stat. Auth.: ORS 351
Stats. Implemented:
Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 2-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 6-2013; f. & cert. ef. 11-1-13

580-061-0075

Facsimile and Electronic Solicitation Responses

(1) Public Universities may authorize submission of Solicitation Responses through facsimile or electronic methods.

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(2) If the Solicitation Response is in response to an RFP or ITB and the Solicitation Document permits submission via facsimile or electronic means, the Public University must establish a method of receiving, identifying, recording, and preserving the “Sealed” requirement of the Formal Procurement.

(3) Solicitation Responses submitted through facsimile and electronic methods must contain Written signatures indicating intent to be bound by the offer.

(4) Public Universities may execute or open electronic submissions to verify receipt of documents prior to the Closing, but will not verify responsiveness of Solicitation Responses.

Stat. Auth.: ORS 351
Stats. Implemented:
Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 2-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 6-2013; f. & cert. ef. 11-1-13

580-061-0080

Solicitation Response Submissions

(1) Identification of Solicitation Responses. To ensure proper identification and special handling, if any, Offeror must appropriately mark its Written Solicitation Response. The Public University will not be responsible for the proper identification and handling of Solicitation Responses not submitted in the designated manner or format as required in the Solicitation Document.

(2) Receipt of Solicitation Responses. It is the Offeror’s responsibility to ensure that Solicitation Responses are received by the Public University at the required delivery point, prior to the Closing as indicated in the Solicitation Document, regardless of the method used to submit or transmit the Solicitation Response.

Stat. Auth.: ORS 351
Stats. Implemented:
Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 2-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 6-2013; f. & cert. ef. 11-1-13

580-061-0085

Pre-Solicitation Response Conferences

(1) Pre-Solicitation Response conferences may be scheduled. Each pre-Solicitation Response conference will be described in the Solicitation Document as “voluntary” or “mandatory.” If such a conference is designated as “mandatory,” an Offeror must attend in order to submit a Solicitation Response.

(2) If the Offeror is an individual, the Offeror may authorize a representative other than himself/herself to attend the pre-Solicitation Response conference.

(3) Statements made by Public University representatives at the pre-Solicitation Response conference will not be binding unless a Written Addendum to the Solicitation Document is issued.

Stat. Auth.: ORS 351
Stats. Implemented:
Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 2-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 6-2013; f. & cert. ef. 11-1-13

580-061-0090

Offer Security

(1) The Public University may require in the Solicitation Document submission of a security. Security includes, but is not limited to, a surety bond from a surety company authorized to do business in the state of Oregon, cashier’s check, certified check, or savings and loan secured check.

(2) The Solicitation Response security of all unsuccessful Offerors will be returned or released after a Contract has been executed and a performance bond provided (if such a bond is required), or after all Solicitation Responses have been rejected.

Stat. Auth.: ORS 351
Stats. Implemented:
Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 2-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 6-2013; f. & cert. ef. 11-1-13

580-061-0095

Addenda to Solicitation Document

(1) The Public University may change a Solicitation Document by Written Addenda. Public Universities will make reasonable efforts to notify potential Offerors of such Written Addenda by methods that may include, but are not limited to, publication of the Written Addenda on the OUS procurement website or requiring submission of a notice of interest by potential Offerors to receive Addenda.

(2) The Public University will issue the Written Addenda within a reasonable time prior to Closing to allow prospective Offerors to consider the Addenda in preparing their Solicitation Responses. The Public University may extend the Closing if it determines prospective Offerors need additional time to review and respond to Addenda.

Stat. Auth.: ORS 351
Stats. Implemented:
Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 2-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 6-2013; f. & cert. ef. 11-1-13

580-061-0100

Clarification of ITBs and RFPs and Requests for Change

Requests for clarification or change of the ITB or RFP must be received by the Public University in writing by the date indicated in the ITB or RFP.

(1) Such request for clarification or change will include the reasons for the clarification or change, and any proposed changes to Specifications or provisions.

(2) The Public University will consider all requests for clarification or change and, if appropriate, amend the ITB or RFP by issuing Addenda.

Stat. Auth.: ORS 351
Stats. Implemented:
Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 2-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 6-2013; f. & cert. ef. 11-1-13

580-061-0110

Formal Procurement receipt, Opening, and Recording of Bids and Proposals

In all Formal Procurements a Public University will comply with the following:

(1) Receipt. A Public University will electronically or mechanically time-stamp or hand-mark each Bid or Proposal and any modification upon receipt. Except as provided in OAR 580-061-0075(2) the Public University will not open the Bid or Proposal or modification, but will store it in a secure place until Opening. If the Public University inadvertently opens a Bid or Proposal or a modification prior to the Opening, the Public University will reseal and store the opened Bid or Proposal or modification until the Opening.

(2) Disclosure. Unless otherwise specified in the Solicitation Document, the name of the Entity submitting a Bid or Proposal will be the only information that may be made public until notice of the intent to Award or an Award has been issued.

Stat. Auth.: ORS 351
Stats. Implemented:
Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 2-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 6-2013; f. & cert. ef. 11-1-13

580-061-0115

Late Bids and Proposals, Late Withdrawals, and Late Modifications

Any Bid or Proposal, modification, or withdrawal received after the Closing is late. A Public University will not consider late Bids or Proposals, modifications, or withdrawals except as permitted in OAR 580-061-0120. However, Public Universities may adopt a Public University policy or procedure to accept late bids in circumstances that are determined to be in the best interests of the Public University if policy or procedure is stated in the Solicitation Document.

Stat. Auth.: ORS 351
Stats. Implemented:
Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 2-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 6-2013; f. & cert. ef. 11-1-13

580-061-0120

Mistakes

(1) Generally. To protect the integrity of the Competitive Process and to assure fair treatment of Offerors, a Public University should carefully consider whether to permit waiver, correction, or withdrawal for certain mistakes.

(2) Public University Treatment of Mistakes. A Public University will not allow an Offeror to correct or withdraw a Solicitation Response for an error in judgment. If the Public University discovers certain mistakes in a Solicitation Response after Opening, but before award of the Contract, the Public University may take the following action:

(a) A Public University, in its sole discretion, may waive or permit an Offeror to correct a minor informality. A minor informality is a matter of form rather than substance that is evident on the face of the Solicitation Response or an insignificant mistake that can be waived or corrected with-

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out prejudice to other Offerors. Examples of minor informalities include an Offeror's failure to:

(A) Return the correct number of Signed Solicitation Responses or the correct number of other documents required by the Solicitation Document; or

(B) Sign the Solicitation Response in the designated block, provided a Signature appears elsewhere in the Solicitation Response, evidencing an intent to be bound; or

(C) Acknowledge receipt of an Addendum to the Solicitation Document, provided it is clear on the face of the Solicitation Response that the Offeror received the Addendum and intended to be bound by its terms, or the Addendum involved did not affect price, quality, or delivery.

(b) A Public University may correct a clerical error if the error is evident on the face of the Solicitation Response or other documents submitted with the Solicitation Response and the Offeror confirms the Public University's correction in Writing. A clerical error is an Offeror's error in transcribing its Solicitation Response. Examples include, but are not limited to, typographical mistakes, errors in extending unit prices, transposition errors, and arithmetical errors, instances in which the intended correct unit or amount is evident by simple arithmetic calculations. In the event of a discrepancy, unit prices will prevail over extended prices.

(c) A Public University may permit an Offeror to withdraw a Solicitation Response after Closing based on one or more clerical errors in the Solicitation Response only if the Offeror shows with objective proof and by clear and convincing evidence:

(A) The nature of the error;

(B) That the error is not a minor informality under this subsection or an error in judgment;

(C) That the error cannot be corrected under subsection (b) of this subsection;

(D) That the Offeror acted in good faith in submitting a Solicitation Response that contained the claimed error and in claiming that the alleged error in the Solicitation Response exists;

(E) That the Offeror acted without gross negligence in submitting a Solicitation Response that contained a claimed error;

(F) That the Offeror will suffer substantial detriment if the Public University does not grant it permission to withdraw the Solicitation Response;

(G) That the Public University's or the public's status has not changed so significantly that withdrawal of the Solicitation Response will work a substantial hardship on the Public University or the public it represents; and

(H) That the Offeror promptly gave notice of the claimed error to the Public University.

(d) The criteria in subsection (2)(a) of this rule will determine whether a Public University will permit an Offeror to withdraw its Solicitation Response after Closing. These criteria also will apply to the question whether a Public University will permit a Offeror to withdraw its Solicitation Response without forfeiture of its Bid bond (or other Bid security) or without liability to the Public University based on the difference between the amount of the Offeror's Solicitation Response and the amount of the Contract actually awarded by the Public University, whether by Award to the next lowest Responsive and Responsible Bidder or the best Responsive and Responsible Offeror or by resort to a new solicitation.

(3) Rejection for Mistakes. The Public University will reject any Offeror in which a mistake is evident on the face of the Solicitation Response and the intended correct Solicitation Response is not evident or cannot be substantiated from documents submitted with the Solicitation Response.

Stat. Auth.: ORS 351

Stats. Implemented:

Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 2-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 6-2013; f. & cert. ef. 11-1-13

580-061-0125

Low Tie Bids

(1) Definition. Low Tie Bids are low tied Responsive Bids from Responsible Bidders that are identical in price, fitness, availability, and quality and that meet all the requirements and criteria set forth in the Solicitation Document.

(2) Award. In the event of a Low Tie Bid, the Public University will award the Contract based on the following order of precedence:

(a) An Emerging Small Business that meets the definition in ORS 200.005(3) and that maintains a current certification issued by the State of Oregon;

(b) An Entity whose principal offices or headquarters are located in Oregon;

(c) If neither subsection (a) nor (b) apply, award of the Contract will be made by drawing lots.

Stat. Auth.: ORS 351

Stats. Implemented:

Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 2-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 6-2013; f. & cert. ef. 11-1-13

580-061-0130

Rejection of Individual Solicitation Responses and Offerors

(1) A Public University may reject, in whole or in part, any Solicitation Response not in compliance with all prescribed Solicitation Response procedures, Contract provisions, and Specifications contained in the Solicitation Document or upon a Written finding by the Public University that it is in the public interest to do so.

(2) Reasons for rejection. A Public University may reject a Solicitation Response upon the Public University's findings that include, but are not limited to, the Solicitation Response:

(a) Is contingent upon the Public University's acceptance of terms and conditions that differ from the Solicitation Document; or

(b) Takes exception to the terms and conditions (including Specifications) set forth in the Solicitation Document; or

(c) Attempts to prevent public disclosure of matters in contravention of the terms and conditions of the Solicitation Document or in contravention of applicable law; or

(d) Offers goods or services that fail to meet the Specifications of the Solicitation Document; or

(e) Is late; or

(f) Is not in substantial compliance with the Solicitation Document; or

(g) Is not in substantial compliance with all prescribed solicitation procedures; or

(h) Does not include the Solicitation Response security as required by the Solicitation Document; or

(i) Does not include an executed certification of non-discrimination in compliance with 580-061-00305 and compliance with Oregon tax laws.

(3) A Public University may reject an Offeror upon the Public University's findings that include, but are not limited to, the Offeror:

(a) Has not met any required mandatory prequalification;

(b) Has been disqualified pursuant to OAR 137-046-0210(3) (Disadvantaged Business Enterprise Disqualification);

(c) Has not met the requirements of the Emerging Small Business Program created in OAR 580-061-0035, if required in the Solicitation Document.

(d) That has been debarred in accordance with ORS 279B130 or 279C.440;

(e) Has been declared ineligible by the Commissioner of Bureau of Labor and Industries under ORS 279C.860;

(f) Has within the last five years been found, in a civil, criminal, or administrative proceeding, to have committed or engaged in fraud, misrepresentation, price-rigging, unlawful anti-competitive conduct, or similar behavior;

(g) Is non-Responsible. Offerors are required to demonstrate their ability to perform satisfactorily under a Contract. Before Awarding a Contract, the Public University must have information that indicates that the Offeror meets the applicable standards of Responsibility. To be a Responsible Offeror, the Public University may consider:

(A) If the Offeror has appropriate financial, material, equipment, facility, and personnel resources and expertise, or ability to obtain the resources and expertise, necessary to indicate the capability of the Offeror to meet all contractual responsibilities;

(B) If the Offeror has a satisfactory record of contract performance. The Public University may consider both private and public contracts in determining responsible performance under a contract;

(C) If the Offeror has a satisfactory record of integrity. An Offeror may lack integrity if a Public University determines the Offeror demonstrates a lack of business ethics such as violation of state environmental laws or false certifications made to a state agency. A Public University may find an Offeror non-Responsible based on the lack of integrity of any person having influence or control over the Offeror (such as a key employee of the Offeror that has the authority to significantly influence the Offeror's performance of the Contract or a parent company, predecessor or successor person);

(D) If the Offeror is qualified legally to Contract with the Public University;

(E) If the Offeror has supplied all necessary information in connection with the inquiry concerning Responsibility. If the Offeror fails to promptly supply information requested by the Public University concerning respon-

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sibility, the Public University may base the determination of responsibility upon any available information or may find the Offeror non-Responsible.

(4) Form of Business Entity. For purposes of this rule, the Public University may investigate any Entity submitting a Solicitation Response. The investigation may include the Entity's officers, directors, owners, affiliates, or any other person acquiring ownership of the Entity to determine application of this rule.

(5) Notice. If an Offeror or a Solicitation Response is rejected in accordance with this rule, the Public University will provide written notice of such rejection to the Offeror. The notice will include the grounds for rejection and a statement of the Offeror's appeal rights and applicable appeal deadlines. If an Offeror wishes to appeal the decision to reject the Offeror or Solicitation Response, the Offeror must notify the Public University, in Writing, within three Days after receipt of the notification.

Stat. Auth.: ORS 351
Stats. Implemented:
Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 2-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 6-2013; f. & cert. ef. 11-1-13

580-061-0135

Rejection of All Solicitation Responses

Rejection. A Public University may reject all Bids or Proposals whenever the Public University finds it is in the Public University's best interest to do so.

Stat. Auth.: ORS 351
Stats. Implemented:
Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 2-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 6-2013; f. & cert. ef. 11-1-13

580-061-0140

Disposition of Solicitation Responses if Solicitation Cancelled

(1) Prior to Solicitation Response Opening. When a solicitation is cancelled prior to Opening, all Solicitation Responses received will be destroyed.

(2) After Solicitation Response Opening. When all Solicitation Responses are rejected, the Solicitation Responses received will be retained and become part of the Public University's permanent solicitation file.

Stat. Auth.: ORS 351
Stats. Implemented:
Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 2-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 6-2013; f. & cert. ef. 11-1-13

580-061-0145

Protest of Contractor Selection, Contract Award, and Protest of Solicitation Document

(1) The purpose of this rule is to require adversely affected or aggrieved Offeror on a Public University solicitation to exhaust all avenues of administrative review and relief before seeking judicial review of the Public University's selection or Award decision.

(2) Types of Protests. The following matters may be protested:

- (a) A determination of responsibility or lack thereof;
- (b) A determination of responsiveness or lack thereof;
- (c) The rejection of a Solicitation Response, unless notice of rejection has been previously provided under OAR 580-061-0130(5);

(d) The content of a Solicitation Document;

(e) The selection of one or more Contractors. A protest may be submitted only by an Entity that can demonstrate that it has been or is being adversely affected by a Public University decision or the content of a Solicitation Document.

(3) Delivery. Unless otherwise specified in the Solicitation Document, an Offeror must deliver a Written protest to the Public University within three (3) Days after the Award of a Contract or issuance of the notice of intent to Award the Contract, whichever occurs first. Protests must be clearly marked on the outside of the envelope with the title or the number of the Solicitation Response and that it is a protest to ensure that it is recognized and recorded.

(4) Content of Protest. An Offeror's protest must fully specify the grounds for the protest and include all evidence that the protestor wishes the Vice Chancellor for Finance and Administration, Public University Vice President for Finance and Administration, or designee to consider. Failure to include any ground for the protest or any evidence in support of it will constitute a final, knowing, and voluntary waiver of the right to assert such ground or evidence. A protest must include a conspicuous marking identifying the type and nature of the protest.

(5) A protest of a Solicitation Document may be made only if a term or condition of the Solicitation Document, including, but not limited to,

Specifications or Contract terms violates applicable law. The Public University will (upon altering the Solicitation Document in response to a protest) promptly transmit the revised Solicitation Document to all Offerors and extend the Closing where appropriate. The Public University may choose, in its sole discretion, to close the procurement process without making an Award and begin a new procurement process.

(6) A protest of the selection of one or more Contractors requires the protestor to demonstrate, as applicable;

(a) That all higher-ranked Offerors were ineligible for selection or that the protestor would have been "next in line" to receive the Award and was eligible for selection; and

(b) That the Offeror selected was ineligible.

(c) In the case of a sole source procurement, that the Single Seller selected is not the only Contractor or consultant reasonably available to provide the personal or professional services, goods, services, Professional Consultant services as defined in OAR 580-061-0010, Construction-Related Services as defined in OAR 580-061-0010, or combination of Professional Consultant services and Construction-Related Services.

(7) A protest of the rejection of a Solicitation Response must demonstrate that the Public University's decision was materially in error or that the Public University committed a material procedural error and that any such error, alone or in combination with other errors, was a "but for" cause of the rejection.

(8) Response. The Vice Chancellor for Finance and Administration or the Public University Vice President for Finance and Administration, or their designee, will have the authority to settle or resolve a Written protest. A protest received after the time set out in the Solicitation Document will not be considered. The Vice Chancellor for Finance and Administration, or Vice President for Finance and Administration, or designee will issue a Written final agency order of the protest in a timely manner. If the protest is upheld, in whole or in part, the Public University may, in its sole discretion, either Award the Contract to the successful protestor or cancel the procurement or solicitation. Contract Award may be made prior to issuance of the final agency order if authorized by the Vice Chancellor for Finance and Administration, Vice President for Finance and Administration, or their designee.

(9) Judicial Review. Judicial review of the Public University's decision relating to a Contract Award protest will be available pursuant to the provisions of ORS 183.480 et seq.

Stat. Auth.: ORS 351
Stats. Implemented:
Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 7-2008(Temp), f. & cert. ef. 6-5-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 2-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 6-2013; f. & cert. ef. 11-1-13

580-061-0155

Invitation to Bid and Request Proposal Negotiations

(1) The Public University may negotiate with the lowest-cost Bidders after determining that that the Bids are Responsive and from Responsible Bidders.

(2) The Public University may, if it has given notice in the Solicitation Document, commence negotiations in accordance with sections (3) and (4) of this rule with Proposers in the competitive range. For purposes of this rule "competitive range" means the highest-ranked Proposers based on evaluating all Responsive Proposals in accordance with the evaluation criteria set forth in the Solicitation Document.

(3) If the Public University chooses to enter into discussions with and receive best and final Proposals, the Public University will proceed as follows:

(a) The Public University will initiate oral or written discussions with all Proposers submitting Responsive Proposals or all Proposers in the competitive range regarding their Proposals with respect to the provisions of the Solicitation Document that the Public University identified in the Solicitation Document as the subject of discussions.

(b) The Public University may conduct discussions with each eligible Proposer necessary to fulfill the purposes of this section (3), but need not conduct the same amount of discussions with each eligible Proposer. The Public University may terminate discussions with any eligible Proposer at any time. However, the Public University will offer all eligible Proposers the same opportunity to discuss their Proposals with the Public University before the Public University notifies eligible Proposers of the date and time pursuant to subsection (d) that best and final Proposals will be due.

(c) The Public University may adjust the evaluation of a Proposal as a result of a discussion under this section. The conditions, terms, or price of the Proposal may be altered or otherwise changed during the course of the discussions provided the changes are within the scope of the Solicitation Document.

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(d) If best and final Proposals are required, the Public University will establish a common date and time by which Proposers must submit best and final Proposals. Best and final Proposals will be submitted only once, provided, however, the Public University may make a written determination that it is in the Public University's best interest to conduct additional discussions, negotiations, or change the Public University's requirements and require another submission of best and final Proposals. The Public University will evaluate Proposals as modified.

(4) Negotiations.

(a) The Public University may commence serial negotiations with the highest-ranked eligible Proposer or commence simultaneous negotiations with all eligible Proposers.

(b) The Public University may negotiate:

(A) The statement of Work;

(B) The Contract Price as it is affected by negotiating the statement of Work; and

(C) Any other terms and conditions reasonably related to those expressly authorized for negotiation in the Solicitation Document. Accordingly, Proposers will not submit and the Public University will not accept for negotiation, any alternative terms and conditions that are not reasonably related to those expressly authorized for negotiation in the Solicitation Document.

Stat. Auth.: ORS 351

Stats. Implemented:

Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 2-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 6-2013, f. & cert. ef. 11-1-13

580-061-0160

Disqualification from Consideration for Award of Contracts

(1) A Public University may disqualify an Entity from consideration for award of Public University Contracts for the reasons listed in subsection (2) of this section after providing the Entity with notice and a reasonable opportunity to be heard.

(a) All OUS Public Universities may rely upon a disqualification of an Entity by another Public University or exclusion by the federal government or the State of Oregon. The Chancellor's Office will maintain a current roster for Entities that have been disqualified.

(b) In lieu of the disqualification process described in this rule, a Public University contracting for a Public Improvement may petition the Construction Contractors Board to disqualify an Entity from consideration for award of the Public University's Public Improvement Contracts for the reasons listed in subsection (2) of this rule.

(2) An Entity may be disqualified from consideration for Award of a Contract for any of the following reasons:

(a) A primary employee of the Entity has been convicted of a criminal offense as an incident of obtaining or attempting to obtain a public or private contract or subcontract or in the performance of such contract or subcontract;

(b) A primary employee of the Entity has been convicted under state or federal statutes of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, or any other offense indicating a lack of business integrity or business honesty that currently, seriously, and directly affects the person's responsibility for the Entity;

(c) A primary employee of the Entity has been convicted under state or federal antitrust statutes;

(d) A primary employee of the Entity has committed a violation of a contract provision that is regarded by a Public University or the Construction Contractors Board to be so serious as to justify disqualification. A violation may include, but is not limited to, a failure to perform the terms of a contract or an unsatisfactory performance in accordance with the terms of the contract. However, a failure to perform or an unsatisfactory performance caused by acts beyond the control of the Entity may not be considered to be a basis for disqualification;

(e) The Entity does not carry workers' compensation or unemployment insurance as required by statute.

(3) A Public University will issue a Written decision to disqualify an Entity under this section. The decision will:

(a) State the reasons for the action taken; and

(b) Inform the disqualified Entity of the appeal rights of the Entity under ORS 279C.445 and 279C.450.

(4) A copy of the decision issued under subsection (3) of this section must be mailed or otherwise furnished immediately to the disqualified Entity.

(5) Appeal of Disqualification. An Entity who wishes to appeal disqualification must, within three (3) business days after receipt of notice of disqualification, notify the Public University in Writing that the Entity

appeals the disqualification. Immediately upon receipt of the notice of appeal, the Public University will notify the OUS Vice Chancellor of Finance and Administration, or designee.

(6) The OUS Vice Chancellor of Finance and Administration, or designee, will conduct the appeal generally consistent with the procedures set forth in ORS 279C.450. The OUS Vice Chancellor of Finance and Administration, or designee, may share the final outcome of the appeal with all Public Universities.

Stat. Auth.: ORS 351

Stats. Implemented:

Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 2-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 6-2013, f. & cert. ef. 11-1-13

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Rule Caption: Align rules with SB 242; delineate roles and responsibilities; clarify language; eliminate unnecessary provisions.

Adm. Order No.: OUS 7-2013

Filed with Sec. of State: 11-1-2013

Certified to be Effective: 11-1-13

Notice Publication Date: 10-1-2013

Rules Amended: 580-062-0010, 580-062-0015, 580-062-0020

Subject: The amendments align the terminology with these rules with that within Senate Bill 242 and recently adopted Board policies (specifically removing all references to DAS; provide exemptions to contract for insurance and legal products and services required by OUS' departure from the state insurance fund and the DOJ; and include language to align OARs with the Board policy on contracting with Historically Underrepresented Businesses); update processes to reflect changing technologies and procedures; and clarify language and eliminate unnecessary provisions.

Rules Coordinator: Marcia M. Stuart—(541) 346-5749

580-062-0010

Procurement Card

The Chancellor's Office may maintain procurement card services for the benefit of the Public Universities. The Controller's Office of the Chancellor's Office will publish policies governing use of the procurement card.

Stat. Auth.: ORS 351

Stats. Implemented:

Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 3-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 7-2013, f. & cert. ef. 11-1-13

580-062-0015

Personal/Professional Services, Goods, and Services Contract Procurement Thresholds

(1) When procuring personal or professional services, goods, or services, not including services from Professional Consultants as defined in chapter 580, division 63, Public Universities will conduct the procurement in accordance with the Direct Procurement, Informal Procurement, or Formal Procurement method, unless another method is applicable, based on the anticipated contract price, including consultant fees, reimbursable expenses, and all amendments contemplated by the parties. Multiple Contracts, purchase orders, or purchasing requisitions will not be issued separately with the intent to circumvent these rules. Public Universities may establish lower procurement thresholds for specific procurements or as a Public University policy or procedure.

(a) \$25,000 or less — Direct Procurement or other method of procurement that the Public University deems beneficial to the procurement.

(b) \$25,000.01 to \$150,000 — Informal Procurement, Formal Procurement, or other method of procurement, except the Direct Procurement method, that the Public University deems beneficial to the procurement.

(c) Greater than \$150,000 — Formal Procurement or other method of procurement, except the Direct Procurement or Informal Procurement methods, that the Public University deems beneficial to the procurement.

(2) Notwithstanding subsection (1), if the source of the funding for the procurement requires a different procurement method, the Public University may comply with the procurement method required by the funding source.

Stat. Auth.: ORS 351

Stats. Implemented:

Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 3-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 7-2013, f. & cert. ef. 11-1-13

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580-062-0020

Methods of Procurement

Public Universities will use the following methods of procurement when procuring personal or professional services or goods and services.

(1) Direct Procurement. A process where the Public University negotiates directly with a single Entity to provide personal or professional services or goods and services.

(2) Informal Procurement. A Competitive Process where the Public University posts an advertisement of the opportunity on the OUS procurement website for a reasonable time necessary to obtain at least three (3) Solicitation Responses. The Public University may also directly contact prospective Offerors. If the notice has been posted for a reasonable time period and fewer than three Solicitation Responses have been submitted, the Public University may enter into a Contract with a Responsible Offeror based on the Specifications contained in the Solicitation Document.

(3) Formal Procurement. A Competitive Process where the Public University:

(a) Creates a Solicitation Document that contains the procurement procedures and necessary Specifications.

(b) Publishes a notice of the procurement on the OUS procurement website and, at the discretion of the Public University, in a trade periodical, newspaper of general circulation, or other historically underrepresented business-targeted periodicals, Public University website, or other medium for advertising. The notice must specify when and where the Solicitation Document may be obtained and the Closing Date/Time. The notice must be published for a duration reasonable under the circumstances for the procurement.

(c) Conducts the procurement in accordance with chapter 580, division 61, section 0000 through 0160.

(4) Emergency Procurement. The Chancellor, Vice Chancellor of Finance and Administration, President, or Vice President of Finance and Administration, or designee may declare an Emergency when such a declaration is deemed appropriate. The reasons for the declaration will be documented and will include justifications for the procedure used to select the Entity for a Contract within the scope of the Emergency declaration. After the President, Chancellor, or designee has declared an Emergency, the Public University may negotiate a Contract with any qualified Entity for services included in the scope of the Emergency. The Public University will maintain appropriate records of negotiations carried out as part of the contracting process.

(5) Retainer. Public Universities may conduct a Formal Procurement to enter into Retainer Contracts with multiple Entities to provide personal or professional services or goods and services at contracted rates of compensation or based on pre-qualifications.

(6) Alternative Processes. Notwithstanding the foregoing procedures, the Public University Contract Officer may authorize alternative procurement methods that provide a Competitive Process to two or more Entities to contract with the Public University and meet the following objectives:

(a) Responds to innovative business and market methods; or

(b) Contributes to Public University productivity improvement and process redesign; or

(c) Results in comprehensive cost-effectiveness and productivity for the Public University.

(7) Exempt. Public Universities need not follow, regardless of value, a Competitive Process when seeking or acquiring or paying for the following goods and services:

(a) Educational services.

(b) Advertising and media services, excluding consulting services.

(c) Price-regulated goods and services, including utilities, where the rate or price for the goods or services being purchased is established by federal, state, or local regulatory authority.

(d) Goods or services under federal contracts. When the price of goods and services has been established by a contract with an agency of the federal government pursuant to a federal contract award, Public Universities may purchase the goods and services in accordance with the federal contract. In addition, Public Universities may purchase specific equipment that is only available from one source or use specific Entities that are expressly required under the terms of the contract.

(e) Copyrighted materials. Copyrighted materials covered by this exemption may include, but are not limited to, textbooks, workbooks, curriculum kits, reference materials, software, periodicals, library books, library materials, and audio, visual, and electronic media.

(f) Investment contracts and retirement plan services, excluding consulting services.

(g) Food and food-related products.

(h) Maintenance services directly from the contractor providing the goods.

(i) Used personal property.

(j) Goods purchased for resale to outside entities.

(k) Goods or services related to intercollegiate athletic programs.

(L) Cadavers or cadaveric organs.

(m) Hotel sites for large conferences and workshops.

(n) Dues, registrations, and membership fees.

(o) Gasoline, diesel fuel, heating oil, lubricants, natural gas, electricity, and similar commodities and products and the transportation thereof.

(p) Supplies, maintenance, and services for ocean-going vessels when they are in other than home port.

(q) Repair and overhaul of goods or equipment.

(r) Goods or services purchased in foreign countries.

(s) Insurance and insurance-related contracts, not including consulting or brokerage contracts.

(t) Grants, including Grant applications and proposals.

(u) Contracts for legal services, including professional or expert witnesses or consultants to provide services or testimony relating to existing or potential litigation or legal matters in which a Public University is or may become interested.

(v) Contracts entered into, issued, or established in connection with:

(A) The incurring of debt by a Public University, including but not limited to the issuance of bonds, certificates of participation, and other debt repayment obligations, and any associated Contracts, regardless of whether the obligations that the Contracts establish are general, special, or limited;

(B) The making of program loans and similar extensions or advances of funds, aid, or assistance by a Public University to a public or private body for the purpose of carrying out, promoting, or sustaining activities or programs authorized by law; or

(C) The investment of funds by a Public University as authorized by law and other financial transactions of a Public University that by their character cannot practically be established under the Competitive Process.

(D) Grant-funded projects where professional or personal service providers are named in Grant or identified in the Grant budget, unless Public University determines it is in its best interest to require a Competitive Process.

(w) Contracts for employee benefit plans as authorized by law.

(x) Services provided by those in the medical community including, but not limited to, doctors, physicians, psychologists, nurses, veterinarians, and those with specific license to administer treatments for the health and well-being of people or animals.

(y) Artists, performers, photographers, graphic designers, website design, and speakers.

(z) Sponsorship agreements for Public University events or facilities.

(8) Sole Source. A process where the President, the Chancellor or designee has made a Written determination that due to special needs or qualifications, only a Single Seller is reasonably available to provide such personal or professional services or goods or services. Sole source procurement will be avoided except when no reasonably available alternative source exists.

(a) Each Public University will provide public notice of its determination that the person or professional services or goods or services are only available from a Single Seller. Public notice may be provided on the OUS procurement website. The public notice will describe the personal or professional services or goods or services to be acquired from the Single Seller, identify the prospective Contractor, and include the date, time and place that protests are due. The Public University shall give Entities at least seven (7) Days from the date of notice publication to protest the sole source determination.

(b) An Entity may protest the Public University's determination that the personal or professional services or goods or services are available from a Single Seller in accordance with OAR 580-061-0145.

(c) On an annual basis, Presidents, or their designees will submit a report to the Board summarizing approved sole source procurements for the Public University for the prior fiscal year. The report will be made available for public inspection.

(9) Special Entity.

(a) Public Universities may purchase goods or services, without using a Competitive Process, if purchasing from a federal, state, local governmental agency, public corporation (including, but not limited to, OHSU), or a state Qualified Rehabilitation Facility certified by the Oregon Department of Human Services or the Oregon State Procurement Office.

(b) Public Universities may participate in cooperative procurements with other contracting agencies or Entities or utilize other public contracts

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or cooperatively-procured contracts if it is determined, in Writing, that the solicitation and award process used to award that Contract was reasonably equivalent to the respective processes established in these rules, including notice during solicitation process that the contract resulting from the procurement may be utilized by other entities. Determinations regarding equivalency and adequacy of processes for cooperating procurements will be made by Public University Contract Officer.

(10) Special Procurement. A special procurement is an exemption from competitive procedures that the Finance and Administration Committee of the Board determines is appropriate because it:

(A) Is reasonably expected to result in substantial cost savings to the Public University or to the public; or

(B) Otherwise substantially promotes the public interest in a manner that could not practicably be realized by complying with others processes described in this rule.

Stat. Auth.: ORS 351
Stats. Implemented: ORS 351
Hist.: OSSHE 5-2008(Temp), f. & cert. ef. 2-19-08 thru 8-16-08; OSSHE 9-2008, f. & cert. ef. 7-21-08; OUS 6-2011(Temp), f. & cert. ef. 11-10-11 thru 5-7-12; Administrative correction, 5-25-12; OUS 11-2012, f. & cert. ef. 6-18-12; OUS 3-2013(Temp), f. & cert. ef. 4-10-13 thru 9-30-13; OUS 7-2013, f. & cert. ef. 11-1-13

**Oregon University System,
Portland State University
Chapter 577**

Rule Caption: Amends rule to correct incorrect OAR reference.

Adm. Order No.: PSU 4-2013

Filed with Sec. of State: 11-4-2013

Certified to be Effective: 11-4-13

Notice Publication Date: 10-1-2013

Rules Amended: 577-041-0010

Subject: The proposed amendment to Portland State University's Termination of Appointment and the Imposition of Other Sanctions for Cause is a result of an incorrect citing of an OAR in section (2)(c). A copy of the text can be found at <http://www.pdx.edu/fadm/rule-making-portland-state>

Rules Coordinator: Lorraine D. Baker—(503) 725-8050

577-041-0010

Definitions

In accordance with OAR 580-041-0325 of the Administrative Rules of the Oregon State Board of Higher Education, the appointment of academic staff members, whether on indefinite tenure or not on indefinite tenure, may be terminated for cause, or other sanctions may be imposed for cause:

(1) The term "academic staff member" as used in this division 41 shall include all staff members of the University having academic rank (graduate rank or faculty rank) as defined in OAR 580-040-0040 of the Administrative Rules, e.g., graduate teaching assistant, graduate research assistant, graduate fellow, instructor, senior instructor, research assistant, research associate, lecturer, senior lecturer, assistant professor, associate professor, and professor, whether the type of service be teaching, research, administration, or other service; provided, however, that the procedures of this division 41 for the imposition of sanctions shall not be applicable to the president of the University. Complaints alleging that the President of the University has engaged in conduct such as to warrant the imposition of sanctions for cause as set forth in this 577-041-0010 shall be forwarded to the Chancellor of the Department of Higher Education.

(2) Cause is defined by the Administrative Rules (OAR chapter 580) as follows:

(a) Failure to perform the responsibilities of an academic staff member, arising out of his particular assignment, toward his students, toward his academic discipline, toward his colleagues, or toward the institution in its primary educational and scholarly functions and secondary administrative functions of maintaining property, disbursing funds, keeping records, providing living accommodations and other services, sponsoring activities, and protecting the health and safety of persons in the institutional community. Evidence to demonstrate cause under the standard set forth in this subsection may include, but is not limited to, evidence of incompetence, gross inefficiency, default of academic integrity in teaching, research, or scholarship, and intentional or habitual neglect of duty;

(b) Conviction of a felony or of a crime involving moral turpitude during period of employment by the Department of Higher Education (or prior thereto if the conviction was willfully concealed in applying to the Department for employment);

(c) Engaging in conduct proscribed by OAR 580-022-0045 of the Administrative Rules (the proscriptions in the following list apply to all persons in the University, not just academic staff members):

(A) Obstruction or disruption of teaching, research, administration, disciplinary procedures or other institutional activities, including the institution's public service functions or other authorized activities on institutionally owned or controlled property;

(B) Obstruction or disruption which interferes with the freedom of movement, both pedestrian and vehicular, on institutionally owned or controlled property;

(C) Possession or use of fire arms, explosives, dangerous chemicals or other dangerous weapons or instrumentalities on institutionally owned or controlled property, in contravention of law or without University authorization;

(D) Detention or physical abuse of any person or conduct which is intended to threaten imminent bodily harm or endanger the health of any person on any institutionally owned or controlled property;

(E) Malicious damage or misuse or theft of institutional property, or the property of any other person where such property is located on institutionally owned or controlled property, or, regardless of location, is in the care, custody, or control of the University;

(F) Refusal by any person, while on institutional property, to comply with an order of the institutional executive or appropriate authorized official or officials, to leave such premises because of conduct proscribed by the Administrative Rules (OAR chapter 580) when such conduct constitutes a danger to personal safety, property or educational or other appropriate institutional activities on such premises;

(G) Unauthorized entry to or use of institutional facilities, including buildings and grounds;

(H) Illegal use, possession, or distribution of drugs on institutionally owned or controlled property;

(I) Inciting others to engage in any of the conduct or to perform any of the acts prohibited herein. Inciting means that advocacy of proscribed conduct which calls upon the person or persons addressed for imminent action, and is coupled with a reasonable apprehension of imminent danger to the functions and purposes of the institution, including the safety of its students, faculty, and officials, and the protection of its property.

(3) Sanctions for cause include oral or written warning or reprimand, written censure, removal from an assigned post and reassignment, suspension for a period not to exceed one year, and termination.

Stat. Auth.: ORS 351
Stats. Implemented:
Hist.: PSU 1, f. 12-14-71; PSU 4-2013, f. & cert. ef. 11-4-13

**Oregon Utility Notification Center
Chapter 952**

Rule Caption: Temporary Amendments to OUNC Rules Adopting a Notice Rule

Adm. Order No.: OUNC 1-2013(Temp)

Filed with Sec. of State: 11-14-2013

Certified to be Effective: 11-14-13 thru 5-11-14

Notice Publication Date:

Rules Adopted: 952-001-0003

Subject: This rule establishes the permanent rulemaking notification procedures that the Oregon Utility Notification Center will follow when promulgating permanent rules or revisions to permanent rules.

Rules Coordinator: Diane Davis—(503) 378-4372

952-001-0003

Permanent Rulemaking Notice

(1) Before permanently adopting, repealing or amending any administrative rule, the Oregon Utility Notification Center (OUNC) will give notice of the proposed action by:

(a) Publishing notice of the rulemaking in the Secretary of State's Oregon Bulletin at least 21 days before the effective date of the rule;

(b) Mailing, electronically mailing, or personally delivering a copy of the notice to persons on the OUNC's applicable rulemaking notification list established per ORS 183.335(8) at least 28 days before the effective date of the rule;

(c) Mailing or electronically mailing a copy of the notice to the legislators specified in ORS 183.335(15) at least 49 days before the effective date of the rule; and

(d) By mailing, e-mailing, or furnishing a copy of the notice to:

(A) The Associated Press; and

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(B) Capitol Press Room.

(2) OUNC may update the mailing list annually by requesting persons to confirm that they wish to remain on the mailing list. If a person does not respond to a request for confirmation within 28 days of the date that OUNC sends the request, OUNC will remove the person from the mailing list. Any person removed from the mailing list will be immediately returned to the mailing list upon request, provided that the person provides a mailing address or e-mailing address to which notice may be sent.

Stat. Auth.: ORS 183.341 & 757.552

Stat. Implemented: ORS 183.335 - 183.355 & 757.552

Hist.: OUNC 1-2013(Temp), f. & cert. ef. 11-14-13 thru 5-11-14

Rule Caption: Adoption of Attorney General's Model Rules.

Adm. Order No.: OUNC 2-2013

Filed with Sec. of State: 11-14-2013

Certified to be Effective: 11-14-13

Notice Publication Date:

Rules Adopted: 952-001-0001

Subject: Adoption of the Attorney General's model rules satisfies the requirement to adopt rules regulating rulemaking and contested case proceedings.

Rules Coordinator: Diane Davis—(503) 378-4372

952-001-0001

Adoption of Model Rules

The Attorney General's Model Rules of Procedure under the Administrative Procedures Act, which became effective January 1, 2012, are by this reference adopted as rules of administrative procedure of the Board of Directors for the Oregon Utility Notification Center and are controlling except as otherwise required by statute or rule.

Stat. Auth.: ORS 757.552

Stat. Implemented: ORS 183.341, 757.552

Hist.: OUNC 2-2013, f. & cert. ef. 11-14-13

Oregon Youth Authority Chapter 416

Rule Caption: Additional requirements for BRS Programs contracting with OYA, supplementing DMAP BRS program general rules.

Adm. Order No.: OYA 3-2013

Filed with Sec. of State: 11-15-2013

Certified to be Effective: 1-1-14

Notice Publication Date: 10-1-2013

Rules Adopted: 416-335-0000, 416-335-0010, 416-335-0020, 416-335-0030, 416-335-0040, 416-335-0050, 416-335-0060, 416-335-0070, 416-335-0080, 416-335-0090, 416-335-0100

Subject: These rules supplement the BRS Program general rules (OAR 410-170-0000 through OAR 410-170-0120) with additional requirements for BRS Programs provided through contract with OYA.

Rules Coordinator: Winifred Skinner—(503) 373-7570

416-335-0000

Effective Date and Administration of the BRS Program

(1) OAR 416-335-0000 through 416-335-0100 are effective on January 1, 2014.

(2) BRS Programs provided through contract with OYA must meet the requirements in the BRS Program general rules (OAR 410-170-0000 through 410-170-0120) and the additional requirements contained in these rules (OAR 416-335-0000 — 416-335-0100).

(3) All references to federal and state laws and regulations referenced in these rules are those in place on November 13, 2013, and the Agency-specific BRS Program rules that are effective on January 1, 2014.

Stat. Auth.: ORS 183.355, 420A.025

Stats. Implemented: ORS 420A.010, 420A.014

Hist.: OYA 3-2013, f. 11-15-13, cert. ef. 1-1-14

416-335-0010

Purpose

The purpose of the Behavior Rehabilitation Services (BRS) Program is to remediate the BRS Client's debilitating psychosocial, emotional and behavioral disorders by providing such Services as behavioral intervention, counseling, and skills-training. These rules supplement the BRS Program

general rules with additional requirements for BRS Programs provided through contract with OYA.

Stat. Auth.: ORS 420A.025

Stats. Implemented: ORS 420A.010, 420A.014

Hist.: OYA 3-2013, f. 11-15-13, cert. ef. 1-1-14

416-335-0020

Definitions

In addition to the definitions provided in OAR 410-170-0020, the following definitions apply to terms used in OAR chapter 416, division 335.

(1) "Absent Day" means a calendar day that:

(a) The BRS Client is enrolled but not physically present in the BRS Provider's program;

(b) Does not meet the definition of a Billable Care Day;

(c) The Agency's placement plan is to return the BRS Client to the BRS Provider; and

(d) The BRS Contractor or BRS Provider obtains written authorization from the BRS Client's JPPO and the Community Resources Manager to bill the calendar day as an Absent Day.

(2) "Aftercare and Transition Plan — Stabilization" (ATP-S) means the Aftercare and Transition Plan developed in a Short-Term Stabilization program, including the Aftercare and Transition Plan as defined in OAR 410-170-0070 and additional requirements provided in 416-335-0070.

(3) "Assessment and Evaluation Report — Stabilization" (AER-S) means the Assessment and Evaluation Report developed in a Short-Term Stabilization program, including the Assessment and Evaluation Report as defined in OAR 410-170-0070 and additional requirements provided in 416-335-0070.

(4) "Juvenile Parole and Probation Officer" (JPPO) means the individual who coordinates Services and Placement Related Activities for the BRS Client with the BRS Contractor and BRS Provider. For purposes of these rules, a JPPO is the Caseworker as defined in OAR 410-170-0020.

(5) "Master Service Plan — Stabilization" (MSP-S) means the Master Service Plan developed in a Short-Term Stabilization program, including the Master Service Plan as defined in OAR 410-170-0070 and additional requirements provided in 416-335-0070.

(6) "Master Service Plan — Transition" (MSP-T) means the Master Service Plan developed in an Independent Living Program, including the Master Service Plan as defined in OAR 410-170-0070 and additional requirements provided in 416-335-0070.

(7) "Transition Facilitator" means a Social Service Staff employed by or contracted with the BRS Provider, and responsible for overseeing and monitoring the BRS Client in the BRS Contractor's Independent Living Program, either operated by itself or by its BRS Provider, which includes but is not limited to assisting with developing the BRS Client's Service plans and identifying support resources. Additional requirements are provided in OAR 416-335-0060.

(8) "Transitional Visit" means an overnight visit by the BRS Client to another placement for the purpose of facilitating the BRS Client's transition.

(9) "Young Person" means a person aged 21 through 24 years of age.

Stat. Auth.: ORS 420A.025

Stats. Implemented: ORS 420A.010, 420A.014

Hist.: OYA 3-2013, f. 11-15-13, cert. ef. 1-1-14

416-335-0030

Additional Requirements for OYA BRS Contractors and BRS Providers

(1) The BRS Contractor must comply, and ensure its BRS Provider complies, with all applicable provisions in OAR 416-530-0000 through 416-530-0200, and 416-550-0000 through 416-550-0080.

(2) The BRS Contractor and the BRS Provider must ensure that its employees, volunteers, contractors, vendors, Approved Provider Parents, or other persons providing Services or Placement Related Activities to BRS Clients pass a criminal history check based on the Agency's criminal history records check standards as set forth in OAR 416-800-0000 to 416-800-0095.

(3) The BRS Contractor and the BRS Provider must ensure that its employees, volunteers, contractors, vendors, Approved Provider Parents, or other persons providing Services or Placement Related Activities to BRS Clients, who have not yet successfully completed the requirements in section (2) of this rule are supervised by a person who has successfully met these requirements when having direct contact with BRS Clients.

(4) The BRS Contractor must ensure that its BRS program, either operated by itself or its BRS Provider, has a medication management policy that complies with OAR 416-340-0000 through 416-340-0070.

(5) Therapeutic Foster Care Model (Proctor Parents):

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(a) Proctor Parents must meet the applicable requirements in OAR 416-530-0000 through 416-530-0200 and 416-550-0000 through 416-550-0080, including but not limited to minimum training requirements.

(b) The BRS Contractor, the BRS Provider, and Proctor Parent must cooperate with OYA in the Proctor Parent dual-certification process in accordance with applicable provisions in OAR 416-530-0000 through 416-530-0200, 416-550-0000 through 416-550-0080 and 416-800-0000 through 416-800-0095.

(6) The BRS Contractor and BRS Provider must provide separate bedrooms for Children and persons 18 years or older, except in cases where the Child shares a room with a Young Adult or Young Person who is the Child's parent and caregiver or where there is written approval from the Department of Human Services Office of Licensing and Regulatory Oversight Coordinator and the Agency.

Stat. Auth.: ORS 420A.025

Stats. Implemented: ORS 420A.010, 420A.014

Hist.: OYA 3-2013, f. 11-15-13, cert. ef. 1-1-14

416-335-0040

Prior Authorization for the BRS Program; Appeal Rights

(1) BRS Program Eligibility:

(a) OYA may provide prior authorization for the BRS Program to a person who:

(A) Meets the requirements in subsections (2)(a)(A) through (D) of OAR 410-170-0040; and

(B) Is in the legal custody and care of OYA.

(b) Notwithstanding section (1)(a) of this rule, OYA may provide prior authorization to a person who:

(A) Is a Child, Young Adult or Young Person;

(B) Meets the requirements in subsections (2)(a)(A) through (C) of OAR 410-170-0040;

(C) Is in the legal custody and care of OYA; and

(D) Is eligible for state-funded medical assistance through OYA but not eligible for Medicaid.

(2) Appeal Rights:

(a) If a person is denied prior authorization for the BRS Program under OAR 416-335-0040(1)(a) then the person is entitled to notice and contested hearing rights under OAR 410-120-1860 and 410-120-1865. The contested case hearing will be held by the Authority.

(b) If a person is denied prior authorization for the BRS Program by OYA under OAR 416-335-0040(1)(b), then the person is entitled to notice and contested hearing rights pursuant to the provisions of ORS 183.341. The contested case hearing will be held by OYA. OYA adopts the Attorney General's Model Rules of Procedure OAR 137-003-0001 to 137-003-0091 and 137-003-0580, effective January 2012, as procedural rules for contested case hearings.

Stat. Auth.: ORS 420A.025

Stats. Implemented: ORS 420A.010, 420A.014

Hist.: OYA 3-2013, f. 11-15-13, cert. ef. 1-1-14

416-335-0050

Additional BRS Service Planning Requirements — All BRS Types of Care Except ILP

In addition to the requirements in OAR 410-170-0070 the BRS Contractor or BRS Provider must ensure that the Assessment and Evaluation Report (AER) describes the assessment of BRS Client characteristics that may require service delivery modification to ensure successful participation in BRS Services. The BRS Contractor, if not also the BRS Provider, must ensure that its BRS Provider meets this requirement.

Stat. Auth.: ORS 420A.025

Stats. Implemented: ORS 420A.010, 420A.014

Hist.: OYA 3-2013, f. 11-15-13, cert. ef. 1-1-14

416-335-0060

Additional Requirements for Independent Living Program (BRS Type of Care).

(1) The Independent Living Program is a BRS Type of Care that is designed to transition a BRS Client to independent living outside of a residential placement while receiving medically appropriate Services in a structured BRS Program environment. BRS Clients are placed in a structured, supervised setting prior to transitioning to a supported community placement.

(2) Minimum Staffing Requirements: The BRS Contractor must ensure that its BRS Independent Living Program, either operated by itself or its BRS Provider, has a BRS Program staff member onsite at the program at all times (24 hours a day, 7 days a week), and another BRS Program staff member available to go out into the community on routine or emergency visits to monitor or assist the BRS Client.

(3) Transition Facilitator: Upon each BRS Client's admission to the Independent Living

Program, the BRS Contractor or BRS Provider must ensure that the Transition Facilitator:

(a) Ensures that the BRS Client completes an independent living skills assessment prior to developing the MSP-T. Assessments must be strength-based, focusing on identifying the strengths and resources of the BRS Client, and his or her family and other supports.

(b) Assists the BRS Client in the development of the MSP-T, including identifying short and long-term goals, developing a plan to achieve those goals, and tracking his or her progress towards those goals;

(c) Identifies and coordinates resources that will assist and support the BRS Client in his or her community placement, including but not limited to family and other natural supports;

(d) Assists the BRS Client in articulating his or her goals and plans;

(e) Assists the BRS Client in developing and updating his or her MSP-T, and overseeing the implementation of the MSP-T; and

(f) Teaches the BRS Client skills including goal setting, planning, resource identification, and engagement that will help the BRS Client lead a productive adult life.

(4) Additional BRS Service Planning Requirements: In addition to the requirements in OAR 410-170-0070, the BRS Contractor or BRS Provider must meet the following service planning requirements for BRS Clients in the Independent Living Program:

(a) Master Service Plan — Transition (MSP-T)

(A) The BRS Contractor or BRS Provider must:

(i) Ensure that a Transition Facilitator, in collaboration with the BRS Client, completes a written MSP-T within 2 business days of the BRS Client's admission to the program and provides copies to the individuals listed in OAR 410-170-0070 section (1)(a)(B);

(ii) Provide the Services identified in the MSP-T during the first 30 days in the program.

(B) The BRS Contractor or BRS Provider must ensure that the MSP-T is individualized, includes goals that are measurable and attainable within the first 30 days, is based on a thorough assessment of the BRS Client's referral information and assessment of independent living skills, and addresses at minimum the following domains where need is indicated:

(i) Independent living skills, to include use of technology;

(ii) Social support, recreation, and community connection or membership (including planning for supportive relationships);

(iii) Finances and consumer awareness;

(iv) Transportation planning and responsibility;

(v) Free-time supervision and structure, including requirements for moving toward reduced supervision and greater autonomy; and

(vi) Relapse, safety and crisis planning.

(b) Master Service Plan — Transition 30-day Updates. The BRS Contractor or BRS Provider must:

(A) Ensure that the Transition Facilitator, in collaboration with the BRS Client, reviews and updates in writing the BRS Client's MSP-T no later than 30 days from the date the MSP-T was first finalized or the last time it was updated, and every 30 days thereafter; and

(B) Provide the services identified in the most recent MSP-T Update.

(5) Placement Related Activities:

(a) The BRS Contractor or BRS Provider is responsible for providing the Placement Related Activities described in OAR 416-335-0080 except as provided in section (5)(b) of this rule.

(b) Transportation: BRS Clients are responsible for taking public transportation to and from employment and other daily activities. The BRS Contractor or BRS Provider must assist the BRS Client as necessary with transportation for attendance at: school, to the extent not provided by the school district; medical, dental, and therapeutic appointments; recreational and community activities; places of employment; and shopping for incidental items.

(6) The BRS Contractor, if not also the BRS Provider, must ensure that its BRS Provider meets the requirements described in this rule.

Stat. Auth.: ORS 420A.025

Stats. Implemented: ORS 420A.010, 420A.014

Hist.: OYA 3-2013, f. 11-15-13, cert. ef. 1-1-14

416-335-0070

Additional Requirements for BRS Enhanced Short-Term Stabilization (BRS Type of Care)

(1) The Short-Term Stabilization program is a BRS Type of Care designed to provide short-term intervention to BRS Clients in need of behavioral stabilization.

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(2) Additional Program Referrals and Admission Requirements: In addition to the requirements in OAR 410-170-0050, the BRS Contractor or BRS Provider must notify the BRS Client's JPPO of its admission decision within five business days of receiving the BRS Client's referral packet.

(3) Additional BRS Service Planning Requirements: In addition to the requirements in OAR 410-170-0070 the BRS Contractor or BRS Provider must meet the following service planning requirements for BRS Clients in the Short Term Stabilization Program:

(a) Master Service Plan — Stabilization (MSP-S)

(A) The BRS Contractor or BRS Provider must:

(i) Ensure that a Social Service Staff completes a written MSP-S within 2 business days of the BRS Client's admission to the program and provides copies to the individuals listed in OAR 410-170-0070 section (1)(a)(B); and

(ii) Provide the Services identified in the MSP-S during the first 30 days in the program.

(B) The BRS Contractor or BRS Provider must ensure that the MSP-S is individualized and based on the BRS Client's available referral information and current behaviors needing remediation, and include at minimum the following:

(i) Objectives for placement as described by JPPO;

(ii) Identified reasons for behavioral instability; and

(iii) Goals that are measurable and attainable within the BRS Client's first 30 days in the program.

(b) Assessment and Evaluation Report — Stabilization (AER-S)

(A) The BRS Contractor or BRS Provider must:

(i) Ensure that a Social Service Staff conducts a comprehensive assessment and completes a written AER-S for each BRS Client who is anticipated to remain in the program for over 30 days; and

(ii) If the BRS Client is anticipated to be in the program for 30 days or less, no AER-S is required.

(B) The BRS Contractor or BRS Provider must ensure that the AER-S describes the following:

(i) Assessment of BRS Client characteristics that may require service delivery modification to ensure successful participation in BRS Services; and

(ii) Summary of BRS Client's readiness for return to previous placement or recommended placement.

(c) Master Service Plan-Stabilization 30 Day Updates. The BRS Contractor or BRS Provider must:

(A) Ensure that the Social Service staff reviews and updates in writing the BRS Client's MSP-S no later than 30 days from the date the MSP-S was first finalized or the last time it was updated, and every 30 days thereafter. The first update of the MSP-S must be based upon findings from the AER-S; and

(B) Provide the services identified in the most recent MSP-T Update.

(d) Aftercare and Transition Plan — Stabilization (ATP-S). The BRS Contractor or BRS Provider must:

(A) Ensure that a Social Service Staff member completes an initial ATP-S upon admission for each BRS Client that is anticipated to remain in the Short-Term Stabilization BRS Provider's program for more than 30 days and transition to foster care or home upon discharge from BRS Short Term Stabilization Program.

(B) Develop a final written ATP-S prior to the BRS Client's planned discharge.

(4) The BRS Contractor, if not also the BRS Provider, must ensure that its BRS Provider meets the requirements described in this rule.

Stat. Auth.: ORS 420A.025

Stats. Implemented: ORS 420A.010, 420A.014

Hist.: OYA 3-2013, f. 11-15-13, cert. ef. 1-1-14

416-335-0080

Placement Related Activities for OYA's BRS Contractors and BRS Providers

(1) In cases where OYA is the Agency, the BRS Contractor or BRS Provider must provide the following Placement Related Activities, and all facilities, personnel, materials, equipment, supplies and services, and transportation necessary to provide those activities:

(a) Clothing: The BRS Contractor or BRS Provider must ensure that each BRS Client has an adequate wardrobe as prescribed by a "Youth Sub-Care Clothing List and Authorization" form, incorporated by reference in this rule, and available at <http://www.oregon.gov/oia/forms/ya3070.pdf>, or a printed copy may be obtained from OYA. The BRS Contractor or BRS Provider must make an initial assessment of the BRS Client's clothing and document the results. If there is a determined need for clothing based on the Youth Sub-Care Clothing List and Authorization form, the BRS Contractor

or BRS Provider must notify the BRS Client's JPPO that a clothing authorization is needed.

(b) Transportation: The BRS Contractor or BRS Provider is responsible for the transportation of the BRS Client to attend school, to the extent not provided by the school district; medical, dental, and therapeutic appointments; recreational and community activities; places of employment; and shopping for incidental items.

(c) Educational and vocational activities: The BRS Contractor or BRS Provider must have a system in place to meet the educational and vocational needs of the BRS Client in its program either on-site or at an off-site location or a combination of the two.

(d) Recreational, social, and cultural activities:

(A) The BRS Contractor or BRS Provider must provide recreation time for the BRS Client on a daily basis, and offer activities that are varied in type to allow BRS Clients to obtain new experiences. The BRS Contractor or BRS Provider must document recreation as having been provided, by recording the type of activity the BRS Client participated in, and the date it occurred.

(B) The BRS Contractor or BRS Provider must provide each BRS Client a minimum of one opportunity per week to participate in recreational activities in the community, unless the BRS Client is clearly unable to participate in offsite activities due to safety issues. If a BRS Client is restricted from participation in community recreation, the BRS Provider must document the reason in the BRS Client's case file, and the reason must be reviewed regularly to ensure that the BRS Client is not unnecessarily restricted from offsite activities. The BRS Contractor or BRS Provider must offer any BRS Client who is restricted from community activities alternative opportunities for recreation on site.

(C) The BRS Contractor or BRS Provider must provide access to or make available social and cultural activities for the BRS Clients as part of the therapeutic milieu of the program. These activities are to promote the BRS Client's normal development and help broaden the BRS Client's understanding and appreciation of the community, arts, environment and other cultural groups.

(D) The BRS Contractor or BRS Provider must not permit BRS Clients to participate in recreational activities that present a higher level of risk to BRS Clients without pre-approval by the Community Resources Unit and JPPO. This applies to activities that require a moderate to high level of technical expertise to perform safely, present environmental hazards, or where special certification or training is recommended or required such as: whitewater rafting, rock climbing, ropes courses, activities on or in any body of water where a certified lifeguard is not present and on duty, camping, backpacking, mountain climbing, using motorized yard equipment, and horseback riding.

(e) Academic Assistance: If needed, the BRS Contractor or BRS Provider must provide adequate opportunities for the BRS Clients to complete homework assignments with assistance from staff, or an Approved Provider Parent, if applicable.

(2) Non BRS-Related Medical Care:

(a) If there is no record that the BRS Client has received a physical examination within the six months immediately prior to the BRS Client's placement with its program, the BRS Contractor or BRS Provider must ensure or make every effort to ensure that the BRS Client receives a general medical check, consistent with health insurance allowances, within 30 days of placement. The BRS Contractor or BRS Provider must keep documentation of this procedure in the BRS Client's file, and send a copy to the BRS Client's JPPO.

(b) The BRS Contractor or BRS Provider must ensure that each BRS Client's mental health, physical health, (including alcohol and drug treatment services), dental and vision needs are arranged for. This does not include paying the cost of services or medications which are covered by the Oregon Health Plan (OHP) or by the BRS Client's third party private insurance coverage. The BRS Contractor or BRS Provider must notify and work with the JPPO to secure payment for services or medications not covered by OHP or third party private insurance.

(c) The BRS Contractor or BRS Provider must administer and monitor medications consistent with all applicable licensing rules, OAR 416-340-0070, and the BRS Provider's own medication management policy.

(d) The BRS Contractor or BRS Provider must facilitate the BRS Client's access to other providers whenever identified needs cannot be met within the scope of Services offered by the BRS Contractor or BRS Provider. If health care services are needed but the BRS Contractor or BRS Provider is unable to access the needed services for the BRS Client, the BRS Contractor or BRS Provider must immediately notify the JPPO in writing and these unsuccessful efforts made to access healthcare must be

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documented by the BRS Contractor or BRS Provider as part of the BRS Client's case file.

(3) The BRS Contractor, if not also the BRS Provider, must ensure that its BRS Provider provides the Placement Related Activities to the BRS Client as described in this rule.

Stat. Auth.: ORS 420A.025
Stats. Implemented: ORS 420A.010, 420A.014
Hist.: OYA 3-2013, f. 11-15-13, cert. ef. 1-1-14

416-335-0090

Billing and Payment for Services and Placement Related Activities

(1) Billable Care Days:

(a) The BRS Contractor is compensated for a Billable Care Day (Service and Placement Related Activities rates) on a fee-for-service basis in accordance with OAR 410-170-0110 and this rule.

(b) The BRS Contractor may include overnight Transitional Visits by the BRS Client to another placement in its Billable Care Days. The BRS Contractor must:

(A) Receive prior approval from OYA;

(B) Ensure that the Transitional Visit is in support of the MSP, MSP-T, or MSP-S goals related to transition;

(C) Pay the hosting placement at the established Absent Rate for the sending BRS Provider; and

(D) Ensure that the hosting placement will not seek any reimbursement from OYA for the care of the visiting BRS Client.

(2) Absent Days:

(a) The BRS Contractor is compensated for an Absent Day at the Absent Day rate in order to hold a BRS Program placement for a BRS Client with the prior approval of the BRS Client's JPPO and the Community Resources Manager.

(b) Notwithstanding OAR 410-170-0110(4), the BRS Contractor may request prior approval from OYA to be reimbursed for more than eight calendar days of home visits in a month for a BRS Client. However, any additional days of home visits approved under this rule will be paid at the Absent Day rate.

(3) The BRS Contractor may be reimbursed only for the BRS Type of Care authorized in the contract with OYA.

(4) Invoice Form:

(a) The BRS Contractor must submit a monthly billing form to OYA in a format acceptable to the Agency, on or after the first day of the month following the month in which it provided Services and Placement Related Activities to the BRS Client. The billing form must specify the number of Billable Care Days and Absent Days for each BRS Client in that month.

(b) The BRS Contractor must provide upon request, in a format that meets OYA's approval, written documentation of each BRS Client's location for each day claimed as a Billable Care Day and an Absent Day.

(c) The BRS Contractor may only submit a claim for a Billable Care Day and an Absent Day consistent with the Agency's prior authorization or approval.

(5) Billable Care Day and Absent Day rates are provided in the "BRS Rates Table", dated January 1, 2014, which is adopted as Exhibit 1 and incorporated by reference into this rule. A printed copy may be obtained from OYA.

Stat. Auth.: ORS 420A.025
Stats. Implemented: ORS 420A.010, 420A.014
Hist.: OYA 3-2013, f. 11-15-13, cert. ef. 1-1-14

416-335-0100

Compliance Reviews and Remedies

(1) The BRS Contractor must cooperate, and ensure its BRS Providers cooperate, with program compliance reviews or audits conducted by any federal or state or local governmental agency or entity related to the BRS Program, including but not limited to the OYA audit guidelines described in OAR 416-250-0000 through 416-250-0090.

(2) OYA or its designee will conduct compliance reviews periodically, including but not limited to review of documentation and onsite inspections.

(3) OYA may pursue any combination of: contract remedies including but not limited to recovery of overpayments; licensing actions; and other remedies authorized under the contract, at law or in equity against a BRS Contractor, a BRS Provider, or both, for non-compliance with applicable laws, regulations or contract provisions, or any or all of the above, including but not limited to the actions described in OAR chapter 416 (such as OAR 416-530-0090). In addition to or in lieu of any of the above, OYA may proceed under the applicable provisions of OAR 410-170-0120.

Stat. Auth.: ORS 420A.025
Stats. Implemented: ORS 420A.010, 420A.014
Hist.: OYA 3-2013, f. 11-15-13, cert. ef. 1-1-14

Real Estate Agency Chapter 863

Rule Caption: Adds in 12 month expiration period for a background check for licensing purposes

Adm. Order No.: REA 4-2013(Temp)

Filed with Sec. of State: 10-31-2013

Certified to be Effective: 11-1-13 thru 4-29-14

Notice Publication Date:

Rules Amended: 863-014-0015, 863-024-0015

Subject: The added language to the rule requires a broker, principal broker, or property manager license applicant to successfully complete the Agency's licensing process within the twelve months following a successfully completed background check. Language is also added to the rule to specify that an applicant must resubmit for a background check review, including submitting for fingerprints, if the licensing requirements aren't met within the twelve months.

Rules Coordinator: Erica Kleiner—(503) 378-4409

863-014-0015

Background Check Application and Fingerprint

(1) An applicant for real estate broker or principal real estate broker license must submit to a background check, except an applicant who is currently licensed as a real estate broker, principal real estate broker, or real estate property manager or who is eligible for renewal of such licenses.

(2) The background check includes a criminal background check as provided in OAR chapter 863, division 005, which requires the applicant to provide fingerprints.

(3) Effective July 1, 2011, the Agency and a vendor for fingerprinting services ("fingerprint service provider") have contractually agreed that:

(a) The fingerprint service provider will provide fingerprint services to license applicants and submit the fingerprints to the Oregon State Police for Oregon and nationwide criminal history checks.

(b) A license applicant may only submit fingerprints required by the Agency through the fingerprint services provider.

(c) A license applicant must pay the fee for fingerprinting, authorized under ORS 696.270, directly to the fingerprint services provider.

(d) A license applicant must provide fingerprints according to the requirements and instructions of the fingerprint services provider.

(e) A license applicant must have submitted a license application to the Agency before providing fingerprints.

(4) As provided in ORS 181.540, all fingerprint cards, photographs, records, reports, and criminal offender information obtained or compiled by the Agency are confidential and exempt from public inspection. The commissioner will keep such information segregated from other information on the applicant or licensee and maintain such information in a secure place.

(5) If the Agency determines that additional information is necessary to conduct a background check, the Agency may request such information in writing, and the applicant must provide the requested information. If the applicant fails to provide the requested information, the Agency may determine that the license application is incomplete and terminate the application.

(6) A license applicant must successfully complete the remaining portions of the licensing process required by OAR 863-014-0035 or 863-014-0040 within the 12 months from the date of the successfully completed background check process and review. If the applicant does not meet the licensing requirement within the 12 months, the background check review is no longer valid and the applicant must submit to another background check, including fingerprints as described in this rule.

Stat. Auth.: ORS 696.385
Stats. Implemented: ORS 696.020 & 696.022

Hist.: REA 1-2002, f. 5-31-02, cert. ef. 7-1-02; REA 3-2003, f. 7-28-03, cert. ef. 8-1-03; REA 4-2003(Temp), f. 12-18-03, cert. ef. 1-1-04 thru 6-29-04; REA 3-2004, f. 4-28-04 cert. ef. 5-3-04; REA 1-2005, f. 5-5-05, cert. ef. 5-6-05; Renumbered from 863-015-0015, REA 5-2008, f. 12-15-08, cert. ef. 1-1-09; REA 1-2009, f. 12-15-09, cert. ef. 1-1-10; REA 3-2011(Temp), f. & cert. ef. 6-22-11 thru 12-1-11; REA 6-2011, f. 8-15-11, cert. ef. 9-1-11; REA 7-2011, f. & cert. ef. 11-15-11; REA 4-2013(Temp), f.10-31-13, cert. ef. 11-1-13 thru 4-29-14

863-024-0015

Background Check and Fingerprint Requirements

(1) An applicant for a property manager license must submit to a background check, except an applicant who is currently licensed as a real estate broker or principal real estate broker or who is eligible for renewal of such licenses.

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(2) The background check includes a criminal background check as provided in OAR chapter 863, division 005, which requires the applicant to provide fingerprints.

(3) Effective July 1, 2011, the Agency and a vendor for fingerprinting services ("fingerprint service provider") have contractually agreed that:

(a) The fingerprint service provider will provide fingerprint services to license applicants and submit the fingerprints to the Oregon State Police for Oregon and nationwide criminal history checks.

(b) A license applicant may only submit fingerprints required by the Agency through the fingerprint services provider.

(c) A license applicant must pay the fee for fingerprinting, authorized under ORS 696.270, directly to the fingerprint services provider.

(d) A license applicant must provide fingerprints according to the requirements and instructions of the fingerprint services provider.

(e) A license applicant must have submitted a license application to the Agency before providing fingerprints.

(4) As provided in ORS 181.540, all fingerprint cards, photographs, records, reports, and criminal offender information obtained or compiled by the Agency are confidential and exempt from public inspection. The commissioner will keep such information segregated from other information on the applicant or licensee and maintain such information in a secure place.

(5) If the Agency determines that additional information is necessary in order to conduct a background check, the Agency may request such information in writing, and the applicant must provide the requested information. If the applicant fails to provide the requested information, the Agency may determine that the license application is incomplete and terminate the application.

(6) A license applicant must successfully complete the remaining portions of the licensing process required by 863-024-0045 within the 12 months from the date of the successfully completed background check process and review. If the applicant does not meet all licensing requirement within the 12 months, the background check review is no longer valid and the applicant must submit to another background check, including fingerprints as described in this rule.

Stat. Auth.: ORS 696.385

Stats. Implemented: ORS 696.020 & 696.022

Hist.: REA 7-2008, f. 12-15-08, cert. ef. 1-1-09; REA 1-2009, f. 12-15-09, cert. ef. 1-1-10; REA 3-2011(Temp), f. & cert. ef. 6-22-11 thru 12-1-11; REA 6-2011, f. 8-15-11, cert. ef. 9-1-11; REA 7-2011, f. & cert. ef. 11-15-11; REA 4-2013(Temp), f.10-31-13, cert. ef. 11-1-13 thru 4-29-14

Rule Caption: Removes waiver for national portion of the real estate examination for out-of-state applicants

Adm. Order No.: REA 5-2013(Temp)

Filed with Sec. of State: 10-31-2013

Certified to be Effective: 11-1-13 thru 4-29-14

Notice Publication Date:

Rules Amended: 863-014-0020

Subject: The rule was modified to remove the ability for the Real Estate Board to accept an applicant's passing results of the national portion of a broker examination taken in another state

Rules Coordinator: Erica Kleiner—(503) 378-4409

863-014-0020

Examinations

(1) For purposes of this rule, "examination provider" means the vendor, under a contract with the Agency, which provides licensing examination services and collects the fee for such services directly from a license applicant.

(2) In addition to any other licensing eligibility requirements:

(a) A real estate broker license applicant must pass a real estate broker examination, consisting of a state portion and a national portion.

(b) A principal broker license applicant must pass a principal real estate broker examination.

(c) A principal broker license applicant who was licensed in Oregon as a salesperson prior to July 1, 2002 is not required to take the real estate broker examination, but must pass the principal broker examination.

(d) A real estate broker or principal broker who has not held an active license for two or more consecutive years must pass a reactivation examination.

(3) To be eligible to take an examination:

(a) A license applicant must have submitted a license application and fee to the Agency required under OAR 863-014-0010 or a license reactivation application and fee required under 863-014-0065;

(b) A real estate broker license applicant must have successfully completed the required courses of study for a real estate broker license under OAR 863-022-0010 from an approved school(s);

(c) A principal broker license applicant, who has never held an Oregon real estate broker license and who has not completed the required courses of study for a real estate broker license, must have successfully completed the required courses of study for a real estate broker license under OAR 863-022-0010 from an approved school(s);

(d) A principal real estate broker license applicant must have successfully completed the brokerage administration and sales supervision course required under OAR 863-022-0025 from an approved school; and

(e) The school providing the course(s) under (b), (c) or (d) of this section, must have certified to the examination provider that the applicant completed the course(s) as provided in OAR 863-022-0060.

(4) To be admitted to an examination site:

(a) A license applicant must be eligible to take an examination under section (3) of this rule;

(b) The applicant must register with the examination provider in advance of the examination and comply with the provider's requirements and instructions; and

(c) The examination provider will collect the examination fee under ORS 696.270 directly from the applicant.

(5) An applicant must pay a separate examination fee for each examination.

(6) If an applicant for a principal real estate broker license passes an examination but is not issued a license within one year from the date of the examination:

(a) The applicant is no longer qualified for the license on the basis of the examination; and

(b) The applicant must retake and pass the examination as required by this rule.

(7) If an applicant for a real estate broker license passes both the national and the state portions of an examination but is not issued a license within one year from the date of the examination:

(a) The applicant is no longer qualified for the license on the basis of the examination; and

(b) The applicant must retake and pass the examination as required by this rule.

(8) A real estate broker license applicant who passes only one portion of a license examination (state or national portion) must pass the remaining portion within one year from the examination date of the passed portion in order to qualify for a license on the basis of the examination.

Stat. Auth.: ORS 696.385 & 696.425

Stats. Implemented: ORS 696.020, 696.022 & 696.425

Hist.: REA 1-2002, f. 5-31-02, cert. ef. 7-1-02; REA 3-2004, f. 4-28-04, cert. ef. 5-3-04; REA 1-2005, f. 5-5-05, cert. ef. 5-6-05; REA 2-2005(Temp), f. 6-9-05, cert. ef. 7-1-05 thru 12-26-05; Administrative correction 1-20-06; REA 2-2007(Temp), f. & cert. ef. 3-21-07 thru 9-16-07; REA 4-2007, f. & cert. ef. 9-26-07; Renumbered from 863-015-0020, REA 5-2008, f. 12-15-08, cert. ef. 1-1-09; REA 1-2010, f. 6-14-10, cert. ef. 7-1-10; REA 2-2010, f. 12-15-10, cert. ef. 1-1-11; REA 3-2011(Temp), f. & cert. ef. 6-22-11 thru 12-1-11; REA 6-2011, f. 8-15-11, cert. ef. 9-1-11; REA 7-2011, f. & cert. ef. 11-15-11; REA 5-2013(Temp), f. 10-31-13, cert. ef. 11-1-13 thru 4-29-14

Rule Caption: Changes the renewal process for continuing education providers in rule

Adm. Order No.: REA 6-2013(Temp)

Filed with Sec. of State: 10-31-2013

Certified to be Effective: 11-1-13 thru 4-29-14

Notice Publication Date:

Rules Amended: 863-020-0030

Subject: The amendments to the rule specify the online renewal process for a continuing education provider. It also removes the requirement that the renewal needs to be submitted at least 60 days before the certification expires.

Rules Coordinator: Erica Kleiner—(503) 378-4409

863-020-0030

Application for Continuing Education Provider Certification and Renewal

(1) An applicant for certification as a continuing education provider must submit to the Agency an application on an Agency-approved form containing the following information. No application fee is required.

(a) The applicant's name, mailing address, physical address, and phone number;

(b) The date of the application;

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(c) The applicable qualification listed in OAR 863-020-0020(1) and, if the Real Estate Board approved the applicant's qualifications under 863-020-0025, the applicant must also submit the Agency's confirmation letter;

(d) The name and signature of the individual authorized by the applicant to submit the application;

(e) The applicant's authorized contact person, title, phone number, and e-mail address;

(f) The applicant's website address;

(g) Information concerning the course presentation formats, such as classroom instruction, online, etc.; and

(h) An affirmation that the applicant:

(A) Will comply with the statutory and administrative rule provisions applicable to continuing education providers, and

(B) Understands that the continuing education provider certification does not authorize the provider to offer an advanced course in real estate practices, the property manager advanced practices course, or the brokerage administration sales and supervision course. If the provider wishes to offer those courses, the provider may seek separate approval of the course under OAR chapter 863, division 22.

(2) The Agency will assign a provider number and mail a confirmation of certification to the applicant after review and approval of an application.

(3) The Agency will publish on its website and have available at the Agency a list of certified course providers and include the following information:

(a) The provider's name, mailing address, physical address, and phone number;

(b) The provider's authorized contact person, title, phone number, and e-mail address;

(c) The provider's website address;

(d) The course presentation formats offered by the provider, such as classroom instruction, online, etc.; and

(e) The date of certification and provider number.

(4) Once certified, the continuing education provider must submit on an Agency-approved form any changes in the information provided on the application.

(5) If a provider no longer wishes to be certified or no longer meets the qualifications contained in OAR 863-020-0020, it must inform the Agency in writing within five business days.

(6) A continuing education provider certification expires on December 31, 2013, and annually thereafter on December 31 of each year. Effective November 1, 2013, continuing education providers must submit an application for renewal, prior to expiration, using an online renewal process that is available through the Agency's website.

Stat. Auth.: ORS 696.385

Stats. Implemented: ORS 696.182

Hist.: REA 1-2010, f. 6-14-10, cert. ef. 7-1-10; REA 1-2012(Temp), f. 8-14-12, cert. ef. 8-15-12 thru 2-1-13; REA 1-2013, f. 1-14-13, cert. ef. 2-1-13; REA 6-2013(Temp), f. 10-31-13, cert. ef. 11-1-13 thru 4-29-14

**Secretary of State,
Elections Division
Chapter 165**

Rule Caption: Amends account submission and circulator registration and certification methods, clarifies signature verification processes.

Adm. Order No.: ELECT 6-2013

Filed with Sec. of State: 11-8-2013

Certified to be Effective: 11-8-13

Notice Publication Date: 9-1-2013

Rules Amended: 165-014-0100, 165-014-0110, 165-014-0270, 165-014-0280

Subject: 165-014-0110 clarifies that statistical sampling will only be conducted on additional submission of signatures if the number of unverified signatures accepted for inclusion in the sample are equal to or greater than the remaining required number of signatures. Additionally reference is added to specify that the handwriting characteristics and factors set forth in the Vote by Mail Procedures Manual adopted under OAR 165-007-0030 will be used to evaluate and determine whether the signature on a petition matches signatures contained in the voter's registration record.

OAR 165-014-0100 designates which accounts need to be turned in on a monthly basis, removing the requirement that copies of paid petition sheets submitted for verification must also be submitted

monthly for the purposes of accounts. Clarifies that authorized agent may sign SEL 320 on behalf of chief petitioner(s).

OAR 165-014-0270 adopts the Circulator Certification Matrix contained in Appendix A. Minor revisions have been made to the standards used to determine if the circulator certification is sufficient.

OAR 165-014-0280 adopts the 2013 Circulator Training Manual and incorporates the requirement that any person who will be paid to gather signatures on a state initiative, referendum, recall or prospective petition to submit their Criminal History Report as provided by the Oregon State Police Open Records Section when registering as a circulator.

Rules Coordinator: Brenda Bayes—(503) 986-1518

165-014-0100

Review of Specified Chief Petitioner Accounts

(1) Each chief petitioner of an initiative, referendum or prospective petition who pays any person money or other valuable consideration to obtain signatures on the petition shall keep detailed accounts in accordance with ORS 260.262. The Elections Division will review these accounts in the manner and in accordance with the schedule set out in paragraphs (2) and (3) of this rule.

(2) Chief petitioners shall submit digital copies of the applicable accounts described on the SEL 320 unless they receive prior written approval from the Elections Division to submit paper copies.

(a) Acceptable digital formats include pdf files, Excel files, or Word files submitted on CD-ROM or via electronic mail.

(b) The Elections Division may request original documentation of chief petitioner accounts, in addition to or in lieu of copies.

(c) The Elections Division may choose to conduct on-site reviews of chief petitioner accounts.

(3) Detailed copies of the applicable accounts described on the SEL 320, must be submitted by the 10th business day of each month after any month in which circulators were paid to collect signatures. The Elections Division may require accounts to be submitted in shortened time frame depending on the circumstances of each petition.

(4) The Elections Division reserves the right to demand all accounts described under ORS 260.262, including all circulated signature sheets.

(5) Chief petitioners, or their authorized agent, must submit a completed SEL 320, each time accounts are provided, detailing the nature of the accounts provided under ORS 260.262.

(6) The Elections Division shall review accounts to determine whether all of the required information appears to have been provided. If after review it is determined that the accounts submitted are incomplete or the chief petitioners fail to submit the requested accounts, the Elections Division may find that a violation of section 1b, Article IV of the Oregon Constitution, has occurred, suspend the petition from obtaining additional signatures, and/or issue a civil penalty under OAR 165-013-0020.

(7) If the Elections Division takes action under ORS 260.262(6) the chief petitioners may file notarized written explanation contesting the suspension and providing evidence that the accounts submitted are complete.

(8) If a petition is suspended under ORS 260.262(6) the chief petitioners are prohibited from obtaining any additional signatures on the petition until it has been determined by the Elections Division that the accounts are complete. Any signatures gathered in violation of the suspension will not be accepted for signature verification.

(9) If the petition has multiple chief petitioners, only one set of copies of the detailed accounts for each petition need to be produced by the deadline.

(10) Accounts must be kept current as of not later than the 7th calendar day after the date a payment is made to a person for obtaining signatures on a petition.

(11) The Elections Division reserves the right to conduct a review of all chief petitioner accounts in accordance with ORS 260.262(4).

Stat. Auth.: ORS 246.150, 260.262

Stats. Implemented: ORS 260.262

Hist.: ELECT 21-2007, f. & cert. ef. 12-31-07; ELECT 3-2008(Temp), f. & cert. ef. 3-14-08 thru 5-2-08; ELECT 6-2008(Temp), f. & cert. ef. 5-2-08 thru 9-10-08; ELECT 8-2008, f. & cert. ef. 8-12-08; ELECT 33-2009, f. & cert. ef. 12-31-09; ELECT 13-2011, f. & cert. ef. 8-1-11; ELECT 6-2013, f. & cert. ef. 11-8-13

165-014-0110

Statistical Sampling Procedures for Other than State Initiative or Referendum Petitions

(1) This rule is adopted to implement ORS 248.008, 249.008, 249.875, 250.215, 250.315 and 255.175.

(2) For this rule, the term:

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(a) Filing Officer refers to the person with whom the petition is filed for pre-processing. A minor political party formation petition and a recall petition against a State Public Officer are filed with the Elections Division. County petitions are filed with the county elections official, city petitions are filed with the city recorder and district petitions are filed with the county elections official of the county in which the administrative office of the district is located.

(b) Elections Official(s) refers to the person who verifies the sampling of petition signature lines against the voter's registration record. For a minor political party formation petition or a recall petition against a State Public Officer the Elections Division may choose to verify sampled signatures or distribute to county elections officials for verification. The county elections official verifies signatures for all county, city and district petitions subject to this rule.

(3) The handwriting characteristics and factors set forth in the Vote by Mail Procedures Manual adopted under OAR 165-007-0030 will be used by Elections Officials to evaluate and determine whether the signature on any sampled signature line matches signatures contained in the voter's registration record.

(a) Only a signature possessing obvious and predominantly matching characteristics with signatures contained in the voter's registration record may be determined to be a match.

(b) A signature possessing more non-matching than matching characteristics with signatures contained in the voter's registration record shall be reviewed by at least two different elections officials before it is rejected as a non-matching signature.

(4) A random sample for any petition submittal, will only be selected if the Filing Officer determines the petition signature sheets accepted for inclusion in the sample contain a number of unverified signatures equal to or greater than the required number of signatures necessary to accept the petition.

(5) Once chief petitioners or sponsors submit the required number of signatures and affirm the petition is complete, the process outlined in (6) through (16) is utilized to determine if the petition contains enough valid signatures to qualify for the ballot.

(6) Two signature samples may be selected in order to determine if the petition contains the required number of valid signatures. The statistical formula referred to in this rule is contained in Appendix 4, which is incorporated into this rule by reference.

(7) Prior to verification, each petition cover and signature sheet is reviewed by the Filing Officer, and removed if:

(a) The cover and signature sheet submitted is not a version that was approved for circulation.

(b) The circulator certification is insufficient as defined by OAR 165-014-0270.

(c) All information included in the optional information fields about the petition signers, such as their printed name, address and date signed, does not comply with OAR 165-014-0275.

(d) No sheet number is provided.

(8) The signature lines on each petition signature sheet accepted for inclusion in the sample will be reviewed and not accepted for sampling if:

(a) The signature line is not certified by the circulator's certification date.

(b) The signature line does not comply with OAR 165-014-0275.

(9) The size of the first sample of signatures will be 10% of the total number of signatures accepted for verification. The size of the second sample of signatures will be the same number used in the first sample, plus at least one additional signature.

(10) The Elections Official separates the petition signature sheets containing signature lines selected in the first and second random samples from the signature sheets that are not selected in the samples.

(11) The first random sampling of petition signature lines is verified. If the sampled signature line is a blank or crossed out line, the next available line below will be verified. If there are no lines below, the line above will be verified. When the Filing Officer and Elections Official are not the same individual these changes must be noted on the signature sheet.

(12) The Elections Official will consolidate and tabulate the verification data generated from OCVR, for the first sample.

(13) The statistical formula will be applied to the consolidated data from the first sample. After determining the result of the first sample the Elections Official will notify the following individuals that the petition has either qualified to the ballot or that the second larger sample will be verified:

(a) The Filing Officer; or

(b) The chief petitioners or sponsors of the petition if the Filing Officer and Elections are the same individual.

(14) The second random sampling of petition signature lines is verified. If the sampled signature line is a blank or crossed out line, the next available line below will be verified. If there are no lines below, the line above will be verified. When the Filing Officer and Elections Official are not the same individual these changes must be noted on the signature sheet.

(15) The verification data for the second sample will be added to the first sample data and the statistical formula applied to the combined results. If the petition is accepted after verification of the combined sample the Elections Division will notify:

(a) The Filing Officer; or

(b) The chief petitioners or sponsors of the petition if the Filing Officer and Elections are the same person.

(16) If after verification of the combined first and second samples the Filing Officer determines the petition does not contain the required number of valid signatures, chief petitioners may submit additional signature sheets as long as the filing deadline has not passed. Any additional submittals will be verified using the following process:

(a) The verification procedures applied to the first submittal will be applied to any additional submittal of signatures.

(b) The Elections Official has the option to either verify all additional signatures or to continue to use the sampling process described in this rule.

(c) A single sample that is the larger of 100 or a number of signatures that is directly proportional to the first submittal of signatures will be selected from the additional signatures accepted for inclusion in the sample.

(d) If fewer than 100 signatures are submitted then all signatures are verified.

(e) To determine acceptance or rejection of the petition, the verification data from additional submittals will be added to the verification data of the first submittal and the statistical formula applied to the combined results.

[ED. NOTE: Appendix referenced is available from the agency.]

Stat. Auth.: ORS 246.150, 250.105, 250.215, 250.315 & 255.175

Stats. Implemented: ORS 249.875, 250.105, 250.215, 250.315 & 255.175

Hist.: ELECT 19-1991(Temp), f. & cert. ef. 12-20-91; ELECT 13-1993, f. & cert. ef. 4-16-93; ELECT 7-2000, f. & cert. ef. 4-5-00; ELECT 3-2004, f. & cert. ef. 4-15-04; ELECT 3-2005, f. & cert. ef. 3-22-05; ELECT 10-2005, f. & cert. ef. 12-14-05; ELECT 18-2007, f. & cert. ef. 12-31-07; ELECT 19-2011, f. & cert. ef. 9-26-11; ELECT 6-2013, f. & cert. ef. 11-8-13

165-014-0270

Circulator Certification

(1) This rule applies to prospective initiative, initiative, referendum, recall, candidate nominating, minor political party formation and voters' pamphlet petitions.

(2) Circulators must certify that they witnessed the signing of the signature sheet by each individual whose signature appears on the sheet and that they believe each signer is an elector by completing the certification at the bottom of the signature sheet.

(3) A petition signature sheet will be rejected if the circulator certification is not completed or determined to be insufficient.

(4) The circulator certification is considered complete if it consists of a signature and a date that have been determined to be sufficient under the Circulator Certification Matrix contained in Appendix A which is incorporated into this rule by reference.

(5) If the circulator's certification signature is required to be verified by exemplar the handwriting characteristics and factors set forth in the Vote by Mail Procedures Manual adopted under OAR 165-007-0030 will be used to evaluate and determine whether the certification signature on a petition sheet matches:

(a) For circulators required to be registered under ORS 250.048, signatures provided as examples on any SEL 308, Circulator Registration, accepted for the petition cycle.

(b) For circulators not required to be registered under ORS 250.048, signatures contained in the circulator's voter registration record.

(c) If the circulator is not required to be registered under ORS 250.048 and an Oregon voter registration record bearing the circulator's signature is not available as an exemplar, the elections official will notify the chief petitioners or authorized agent by telephone and email, providing an opportunity to submit an alternative exemplar of the circulator's signature.

(d) To be considered, the chief petitioners or authorized agent must deliver an alternative exemplar to the elections official no later than 5 pm of the following business day that is at least 24 hours from the time noti-

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ation was made. Additional time to provide an alternative exemplar may be allowed only if the chief petitioners or authorized agent requests it and if allowing the additional time does not delay the signature verification process.

(e) The alternative exemplar must be a signature on an official government-issued document such as a driver's license or passport, and must have been executed before the date of the attempted certification of the petition signature sheet.

(6) Only circulator certifications with a signature possessing obvious and predominantly matching characteristics to those signatures contained in the exemplar provided under (5) of this rule may be determined to be complete.

(7) Circulator certifications with a signature possessing more non-matching than matching characteristics to those signatures contained in the exemplar provided under (5) of this rule shall be reviewed by at least two different signature verification staff members before the petition sheet is rejected for insufficient circulator certification.

Stat. Auth.: ORS 246.150, 249.008, 250.105, 250.215, 250.315 & 255.175
Stats. Implemented: ORS 249.008, 249.061, 249.740, 249.865, 249.875, 250.045, 250.105, 250.215, 250.315 & 255.175
Hist.: ELECT 4-2005, f. & cert. ef. 4-8-05; ELECT 23-2007, f. & cert. ef. 12-31-07; ELECT 8-2012, f. & cert. ef. 1-3-12; ELECT 6-2013, f. & cert. ef. 11-8-13

165-014-0280

Designating the Circulator Training and Registration Manual and Forms

The Secretary of State designates the *2013 Circulator Training and Registration Manual* and associated forms as the curriculum, procedures and forms to be used to register as required under ORS 250.048 by a person who will be paid to gather signatures on a state prospective initiative, initiative, referendum or recall petition.

Stat. Auth.: ORS 246.150, Sec. 2, Ch. 848 OL 2007
Stats. Implemented: Sec. 2, Ch. 848 OL 2007
Hist.: ELECT 7-2007, f. & cert. ef. 12-3-07; ELECT 34-2009, f. & cert. ef. 12-31-09; ELECT 6-2013, f. & cert. ef. 11-8-13

Teacher Standards and Practices Commission Chapter 584

Rule Caption: Filing rules to clarify licensure tests and implements expedited Military Spouse rule.

Adm. Order No.: TSPC 4-2013(Temp)

Filed with Sec. of State: 11-14-2013

Certified to be Effective: 11-14-13 thru 5-13-14

Notice Publication Date:

Rules Amended: 584-018-0125, 584-036-0070, 584-060-0051, 584-060-0052

Subject: 584-018-0125 — Removes multiple subjects test requirement for middle level grades;

584-036-0070 — Clarifies expedited service; creates expedited service for Military Spouses;

584-060-0051 — Removes multiple subjects test requirement for middle level grades;

584-060-0052 — Removes multiple subjects test requirement for middle level grades;

Rules Coordinator: Victoria Chamberlain—(503) 378-6813

584-018-0125

Middle Level Authorization

The unit assures that candidates for a Middle Level authorization demonstrate knowledge, skills, and competencies in the middle level setting.

(1) Candidates document understanding and apply knowledge of developmental psychology and learning, appropriate to students in middle level education within the cultural and community context of the teacher education institution and cooperating school districts.

(2) Candidates articulate and apply a philosophy of education which is appropriate to the students in middle level education and which ensures that students learn to think critically and integrate subject matter across disciplines.

(3) Candidates document in-depth knowledge of one subject matter or specialty endorsement appropriate to middle level teaching assignments by one or more of the following:

(a) Completing a college major in the subject matter or specialty endorsement;

(b) Passing the required Commission-approved test or tests, in the subject or specialty, including Basic Math;

(c) Passing the optional Commission-approved test in middle school Language Arts, Math, Social Studies or Science;

(d) Presenting evidence satisfactory to the Commission of specialized education.

(4) Candidates who hold the multiple-subjects endorsement may add subject-matter endorsements to the Initial I, Initial II, or Continuing Teaching Licenses with middle-level authorizations by:

(a) Passing the high school level subject-mastery test, including Basic math. These endorsements authorize the candidate to teach the subjects through grade 12 so long as the candidate also holds the high school authorization; or

(b) Passing the middle school optional Commission-approved test in Language Arts, Social Studies or Science. These endorsements are only valid to teach the subject up through grade 9 in an elementary, middle or junior high school regardless if the candidate holds a high school authorization.

(5) Candidates who do not have the multiple-subjects endorsement, but hold middle-level authorizations in art; English for Speakers of Other Languages (ESOL); bilingual education/ESOL; music, physical education, adaptive physical education; reading or any special education area may add an endorsement by:

(a) Passing the Commission-approved test or tests, including the middle school tests in Language Arts, Social Studies or Science in the subject-matter endorsement; and

(b) Completing one of the following practical experiences in grades 5-9:

(A) A field or clinical experience of 2 semester hours or 3 quarter hours, which except as specified below may or may not be part of a longer preparation that includes content or methods courses in the subject area, in an institution approved to prepare teachers for that endorsement;

(B) Verification of one year of experience teaching the new subject-area at least one hour each day or the equivalent on either an optional assignment of ten hours or less or on a License for Conditional Assignment; or

(C) Five years of experience teaching the subject area in a public school or regionally accredited private school within a U.S. jurisdiction on a license appropriate for the assignment before holding any Oregon license.

(6) Candidates complete student teaching or internship with students in grades 5-9 in an elementary, middle, or junior high school. A field or clinical experience may substitute for student teaching if this is an additional authorization on an Initial or Continuing Teaching License.

Stat. Auth.: ORS 342
Stats. Implemented: ORS 342.125, 342.127
Hist.: TSPC 3-2012, f. & cert. ef. 3-9-12; TSPC 4-2013(Temp), f. & cert. ef. 11-14-13 thru 5-13-14

584-036-0070

Expedited Service for Emergency License

(1) Except for Military Spouse or Military Domestic Partners applicants, expedited service may only be requested for true emergencies under the following circumstances:

(a) For a District's Request for an Emergency License: An employer and an applicant may jointly request an emergency license or other eligible license by expedited service by submitting a license application, which must include the C-1 and C-3 forms, accompanied by the regular application fee and an expedited service fee pursuant to OAR 584-036-0055.

(A) A C-3 form submitted by a district is invalid until a completed application and all fees are submitted related to the emergency request.

(B) Incomplete applications are not subject to the 48 hour turn around provision in ORS 342.125.

(C) Once a completed application is received by the Commission, the license will be issued within 48 hours.

(b) Qualified applicants will be authorized to perform all duties of the position as defined on the license upon receipt of the emergency license issued by the Commission. Eligibility for the emergency license and any future licensure is conditional upon determination that all requirements for the non-emergency license have been met.

(c) For Applications from Military Spouses or Military Domestic Partners: As used in this section: A qualifying applicant for an expedited application is a military spouse or domestic partner of an active member of the Armed Forces of the United States who holds a current license from another state and has been subject to a military transfer to Oregon within the twelve months prior to the application for licensure.

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(A) The applicant must submit a complete application as described by Commission rule in Divisions 60, 70 or 80, including evidence of the spousal or domestic relationship, evidence of the recent military transfer, the fee for an out-of-state evaluation and a fee for expedited service.

(B) A qualifying applicant will only be eligible for an equivalent license issued by the Commission based on demonstrated competency.

(C) An applicant who has been subject to discipline in another state against any educator certificate, license or charter school registration is not eligible for licensure under this section.

(2) Situations not eligible for Emergency Licensure requests include:

(a) Renewal applications within the 120 days grace period;

(b) New Oregon Applicants eligible for Fast-Track processing pursuant to OAR 584-010-0090; or

(c) Failure to meet renewal or upgrade requirements such as required coursework or continuing professional development.

(3) The Commission may limit the number of applications from an employing district to a maximum of one hundred (100) in any two-day period.

(4) The fee to expedite an application for a military spouse is the same as the fee to expedite an application requested by a district.

Stat. Auth.: ORS 342

Stats. Implemented: ORS 342.125, 342.127

Hist.: TSPC 4-2006(Temp), f. & cert. ef. 2-3-06 thru 8-2-06; TSPC 9-2006, f. & cert. ef. 6-15-06; TSPC 4-2013(Temp), f. & cert. ef. 11-14-13 thru 5-13-14

584-060-0051

Teaching Authorization Levels

(1) Teachers must qualify for one or more grade authorizations at the early childhood, elementary, middle or high school developmental levels.

(2) Teaching authorization levels will apply to all teaching licenses within division 60.

(3) Early Childhood Education (ECE) Authorization: The early childhood education (ECE) authorization level requires completion of an approved program including passing the commission-approved multiple subjects examination (MSE) together with completion of a practicum experience with students in grades prekindergarten (pre-k) through four (4).

(a) The ECE authorization level is valid for any multiple subjects teaching assignment, except assignments in subsection (b) below, in prekindergarten (pre-k) through grade four (4).

(b) The ECE authorization level with a multiple subjects endorsement is not valid for assignments requiring a specialization endorsement such as art, music, ESOL, ESOL/bilingual, physical education, adaptive physical education, library media, reading or special education under OAR 584-060-0071 without the accompanying specialty endorsement on the license.

(4) Elementary ELE Authorization: The elementary ELE authorization level requires completion of an approved program including passing the commission-approved multiple subjects examination (MSE) together with completion of a practicum experience with students in one or more grades between grades three (3) through eight (8) (a) The ELE authorization level is valid for any multiple subjects teaching assignment, except assignments in subsection (b) below, in grades three (3) through eight (8).

(b) The ELE authorization level with a multiple subjects endorsement is not valid for assignments requiring specialization endorsement such as art, music, ESOL, ESOL/bilingual, physical education, adaptive physical education, library media, reading or special education under OAR 584-060-0071 without the accompanying specialty endorsement on the license.

(5) The Middle-Level (ML) Authorization: The middle-level (ML) authorization level requires completion of an approved program together with completion of a practicum experience with students in one or more grades between grades five (5) through nine (9). The placement may only be in grade nine (9) if it is located in a middle school or junior high school. Additionally, the ML authorization requires in-depth knowledge of one subject-matter or specialty endorsement appropriate to middle-level teaching assignments.

(a) The ML authorization is valid for any teaching assignment authorized by the endorsements on the license in grades five (5) through nine (9) of a school designated as an elementary, middle, or junior high school.

(b) The ML authorization level with a multiple subjects endorsement is not valid for assignments requiring specialization endorsement such as art, music, ESOL, ESOL/bilingual, physical education, adaptive physical education, library media, reading or special education under OAR 584-060-0071 without the accompanying specialty endorsement on the license.

(6) The high school (HS) authorization level requires completion of an approved program and qualification for at least one subject-matter endorsement appropriate to secondary schools by passing the required Commission-approved test or tests of subject mastery in the endorsement

area, together with completion of a practicum experience with students in one or more grades between grades nine (9) through twelve (12). The high school (HS) authorization is valid for teaching one or more integrated or departmentalized subjects, with which the license must be endorsed, in grades seven (7) through twelve (12) in a school designated as a high school.

(7) The Early Childhood Education/Elementary (ECE/ELE) authorization represents the merger of two grade authorization levels and requires completion of an approved program together with completion of a practicum experience with students in one or more grades between grades prekindergarten (pre-k) through eight (8).

(a) The ECE/ELE authorization level is valid for assignments requiring a specialization endorsement such as art, music, ESOL, ESOL/bilingual, physical education, adaptive physical education, library media, reading or any special education area under OAR 584-060-0071.

(8) The Elementary/Middle Level (ELE/ML) authorization represents the merger of two grade authorization levels and requires completion of an approved program together with completion of a practicum experience with students in one or more grades between grades three (3) through nine (9). The placement may only be grade nine (9) if it is located in a middle school or junior high school.

(a) The ELE/ML authorization level is valid for any assignments requiring a specialization endorsement such as art, music, ESOL, ESOL/bilingual, physical education, adaptive physical education, library media, reading or any special education area under OAR 584-060-0071.

(9) The Middle Level/High School (ML/HS) authorization represents the merger of two grade authorization levels and requires completion of an approved program together with completion of a practicum experience with students in one or more grades between grades five (5) through twelve (12).

(a) The ML/HS authorization is valid for any assignments requiring specialization endorsement such as art, music, ESOL, ESOL/bilingual, physical education, adaptive physical education, library media, reading or any special education area under OAR 584-060-0071.

(10) The Prekindergarten-12 (pre-k through 12) authorization level represents qualification to teach in all four grade levels. The pre-k through grade 12 authorization level requires completion of an approved program including passing the commission-approved test or tests for specialty area endorsements (see OAR 584-060-0071) together with completion of two practica experiences with students in grades between pre-kindergarten through twelve (12).

Stat. Auth.: ORS 342

Stats. Implemented: ORS 342.120-143, 342.153, 342.165 & 342.223 - 342.232

Hist.: TSPC 4-1999, f. & cert. ef. 8-2-99; TSPC 4-2002, f. & cert. ef. 5-21-02; TSPC 6-2002, f. & cert. ef. 10-23-02; TSPC 2-2005, f. & cert. ef. 4-15-05; TSPC 4-2005(Temp), f. & cert. ef. 5-6-05 thru 9-30-05; TSPC 7-2005, f. & cert. ef. 8-24-05; TSPC 13-2006, f. & cert. ef. 11-22-06; TSPC 2-2007, f. & cert. ef. 4-23-07; TSPC 5-2007, f. & cert. ef. 8-15-07; TSPC 1-2008(Temp), f. & cert. ef. 2-15-08 thru 8-13-08; TSPC 6-2008, f. & cert. ef. 8-12-08; TSPC 1-2012(Temp), f. & cert. ef. 2-7-12, cert. ef. 2-15-12 thru 8-13-12; TSPC 7-2012, f. & cert. ef. 8-7-12; TSPC 4-2013(Temp), f. & cert. ef. 11-14-13 thru 5-13-14

584-060-0052

Adding Authorization Levels to Existing Initial and Continuing Teaching Licenses

(1) A candidate seeking to add the next contiguous authorization level to an existing Initial or Continuing Teaching License will complete the following:

(a) A program of at least six (6) quarter hours or four (4) semester hours of preparation in child or adolescent development, whichever is appropriate for the level being completed. The program will include methods of instruction in the appropriate subjects at the requested authorization level and may include taking additional subject-matter tests to qualify for the authorization level. Verification from the institution at which the program is completed is required to add the authorization; and

(b) One of the following practicum experiences, which must include preparation of one (1) work sample to document teaching effectiveness at the new authorization level:

(A) A practicum of two (2) semester hours or three (3) quarter hours, which except as specified below may or may not be part of a longer preparation that includes content or methods courses in the subject area, in an institution approved to prepare teachers for that endorsement; or

(B) Verification of one (1) year of experience teaching the new subject-area at least one (1) hour each day or the equivalent on either an optional assignment of ten (10) hours or less or on an approved License for Conditional Assignment.

(2) A candidate may add an authorization level that is not contiguous to an existing Initial or Continuing Teaching License if:

(a) The candidate successfully completes an approved program at that level; and

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(b) The completed program includes the required practicum experience and completion of a work sample to document teaching effectiveness at the new authorization level.

Stat. Auth.: ORS 342
Stats. Implemented: ORS 342.120 - 342.143, 342.153, 342.165, 342.223 - 342.232
Hist.: TSPC 3-2005(Temp), f. & cert. ef. 4-15-05 thru 9-30-05; TSPC 7-2005, f. & cert. ef. 8-24-05; TSPC 9-2006, f. & cert. ef. 6-15-06; TSPC 2-2008, f. & cert. ef. 4-15-08; TSPC 4-2013(Temp), f. & cert. ef. 11-14-13 thru 5-13-14

Rule Caption: Amends licensure rules; renumbers program standards; amends process to reinstate sanctioned license

Adm. Order No.: TSPC 5-2013

Filed with Sec. of State: 11-14-2013

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Rules Amended: 584-021-0130, 584-021-0150, 584-050-0005, 584-050-0006, 584-050-0015, 584-050-0018, 584-060-0181, 584-070-0012

Rules Renumbered: 584-065-0035 to 584-018-0160, 584-065-0050 to 584-018-0155, 584-065-0100 to 584-018-0145, 584-065-0110 to 584-018-0150

Subject: Allows National School Nurse Certification to satisfy coursework requirements in some cases;

Clarifies investigation cases that will be referred to the Commission. Clarifies reinstatement requirements following a revocation. Clarifies continuing professional development for substitute teaching licenses. Removes teaching requirement from Initial School Counselor requirements.

Rules Coordinator: Victoria Chamberlain—(503) 378-6813

584-018-0145

Knowledge Skills and Abilities for English to Speakers of Other Languages

(1) Language: Candidates know, understand, and use the major concepts, theories, and research related to the nature and acquisition of language to construct learning environments that support English Speakers of Other Languages (ESOL) and bilingual students' language and literacy development and content area achievement.

(a) Describing Language: Candidates demonstrate understanding of language as a system and demonstrate a high level of competence in helping ESOL and bilingual students acquire and use English in listening, speaking, reading, and writing for social and academic purposes. Candidates:

(A) Apply knowledge of phonology (the sound system) to help ESOL and bilingual students develop oral, reading and writing (including spelling) skills in English;

(B) Apply knowledge of morphology (the structure of words) to assist ESOL and bilingual students' development of oral and literacy skills in English;

(C) Apply knowledge of syntax (phrase and sentence structure) to assist ESOL and bilingual students in developing written and spoken English;

(D) Apply understanding of semantics (word/sentence meaning) to assist ESOL and bilingual students in acquiring and productively using a wide range of vocabulary in English;

(E) Apply knowledge of pragmatics (the effect of context on language) to help ESOL and bilingual students communicate effectively and use English appropriately for a variety of purposes in spoken and written language and in formal and informal settings;

(F) Demonstrate ability to help ESOL and bilingual students develop social and academic language skills in English;

(G) Demonstrate ability to help ESOL and bilingual students acquire a range of genres, rhetorical and discourse structures and writing conventions in English;

(H) Demonstrate understanding of the nature and value of World Englishes and dialect variation, and build on the language that ESOL and bilingual students bring in order to extend their linguistic repertoire;

(I) Locate and use linguistic resources to learn about the structure of English and of students' home language; and

(J) Demonstrate proficiency in English and serve as a good language model for ESOL and bilingual students.

(b) Language Acquisition and Development: Candidates understand and apply concepts, theories, research, and practice to facilitate the acquisition

of a primary and a new language in and out of classroom settings. Candidates:

(A) Provide rich exposure to English;

(B) Provide comprehensible input and scaffolding;

(C) Provide opportunities for meaningful interaction;

(D) Create a secure, positive, and motivating learning environment;

(E) Understand and apply current theories and research in language and literacy development;

(F) Recognize and build on the processes and stages of English language literacy development;

(G) Recognize the importance of ESOL and bilingual students' home languages and language varieties and build on these skills on a foundation for learning English;

(H) Understand and apply knowledge of sociocultural and political variable to facilitate the process of learning English;

(I) Understand and apply knowledge of the role of individual learner variable in the process of learning English;

(J) Provide appropriate instruction and feedback;

(K) Help ESOL and bilingual students to communicate in socially and culturally appropriate ways while being sensitive to the student's native culture;

(L) Help ESOL and bilingual students develop academic language proficiency; and

(M) Help ESOL and bilingual students develop effective language learning strategies.

(2) Culture: Candidates know, understand, and use the major concepts, principles, theories, and research related to the nature and role of culture and cultural groups to construct learning environments that support ESOL and bilingual students' cultural identities, language and literacy development, and content area achievement.

(a) Nature and Role of Culture: Candidates know, understand, and use the major concepts, principles, theories, and research related to the nature and role of culture in language development and academic achievement that support individual students' learning. Candidates:

(A) Understand and apply knowledge about cultural values and beliefs in the context of teaching and learning English as a Second Language (ESL);

(B) Understand and apply knowledge about the effects of racism, stereotyping, and discrimination to ESL teaching and learning;

(C) Understand and apply knowledge about home/school communication to enhance ESL teaching and build partnerships with ESOL and bilingual families; and

(D) Understand and apply concepts about the interrelationship between language and culture.

(b) Cultural Groups and Identity: Candidates know, understand, and use knowledge of how cultural groups and students' cultural identities affect language learning and school achievement. Candidates:

(A) Use a range of resources, including the Internet, to learn about world cultures and cultures of students in their classrooms and apply that learning to instruction;

(B) Understand and apply knowledge about how an individual's cultural identity affects their ESL learning and how levels of cultural identity will vary widely among students;

(C) Understand and apply knowledge about cultural conflicts and home-area events that can have an impact on ESOL and bilingual students' learning;

(D) Understand and apply knowledge about the impact of students' socioeconomic status, native language, race, religion, class, national origin disability an gender on learning and teaching ESL; and

(E) Understand and apply knowledge of U.S. immigration history and patterns in teaching ESL.

(3) Planning, Implementing, and Managing Instruction: Candidates know, understand, and use standards-based practices and strategies related to planning, implementing, and managing ESL and content instruction, including classroom organization, teaching strategies for developing and integrating language skills, and choosing and adapting classroom resources.

(a) Planning for Standards-Based ESL and Content Instruction: Candidates know, understand, and apply concepts, research, and best practices to plan classroom instruction in a supportive learning environment for ESOL and bilingual students. Candidates serve as effective English language models, as they plan for multilevel classrooms with learners from diverse backgrounds using standards-based ESL and content curriculum. Candidates:

(A) Plan standards-based ESL and content instruction;

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(B) Create environments that promote standards-based language learning in supportive, accepting classrooms and schools;

(C) Plan students' learning experiences based on assessment of language proficiency and prior knowledge; and

(D) Provide for particular needs of students with limited formal schooling (LFS) in their first language.

(b) Managing and Implementing Standards-Based ESL and Content Instruction. Candidates know, manage, and implement a variety of standards-based teaching strategies and techniques for developing and integrating English listening, speaking, reading, and writing, and for accessing the core curriculum. Candidates support ESOL and bilingual students in accessing the core curriculum as they learn language and academic content together. Candidates:

(A) Organize learning around standards-based subject matter and language learning objectives;

(B) Incorporate activities, tasks, and assignments that develop authentic uses of language, as students learn about content-area material;

(C) Provide activities and materials that integrate listening, speaking, reading and writing;

(D) Develop students' listening skills for a variety of academic and social purposes;

(E) Develop students' speaking skills for a variety of academic and social purposes;

(F) Provide standards-based instruction that builds on students' oral English to support learning to read and write;

(G) Provide standards-based reading instruction adapted to ESOL and bilingual learners; and

(H) Provide standards-based writing instruction adapted to ESOL and bilingual learners. Develop students' writing through a range of activities from sentence formation to expository writing.

(c) Using Resources Effectively in ESL and Content Instruction. Candidates are familiar with a wide range of standards-based materials, resources, and technologies, and choose, adapt, and use them in effective ESL and content teaching. Candidates:

(A) Select, adapt and use culturally responsive, age-appropriate and linguistically accessible materials;

(B) Select materials and other resources that are appropriate to students' developing language and content-area abilities, including appropriate use of the student's first language;

(C) Employ an appropriate variety of materials for language learning, including books, visual aids, props and realia.

(D) Use appropriate technological resources to enhance language and content-area instruction for ESOL and bilingual students (e.g., Web, software, computers, and related devices); and

(E) Use software and Internet resources effectively in ESL and content instruction.

(4) Assessment: Candidates understand issues of assessment and use standards-based assessment measures with ESOL and bilingual students.

(a) Issues of Assessment for ESL. Candidates understand various issues of assessment (e.g., cultural and linguistic bias; political, social, and psychological factors) in assessment, IQ, and special education testing (including gifted and talented); the importance of standards; and the difference between language proficiency and other types of assessment (e.g., standardized achievement tests of overall mastery), as they affect ESOL and bilingual student learning. Candidates:

(A) Demonstrate an understanding of the purposes of assessment and how they relate to ESOL and bilingual learners and use results appropriately;

(B) Demonstrate an understanding of the quality indicators of assessment instruments;

(C) Demonstrate understanding of the limitations of assessment situations and make accommodations for ESOL and bilingual students; and

(D) Distinguish between a language difference, gifted and talented and special education needs for ESOL and bilingual students.

(b) Language Proficiency Assessment. Candidates know and use a variety of standards-based language proficiency instruments to inform their instruction and understand their uses for identification, placement, and demonstration of language growth of ESOL and bilingual students. Candidates:

(A) Understand and implement national and state requirements for identification, reclassification and exit of ESOL and bilingual students from language support programs;

(B) Understand, develop and use norm-referenced assessments appropriately with ESOL and bilingual learners;

(C) Understand, develop and use criterion referenced assessments appropriately with ESOL and bilingual learners;

(D) Understand, construct and use assessment measures for a variety of purposes for ESOL and bilingual students; and

(E) Assess ESOL and bilingual learners' language skills and communicative competence using multiple sources of information.

(c) Classroom-Based Assessment for ESL. Candidates know and use a variety of performance-based assessment tools and techniques to inform instruction. Candidates:

(A) Use performance-based assessment tools and tasks that measure ESOL and bilingual learners' progress toward state and national standards;

(B) Use various instruments and techniques to assess content-area learning (e.g. math, science, social studies) for ESOL and bilingual learners at varying levels of language and literacy development; and

(C) Prepare ESOL and bilingual students to use self- and peer-assessment techniques when appropriate.

(5) Professionalism: Candidates demonstrate knowledge of the history of ESL teaching. Candidates keep current with new instructional techniques, research results, advances in the ESL field, and public policy issues. Candidates use such information to reflect upon and improve their instructional practices. Candidates provide support and advocate for ESOL and bilingual students and their families and work collaboratively to improve the learning environment.

(a) ESL Research and History: Candidates demonstrate knowledge of history, research, and current practice in the field of ESL teaching and apply this knowledge to improve teaching and learning. Candidates:

(A) Demonstrate knowledge of language teaching methods in their historical contexts; and

(B) Demonstrate knowledge of the evolution of laws and policy in the ESL profession.

(b) Partnerships and Advocacy. Candidates serve as professional resources, advocate for ESOL and bilingual students, and build partnerships with students' families. Candidates:

(A) Advocate and serve as language and education resources for students and families in their schools and communities;

(B) Serve as professional resources personnel in their education communities; and

(C) Advocate for ESOL and bilingual students' access to all available academic resources, including instructional technology.

(c) Professional Development and Collaboration. Candidates collaborate with and are prepared to serve as a resource to all staff, including paraprofessionals, to improve learning for all ESOL and bilingual students. Candidates:

(A) Establish professional goals and pursue opportunities to grow in the field of ESL;

(B) Work with other teachers and staff to provide comprehensive, challenging educational opportunities for ESOL and bilingual students in the school;

(C) Engage in collaborative teaching in general education and content-area classrooms; and

(D) Model academic proficiency in the English language.

(6) Technology: Candidates use information technology to enhance learning and to enhance personal and professional productivity. Candidates:

(a) Demonstrate knowledge of current technologies and their application in ESOL;

(b) Design, develop, and implement student learning activities that integrate information technology; and

(c) Use technologies to communicate, network, locate resources, and enhance continuing professional development.

Stat. Auth.: ORS 342

Stats. Implemented: ORS 342.120-342.143, 342.153, 342.165 & 342.223-342.232

Hist.: TSPC 9-2005, f. & cert. ef. 11-15-05; Renumbered from 584-065-0100 by TSPC 5-2013, f. & cert. ef. 11-14-13

584-018-0150

Knowledge, Skills and Abilities for Library Media Endorsement

(1) Completion of a commission-approved library media academic program, to include completion of a practicum experience and passage of the commission-approved subject-matter examination is required in order to add the Library Media Endorsement to any Initial or Continuing Teaching License. (See, OAR 584-060-0071.)

(2) The endorsement is valid for assignments in library media programs in grades prekindergarten through twelve (12).

(3) Library Media candidates demonstrate skill in use of information and ideas: Candidates must:

(a) Encourage reading and lifelong learning by stimulating interests and fostering competencies in the effective use of ideas and information. Candidates:

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- (A) Demonstrate ways to establish and maintain a positive educational climate in the library media center;
- (B) Identify relationships among facilities, programs, and environment that impact student learning; and
- (C) Plan and organize library media centers according to their use by the learning community.
- (b) Apply a variety of strategies to ensure access to resources and information in a variety of formats, to all members of the learning community. Candidates:
- (A) Support flexible and open access for the library media center and its services;
- (B) Identify barriers to equitable access to resources and services;
- (C) Facilitate access to information in print, nonprint, and electronic formats; and
- (D) Comply with and communicate the legal and ethical codes of the profession.
- (c) Promote efficient and ethical information-seeking behavior as part of the school library program and its services. Candidates:
- (A) Model strategies to locate, evaluate and use information for specific purposes;
- (B) Identify and address student interests and motivations;
- (C) Interact with the learning community to access, communicate and interpret intellectual content; and
- (D) Adhere to and communicate legal and ethical policies.
- (d) Create a positive educational environment which promotes reading, literacy, and use of appropriate technology for diverse learners. Candidates:
- (A) Are aware of major trends in reading material for children and youth;
- (B) Select materials in multiple formats to address the needs and interests of diverse young readers and learners; and
- (C) Use a variety of strategies to promote leisure reading. They model their personal enjoyment of reading in order to promote the habits of creative expression and lifelong reading.
- (4) Library Media Candidates demonstrate skill in teaching and learning. Candidates must:
- (a) Model and promote collaborative planning and the use of technology tools with teachers in order to teach concepts and skills of information processes integrated with classroom curriculum. Candidates:
- (A) Work with classroom teachers to co-plan, co-teach, and co-assess information skills instruction. The library media specialist as teacher of information skills makes use of a variety of instructional strategies and assessment tools; and
- (B) Analyze the role of student interest and motivation in instructional design. Student learning experiences are created, implemented and evaluated in partnership with teachers and other educators.
- (b) Partner with other education professionals to develop and deliver an integrated information literacy curriculum. Candidates:
- (A) Employ strategies to integrate the information literacy curriculum with content curriculum;
- (B) Incorporate technology to promote efficient and equitable access to information beyond print resources; and
- (C) Assist students to use technology to access, analyze, and present information.
- (c) Design and implement instruction that supports student interests, needs, and experiences to assure successful learning. Candidates:
- (A) Design library media instruction that assesses learner needs, instructional methodologies, and information processes to assure that each is integral to information skills instruction; and
- (B) Support the learning of all students and other members of the learning community, including those with diverse learning styles, abilities and needs. Information skills instruction is based on student interests and learning needs and is linked to student achievement.
- (5) Demonstrated skill in professional collaboration and leadership. Candidates must:
- (a) Provide leadership and establish connections with the greater library and education community. Candidates:
- (A) Demonstrate the potential for establishing connections to other libraries and the larger library community for resource sharing, networking, and developing common policies and procedures;
- (B) Articulate the role of their professional associations and journals in their own professional growth;
- (C) Model, share, and promote ethical and legal principles of education and librarianship; and
- (D) Acknowledge the importance of participating on school and district committees and in faculty staff development opportunities.
- (b) Articulate the relationship of the library media program with current educational trends and important issues. Candidates:
- (A) Recognize the role of other educational professionals and professional associations;
- (B) Translate for the school the ways in which the library program can enhance school improvement efforts; and
- (C) Use information found in professional journals to improve library practice
- (c) Provide and promote learning opportunities for the school community with a focus on information technology, information literacy, and literature appreciation. Candidates:
- (A) Are able to articulate the relationship of the library media program with current educational trends and important issues;
- (B) Recognize the role of other educational professionals and professional associations;
- (C) Translate for the school the ways in which the library program can enhance school improvement efforts; and
- (D) Use information found in professional journals to improve library practice.
- (6) Administer the library media program in order to support the mission of the school, and according to the principles of best practice in library science and program administration. Candidates must:
- (a) Apply leadership, collaboration and technology skills to design and manage a student-centered program that is current, comprehensive, and integrated within the school. Candidates: Develop and evaluate policies and procedures that support the mission of the school and address specific needs of the library media program, such as collection development and maintenance, challenged materials and acceptable use policies.
- (b) Ensure their school library programs focus on students' diverse learning and achievement. Candidates:
- (A) Support intellectual freedom and privacy of users; and
- (B) Plan for efficient use of resources and technology to meet diverse user needs.
- (c) Adhere to the principles of the school library profession which include selecting, organizing, managing, and developing procedures and policies for print and electronic information resources. Candidates:
- (A) Select, analyze, and evaluate print, nonprint and electronic resources using professional selection tools and evaluation criteria to develop a quality collection designed to meet diverse curricular and personal needs; and
- (B) Organize the library media facility and its collections - print, nonprint and electronic, according to standard accepted practice.
- (d) Assess and manage financial, physical, and human resources. Candidates:
- (A) Apply accepted management principles and practices that relate to personnel, financial and operational issues; and
- (B) Plan adequate space for individuals, small groups and whole classes.
- (7) Skill in use of technology. Candidates must:
- (a) Demonstrate a sound understanding of technology operations and concepts;
- (b) Implement curriculum plans that include methods and strategies for applying technology to maximize student learning;
- (c) Use technology to enhance their productivity and professional practice; and
- (d) Understand the social, ethical, and legal issues surrounding the use of technology in schools and apply those principles in practice.
- (8) Skill in cultural competency. Candidates must:
- (a) Strive to enhance resources, services, programs and instructional strategies that promote equitable learning opportunities and success for all students, regardless of native language, socioeconomic background, ethnicity, gender, disability, or other individual characteristics; and
- (b) Ensure that staff and students have access to all library resources to assist them in working effectively with those in the school community with different native languages, socioeconomic backgrounds, ethnicities, genders, disabilities, and other individual characteristics.

Stat. Auth.: ORS 342

Stats. Implemented: ORS 342.120-342.143, 342.153, 342.165 & 342.223- 342.232

Hist.: TSPC 5-2007, f. & cert. ef. 8-15-07; Renumbered from 584-065-0110 by TSPC 5-2013, f. & cert. ef. 11-14-13

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584-018-0155

Reading Specialist — Early Childhood and Elementary, OR Elementary and Middle Level OR Middle and High School

The following requirements must be met:

- (1) Foundational Knowledge and Dispositions
 - (a) Knowledge of psychological, sociological, linguistic and anthropological foundations of reading and writing processes and instruction.
 - (b) Knowledge of reading research and histories of reading.
 - (c) Knowledge of language development and reading acquisition and the variations related to culture and linguistic diversity.
 - (d) Knowledge of the major components of reading (phonemic awareness, word identification and phonics, vocabulary and background knowledge, fluency, comprehension strategies and motivation) and how they are integrated in fluent reading.
 - (e) Display dispositions related to reading and the teaching of reading.
- (2) Instructional Strategies and Curriculum Materials
 - (a) Use key instructional grouping options (individual, small-group, whole-class, computer-based.)
 - (b) Use a wide range of instructional practices, including technology-based practices that promote reading and/or writing across the curriculum.
 - (c) Use a wide range of curriculum materials in effective reading instruction for learners at various stages of reading and writing development and from different cultural and linguistic backgrounds including English language learners.
 - (d) Plan and use appropriate practices, including technology-based practices in effective reading instruction for learners at various stages of reading and writing development and from different cultural and linguistic backgrounds including English language learners.
- (3) Assessment, Diagnosis and Evaluation
 - (a) Use a wide range of assessment tools and practices that range from individual and standardized group tests to informal, individual, and group classroom assessment strategies and also include technology-based assessment tools.
 - (b) Place students along a developmental continuum and identify students' proficiencies and difficulties.
 - (c) Use assessment information to plan and revise effective instruction for all students.
 - (d) Effectively communicate results of assessments to specific individuals, (students, parents, caregivers, colleagues, administrators, policy-makers, policy officials, community, etc.)
- (4) Creating a Literate Environment
 - (a) Use students' interest and backgrounds as foundations for the reading and writing program.
 - (b) Use a large supply of books, technology-based information, and non-print materials representing multiple levels, broad interests, cultures and linguistic backgrounds.
 - (c) Model reading and writing enthusiastically as valued life-long activities.
 - (d) Motivate learners to be life-long readers.
- (5) Professional Development
 - (a) Continue to pursue the development of professional knowledge and dispositions.
 - (b) Work with colleagues to observe, evaluate and provide feedback on each other's practice.
 - (c) Participate in, initiate, implement and evaluate professional development programs.
 - (6) Leadership: Guidance and supervision of paraprofessionals.
 - (7) A candidate must also complete student teaching, an internship or a supervised practicum with students in Early Childhood and Elementary, OR Elementary and Middle Level OR Middle Level and High School. Candidates completing a practica experience at either early childhood or elementary and at either middle or high school level shall qualify for authorization for pre-primary through grade twelve.

Stat. Auth.: ORS 342

Stats. Implemented: ORS 342.120-ORS 342.143, ORS 342.153, ORS 342.165, & ORS 342.223-ORS 342.232

Hist.: TSPC 1-2003, f. & cert. ef. 1-13-03; Renumbered from 584-065-0050 by TSPC 5-2013, f. & cert. ef. 11-14-13

584-018-0160

Knowledge, Skills and Abilities for Special Education Endorsement

(1) Definitions:

- (a) "Individual with exceptional learning needs" means individuals with disabilities and individuals with exceptional gifts and talents.

(b) "Exceptional Condition" means both single and co-existing conditions. These may be two or more disabling conditions or exceptional gifts or talents coexisting with one or more disabling condition.

(c) "Special Curricula" denotes curricular areas not routinely emphasized or addressed in general curricula, e.g., social, communication, motor, independence, self-advocacy.

(2) **Authorizations:** Candidates for endorsements special education shall qualify for two levels of authorization by:

(a) Completing preparation in developmental psychology and methods appropriate for early childhood and elementary education, OR elementary and middle level, OR middle level and high school authorizations;

(b) Documenting knowledge of the endorsement by passing the commission-approved test for special education;

(A) The Commission-adopted elementary multiple subjects examination is not required to obtain the license;

(B) However, passage of the Commission-adopted elementary multiple subjects examination is required in order for special educators licensed to teach general education content in grades preK through 8 (elementary teachers) and to be meet the federal definition of "highly qualified" teacher under the Education/Secondary Education Act (ESEA);

(c) Candidates completing a practica experience at either the early childhood or elementary authorization levels and at either the middle or high school authorization levels shall qualify for grade authorization for pre-kindergarten through grade twelve.

(3) Field Experience:

(a) Candidates progress through a series of developmentally sequenced field experiences for the full range of ages, types and levels of abilities (mild, moderate and severe), and collaborative opportunities that are appropriate to the license or roles for which they are preparing.

(b) These field and clinical experiences are supervised by qualified professionals who are either licensed as special educators or eligible for licensure as special educators.

(4) Candidates for special education endorsements must complete an approved academic program for special education and will demonstrate competency through OAR 584-017-1030 in the following standards:

(a) **Standard 1: Foundations:** Candidates understand the field as an evolving and changing discipline based on philosophies, evidence-based principles and theories, relevant laws and policies, diverse and historical points of view, and human issues that have historically influenced and continue to influence the field of special education and the education and treatment of individuals with exceptional needs both in school and society. Candidates:

(A) Understand how these influence professional practice, including assessment, instructional planning, implementation, and program evaluation;

(B) Understand how issues of human diversity can impact families, cultures, and schools, and how these complex human issues can interact with issues in the delivery of special education services;

(C) Understand the relationships of organizations of special education to the organizations and functions of schools, school systems, and other agencies; and

(D) Use this knowledge as a ground upon which to construct their own personal understandings and philosophies of special education.

(b) **Standard 2: Development and Characteristics of Learners.** Candidates know and demonstrate respect for their students first as unique human beings. Candidates:

(A) Understand the similarities and differences in human development and the characteristics between and among individuals with and without exceptional learning needs;

(B) Understand how exceptional conditions can interact with the domains of human development and they use this knowledge to respond to the varying abilities and behaviors of individual's with exceptional learning needs; and

(C) Understand how the experiences of individuals with exceptional learning needs can impact families, as well as the individual's ability to learn, interact socially, and live as fulfilled contributing members of the community.

(c) **Standard 3: Individual Learning Differences.** Candidates understand the effects that an exceptional condition can have on an individual's learning in school and throughout life. Candidates:

(A) Understand that the beliefs, traditions, and values across and within cultures can affect relationships among and between students, their families, and the school community;

(B) Are active and resourceful in seeking to understand how primary language, culture, and familial backgrounds interact with the individual's

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exceptional condition to impact the individual's academic and social abilities, attitudes, values, interests, and career options; and

(C) Demonstrate that the understanding of these learning differences and their possible interactions provide the foundation upon which special educators individualize instruction to provide meaningful and challenging learning for individuals with exceptional learning needs.

(d) **Standard 4: Instructional Strategies.** Candidates possess a repertoire of evidence-based instructional strategies to individualize instruction for individuals with exceptional learning needs. Candidates:

(A) Select, adapt, and use these instructional strategies to promote challenging learning results in general and special curricula and to appropriately modify learning environments for individuals with exceptional learning needs;

(B) Enhance the learning of critical thinking, problem solving, and performance skills of individuals with exceptional learning needs, and increase students' self-awareness, self-management, self-control, self-reliance, and self-esteem; and

(C) Emphasize the development, maintenance, and generalization of knowledge and skills across environments, settings, and the lifespan.

(e) **Standard 5: Learning Environments and Social Interactions.** Candidates actively create learning environments for individuals with exceptional learning needs that foster cultural understanding, safety and emotional well being, positive social interactions, and active engagement of individuals with exceptional learning needs. Candidates:

(A) Foster environments in which diversity is valued and individuals are taught to live harmoniously and productively in a culturally diverse world;

(B) Shape environments to encourage the independence, self-motivation, self-direction, personal empowerment, and self-advocacy of individuals with exceptional learning needs;

(C) Help their general education colleagues integrate individuals with exceptional learning needs in regular environments and engage them in meaningful learning activities and interactions;

(D) Use direct motivational and instructional interventions with individuals with exceptional learning needs to teach them to respond effectively to current expectations;

(E) Demonstrate the ability to safely intervene with individuals with exceptional learning needs in crisis; and

(F) Demonstrate the ability to coordinate all these efforts and provide guidance and direction to para-professionals and others, such as classroom volunteers and tutors.

(f) **Standard 6: Language.** Candidates understand typical and atypical language development and the ways in which exceptional conditions can interact with an individual's experience with and use of language. Candidates:

(A) Use individualized strategies to enhance language development and teach communication skills to individuals with exceptional learning needs;

(B) Are familiar with augmentative, alternative, and assistive technologies to support and enhance communication of individuals with exceptional need;

(C) Match their communication methods to an individual's language proficiency and cultural and linguistic differences; and

(D) Provide effective language models, and they use communication strategies and resources to facilitate understanding of subject matter for individuals with exceptional learning needs whose primary language is not the dominant language.

(g) **Standard 7: Instructional Planning.** Individualized decision-making and instruction is at the center of special education practice. Candidates:

(A) Develop long-range individualized instructional plans anchored in both general and special curricula;

(B) Systematically translate these individualized plans into carefully selected shorter-range goals and objectives taking into consideration an individual's abilities and needs, the learning environment, and a myriad of cultural and linguistic factors;

(C) Understand that individualized instructional plans emphasize explicit modeling and efficient guided practice to assure acquisition and fluency through maintenance and generalization;

(D) Demonstrate that understanding these factors as well as the implications of an individual's exceptional condition, guides the special educator's selection, adaptation, and creation of materials, and the use of powerful instructional variables;

(E) Demonstrate the ability to modify instructional plans based on ongoing analysis of the individual's learning progress;

(F) Facilitate this instructional planning in a collaborative context including the individuals with exceptionalities, families, professional colleagues, and personnel from other agencies as appropriate;

(G) Develop a variety of individualized transition plans, such as transitions from preschool to elementary school and from secondary settings to a variety of postsecondary work and learning contexts; and

(H) Are comfortable using appropriate technologies to support instructional planning and individualized instruction.

(h) **Standard 8: Assessment.** Assessment is integral to the decision-making and teaching of special educators and candidates use multiple types of assessment information for a variety of educational decisions. Candidates:

(A) Use the results of assessments to help identify exceptional learning needs and to develop and implement individualized instructional programs, as well as to adjust instruction in response to ongoing learning progress;

(B) Understand the legal policies and ethical principles of measurement and assessment related to referral, eligibility, program planning, instruction, and placement for individuals with exceptional learning needs, including those from culturally and linguistically diverse backgrounds;

(C) Understand measurement theory and practices for addressing issues of validity, reliability, norms, bias, and interpretation of assessment results;

(D) Understand the appropriate use and limitations of various types of assessments;

(E) Collaborate with families and other colleagues to assure non-biased, meaningful assessments and decision-making;

(F) Conduct formal and informal assessments of behavior, learning, achievement, and environments to design learning experiences that support the growth and development of individuals with exceptional learning needs;

(G) Use assessment information to identify supports and adaptations required for individuals with exceptional learning needs to access the general curriculum and to participate in school, system, and statewide assessment programs;

(H) Regularly monitor the progress of individuals with exceptional learning needs in general and special curricula; and

(I) Use appropriate technologies to support their assessments.

(i) **Standard 9: Professional and Ethical Practice.** Candidates are guided by the profession's ethical and professional practice standards. Candidates:

(A) Practice in multiple roles and complex situations across wide age and developmental ranges;

(B) Understand that their practice requires ongoing attention to legal matters along with serious professional and ethical considerations;

(C) Engage in professional activities and participate in learning communities that benefit individuals with exceptional learning needs, their families, colleagues, and their own professional growth;

(D) View themselves as lifelong learners and regularly reflect on and adjust their practice;

(E) Are aware of how their own and others attitudes, behaviors, and ways of communicating can influence their practice;

(F) Understand that culture and language can interact with exceptionalities, and are sensitive to the many aspects of diversity of individuals with exceptional learning needs and their families;

(G) Actively plan and engage in activities that foster their professional growth and keep them current with evidence-based best practices; and

(H) Know their own limits of practice and practice within them.

(j) **Standard 10: Collaboration.** Candidates routinely and effectively collaborate with families, other educators, related service providers, and personnel from community agencies in culturally responsive ways. This collaboration assures that the needs of individuals with exceptional learning needs are addressed throughout schooling. Candidates:

(A) Embrace their special role as advocate for individuals with exceptional learning needs;

(B) Promote and advocate the learning and well being of individuals with exceptional learning needs across a wide range of settings and a range of different learning experiences;

(C) Are viewed as specialists by a myriad of people who actively seek their collaboration to effectively include and teach individuals with exceptional learning needs;

(D) Are a resource to their colleagues in understanding the laws and policies relevant to Individuals with exceptional learning needs; and

(E) Use collaboration to facilitate the successful transitions of individuals with exceptional learning needs across settings and services.

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(5) **Valid to Teach:** This endorsement is valid to teach: Any assignment requiring a special education teacher for students with the full range of disabilities from mild to severe within the grade authorizations held on the educator's license.

Stat. Auth.: ORS 342
Stats. Implemented: ORS 342.120 - 342.430, 342.455-342.495 & 342.533
Hist.: TSPC 8-2009, f. & cert. ef. 12-15-09; TSPC 9-2012, f. & cert. ef. 9-14-12; Renumbered from 584-065-0035 by TSPC 5-2013, f. & cert. ef. 11-14-13

584-021-0130

Requirements for a Professional School Nurse Certificate

(1) Upon filing a correct and complete application in form and manner prescribed by the Commission, a qualified applicant may be granted a Professional School Nurse Certificate for five years. The first license will be issued for five years plus time to the applicant's birthday.

(2) To be eligible for a Professional School Nurse Certificate, an applicant must:

(a) Possess the personal qualifications for certification including attainment of at least eighteen years of age and possessing good moral character and mental and physical health necessary for employment as an educator; and

(b) Hold a bachelor's degree from an approved institution; and

(c) Hold a current registered nurse license issued by the Oregon State Board of Nursing; and

(d) Obtain a passing score on a test of knowledge of U.S. and Oregon civil rights laws and professional ethics; and

(e) Evidence of completion of one of the following:

(A) Coursework equivalent to thirty clock hours, three quarter hours, or two semester hours in the following content areas:

(i) American school law and legal responsibilities of the School Nurse;

(ii) The nursing process in the school setting;

(iii) School health policies, issues and funding;

(iv) Schools and society;

(v) Mental health and counseling concepts;

(vi) The exceptional child -- disabled, gifted, learning disabled;

(vii) Physical and developmental assessment of the school-age child;

(viii) The role and responsibilities of the School Nurse;

(ix) Human growth, development and learning;

(x) Diversity; and

(xi) School emergencies; or

(B) Evidence of current National School Nurse Certification received from the National Board for Certification of School Nurses.

Stat. Auth.: ORS 342
Stats. Implemented: ORS 183, 342.455 - 342.495
Hist.: TS 4-1982, f. & ef. 7-22-82; TS 1-1992, f. & cert. ef. 1-15-92; TS 5-1997, f. 9-25-97, cert. ef. 1-15-99; TSPC 5-2007, f. & cert. ef. 8-15-07; TSPC 5-2013, f. & cert. ef. 11-14-13

584-021-0150

Renewal for Professional School Nurse Certificate

(1) The Professional School Nurse Certificate may be renewed for five years upon verification that the applicant holds a current registered nurse license issued by the Oregon State Board of Nursing and that one of the following continuing professional development requirements has been met:

(a) Nine (9) quarter hours, six (6) semester hours, or 125 clock hours of professional upgrading; or

(b) Evidence of National School Nurse Certification recertification.

(2) Professional upgrading must be approved by the school district as part of the professional improvement program for the school nurse if the school nurse has been employed during the life of the license. Professional upgrading may include, but is not limited to: College and university courses, community college courses, established workshops, or planned experiences in nursing.

Stat. Auth.: ORS 342
Stats. Implemented: ORS 183, 342.455 - 342.495
Hist.: TS 4-1982, f. & ef. 7-22-82; TS 7-1986, f. 10-15-86, ef. 1-15-87; TS 1-1988, f. 1-14-88, cert. ef. 1-15-88; TS 6-1989, f. & cert. ef. 10-6-89; TS 1-1992, f. & cert. ef. 1-15-92; TSPC 5-2007, f. & cert. ef. 8-15-07; TSPC 3-2009(Temp), f. & cert. ef. 5-15-09 thru 11-11-09; TSPC 5-2009, f. & cert. ef. 10-5-09; TSPC 5-2013, f. & cert. ef. 11-14-13

584-050-0005

Criteria for Granting Licenses

(1) The Executive Director may issue licenses, certificates or registrations, grant reinstatements, and renew licenses, certificates or registrations when each of the following conditions exists:

(a) All requirements established by law and rules have been met;

(b) The applicant has attained at least eighteen years of age and has furnished evidence satisfactory to TSPC of fitness to serve as an educator; and

(c) The Executive Director deems that an applicant's response to any application character questions does not adversely affect his or her ability to serve as an educator.

(2) The Executive Director may delay action and refer the application to an investigator when a response to any application character question needs further investigation. The results of the investigation will be reported to the Commission once the investigation is completed.

Stat. Auth.: ORS 342
Stats. Implemented: ORS 342.120 - 200 & 342.400
Hist.: TS 15, f. 12-20-76, ef. 1-1-77; TS 17, f. 12-19-77, ef. 1-1-78; TS 6-1980, f. & ef. 12-23-80; TS 1-1982, f. & ef. 1-5-82; TS 1-1992, f. & cert. ef. 1-15-92; TS 4-1997, f. 9-25-97, cert. ef. 10-4-97; TSPC 13-2006, f. & cert. ef. 11-22-06; TSPC 7-2007, f. & cert. ef. 12-14-07; TSPC 5-2013, f. & cert. ef. 11-14-13

584-050-0006

Criteria for Denying Issuance, Clearance or Reinstatement of Licenses

(1) The Executive Director may deny issuance of a license, certificate or registration, renewal of a license, certificate or registration; or reinstatement of a license, certificate or registration or PA-1 clearance for student teaching under the conditions set forth in subsection (3) below.

(2) The Executive Director may not deny reinstatement of a license that has been revoked. Reinstatement of a revoked license or registration is subject to OAR 584-050-0015.

(3) Notice of denial and right to a hearing without further investigation may be issued by the Executive Director when any of the following conditions exist:

(a) The applicant has been convicted of a crime listed in ORS 342.143(3)(a), or any substantially equivalent offense under the laws of another state; or

(b) The applicant refuses to consent to criminal records checks or refuses to be fingerprinted upon request.

(4) In a case not covered by this rule, the Executive Director will refer the application to investigation for future Commission consideration.

Stat. Auth.: ORS 181 & 342
Stats. Implemented: ORS 181.525, 342.120-342.200 & 342.400
Hist.: TS 1-1982, f. & ef. 1-5-82; TS 6-1984, f. 12-27-84, ef. 1-15-85; TS 1-1992, f. & cert. ef. 1-15-92; TS 6-1993, f. & cert. ef. 12-7-93; TS 4-1997, f. 9-25-97, cert. ef. 10-4-97; TSPC 4-1998, f. & cert. ef. 6-5-98; TSPC 4-1999, f. & cert. ef. 8-2-99; TSPC 13-2006, f. & cert. ef. 11-22-06; TSPC 7-2007, f. & cert. ef. 12-14-07; TSPC 8-2009, f. & cert. ef. 12-15-09; TSPC 5-2013, f. & cert. ef. 11-14-13

584-050-0015

Reinstatement of Suspended, Revoked, or Surrendered License or Registration Generally

(1) A suspended, revoked, or surrendered license, charter school registration, or school nurse certificate may be reinstated if the applicant is otherwise qualified and complies with the other applicable provisions of rules in this division.

(2) Licenses, certificates or registrations that are revoked, suspended, or surrendered and eligible for reinstatement will be reinstated for the same period of time as an application for a new or renewed license or registration of that type if the license is a non-provisional license.

(3) The fee to reinstate a license is in addition to the application fee required to issue a new license. See OAR 584-036-0055.

(4) A denial of an application for reinstatement of a suspended or revoked license, certificate or registration is considered a suspension or revocation of that applicant's right to apply for one year.

Stat. Auth.: ORS 181 & 342
Stats. Implemented: ORS 181.525, 342.120-342.430, 342.455-342.495 & 342.533
Hist.: TS 15, f. 12-20-76, ef. 1-1-77; TS 17, f. 12-19-77, ef. 1-1-78; TS 3-1978, f. 7-24-78, ef. 1-1-79; TS 6-1980, f. & ef. 12-23-80; TS 1-1982, f. & ef. 1-5-82; TS 1-1992, f. & cert. ef. 1-15-92; TSPC 4-2000, f. & cert. ef. 7-17-00; TSPC 4-2001, f. & cert. ef. 9-21-01; TSPC 13-2006, f. & cert. ef. 11-22-06; TSPC 7-2007, f. & cert. ef. 12-14-07; TSPC 7-2008, f. & cert. ef. 8-20-08; TSPC 3-2010, f. & cert. ef. 4-2-10; TSPC 6-2011, f. 8-15-11, cert. ef. 9-1-11; TSPC 5-2013, f. & cert. ef. 11-14-13

584-050-0018

Reinstatement of Revoked License, Registration, or Right to Apply for a License, Certificate or Registration

(1) Any revocation for conviction for crimes listed in ORS 342.143(3) is permanent and the license, certificate or registration is not eligible for reinstatement. All other revocations of a license, certificate or registration or right to apply for a license, certificate or registration are eligible for application for reinstatement.

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(2) A first application for reinstatement of a license, certificate or registration revoked for any reason other than those cited in ORS 342.143(3) may be submitted at any time after the period of revocation has expired.

(3) The burden will be on the educator to establish fitness for reinstatement.

(4) The application for reinstatement must include:

(a) A C-1 application form;

(b) A fee pursuant to OAR 584-036-0055;

(c) A personal notarized affidavit attesting that:

(A) All the conditions of the order for revocation have been met; and

(B) That the educator has not violated any laws of the states, including ethical violations related to licensure, certificate or registration; and

(d) Any additional documentation, sufficient to establish convincingly that the educator possesses all of the qualifications required for first licensure or reinstatement of a license, certificate or registration. Letters of recommendations from educator colleagues are insufficient alone to establish fitness for licensure following a revocation. The educator must be clear regarding what proactive steps have been taken to ensure to the Commission that the conduct that resulted in the revocation is highly unlikely to occur again.

(5) Following review of the application for reinstatement pursuant to this section, the Executive Director may make a recommendation to the Commission regarding whether to approve or deny the application.

(6) The Executive Director or the Commission may require the educator to appear before the Commission in executive session prior to consideration of the application for reinstatement.

(a) It is entirely at the Commission's discretion whether an educator may meet with the Commission under these circumstances.

(b) This subsection does not grant a right to any applicant to appear before the Commission prior to the Commission's consideration of the application for reinstatement following a revocation.

(7) Consideration of the application for reinstatement will take place in executive session. The decision whether to reinstate a revoked license, certificate, registration or right to apply for a license, certificate or registration will take place in public session.

(8) If the Commission denies the application for reinstatement, or the right to apply for a license, certificate or registration, the Executive Director will mail a copy of the recommendation of denial to the educator and a notice of right to a hearing under ORS 342.175.

(9) The Commission's denial of reinstatement pursuant to this rule is considered a revocation of the applicant's right to apply and is effective for one full year from the date of the Commission's final order of denial. The applicant may apply for reinstatement of the right to apply for licensure, certification or registration after one year from the date of the Commission's final order of denial.

Stat. Auth.: ORS 181 & 342

Stats. Implemented: ORS 181.525, 342.120-342.430, 342.455-342.495 & 342.553

Hist.: TSPC 13-2006, f. & cert. ef. 11-22-06; TSPC 7-2007, f. & cert. ef. 12-14-07; TSPC 8-2008, f. & cert. ef. 11-13-08; TSPC 6-2011, f. 8-15-11, cert. ef. 9-1-11; TSPC 5-2013, f. & cert. ef. 11-14-13

584-060-0181

Substitute Teaching License

(1) Upon filing a correct and complete application in form and manner prescribed by the Commission, a qualified applicant may be granted a Substitute Teaching License. This license, issued for three years and renewable, is valid at any level in any specialty to substitute for a teacher who is temporarily unable to work.

(2) To be eligible for a Substitute Teaching License, the applicant must:

(a) Hold a bachelor's degree or higher from a regionally-accredited institution in the United States, or the foreign equivalent of such degree approved by the Commission. A master's degree or a doctoral degree from a regionally-accredited institution in the United States validates a non-regionally accredited bachelor's degree for licensure;

(b) Hold an unrestricted license for full-time teaching in any state demonstrating completion of a state-approved teacher education program;

(c) Obtain a passing score on a Commission-adopted test of knowledge of U.S. and Oregon civil rights and professional ethics;

(d) Furnish fingerprints in the manner prescribed by the Commission if the applicant has not been fingerprinted or has not held an active license issued by the Commission in the past three years; and

(e) Provide continuing professional development if transitioning from a basic, standard, initial or continuing teaching license to a Substitute Teaching License.

(3) The holder of a Substitute Teaching License may not continuously replace an individual teacher absent for more than three consecutive months without obtaining a full-time license. Failure to observe this limitation may result in licensure sanction by the Commission for either the teacher or the assigning administrator or both.

(4) A district and co-applicant educator may apply for an Emergency Teaching License for the holder of a Substitute Teaching License if the district is unable to obtain a regularly-licensed teacher for any position lasting more than three consecutive months. The Emergency Teaching License will allow the educator to teach for time beyond the allowed timelines stated in subsection (3) above. The Executive Director may approve the Emergency Teaching License upon proof of the district's emergency and may only issue the license for the amount of time to cover the emergency. In all cases, the Emergency Teaching License may not extend beyond the end of that school year.

(5) To be eligible for renewal of the Substitute Teaching License an applicant must show:

(a) Evidence of having obtained a passing score as currently specified by the Commission on a test of basic verbal and computational skills, unless the applicant held an Oregon educator license before 1985 or has a regionally-accredited master's degree; and

(b) Completion of continuing professional development in accordance with OAR 584-090.

Stat. Auth.: ORS 342

Stats. Implemented: ORS 342.120 - 342.430, 342.455 - 342.495 & 342.533

Hist.: TSPC 3-1999, f. & cert. ef. 7-15-99; TSPC 9-1999, f. & cert. ef. 11-22-99; TSPC 5-2004, f. & cert. ef. 8-25-04; TSPC 7-2008, f. & cert. ef. 8-20-08; TSPC 2-2009, f. & cert. ef. 3-12-09; TSPC 8-2009, f. & cert. ef. 12-15-09; TSPC 5-2010(Temp), f. & cert. ef. 8-13-10 thru 12-31-10; TSPC 9-2010, f. 12-15-10, cert. ef. 1-1-11; TSPC 3-2011, f. & cert. ef. 3-15-11; TSPC 5-2013, f. & cert. ef. 11-14-13

584-070-0012

Initial I School Counselor License

(1) Upon filing a correct and complete application in form and manner prescribed by the Commission, a qualified applicant may be granted an Initial I School Counselor License for three years.

(2) The Initial I School Counselor License is valid as designated for regular counseling at early childhood and elementary grade levels; at elementary and middle-level grade levels; or at middle and high school grade levels, or at all four levels.

(a) The license is also valid for substitute counseling at any level; and

(b) The license is also valid for substitute teaching at any level in any subject-matter area.

(3) To be eligible for an Initial I School Counselor License, an applicant must satisfy all of the following general preparation requirements:

(a) A master's or higher degree in counseling, education, or related behavioral sciences from a regionally accredited institution in the United States, or the foreign equivalent of such degree approved by the Commission and a bachelor's degree. A master's degree or a doctoral degree from a regionally accredited institution in the United States validates a non-regionally accredited bachelor's degree;

(b) Completion in Oregon or another U.S. jurisdiction, as part of the master's degree or separately, of an initial graduate program in school counseling at an institution approved for counselor education by the Commission;

(c) Receive a passing score as currently specified by the Commission on a test of basic verbal and computational skills;

(d) Obtain a passing score on a Commission-adopted test of knowledge of U.S. and Oregon civil rights laws and professional ethics; and

(e) Furnish fingerprints in the manner prescribed by the Commission and provide satisfactory responses to the character questions contained in the Commission's licensure application. (See also, OAR 584-036-0062 for Criminal Records Check Requirement.)

(4) The Initial I School Counselor License may be renewed two times for three years upon showing progress toward completion of the renewal requirements as described in OAR 584-070-0014 during the life of the Initial I School Counselor License under the following conditions:

(a) The progress must meet or exceed the equivalent of 3 semester hours or 4.5 quarter hours of graduate coursework germane to the license or directly germane to public school employment; and

(b) The educator must qualify for an Initial II School Counselor License upon expiration of nine years following the date the first Initial School Counselor License was issued; and

(c) If the Initial I School Counselor license was issued on the basis of an out-of-state nonprovisional license rather than completion of an Oregon-approved program; the educator must have completed any incomplete requirements in subsection (3) above.

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(6) School counselor licenses are authorized for grade levels as follows: early childhood and elementary (ECE/ELE); or middle-level and high school (ML/HS).

(a) Early childhood and elementary authorization is valid up through grade eight in any school.

(b) Middle level and high school authorization is valid in grades five through twelve in any school.

(c) The Initial I School Counselor License is authorized for either two or four grade authorization levels on the basis of professional education, experience, previous licensure, and specialized academic course work verified by one of the following:

(A) Evidence verified by an Oregon-approved School Counseling Program; or

(B) An out-of-state non-provisional School Counselor License valid for all grade levels;

(7) On an Initial I School Counselor License authorized for only two levels, the remaining pair of levels can be added prior to attainment of the Initial II School Counselor or the Continuing School Counselor License. The remaining levels will be added upon acquisition of practical experience in one of two ways:

(a) A school counseling practicum of four (4) semester hours or six (6) quarter hours at either or both of the paired new grade authorization levels, entailing a minimum of 200 clock hours, in an institution approved to prepare for those grade authorization levels; or

(b) One academic year at either or both of the paired new grade authorization levels as permitted in subsection (8) below.

(8) A counselor authorized for only one of the paired grade authorization levels may counsel in the remaining unauthorized grade levels for a period of not more than three years while pursuing authorization at the other paired authorization grade levels upon request for a License for Conditional Assignment pursuant to OAR 584-060-0250.

Stat. Auth.: ORS 342

Stats. Implemented: ORS 342.120 - 342.143, 342.153, 342.165, 342.223 - 342.232

Hist.: TSPC 2-2007, f. & cert. ef. 4-23-07; TSPC 5-2008, f. & cert. ef. 6-13-08; TSPC 3-2009(Temp), f. & cert. ef. 5-15-09 thru 11-11-09; Administrative correction 11-19-09; TSPC 8-2009, f. & cert. ef. 12-15-09; TSPC 5-2013, f. & cert. ef. 11-14-13

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Rule Caption: Makes housekeeping changes and eliminates obsolete language in Commission's licensure test rule.

Adm. Order No.: TSPC 6-2013

Filed with Sec. of State: 11-14-2013

Certified to be Effective: 11-14-13

Notice Publication Date: 6-1-2013

Rules Amended: 584-036-0080

Subject: Makes housekeeping changes and eliminates obsolete language in Commission's licensure test rule.

Rules Coordinator: Victoria Chamberlain—(503) 378-6813

584-036-0080

Licensure Tests

(1) Licensure tests are required to demonstrate subject-matter competency in most endorsement areas established by the Commission. Passage of Commission-approved basic skills tests is required for admission into Oregon educator preparation programs unless the candidate holds a master's degree from an accredited institution obtained prior to admission into any Oregon education preparation program.

(2) Out-of-State Applicants: Out-of-state applicants may present proof of passage of another state's subject-matter competency test for full subject-matter endorsement on an Oregon license under the following conditions:

(a) The area in which the test was passed is comparable to the subject-matter endorsement area adopted by the Commission and is not a basic skills test;

(b) The test was administered by either the former or current testing companies representing Evaluation Systems group of Pearson (ESP) or Education Testing Service (ETS);

(c)(A) A passing score on an out-of-state licensure test for subject-matter endorsement on the license results in waiver of a comparable Oregon adopted beginning-teacher licensure test if the subject-matter area covered by the out-of-state test is more similar than not to the Oregon test.

(B) The burden is on the applicant to provide alternate proof the test was taken and the score was a passing score in another state if the applicant is unable to produce an original score report. TSPC reserves the right to reject the alternate verification if the source of the score verification is not

a higher education institution or another public educator licensure agency; and

(d) Any subject-matter test, except the basic skills tests, may be waived if the applicant demonstrates special academic preparation satisfactory to the Commission together with five years of half-time or more experience teaching the specific subject matter on a license valid for the assignment in a public school or regionally accredited private school in a U.S. jurisdiction before holding any Oregon license. The five years of half-time or more experience must be acquired entirely outside of the State of Oregon and must be obtained while holding an unrestricted out-of-state license valid for the assignment. Teaching experience without a valid license does not count toward test waiver.

(3) An electronic score report submitted by the testing company administering the test at the applicant's request will be treated as an "original" score report. In all other cases, only the original score report, or an authentic facsimile will be accepted as validation of passing the required test. TSPC reserves the right to require the applicant to produce authentic evidence of passage of the test the applicant wishes to submit for consideration for test waiver.

(4) Other evidence documenting passage of a required test for licensure may be accepted at the executive director's discretion when exigent circumstances prohibit the educator from presenting an original score report. The executive director may submit the evidence and the decision to the Commission at the next meeting at the director's discretion in cases the director believes may need Commission review.

(5) Basic Skills Tests:

(a) To satisfy the basic skills testing requirements, the Commission will accept passing scores on the following tests:

(A) NES Essential Skills Tests — Evaluation Systems—Pearson (ESP)

(B) Any basic skills test currently approved or accepted by the California Commission on Teacher Credentialing (CTC);

(C) Any basic skills test current approved or accepted by the Washington Professional Educator Standards Board (WPESB);

(D) Any Education Testing Service (ETS) developed basic skills tests approved by the Commission.

(b) A regionally-accredited or foreign equivalent master's degree or higher held at the time of admission into an educator preparation program, waives the basic skills tests.

(c) An out-of-state applicant may waive the basic skills test with evidence of full out-of-state licensure and a master's degree from an accredited institution or foreign equivalent.

(d) Applicants submitting proof of a non-provisional California Teaching License will be deemed to have fulfilled the basic skills testing requirement.

(6) Applicants seeking endorsement in areas where the Commission has not adopted an approved test must complete coursework as required by the Commission. In the alternative, applicants may submit evidence of a passing score from another state's licensure test and evidence they held the endorsement on an out-of-state license in lieu of satisfying the Commission's required coursework.

(7) For situations not covered by these rules, the Commission grants the executive director the discretion to determine whether test scores or licenses submitted pursuant to this section meet the Commission's intent with regard to preventing unnecessary redundancy in completing licensure testing requirements.

Stat. Auth.: ORS 342

Stats. Implemented: ORS 342.120 - 342.430, 342.455-342.495 & 342.553

Hist.: TSPC 2-2007, f. & cert. ef. 4-23-07; TSPC 2-2009, f. & cert. ef. 3-12-09; TSPC 6-2010, f. & cert. ef. 8-31-10; TSPC 9-2012, f. & cert. ef. 9-14-12; TSPC 6-2013, f. & cert. ef. 11-14-13

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Veterinary Medical Examining Board Chapter 875

Rule Caption: Eliminates 30-day practice option for veterinarians and Certified Veterinary Technicians with inactive licenses.

Adm. Order No.: VMEB 2-2013

Filed with Sec. of State: 10-29-2013

Certified to be Effective: 10-29-13

Notice Publication Date: 7-1-2013

Rules Amended: 875-010-0026, 875-010-0090, 875-030-0025

Subject: Eliminates 30-day practice option for veterinarians and Certified Veterinary Technicians with inactive licenses; maintains inactive license fees at \$100 and \$25, respectively.

Rules Coordinator: Lori V. Makinen—(971) 673-0224

ADMINISTRATIVE RULES

875-010-0026

Intern, Active and Inactive Licenses

Upon approval of all required application materials, the applicant may then apply for an intern or active license to practice veterinary medicine in Oregon. License activation forms are available from the Board office or on its website.

(1) The intern or active license fee shall be \$150 annually.

(2) If the applicant has satisfactorily completed one year's experience in the United States or its territories or provinces, or in Canada, an active veterinary license will be issued and will expire on the next following December 31st. Licensee shall renew the license according to OAR 875-010-0065.

(3) If applicant has less than one year's experience, an Intern Permit (intern license) will be issued. The intern license will expire following the total number of days necessary to complete one year's practice experience, under supervision of an Oregon licensed veterinarian, pursuant to ORS 686.085 and OAR 875-010-0050:

(a) Upon completion of the internship, the intern may apply for an active license, pursuant to OAR 875-010-0065. Late fees up to \$150 will apply for each month the application is late if the intern has continued to practice veterinary medicine in Oregon after expiration of the intern license;

(b) The supervising veterinarian shall complete an experience verification form attesting that the intern has satisfactorily completed the internship and the intern shall submit this form with the application for an active license.

(4) An inactive license may be issued to any applicant who does not meet Continuing Education requirements. Inactive licensees shall not practice veterinary medicine in Oregon. The inactive license fee shall be \$100 annually.

Stat. Auth.: ORS 686.210

Stats. Implemented: ORS 686.095 & 686.255

Hist.: VMEB 1-2006, f. & cert. ef. 2-8-06; VMEB 1-2008, f. & cert. ef. 2-11-08; VMEB 1-2013, f. & cert. ef. 10-4-13; VMEB 2-2013, f. & cert. ef. 10-29-13

875-010-0090

Continuing Education Requirements (CE)

(1) All active licensees, including veterinarians and certified veterinary technicians, must comply with the CE provided in this rule in order to renew their licenses.

(2) "Inactive" veterinary and Certified Veterinary Technician licensees need not comply with Continuing Education requirements, and may renew their licenses in "inactive" status.

(3) Active licensees wishing to obtain a renewal of their license must complete the minimum required number of CE hours every two years. Veterinarians shall report 30 hours of CE to the Board with license renewals for every odd-numbered year. Certified veterinary technicians shall report 15 hours of CE to the Board for every even-numbered year beginning January 2008. The required hours may be satisfied with any combination of the following continuing education activities:

(a) Attendance at scientific workshops or seminars approved by the Board.

(b) A maximum of four hours for veterinarians or two hours for certified veterinary technicians reading approved scientific journals. One subscription to an approved journal is equal to one hour of credit.

(c) A maximum of six hours for veterinarians or three hours for certified veterinary technicians of workshops or seminars on non-scientific subjects relating to the practice of veterinary medicine such as communication skills, practice management, stress management, or chemical impairment.

(d) A maximum of 15 hours for veterinarians of audio or video recordings, electronic, computer or interactive materials or programs on scientific or non-scientific subjects, as set forth in subsection (3)(c) above, and prepared or sponsored by any of the organizations defined in subsection (4) below. The sponsor must supply written certification of course completion. Certified veterinary technicians may report all required 15 hours of required CE under the provisions of this subsection.

(4) Workshops, seminars, and prepared materials on scientific and non-scientific subjects relating to veterinary medicine sponsored by the following organizations are approved:

(a) American Veterinary Medical Association (AVMA) and Canadian Veterinary Medical Association (CVMA);

(b) Specialty and allied groups of the American Veterinary Medical Association and Canadian Veterinary Medical Association;

(c) Regional meetings such as the Inter-Mountain Veterinary Medical Association, Central Veterinary Conference, and Western Veterinary Conference;

(d) Any state or province veterinary medical association;

(e) Any local or regional veterinary medical association;

(f) The American Animal Hospital Association;

(g) American and Canadian Veterinary Schools accredited by the American Veterinary Medical Association;

(h) All state veterinary academies;

(i) Animal Medical Center, New York;

(j) Angel Memorial Medical Center;

(k) Other programs receiving prior approval by the Board;

(1) The Board may approve other sponsors for lectures or prepared materials upon written request by the attending veterinarian or the sponsor.

(5) The following scientific journals are approved by the Board to satisfy all or a portion of the two hours of non-lecture CE activities:

(a) Journal of the American Veterinary Medical Association;

(b) Journal of the Canadian Veterinary Medical Association;

(c) The Journal of Veterinary Research;

(d) Veterinary Medicine;

(e) Small Animal Clinician;

(f) Modern Veterinary Practice;

(g) Publications of the AVMA/CVMA Approved Constituent Specialty Groups;

(h) Compendium of Continuing Education;

(i) Journal of American Animal Hospital Association;

(j) Other publications approved in advance by the Board.

(6) Study in a graduate resident program at an AVMA-approved veterinary school will satisfy the CE requirements for the year in which the veterinarian is enrolled in such program.

(7) Reporting CE credits:

(a) At the time of making application for license renewal in years when CE reporting is required, the veterinarian shall certify on the application form that 30 hours of CE, and the veterinary technician shall certify on the application form that 15 hours of CE, as set forth in this rule have been satisfied. Proof of participation in such CE programs must be kept by the licensee for a period of at least two years, and the licensee must permit the Board or any of its agents or designees to inspect CE records. Any such failure to keep these records or produce them to the Board, its agents or designees shall constitute grounds for non-renewal of the license, or, if the license has been issued for that year, for revocation of the license;

(b) Proof of compliance with the CE requirement of this rule may be supplied through registration forms at lectures, certificates issued by the sponsors of lectures, subscriptions to journals, and other documentation approved by the Board.

(8) The Board may approve CE programs presented by non-veterinarians, if program content is pertinent or complementary to veterinary medicine.

Stat. Auth.: ORS 686.210

Stats. Implemented: ORS 686.410 - 686.420

Hist.: VMEB 1-2006, f. & cert. ef. 2-8-06; VMEB 2-2006, f. & cert. ef. 5-11-06; VMEB 1-2008, f. & cert. ef. 2-11-08; VMEB 2-2008(Temp), f. & cert. ef. 2-11-08 thru 8-9-08; Administrative correction 8-21-08; VMEB 13-2008, f. & cert. ef. 12-15-08; VMEB 1-2009, f. & cert. ef. 4-20-09; VMEB 2-2013, f. & cert. ef. 10-29-13

875-030-0025

Application for Certified Veterinary Technicians

(1) Applications for certification shall include:

(a) An application form available from the Board office signed by the applicant;

(b) The application fee of \$35, or \$25 for an inactive license, payable to the Board;

(c)(A) Copy of diploma or verification of impending graduation from school; or

(B) Proof of experience as required in OAR 875-030-0010(4).

(d) Completion of the Oregon Jurisprudence Exam and Regional Disease Test; and

(e) The VTNE score report if the examination was taken in another state.

(f) Letters of good standing from any other state the applicant is or has been licensed in as a veterinary technician.

(2) All applications for the VTNE, including those from applicants claiming on-the-job experience, must be made directly to the American Association of Veterinary State Boards (AAVSB, www.aavsb.org). Applicants referred to the Board from AAVSB will be evaluated on an individual basis according to the requirements of (2)(b), (c) and (d). The application fee for certification if the VTNE was taken in another state is \$25 payable to the Board.

(3) An inactive license may be issued to any applicant who does not meet Continuing Education requirements. An inactive licensee shall not

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practice as a Certified Veterinary Technician in Oregon. The inactive license fee shall be \$25 annually.

Stat. Auth.: ORS 686.210

Stats. Implemented: ORS 686.225 & 686.350 - 686.370

Hist.: VE 5, f. & ef. 8-3-76; VME 3-1983, f. & ef. 1-21-83; VME 2-1989, f. 8-29-89, cert. ef. 10-1-89; VME 1-1991, f. & cert. ef. 1-24-91; VME 3-1991, f. & cert. ef. 12-9-91; VME 3-1992, f. & cert. ef. 10-9-92; Renumbered from 875-010-0025; VMEB 1-2006, f. & cert. ef. 2-8-06; VMEB 2-2006, f. & cert. ef. 5-11-06; VMEB 3-2009, f. & cert. ef. 10-15-09; VMEB 2-2011, f. & cert. ef. 3-2-11; VMEB 1-2013, f. & cert. ef. 10-4-13; VMEB 2-2013, f. & cert. ef. 10-29-13

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123-094-0020	5-29-2013	Adopt(T)	7-1-2013	125-180-1200	12-17-2012	Adopt(T)	1-1-2013
123-094-0030	5-29-2013	Adopt(T)	7-1-2013	125-180-1300	12-17-2012	Adopt(T)	1-1-2013
123-094-0040	5-29-2013	Adopt(T)	7-1-2013	125-180-1400	12-17-2012	Adopt(T)	1-1-2013
123-095-0000	10-4-2013	Amend(T)	11-1-2013	125-180-1500	12-17-2012	Adopt(T)	1-1-2013
123-095-0010	10-4-2013	Amend(T)	11-1-2013	125-246-0100	12-1-2012	Amend	1-1-2013
123-095-0020	10-4-2013	Suspend	11-1-2013	125-246-0110	12-1-2012	Amend	1-1-2013
123-095-0030	10-4-2013	Amend(T)	11-1-2013	125-246-0165	12-1-2012	Amend	1-1-2013
123-095-0035	10-4-2013	Adopt(T)	11-1-2013	125-246-0170	12-1-2012	Amend	1-1-2013
123-095-0040	10-4-2013	Amend(T)	11-1-2013	125-246-0210	12-1-2012	Amend	1-1-2013
123-200-0005	9-3-2013	Am. & Ren.	10-1-2013	125-246-0220	12-1-2012	Amend	1-1-2013
123-200-0010	9-3-2013	Am. & Ren.	10-1-2013	125-246-0312	12-1-2012	Repeal	1-1-2013
123-200-0020	9-3-2013	Am. & Ren.	10-1-2013	125-246-0316	12-1-2012	Adopt	1-1-2013
123-200-0030	9-3-2013	Repeal	10-1-2013	125-246-0318	12-1-2012	Adopt	1-1-2013
123-200-0040	9-3-2013	Am. & Ren.	10-1-2013	125-246-0319	12-1-2012	Adopt	1-1-2013
123-200-0050	9-3-2013	Repeal	10-1-2013	125-246-0321	12-1-2012	Amend	1-1-2013
123-200-0060	9-3-2013	Repeal	10-1-2013	125-246-0322	12-1-2012	Amend	1-1-2013
123-200-0070	9-3-2013	Repeal	10-1-2013	125-246-0323	12-1-2012	Amend	1-1-2013
123-200-0080	9-3-2013	Repeal	10-1-2013	125-246-0333	12-1-2012	Amend	1-1-2013
123-200-0090	9-3-2013	Am. & Ren.	10-1-2013	125-246-0335	12-1-2012	Amend	1-1-2013
123-200-0100	9-3-2013	Repeal	10-1-2013	125-246-0345	12-1-2012	Amend	1-1-2013
123-200-0120	9-3-2013	Repeal	10-1-2013	125-246-0350	12-1-2012	Amend	1-1-2013
123-200-0130	9-3-2013	Repeal	10-1-2013	125-246-0351	12-1-2012	Amend	1-1-2013
123-200-0140	9-3-2013	Repeal	10-1-2013	125-246-0353	12-1-2012	Amend	1-1-2013
123-200-0150	9-3-2013	Repeal	10-1-2013	125-246-0360	12-1-2012	Amend	1-1-2013
123-200-0160	9-3-2013	Repeal	10-1-2013	125-246-0400	12-1-2012	Amend	1-1-2013
123-200-0170	9-3-2013	Repeal	10-1-2013	125-246-0410	12-1-2012	Repeal	1-1-2013
123-200-0180	9-3-2013	Am. & Ren.	10-1-2013	125-246-0420	12-1-2012	Repeal	1-1-2013
123-200-0190	9-3-2013	Am. & Ren.	10-1-2013	125-246-0430	12-1-2012	Repeal	1-1-2013
123-200-0200	9-3-2013	Repeal	10-1-2013	125-246-0440	12-1-2012	Repeal	1-1-2013
123-200-1400	9-3-2013	Adopt	10-1-2013	125-246-0450	12-1-2012	Repeal	1-1-2013
123-200-1500	9-3-2013	Adopt	10-1-2013	125-246-0460	12-1-2012	Repeal	1-1-2013
123-200-1600	9-3-2013	Adopt	10-1-2013	125-246-0470	12-1-2012	Repeal	1-1-2013
123-200-1700	9-3-2013	Adopt	10-1-2013	125-246-0500	12-1-2012	Amend	1-1-2013
123-200-1800	9-3-2013	Adopt	10-1-2013	125-246-0556	12-1-2012	Amend	1-1-2013
123-200-1900	9-3-2013	Adopt	10-1-2013	125-246-0560	12-1-2012	Repeal	1-1-2013
123-630-0000	10-15-2013	Amend(T)	11-1-2013	125-246-0576	12-1-2012	Amend	1-1-2013
123-630-0010	10-15-2013	Amend(T)	11-1-2013	125-246-0800	12-1-2012	Amend	1-1-2013
123-630-0020	10-15-2013	Amend(T)	11-1-2013	125-247-0100	12-1-2012	Amend	1-1-2013
123-630-0030	10-15-2013	Amend(T)	11-1-2013	125-247-0110	12-1-2012	Amend	1-1-2013
123-630-0040	10-15-2013	Amend(T)	11-1-2013	125-247-0165	12-1-2012	Amend	1-1-2013
123-630-0050	10-15-2013	Amend(T)	11-1-2013	125-247-0255	12-1-2012	Amend	1-1-2013
123-630-0070	10-15-2013	Amend(T)	11-1-2013	125-247-0260	12-1-2012	Amend	1-1-2013
123-630-0080	10-15-2013	Amend(T)	11-1-2013	125-247-0265	12-1-2012	Amend	1-1-2013
123-630-0090	10-15-2013	Amend(T)	11-1-2013	125-247-0270	12-1-2012	Amend	1-1-2013
123-630-0100	10-15-2013	Amend(T)	11-1-2013	125-247-0275	12-1-2012	Amend	1-1-2013

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125-247-0285	12-1-2012	Amend	1-1-2013	137-110-0110(T)	1-7-2013	Repeal	2-1-2013
125-247-0287	12-1-2012	Amend	1-1-2013	137-110-0200	1-7-2013	Adopt	2-1-2013
125-247-0288	12-1-2012	Amend	1-1-2013	137-110-0200	8-4-2013	Amend(T)	9-1-2013
125-247-0296	12-1-2012	Amend	1-1-2013	137-110-0200(T)	1-7-2013	Repeal	2-1-2013
125-247-0300	12-1-2012	Amend	1-1-2013	137-110-0210	1-7-2013	Adopt	2-1-2013
125-247-0330	12-1-2012	Amend	1-1-2013	137-110-0210	8-4-2013	Amend(T)	9-1-2013
125-247-0575	12-1-2012	Amend	1-1-2013	137-110-0210(T)	1-7-2013	Repeal	2-1-2013
125-247-0600	12-1-2012	Amend	1-1-2013	137-110-0300	8-4-2013	Adopt(T)	9-1-2013
125-247-0690	12-1-2012	Amend	1-1-2013	137-110-0410	1-7-2013	Adopt	2-1-2013
125-247-0700	12-1-2012	Amend	1-1-2013	137-110-0410	8-4-2013	Amend(T)	9-1-2013
125-247-0710	12-1-2012	Amend	1-1-2013	137-110-0410(T)	1-7-2013	Repeal	2-1-2013
125-247-0720	12-1-2012	Amend	1-1-2013	137-110-0420	1-7-2013	Adopt	2-1-2013
125-247-0731	12-1-2012	Amend	1-1-2013	137-110-0420	8-4-2013	Amend(T)	9-1-2013
125-247-0740	12-1-2012	Amend	1-1-2013	137-110-0420(T)	1-7-2013	Repeal	2-1-2013
125-247-0750	12-1-2012	Amend	1-1-2013	137-110-0430	1-7-2013	Adopt	2-1-2013
125-247-0760	12-1-2012	Amend	1-1-2013	137-110-0430	8-4-2013	Suspend	9-1-2013
125-247-0805	12-1-2012	Adopt	1-1-2013	137-110-0430(T)	1-7-2013	Repeal	2-1-2013
125-247-0810	12-1-2012	Adopt	1-1-2013	137-110-0500	1-7-2013	Adopt	2-1-2013
125-248-0100	12-1-2012	Amend	1-1-2013	137-110-0500	8-4-2013	Suspend	9-1-2013
125-248-0300	12-1-2012	Amend	1-1-2013	137-110-0500(T)	1-7-2013	Repeal	2-1-2013
125-249-0630	12-1-2012	Amend	1-1-2013	137-110-0510	1-7-2013	Adopt	2-1-2013
137-004-0900	1-2-2013	Adopt	2-1-2013	137-110-0510	8-4-2013	Suspend	9-1-2013
137-004-0900(T)	1-2-2013	Repeal	2-1-2013	137-110-0510(T)	1-7-2013	Repeal	2-1-2013
137-050-0700	7-1-2013	Amend	6-1-2013	137-110-0520	1-7-2013	Adopt	2-1-2013
137-050-0710	7-1-2013	Amend	6-1-2013	137-110-0520	8-4-2013	Suspend	9-1-2013
137-050-0715	7-1-2013	Amend	6-1-2013	137-110-0520(T)	1-7-2013	Repeal	2-1-2013
137-050-0720	7-1-2013	Amend	6-1-2013	137-110-0600	1-7-2013	Adopt	2-1-2013
137-050-0725	7-1-2013	Amend	6-1-2013	137-110-0600	8-4-2013	Amend(T)	9-1-2013
137-050-0730	7-1-2013	Amend	6-1-2013	137-110-0600(T)	1-7-2013	Repeal	2-1-2013
137-050-0735	7-1-2013	Amend	6-1-2013	137-110-0605	8-4-2013	Adopt(T)	9-1-2013
137-050-0740	7-1-2013	Amend	6-1-2013	137-110-0610	1-7-2013	Adopt	2-1-2013
137-050-0745	7-1-2013	Amend	6-1-2013	137-110-0610	8-4-2013	Amend(T)	9-1-2013
137-050-0750	7-1-2013	Amend	6-1-2013	137-110-0610	8-22-2013	Amend(T)	10-1-2013
137-050-0755	7-1-2013	Amend	6-1-2013	137-110-0610(T)	1-7-2013	Repeal	2-1-2013
137-050-0760	7-1-2013	Amend	6-1-2013	137-110-0620	1-7-2013	Adopt	2-1-2013
137-050-0765	7-1-2013	Amend	6-1-2013	137-110-0620	8-4-2013	Amend(T)	9-1-2013
137-055-2140	7-8-2013	Amend	8-1-2013	137-110-0620(T)	1-7-2013	Repeal	2-1-2013
137-055-2160	7-8-2013	Amend	8-1-2013	137-110-0630	1-7-2013	Adopt	2-1-2013
137-055-3340	7-1-2013	Repeal	6-1-2013	137-110-0630	8-4-2013	Amend(T)	9-1-2013
137-055-3420	7-8-2013	Amend	8-1-2013	137-110-0630(T)	1-7-2013	Repeal	2-1-2013
137-055-3430	7-8-2013	Amend	8-1-2013	137-110-0640	1-7-2013	Adopt	2-1-2013
137-055-4620	7-1-2013	Amend	6-1-2013	137-110-0640	8-4-2013	Amend(T)	9-1-2013
137-110-0001	1-7-2013	Adopt	2-1-2013	137-110-0640(T)	1-7-2013	Repeal	2-1-2013
137-110-0001	8-4-2013	Suspend	9-1-2013	137-110-0650	1-7-2013	Adopt	2-1-2013
137-110-0001(T)	1-7-2013	Repeal	2-1-2013	137-110-0650	8-4-2013	Amend(T)	9-1-2013
137-110-0005	1-7-2013	Adopt	2-1-2013	137-110-0650(T)	1-7-2013	Repeal	2-1-2013
137-110-0005	8-4-2013	Suspend	9-1-2013	137-110-0660	1-7-2013	Adopt	2-1-2013
137-110-0005(T)	1-7-2013	Repeal	2-1-2013	137-110-0660	8-4-2013	Suspend	9-1-2013
137-110-0010	1-7-2013	Adopt	2-1-2013	137-110-0660(T)	1-7-2013	Repeal	2-1-2013
137-110-0010	8-4-2013	Amend(T)	9-1-2013	137-110-0670	1-7-2013	Adopt	2-1-2013
137-110-0010(T)	1-7-2013	Repeal	2-1-2013	137-110-0670	8-4-2013	Amend(T)	9-1-2013
137-110-0020	1-7-2013	Adopt	2-1-2013	137-110-0670(T)	1-7-2013	Repeal	2-1-2013
137-110-0020	8-4-2013	Suspend	9-1-2013	137-120-0010	1-7-2013	Adopt	2-1-2013
137-110-0020(T)	1-7-2013	Repeal	2-1-2013	137-120-0010	8-4-2013	Suspend	9-1-2013
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137-120-0020	8-4-2013	Amend(T)	9-1-2013	150-316.871(3)	1-1-2013	Repeal	2-1-2013
137-120-0020(T)	1-7-2013	Repeal	2-1-2013	150-316.871(3)	3-28-2013	Repeal	5-1-2013
141-067-0310	3-1-2013	Amend	3-1-2013	150-316.873	1-1-2013	Repeal	2-1-2013
141-088-0055	9-1-2013	Adopt	9-1-2013	150-316.873	3-28-2013	Repeal	5-1-2013
141-088-0190	12-1-2013	Adopt	12-1-2013	150-316.874	1-1-2013	Repeal	2-1-2013
141-090-0005	1-1-2013	Amend	1-1-2013	150-316.874	3-28-2013	Repeal	5-1-2013
141-090-0010	1-1-2013	Amend	1-1-2013	150-316.876	1-1-2013	Repeal	2-1-2013
141-090-0015	1-1-2013	Amend	1-1-2013	150-316.876	3-28-2013	Repeal	5-1-2013
141-090-0020	1-1-2013	Amend	1-1-2013	150-316.877	1-1-2013	Repeal	2-1-2013
141-090-0025	1-1-2013	Amend	1-1-2013	150-316.877	3-28-2013	Repeal	5-1-2013
141-090-0030	1-1-2013	Amend	1-1-2013	150-316.878	1-1-2013	Repeal	2-1-2013
141-090-0032	1-1-2013	Amend	1-1-2013	150-316.878	3-28-2013	Repeal	5-1-2013
141-090-0035	1-1-2013	Amend	1-1-2013	150-316.879	1-1-2013	Repeal	2-1-2013
141-090-0040	1-1-2013	Amend	1-1-2013	150-316.879	3-28-2013	Repeal	5-1-2013
141-090-0045	1-1-2013	Amend	1-1-2013	150-316.882	1-1-2013	Repeal	2-1-2013
141-090-0050	1-1-2013	Amend	1-1-2013	150-316.882	3-28-2013	Repeal	5-1-2013
141-090-0055	1-1-2013	Amend	1-1-2013	150-316.884	1-1-2013	Repeal	2-1-2013
150-291.349	1-1-2013	Amend	2-1-2013	150-316.884	3-28-2013	Repeal	5-1-2013
150-291.349	3-28-2013	Amend	5-1-2013	150-323.160(1)	1-1-2013	Amend	2-1-2013
150-294.187	1-1-2013	Amend	2-1-2013	150-323.160(1)	3-28-2013	Amend	5-1-2013
150-294.187	3-28-2013	Amend	5-1-2013	150-323.160(2)	1-1-2013	Amend	2-1-2013
150-305.220(1)	1-1-2013	Amend	2-1-2013	150-323.160(2)	3-28-2013	Amend	5-1-2013
150-305.220(1)	3-28-2013	Amend	5-1-2013	150-323.220-(A)	1-1-2013	Amend	2-1-2013
150-305.220(2)	1-1-2013	Amend	2-1-2013	150-323.220-(B)	1-1-2013	Adopt	2-1-2013
150-305.220(2)	3-28-2013	Amend	5-1-2013	150-323.220(A)	3-28-2013	Amend	5-1-2013
150-305.265(14)-(A)	1-1-2013	Am. & Ren.	2-1-2013	150-323.220(B)	3-28-2013	Adopt	5-1-2013
150-305.265(14)-(A)	3-28-2013	Am. & Ren.	5-1-2013	150-457.440(9)	7-15-2013	Amend(T)	8-1-2013
150-305.796	1-1-2013	Adopt	2-1-2013	160-040-0100	8-1-2013	Amend	9-1-2013
150-305.796	3-28-2013	Adopt	5-1-2013	160-040-0101	8-1-2013	Amend	9-1-2013
150-306.115	1-1-2013	Amend	2-1-2013	160-040-0103	8-1-2013	Amend	9-1-2013
150-306.115	3-28-2013	Amend	5-1-2013	160-040-0104	8-1-2013	Amend	9-1-2013
150-306.115-(A)	1-1-2013	Amend	2-1-2013	160-040-0106	8-1-2013	Amend	9-1-2013
150-306.115-(A)	3-28-2013	Amend	5-1-2013	160-040-0107	8-1-2013	Amend	9-1-2013
150-306.115-(C)	1-1-2013	Amend	2-1-2013	160-040-0203	8-1-2013	Amend	9-1-2013
150-306.115-(C)	3-28-2013	Amend	5-1-2013	160-040-0204	8-1-2013	Amend	9-1-2013
150-309.110	1-1-2013	Repeal	2-1-2013	160-040-0300	8-1-2013	Amend	9-1-2013
150-309.110	3-28-2013	Repeal	5-1-2013	160-040-0301	8-1-2013	Amend	9-1-2013
150-311.668(1)(a)-(A)	1-1-2013	Repeal	2-1-2013	160-040-0302	8-1-2013	Amend	9-1-2013
150-311.668(1)(a)-(B)	1-1-2013	Repeal	2-1-2013	160-040-0304	8-1-2013	Amend	9-1-2013
150-311.668(1)(a)(A)	3-28-2013	Repeal	5-1-2013	160-040-0305	8-1-2013	Amend	9-1-2013
150-311.668(1)(a)(B)	3-28-2013	Repeal	5-1-2013	160-040-0306	8-1-2013	Amend	9-1-2013
150-311.670(1)	1-1-2013	Amend	2-1-2013	160-040-0307	8-1-2013	Amend	9-1-2013
150-311.670(1)	3-28-2013	Amend	5-1-2013	160-040-0310	8-1-2013	Amend	9-1-2013
150-311.679(10)	1-1-2013	Repeal	2-1-2013	160-040-0311	8-1-2013	Amend	9-1-2013
150-311.679(10)	3-28-2013	Repeal	5-1-2013	160-040-0312	8-1-2013	Amend	9-1-2013
150-311.684	1-1-2013	Amend	2-1-2013	160-040-0400	8-1-2013	Amend	9-1-2013
150-311.684	3-28-2013	Amend	5-1-2013	160-040-0401	8-1-2013	Amend	9-1-2013
150-311.706	1-1-2013	Repeal	2-1-2013	160-040-0402	8-1-2013	Amend	9-1-2013
150-311.706	3-28-2013	Repeal	5-1-2013	160-040-0501	8-1-2013	Amend	9-1-2013
150-311.706(1)	1-1-2013	Repeal	2-1-2013	160-040-0502	8-1-2013	Amend	9-1-2013
150-311.706(1)	3-28-2013	Repeal	5-1-2013	160-040-0503	8-1-2013	Amend	9-1-2013
150-311.806-(A)	1-1-2013	Amend	2-1-2013	160-040-0505	8-1-2013	Amend	9-1-2013
150-311.806-(A)	3-28-2013	Amend	5-1-2013	160-040-0506	8-1-2013	Amend	9-1-2013
150-314.781	1-1-2013	Amend	2-1-2013	160-100-0000	9-1-2013	Amend	10-1-2013
150-314.781	3-28-2013	Amend	5-1-2013	160-100-0010	9-1-2013	Amend	10-1-2013

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160-100-0040	9-1-2013	Amend	10-1-2013	161-006-0155	1-31-2013	Adopt	3-1-2013
160-100-0100	9-1-2013	Amend	10-1-2013	161-006-0160	1-31-2013	Amend	3-1-2013
160-100-0110	9-1-2013	Amend	10-1-2013	161-010-0010	1-31-2013	Amend	3-1-2013
160-100-0120	9-1-2013	Amend	10-1-2013	161-010-0020	1-31-2013	Amend	3-1-2013
160-100-0125	9-1-2013	Adopt	10-1-2013	161-010-0035	1-31-2013	Amend	3-1-2013
160-100-0130	9-1-2013	Amend	10-1-2013	161-010-0045	1-31-2013	Amend	3-1-2013
160-100-0140	9-1-2013	Amend	10-1-2013	161-010-0065	1-31-2013	Adopt	3-1-2013
160-100-0150	9-1-2013	Amend	10-1-2013	161-010-0080	1-31-2013	Amend	3-1-2013
160-100-0160	9-1-2013	Amend	10-1-2013	161-010-0080	7-1-2013	Amend(T)	8-1-2013
160-100-0170	9-1-2013	Amend	10-1-2013	161-010-0080	11-15-2013	Amend	12-1-2013
160-100-0200	9-1-2013	Amend	10-1-2013	161-010-0080(T)	11-15-2013	Repeal	12-1-2013
160-100-0210	9-1-2013	Amend	10-1-2013	161-015-0000	1-31-2013	Amend	3-1-2013
160-100-0220	9-1-2013	Amend	10-1-2013	161-015-0010	1-31-2013	Amend	3-1-2013
160-100-0230	9-1-2013	Amend	10-1-2013	161-015-0025	1-31-2013	Amend	3-1-2013
160-100-0240	9-1-2013	Amend	10-1-2013	161-015-0025	7-1-2013	Amend(T)	8-1-2013
160-100-0301	9-1-2013	Amend	10-1-2013	161-015-0025	11-15-2013	Amend	12-1-2013
160-100-0310	9-1-2013	Amend	10-1-2013	161-015-0025(T)	11-15-2013	Repeal	12-1-2013
160-100-0320	9-1-2013	Amend	10-1-2013	161-015-0030	1-31-2013	Amend	3-1-2013
160-100-0330	9-1-2013	Amend	10-1-2013	161-015-0030	7-1-2013	Amend(T)	8-1-2013
160-100-0340	9-1-2013	Amend	10-1-2013	161-015-0030	11-15-2013	Amend	12-1-2013
160-100-0350	9-1-2013	Amend	10-1-2013	161-015-0030(T)	11-15-2013	Repeal	12-1-2013
160-100-0360	9-1-2013	Amend	10-1-2013	161-020-0005	1-31-2013	Amend	3-1-2013
160-100-0400	9-1-2013	Amend	10-1-2013	161-020-0055	1-31-2013	Amend	3-1-2013
160-100-0410	9-1-2013	Amend	10-1-2013	161-020-0110	1-31-2013	Amend	3-1-2013
160-100-0420	9-1-2013	Amend	10-1-2013	161-025-0025	1-31-2013	Amend	3-1-2013
160-100-0430	9-1-2013	Amend	10-1-2013	161-025-0030	1-31-2013	Amend	3-1-2013
160-100-0500	9-1-2013	Amend	10-1-2013	161-025-0050	1-31-2013	Amend	3-1-2013
160-100-0510	9-1-2013	Amend	10-1-2013	161-025-0060	1-1-2014	Amend	12-1-2013
160-100-0600	9-1-2013	Amend	10-1-2013	161-050-0000	1-31-2013	Amend	3-1-2013
160-100-0610	9-1-2013	Amend	10-1-2013	161-050-0040	1-31-2013	Amend	3-1-2013
160-100-0620	9-1-2013	Amend	10-1-2013	161-050-0050	1-31-2013	Amend	3-1-2013
160-100-0700	9-1-2013	Amend	10-1-2013	161-050-0050	7-1-2013	Suspend	8-1-2013
160-100-1000	9-1-2013	Amend	10-1-2013	161-050-0050	11-15-2013	Repeal	12-1-2013
160-100-1010	9-1-2013	Amend	10-1-2013	161-510-0010	1-31-2013	Amend	3-1-2013
160-100-1020	9-1-2013	Amend	10-1-2013	161-510-0030	1-31-2013	Repeal	3-1-2013
160-100-1030	9-1-2013	Amend	10-1-2013	161-520-0010	1-31-2013	Amend	3-1-2013
160-100-1040	9-1-2013	Amend	10-1-2013	161-520-0030	1-31-2013	Amend	3-1-2013
160-100-1050	9-1-2013	Amend	10-1-2013	161-520-0035	1-31-2013	Adopt	3-1-2013
160-100-1060	9-1-2013	Amend	10-1-2013	161-520-0045	1-31-2013	Amend	3-1-2013
160-100-1070	9-1-2013	Amend	10-1-2013	161-520-0050	1-31-2013	Amend	3-1-2013
160-100-1080	9-1-2013	Amend	10-1-2013	161-530-0010	1-31-2013	Amend	3-1-2013
160-100-1090	9-1-2013	Amend	10-1-2013	161-570-0025	1-31-2013	Adopt	3-1-2013
160-100-1100	9-1-2013	Amend	10-1-2013	161-570-0030	1-31-2013	Amend	3-1-2013
160-100-1105	9-1-2013	Amend	10-1-2013	161-570-0045	1-31-2013	Repeal	3-1-2013
160-100-1110	9-1-2013	Amend	10-1-2013	161-570-0055	1-31-2013	Adopt	3-1-2013
160-100-1120	9-1-2013	Amend	10-1-2013	161-570-0060	1-31-2013	Adopt	3-1-2013
160-100-1130	9-1-2013	Amend	10-1-2013	162-050-0020	11-27-2012	Adopt	1-1-2013
160-100-1140	9-1-2013	Amend	10-1-2013	165-013-0010	2-4-2013	Amend	3-1-2013
160-100-1150	9-1-2013	Amend	10-1-2013	165-014-0100	11-8-2013	Amend	12-1-2013
161-002-0000	1-31-2013	Amend	3-1-2013	165-014-0110	11-8-2013	Amend	12-1-2013
161-002-0000	1-1-2014	Amend	12-1-2013	165-014-0148	7-10-2013	Adopt(T)	8-1-2013
161-003-0020	1-31-2013	Amend	3-1-2013	165-014-0270	11-8-2013	Amend	12-1-2013
161-006-0025	1-31-2013	Amend	3-1-2013	165-014-0280	11-8-2013	Amend	12-1-2013
161-006-0025	7-1-2013	Amend(T)	7-1-2013	165-018-0005	6-4-2013	Repeal	7-1-2013

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165-018-0015	6-4-2013	Repeal	7-1-2013	177-050-0002	2-1-2013	Amend(T)	3-1-2013
165-018-0020	6-4-2013	Repeal	7-1-2013	177-050-0002	7-1-2013	Amend	8-1-2013
165-018-0030	6-4-2013	Repeal	7-1-2013	177-050-0002(T)	7-1-2013	Repeal	8-1-2013
165-020-0050	6-4-2013	Amend	7-1-2013	177-050-0024	2-1-2013	Amend(T)	3-1-2013
165-020-0060	6-4-2013	Repeal	7-1-2013	177-050-0024	7-1-2013	Amend	8-1-2013
165-020-0440	11-29-2012	Adopt	1-1-2013	177-050-0024(T)	7-1-2013	Repeal	8-1-2013
165-020-2032	3-19-2013	Adopt(T)	5-1-2013	177-050-0025	2-1-2013	Amend(T)	3-1-2013
166-500-0020	10-10-2013	Amend	11-1-2013	177-050-0025	7-1-2013	Amend	8-1-2013
170-040-0020	4-2-2013	Amend	5-1-2013	177-050-0025(T)	7-1-2013	Repeal	8-1-2013
170-040-0030	4-2-2013	Amend	5-1-2013	177-050-0100	2-1-2013	Amend(T)	3-1-2013
170-040-0040	4-2-2013	Amend	5-1-2013	177-050-0100	7-1-2013	Amend	8-1-2013
170-040-0050	4-2-2013	Amend	5-1-2013	177-050-0100(T)	7-1-2013	Repeal	8-1-2013
170-040-0070	4-2-2013	Amend	5-1-2013	177-051-0000	2-1-2013	Amend(T)	3-1-2013
170-040-0080	4-2-2013	Amend	5-1-2013	177-051-0000	7-1-2013	Amend	8-1-2013
170-040-0090	4-2-2013	Amend	5-1-2013	177-051-0000(T)	7-1-2013	Repeal	8-1-2013
170-040-0100	4-2-2013	Amend	5-1-2013	177-051-0010	2-1-2013	Amend(T)	3-1-2013
170-040-0110	4-2-2013	Amend	5-1-2013	177-051-0010	7-1-2013	Amend	8-1-2013
170-061-0015	12-14-2012	Amend(T)	1-1-2013	177-051-0010(T)	7-1-2013	Repeal	8-1-2013
170-061-0015	4-24-2013	Amend	6-1-2013	177-051-0030	2-1-2013	Amend(T)	3-1-2013
170-062-0000	11-19-2012	Amend(T)	1-1-2013	177-051-0030	7-1-2013	Amend	8-1-2013
173-006-0005	7-1-2013	Amend(T)	7-1-2013	177-051-0030(T)	7-1-2013	Repeal	8-1-2013
173-008-0005	7-1-2013	Amend(T)	7-1-2013	177-051-0030(T)	7-1-2013	Repeal	8-1-2013
177-010-0003	2-1-2013	Amend(T)	3-1-2013	177-051-0035	2-1-2013	Amend(T)	3-1-2013
177-010-0003	7-1-2013	Amend	8-1-2013	177-051-0035	7-1-2013	Amend	8-1-2013
177-010-0003(T)	7-1-2013	Repeal	8-1-2013	177-051-0035	7-1-2013	Amend	8-1-2013
177-010-0003(T)	7-1-2013	Repeal	8-1-2013	177-051-0035(T)	7-1-2013	Repeal	8-1-2013
177-040-0017	1-1-2013	Amend	2-1-2013	177-051-0040	2-1-2013	Amend(T)	3-1-2013
177-040-0050	2-1-2013	Amend(T)	3-1-2013	177-051-0040	7-1-2013	Amend	8-1-2013
177-040-0050	7-1-2013	Amend	8-1-2013	177-051-0040(T)	7-1-2013	Repeal	8-1-2013
177-040-0050(T)	7-1-2013	Repeal	8-1-2013	177-051-0120	2-1-2013	Amend(T)	3-1-2013
177-040-0050(T)	7-1-2013	Repeal	8-1-2013	177-051-0120	7-1-2013	Amend	8-1-2013
177-040-0200	2-1-2013	Amend(T)	3-1-2013	177-051-0120(T)	7-1-2013	Repeal	8-1-2013
177-040-0200	7-1-2013	Amend	8-1-2013	177-051-0130	2-1-2013	Amend(T)	3-1-2013
177-040-0200	7-1-2013	Amend	8-1-2013	177-051-0130	7-1-2013	Amend	8-1-2013
177-040-0200(T)	7-1-2013	Repeal	8-1-2013	177-051-0130(T)	7-1-2013	Repeal	8-1-2013
177-040-0200(T)	7-1-2013	Repeal	8-1-2013	177-052-0000	2-1-2013	Amend(T)	3-1-2013
177-046-0015	2-1-2013	Amend(T)	3-1-2013	177-052-0000	7-1-2013	Amend	8-1-2013
177-046-0015	7-1-2013	Amend	8-1-2013	177-052-0000(T)	7-1-2013	Repeal	8-1-2013
177-046-0015(T)	7-1-2013	Repeal	8-1-2013	177-052-0010	2-1-2013	Amend(T)	3-1-2013
177-046-0015(T)	7-1-2013	Repeal	8-1-2013	177-052-0010	7-1-2013	Amend	8-1-2013
177-046-0080	2-1-2013	Amend(T)	3-1-2013	177-052-0010	7-1-2013	Amend	8-1-2013
177-046-0080	7-1-2013	Amend	8-1-2013	177-052-0010(T)	7-1-2013	Repeal	8-1-2013
177-046-0080(T)	7-1-2013	Repeal	8-1-2013	177-052-0020	2-1-2013	Amend(T)	3-1-2013
177-046-0080(T)	7-1-2013	Repeal	8-1-2013	177-052-0020	7-1-2013	Amend	8-1-2013
177-046-0100	2-1-2013	Amend(T)	3-1-2013	177-052-0020	7-1-2013	Amend	8-1-2013
177-046-0100	7-1-2013	Amend	8-1-2013	177-052-0020(T)	7-1-2013	Repeal	8-1-2013
177-046-0100(T)	7-1-2013	Repeal	8-1-2013	177-052-0030	2-1-2013	Amend(T)	3-1-2013
177-046-0100(T)	7-1-2013	Repeal	8-1-2013	177-052-0030	7-1-2013	Amend	8-1-2013
177-046-0110	2-1-2013	Amend(T)	3-1-2013	177-052-0030	7-1-2013	Amend	8-1-2013
177-046-0110	7-1-2013	Amend	8-1-2013	177-052-0030(T)	7-1-2013	Repeal	8-1-2013
177-046-0110(T)	7-1-2013	Repeal	8-1-2013	177-052-0040	2-1-2013	Amend(T)	3-1-2013
177-046-0110(T)	7-1-2013	Repeal	8-1-2013	177-052-0040	7-1-2013	Amend	8-1-2013
177-046-0140	2-1-2013	Amend(T)	3-1-2013	177-052-0040	7-1-2013	Amend	8-1-2013
177-046-0140	7-1-2013	Amend	8-1-2013	177-052-0040(T)	7-1-2013	Repeal	8-1-2013
177-046-0140(T)	7-1-2013	Repeal	8-1-2013	177-052-0050	2-1-2013	Amend(T)	3-1-2013

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177-052-0050	7-1-2013	Amend	8-1-2013	250-020-0280	5-8-2013	Amend(T)	6-1-2013
177-052-0050	7-1-2013	Amend	8-1-2013	250-020-0280	6-28-2013	Amend	8-1-2013
177-052-0050(T)	7-1-2013	Repeal	8-1-2013	250-020-0280	7-1-2013	Amend(T)	8-1-2013
177-052-0060	2-1-2013	Amend(T)	3-1-2013	250-020-0280	7-1-2013	Amend(T)	8-1-2013
177-052-0060	7-1-2013	Amend	8-1-2013	250-020-0280(T)	6-28-2013	Repeal	8-1-2013
177-052-0060	7-1-2013	Amend	8-1-2013	250-030-0030	11-1-2013	Amend	12-1-2013
177-052-0060(T)	7-1-2013	Repeal	8-1-2013	255-030-0010	3-1-2013	Amend	4-1-2013
177-052-0070	2-1-2013	Amend(T)	3-1-2013	255-030-0013	3-1-2013	Amend	4-1-2013
177-052-0070	7-1-2013	Amend	8-1-2013	255-030-0021	3-1-2013	Amend	4-1-2013
177-052-0070	7-1-2013	Amend	8-1-2013	255-030-0023	3-1-2013	Amend	4-1-2013
177-052-0070(T)	7-1-2013	Repeal	8-1-2013	255-030-0024	3-1-2013	Amend	4-1-2013
177-070-0005	2-1-2013	Amend(T)	3-1-2013	255-030-0025	3-1-2013	Amend	4-1-2013
177-070-0005	7-1-2013	Amend	8-1-2013	255-030-0025	6-10-2013	Amend	7-1-2013
177-070-0005	7-1-2013	Amend	8-1-2013	255-030-0026	3-1-2013	Amend	4-1-2013
177-070-0005(T)	7-1-2013	Repeal	8-1-2013	255-030-0026	6-10-2013	Amend	7-1-2013
177-075-0040	8-29-2013	Amend(T)	10-1-2013	255-030-0027	3-1-2013	Amend	4-1-2013
177-085-0005	10-1-2013	Amend	11-1-2013	255-030-0032	3-1-2013	Amend	4-1-2013
177-085-0020	10-1-2013	Amend	11-1-2013	255-030-0035	3-1-2013	Amend	4-1-2013
177-085-0025	10-1-2013	Amend	11-1-2013	255-030-0040	3-1-2013	Amend	4-1-2013
177-085-0035	10-1-2013	Amend	11-1-2013	255-030-0046	3-1-2013	Adopt	4-1-2013
177-085-0050	10-1-2013	Amend	11-1-2013	255-030-0055	3-1-2013	Amend	4-1-2013
177-085-0065	10-1-2013	Amend	11-1-2013	255-060-0011	6-25-2013	Amend	8-1-2013
177-094-0080	12-16-2012	Amend	1-1-2013	255-060-0016	6-25-2013	Amend	8-1-2013
177-094-0080(T)	12-16-2012	Repeal	1-1-2013	255-062-0016	2-15-2013	Amend	3-1-2013
177-094-0085	12-16-2012	Amend	1-1-2013	259-005-0015	4-1-2013	Amend	5-1-2013
177-094-0085(T)	12-16-2012	Repeal	1-1-2013	259-008-0005	12-27-2012	Amend	2-1-2013
177-098-0010	10-19-2013	Amend	11-1-2013	259-008-0010	7-23-2013	Amend	9-1-2013
177-098-0020	10-19-2013	Amend	11-1-2013	259-008-0011	7-23-2013	Amend	9-1-2013
177-098-0030	10-19-2013	Amend	11-1-2013	259-008-0025	3-8-2013	Amend	4-1-2013
177-098-0040	10-19-2013	Amend	11-1-2013	259-008-0025	6-25-2013	Amend	8-1-2013
177-098-0050	10-19-2013	Amend	11-1-2013	259-008-0060	12-27-2012	Amend	2-1-2013
177-098-0060	10-19-2013	Amend	11-1-2013	259-008-0064	12-27-2012	Amend	2-1-2013
177-098-0110	10-19-2013	Amend	11-1-2013	259-008-0065	12-27-2012	Amend	2-1-2013
213-017-0005	8-7-2013	Amend(T)	9-1-2013	259-008-0066	12-27-2012	Amend	2-1-2013
213-017-0006	8-7-2013	Amend(T)	9-1-2013	259-008-0067	6-5-2013	Amend(T)	7-1-2013
213-017-0008	8-7-2013	Amend(T)	9-1-2013	259-008-0067	9-23-2013	Amend	11-1-2013
213-017-0009	8-7-2013	Amend(T)	9-1-2013	259-008-0067(T)	9-23-2013	Repeal	11-1-2013
213-018-0012	8-7-2013	Adopt(T)	9-1-2013	259-008-0070	12-14-2012	Amend(T)	1-1-2013
213-018-0013	8-7-2013	Adopt(T)	9-1-2013	259-008-0070	1-22-2013	Amend	3-1-2013
213-018-0036	8-7-2013	Adopt(T)	9-1-2013	259-008-0070	9-23-2013	Amend	11-1-2013
213-019-0008	8-7-2013	Amend(T)	9-1-2013	259-008-0070(T)	1-22-2013	Repeal	3-1-2013
230-020-0002	4-15-2013	Amend(T)	5-1-2013	259-008-0075	6-24-2013	Amend	8-1-2013
230-020-0002	7-10-2013	Amend(T)	8-1-2013	259-008-0075	7-23-2013	Amend	9-1-2013
230-020-0002	11-5-2013	Amend	12-1-2013	259-008-0076	12-27-2012	Amend	2-1-2013
230-020-0330	2-21-2013	Amend	4-1-2013	259-008-0080	7-23-2013	Amend	9-1-2013
230-020-0330	7-10-2013	Amend(T)	8-1-2013	259-008-0100	6-24-2013	Amend	8-1-2013
230-020-0330	7-10-2013	Amend(T)	8-1-2013	259-009-0000	10-3-2013	Amend	11-1-2013
230-020-0330	11-5-2013	Amend	12-1-2013	259-009-0005	3-26-2013	Amend	5-1-2013
230-020-0330(T)	11-5-2013	Repeal	12-1-2013	259-009-0005	10-3-2013	Amend	11-1-2013
250-014-0001	1-1-2014	Amend	12-1-2013	259-009-0010	10-3-2013	Amend	11-1-2013
250-014-0002	1-1-2014	Amend	12-1-2013	259-009-0020	10-3-2013	Amend	11-1-2013
250-014-0003	1-1-2014	Amend	12-1-2013	259-009-0025	10-3-2013	Amend	11-1-2013
250-014-0005	1-1-2014	Amend	12-1-2013	259-009-0030	10-3-2013	Repeal	11-1-2013
250-020-0141	4-1-2013	Amend	5-1-2013	259-009-0035	10-3-2013	Amend	11-1-2013
250-020-0221	4-12-2013	Amend(T)	5-1-2013	259-009-0059	10-3-2013	Amend	11-1-2013
250-020-0221	11-1-2013	Amend	12-1-2013	259-009-0062	3-26-2013	Amend	5-1-2013

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259-009-0062	10-3-2013	Amend	11-1-2013	274-020-0280	7-23-2013	Amend(T)	9-1-2013
259-009-0063	10-3-2013	Amend	11-1-2013	274-020-0280(T)	11-15-2013	Suspend	12-1-2013
259-009-0065	10-3-2013	Amend	11-1-2013	274-020-0285	7-23-2013	Amend(T)	9-1-2013
259-009-0067	10-3-2013	Amend	11-1-2013	274-020-0290	7-23-2013	Amend(T)	9-1-2013
259-009-0070	3-26-2013	Amend	5-1-2013	274-020-0290(T)	11-15-2013	Suspend	12-1-2013
259-009-0070	10-3-2013	Amend	11-1-2013	274-020-0348	7-23-2013	Amend(T)	9-1-2013
259-009-0080	3-26-2013	Amend	5-1-2013	274-030-0625	7-24-2013	Adopt(T)	9-1-2013
259-009-0085	10-3-2013	Amend	11-1-2013	274-030-0625(T)	11-15-2013	Suspend	12-1-2013
259-009-0087	10-3-2013	Amend	11-1-2013	274-030-0630	7-24-2013	Amend(T)	9-1-2013
259-009-0090	10-3-2013	Amend	11-1-2013	274-042-0005	9-9-2013	Adopt(T)	10-1-2013
259-009-0100	10-3-2013	Amend	11-1-2013	274-042-0005	9-20-2013	Adopt(T)	11-1-2013
259-012-0005	1-24-2013	Amend	3-1-2013	274-042-0010	9-9-2013	Adopt(T)	10-1-2013
259-015-0000	1-30-2013	Repeal	3-1-2013	274-042-0010	9-20-2013	Adopt(T)	11-1-2013
259-015-0005	1-30-2013	Repeal	3-1-2013	274-042-0015	9-9-2013	Adopt(T)	10-1-2013
259-015-0010	1-30-2013	Repeal	3-1-2013	274-042-0015	9-20-2013	Adopt(T)	11-1-2013
259-020-0010	12-26-2012	Amend	2-1-2013	274-042-0020	9-9-2013	Adopt(T)	10-1-2013
259-020-0015	12-26-2012	Amend	2-1-2013	274-042-0020	9-20-2013	Adopt(T)	11-1-2013
259-020-0030	12-26-2012	Amend	2-1-2013	274-042-0025	9-9-2013	Adopt(T)	10-1-2013
259-020-0031	12-26-2012	Repeal	2-1-2013	274-042-0025	9-20-2013	Adopt(T)	11-1-2013
259-060-0010	12-24-2012	Amend	2-1-2013	274-042-0030	9-9-2013	Adopt(T)	10-1-2013
259-060-0010	6-24-2013	Amend	8-1-2013	274-042-0030	9-20-2013	Adopt(T)	11-1-2013
259-060-0015	12-24-2012	Amend	2-1-2013	274-042-0035	9-9-2013	Adopt(T)	10-1-2013
259-060-0015	6-24-2013	Amend	8-1-2013	274-042-0035	9-20-2013	Adopt(T)	11-1-2013
259-060-0020	6-24-2013	Amend	8-1-2013	274-042-0040	9-9-2013	Adopt(T)	10-1-2013
259-060-0020	9-23-2013	Amend	11-1-2013	274-042-0040	9-20-2013	Adopt(T)	11-1-2013
259-060-0025	6-24-2013	Amend	8-1-2013	274-045-0001	7-8-2013	Amend	8-1-2013
259-060-0030	6-24-2013	Amend	8-1-2013	274-045-0001	7-23-2013	Amend(T)	9-1-2013
259-060-0060	6-24-2013	Amend	8-1-2013	291-009-0005	8-20-2013	Amend	10-1-2013
259-060-0090	6-24-2013	Amend	8-1-2013	291-009-0010	8-20-2013	Amend	10-1-2013
259-060-0120	6-24-2013	Amend	8-1-2013	291-009-0015	8-20-2013	Amend	10-1-2013
259-060-0135	6-24-2013	Amend	8-1-2013	291-013-0010	6-21-2013	Amend	8-1-2013
259-060-0300	6-24-2013	Amend	8-1-2013	291-013-0055	6-21-2013	Amend	8-1-2013
259-060-0450	6-24-2013	Amend	8-1-2013	291-013-0070	6-21-2013	Amend	8-1-2013
259-060-0500	6-24-2013	Amend	8-1-2013	291-013-0104	6-21-2013	Amend	8-1-2013
259-060-0600	12-26-2012	Amend	2-1-2013	291-013-0110	6-21-2013	Amend	8-1-2013
259-061-0010	1-2-2013	Amend	2-1-2013	291-013-0130	6-21-2013	Amend	8-1-2013
259-061-0015	1-2-2013	Repeal	2-1-2013	291-013-0140	6-21-2013	Amend	8-1-2013
259-061-0020	1-2-2013	Amend	2-1-2013	291-013-0206	6-21-2013	Amend	8-1-2013
259-061-0020	6-24-2013	Amend	8-1-2013	291-013-0215	6-21-2013	Amend	8-1-2013
259-061-0030	1-2-2013	Repeal	2-1-2013	291-022-0105	10-23-2013	Amend	12-1-2013
259-061-0050	1-2-2013	Repeal	2-1-2013	291-022-0115	10-23-2013	Amend	12-1-2013
259-061-0055	1-2-2013	Repeal	2-1-2013	291-022-0125	10-23-2013	Amend	12-1-2013
259-061-0060	1-2-2013	Repeal	2-1-2013	291-022-0130	10-23-2013	Amend	12-1-2013
259-061-0070	1-2-2013	Repeal	2-1-2013	291-022-0140	10-23-2013	Repeal	12-1-2013
259-061-0080	1-2-2013	Repeal	2-1-2013	291-022-0150	10-23-2013	Amend	12-1-2013
259-061-0090	1-2-2013	Repeal	2-1-2013	291-022-0160	10-23-2013	Amend	12-1-2013
259-070-0020	12-24-2012	Amend	2-1-2013	291-022-0161	10-23-2013	Amend	12-1-2013
274-001-0005	5-15-2013	Amend	6-1-2013	291-022-0162	10-23-2013	Amend	12-1-2013
274-010-0100	7-8-2013	Amend	8-1-2013	291-022-0170	10-23-2013	Amend	12-1-2013
274-012-0001	7-8-2013	Amend	8-1-2013	291-022-0190	10-23-2013	Amend	12-1-2013
274-015-0010	7-9-2013	Amend(T)	8-1-2013	291-022-0200	10-23-2013	Amend	12-1-2013
274-015-0010	8-30-2013	Amend(T)	10-1-2013	291-022-0210	10-23-2013	Amend	12-1-2013
274-015-0010(T)	8-30-2013	Suspend	10-1-2013	291-053-0010	1-17-2013	Amend	3-1-2013
274-020-0200	7-8-2013	Amend	8-1-2013	291-053-0075	1-17-2013	Amend	3-1-2013
274-020-0200	7-23-2013	Amend(T)	9-1-2013	291-053-0085	1-17-2013	Amend	3-1-2013

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291-053-0105	1-17-2013	Amend	3-1-2013	291-097-0220	12-28-2012	Adopt(T)	2-1-2013
291-053-0115	1-17-2013	Amend	3-1-2013	291-097-0220	6-1-2013	Adopt	7-1-2013
291-053-0125	1-17-2013	Amend	3-1-2013	291-097-0220(T)	6-1-2013	Repeal	7-1-2013
291-053-0135	1-17-2013	Amend	3-1-2013	291-097-0225	12-28-2012	Adopt(T)	2-1-2013
291-055-0019	10-23-2013	Amend(T)	12-1-2013	291-097-0225	6-1-2013	Adopt	7-1-2013
291-078-0005	2-28-2013	Amend	4-1-2013	291-097-0225(T)	6-1-2013	Repeal	7-1-2013
291-078-0005(T)	2-28-2013	Repeal	4-1-2013	291-097-0230	12-28-2012	Adopt(T)	2-1-2013
291-078-0010	2-28-2013	Amend	4-1-2013	291-097-0230	6-1-2013	Adopt	7-1-2013
291-078-0010(T)	2-28-2013	Repeal	4-1-2013	291-097-0230(T)	6-1-2013	Repeal	7-1-2013
291-078-0020	2-28-2013	Amend	4-1-2013	291-097-0235	12-28-2012	Adopt(T)	2-1-2013
291-078-0020(T)	2-28-2013	Repeal	4-1-2013	291-097-0235	6-1-2013	Adopt	7-1-2013
291-078-0026	2-28-2013	Adopt	4-1-2013	291-097-0235(T)	6-1-2013	Repeal	7-1-2013
291-078-0026(T)	2-28-2013	Repeal	4-1-2013	291-097-0240(T)	6-1-2013	Repeal	7-1-2013
291-078-0031	2-28-2013	Adopt	4-1-2013	291-097-0245	12-28-2012	Adopt(T)	2-1-2013
291-078-0031(T)	2-28-2013	Repeal	4-1-2013	291-097-0245	6-1-2013	Adopt	7-1-2013
291-078-0045	11-1-2013	Repeal	12-1-2013	291-097-0245(T)	6-1-2013	Repeal	7-1-2013
291-093-0005	4-15-2013	Amend	5-1-2013	291-097-0250(T)	6-1-2013	Repeal	7-1-2013
291-097-0005	12-28-2012	Am. & Ren.(T)	2-1-2013	291-097-0255(T)	6-1-2013	Repeal	7-1-2013
291-097-0005	6-1-2013	Am. & Ren.	7-1-2013	291-097-0260(T)	6-1-2013	Repeal	7-1-2013
291-097-0010	12-28-2012	Am. & Ren.(T)	2-1-2013	291-097-0265(T)	6-1-2013	Repeal	7-1-2013
291-097-0010	6-1-2013	Am. & Ren.	7-1-2013	291-097-0270(T)	6-1-2013	Repeal	7-1-2013
291-097-0015	12-28-2012	Am. & Ren.(T)	2-1-2013	291-097-0275(T)	6-1-2013	Repeal	7-1-2013
291-097-0015	6-1-2013	Am. & Ren.	7-1-2013	291-097-0280(T)	6-1-2013	Repeal	7-1-2013
291-097-0020	12-28-2012	Am. & Ren.(T)	2-1-2013	291-097-0285(T)	6-1-2013	Repeal	7-1-2013
291-097-0020	6-1-2013	Am. & Ren.	7-1-2013	291-097-0290(T)	6-1-2013	Repeal	7-1-2013
291-097-0023	12-28-2012	Suspend	2-1-2013	291-097-0295(T)	6-1-2013	Repeal	7-1-2013
291-097-0023	6-1-2013	Repeal	7-1-2013	291-097-0300(T)	6-1-2013	Repeal	7-1-2013
291-097-0025	12-28-2012	Am. & Ren.(T)	2-1-2013	291-097-0305(T)	6-1-2013	Repeal	7-1-2013
291-097-0025	6-1-2013	Am. & Ren.	7-1-2013	291-104-0111	4-15-2013	Amend	5-1-2013
291-097-0030	12-28-2012	Am. & Ren.(T)	2-1-2013	291-104-0111	10-23-2013	Amend(T)	12-1-2013
291-097-0030	6-1-2013	Am. & Ren.	7-1-2013	291-123-0005	11-1-2013	Amend	12-1-2013
291-097-0031	12-28-2012	Suspend	2-1-2013	291-123-0010	11-1-2013	Amend	12-1-2013
291-097-0031	6-1-2013	Repeal	7-1-2013	291-123-0015	11-1-2013	Amend	12-1-2013
291-097-0040	12-28-2012	Am. & Ren.(T)	2-1-2013	291-130-0006	2-22-2013	Amend	4-1-2013
291-097-0040	6-1-2013	Am. & Ren.	7-1-2013	291-130-0006(T)	2-22-2013	Repeal	4-1-2013
291-097-0050	12-28-2012	Am. & Ren.(T)	2-1-2013	291-130-0011	2-22-2013	Amend	4-1-2013
291-097-0050	6-1-2013	Am. & Ren.	7-1-2013	291-130-0011(T)	2-22-2013	Repeal	4-1-2013
291-097-0060	12-28-2012	Am. & Ren.(T)	2-1-2013	291-130-0016	2-22-2013	Amend	4-1-2013
291-097-0060	6-1-2013	Am. & Ren.	7-1-2013	291-130-0020	2-22-2013	Amend	4-1-2013
291-097-0070	12-28-2012	Am. & Ren.(T)	2-1-2013	291-130-0020(T)	2-22-2013	Repeal	4-1-2013
291-097-0070	6-1-2013	Am. & Ren.	7-1-2013	291-130-0080	2-22-2013	Amend	4-1-2013
291-097-0080	12-28-2012	Am. & Ren.(T)	2-1-2013	291-130-0080(T)	2-22-2013	Repeal	4-1-2013
291-097-0080	6-1-2013	Am. & Ren.	7-1-2013	291-153-0005	8-29-2013	Amend	10-1-2013
291-097-0090	12-28-2012	Am. & Ren.(T)	2-1-2013	291-153-0020	8-29-2013	Amend	10-1-2013
291-097-0090	6-1-2013	Am. & Ren.	7-1-2013	291-153-0025	8-29-2013	Adopt	10-1-2013
291-097-0100	12-28-2012	Am. & Ren.(T)	2-1-2013	291-200-0010	11-1-2013	Amend	12-1-2013
291-097-0100	6-1-2013	Am. & Ren.	7-1-2013	291-200-0020	11-1-2013	Amend	12-1-2013
291-097-0120	12-28-2012	Am. & Ren.(T)	2-1-2013	291-200-0030	11-1-2013	Amend	12-1-2013
291-097-0120	6-1-2013	Am. & Ren.	7-1-2013	291-207-0100	1-1-2013	Adopt	2-1-2013
291-097-0130	12-28-2012	Am. & Ren.(T)	2-1-2013	309-011-0024	12-28-2012	Adopt	2-1-2013
291-097-0130	6-1-2013	Am. & Ren.	7-1-2013	309-011-0026	12-28-2012	Adopt	2-1-2013
291-097-0140	12-28-2012	Am. & Ren.(T)	2-1-2013	309-011-0028	12-28-2012	Adopt	2-1-2013
291-097-0140	6-1-2013	Am. & Ren.	7-1-2013	309-011-0030	12-28-2012	Adopt	2-1-2013
291-097-0200(T)	6-1-2013	Repeal	7-1-2013	309-011-0032	12-28-2012	Adopt	2-1-2013
291-097-0210(T)	6-1-2013	Repeal	7-1-2013	309-011-0034	12-28-2012	Adopt	2-1-2013

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309-011-0036	12-28-2012	Adopt	2-1-2013	309-019-0140	8-9-2013	Adopt(T)	9-1-2013
309-011-0120	12-28-2012	Amend	2-1-2013	309-019-0145	8-9-2013	Adopt(T)	9-1-2013
309-011-0125	12-28-2012	Amend	2-1-2013	309-019-0150	8-9-2013	Adopt(T)	9-1-2013
309-011-0130	12-28-2012	Amend	2-1-2013	309-019-0155	8-9-2013	Adopt(T)	9-1-2013
309-011-0135	12-28-2012	Repeal	2-1-2013	309-019-0160	8-9-2013	Adopt(T)	9-1-2013
309-011-0140	12-28-2012	Renumber	2-1-2013	309-019-0165	8-9-2013	Adopt(T)	9-1-2013
309-016-0605	6-5-2013	Amend	7-1-2013	309-019-0170	8-9-2013	Adopt(T)	9-1-2013
309-016-0801	9-23-2013	Adopt	11-1-2013	309-019-0175	8-9-2013	Adopt(T)	9-1-2013
309-016-0806	9-23-2013	Adopt	11-1-2013	309-019-0180	8-9-2013	Adopt(T)	9-1-2013
309-016-0811	9-23-2013	Adopt	11-1-2013	309-019-0185	8-9-2013	Adopt(T)	9-1-2013
309-016-0816	9-23-2013	Adopt	11-1-2013	309-019-0190	8-9-2013	Adopt(T)	9-1-2013
309-016-0821	9-23-2013	Adopt	11-1-2013	309-019-0195	8-9-2013	Adopt(T)	9-1-2013
309-016-0825	1-7-2013	Adopt(T)	2-1-2013	309-019-0200	8-9-2013	Adopt(T)	9-1-2013
309-016-0825	6-5-2013	Adopt	7-1-2013	309-019-0205	8-9-2013	Adopt(T)	9-1-2013
309-016-0825(T)	6-5-2013	Repeal	7-1-2013	309-019-0210	8-9-2013	Adopt(T)	9-1-2013
309-016-0830	6-5-2013	Adopt	7-1-2013	309-019-0215	8-9-2013	Adopt(T)	9-1-2013
309-016-0835	6-5-2013	Adopt	7-1-2013	309-019-0220	8-9-2013	Adopt(T)	9-1-2013
309-016-0837	6-5-2013	Adopt	7-1-2013	309-022-0100	8-9-2013	Adopt(T)	9-1-2013
309-016-0840	6-5-2013	Adopt	7-1-2013	309-022-0105	8-9-2013	Adopt(T)	9-1-2013
309-016-0845	6-5-2013	Adopt	7-1-2013	309-022-0110	8-9-2013	Adopt(T)	9-1-2013
309-016-0850	6-5-2013	Adopt	7-1-2013	309-022-0115	8-9-2013	Adopt(T)	9-1-2013
309-016-0855	6-5-2013	Adopt	7-1-2013	309-022-0120	8-9-2013	Adopt(T)	9-1-2013
309-018-0100	8-9-2013	Adopt(T)	9-1-2013	309-022-0125	8-9-2013	Adopt(T)	9-1-2013
309-018-0105	8-9-2013	Adopt(T)	9-1-2013	309-022-0130	8-9-2013	Adopt(T)	9-1-2013
309-018-0110	8-9-2013	Adopt(T)	9-1-2013	309-022-0135	8-9-2013	Adopt(T)	9-1-2013
309-018-0115	8-9-2013	Adopt(T)	9-1-2013	309-022-0140	8-9-2013	Adopt(T)	9-1-2013
309-018-0120	8-9-2013	Adopt(T)	9-1-2013	309-022-0145	8-9-2013	Adopt(T)	9-1-2013
309-018-0125	8-9-2013	Adopt(T)	9-1-2013	309-022-0150	8-9-2013	Adopt(T)	9-1-2013
309-018-0130	8-9-2013	Adopt(T)	9-1-2013	309-022-0155	8-9-2013	Adopt(T)	9-1-2013
309-018-0135	8-9-2013	Adopt(T)	9-1-2013	309-022-0160	8-9-2013	Adopt(T)	9-1-2013
309-018-0140	8-9-2013	Adopt(T)	9-1-2013	309-022-0165	8-9-2013	Adopt(T)	9-1-2013
309-018-0145	8-9-2013	Adopt(T)	9-1-2013	309-022-0170	8-9-2013	Adopt(T)	9-1-2013
309-018-0150	8-9-2013	Adopt(T)	9-1-2013	309-022-0175	8-9-2013	Adopt(T)	9-1-2013
309-018-0155	8-9-2013	Adopt(T)	9-1-2013	309-022-0180	8-9-2013	Adopt(T)	9-1-2013
309-018-0160	8-9-2013	Adopt(T)	9-1-2013	309-022-0185	8-9-2013	Adopt(T)	9-1-2013
309-018-0165	8-9-2013	Adopt(T)	9-1-2013	309-022-0190	8-9-2013	Adopt(T)	9-1-2013
309-018-0170	8-9-2013	Adopt(T)	9-1-2013	309-022-0192	8-9-2013	Adopt(T)	9-1-2013
309-018-0175	8-9-2013	Adopt(T)	9-1-2013	309-022-0195	8-9-2013	Adopt(T)	9-1-2013
309-018-0180	8-9-2013	Adopt(T)	9-1-2013	309-022-0200	8-9-2013	Adopt(T)	9-1-2013
309-018-0185	8-9-2013	Adopt(T)	9-1-2013	309-022-0205	8-9-2013	Adopt(T)	9-1-2013
309-018-0190	8-9-2013	Adopt(T)	9-1-2013	309-022-0210	8-9-2013	Adopt(T)	9-1-2013
309-018-0195	8-9-2013	Adopt(T)	9-1-2013	309-022-0215	8-9-2013	Adopt(T)	9-1-2013
309-018-0200	8-9-2013	Adopt(T)	9-1-2013	309-022-0220	8-9-2013	Adopt(T)	9-1-2013
309-018-0205	8-9-2013	Adopt(T)	9-1-2013	309-022-0225	8-9-2013	Adopt(T)	9-1-2013
309-018-0210	8-9-2013	Adopt(T)	9-1-2013	309-022-0230	8-9-2013	Adopt(T)	9-1-2013
309-018-0215	8-9-2013	Adopt(T)	9-1-2013	309-032-1500	8-9-2013	Suspend	9-1-2013
309-018-0220	8-9-2013	Adopt(T)	9-1-2013	309-032-1505	2-11-2013	Amend(T)	3-1-2013
309-018-0225	8-9-2013	Adopt(T)	9-1-2013	309-032-1505	8-9-2013	Suspend	9-1-2013
309-019-0100	8-9-2013	Adopt(T)	9-1-2013	309-032-1510	2-11-2013	Amend(T)	3-1-2013
309-019-0105	8-9-2013	Adopt(T)	9-1-2013	309-032-1510	8-9-2013	Suspend	9-1-2013
309-019-0110	8-9-2013	Adopt(T)	9-1-2013	309-032-1515	8-9-2013	Suspend	9-1-2013
309-019-0115	8-9-2013	Adopt(T)	9-1-2013	309-032-1520	8-9-2013	Suspend	9-1-2013
309-019-0120	8-9-2013	Adopt(T)	9-1-2013	309-032-1525	2-11-2013	Amend(T)	3-1-2013
309-019-0125	8-9-2013	Adopt(T)	9-1-2013	309-032-1525	8-9-2013	Suspend	9-1-2013
309-019-0130	8-9-2013	Adopt(T)	9-1-2013	309-032-1530	2-11-2013	Amend(T)	3-1-2013
309-019-0135	8-9-2013	Adopt(T)	9-1-2013	309-032-1530	8-9-2013	Suspend	9-1-2013

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309-032-1535	8-9-2013	Suspend	9-1-2013	330-070-0029	1-1-2013	Amend	2-1-2013
309-032-1540	2-11-2013	Amend(T)	3-1-2013	330-070-0040	1-1-2013	Amend	2-1-2013
309-032-1540	8-9-2013	Suspend	9-1-2013	330-070-0045	1-1-2013	Amend	2-1-2013
309-032-1545	8-9-2013	Suspend	9-1-2013	330-070-0048	1-1-2013	Amend	2-1-2013
309-032-1550	8-9-2013	Suspend	9-1-2013	330-070-0055	1-1-2013	Amend	2-1-2013
309-032-1555	8-9-2013	Suspend	9-1-2013	330-070-0059	1-1-2013	Amend	2-1-2013
309-032-1560	8-9-2013	Suspend	9-1-2013	330-070-0060	1-1-2013	Amend	2-1-2013
309-032-1565	8-9-2013	Suspend	9-1-2013	330-070-0062	1-1-2013	Amend	2-1-2013
309-034-0400	8-9-2013	Suspend	9-1-2013	330-070-0063	1-1-2013	Amend	2-1-2013
309-034-0410	8-9-2013	Suspend	9-1-2013	330-070-0064	1-1-2013	Amend	2-1-2013
309-034-0420	8-9-2013	Suspend	9-1-2013	330-070-0070	1-1-2013	Amend	2-1-2013
309-034-0430	8-9-2013	Suspend	9-1-2013	330-070-0073	1-1-2013	Amend	2-1-2013
309-034-0440	8-9-2013	Suspend	9-1-2013	330-070-0089	1-1-2013	Amend	2-1-2013
309-034-0450	8-9-2013	Suspend	9-1-2013	330-070-0091	1-1-2013	Amend	2-1-2013
309-034-0460	8-9-2013	Suspend	9-1-2013	330-090-0133	5-13-2013	Amend	6-1-2013
309-034-0470	8-9-2013	Suspend	9-1-2013	330-090-0140	11-16-2012	Amend(T)	1-1-2013
309-034-0480	8-9-2013	Suspend	9-1-2013	330-090-0140	5-13-2013	Amend	6-1-2013
309-034-0490	8-9-2013	Suspend	9-1-2013	330-090-0140(T)	5-13-2013	Repeal	6-1-2013
309-034-0500	8-9-2013	Suspend	9-1-2013	330-090-0150	5-13-2013	Amend	6-1-2013
309-039-0700	6-5-2013	Repeal	7-1-2013	330-090-0150	10-2-2013	Amend	11-1-2013
309-039-0710	6-5-2013	Repeal	7-1-2013	330-090-0160	11-16-2012	Amend(T)	1-1-2013
309-039-0720	6-5-2013	Repeal	7-1-2013	330-090-0160	5-13-2013	Amend	6-1-2013
309-039-0730	6-5-2013	Repeal	7-1-2013	330-090-0160(T)	5-13-2013	Repeal	6-1-2013
309-039-0740	6-5-2013	Repeal	7-1-2013	330-110-0005	12-20-2012	Amend	2-1-2013
309-039-0750	6-5-2013	Repeal	7-1-2013	330-110-0010	12-20-2012	Amend	2-1-2013
309-039-0760	6-5-2013	Repeal	7-1-2013	330-110-0015	12-20-2012	Amend	2-1-2013
309-039-0770	6-5-2013	Repeal	7-1-2013	330-110-0016	12-20-2012	Amend	2-1-2013
309-039-0780	6-5-2013	Repeal	7-1-2013	330-110-0020	12-20-2012	Repeal	2-1-2013
309-039-0790	6-5-2013	Repeal	7-1-2013	330-110-0025	12-20-2012	Amend	2-1-2013
309-090-0005	12-26-2012	Amend	2-1-2013	330-110-0030	12-20-2012	Amend	2-1-2013
309-090-0025	12-26-2012	Amend	2-1-2013	330-110-0035	12-20-2012	Amend	2-1-2013
309-112-0000	1-23-2013	Amend(T)	3-1-2013	330-110-0036	12-20-2012	Amend	2-1-2013
309-112-0005	1-23-2013	Amend(T)	3-1-2013	330-110-0040	12-20-2012	Amend	2-1-2013
309-112-0010	1-23-2013	Amend(T)	3-1-2013	330-110-0040	6-17-2013	Amend(T)	8-1-2013
309-112-0015	1-23-2013	Amend(T)	3-1-2013	330-110-0042	12-20-2012	Amend	2-1-2013
309-112-0017	1-23-2013	Amend(T)	3-1-2013	330-110-0045	12-20-2012	Amend	2-1-2013
309-112-0020	1-23-2013	Amend(T)	3-1-2013	330-110-0046	12-20-2012	Adopt	2-1-2013
309-112-0025	1-23-2013	Amend(T)	3-1-2013	330-110-0047	12-20-2012	Adopt	2-1-2013
309-112-0030	1-23-2013	Amend(T)	3-1-2013	330-110-0048	12-20-2012	Adopt	2-1-2013
309-112-0035	1-23-2013	Amend(T)	3-1-2013	330-110-0050	12-20-2012	Repeal	2-1-2013
309-114-0000	10-29-2013	Amend(T)	12-1-2013	330-110-0055	12-20-2012	Amend	2-1-2013
309-114-0010	10-29-2013	Amend(T)	12-1-2013	330-135-0010	1-1-2013	Amend	2-1-2013
309-114-0020	10-29-2013	Amend(T)	12-1-2013	330-135-0015	1-1-2013	Amend	2-1-2013
325-005-0015	4-25-2013	Amend	6-1-2013	330-135-0018	1-1-2013	Adopt	2-1-2013
325-005-0015	7-3-2013	Amend	8-1-2013	330-135-0020	1-1-2013	Amend	2-1-2013
330-070-0010	1-1-2013	Amend	2-1-2013	330-135-0025	1-1-2013	Amend	2-1-2013
330-070-0013	1-1-2013	Amend	2-1-2013	330-135-0030	1-1-2013	Amend	2-1-2013
330-070-0014	1-1-2013	Amend	2-1-2013	330-135-0035	1-1-2013	Amend	2-1-2013
330-070-0019	1-1-2013	Amend	2-1-2013	330-135-0040	1-1-2013	Amend	2-1-2013
330-070-0020	1-1-2013	Amend	2-1-2013	330-135-0045	1-1-2013	Amend	2-1-2013
330-070-0021	1-1-2013	Amend	2-1-2013	330-135-0047	1-1-2013	Adopt	2-1-2013
330-070-0022	1-1-2013	Amend	2-1-2013	330-135-0048	1-1-2013	Adopt	2-1-2013
330-070-0024	1-1-2013	Amend	2-1-2013	330-135-0050	1-1-2013	Amend	2-1-2013
330-070-0025	1-1-2013	Amend	2-1-2013	330-135-0055	1-1-2013	Amend	2-1-2013
330-070-0026	1-1-2013	Amend	2-1-2013	330-200-0040	10-2-2013	Amend	11-1-2013

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330-220-0040	10-2-2013	Amend	11-1-2013	331-900-0085	1-16-2013	Amend	3-1-2013
330-225-0040	10-2-2013	Amend	11-1-2013	331-900-0090	1-16-2013	Amend	3-1-2013
331-405-0020	7-1-2013	Amend	8-1-2013	331-900-0095	1-16-2013	Amend	3-1-2013
331-405-0030	7-1-2013	Am. & Ren.	8-1-2013	331-900-0097	1-16-2013	Amend	3-1-2013
331-405-0045	7-1-2013	Repeal	8-1-2013	331-900-0098	1-16-2013	Amend	3-1-2013
331-407-0000	7-1-2013	Am. & Ren.	8-1-2013	331-900-0105	1-16-2013	Amend	3-1-2013
331-410-0010	7-1-2013	Repeal	8-1-2013	331-900-0115	1-16-2013	Amend	3-1-2013
331-410-0012	7-1-2013	Adopt	8-1-2013	331-900-0120	1-16-2013	Amend	3-1-2013
331-410-0015	7-1-2013	Adopt	8-1-2013	331-900-0125	1-16-2013	Amend	3-1-2013
331-410-0020	7-1-2013	Amend	8-1-2013	331-900-0130	1-16-2013	Amend	3-1-2013
331-410-0025	7-1-2013	Adopt	8-1-2013	331-905-0000	1-16-2013	Amend	3-1-2013
331-410-0030	7-1-2013	Amend	8-1-2013	331-905-0000	4-1-2013	Amend(T)	5-1-2013
331-410-0035	7-1-2013	Adopt	8-1-2013	331-905-0000	7-1-2013	Amend	8-1-2013
331-410-0040	7-1-2013	Repeal	8-1-2013	331-905-0005	1-16-2013	Amend	3-1-2013
331-410-0045	7-1-2013	Adopt	8-1-2013	331-905-0005	4-1-2013	Amend(T)	5-1-2013
331-410-0050	7-1-2013	Amend	8-1-2013	331-905-0005	7-1-2013	Amend	8-1-2013
331-410-0055	7-1-2013	Adopt	8-1-2013	331-905-0010	1-16-2013	Amend	3-1-2013
331-410-0060	7-1-2013	Amend	8-1-2013	331-905-0010	4-1-2013	Amend(T)	5-1-2013
331-410-0065	7-1-2013	Amend	8-1-2013	331-905-0010	7-1-2013	Amend	8-1-2013
331-410-0080	7-1-2013	Amend	8-1-2013	331-905-0011	1-16-2013	Amend(T)	3-1-2013
331-410-0090	7-1-2013	Amend	8-1-2013	331-905-0011	3-15-2013	Amend	4-1-2013
331-415-0000	7-1-2013	Repeal	8-1-2013	331-905-0012	1-16-2013	Amend	3-1-2013
331-415-0010	7-1-2013	Amend	8-1-2013	331-905-0013	1-16-2013	Amend(T)	3-1-2013
331-415-0020	7-1-2013	Amend	8-1-2013	331-905-0013	3-15-2013	Amend	4-1-2013
331-420-0000	7-1-2013	Amend	8-1-2013	331-905-0014	1-16-2013	Amend	3-1-2013
331-420-0010	7-1-2013	Amend	8-1-2013	331-905-0015	1-16-2013	Amend	3-1-2013
331-420-0020	7-1-2013	Amend	8-1-2013	331-905-0025	1-16-2013	Amend	3-1-2013
331-425-0010	7-1-2013	Repeal	8-1-2013	331-905-0035	1-16-2013	Amend	3-1-2013
331-430-0030	7-1-2013	Amend	8-1-2013	331-905-0040	1-16-2013	Amend	3-1-2013
331-440-0000	8-23-2013	Amend(T)	10-1-2013	331-905-0040	4-1-2013	Amend(T)	5-1-2013
331-705-0072	6-1-2013	Repeal	7-1-2013	331-905-0040	7-1-2013	Amend	8-1-2013
331-705-0080	4-1-2013	Amend(T)	4-1-2013	331-905-0045	1-16-2013	Amend	3-1-2013
331-705-0080	6-1-2013	Amend	7-1-2013	331-905-0050	1-16-2013	Amend	3-1-2013
331-710-0040	6-1-2013	Repeal	7-1-2013	331-905-0050	4-1-2013	Amend(T)	5-1-2013
331-710-0050	4-1-2013	Amend	4-1-2013	331-905-0050	7-1-2013	Amend	8-1-2013
331-710-0080	11-19-2012	Amend(T)	1-1-2013	331-905-0052	1-16-2013	Amend	3-1-2013
331-710-0080	4-1-2013	Amend	4-1-2013	331-905-0055	1-16-2013	Amend	3-1-2013
331-710-0090	11-19-2012	Amend(T)	1-1-2013	331-905-0058	1-16-2013	Amend	3-1-2013
331-710-0090	4-1-2013	Amend	4-1-2013	331-905-0060	1-16-2013	Amend	3-1-2013
331-718-0020	11-19-2012	Amend(T)	1-1-2013	331-905-0070	4-1-2013	Suspend	5-1-2013
331-718-0020	4-1-2013	Amend	4-1-2013	331-905-0070	7-1-2013	Repeal	9-1-2013
331-900-0000	1-16-2013	Amend	3-1-2013	331-905-0075	1-16-2013	Amend	3-1-2013
331-900-0005	1-16-2013	Amend	3-1-2013	331-905-0080	1-16-2013	Amend	3-1-2013
331-900-0010	1-16-2013	Amend	3-1-2013	331-905-0080	4-1-2013	Amend(T)	5-1-2013
331-900-0020	1-16-2013	Amend(T)	3-1-2013	331-905-0080	7-1-2013	Amend	8-1-2013
331-900-0020	3-15-2013	Amend	4-1-2013	331-905-0085	1-16-2013	Amend	3-1-2013
331-900-0025	1-16-2013	Amend(T)	3-1-2013	331-905-0090	1-16-2013	Amend	3-1-2013
331-900-0025	3-15-2013	Amend	4-1-2013	331-905-0095	1-16-2013	Amend	3-1-2013
331-900-0035	1-16-2013	Amend	3-1-2013	331-905-0100	1-16-2013	Amend	3-1-2013
331-900-0040	1-16-2013	Amend	3-1-2013	331-905-0105	1-16-2013	Amend	3-1-2013
331-900-0050	1-16-2013	Amend(T)	3-1-2013	331-905-0110	1-16-2013	Amend	3-1-2013
331-900-0050	3-15-2013	Amend	4-1-2013	331-905-0115	1-16-2013	Amend	3-1-2013
331-900-0055	1-16-2013	Amend(T)	3-1-2013	331-905-0120	1-16-2013	Amend	3-1-2013
331-900-0055	3-15-2013	Amend	4-1-2013	331-910-0010	1-16-2013	Amend	3-1-2013
331-900-0065	1-16-2013	Amend	3-1-2013	331-910-0025	1-16-2013	Amend	3-1-2013

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331-910-0050	1-16-2013	Amend	3-1-2013	333-004-0050	12-26-2012	Amend	2-1-2013
331-910-0060	1-16-2013	Amend	3-1-2013	333-004-0060	12-26-2012	Amend	2-1-2013
331-910-0070	1-16-2013	Amend	3-1-2013	333-004-0070	12-26-2012	Amend	2-1-2013
331-910-0080	1-16-2013	Amend	3-1-2013	333-004-0080	12-26-2012	Amend	2-1-2013
331-910-0085	1-16-2013	Amend	3-1-2013	333-004-0100	12-26-2012	Amend	2-1-2013
331-915-0000	1-16-2013	Amend	3-1-2013	333-004-0110	12-26-2012	Amend	2-1-2013
331-915-0015	1-16-2013	Amend	3-1-2013	333-004-0120	12-26-2012	Amend	2-1-2013
331-915-0020	1-16-2013	Amend	3-1-2013	333-004-0130	12-26-2012	Amend	2-1-2013
331-915-0025	1-16-2013	Amend	3-1-2013	333-004-0140	12-26-2012	Amend	2-1-2013
331-915-0035	1-16-2013	Amend	3-1-2013	333-004-0150	12-26-2012	Amend	2-1-2013
331-915-0050	1-16-2013	Amend	3-1-2013	333-004-0160	12-26-2012	Amend	2-1-2013
331-915-0055	1-16-2013	Amend	3-1-2013	333-004-0170	12-26-2012	Repeal	2-1-2013
331-915-0060	1-16-2013	Amend	3-1-2013	333-004-0180	12-26-2012	Repeal	2-1-2013
331-915-0065	1-16-2013	Amend	3-1-2013	333-004-0190	12-26-2012	Repeal	2-1-2013
331-915-0070	1-16-2013	Amend	3-1-2013	333-004-0200	12-26-2012	Adopt	2-1-2013
331-915-0075	1-16-2013	Amend	3-1-2013	333-004-0210	12-26-2012	Adopt	2-1-2013
331-915-0080	1-16-2013	Amend	3-1-2013	333-004-0220	12-26-2012	Adopt	2-1-2013
331-915-0085	1-16-2013	Amend	3-1-2013	333-004-0230	12-26-2012	Adopt	2-1-2013
331-920-0000	1-16-2013	Amend	3-1-2013	333-008-0020	10-2-2013	Amend(T)	11-1-2013
331-920-0005	1-16-2013	Amend	3-1-2013	333-008-0090	1-1-2013	Amend	2-1-2013
331-925-0000	1-16-2013	Amend	3-1-2013	333-010-0400	2-4-2013	Adopt	3-1-2013
331-925-0005	1-16-2013	Amend	3-1-2013	333-010-0405	2-4-2013	Adopt	3-1-2013
331-925-0010	1-16-2013	Amend	3-1-2013	333-010-0410	2-4-2013	Adopt	3-1-2013
331-925-0015	1-16-2013	Amend	3-1-2013	333-010-0415	2-4-2013	Adopt	3-1-2013
331-925-0020	1-16-2013	Amend	3-1-2013	333-010-0420	2-4-2013	Adopt	3-1-2013
331-925-0025	1-16-2013	Amend	3-1-2013	333-010-0425	2-4-2013	Adopt	3-1-2013
331-925-0030	1-16-2013	Amend	3-1-2013	333-010-0430	2-4-2013	Adopt	3-1-2013
331-925-0035	1-16-2013	Amend	3-1-2013	333-010-0435	2-4-2013	Adopt	3-1-2013
331-925-0040	1-16-2013	Amend	3-1-2013	333-010-0440	2-4-2013	Adopt	3-1-2013
331-925-0050	1-16-2013	Amend	3-1-2013	333-010-0445	2-4-2013	Adopt	3-1-2013
331-940-0000	7-1-2013	Amend(T)	7-1-2013	333-010-0450	2-4-2013	Adopt	3-1-2013
331-940-0000	7-9-2013	Amend	8-1-2013	333-010-0455	2-4-2013	Adopt	3-1-2013
331-950-0010	1-16-2013	Amend	3-1-2013	333-010-0460	2-4-2013	Adopt	3-1-2013
331-950-0020	1-16-2013	Amend	3-1-2013	333-010-0465	2-4-2013	Adopt	3-1-2013
331-950-0040	1-16-2013	Amend	3-1-2013	333-010-0470	2-4-2013	Adopt	3-1-2013
332-020-0010	7-12-2013	Amend(T)	8-1-2013	333-012-0260	2-4-2013	Repeal	3-1-2013
333-002-0300	2-4-2013	Adopt(T)	3-1-2013	333-012-0262	2-4-2013	Repeal	3-1-2013
333-002-0305	2-4-2013	Adopt(T)	3-1-2013	333-012-0264	2-4-2013	Repeal	3-1-2013
333-002-0310	2-4-2013	Adopt(T)	3-1-2013	333-012-0265	2-4-2013	Repeal	3-1-2013
333-002-0315	2-4-2013	Adopt(T)	3-1-2013	333-012-0266	2-4-2013	Repeal	3-1-2013
333-002-0320	2-4-2013	Adopt(T)	3-1-2013	333-012-0267	2-4-2013	Repeal	3-1-2013
333-002-0325	2-4-2013	Adopt(T)	3-1-2013	333-012-0268	2-4-2013	Repeal	3-1-2013
333-002-0327	2-4-2013	Adopt(T)	3-1-2013	333-012-0269	2-4-2013	Repeal	3-1-2013
333-002-0340	2-4-2013	Adopt(T)	3-1-2013	333-012-0270	2-4-2013	Repeal	3-1-2013
333-002-0345	2-4-2013	Adopt(T)	3-1-2013	333-012-0280	2-4-2013	Am. & Ren.	3-1-2013
333-002-0350	2-4-2013	Adopt(T)	3-1-2013	333-012-0290	2-4-2013	Am. & Ren.	3-1-2013
333-002-0355	2-4-2013	Adopt(T)	3-1-2013	333-012-0300	2-4-2013	Renumber	3-1-2013
333-002-0360	2-4-2013	Adopt(T)	3-1-2013	333-012-0310	2-4-2013	Renumber	3-1-2013
333-002-0370	2-4-2013	Adopt(T)	3-1-2013	333-012-0320	2-4-2013	Renumber	3-1-2013
333-002-0375	2-4-2013	Adopt(T)	3-1-2013	333-012-0330	2-4-2013	Renumber	3-1-2013
333-002-0380	2-4-2013	Adopt(T)	3-1-2013	333-012-0340	2-4-2013	Am. & Ren.	3-1-2013
333-004-0000	12-26-2012	Amend	2-1-2013	333-012-0350	2-4-2013	Renumber	3-1-2013
333-004-0010	12-26-2012	Amend	2-1-2013	333-012-0360	2-4-2013	Renumber	3-1-2013
333-004-0020	12-26-2012	Amend	2-1-2013	333-012-0370	2-4-2013	Renumber	3-1-2013
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333-022-0200	2-4-2013	Adopt	3-1-2013	333-054-0010	12-1-2013	Amend	12-1-2013
333-022-0205	2-4-2013	Adopt	3-1-2013	333-054-0020	12-1-2013	Amend	12-1-2013
333-022-0210	2-4-2013	Adopt	3-1-2013	333-054-0025	12-1-2013	Amend	12-1-2013
333-022-0300	2-4-2013	Adopt	3-1-2013	333-054-0027	12-1-2013	Amend	12-1-2013
333-022-0305	2-4-2013	Adopt	3-1-2013	333-054-0030	12-1-2013	Amend	12-1-2013
333-022-0310	2-4-2013	Adopt	3-1-2013	333-054-0033	12-1-2013	Adopt	12-1-2013
333-022-0315	2-4-2013	Adopt	3-1-2013	333-054-0035	12-1-2013	Amend	12-1-2013
333-030-0015	1-25-2013	Amend	3-1-2013	333-054-0040	12-1-2013	Amend	12-1-2013
333-030-0020	1-25-2013	Amend	3-1-2013	333-054-0050	12-1-2013	Amend	12-1-2013
333-030-0025	1-25-2013	Amend	3-1-2013	333-054-0055	12-1-2013	Amend	12-1-2013
333-030-0030	1-25-2013	Amend	3-1-2013	333-054-0060	12-1-2013	Amend	12-1-2013
333-030-0035	1-25-2013	Amend	3-1-2013	333-054-0065	12-1-2013	Amend	12-1-2013
333-030-0040	1-25-2013	Amend	3-1-2013	333-054-0070	12-1-2013	Amend	12-1-2013
333-030-0045	1-25-2013	Repeal	3-1-2013	333-055-0100	7-1-2013	Adopt(T)	8-1-2013
333-030-0050	1-25-2013	Amend	3-1-2013	333-055-0105	7-1-2013	Adopt(T)	8-1-2013
333-030-0055	1-25-2013	Amend	3-1-2013	333-055-0110	7-1-2013	Adopt(T)	8-1-2013
333-030-0060	1-25-2013	Amend	3-1-2013	333-061-0025	1-25-2013	Amend	3-1-2013
333-030-0065	1-25-2013	Amend	3-1-2013	333-061-0030	1-25-2013	Amend	3-1-2013
333-030-0070	1-25-2013	Amend	3-1-2013	333-061-0032	1-25-2013	Amend	3-1-2013
333-030-0075	1-25-2013	Amend	3-1-2013	333-061-0034	1-25-2013	Amend	3-1-2013
333-030-0080	1-25-2013	Amend	3-1-2013	333-061-0036	1-25-2013	Amend	3-1-2013
333-030-0085	1-25-2013	Amend	3-1-2013	333-061-0040	1-25-2013	Amend	3-1-2013
333-030-0090	1-25-2013	Amend	3-1-2013	333-061-0042	1-25-2013	Amend	3-1-2013
333-030-0095	1-25-2013	Amend	3-1-2013	333-061-0043	1-25-2013	Amend	3-1-2013
333-030-0100	1-25-2013	Amend	3-1-2013	333-061-0045	1-25-2013	Amend	3-1-2013
333-030-0103	1-25-2013	Amend	3-1-2013	333-061-0050	1-25-2013	Amend	3-1-2013
333-030-0105	1-25-2013	Amend	3-1-2013	333-061-0058	1-25-2013	Repeal	3-1-2013
333-030-0110	1-25-2013	Amend	3-1-2013	333-061-0065	1-25-2013	Amend	3-1-2013
333-030-0115	1-25-2013	Amend	3-1-2013	333-061-0070	1-25-2013	Amend	3-1-2013
333-030-0120	1-25-2013	Amend	3-1-2013	333-061-0071	1-25-2013	Amend	3-1-2013
333-030-0125	1-25-2013	Amend	3-1-2013	333-061-0072	1-25-2013	Amend	3-1-2013
333-030-0130	1-25-2013	Amend	3-1-2013	333-061-0073	1-25-2013	Amend	3-1-2013
333-052-0030	12-20-2012	Amend	2-1-2013	333-061-0074	1-25-2013	Amend	3-1-2013
333-052-0040	12-20-2012	Amend	2-1-2013	333-061-0077	1-25-2013	Amend	3-1-2013
333-052-0043	12-20-2012	Adopt	2-1-2013	333-061-0087	1-25-2013	Amend	3-1-2013
333-052-0044	12-20-2012	Adopt	2-1-2013	333-061-0090	1-25-2013	Amend	3-1-2013
333-052-0050	12-20-2012	Amend	2-1-2013	333-061-0098	1-25-2013	Amend	3-1-2013
333-052-0060	12-20-2012	Amend	2-1-2013	333-061-0220	1-25-2013	Amend	3-1-2013
333-052-0065	12-20-2012	Amend	2-1-2013	333-061-0225	1-25-2013	Amend	3-1-2013
333-052-0070	12-20-2012	Amend	2-1-2013	333-061-0228	1-25-2013	Amend	3-1-2013
333-052-0080	12-20-2012	Amend	2-1-2013	333-061-0235	1-25-2013	Amend	3-1-2013
333-052-0090	12-20-2012	Amend	2-1-2013	333-061-0245	1-25-2013	Amend	3-1-2013
333-052-0100	12-20-2012	Amend	2-1-2013	333-061-0250	1-25-2013	Amend	3-1-2013
333-052-0120	12-20-2012	Amend	2-1-2013	333-061-0335	1-25-2013	Amend	3-1-2013
333-052-0130	12-20-2012	Amend	2-1-2013	333-100-0005	1-29-2013	Amend	3-1-2013
333-053-0030	12-1-2013	Amend	12-1-2013	333-102-0115	1-29-2013	Amend	3-1-2013
333-053-0040	12-1-2013	Amend	12-1-2013	333-102-0203	1-29-2013	Amend	3-1-2013
333-053-0050	12-1-2013	Amend	12-1-2013	333-102-0250	1-29-2013	Amend	3-1-2013
333-053-0060	12-1-2013	Amend	12-1-2013	333-102-0285	1-29-2013	Amend	3-1-2013
333-053-0070	12-1-2013	Repeal	12-1-2013	333-102-0340	1-29-2013	Amend	3-1-2013
333-053-0075	12-1-2013	Adopt	12-1-2013	333-106-0045	1-29-2013	Amend	3-1-2013
333-053-0080	12-1-2013	Amend	12-1-2013	333-106-0101	1-29-2013	Amend	3-1-2013
333-053-0090	12-1-2013	Repeal	12-1-2013	333-106-0305	1-29-2013	Amend	3-1-2013
333-053-0100	12-1-2013	Amend	12-1-2013	333-106-0315	1-29-2013	Amend	3-1-2013

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333-106-0370	1-29-2013	Amend	3-1-2013	333-250-0060	1-25-2013	Amend	3-1-2013
333-106-0720	1-29-2013	Amend	3-1-2013	333-250-0070	1-25-2013	Amend	3-1-2013
333-116-0040	1-29-2013	Amend	3-1-2013	333-250-0080	1-25-2013	Amend	3-1-2013
333-116-0050	1-29-2013	Amend	3-1-2013	333-250-0100	1-25-2013	Amend	3-1-2013
333-116-0090	1-29-2013	Amend	3-1-2013	333-255-0000	1-25-2013	Amend	3-1-2013
333-116-0405	1-29-2013	Repeal	3-1-2013	333-255-0010	1-25-2013	Amend	3-1-2013
333-116-0640	1-29-2013	Amend	3-1-2013	333-255-0020	1-25-2013	Amend	3-1-2013
333-116-0660	1-29-2013	Amend	3-1-2013	333-255-0030	1-25-2013	Amend	3-1-2013
333-116-0670	1-29-2013	Amend	3-1-2013	333-255-0040	1-25-2013	Amend	3-1-2013
333-116-0680	1-29-2013	Amend	3-1-2013	333-255-0050	1-25-2013	Amend	3-1-2013
333-116-0683	1-29-2013	Amend	3-1-2013	333-255-0060	1-25-2013	Amend	3-1-2013
333-116-0687	1-29-2013	Amend	3-1-2013	333-255-0070	1-25-2013	Amend	3-1-2013
333-116-0690	1-29-2013	Amend	3-1-2013	333-255-0071	1-25-2013	Amend	3-1-2013
333-116-0700	1-29-2013	Amend	3-1-2013	333-255-0072	1-25-2013	Amend	3-1-2013
333-116-0715	1-29-2013	Amend	3-1-2013	333-255-0073	1-25-2013	Amend	3-1-2013
333-116-0720	1-29-2013	Amend	3-1-2013	333-255-0079	1-25-2013	Amend	3-1-2013
333-116-0740	1-29-2013	Amend	3-1-2013	333-255-0080	1-25-2013	Amend	3-1-2013
333-116-0880	1-29-2013	Amend	3-1-2013	333-255-0081	1-25-2013	Amend	3-1-2013
333-116-0905	1-29-2013	Amend	3-1-2013	333-255-0082	1-25-2013	Amend	3-1-2013
333-118-0150	1-29-2013	Amend	3-1-2013	333-255-0090	1-25-2013	Amend	3-1-2013
333-119-0040	1-29-2013	Amend	3-1-2013	333-255-0091	1-25-2013	Amend	3-1-2013
333-119-0041	1-29-2013	Adopt	3-1-2013	333-255-0092	1-25-2013	Amend	3-1-2013
333-119-0080	1-29-2013	Amend	3-1-2013	333-255-0093	1-25-2013	Amend	3-1-2013
333-120-0630	1-29-2013	Amend	3-1-2013	333-265-0000	1-25-2013	Amend	3-1-2013
333-120-0730	1-29-2013	Amend	3-1-2013	333-265-0010	1-25-2013	Amend	3-1-2013
333-123-0005	1-29-2013	Amend	3-1-2013	333-265-0011	1-25-2013	Adopt	3-1-2013
333-123-0055	1-29-2013	Adopt	3-1-2013	333-265-0014	1-25-2013	Amend	3-1-2013
333-123-0060	1-29-2013	Adopt	3-1-2013	333-265-0015	1-25-2013	Amend	3-1-2013
333-123-0065	1-29-2013	Adopt	3-1-2013	333-265-0023	1-25-2013	Amend	3-1-2013
333-123-0070	1-29-2013	Adopt	3-1-2013	333-265-0024	1-25-2013	Adopt	3-1-2013
333-123-0075	1-29-2013	Adopt	3-1-2013	333-265-0025	1-25-2013	Amend	3-1-2013
333-123-0080	1-29-2013	Adopt	3-1-2013	333-265-0050	1-25-2013	Amend	3-1-2013
333-123-0085	1-29-2013	Adopt	3-1-2013	333-265-0060	1-25-2013	Amend	3-1-2013
333-123-0090	1-29-2013	Adopt	3-1-2013	333-265-0085	1-25-2013	Amend	3-1-2013
333-123-0095	1-29-2013	Adopt	3-1-2013	333-265-0105	1-25-2013	Amend	3-1-2013
333-123-0100	1-29-2013	Adopt	3-1-2013	333-265-0110	1-25-2013	Amend	3-1-2013
333-123-0105	1-29-2013	Adopt	3-1-2013	333-265-0160	1-25-2013	Amend	3-1-2013
333-123-0110	1-29-2013	Adopt	3-1-2013	333-265-0190	1-25-2013	Repeal	3-1-2013
333-123-0115	1-29-2013	Adopt	3-1-2013	333-500-0005	1-1-2013	Amend	2-1-2013
333-200-0010	1-1-2013	Amend	2-1-2013	333-500-0010	1-1-2013	Amend	2-1-2013
333-200-0020	1-1-2013	Amend	2-1-2013	333-500-0031	1-1-2013	Amend	2-1-2013
333-200-0080	1-1-2013	Amend	2-1-2013	333-500-0032	1-1-2013	Amend	2-1-2013
333-200-0090	1-1-2013	Amend	2-1-2013	333-500-0038	1-1-2013	Amend	2-1-2013
333-250-0010	1-25-2013	Amend	3-1-2013	333-505-0001	1-1-2013	Amend	2-1-2013
333-250-0020	1-25-2013	Amend	3-1-2013	333-505-0005	1-1-2013	Amend	2-1-2013
333-250-0030	1-25-2013	Amend	3-1-2013	333-505-0007	1-1-2013	Amend	2-1-2013
333-250-0031	1-25-2013	Adopt	3-1-2013	333-505-0010	1-1-2013	Amend	2-1-2013
333-250-0040	1-25-2013	Amend	3-1-2013	333-505-0030	1-1-2013	Amend	2-1-2013
333-250-0041	1-25-2013	Amend	3-1-2013	333-505-0033	1-1-2013	Amend	2-1-2013
333-250-0042	1-25-2013	Amend	3-1-2013	333-505-0050	1-1-2013	Amend	2-1-2013
333-250-0043	1-25-2013	Amend	3-1-2013	333-505-0060	1-1-2013	Amend	2-1-2013
333-250-0044	1-25-2013	Amend	3-1-2013	333-505-0080	1-1-2013	Amend	2-1-2013
333-250-0045	1-25-2013	Amend	3-1-2013	333-510-0020	1-1-2013	Amend	2-1-2013
333-250-0047	1-25-2013	Amend	3-1-2013	333-510-0040	1-1-2013	Amend	2-1-2013
333-250-0048	1-25-2013	Amend	3-1-2013	333-520-0035	1-1-2013	Amend	2-1-2013

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333-520-0050	1-1-2013	Amend	2-1-2013	335-080-0005	5-1-2013	Amend	5-1-2013
333-520-0060	1-1-2013	Amend	2-1-2013	335-080-0010	12-14-2012	Amend	1-1-2013
333-520-0070	1-1-2013	Amend	2-1-2013	335-080-0010	5-1-2013	Amend	5-1-2013
333-525-0010	1-1-2013	Repeal	2-1-2013	335-080-0015	12-14-2012	Amend	1-1-2013
334-001-0012	7-1-2013	Amend	7-1-2013	335-080-0015	5-1-2013	Amend	5-1-2013
334-001-0060	1-1-2013	Amend	1-1-2013	335-080-0025	12-14-2012	Amend	1-1-2013
334-010-0005	7-1-2013	Amend	7-1-2013	335-080-0025	5-1-2013	Amend	5-1-2013
334-010-0015	7-1-2013	Amend	7-1-2013	335-085-0010	7-1-2013	Adopt(T)	8-1-2013
334-010-0027	1-1-2013	Amend	1-1-2013	335-085-0010	9-13-2013	Adopt(T)	10-1-2013
334-010-0027	7-1-2013	Amend	7-1-2013	335-085-0010	11-13-2013	Adopt	12-1-2013
334-010-0029	1-1-2013	Amend	1-1-2013	335-085-0010(T)	9-13-2013	Suspend	10-1-2013
334-010-0029	7-1-2013	Amend	7-1-2013	335-085-0010(T)	11-13-2013	Repeal	12-1-2013
334-010-0046	1-1-2013	Amend	1-1-2013	335-095-0010	9-13-2013	Amend(T)	10-1-2013
334-040-0010	1-1-2013	Amend	1-1-2013	335-095-0010	11-13-2013	Amend	12-1-2013
334-040-0010	7-1-2013	Amend	7-1-2013	335-095-0010(T)	11-13-2013	Repeal	12-1-2013
335-005-0010	12-14-2012	Amend	1-1-2013	335-095-0030	12-14-2012	Amend	1-1-2013
335-005-0020	5-1-2013	Amend	5-1-2013	335-095-0030	5-1-2013	Amend	5-1-2013
335-060-0005	12-14-2012	Amend	1-1-2013	335-095-0030	9-13-2013	Amend(T)	10-1-2013
335-060-0005	5-1-2013	Amend	5-1-2013	335-095-0030	11-13-2013	Amend	12-1-2013
335-060-0005	7-1-2013	Amend(T)	8-1-2013	335-095-0030(T)	11-13-2013	Repeal	12-1-2013
335-060-0005	11-13-2013	Amend	12-1-2013	335-095-0040	12-14-2012	Amend	1-1-2013
335-060-0005(T)	11-13-2013	Repeal	12-1-2013	335-095-0050	12-14-2012	Amend	1-1-2013
335-060-0006	12-14-2012	Adopt	1-1-2013	337-010-0026	1-1-2014	Amend	9-1-2013
335-060-0006	5-1-2013	Amend	5-1-2013	337-010-0030	7-1-2013	Amend	5-1-2013
335-060-0006	5-17-2013	Amend(T)	7-1-2013	337-010-0045	1-1-2014	Amend	12-1-2013
335-060-0006	11-13-2013	Amend	12-1-2013	340-041-0007	6-21-2013	Adopt	8-1-2013
335-060-0006(T)	11-13-2013	Repeal	12-1-2013	340-041-0028	6-21-2013	Adopt	8-1-2013
335-060-0007	12-14-2012	Adopt	1-1-2013	340-041-0061	6-21-2013	Adopt	8-1-2013
335-060-0007	5-1-2013	Amend	5-1-2013	340-045-0075	11-1-2013	Amend	12-1-2013
335-060-0010	5-1-2013	Amend	5-1-2013	340-048-0055	1-16-2013	Amend	3-1-2013
335-060-0010	5-17-2013	Amend(T)	7-1-2013	340-048-0055	3-25-2013	Amend(T)	5-1-2013
335-060-0010	7-1-2013	Amend(T)	8-1-2013	340-049-0010	3-1-2013	Amend	3-1-2013
335-060-0010	11-13-2013	Amend	12-1-2013	340-049-0015	3-1-2013	Amend	3-1-2013
335-060-0010(T)	11-13-2013	Repeal	12-1-2013	340-049-0020	3-1-2013	Amend	3-1-2013
335-070-0010	5-1-2013	Repeal	5-1-2013	340-049-0025	3-1-2013	Amend	3-1-2013
335-070-0020	5-1-2013	Amend	5-1-2013	340-049-0030	3-1-2013	Amend	3-1-2013
335-070-0020	5-17-2013	Amend(T)	7-1-2013	340-049-0035	3-1-2013	Amend	3-1-2013
335-070-0020	11-13-2013	Amend	12-1-2013	340-049-0040	3-1-2013	Amend	3-1-2013
335-070-0020(T)	11-13-2013	Repeal	12-1-2013	340-049-0055	3-1-2013	Amend	3-1-2013
335-070-0030	5-1-2013	Repeal	5-1-2013	340-049-0060	3-1-2013	Amend	3-1-2013
335-070-0040	5-1-2013	Amend	5-1-2013	340-049-0065	3-1-2013	Amend	3-1-2013
335-070-0050	5-1-2013	Amend	5-1-2013	340-049-0085	3-1-2013	Amend	3-1-2013
335-070-0050	5-17-2013	Amend(T)	7-1-2013	340-054-0005	12-14-2012	Amend	1-1-2013
335-070-0050	11-13-2013	Amend	12-1-2013	340-054-0010	12-14-2012	Amend	1-1-2013
335-070-0050(T)	11-13-2013	Repeal	12-1-2013	340-054-0011	12-14-2012	Adopt	1-1-2013
335-070-0055	5-1-2013	Repeal	5-1-2013	340-054-0015	12-14-2012	Amend	1-1-2013
335-070-0060	5-1-2013	Repeal	5-1-2013	340-054-0020	12-14-2012	Repeal	1-1-2013
335-070-0065	5-1-2013	Repeal	5-1-2013	340-054-0021	12-14-2012	Repeal	1-1-2013
335-070-0070	5-1-2013	Repeal	5-1-2013	340-054-0022	12-14-2012	Amend	1-1-2013
335-070-0075	5-1-2013	Repeal	5-1-2013	340-054-0023	12-14-2012	Repeal	1-1-2013
335-070-0080	5-1-2013	Amend	5-1-2013	340-054-0024	12-14-2012	Repeal	1-1-2013
335-070-0080	5-17-2013	Amend(T)	7-1-2013	340-054-0025	12-14-2012	Amend	1-1-2013
335-070-0080	11-13-2013	Amend	12-1-2013	340-054-0026	12-14-2012	Adopt	1-1-2013
335-070-0080(T)	11-13-2013	Repeal	12-1-2013	340-054-0027	12-14-2012	Adopt	1-1-2013
335-070-0085	5-1-2013	Repeal	5-1-2013	340-054-0035	12-14-2012	Repeal	1-1-2013
335-080-0005	12-14-2012	Amend	1-1-2013	340-054-0036	12-14-2012	Adopt	1-1-2013

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340-054-0060	12-14-2012	Amend	1-1-2013	340-202-0070	11-7-2013	Amend	12-1-2013
340-054-0065	12-14-2012	Amend	1-1-2013	340-202-0100	11-7-2013	Amend	12-1-2013
340-054-0085	12-14-2012	Repeal	1-1-2013	340-202-0130	11-7-2013	Amend	12-1-2013
340-054-0087	12-14-2012	Repeal	1-1-2013	340-204-0010	12-11-2012	Amend	1-1-2013
340-054-0090	12-14-2012	Repeal	1-1-2013	340-210-0100	3-27-2013	Amend	5-1-2013
340-054-0093	12-14-2012	Repeal	1-1-2013	340-210-0100	10-24-2013	Amend(T)	12-1-2013
340-054-0095	12-14-2012	Repeal	1-1-2013	340-216-0020	3-27-2013	Amend	5-1-2013
340-054-0097	12-14-2012	Repeal	1-1-2013	340-216-0020	10-24-2013	Amend(T)	12-1-2013
340-054-0098	12-14-2012	Repeal	1-1-2013	340-216-0060	3-27-2013	Amend	5-1-2013
340-054-0100	12-14-2012	Amend	1-1-2013	340-216-0062	3-27-2013	Amend	5-1-2013
340-054-0102	12-14-2012	Amend	1-1-2013	340-216-0062	10-24-2013	Amend(T)	12-1-2013
340-054-0104	12-14-2012	Amend	1-1-2013	340-216-0064	3-27-2013	Amend	5-1-2013
340-054-0106	12-14-2012	Amend	1-1-2013	340-216-0064	10-24-2013	Amend(T)	12-1-2013
340-054-0108	12-14-2012	Amend	1-1-2013	340-216-0066	3-27-2013	Amend	5-1-2013
340-064-0015	8-29-2013	Amend	10-1-2013	340-216-0068	3-27-2013	Adopt	5-1-2013
340-064-0022	8-29-2013	Amend	10-1-2013	340-220-0030	12-11-2012	Amend	1-1-2013
340-064-0035	8-29-2013	Amend	10-1-2013	340-220-0040	12-11-2012	Amend	1-1-2013
340-064-0055	8-29-2013	Amend	10-1-2013	340-220-0050	12-11-2012	Amend	1-1-2013
340-071-0140	11-1-2013	Amend	12-1-2013	340-225-0090	12-11-2012	Amend	1-1-2013
340-093-0030	8-29-2013	Amend	10-1-2013	340-228-0602	3-27-2013	Amend	5-1-2013
340-093-0050	8-29-2013	Amend	10-1-2013	340-228-0606	3-27-2013	Amend	5-1-2013
340-093-0070	8-29-2013	Amend	10-1-2013	340-228-0609	3-27-2013	Amend	5-1-2013
340-093-0105	8-29-2013	Amend	10-1-2013	340-228-0611	3-27-2013	Repeal	5-1-2013
340-093-0110	8-29-2013	Amend	10-1-2013	340-228-0613	3-27-2013	Repeal	5-1-2013
340-093-0115	8-29-2013	Amend	10-1-2013	340-228-0615	3-27-2013	Repeal	5-1-2013
340-095-0090	8-29-2013	Amend	10-1-2013	340-228-0617	3-27-2013	Repeal	5-1-2013
340-095-0095	8-29-2013	Amend	10-1-2013	340-228-0619	3-27-2013	Repeal	5-1-2013
340-096-0001	8-29-2013	Amend	10-1-2013	340-228-0621	3-27-2013	Repeal	5-1-2013
340-096-0010	8-29-2013	Amend	10-1-2013	340-228-0623	3-27-2013	Repeal	5-1-2013
340-096-0040	8-29-2013	Amend	10-1-2013	340-228-0625	3-27-2013	Repeal	5-1-2013
340-096-0060	8-29-2013	Amend	10-1-2013	340-228-0627	3-27-2013	Repeal	5-1-2013
340-096-0070	8-29-2013	Amend	10-1-2013	340-228-0629	3-27-2013	Repeal	5-1-2013
340-096-0080	8-29-2013	Amend	10-1-2013	340-228-0631	3-27-2013	Repeal	5-1-2013
340-096-0090	8-29-2013	Amend	10-1-2013	340-228-0633	3-27-2013	Repeal	5-1-2013
340-096-0100	8-29-2013	Amend	10-1-2013	340-228-0635	3-27-2013	Amend	5-1-2013
340-096-0110	8-29-2013	Amend	10-1-2013	340-228-0637	3-27-2013	Amend	5-1-2013
340-096-0120	8-29-2013	Amend	10-1-2013	340-232-0085	3-27-2013	Amend	5-1-2013
340-096-0130	8-29-2013	Amend	10-1-2013	340-238-0040	3-27-2013	Amend	5-1-2013
340-096-0140	8-29-2013	Amend	10-1-2013	340-238-0060	3-27-2013	Amend	5-1-2013
340-096-0150	8-29-2013	Amend	10-1-2013	340-240-0010	12-11-2012	Amend	1-1-2013
340-096-0160	8-29-2013	Adopt	10-1-2013	340-240-0030	12-11-2012	Amend	1-1-2013
340-096-0170	8-29-2013	Adopt	10-1-2013	340-240-0500	12-11-2012	Adopt	1-1-2013
340-096-0180	8-29-2013	Adopt	10-1-2013	340-240-0510	12-11-2012	Adopt	1-1-2013
340-096-0190	8-29-2013	Adopt	10-1-2013	340-240-0520	12-11-2012	Adopt	1-1-2013
340-096-0200	8-29-2013	Adopt	10-1-2013	340-240-0530	12-11-2012	Adopt	1-1-2013
340-097-0001	8-29-2013	Amend	10-1-2013	340-240-0540	12-11-2012	Adopt	1-1-2013
340-097-0110	8-29-2013	Amend	10-1-2013	340-240-0550	12-11-2012	Adopt	1-1-2013
340-097-0120	8-29-2013	Amend	10-1-2013	340-240-0560	12-11-2012	Adopt	1-1-2013
340-102-0011	8-14-2013	Amend(T)	9-1-2013	340-240-0570	12-11-2012	Adopt	1-1-2013
340-200-0020	3-27-2013	Amend	5-1-2013	340-240-0580	12-11-2012	Adopt	1-1-2013
340-200-0020	11-7-2013	Amend	12-1-2013	340-240-0610	12-11-2012	Adopt	1-1-2013
340-200-0040	12-10-2012	Amend	1-1-2013	340-240-0620	12-11-2012	Adopt	1-1-2013
340-200-0040	12-11-2012	Amend	1-1-2013	340-240-0630	12-11-2012	Adopt	1-1-2013
340-200-0040	3-27-2013	Amend	5-1-2013	340-244-0030	3-27-2013	Amend	5-1-2013

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340-244-0220	3-27-2013	Amend	5-1-2013	407-007-0230	8-1-2013	Amend	9-1-2013
340-244-0230	3-27-2013	Repeal	5-1-2013	407-007-0240	8-1-2013	Amend	9-1-2013
340-244-0234	3-27-2013	Amend	5-1-2013	407-007-0250	8-1-2013	Amend	9-1-2013
340-244-0238	3-27-2013	Amend	5-1-2013	407-007-0275	8-1-2013	Amend	9-1-2013
340-244-0239	3-27-2013	Adopt	5-1-2013	407-007-0277	8-1-2013	Amend	9-1-2013
340-244-0240	3-27-2013	Amend	5-1-2013	407-007-0280	8-1-2013	Amend	9-1-2013
340-244-0242	3-27-2013	Amend	5-1-2013	407-007-0290	2-5-2013	Amend(T)	3-1-2013
340-244-0244	3-27-2013	Amend	5-1-2013	407-007-0290	8-1-2013	Amend	9-1-2013
340-244-0246	3-27-2013	Amend	5-1-2013	407-007-0290(T)	8-1-2013	Repeal	9-1-2013
340-244-0248	3-27-2013	Amend	5-1-2013	407-007-0320	8-1-2013	Amend	9-1-2013
340-244-0250	3-27-2013	Amend	5-1-2013	407-025-0000	10-1-2013	Adopt	11-1-2013
340-253-0000	12-11-2012	Adopt	1-1-2013	407-025-0010	10-1-2013	Adopt	11-1-2013
340-253-0040	12-11-2012	Adopt	1-1-2013	407-025-0020	10-1-2013	Adopt	11-1-2013
340-253-0060	12-11-2012	Adopt	1-1-2013	407-025-0030	10-1-2013	Adopt	11-1-2013
340-253-0100	12-11-2012	Adopt	1-1-2013	407-025-0040	10-1-2013	Adopt	11-1-2013
340-253-0200	12-11-2012	Adopt	1-1-2013	407-025-0050	10-1-2013	Adopt	11-1-2013
340-253-0250	12-11-2012	Adopt	1-1-2013	407-025-0060	10-1-2013	Adopt	11-1-2013
340-253-0310	12-11-2012	Adopt	1-1-2013	407-025-0070	10-1-2013	Adopt	11-1-2013
340-253-0320	12-11-2012	Adopt	1-1-2013	407-025-0080	10-1-2013	Adopt	11-1-2013
340-253-0330	12-11-2012	Adopt	1-1-2013	407-025-0090	10-1-2013	Adopt	11-1-2013
340-253-0340	12-11-2012	Adopt	1-1-2013	407-025-0100	10-1-2013	Adopt	11-1-2013
340-253-0400	12-11-2012	Adopt	1-1-2013	407-025-0110	10-1-2013	Adopt	11-1-2013
340-253-0450	12-11-2012	Adopt	1-1-2013	407-025-0120	10-1-2013	Adopt	11-1-2013
340-253-0500	12-11-2012	Adopt	1-1-2013	407-035-0000	8-1-2013	Repeal	9-1-2013
340-253-0600	12-11-2012	Adopt	1-1-2013	407-035-0005	8-1-2013	Repeal	9-1-2013
340-253-0630	12-11-2012	Adopt	1-1-2013	407-035-0010	8-1-2013	Repeal	9-1-2013
340-253-0650	12-11-2012	Adopt	1-1-2013	407-035-0015	8-1-2013	Repeal	9-1-2013
340-253-1000	12-11-2012	Adopt	1-1-2013	409-021-0130	2-1-2013	Amend	3-1-2013
340-253-1010	12-11-2012	Adopt	1-1-2013	409-025-0160	2-1-2013	Amend	3-1-2013
340-253-1020	12-11-2012	Adopt	1-1-2013	409-030-0100	7-1-2014	Adopt	11-1-2013
340-253-1030	12-11-2012	Adopt	1-1-2013	409-030-0110	7-1-2014	Adopt	11-1-2013
340-253-3000	12-11-2012	Adopt	1-1-2013	409-030-0120	7-1-2014	Adopt	11-1-2013
340-253-3010	12-11-2012	Adopt	1-1-2013	409-030-0130	7-1-2014	Adopt	11-1-2013
340-253-3020	12-11-2012	Adopt	1-1-2013	409-030-0140	7-1-2014	Adopt	11-1-2013
340-253-3030	12-11-2012	Adopt	1-1-2013	409-030-0150	7-1-2014	Adopt	11-1-2013
340-253-3040	12-11-2012	Adopt	1-1-2013	409-030-0160	7-1-2014	Adopt	11-1-2013
340-253-3050	12-11-2012	Adopt	1-1-2013	409-030-0170	7-1-2014	Adopt	11-1-2013
340-259-0010	10-29-2013	Amend(T)	12-1-2013	409-030-0180	7-1-2014	Adopt	11-1-2013
340-262-1000	12-11-2012	Adopt	1-1-2013	409-030-0190	7-1-2014	Adopt	11-1-2013
340-264-0040	12-11-2012	Amend	1-1-2013	409-030-0200	7-1-2014	Adopt	11-1-2013
340-264-0078	12-11-2012	Amend	1-1-2013	409-030-0210	7-1-2014	Adopt	11-1-2013
340-264-0080	12-11-2012	Amend	1-1-2013	409-030-0220	7-1-2014	Adopt	11-1-2013
340-264-0100	12-11-2012	Amend	1-1-2013	409-030-0230	7-1-2014	Adopt	11-1-2013
340-264-0175	12-11-2012	Adopt	1-1-2013	409-030-0240	7-1-2014	Adopt	11-1-2013
345-024-0550	9-30-2013	Amend	11-1-2013	409-030-0250	7-1-2014	Adopt	11-1-2013
345-024-0590	9-30-2013	Amend	11-1-2013	409-035-0020	2-1-2013	Amend	3-1-2013
345-024-0590	10-10-2013	Amend	11-1-2013	409-037-0000	9-4-2013	Adopt	10-1-2013
345-029-0060	1-28-2013	Amend	3-1-2013	409-037-0010	9-4-2013	Adopt	10-1-2013
345-060-0004	1-28-2013	Amend	3-1-2013	409-037-0020	9-4-2013	Adopt	10-1-2013
345-060-0007	1-28-2013	Amend	3-1-2013	409-037-0030	9-4-2013	Adopt	10-1-2013
345-060-0025	1-28-2013	Amend	3-1-2013	409-037-0040	9-4-2013	Adopt	10-1-2013
407-007-0200	8-1-2013	Amend	9-1-2013	409-037-0050	9-4-2013	Adopt	10-1-2013
407-007-0210	2-5-2013	Amend(T)	3-1-2013	409-037-0060	9-4-2013	Adopt	10-1-2013
407-007-0210	8-1-2013	Amend	9-1-2013	409-037-0070	9-4-2013	Adopt	10-1-2013
407-007-0210(T)	8-1-2013	Repeal	9-1-2013	409-037-0080	9-4-2013	Adopt	10-1-2013

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409-055-0030	9-3-2013	Amend	10-1-2013	410-120-1400	11-1-2013	Amend	12-1-2013
409-055-0030	1-1-2014	Amend	11-1-2013	410-120-1855	7-1-2013	Amend(T)	8-1-2013
409-055-0030(T)	4-1-2013	Repeal	5-1-2013	410-120-1860	11-1-2013	Amend	12-1-2013
409-055-0040	1-1-2014	Amend	11-1-2013	410-121-0030	1-1-2013	Amend	2-1-2013
409-055-0050	1-1-2014	Amend	11-1-2013	410-121-0030	2-21-2013	Amend(T)	4-1-2013
409-055-0060	1-1-2014	Amend	11-1-2013	410-121-0030	5-1-2013	Amend(T)	6-1-2013
409-055-0070	1-1-2014	Amend	11-1-2013	410-121-0030	8-16-2013	Amend	10-1-2013
409-060-0100	2-1-2013	Adopt	3-1-2013	410-121-0030(T)	1-1-2013	Repeal	2-1-2013
409-060-0110	2-1-2013	Adopt	3-1-2013	410-121-0030(T)	5-1-2013	Suspend	6-1-2013
409-060-0120	2-1-2013	Adopt	3-1-2013	410-121-0033	1-1-2013	Amend	2-1-2013
409-060-0130	2-1-2013	Adopt	3-1-2013	410-121-0033(T)	1-1-2013	Repeal	2-1-2013
409-060-0140	2-1-2013	Adopt	3-1-2013	410-121-0040	1-1-2013	Amend	2-1-2013
409-060-0150	2-1-2013	Adopt	3-1-2013	410-121-0040	2-21-2013	Amend(T)	4-1-2013
410-050-0861	4-1-2013	Amend(T)	5-1-2013	410-121-0040	5-1-2013	Amend(T)	6-1-2013
410-050-0861	8-1-2013	Amend	9-1-2013	410-121-0040	8-16-2013	Amend	10-1-2013
410-050-0861(T)	8-1-2013	Repeal	9-1-2013	410-121-0040(T)	1-1-2013	Repeal	2-1-2013
410-050-0870	10-1-2013	Amend(T)	11-1-2013	410-121-0040(T)	5-1-2013	Suspend	6-1-2013
410-120-0000	7-1-2013	Amend(T)	8-1-2013	410-121-0100	1-1-2013	Amend	2-1-2013
410-120-0006	12-1-2012	Amend(T)	1-1-2013	410-121-0100(T)	1-1-2013	Repeal	2-1-2013
410-120-0006	1-1-2013	Amend	2-1-2013	410-121-0111	1-1-2013	Adopt	2-1-2013
410-120-0006	1-1-2013	Amend(T)	2-1-2013	410-121-0111	8-1-2013	Amend(T)	9-1-2013
410-120-0006	1-8-2013	Amend(T)	2-1-2013	410-121-0111(T)	1-1-2013	Repeal	2-1-2013
410-120-0006	1-30-2013	Amend(T)	3-1-2013	410-121-0190	12-28-2012	Amend(T)	2-1-2013
410-120-0006	2-20-2013	Amend(T)	4-1-2013	410-121-0190	6-25-2013	Amend	8-1-2013
410-120-0006	3-1-2013	Amend(T)	4-1-2013	410-122-0186	12-27-2012	Amend	2-1-2013
410-120-0006	4-1-2013	Amend	5-1-2013	410-122-0325	12-27-2012	Amend	2-1-2013
410-120-0006	4-10-2013	Amend	5-1-2013	410-123-1060	4-1-2013	Amend	5-1-2013
410-120-0006	5-29-2013	Amend	7-1-2013	410-123-1160	4-1-2013	Amend	5-1-2013
410-120-0006	6-27-2013	Amend	8-1-2013	410-123-1160	7-1-2013	Amend(T)	8-1-2013
410-120-0006	8-1-2013	Amend(T)	9-1-2013	410-123-1200	4-1-2013	Amend	5-1-2013
410-120-0006	8-23-2013	Amend(T)	10-1-2013	410-123-1220	4-1-2013	Amend	5-1-2013
410-120-0006	10-1-2013	Amend	11-1-2013	410-123-1240	4-1-2013	Amend	5-1-2013
410-120-0006	10-1-2013	Amend(T)	11-1-2013	410-123-1260	4-1-2013	Amend	5-1-2013
410-120-0006	10-2-2013	Amend(T)	11-1-2013	410-123-1260	7-1-2013	Amend(T)	8-1-2013
410-120-0006	11-1-2013	Amend(T)	12-1-2013	410-123-1490	4-1-2013	Amend	5-1-2013
410-120-0006(T)	12-1-2012	Suspend	1-1-2013	410-123-1490	7-1-2013	Amend(T)	8-1-2013
410-120-0006(T)	1-1-2013	Repeal	2-1-2013	410-123-1600	7-1-2013	Amend(T)	8-1-2013
410-120-0006(T)	1-1-2013	Suspend	2-1-2013	410-123-1620	4-1-2013	Amend	5-1-2013
410-120-0006(T)	1-8-2013	Suspend	2-1-2013	410-125-0450	9-3-2013	Amend	10-1-2013
410-120-0006(T)	1-30-2013	Suspend	3-1-2013	410-127-0020	6-27-2013	Amend	8-1-2013
410-120-0006(T)	2-20-2013	Suspend	4-1-2013	410-127-0040	6-27-2013	Amend	8-1-2013
410-120-0006(T)	3-1-2013	Suspend	4-1-2013	410-127-0060	6-27-2013	Amend	8-1-2013
410-120-0006(T)	5-29-2013	Repeal	7-1-2013	410-127-0080	6-27-2013	Amend	8-1-2013
410-120-0006(T)	8-23-2013	Suspend	10-1-2013	410-130-0005	3-29-2013	Adopt(T)	5-1-2013
410-120-0006(T)	10-2-2013	Suspend	11-1-2013	410-130-0005	9-25-2013	Adopt	11-1-2013
410-120-0006(T)	11-1-2013	Suspend	12-1-2013	410-130-0180	12-28-2012	Amend(T)	2-1-2013
410-120-0025	9-12-2013	Amend	10-1-2013	410-130-0180	6-25-2013	Amend	8-1-2013
410-120-0045	9-12-2013	Amend	10-1-2013	410-130-0240	12-28-2012	Amend(T)	2-1-2013
410-120-1160	7-1-2013	Amend(T)	8-1-2013	410-130-0240	6-25-2013	Amend	8-1-2013
410-120-1200	7-1-2013	Amend(T)	8-1-2013	410-130-0255	3-29-2013	Amend(T)	5-1-2013
410-120-1210	1-1-2013	Amend(T)	2-1-2013	410-130-0255	9-25-2013	Amend	11-1-2013
410-120-1210	6-27-2013	Amend	8-1-2013	410-136-0030	7-1-2013	Repeal	8-1-2013
410-120-1210	7-1-2013	Amend(T)	8-1-2013	410-136-0040	7-1-2013	Repeal	8-1-2013
410-120-1280	11-1-2013	Amend	12-1-2013	410-136-0045	7-1-2013	Repeal	8-1-2013
410-120-1340	3-29-2013	Amend(T)	5-1-2013	410-136-0050	7-1-2013	Repeal	8-1-2013

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410-136-0070	7-1-2013	Repeal	8-1-2013	410-141-0520(T)	10-29-2013	Suspend	12-1-2013
410-136-0080	7-1-2013	Repeal	8-1-2013	410-141-3060	1-1-2013	Amend(T)	2-1-2013
410-136-0100	7-1-2013	Repeal	8-1-2013	410-141-3060	2-7-2013	Amend(T)	3-1-2013
410-136-0120	7-1-2013	Repeal	8-1-2013	410-141-3060	6-27-2013	Amend	8-1-2013
410-136-0140	7-1-2013	Repeal	8-1-2013	410-141-3060	7-9-2013	Amend(T)	8-1-2013
410-136-0160	7-1-2013	Repeal	8-1-2013	410-141-3060(T)	2-7-2013	Suspend	3-1-2013
410-136-0180	7-1-2013	Repeal	8-1-2013	410-141-3065	11-1-2013	Adopt(T)	12-1-2013
410-136-0200	7-1-2013	Repeal	8-1-2013	410-141-3080	4-23-2013	Amend	6-1-2013
410-136-0220	7-1-2013	Repeal	8-1-2013	410-141-3080	6-11-2013	Amend	7-1-2013
410-136-0240	7-1-2013	Repeal	8-1-2013	410-141-3080	7-9-2013	Amend(T)	8-1-2013
410-136-0245	7-1-2013	Repeal	8-1-2013	410-141-3160	1-4-2013	Amend(T)	2-1-2013
410-136-0260	7-1-2013	Repeal	8-1-2013	410-141-3160	6-27-2013	Amend	8-1-2013
410-136-0280	7-1-2013	Repeal	8-1-2013	410-141-3220	7-9-2013	Amend(T)	8-1-2013
410-136-0300	7-1-2013	Repeal	8-1-2013	410-141-3260	4-26-2013	Amend	6-1-2013
410-136-0320	7-1-2013	Repeal	8-1-2013	410-141-3260	10-31-2013	Amend	12-1-2013
410-136-0340	7-1-2013	Repeal	8-1-2013	410-141-3262	3-1-2013	Amend(T)	4-1-2013
410-136-0350	7-1-2013	Repeal	8-1-2013	410-141-3262	4-10-2013	Amend(T)	5-1-2013
410-136-0360	7-1-2013	Repeal	8-1-2013	410-141-3262	8-26-2013	Amend	10-1-2013
410-136-0420	7-1-2013	Repeal	8-1-2013	410-141-3263	10-31-2013	Amend	12-1-2013
410-136-0440	7-1-2013	Repeal	8-1-2013	410-141-3395	10-31-2013	Amend	12-1-2013
410-136-0800	7-1-2013	Repeal	8-1-2013	410-141-3420	7-9-2013	Amend(T)	8-1-2013
410-136-0820	7-1-2013	Repeal	8-1-2013	410-141-3420	10-31-2013	Amend	12-1-2013
410-136-0840	7-1-2013	Repeal	8-1-2013	410-142-0020	5-1-2013	Amend(T)	5-1-2013
410-136-0860	7-1-2013	Repeal	8-1-2013	410-142-0020	6-27-2013	Amend	8-1-2013
410-136-3000	7-1-2013	Adopt	8-1-2013	410-142-0290	5-1-2013	Amend(T)	5-1-2013
410-136-3020	7-1-2013	Adopt	8-1-2013	410-142-0290	6-27-2013	Amend	8-1-2013
410-136-3040	7-1-2013	Adopt	8-1-2013	410-147-0360	3-1-2013	Amend(T)	4-1-2013
410-136-3060	7-1-2013	Adopt	8-1-2013	410-147-0360	8-26-2013	Amend	10-1-2013
410-136-3080	7-1-2013	Adopt	8-1-2013	410-147-0400	1-1-2013	Amend(T)	2-1-2013
410-136-3100	7-1-2013	Adopt	8-1-2013	410-147-0400	3-1-2013	Amend(T)	4-1-2013
410-136-3120	7-1-2013	Adopt	8-1-2013	410-147-0400	6-27-2013	Amend	8-1-2013
410-136-3140	7-1-2013	Adopt	8-1-2013	410-147-0400(T)	3-1-2013	Suspend	4-1-2013
410-136-3160	7-1-2013	Adopt	8-1-2013	410-165-0000	4-26-2013	Amend(T)	6-1-2013
410-136-3180	7-1-2013	Adopt	8-1-2013	410-165-0000	10-22-2013	Amend	12-1-2013
410-136-3200	7-1-2013	Adopt	8-1-2013	410-165-0020	4-26-2013	Amend(T)	6-1-2013
410-136-3220	7-1-2013	Adopt	8-1-2013	410-165-0020	10-22-2013	Amend	12-1-2013
410-136-3240	7-1-2013	Adopt	8-1-2013	410-165-0040	4-26-2013	Amend(T)	6-1-2013
410-136-3260	7-1-2013	Adopt	8-1-2013	410-165-0060	4-26-2013	Amend(T)	6-1-2013
410-136-3260	10-30-2013	Amend(T)	12-1-2013	410-165-0060	10-22-2013	Amend	12-1-2013
410-136-3280	7-1-2013	Adopt	8-1-2013	410-165-0080	4-26-2013	Amend(T)	6-1-2013
410-136-3300	7-1-2013	Adopt	8-1-2013	410-165-0080	10-22-2013	Amend	12-1-2013
410-136-3320	7-1-2013	Adopt	8-1-2013	410-165-0100	4-26-2013	Amend(T)	6-1-2013
410-136-3340	7-1-2013	Adopt	8-1-2013	410-165-0100	10-22-2013	Amend	12-1-2013
410-136-3360	7-1-2013	Adopt	8-1-2013	410-165-0120	4-26-2013	Amend(T)	6-1-2013
410-138-0390	4-26-2013	Amend	6-1-2013	410-165-0120	10-22-2013	Amend	12-1-2013
410-141-0065	11-1-2013	Adopt(T)	12-1-2013	410-165-0140	4-26-2013	Amend(T)	6-1-2013
410-141-0262	3-1-2013	Amend(T)	4-1-2013	410-165-0140	10-22-2013	Amend	12-1-2013
410-141-0262	4-10-2013	Amend(T)	5-1-2013	410-170-0000	11-14-2013	Adopt	12-1-2013
410-141-0262	8-26-2013	Amend	10-1-2013	410-170-0010	11-14-2013	Adopt	12-1-2013
410-141-0262	10-31-2013	Amend	12-1-2013	410-170-0020	11-14-2013	Adopt	12-1-2013
410-141-0263	10-31-2013	Amend	12-1-2013	410-170-0030	11-14-2013	Adopt	12-1-2013
410-141-0265	10-31-2013	Amend	12-1-2013	410-170-0040	11-14-2013	Adopt	12-1-2013
410-141-0420	10-31-2013	Amend	12-1-2013	410-170-0050	11-14-2013	Adopt	12-1-2013
410-141-0520	3-21-2013	Amend	5-1-2013	410-170-0060	11-14-2013	Adopt	12-1-2013
410-141-0520	10-1-2013	Amend(T)	11-1-2013	410-170-0070	11-14-2013	Adopt	12-1-2013

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410-170-0090	11-14-2013	Adopt	12-1-2013	410-200-0505	10-1-2013	Adopt(T)	11-1-2013
410-170-0100	11-14-2013	Adopt	12-1-2013	410-200-0510	10-1-2013	Adopt(T)	11-1-2013
410-170-0110	11-14-2013	Adopt	12-1-2013	410-200-0515	10-1-2013	Adopt(T)	11-1-2013
410-170-0120	11-14-2013	Adopt	12-1-2013	411-001-0500	4-2-2013	Adopt	5-1-2013
410-180-0300	8-2-2013	Adopt(T)	9-1-2013	411-001-0500(T)	4-2-2013	Repeal	5-1-2013
410-180-0305	8-2-2013	Adopt(T)	9-1-2013	411-001-0510	4-2-2013	Adopt	5-1-2013
410-180-0310	8-2-2013	Adopt(T)	9-1-2013	411-001-0510	7-1-2013	Amend(T)	8-1-2013
410-180-0312	8-2-2013	Adopt(T)	9-1-2013	411-001-0520	4-2-2013	Adopt	5-1-2013
410-180-0315	8-2-2013	Adopt(T)	9-1-2013	411-001-0520	6-1-2013	Amend	7-1-2013
410-180-0320	8-2-2013	Adopt(T)	9-1-2013	411-015-0005	7-1-2013	Amend(T)	8-1-2013
410-180-0325	8-2-2013	Adopt(T)	9-1-2013	411-015-0008	7-1-2013	Amend(T)	8-1-2013
410-180-0327	8-2-2013	Adopt(T)	9-1-2013	411-015-0015	7-1-2013	Amend(T)	8-1-2013
410-180-0340	8-2-2013	Adopt(T)	9-1-2013	411-015-0100	7-1-2013	Amend(T)	8-1-2013
410-180-0345	8-2-2013	Adopt(T)	9-1-2013	411-020-0002	11-28-2012	Amend	1-1-2013
410-180-0350	8-2-2013	Adopt(T)	9-1-2013	411-020-0002(T)	11-28-2012	Repeal	1-1-2013
410-180-0355	8-2-2013	Adopt(T)	9-1-2013	411-020-0030	11-28-2012	Amend	1-1-2013
410-180-0360	8-2-2013	Adopt(T)	9-1-2013	411-020-0030(T)	11-28-2012	Repeal	1-1-2013
410-180-0370	8-2-2013	Adopt(T)	9-1-2013	411-020-0085	11-28-2012	Amend	1-1-2013
410-180-0375	8-2-2013	Adopt(T)	9-1-2013	411-020-0085(T)	11-28-2012	Repeal	1-1-2013
410-180-0380	8-2-2013	Adopt(T)	9-1-2013	411-020-0123	11-28-2012	Adopt	1-1-2013
410-200-0010	10-1-2013	Adopt(T)	11-1-2013	411-020-0123(T)	11-28-2012	Repeal	1-1-2013
410-200-0015	10-1-2013	Adopt(T)	11-1-2013	411-020-0126	11-28-2012	Adopt	1-1-2013
410-200-0100	10-1-2013	Adopt(T)	11-1-2013	411-020-0126(T)	11-28-2012	Repeal	1-1-2013
410-200-0105	10-1-2013	Adopt(T)	11-1-2013	411-028-0000	7-1-2013	Adopt(T)	8-1-2013
410-200-0110	10-1-2013	Adopt(T)	11-1-2013	411-028-0010	7-1-2013	Adopt(T)	8-1-2013
410-200-0111	10-1-2013	Adopt(T)	11-1-2013	411-028-0020	7-1-2013	Adopt(T)	8-1-2013
410-200-0115	10-1-2013	Adopt(T)	11-1-2013	411-028-0030	7-1-2013	Adopt(T)	8-1-2013
410-200-0120	10-1-2013	Adopt(T)	11-1-2013	411-028-0040	7-1-2013	Adopt(T)	8-1-2013
410-200-0125	10-1-2013	Adopt(T)	11-1-2013	411-028-0050	7-1-2013	Adopt(T)	8-1-2013
410-200-0130	10-1-2013	Adopt(T)	11-1-2013	411-030-0002	5-23-2013	Amend(T)	7-1-2013
410-200-0135	10-1-2013	Adopt(T)	11-1-2013	411-030-0002	11-1-2013	Amend	12-1-2013
410-200-0140	10-1-2013	Adopt(T)	11-1-2013	411-030-0002(T)	11-1-2013	Repeal	12-1-2013
410-200-0145	10-1-2013	Adopt(T)	11-1-2013	411-030-0020	5-23-2013	Amend(T)	7-1-2013
410-200-0146	10-1-2013	Adopt(T)	11-1-2013	411-030-0020	7-1-2013	Amend(T)	8-1-2013
410-200-0200	10-1-2013	Adopt(T)	11-1-2013	411-030-0020	11-1-2013	Amend	12-1-2013
410-200-0205	10-1-2013	Adopt(T)	11-1-2013	411-030-0020(T)	7-1-2013	Suspend	8-1-2013
410-200-0210	10-1-2013	Adopt(T)	11-1-2013	411-030-0020(T)	11-1-2013	Repeal	12-1-2013
410-200-0215	10-1-2013	Adopt(T)	11-1-2013	411-030-0033	5-23-2013	Amend(T)	7-1-2013
410-200-0220	10-1-2013	Adopt(T)	11-1-2013	411-030-0033	11-1-2013	Amend	12-1-2013
410-200-0225	10-1-2013	Adopt(T)	11-1-2013	411-030-0033(T)	11-1-2013	Repeal	12-1-2013
410-200-0230	10-1-2013	Adopt(T)	11-1-2013	411-030-0040	5-23-2013	Amend(T)	7-1-2013
410-200-0235	10-1-2013	Adopt(T)	11-1-2013	411-030-0040	11-1-2013	Amend	12-1-2013
410-200-0240	10-1-2013	Adopt(T)	11-1-2013	411-030-0040(T)	11-1-2013	Repeal	12-1-2013
410-200-0305	10-1-2013	Adopt(T)	11-1-2013	411-030-0050	5-23-2013	Amend(T)	7-1-2013
410-200-0310	10-1-2013	Adopt(T)	11-1-2013	411-030-0050	11-1-2013	Amend	12-1-2013
410-200-0315	10-1-2013	Adopt(T)	11-1-2013	411-030-0050(T)	11-1-2013	Repeal	12-1-2013
410-200-0400	10-1-2013	Adopt(T)	11-1-2013	411-030-0055	5-23-2013	Amend(T)	7-1-2013
410-200-0405	10-1-2013	Adopt(T)	11-1-2013	411-030-0055	11-1-2013	Amend	12-1-2013
410-200-0406	10-1-2013	Adopt(T)	11-1-2013	411-030-0055(T)	11-1-2013	Repeal	12-1-2013
410-200-0410	10-1-2013	Adopt(T)	11-1-2013	411-030-0070	7-1-2013	Amend(T)	8-1-2013
410-200-0415	10-1-2013	Adopt(T)	11-1-2013	411-030-0080	3-26-2013	Amend	5-1-2013
410-200-0420	10-1-2013	Adopt(T)	11-1-2013	411-030-0080	5-23-2013	Amend(T)	7-1-2013
410-200-0425	10-1-2013	Adopt(T)	11-1-2013	411-030-0080	11-1-2013	Amend	12-1-2013
410-200-0435	10-1-2013	Adopt(T)	11-1-2013	411-030-0080(T)	3-26-2013	Repeal	5-1-2013
410-200-0440	10-1-2013	Adopt(T)	11-1-2013	411-030-0080(T)	11-1-2013	Repeal	12-1-2013

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411-030-0090	11-1-2013	Amend	12-1-2013	411-048-0240	4-15-2013	Adopt	5-1-2013
411-030-0090(T)	11-1-2013	Repeal	12-1-2013	411-048-0250	4-15-2013	Adopt	5-1-2013
411-030-0100	7-1-2013	Amend(T)	8-1-2013	411-050-0400	9-1-2013	Am. & Ren.	10-1-2013
411-031-0020	3-26-2013	Amend	5-1-2013	411-050-0401	9-1-2013	Am. & Ren.	10-1-2013
411-031-0020	7-1-2013	Amend(T)	8-1-2013	411-050-0405	5-23-2013	Amend(T)	7-1-2013
411-031-0020(T)	3-26-2013	Repeal	5-1-2013	411-050-0405	9-1-2013	Am. & Ren.	10-1-2013
411-031-0030	3-26-2013	Amend	5-1-2013	411-050-0405(T)	9-1-2013	Repeal	10-1-2013
411-031-0040	3-26-2013	Amend	5-1-2013	411-050-0408	9-1-2013	Am. & Ren.	10-1-2013
411-031-0040	7-1-2013	Amend(T)	8-1-2013	411-050-0410	9-1-2013	Am. & Ren.	10-1-2013
411-031-0040(T)	3-26-2013	Repeal	5-1-2013	411-050-0412	9-1-2013	Am. & Ren.	10-1-2013
411-031-0050	3-26-2013	Amend	5-1-2013	411-050-0415	9-1-2013	Am. & Ren.	10-1-2013
411-032-0000	7-1-2013	Amend	7-1-2013	411-050-0420	9-1-2013	Am. & Ren.	10-1-2013
411-032-0001	7-1-2013	Amend	7-1-2013	411-050-0430	9-1-2013	Am. & Ren.	10-1-2013
411-032-0005	7-1-2013	Amend	7-1-2013	411-050-0435	9-1-2013	Am. & Ren.	10-1-2013
411-032-0010	7-1-2013	Amend	7-1-2013	411-050-0440	9-1-2013	Am. & Ren.	10-1-2013
411-032-0013	7-1-2013	Repeal	7-1-2013	411-050-0443	9-1-2013	Am. & Ren.	10-1-2013
411-032-0015	7-1-2013	Amend	7-1-2013	411-050-0444	9-1-2013	Am. & Ren.	10-1-2013
411-032-0020	7-1-2013	Amend	7-1-2013	411-050-0445	9-1-2013	Am. & Ren.	10-1-2013
411-032-0044	7-1-2013	Amend	7-1-2013	411-050-0447	9-1-2013	Am. & Ren.	10-1-2013
411-034-0000	7-1-2013	Amend(T)	8-1-2013	411-050-0450	9-1-2013	Am. & Ren.	10-1-2013
411-034-0010	7-1-2013	Amend(T)	8-1-2013	411-050-0455	9-1-2013	Am. & Ren.	10-1-2013
411-034-0020	7-1-2013	Amend(T)	8-1-2013	411-050-0460	9-1-2013	Am. & Ren.	10-1-2013
411-034-0030	7-1-2013	Amend(T)	8-1-2013	411-050-0465	9-1-2013	Am. & Ren.	10-1-2013
411-034-0035	7-1-2013	Amend(T)	8-1-2013	411-050-0480	9-1-2013	Am. & Ren.	10-1-2013
411-034-0040	7-1-2013	Amend(T)	8-1-2013	411-050-0481	9-1-2013	Am. & Ren.	10-1-2013
411-034-0050	7-1-2013	Amend(T)	8-1-2013	411-050-0483	9-1-2013	Am. & Ren.	10-1-2013
411-034-0055	7-1-2013	Amend(T)	8-1-2013	411-050-0485	9-1-2013	Am. & Ren.	10-1-2013
411-034-0070	7-1-2013	Amend(T)	8-1-2013	411-050-0487	9-1-2013	Am. & Ren.	10-1-2013
411-034-0090	7-1-2013	Amend(T)	8-1-2013	411-050-0490	9-1-2013	Repeal	10-1-2013
411-040-0000	7-1-2013	Amend(T)	8-1-2013	411-050-0491	9-1-2013	Am. & Ren.	10-1-2013
411-045-0010	7-1-2013	Amend(T)	8-1-2013	411-050-0640	10-16-2013	Amend(T)	12-1-2013
411-045-0050	7-1-2013	Amend(T)	8-1-2013	411-050-0662	9-1-2013	Adopt	10-1-2013
411-048-0000	4-15-2013	Repeal	5-1-2013	411-065-0000	7-1-2013	Amend(T)	8-1-2013
411-048-0010	4-15-2013	Repeal	5-1-2013	411-069-0000	10-7-2013	Amend(T)	11-1-2013
411-048-0020	4-15-2013	Repeal	5-1-2013	411-069-0010	10-7-2013	Amend(T)	11-1-2013
411-048-0030	4-15-2013	Repeal	5-1-2013	411-069-0020	10-7-2013	Amend(T)	11-1-2013
411-048-0040	4-15-2013	Repeal	5-1-2013	411-069-0030	10-7-2013	Amend(T)	11-1-2013
411-048-0050	4-15-2013	Repeal	5-1-2013	411-069-0040	10-7-2013	Amend(T)	11-1-2013
411-048-0060	4-15-2013	Repeal	5-1-2013	411-069-0050	10-7-2013	Amend(T)	11-1-2013
411-048-0070	4-15-2013	Repeal	5-1-2013	411-069-0060	10-7-2013	Amend(T)	11-1-2013
411-048-0080	4-15-2013	Repeal	5-1-2013	411-069-0070	10-7-2013	Amend(T)	11-1-2013
411-048-0100	4-15-2013	Repeal	5-1-2013	411-069-0080	10-7-2013	Amend(T)	11-1-2013
411-048-0120	4-15-2013	Repeal	5-1-2013	411-069-0090	10-7-2013	Amend(T)	11-1-2013
411-048-0130	4-15-2013	Repeal	5-1-2013	411-069-0100	10-7-2013	Amend(T)	11-1-2013
411-048-0150	4-15-2013	Adopt	5-1-2013	411-069-0110	10-7-2013	Amend(T)	11-1-2013
411-048-0150	7-1-2013	Amend(T)	8-1-2013	411-069-0120	10-7-2013	Amend(T)	11-1-2013
411-048-0160	4-15-2013	Adopt	5-1-2013	411-069-0130	10-7-2013	Amend(T)	11-1-2013
411-048-0160	7-1-2013	Amend(T)	8-1-2013	411-069-0140	10-7-2013	Amend(T)	11-1-2013
411-048-0170	4-15-2013	Adopt	5-1-2013	411-069-0150	10-7-2013	Amend(T)	11-1-2013
411-048-0170	7-1-2013	Amend(T)	8-1-2013	411-069-0160	10-7-2013	Amend(T)	11-1-2013
411-048-0180	4-15-2013	Adopt	5-1-2013	411-069-0170	10-7-2013	Amend(T)	11-1-2013
411-048-0190	4-15-2013	Adopt	5-1-2013	411-070-0005	3-1-2013	Amend	4-1-2013
411-048-0200	4-15-2013	Adopt	5-1-2013	411-070-0005	10-7-2013	Amend(T)	11-1-2013
411-048-0210	4-15-2013	Adopt	5-1-2013	411-070-0005(T)	3-1-2013	Repeal	4-1-2013
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411-070-0091(T)	3-1-2013	Repeal	4-1-2013	411-330-0050	7-1-2013	Amend(T)	8-1-2013
411-070-0140	5-1-2013	Amend(T)	6-1-2013	411-330-0060	7-1-2013	Amend(T)	8-1-2013
411-070-0140	10-1-2013	Amend	11-1-2013	411-330-0065	1-4-2013	Adopt	2-1-2013
411-070-0140(T)	10-1-2013	Repeal	11-1-2013	411-330-0065(T)	1-4-2013	Repeal	2-1-2013
411-070-0300	10-7-2013	Amend(T)	11-1-2013	411-330-0070	7-1-2013	Amend(T)	8-1-2013
411-070-0437	10-7-2013	Adopt(T)	11-1-2013	411-330-0080	7-1-2013	Amend(T)	8-1-2013
411-070-0442	10-7-2013	Amend(T)	11-1-2013	411-330-0090	7-1-2013	Amend(T)	8-1-2013
411-070-0442	10-7-2013	Amend(T)	11-1-2013	411-330-0110	7-1-2013	Amend(T)	8-1-2013
411-070-0442(T)	10-7-2013	Suspend	11-1-2013	411-340-0020	4-1-2013	Amend(T)	5-1-2013
411-070-0452	7-1-2013	Amend(T)	8-1-2013	411-340-0020	7-2-2013	Amend(T)	8-1-2013
411-070-0452	10-7-2013	Amend(T)	11-1-2013	411-340-0020	8-1-2013	Amend	9-1-2013
411-070-0452(T)	10-7-2013	Suspend	11-1-2013	411-340-0020	8-1-2013	Amend(T)	9-1-2013
411-070-0470	1-1-2013	Amend(T)	2-1-2013	411-340-0020(T)	7-2-2013	Suspend	8-1-2013
411-070-0470	5-1-2013	Amend	5-1-2013	411-340-0020(T)	8-1-2013	Repeal	9-1-2013
411-070-0470(T)	5-1-2013	Repeal	5-1-2013	411-340-0100	7-1-2013	Amend(T)	8-1-2013
411-085-0025	10-7-2013	Amend(T)	11-1-2013	411-340-0110	7-1-2013	Amend(T)	8-1-2013
411-085-0210	10-7-2013	Amend(T)	11-1-2013	411-340-0120	7-1-2013	Amend(T)	8-1-2013
411-086-0100	10-1-2013	Amend(T)	11-1-2013	411-340-0125	7-1-2013	Amend(T)	8-1-2013
411-088-0070	10-7-2013	Amend(T)	11-1-2013	411-340-0130	7-1-2013	Amend(T)	8-1-2013
411-300-0110	7-1-2013	Amend(T)	8-1-2013	411-340-0150	7-1-2013	Amend(T)	8-1-2013
411-300-0120	7-1-2013	Amend(T)	8-1-2013	411-345-0020	7-1-2013	Amend(T)	8-1-2013
411-300-0130	7-1-2013	Amend(T)	8-1-2013	411-345-0140	7-1-2013	Amend(T)	8-1-2013
411-300-0140	7-1-2013	Amend(T)	8-1-2013	411-346-0110	7-1-2013	Amend(T)	8-1-2013
411-300-0150	7-1-2013	Amend(T)	8-1-2013	411-346-0180	7-1-2013	Amend(T)	8-1-2013
411-308-0010	7-1-2013	Amend(T)	8-1-2013	411-350-0020	7-2-2013	Amend(T)	8-1-2013
411-308-0020	7-1-2013	Amend(T)	8-1-2013	411-350-0030	7-2-2013	Amend(T)	8-1-2013
411-308-0030	7-1-2013	Amend(T)	8-1-2013	411-350-0040	7-2-2013	Amend(T)	8-1-2013
411-308-0050	7-1-2013	Amend(T)	8-1-2013	411-350-0050	7-2-2013	Amend(T)	8-1-2013
411-308-0060	7-1-2013	Amend(T)	8-1-2013	411-355-0010	7-2-2013	Amend(T)	8-1-2013
411-308-0070	7-1-2013	Amend(T)	8-1-2013	411-355-0020	7-2-2013	Amend(T)	8-1-2013
411-308-0080	7-1-2013	Amend(T)	8-1-2013	411-355-0030	7-2-2013	Amend(T)	8-1-2013
411-308-0100	7-1-2013	Amend(T)	8-1-2013	411-355-0040	7-2-2013	Amend(T)	8-1-2013
411-308-0120	7-1-2013	Amend(T)	8-1-2013	411-360-0010	9-27-2013	Amend	11-1-2013
411-320-0020	7-1-2013	Amend(T)	8-1-2013	411-360-0020	9-27-2013	Amend	11-1-2013
411-320-0030	7-1-2013	Amend(T)	8-1-2013	411-360-0030	9-27-2013	Amend	11-1-2013
411-320-0040	7-1-2013	Amend(T)	8-1-2013	411-360-0040	9-27-2013	Amend	11-1-2013
411-320-0060	7-1-2013	Amend(T)	8-1-2013	411-360-0050	9-27-2013	Amend	11-1-2013
411-320-0070	7-1-2013	Amend(T)	8-1-2013	411-360-0055	9-27-2013	Adopt	11-1-2013
411-320-0090	7-1-2013	Amend(T)	8-1-2013	411-360-0060	9-27-2013	Amend	11-1-2013
411-320-0100	7-1-2013	Amend(T)	8-1-2013	411-360-0070	9-27-2013	Amend	11-1-2013
411-320-0110	7-1-2013	Amend(T)	8-1-2013	411-360-0080	9-27-2013	Amend	11-1-2013
411-320-0120	7-1-2013	Amend(T)	8-1-2013	411-360-0090	4-1-2013	Amend(T)	5-1-2013
411-320-0130	7-1-2013	Amend(T)	8-1-2013	411-360-0090	9-27-2013	Amend	11-1-2013
411-320-0175	4-2-2013	Amend	5-1-2013	411-360-0090(T)	9-27-2013	Repeal	11-1-2013
411-325-0020	7-1-2013	Amend(T)	8-1-2013	411-360-0100	9-27-2013	Repeal	11-1-2013
411-325-0390	7-1-2013	Amend(T)	8-1-2013	411-360-0110	9-27-2013	Amend	11-1-2013
411-325-0400	7-1-2013	Amend(T)	8-1-2013	411-360-0120	9-27-2013	Amend	11-1-2013
411-325-0440	7-1-2013	Amend(T)	8-1-2013	411-360-0130	9-27-2013	Amend	11-1-2013
411-328-0560	7-1-2013	Amend(T)	8-1-2013	411-360-0140	9-27-2013	Amend	11-1-2013
411-328-0790	7-1-2013	Amend(T)	8-1-2013	411-360-0150	9-27-2013	Repeal	11-1-2013
411-328-0800	7-1-2013	Amend(T)	8-1-2013	411-360-0160	9-27-2013	Amend	11-1-2013
411-330-0020	1-4-2013	Amend	2-1-2013	411-360-0170	9-27-2013	Amend	11-1-2013
411-330-0020	7-1-2013	Amend(T)	8-1-2013	411-360-0180	9-27-2013	Amend	11-1-2013
411-330-0020(T)	1-4-2013	Repeal	2-1-2013	411-360-0190	9-27-2013	Amend	11-1-2013
411-330-0030	7-1-2013	Amend(T)	8-1-2013	411-360-0200	9-27-2013	Amend	11-1-2013

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411-360-0220	9-27-2013	Amend	11-1-2013	413-050-0220	10-1-2013	Repeal	11-1-2013
411-360-0230	9-27-2013	Amend	11-1-2013	413-050-0230	10-1-2013	Repeal	11-1-2013
411-360-0240	9-27-2013	Amend	11-1-2013	413-050-0235	10-1-2013	Repeal	11-1-2013
411-360-0250	9-27-2013	Amend	11-1-2013	413-050-0280	10-1-2013	Repeal	11-1-2013
411-360-0260	9-27-2013	Amend	11-1-2013	413-060-0100	10-1-2013	Repeal	11-1-2013
411-360-0270	9-27-2013	Amend	11-1-2013	413-060-0110	10-1-2013	Repeal	11-1-2013
411-360-0275	9-27-2013	Amend	11-1-2013	413-060-0120	10-1-2013	Repeal	11-1-2013
411-360-0280	9-27-2013	Amend	11-1-2013	413-060-0130	10-1-2013	Repeal	11-1-2013
411-360-0290	9-27-2013	Amend	11-1-2013	413-060-0140	10-1-2013	Repeal	11-1-2013
411-360-0300	9-27-2013	Amend	11-1-2013	413-060-0150	10-1-2013	Repeal	11-1-2013
411-360-0310	9-27-2013	Amend	11-1-2013	413-060-0200	10-1-2013	Repeal	11-1-2013
413-010-0500	1-1-2014	Amend	12-1-2013	413-060-0210	10-1-2013	Repeal	11-1-2013
413-020-0236	1-15-2013	Amend	2-1-2013	413-060-0220	10-1-2013	Repeal	11-1-2013
413-020-0245	1-15-2013	Amend	2-1-2013	413-060-0230	10-1-2013	Repeal	11-1-2013
413-030-0000	1-15-2013	Amend	2-1-2013	413-060-0240	10-1-2013	Repeal	11-1-2013
413-030-0003	1-15-2013	Amend	2-1-2013	413-060-0300	10-1-2013	Repeal	11-1-2013
413-030-0006	1-15-2013	Amend	2-1-2013	413-060-0310	10-1-2013	Repeal	11-1-2013
413-030-0009	1-15-2013	Amend	2-1-2013	413-060-0320	10-1-2013	Repeal	11-1-2013
413-030-0013	1-15-2013	Amend	2-1-2013	413-060-0330	10-1-2013	Repeal	11-1-2013
413-030-0016	1-15-2013	Amend	2-1-2013	413-060-0340	10-1-2013	Repeal	11-1-2013
413-030-0019	1-15-2013	Amend	2-1-2013	413-060-0350	10-1-2013	Repeal	11-1-2013
413-030-0023	1-15-2013	Amend	2-1-2013	413-060-0360	10-1-2013	Repeal	11-1-2013
413-030-0026	1-15-2013	Amend	2-1-2013	413-060-0370	10-1-2013	Repeal	11-1-2013
413-030-0030	1-15-2013	Amend	2-1-2013	413-070-0524	1-15-2013	Amend	2-1-2013
413-030-0405	1-15-2013	Amend	2-1-2013	413-070-0536	1-15-2013	Amend	2-1-2013
413-030-0410	1-15-2013	Amend	2-1-2013	413-070-0551	1-15-2013	Amend	2-1-2013
413-030-0445	1-15-2013	Amend	2-1-2013	413-070-0552	1-15-2013	Amend	2-1-2013
413-030-0449	1-15-2013	Amend	2-1-2013	413-070-0556	1-15-2013	Amend	2-1-2013
413-030-0454	1-15-2013	Amend	2-1-2013	413-070-0565	1-15-2013	Amend	2-1-2013
413-030-0456	1-15-2013	Adopt	2-1-2013	413-070-0620	1-15-2013	Amend	2-1-2013
413-040-0005	1-15-2013	Amend	2-1-2013	413-070-0625	1-15-2013	Amend	2-1-2013
413-040-0006	1-15-2013	Amend	2-1-2013	413-070-0630	1-15-2013	Amend	2-1-2013
413-040-0008	1-15-2013	Amend	2-1-2013	413-070-0640	1-15-2013	Amend	2-1-2013
413-040-0009	1-15-2013	Amend	2-1-2013	413-080-0040	1-15-2013	Amend	2-1-2013
413-040-0010	1-15-2013	Amend	2-1-2013	413-080-0050	1-15-2013	Amend	2-1-2013
413-040-0011	1-15-2013	Amend	2-1-2013	413-080-0052	1-15-2013	Amend	2-1-2013
413-040-0013	1-15-2013	Amend	2-1-2013	413-080-0054	1-15-2013	Adopt	2-1-2013
413-040-0016	1-15-2013	Amend	2-1-2013	413-080-0055	1-15-2013	Amend	2-1-2013
413-040-0017	1-15-2013	Amend	2-1-2013	413-080-0059	1-15-2013	Amend	2-1-2013
413-040-0024	1-15-2013	Amend	2-1-2013	413-080-0063	1-15-2013	Repeal	2-1-2013
413-040-0032	1-15-2013	Amend	2-1-2013	413-080-0067	1-15-2013	Amend	2-1-2013
413-040-0210	1-15-2013	Amend	2-1-2013	413-080-0200	10-1-2013	Repeal	11-1-2013
413-040-0215	1-15-2013	Amend	2-1-2013	413-080-0205	10-1-2013	Repeal	11-1-2013
413-040-0240	1-15-2013	Amend	2-1-2013	413-080-0210	10-1-2013	Repeal	11-1-2013
413-040-0270	1-15-2013	Amend	2-1-2013	413-080-0220	10-1-2013	Repeal	11-1-2013
413-040-0290	1-15-2013	Amend	2-1-2013	413-080-0240	10-1-2013	Repeal	11-1-2013
413-040-0300	1-15-2013	Amend	2-1-2013	413-080-0250	10-1-2013	Repeal	11-1-2013
413-050-0000	10-1-2013	Repeal	11-1-2013	413-080-0260	10-1-2013	Repeal	11-1-2013
413-050-0005	10-1-2013	Repeal	11-1-2013	413-080-0270	10-1-2013	Repeal	11-1-2013
413-050-0010	10-1-2013	Repeal	11-1-2013	413-090-0055	1-1-2014	Adopt	12-1-2013
413-050-0020	10-1-2013	Repeal	11-1-2013	413-090-0060	1-1-2014	Adopt	12-1-2013
413-050-0030	10-1-2013	Repeal	11-1-2013	413-090-0065	1-1-2014	Adopt	12-1-2013
413-050-0040	10-1-2013	Repeal	11-1-2013	413-090-0070	1-1-2014	Adopt	12-1-2013
413-050-0050	10-1-2013	Repeal	11-1-2013	413-090-0075	1-1-2014	Adopt	12-1-2013
413-050-0200	10-1-2013	Repeal	11-1-2013	413-090-0080	1-1-2014	Adopt	12-1-2013

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413-090-0090	1-1-2014	Adopt	12-1-2013	415-012-0030	1-14-2013	Amend(T)	2-1-2013
413-120-0246	10-1-2013	Amend	11-1-2013	415-012-0030	5-3-2013	Amend	6-1-2013
413-120-0810	10-1-2013	Amend	11-1-2013	415-012-0032	5-3-2013	Adopt	6-1-2013
413-120-0835	10-1-2013	Repeal	11-1-2013	415-012-0035	5-3-2013	Adopt	6-1-2013
413-120-0850	10-1-2013	Repeal	11-1-2013	415-012-0040	5-3-2013	Amend	6-1-2013
413-120-0860	1-15-2013	Amend	2-1-2013	415-012-0050	5-3-2013	Amend	6-1-2013
413-120-0905	11-1-2013	Amend(T)	12-1-2013	415-012-0055	5-3-2013	Adopt	6-1-2013
413-200-0000	10-1-2013	Repeal	11-1-2013	415-012-0060	5-3-2013	Amend	6-1-2013
413-200-0010	10-1-2013	Repeal	11-1-2013	415-012-0065	5-3-2013	Adopt	6-1-2013
413-200-0020	10-1-2013	Repeal	11-1-2013	415-012-0067	5-3-2013	Adopt	6-1-2013
413-200-0030	10-1-2013	Repeal	11-1-2013	415-012-0070	5-3-2013	Amend	6-1-2013
413-200-0040	10-1-2013	Repeal	11-1-2013	415-012-0080	5-3-2013	Amend	6-1-2013
413-200-0050	10-1-2013	Repeal	11-1-2013	415-012-0090	5-3-2013	Amend	6-1-2013
413-210-0300	10-1-2013	Repeal	11-1-2013	415-020-0005	6-7-2013	Amend	7-1-2013
413-210-0310	10-1-2013	Repeal	11-1-2013	415-020-0015	6-7-2013	Amend	7-1-2013
413-210-0320	10-1-2013	Repeal	11-1-2013	415-020-0017	6-7-2013	Adopt	7-1-2013
413-210-0330	10-1-2013	Repeal	11-1-2013	415-020-0053	1-14-2013	Amend(T)	2-1-2013
413-210-0340	10-1-2013	Repeal	11-1-2013	415-020-0053	6-7-2013	Amend	7-1-2013
413-215-0911	10-1-2013	Amend	11-1-2013	415-020-0060	6-7-2013	Amend	7-1-2013
413-215-0916	10-1-2013	Amend	11-1-2013	415-020-0075	6-7-2013	Amend	7-1-2013
413-215-0918	10-1-2013	Adopt	11-1-2013	415-020-0085	6-7-2013	Amend	7-1-2013
413-215-0921	10-1-2013	Amend	11-1-2013	415-050-0000	2-4-2013	Amend(T)	3-1-2013
413-215-0926	10-1-2013	Amend	11-1-2013	415-050-0000	8-1-2013	Amend	9-1-2013
413-215-0931	10-1-2013	Amend	11-1-2013	415-050-0000(T)	8-1-2013	Repeal	9-1-2013
413-215-0936	10-1-2013	Amend	11-1-2013	415-050-0005	2-4-2013	Amend(T)	3-1-2013
413-215-0941	10-1-2013	Amend	11-1-2013	415-050-0005	8-1-2013	Amend	9-1-2013
413-215-0946	10-1-2013	Amend	11-1-2013	415-050-0005(T)	8-1-2013	Repeal	9-1-2013
413-215-0951	10-1-2013	Amend	11-1-2013	415-050-0010	8-1-2013	Amend	9-1-2013
413-215-0961	10-1-2013	Amend	11-1-2013	415-050-0015	2-4-2013	Amend(T)	3-1-2013
413-215-0976	10-1-2013	Amend	11-1-2013	415-050-0015	8-1-2013	Amend	9-1-2013
413-215-0981	10-1-2013	Amend	11-1-2013	415-050-0015(T)	8-1-2013	Repeal	9-1-2013
413-215-0992	10-1-2013	Adopt	11-1-2013	415-050-0020	8-1-2013	Amend	9-1-2013
413-215-0996	10-1-2013	Amend	11-1-2013	415-050-0025	2-4-2013	Amend(T)	3-1-2013
413-215-1006	10-1-2013	Amend	11-1-2013	415-050-0025	8-1-2013	Amend	9-1-2013
413-215-1011	10-1-2013	Amend	11-1-2013	415-050-0025(T)	8-1-2013	Repeal	9-1-2013
413-215-1016	10-1-2013	Amend	11-1-2013	415-050-0030	8-1-2013	Amend	9-1-2013
413-215-1026	10-1-2013	Amend	11-1-2013	415-050-0035	2-4-2013	Amend(T)	3-1-2013
413-215-1031	10-1-2013	Amend	11-1-2013	415-050-0035	8-1-2013	Amend	9-1-2013
414-002-0005	8-16-2013	Adopt(T)	10-1-2013	415-050-0035(T)	8-1-2013	Repeal	9-1-2013
414-002-0005	9-9-2013	Adopt(T)	10-1-2013	415-050-0040	2-4-2013	Amend(T)	3-1-2013
414-002-0010	8-16-2013	Adopt(T)	10-1-2013	415-050-0040	8-1-2013	Amend	9-1-2013
414-002-0010	9-9-2013	Adopt(T)	10-1-2013	415-050-0040(T)	8-1-2013	Repeal	9-1-2013
414-900-0005	8-16-2013	Adopt(T)	10-1-2013	415-050-0045	2-4-2013	Amend(T)	3-1-2013
414-900-0005	9-9-2013	Adopt(T)	10-1-2013	415-050-0045	8-1-2013	Amend	9-1-2013
414-900-0010	8-16-2013	Adopt(T)	10-1-2013	415-050-0045(T)	8-1-2013	Repeal	9-1-2013
414-900-0010	9-9-2013	Adopt(T)	10-1-2013	415-050-0050	2-4-2013	Amend(T)	3-1-2013
414-900-0015	8-16-2013	Adopt(T)	10-1-2013	415-050-0050	8-1-2013	Amend	9-1-2013
414-900-0015	9-9-2013	Adopt(T)	10-1-2013	415-050-0050(T)	8-1-2013	Repeal	9-1-2013
414-900-0020	8-16-2013	Adopt(T)	10-1-2013	415-050-0055	2-4-2013	Amend(T)	3-1-2013
414-900-0020	9-9-2013	Adopt(T)	10-1-2013	415-050-0055	8-1-2013	Amend	9-1-2013
415-012-0000	1-14-2013	Amend(T)	2-1-2013	415-050-0055(T)	8-1-2013	Repeal	9-1-2013
415-012-0000	5-3-2013	Amend	6-1-2013	415-050-0060	2-4-2013	Amend(T)	3-1-2013
415-012-0010	1-14-2013	Amend(T)	2-1-2013	415-050-0060	8-1-2013	Amend	9-1-2013
415-012-0010	5-3-2013	Amend	6-1-2013	415-050-0060(T)	8-1-2013	Repeal	9-1-2013
415-012-0020	1-14-2013	Amend(T)	2-1-2013	415-050-0065	2-4-2013	Amend(T)	3-1-2013

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415-050-0065(T)	8-1-2013	Repeal	9-1-2013	436-001-0300	12-28-2012	Repeal	1-1-2013
415-050-0070	2-4-2013	Amend(T)	3-1-2013	436-001-0410	12-28-2012	Amend	1-1-2013
415-050-0070	8-1-2013	Amend	9-1-2013	436-001-0420	12-28-2012	Amend	1-1-2013
415-050-0070(T)	8-1-2013	Repeal	9-1-2013	436-001-0430	12-28-2012	Amend	1-1-2013
415-050-0075	2-4-2013	Amend(T)	3-1-2013	436-009-0004	4-1-2013	Amend	4-1-2013
415-050-0075	8-1-2013	Amend	9-1-2013	436-009-0004	1-1-2014	Amend	12-1-2013
415-050-0075(T)	8-1-2013	Repeal	9-1-2013	436-009-0010	4-1-2013	Amend	4-1-2013
415-050-0080	8-1-2013	Amend	9-1-2013	436-009-0015	1-1-2014	Amend	12-1-2013
415-050-0085	8-1-2013	Amend	9-1-2013	436-009-0020	4-1-2013	Amend	4-1-2013
415-050-0090	2-4-2013	Amend(T)	3-1-2013	436-009-0025	4-1-2013	Amend	4-1-2013
415-050-0090	8-1-2013	Amend	9-1-2013	436-009-0030	4-1-2013	Amend	4-1-2013
415-050-0090(T)	8-1-2013	Repeal	9-1-2013	436-009-0050	4-1-2013	Amend	4-1-2013
415-050-0095	8-1-2013	Amend	9-1-2013	436-009-0070	4-1-2013	Amend	4-1-2013
415-065-0020	11-8-2013	Amend(T)	12-1-2013	436-009-0110	4-1-2013	Amend	4-1-2013
415-065-0055	11-8-2013	Amend(T)	12-1-2013	436-009-0135	4-1-2013	Amend	4-1-2013
415-065-0065	11-8-2013	Amend(T)	12-1-2013	436-009-0175	4-1-2013	Amend	4-1-2013
416-335-0000	1-1-2014	Adopt	12-1-2013	436-009-0177	4-1-2013	Amend	4-1-2013
416-335-0010	1-1-2014	Adopt	12-1-2013	436-009-0180	4-1-2013	Amend	4-1-2013
416-335-0020	1-1-2014	Adopt	12-1-2013	436-009-0207	4-1-2013	Amend	4-1-2013
416-335-0030	1-1-2014	Adopt	12-1-2013	436-009-0207	1-1-2014	Amend	12-1-2013
416-335-0040	1-1-2014	Adopt	12-1-2013	436-009-0260	4-1-2013	Amend	4-1-2013
416-335-0050	1-1-2014	Adopt	12-1-2013	436-009-0290	4-1-2013	Amend	4-1-2013
416-335-0060	1-1-2014	Adopt	12-1-2013	436-010-0005	1-1-2014	Amend	12-1-2013
416-335-0070	1-1-2014	Adopt	12-1-2013	436-010-0210	4-1-2013	Amend	4-1-2013
416-335-0080	1-1-2014	Adopt	12-1-2013	436-010-0210	1-1-2014	Amend	12-1-2013
416-335-0090	1-1-2014	Adopt	12-1-2013	436-010-0230	4-1-2013	Amend	4-1-2013
416-335-0100	1-1-2014	Adopt	12-1-2013	436-010-0265	4-1-2013	Amend	4-1-2013
416-465-0000	2-25-2013	Repeal	4-1-2013	436-010-0275	1-1-2014	Amend	12-1-2013
416-465-0010	2-25-2013	Repeal	4-1-2013	436-010-0330	4-1-2013	Amend	4-1-2013
416-465-0020	2-25-2013	Repeal	4-1-2013	436-015-0008	4-1-2013	Amend	4-1-2013
416-465-0030	2-25-2013	Repeal	4-1-2013	436-015-0030	1-1-2014	Amend	12-1-2013
416-465-0040	2-25-2013	Repeal	4-1-2013	436-015-0035	1-1-2014	Amend	12-1-2013
416-800-0080	7-29-2013	Amend	9-1-2013	436-015-0040	1-1-2014	Amend	12-1-2013
423-001-0000	8-20-2013	Amend(T)	10-1-2013	436-015-0070	1-1-2014	Amend	12-1-2013
423-001-0000	9-9-2013	Amend(T)	10-1-2013	436-015-0080	4-1-2013	Amend	4-1-2013
423-001-0005	8-20-2013	Amend(T)	10-1-2013	436-015-0090	1-1-2014	Amend	12-1-2013
423-001-0005	9-9-2013	Amend(T)	10-1-2013	436-015-0110	4-1-2013	Amend	4-1-2013
423-001-0006	8-20-2013	Amend(T)	10-1-2013	436-035-0002	1-1-2013	Amend	1-1-2013
423-001-0006	9-9-2013	Amend(T)	10-1-2013	436-035-0003	1-1-2013	Amend	1-1-2013
423-008-0005	8-20-2013	Adopt(T)	10-1-2013	436-035-0005	1-1-2013	Amend	1-1-2013
423-008-0005	9-9-2013	Adopt(T)	10-1-2013	436-035-0007	1-1-2013	Amend	1-1-2013
423-009-0005	8-20-2013	Adopt(T)	10-1-2013	436-035-0008	1-1-2013	Amend	1-1-2013
423-009-0005	9-9-2013	Adopt(T)	10-1-2013	436-035-0009	1-1-2013	Amend	1-1-2013
423-009-0010	8-20-2013	Adopt(T)	10-1-2013	436-035-0011	1-1-2013	Amend	1-1-2013
423-009-0010	9-9-2013	Adopt(T)	10-1-2013	436-035-0012	1-1-2013	Amend	1-1-2013
423-009-0020	8-20-2013	Adopt(T)	10-1-2013	436-035-0017	1-1-2013	Amend	1-1-2013
423-009-0020	9-9-2013	Adopt(T)	10-1-2013	436-035-0018	1-1-2013	Amend	1-1-2013
436-001-0003	12-28-2012	Amend	1-1-2013	436-035-0030	1-1-2013	Amend	1-1-2013
436-001-0004	12-28-2012	Amend	1-1-2013	436-035-0040	1-1-2013	Amend	1-1-2013
436-001-0005	12-28-2012	Amend	1-1-2013	436-035-0110	1-1-2013	Amend	1-1-2013
436-001-0009	12-28-2012	Amend	1-1-2013	436-035-0230	1-1-2013	Amend	1-1-2013
436-001-0019	12-28-2012	Amend	1-1-2013	436-035-0235	1-1-2013	Amend	1-1-2013
436-001-0023	12-28-2012	Amend	1-1-2013	436-035-0255	1-1-2013	Amend	1-1-2013
436-001-0170	12-28-2012	Amend	1-1-2013	436-035-0260	1-1-2013	Amend	1-1-2013
436-001-0225	12-28-2012	Amend	1-1-2013	436-035-0265	1-1-2013	Amend	1-1-2013

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436-035-0350	1-1-2013	Amend	1-1-2013	437-002-0360	7-18-2013	Amend	9-1-2013
436-035-0370	1-1-2013	Amend	1-1-2013	437-002-0360	7-19-2013	Amend	9-1-2013
436-035-0380	1-1-2013	Amend	1-1-2013	437-003-0001	12-14-2012	Amend	1-1-2013
436-035-0385	1-1-2013	Amend	1-1-2013	437-003-0001	2-14-2013	Amend	3-1-2013
436-035-0390	1-1-2013	Amend	1-1-2013	437-003-0001	4-1-2013	Amend	3-1-2013
436-035-0395	1-1-2013	Amend	1-1-2013	437-003-0001	7-19-2013	Amend	9-1-2013
436-035-0400	1-1-2013	Amend	1-1-2013	437-003-0001	9-13-2013	Amend	10-1-2013
436-035-0410	1-1-2013	Amend	1-1-2013	437-003-0001	10-9-2013	Amend	11-1-2013
436-035-0420	1-1-2013	Amend	1-1-2013	437-003-0080	10-9-2013	Repeal	11-1-2013
436-035-0430	1-1-2013	Amend	1-1-2013	437-003-0128	4-1-2013	Repeal	3-1-2013
436-035-0440	1-1-2013	Amend	1-1-2013	437-003-0134	4-1-2013	Adopt	3-1-2013
436-035-0450	1-1-2013	Amend	1-1-2013	437-005-0001	12-14-2012	Amend	1-1-2013
436-035-0500	1-1-2013	Amend	1-1-2013	437-005-0001	7-19-2013	Amend	9-1-2013
436-050-0003	1-23-2013	Amend(T)	3-1-2013	437-005-0002	12-14-2012	Amend	1-1-2013
436-050-0003	7-22-2013	Amend	8-1-2013	437-005-0003	12-14-2012	Amend	1-1-2013
436-050-0003	1-1-2014	Amend	12-1-2013	438-005-0015	4-1-2013	Amend	3-1-2013
436-050-0175	1-1-2013	Amend	1-1-2013	438-009-0005	4-1-2013	Amend	3-1-2013
436-050-0175	1-1-2014	Amend	12-1-2013	438-009-0020	4-1-2013	Amend	3-1-2013
436-050-0185	1-1-2014	Amend	12-1-2013	438-011-0010	4-1-2013	Amend	3-1-2013
436-050-0300	1-23-2013	Amend(T)	3-1-2013	438-011-0045	4-1-2013	Amend	3-1-2013
436-050-0300	7-22-2013	Amend	8-1-2013	438-012-0001	4-1-2013	Amend	3-1-2013
436-070-0002	4-1-2013	Amend	1-1-2013	438-012-0020	4-1-2013	Amend	3-1-2013
436-070-0003	4-1-2013	Amend	1-1-2013	438-012-0031	4-1-2013	Amend	3-1-2013
436-070-0010	4-1-2013	Amend	1-1-2013	438-012-0035	4-1-2013	Amend	3-1-2013
436-105-0003	7-1-2013	Amend	5-1-2013	438-012-0036	4-1-2013	Amend	3-1-2013
436-105-0520	7-1-2013	Amend	5-1-2013	438-012-0050	4-1-2013	Amend	3-1-2013
436-110-0150	6-7-2013	Adopt	7-1-2013	438-012-0060	4-1-2013	Amend	3-1-2013
436-120-0443	1-1-2014	Amend	12-1-2013	438-012-0062	4-1-2013	Amend	3-1-2013
436-160-0001	7-1-2014	Amend	11-1-2013	438-016-0005	4-1-2013	Amend	3-1-2013
436-160-0002	7-1-2014	Repeal	11-1-2013	438-019-0010	4-1-2013	Amend	3-1-2013
436-160-0003	7-1-2014	Repeal	11-1-2013	438-020-0010	4-1-2013	Amend	3-1-2013
436-160-0004	7-1-2014	Amend	11-1-2013	438-022-0005	4-1-2013	Amend	3-1-2013
436-160-0005	7-1-2014	Amend	11-1-2013	440-045-0020	1-1-2014	Amend	11-1-2013
436-160-0006	7-1-2014	Repeal	11-1-2013	440-045-0025	1-1-2014	Amend	11-1-2013
436-160-0010	7-1-2014	Repeal	11-1-2013	441-175-0120	11-15-2013	Amend	12-1-2013
436-160-0020	7-1-2014	Repeal	11-1-2013	441-446-0100	11-15-2013	Amend	12-1-2013
436-160-0030	7-1-2014	Repeal	11-1-2013	441-446-0110	11-15-2013	Amend	12-1-2013
436-160-0040	7-1-2014	Amend	11-1-2013	441-446-0200	11-15-2013	Amend	12-1-2013
436-160-0050	7-1-2014	Repeal	11-1-2013	441-446-0203	11-15-2013	Adopt	12-1-2013
436-160-0060	7-1-2014	Amend	11-1-2013	441-446-0210	11-15-2013	Amend	12-1-2013
436-160-0070	7-1-2014	Repeal	11-1-2013	441-446-0230	11-15-2013	Adopt	12-1-2013
436-160-0090	7-1-2014	Repeal	11-1-2013	441-446-0300	11-15-2013	Amend	12-1-2013
436-160-0405	7-1-2014	Amend	11-1-2013	441-505-3090	1-23-2013	Adopt	3-1-2013
436-160-0410	7-1-2014	Amend	11-1-2013	441-505-3090(T)	1-23-2013	Repeal	3-1-2013
436-160-0415	7-1-2014	Amend	11-1-2013	441-710-0270	2-1-2013	Amend(T)	2-1-2013
436-160-0420	7-1-2014	Amend	11-1-2013	441-710-0270	7-19-2013	Amend	9-1-2013
436-160-0430	7-1-2014	Amend	11-1-2013	441-710-0270(T)	7-19-2013	Repeal	9-1-2013
436-160-0440	7-1-2014	Amend	11-1-2013	441-740-0017	9-17-2013	Adopt(T)	11-1-2013
436-160-0445	7-1-2014	Amend	11-1-2013	442-005-0000	1-1-2013	Amend	2-1-2013
437-002-0005	12-14-2012	Amend	1-1-2013	442-005-0010	1-1-2013	Amend	2-1-2013
437-002-0020	4-1-2013	Amend	3-1-2013	442-005-0020	1-1-2013	Amend	2-1-2013
437-002-0023	4-1-2013	Adopt	3-1-2013	442-005-0030	1-1-2013	Amend	2-1-2013
437-002-0100	7-19-2013	Amend	9-1-2013	442-005-0040	1-1-2013	Amend	2-1-2013
437-002-0120	12-14-2012	Amend	1-1-2013	442-005-0050	1-1-2013	Amend	2-1-2013
437-002-0134	4-1-2013	Amend	3-1-2013	442-005-0070	1-1-2013	Amend	2-1-2013

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442-005-0090	1-1-2013	Amend	2-1-2013	459-005-0400	12-5-2012	Adopt	1-1-2013
442-005-0100	1-1-2013	Amend	2-1-2013	459-005-0525	3-29-2013	Amend	5-1-2013
442-005-0110	1-1-2013	Amend	2-1-2013	459-005-0545	3-29-2013	Amend	5-1-2013
442-005-0130	1-1-2013	Amend	2-1-2013	459-007-0007	9-27-2013	Adopt	11-1-2013
442-005-0140	1-1-2013	Amend	2-1-2013	459-009-0200	1-25-2013	Amend	3-1-2013
442-005-0150	1-1-2013	Amend	2-1-2013	459-013-0060	7-26-2013	Amend	9-1-2013
442-005-0160	1-1-2013	Amend	2-1-2013	459-013-0310	9-27-2013	Amend	11-1-2013
442-005-0170	1-1-2013	Amend	2-1-2013	459-013-0320	9-27-2013	Amend	11-1-2013
442-005-0180	1-1-2013	Amend	2-1-2013	459-017-0060	3-29-2013	Amend	5-1-2013
442-005-0190	1-1-2013	Amend	2-1-2013	459-035-0001	12-5-2012	Amend	1-1-2013
442-005-0200	1-1-2013	Amend	2-1-2013	459-035-0200	12-5-2012	Repeal	1-1-2013
442-005-0210	1-1-2013	Amend	2-1-2013	459-035-0220	12-5-2012	Repeal	1-1-2013
442-005-0220	1-1-2013	Amend	2-1-2013	459-075-0170	9-27-2013	Adopt	11-1-2013
442-005-0230	1-1-2013	Amend	2-1-2013	459-075-0200	3-29-2013	Amend	5-1-2013
442-005-0235	1-1-2013	Adopt	2-1-2013	459-080-0500	3-29-2013	Amend	5-1-2013
442-005-0240	1-1-2013	Amend	2-1-2013	461-001-0000	8-23-2013	Amend(T)	10-1-2013
442-005-0260	1-1-2013	Amend	2-1-2013	461-001-0000	10-1-2013	Amend	11-1-2013
442-005-0270	1-1-2013	Amend	2-1-2013	461-001-0000	10-1-2013	Amend(T)	11-1-2013
442-005-0280	1-1-2013	Amend	2-1-2013	461-001-0000(T)	10-1-2013	Suspend	11-1-2013
442-005-0290	1-1-2013	Amend	2-1-2013	461-001-0015	4-1-2013	Amend	5-1-2013
442-005-0300	1-1-2013	Amend	2-1-2013	461-001-0030	7-1-2013	Amend(T)	8-1-2013
442-005-0310	1-1-2013	Amend	2-1-2013	461-001-0030	10-1-2013	Amend	11-1-2013
442-005-0320	1-1-2013	Amend	2-1-2013	461-001-0030(T)	10-1-2013	Repeal	11-1-2013
442-005-0330	1-1-2013	Amend	2-1-2013	461-025-0300	4-1-2013	Amend	5-1-2013
442-005-0340	1-1-2013	Amend	2-1-2013	461-025-0300(T)	4-1-2013	Repeal	5-1-2013
442-005-0350	1-1-2013	Repeal	2-1-2013	461-025-0301	4-1-2013	Adopt	5-1-2013
442-010-0010	1-1-2013	Amend	2-1-2013	461-025-0301(T)	4-1-2013	Repeal	5-1-2013
442-010-0020	1-1-2013	Amend	2-1-2013	461-025-0310	7-1-2013	Amend(T)	8-1-2013
442-010-0030	1-1-2013	Amend	2-1-2013	461-025-0310	10-1-2013	Amend	11-1-2013
442-010-0040	1-1-2013	Amend	2-1-2013	461-025-0310	10-2-2013	Amend(T)	11-1-2013
442-010-0050	1-1-2013	Amend	2-1-2013	461-025-0310(T)	10-1-2013	Repeal	11-1-2013
442-010-0055	1-1-2013	Amend	2-1-2013	461-025-0315	7-1-2013	Amend(T)	8-1-2013
442-010-0060	1-1-2013	Amend	2-1-2013	461-025-0315	10-1-2013	Amend	11-1-2013
442-010-0070	1-1-2013	Amend	2-1-2013	461-025-0315(T)	10-1-2013	Repeal	11-1-2013
442-010-0075	1-1-2013	Amend	2-1-2013	461-101-0010	8-23-2013	Amend(T)	10-1-2013
442-010-0080	1-1-2013	Amend	2-1-2013	461-101-0010	10-1-2013	Amend(T)	11-1-2013
442-010-0085	1-1-2013	Amend	2-1-2013	461-101-0010(T)	10-1-2013	Suspend	11-1-2013
442-010-0090	1-1-2013	Amend	2-1-2013	461-110-0210	7-1-2013	Amend(T)	8-1-2013
442-010-0100	1-1-2013	Amend	2-1-2013	461-110-0210	10-1-2013	Amend	11-1-2013
442-010-0110	1-1-2013	Repeal	2-1-2013	461-110-0210	10-1-2013	Amend(T)	11-1-2013
442-010-0120	1-1-2013	Amend	2-1-2013	461-110-0210(T)	10-1-2013	Repeal	11-1-2013
442-010-0140	1-1-2013	Amend	2-1-2013	461-110-0330	10-1-2013	Amend(T)	11-1-2013
442-010-0150	1-1-2013	Amend	2-1-2013	461-110-0340	10-1-2013	Amend	11-1-2013
442-010-0160	1-1-2013	Amend	2-1-2013	461-110-0340	10-1-2013	Amend(T)	11-1-2013
442-010-0170	1-1-2013	Amend	2-1-2013	461-110-0370	10-1-2013	Amend	11-1-2013
442-010-0180	1-1-2013	Amend	2-1-2013	461-110-0400	10-1-2013	Suspend	11-1-2013
442-010-0190	1-1-2013	Amend	2-1-2013	461-110-0430	4-10-2013	Amend(T)	5-1-2013
442-010-0210	1-1-2013	Amend	2-1-2013	461-110-0430	10-1-2013	Amend	11-1-2013
442-010-0215	1-1-2013	Amend	2-1-2013	461-110-0430(T)	10-1-2013	Repeal	11-1-2013
442-010-0220	1-1-2013	Amend	2-1-2013	461-110-0530	10-1-2013	Amend(T)	11-1-2013
442-010-0230	1-1-2013	Amend	2-1-2013	461-110-0630	10-1-2013	Amend(T)	11-1-2013
442-010-0240	1-1-2013	Amend	2-1-2013	461-115-0016	1-1-2013	Amend	2-1-2013
442-010-0260	1-1-2013	Amend	2-1-2013	461-115-0016(T)	1-1-2013	Repeal	2-1-2013
442-010-0270	1-1-2013	Amend	2-1-2013	461-115-0030	10-1-2013	Amend(T)	11-1-2013
442-010-0280	1-1-2013	Repeal	2-1-2013	461-115-0050	8-1-2013	Amend(T)	9-1-2013

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461-115-0050(T)	10-1-2013	Suspend	11-1-2013	461-135-0400	1-1-2013	Amend(T)	2-1-2013
461-115-0071	10-1-2013	Amend(T)	11-1-2013	461-135-0400	7-1-2013	Amend	8-1-2013
461-115-0150	10-1-2013	Amend(T)	11-1-2013	461-135-0405	10-1-2013	Amend	11-1-2013
461-115-0430	1-1-2013	Amend	2-1-2013	461-135-0407	1-1-2013	Adopt	2-1-2013
461-115-0430	7-1-2013	Amend	8-1-2013	461-135-0407	5-15-2013	Amend(T)	6-1-2013
461-115-0430	10-1-2013	Amend(T)	11-1-2013	461-135-0407	10-1-2013	Amend	11-1-2013
461-115-0530	10-1-2013	Suspend	11-1-2013	461-135-0407(T)	1-1-2013	Repeal	2-1-2013
461-115-0705	10-1-2013	Suspend	11-1-2013	461-135-0407(T)	10-1-2013	Repeal	11-1-2013
461-120-0030	10-1-2013	Amend(T)	11-1-2013	461-135-0570	5-1-2013	Amend(T)	6-1-2013
461-120-0050	10-1-2013	Amend(T)	11-1-2013	461-135-0570	10-1-2013	Amend	11-1-2013
461-120-0125	10-1-2013	Amend(T)	11-1-2013	461-135-0570(T)	10-1-2013	Repeal	11-1-2013
461-120-0210	5-29-2013	Amend(T)	7-1-2013	461-135-0726	7-1-2013	Amend(T)	8-1-2013
461-120-0210	10-1-2013	Amend	11-1-2013	461-135-0726	10-1-2013	Amend	11-1-2013
461-120-0210	10-1-2013	Amend(T)	11-1-2013	461-135-0726(T)	10-1-2013	Repeal	11-1-2013
461-120-0210(T)	10-1-2013	Repeal	11-1-2013	461-135-0750	7-1-2013	Amend(T)	8-1-2013
461-120-0310	10-1-2013	Amend(T)	11-1-2013	461-135-0750	10-1-2013	Amend	11-1-2013
461-120-0315	10-1-2013	Amend(T)	11-1-2013	461-135-0750(T)	10-1-2013	Repeal	11-1-2013
461-120-0340	12-29-2012	Amend	2-1-2013	461-135-0780	1-1-2013	Amend(T)	2-1-2013
461-120-0340	4-1-2013	Amend	5-1-2013	461-135-0780	4-1-2013	Amend	5-1-2013
461-120-0345	10-1-2013	Amend(T)	11-1-2013	461-135-0780(T)	4-1-2013	Repeal	5-1-2013
461-120-0350	10-1-2013	Amend(T)	11-1-2013	461-135-0832	7-1-2013	Amend(T)	8-1-2013
461-120-0510	10-1-2013	Amend(T)	11-1-2013	461-135-0832	10-1-2013	Amend	11-1-2013
461-120-0630	10-1-2013	Amend(T)	11-1-2013	461-135-0832(T)	10-1-2013	Repeal	11-1-2013
461-125-0010	10-1-2013	Amend	11-1-2013	461-135-0835	7-1-2013	Amend(T)	8-1-2013
461-125-0030	10-1-2013	Amend	11-1-2013	461-135-0835	10-1-2013	Amend	11-1-2013
461-125-0050	4-1-2013	Amend	5-1-2013	461-135-0835(T)	10-1-2013	Repeal	11-1-2013
461-125-0050	10-1-2013	Amend	11-1-2013	461-135-0875	10-1-2013	Amend(T)	11-1-2013
461-125-0060	10-1-2013	Amend	11-1-2013	461-135-0900	7-1-2013	Amend	8-1-2013
461-125-0090	10-1-2013	Amend	11-1-2013	461-135-0900	10-1-2013	Amend(T)	11-1-2013
461-125-0110	10-1-2013	Amend	11-1-2013	461-135-0920	10-1-2013	Amend	11-1-2013
461-125-0120	10-1-2013	Amend	11-1-2013	461-135-0930	10-1-2013	Amend	11-1-2013
461-125-0130	10-1-2013	Amend	11-1-2013	461-135-0930	10-1-2013	Amend(T)	11-1-2013
461-125-0150	10-1-2013	Amend(T)	11-1-2013	461-135-0950	10-1-2013	Amend(T)	11-1-2013
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461-125-0230	10-1-2013	Amend	11-1-2013	461-135-1070	10-1-2013	Amend(T)	11-1-2013
461-125-0250	10-1-2013	Amend	11-1-2013	461-135-1100	7-1-2013	Amend(T)	8-1-2013
461-125-0830	1-1-2013	Amend(T)	2-1-2013	461-135-1100	8-23-2013	Amend(T)	10-1-2013
461-125-0830	4-1-2013	Amend	5-1-2013	461-135-1100	10-1-2013	Amend	11-1-2013
461-125-0830(T)	4-1-2013	Repeal	5-1-2013	461-135-1100	10-1-2013	Suspend	11-1-2013
461-130-0310	1-1-2013	Amend(T)	2-1-2013	461-135-1100(T)	8-23-2013	Suspend	10-1-2013
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461-130-0328	10-1-2013	Amend(T)	11-1-2013	461-135-1101	10-1-2013	Suspend	11-1-2013
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461-130-0335	1-1-2013	Amend	2-1-2013	461-135-1101(T)	10-1-2013	Repeal	11-1-2013
461-135-0010	10-1-2013	Amend	11-1-2013	461-135-1102	12-1-2012	Amend(T)	1-1-2013
461-135-0010	10-1-2013	Amend(T)	11-1-2013	461-135-1102	4-1-2013	Amend	5-1-2013
461-135-0070	7-1-2013	Amend	8-1-2013	461-135-1102	8-1-2013	Amend(T)	9-1-2013
461-135-0070	10-1-2013	Amend(T)	11-1-2013	461-135-1102	10-1-2013	Suspend	11-1-2013
461-135-0080	10-1-2013	Amend(T)	11-1-2013	461-135-1102(T)	4-1-2013	Repeal	5-1-2013
461-135-0089	1-1-2013	Amend	2-1-2013	461-135-1120	10-1-2013	Suspend	11-1-2013
461-135-0095	10-1-2013	Suspend	11-1-2013	461-135-1125	8-23-2013	Amend(T)	10-1-2013
461-135-0096	10-1-2013	Suspend	11-1-2013	461-135-1125	10-1-2013	Suspend	11-1-2013

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461-140-0040	10-1-2013	Amend(T)	11-1-2013	461-145-0580(T)	10-1-2013	Repeal	11-1-2013
461-140-0120	10-1-2013	Amend(T)	11-1-2013	461-145-0590	10-1-2013	Amend(T)	11-1-2013
461-140-0210	10-1-2013	Amend	11-1-2013	461-145-0600	10-1-2013	Amend(T)	11-1-2013
461-140-0210	10-1-2013	Amend(T)	11-1-2013	461-145-0820	10-1-2013	Amend(T)	11-1-2013
461-140-0270	10-1-2013	Amend(T)	11-1-2013	461-145-0830	10-1-2013	Amend(T)	11-1-2013
461-140-0296	7-1-2013	Amend(T)	8-1-2013	461-145-0860	10-1-2013	Amend(T)	11-1-2013
461-140-0296	10-1-2013	Amend	11-1-2013	461-145-0870	10-1-2013	Suspend	11-1-2013
461-140-0296(T)	10-1-2013	Repeal	11-1-2013	461-145-0910	10-1-2013	Amend(T)	11-1-2013
461-140-0300	10-1-2013	Amend	11-1-2013	461-145-0920	10-1-2013	Amend(T)	11-1-2013
461-145-0040	10-1-2013	Amend(T)	11-1-2013	461-145-0930	10-1-2013	Amend(T)	11-1-2013
461-145-0050	10-1-2013	Amend(T)	11-1-2013	461-150-0020	10-1-2013	Amend(T)	11-1-2013
461-145-0080	12-29-2012	Amend	2-1-2013	461-150-0055	8-1-2013	Amend(T)	9-1-2013
461-145-0080	10-1-2013	Amend(T)	11-1-2013	461-150-0055	8-23-2013	Amend(T)	10-1-2013
461-145-0086	10-1-2013	Amend(T)	11-1-2013	461-150-0055	10-1-2013	Suspend	11-1-2013
461-145-0090	10-1-2013	Amend(T)	11-1-2013	461-150-0055(T)	8-23-2013	Suspend	10-1-2013
461-145-0110	10-1-2013	Amend(T)	11-1-2013	461-150-0060	7-1-2013	Amend	8-1-2013
461-145-0120	10-1-2013	Amend(T)	11-1-2013	461-150-0060	8-1-2013	Amend(T)	9-1-2013
461-145-0130	10-1-2013	Amend(T)	11-1-2013	461-150-0060	10-1-2013	Amend	11-1-2013
461-145-0150	10-1-2013	Amend(T)	11-1-2013	461-150-0060	10-1-2013	Amend(T)	11-1-2013
461-145-0220	1-1-2013	Amend(T)	2-1-2013	461-150-0060(T)	10-1-2013	Suspend	11-1-2013
461-145-0220	4-1-2013	Amend	5-1-2013	461-150-0070	10-1-2013	Amend(T)	11-1-2013
461-145-0220	10-1-2013	Amend(T)	11-1-2013	461-150-0080	10-1-2013	Amend(T)	11-1-2013
461-145-0220(T)	4-1-2013	Repeal	5-1-2013	461-150-0090	10-1-2013	Amend(T)	11-1-2013
461-145-0230	10-1-2013	Amend(T)	11-1-2013	461-155-0020	7-1-2013	Amend(T)	8-1-2013
461-145-0250	7-1-2013	Amend	8-1-2013	461-155-0020	10-1-2013	Amend	11-1-2013
461-145-0250	10-1-2013	Amend(T)	11-1-2013	461-155-0020(T)	10-1-2013	Repeal	11-1-2013
461-145-0260	1-1-2013	Amend	2-1-2013	461-155-0030	10-1-2013	Amend(T)	11-1-2013
461-145-0260	1-1-2013	Amend(T)	2-1-2013	461-155-0150	1-1-2013	Amend(T)	2-1-2013
461-145-0260	4-1-2013	Amend	5-1-2013	461-155-0150	7-1-2013	Amend	8-1-2013
461-145-0260(T)	1-1-2013	Repeal	2-1-2013	461-155-0150	10-1-2013	Amend(T)	11-1-2013
461-145-0260(T)	4-1-2013	Repeal	5-1-2013	461-155-0150	11-1-2013	Amend(T)	12-1-2013
461-145-0300	10-1-2013	Amend(T)	11-1-2013	461-155-0150(T)	11-1-2013	Suspend	12-1-2013
461-145-0330	10-1-2013	Amend(T)	11-1-2013	461-155-0180	1-30-2013	Amend	3-1-2013
461-145-0340	10-1-2013	Amend(T)	11-1-2013	461-155-0180	2-1-2013	Amend(T)	3-1-2013
461-145-0360	10-1-2013	Amend(T)	11-1-2013	461-155-0180	7-1-2013	Amend	8-1-2013
461-145-0365	10-1-2013	Amend(T)	11-1-2013	461-155-0180	8-23-2013	Amend(T)	10-1-2013
461-145-0380	10-1-2013	Amend(T)	11-1-2013	461-155-0180(T)	7-1-2013	Repeal	8-1-2013
461-145-0410	10-1-2013	Amend(T)	11-1-2013	461-155-0190	10-1-2013	Amend	11-1-2013
461-145-0420	10-1-2013	Amend(T)	11-1-2013	461-155-0190	10-15-2013	Amend	11-1-2013
461-145-0430	10-1-2013	Amend(T)	11-1-2013	461-155-0225	8-23-2013	Amend(T)	10-1-2013
461-145-0433	10-1-2013	Amend(T)	11-1-2013	461-155-0225	10-1-2013	Amend(T)	11-1-2013
461-145-0440	10-1-2013	Amend(T)	11-1-2013	461-155-0225(T)	10-1-2013	Suspend	11-1-2013
461-145-0455	10-1-2013	Amend(T)	11-1-2013	461-155-0235	1-30-2013	Amend	3-1-2013
461-145-0460	10-1-2013	Amend(T)	11-1-2013	461-155-0235	10-1-2013	Suspend	11-1-2013
461-145-0470	10-1-2013	Amend(T)	11-1-2013	461-155-0250	1-1-2013	Amend(T)	2-1-2013
461-145-0505	10-1-2013	Amend(T)	11-1-2013	461-155-0250	4-1-2013	Amend	5-1-2013
461-145-0510	10-1-2013	Amend(T)	11-1-2013	461-155-0250(T)	4-1-2013	Repeal	5-1-2013
461-145-0540	7-1-2013	Amend(T)	8-1-2013	461-155-0270	1-1-2013	Amend(T)	2-1-2013
461-145-0540	10-1-2013	Amend	11-1-2013	461-155-0270	1-8-2013	Amend(T)	2-1-2013
461-145-0540	10-1-2013	Amend(T)	11-1-2013	461-155-0270	4-1-2013	Amend	5-1-2013
461-145-0540(T)	10-1-2013	Repeal	11-1-2013	461-155-0270	7-1-2013	Amend(T)	8-1-2013
461-145-0580	1-1-2013	Amend	2-1-2013	461-155-0270	10-1-2013	Amend	11-1-2013
461-145-0580	7-1-2013	Amend(T)	8-1-2013	461-155-0270(T)	1-8-2013	Suspend	2-1-2013
461-145-0580	10-1-2013	Amend	11-1-2013	461-155-0270(T)	4-1-2013	Repeal	5-1-2013
461-145-0580	10-1-2013	Amend(T)	11-1-2013	461-155-0270(T)	10-1-2013	Repeal	11-1-2013

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461-155-0291	3-1-2013	Amend	4-1-2013	461-160-0410	4-1-2013	Amend	5-1-2013
461-155-0295	3-1-2013	Amend	4-1-2013	461-160-0415	4-1-2013	Amend	5-1-2013
461-155-0300	1-1-2013	Amend(T)	2-1-2013	461-160-0420	4-1-2013	Amend	5-1-2013
461-155-0300	4-1-2013	Amend	5-1-2013	461-160-0420	10-1-2013	Amend	11-1-2013
461-155-0300(T)	4-1-2013	Repeal	5-1-2013	461-160-0430	4-1-2013	Amend	5-1-2013
461-155-0350	10-1-2013	Amend(T)	11-1-2013	461-160-0430	10-1-2013	Amend	11-1-2013
461-155-0530	7-1-2013	Amend(T)	8-1-2013	461-160-0540	7-1-2013	Amend(T)	8-1-2013
461-155-0530	10-1-2013	Amend	11-1-2013	461-160-0540	10-1-2013	Amend	11-1-2013
461-155-0530(T)	10-1-2013	Repeal	11-1-2013	461-160-0540(T)	10-1-2013	Repeal	11-1-2013
461-155-0575	4-1-2013	Amend	5-1-2013	461-160-0550	7-1-2013	Amend(T)	8-1-2013
461-155-0575	7-1-2013	Amend(T)	8-1-2013	461-160-0550	10-1-2013	Amend	11-1-2013
461-155-0575	8-1-2013	Amend(T)	9-1-2013	461-160-0550(T)	10-1-2013	Repeal	11-1-2013
461-155-0575	10-1-2013	Amend	11-1-2013	461-160-0551	7-1-2013	Amend(T)	8-1-2013
461-155-0575(T)	4-1-2013	Repeal	5-1-2013	461-160-0551	10-1-2013	Amend	11-1-2013
461-155-0575(T)	8-1-2013	Suspend	9-1-2013	461-160-0551(T)	10-1-2013	Repeal	11-1-2013
461-155-0575(T)	10-1-2013	Repeal	11-1-2013	461-160-0580	1-1-2013	Amend	2-1-2013
461-155-0580	7-1-2013	Amend(T)	8-1-2013	461-160-0610	7-1-2013	Amend(T)	8-1-2013
461-155-0580	10-1-2013	Amend	11-1-2013	461-160-0610	10-1-2013	Amend	11-1-2013
461-155-0580(T)	10-1-2013	Repeal	11-1-2013	461-160-0610(T)	10-1-2013	Repeal	11-1-2013
461-155-0630	7-1-2013	Amend(T)	8-1-2013	461-160-0620	1-1-2013	Amend	2-1-2013
461-155-0630	10-1-2013	Amend	11-1-2013	461-160-0620	7-1-2013	Amend(T)	8-1-2013
461-155-0630(T)	10-1-2013	Repeal	11-1-2013	461-160-0620	10-1-2013	Amend	11-1-2013
461-155-0640	7-1-2013	Amend(T)	8-1-2013	461-160-0620(T)	10-1-2013	Repeal	11-1-2013
461-155-0640	10-1-2013	Amend	11-1-2013	461-160-0630	10-1-2013	Amend(T)	11-1-2013
461-155-0640(T)	10-1-2013	Repeal	11-1-2013	461-160-0700	10-1-2013	Suspend	11-1-2013
461-155-0660	7-1-2013	Amend(T)	8-1-2013	461-165-0010	2-6-2013	Amend	3-1-2013
461-155-0660	10-1-2013	Amend	11-1-2013	461-165-0030	10-1-2013	Amend(T)	11-1-2013
461-155-0660(T)	10-1-2013	Repeal	11-1-2013	461-165-0060	1-1-2013	Amend	2-1-2013
461-155-0670	10-1-2013	Amend(T)	11-1-2013	461-165-0100	7-1-2013	Amend(T)	8-1-2013
461-155-0710	7-1-2013	Amend	8-1-2013	461-165-0100	10-1-2013	Amend	11-1-2013
461-160-0010	4-10-2013	Amend(T)	5-1-2013	461-165-0100(T)	10-1-2013	Repeal	11-1-2013
461-160-0010	10-1-2013	Amend	11-1-2013	461-165-0120	10-1-2013	Amend(T)	11-1-2013
461-160-0010(T)	10-1-2013	Repeal	11-1-2013	461-165-0160	4-1-2013	Amend	5-1-2013
461-160-0015	1-1-2013	Amend	2-1-2013	461-165-0180	4-1-2013	Amend	5-1-2013
461-160-0015	1-1-2013	Amend(T)	2-1-2013	461-165-0190	4-1-2013	Repeal	5-1-2013
461-160-0015	4-1-2013	Amend	5-1-2013	461-170-0011	10-1-2013	Amend	11-1-2013
461-160-0015	10-1-2013	Amend	11-1-2013	461-170-0011	10-1-2013	Amend(T)	11-1-2013
461-160-0015	10-1-2013	Amend(T)	11-1-2013	461-170-0130	10-1-2013	Amend(T)	11-1-2013
461-160-0015(T)	4-1-2013	Repeal	5-1-2013	461-170-0200	10-1-2013	Amend(T)	11-1-2013
461-160-0030	4-1-2013	Amend	5-1-2013	461-175-0200	10-1-2013	Amend(T)	11-1-2013
461-160-0040	7-1-2013	Amend	8-1-2013	461-175-0203	10-1-2013	Suspend	11-1-2013
461-160-0040	10-1-2013	Amend(T)	11-1-2013	461-175-0210	10-1-2013	Amend(T)	11-1-2013
461-160-0055	1-1-2013	Amend	2-1-2013	461-175-0210	10-3-2013	Amend(T)	11-1-2013
461-160-0055	4-1-2013	Amend	5-1-2013	461-175-0210(T)	10-3-2013	Suspend	11-1-2013
461-160-0055	7-1-2013	Amend(T)	8-1-2013	461-175-0222	7-1-2013	Amend	8-1-2013
461-160-0055	10-1-2013	Amend	11-1-2013	461-175-0230	7-1-2013	Amend(T)	8-1-2013
461-160-0055(T)	1-1-2013	Repeal	2-1-2013	461-175-0230	10-1-2013	Amend	11-1-2013
461-160-0055(T)	10-1-2013	Repeal	11-1-2013	461-175-0230(T)	10-1-2013	Repeal	11-1-2013
461-160-0060	10-1-2013	Amend(T)	11-1-2013	461-175-0270	10-1-2013	Amend(T)	11-1-2013
461-160-0100	10-1-2013	Amend(T)	11-1-2013	461-175-0305	10-1-2013	Amend(T)	11-1-2013
461-160-0120	10-1-2013	Suspend	11-1-2013	461-180-0010	8-1-2013	Amend(T)	9-1-2013
461-160-0125	10-1-2013	Suspend	11-1-2013	461-180-0010	10-1-2013	Amend(T)	11-1-2013
461-160-0160	10-1-2013	Amend(T)	11-1-2013	461-180-0010(T)	10-1-2013	Suspend	11-1-2013
461-160-0190	10-1-2013	Suspend	11-1-2013	461-180-0020	10-1-2013	Amend(T)	11-1-2013
461-160-0193	4-1-2013	Amend	5-1-2013	461-180-0044	7-1-2013	Amend(T)	8-1-2013

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461-180-0044(T)	10-1-2013	Repeal	11-1-2013	471-030-0045	9-1-2013	Amend(T)	10-1-2013
461-180-0050	10-1-2013	Amend(T)	11-1-2013	471-030-0052	10-1-2013	Amend(T)	10-1-2013
461-180-0065	10-1-2013	Amend(T)	11-1-2013	471-030-0053	9-1-2013	Amend(T)	10-1-2013
461-180-0070	4-1-2013	Amend	5-1-2013	471-030-0058	9-1-2013	Adopt(T)	10-1-2013
461-180-0085	10-1-2013	Amend(T)	11-1-2013	571-004-0020	3-4-2013	Amend	4-1-2013
461-180-0090	8-1-2013	Amend(T)	9-1-2013	571-004-0025	3-4-2013	Amend	4-1-2013
461-180-0090	10-1-2013	Amend(T)	11-1-2013	571-004-0030	3-4-2013	Amend	4-1-2013
461-180-0090(T)	10-1-2013	Suspend	11-1-2013	571-004-0037	3-4-2013	Adopt	4-1-2013
461-180-0097	10-1-2013	Suspend	11-1-2013	571-004-0050	3-4-2013	Amend	4-1-2013
461-180-0100	1-1-2013	Amend	2-1-2013	571-004-0055	3-4-2013	Amend	4-1-2013
461-180-0100	10-1-2013	Amend(T)	11-1-2013	571-050-0011	8-9-2013	Amend	9-1-2013
461-180-0105	10-1-2013	Amend(T)	11-1-2013	571-060-0005	3-6-2013	Amend	4-1-2013
461-180-0120	10-1-2013	Amend(T)	11-1-2013	571-060-0005	6-27-2013	Amend	8-1-2013
461-180-0140	10-1-2013	Amend(T)	11-1-2013	573-040-0005	5-7-2013	Amend	6-1-2013
461-185-0050	7-1-2013	Amend(T)	8-1-2013	573-050-0015	6-20-2013	Amend	8-1-2013
461-185-0050	10-1-2013	Amend	11-1-2013	573-050-0016	6-20-2013	Amend	8-1-2013
461-185-0050(T)	10-1-2013	Repeal	11-1-2013	573-050-0025	6-20-2013	Amend	8-1-2013
461-190-0211	1-1-2013	Amend(T)	2-1-2013	573-050-0030	6-20-2013	Amend	8-1-2013
461-190-0211	1-23-2013	Amend(T)	3-1-2013	573-050-0040	6-20-2013	Amend	8-1-2013
461-190-0211	4-1-2013	Amend	5-1-2013	573-076-0040	6-20-2013	Amend	8-1-2013
461-190-0211	7-1-2013	Amend(T)	8-1-2013	573-076-0050	6-20-2013	Amend	8-1-2013
461-190-0211	10-1-2013	Amend	11-1-2013	573-076-0060	6-20-2013	Amend	8-1-2013
461-190-0211(T)	1-1-2013	Suspend	2-1-2013	573-076-0070	6-20-2013	Amend	8-1-2013
461-190-0211(T)	1-23-2013	Suspend	3-1-2013	573-076-0080	6-20-2013	Amend	8-1-2013
461-190-0211(T)	4-1-2013	Repeal	5-1-2013	573-076-0090	6-20-2013	Amend	8-1-2013
461-190-0211(T)	10-1-2013	Repeal	11-1-2013	573-076-0100	6-20-2013	Amend	8-1-2013
461-193-0320	7-1-2013	Amend	8-1-2013	573-076-0110	6-20-2013	Amend	8-1-2013
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461-195-0501	9-20-2013	Amend	11-1-2013	573-076-0130	6-20-2013	Amend	8-1-2013
461-195-0501	11-1-2013	Amend(T)	12-1-2013	574-050-0005	1-28-2013	Amend	3-1-2013
461-195-0501(T)	9-20-2013	Repeal	11-1-2013	574-050-0005	7-24-2013	Amend	9-1-2013
461-195-0521	7-1-2013	Amend	8-1-2013	576-005-0032	7-1-2013	Amend	7-1-2013
461-195-0521	7-1-2013	Amend(T)	8-1-2013	576-005-0035	3-1-2013	Repeal	4-1-2013
461-195-0521	10-1-2013	Amend	11-1-2013	576-005-0040	3-1-2013	Repeal	4-1-2013
461-195-0521	11-1-2013	Amend(T)	12-1-2013	576-010-0000	1-1-2013	Amend	2-1-2013
461-195-0521(T)	10-1-2013	Repeal	11-1-2013	576-010-0000	7-1-2013	Amend	7-1-2013
461-195-0541	3-25-2013	Amend(T)	5-1-2013	576-026-0005	1-1-2013	Repeal	2-1-2013
461-195-0541	7-1-2013	Amend	8-1-2013	576-026-0010	1-1-2013	Repeal	2-1-2013
461-195-0541	7-1-2013	Amend(T)	8-1-2013	576-050-0015	1-1-2013	Amend	2-1-2013
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461-195-0561	11-1-2013	Amend(T)	12-1-2013	576-055-0040	1-16-2013	Adopt	3-1-2013
461-195-0601	3-25-2013	Amend(T)	5-1-2013	576-055-0050	1-16-2013	Adopt	3-1-2013
461-195-0601	9-20-2013	Amend	11-1-2013	576-055-0060	1-16-2013	Adopt	3-1-2013
461-195-0601(T)	9-20-2013	Repeal	11-1-2013	576-055-0070	1-16-2013	Adopt	3-1-2013
461-195-0621	3-25-2013	Amend(T)	5-1-2013	576-055-0080	1-16-2013	Adopt	3-1-2013
461-195-0621	9-20-2013	Amend	11-1-2013	576-055-0090	1-16-2013	Adopt	3-1-2013
461-195-0621(T)	9-20-2013	Repeal	11-1-2013	576-055-0100	1-16-2013	Adopt	3-1-2013
462-120-0060	9-20-2013	Amend(T)	11-1-2013	576-055-0110	1-16-2013	Adopt	3-1-2013
462-130-0010	12-31-2012	Amend	2-1-2013	576-055-0120	1-16-2013	Adopt	3-1-2013
462-200-0635	8-21-2013	Adopt(T)	10-1-2013	576-055-0130	1-16-2013	Adopt	3-1-2013
471-020-0010	7-16-2013	Amend(T)	9-1-2013	576-055-0140	1-16-2013	Adopt	3-1-2013
471-020-0035	7-16-2013	Amend(T)	9-1-2013	576-055-0150	1-16-2013	Adopt	3-1-2013

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576-055-0160	1-16-2013	Adopt	3-1-2013	580-060-0020	4-10-2013	Amend(T)	5-1-2013
576-056-0000	1-1-2013	Adopt	2-1-2013	580-060-0020	11-1-2013	Amend	12-1-2013
576-056-0010	1-1-2013	Adopt	2-1-2013	580-060-0025	4-10-2013	Amend(T)	5-1-2013
576-056-0020	1-1-2013	Adopt	2-1-2013	580-060-0025	11-1-2013	Amend	12-1-2013
576-056-0030	1-1-2013	Adopt	2-1-2013	580-060-0035	4-10-2013	Amend(T)	5-1-2013
576-056-0040	1-1-2013	Adopt	2-1-2013	580-060-0035	11-1-2013	Amend	12-1-2013
576-056-0050	1-1-2013	Adopt	2-1-2013	580-060-0040	4-10-2013	Amend(T)	5-1-2013
576-056-0060	1-1-2013	Adopt	2-1-2013	580-060-0040	11-1-2013	Amend	12-1-2013
576-056-0070	1-1-2013	Adopt	2-1-2013	580-060-0045	4-10-2013	Amend(T)	5-1-2013
576-056-0080	1-1-2013	Adopt	2-1-2013	580-060-0045	11-1-2013	Amend	12-1-2013
576-056-0090	1-1-2013	Adopt	2-1-2013	580-060-0050	4-10-2013	Amend(T)	5-1-2013
576-056-0100	1-1-2013	Adopt	2-1-2013	580-060-0050	11-1-2013	Amend	12-1-2013
576-056-0110	1-1-2013	Adopt	2-1-2013	580-060-0055	4-10-2013	Amend(T)	5-1-2013
576-056-0120	1-1-2013	Adopt	2-1-2013	580-060-0055	11-1-2013	Amend	12-1-2013
576-056-0130	1-1-2013	Adopt	2-1-2013	580-060-0060	4-10-2013	Suspend	5-1-2013
577-041-0010	11-4-2013	Amend	12-1-2013	580-060-0060	11-1-2013	Repeal	12-1-2013
577-042-0010	3-20-2013	Amend(T)	5-1-2013	580-061-0000	4-10-2013	Amend(T)	5-1-2013
577-042-0010	7-29-2013	Amend	9-1-2013	580-061-0005	4-10-2013	Amend(T)	5-1-2013
577-060-0020	5-30-2013	Amend	7-1-2013	580-061-0010	4-10-2013	Amend(T)	5-1-2013
578-041-0030	9-16-2013	Amend	7-1-2013	580-061-0010	11-1-2013	Amend	12-1-2013
578-072-0030	9-16-2013	Amend	7-1-2013	580-061-0015	4-10-2013	Amend(T)	5-1-2013
579-010-0006	9-6-2013	Repeal	10-1-2013	580-061-0020	4-10-2013	Amend(T)	5-1-2013
579-010-0011	9-6-2013	Repeal	10-1-2013	580-061-0020	11-1-2013	Amend	12-1-2013
579-010-0016	9-6-2013	Repeal	10-1-2013	580-061-0025	4-10-2013	Amend(T)	5-1-2013
579-010-0021	9-6-2013	Repeal	10-1-2013	580-061-0030	4-10-2013	Amend(T)	5-1-2013
579-010-0026	9-6-2013	Repeal	10-1-2013	580-061-0030	11-1-2013	Amend	12-1-2013
579-010-0030	9-6-2013	Repeal	10-1-2013	580-061-0035	4-10-2013	Amend(T)	5-1-2013
579-010-0035	9-6-2013	Repeal	10-1-2013	580-061-0035	11-1-2013	Amend	12-1-2013
579-010-0040	9-6-2013	Repeal	10-1-2013	580-061-0040	4-10-2013	Amend(T)	5-1-2013
579-020-0006	5-28-2013	Amend	7-1-2013	580-061-0045	4-10-2013	Amend(T)	5-1-2013
579-040-0005	8-6-2013	Amend(T)	9-1-2013	580-061-0050	4-10-2013	Amend(T)	5-1-2013
579-040-0007	8-6-2013	Amend(T)	9-1-2013	580-061-0055	4-10-2013	Amend(T)	5-1-2013
579-040-0010	8-6-2013	Amend(T)	9-1-2013	580-061-0060	4-10-2013	Amend(T)	5-1-2013
579-040-0013	8-6-2013	Amend(T)	9-1-2013	580-061-0065	4-10-2013	Amend(T)	5-1-2013
579-040-0015	8-6-2013	Amend(T)	9-1-2013	580-061-0065	11-1-2013	Amend	12-1-2013
579-040-0020	8-6-2013	Suspend	9-1-2013	580-061-0070	4-10-2013	Amend(T)	5-1-2013
579-040-0030	8-6-2013	Amend(T)	9-1-2013	580-061-0070	11-1-2013	Amend	12-1-2013
579-040-0035	8-6-2013	Amend(T)	9-1-2013	580-061-0075	4-10-2013	Amend(T)	5-1-2013
579-040-0045	8-6-2013	Amend(T)	9-1-2013	580-061-0075	11-1-2013	Amend	12-1-2013
579-070-0005	12-20-2012	Amend	2-1-2013	580-061-0080	4-10-2013	Amend(T)	5-1-2013
579-070-0005	2-22-2013	Amend	4-1-2013	580-061-0080	11-1-2013	Amend	12-1-2013
579-070-0010	2-22-2013	Amend	4-1-2013	580-061-0085	4-10-2013	Amend(T)	5-1-2013
579-070-0015	2-22-2013	Amend	4-1-2013	580-061-0085	11-1-2013	Amend	12-1-2013
579-070-0030	2-22-2013	Amend	4-1-2013	580-061-0090	4-10-2013	Amend(T)	5-1-2013
579-070-0035	2-22-2013	Amend	4-1-2013	580-061-0090	11-1-2013	Amend	12-1-2013
579-070-0041	2-22-2013	Amend	4-1-2013	580-061-0095	4-10-2013	Amend(T)	5-1-2013
579-070-0042	2-22-2013	Amend	4-1-2013	580-061-0095	11-1-2013	Amend	12-1-2013
579-070-0043	2-22-2013	Amend	4-1-2013	580-061-0100	4-10-2013	Amend(T)	5-1-2013
579-070-0045	2-22-2013	Amend	4-1-2013	580-061-0100	11-1-2013	Amend	12-1-2013
580-040-0040	7-24-2013	Amend	9-1-2013	580-061-0105	4-10-2013	Amend(T)	5-1-2013
580-060-0000	4-10-2013	Amend(T)	5-1-2013	580-061-0110	4-10-2013	Amend(T)	5-1-2013
580-060-0000	11-1-2013	Amend	12-1-2013	580-061-0110	11-1-2013	Amend	12-1-2013
580-060-0010	4-10-2013	Amend(T)	5-1-2013	580-061-0115	4-10-2013	Amend(T)	5-1-2013
580-060-0010	11-1-2013	Amend	12-1-2013	580-061-0115	11-1-2013	Amend	12-1-2013
580-060-0015	4-10-2013	Amend(T)	5-1-2013	580-061-0120	4-10-2013	Amend(T)	5-1-2013
580-060-0015	11-1-2013	Amend	12-1-2013	580-061-0120	11-1-2013	Amend	12-1-2013

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580-061-0125	4-10-2013	Amend(T)	5-1-2013	581-018-0115	8-15-2013	Adopt(T)	9-1-2013
580-061-0125	11-1-2013	Amend	12-1-2013	581-018-0120	8-15-2013	Adopt(T)	9-1-2013
580-061-0130	4-10-2013	Amend(T)	5-1-2013	581-018-0125	8-15-2013	Adopt(T)	9-1-2013
580-061-0130	11-1-2013	Amend	12-1-2013	581-018-0200	8-15-2013	Adopt(T)	9-1-2013
580-061-0135	4-10-2013	Amend(T)	5-1-2013	581-018-0205	8-15-2013	Adopt(T)	9-1-2013
580-061-0135	11-1-2013	Amend	12-1-2013	581-018-0210	8-15-2013	Adopt(T)	9-1-2013
580-061-0140	4-10-2013	Amend(T)	5-1-2013	581-018-0215	8-15-2013	Adopt(T)	9-1-2013
580-061-0140	11-1-2013	Amend	12-1-2013	581-018-0220	8-15-2013	Adopt(T)	9-1-2013
580-061-0145	4-10-2013	Amend(T)	5-1-2013	581-018-0225	8-15-2013	Adopt(T)	9-1-2013
580-061-0145	11-1-2013	Amend	12-1-2013	581-018-0250	10-18-2013	Adopt(T)	12-1-2013
580-061-0150	4-10-2013	Amend(T)	5-1-2013	581-018-0255	10-18-2013	Adopt(T)	12-1-2013
580-061-0155	4-10-2013	Amend(T)	5-1-2013	581-018-0260	10-18-2013	Adopt(T)	12-1-2013
580-061-0155	11-1-2013	Amend	12-1-2013	581-018-0265	10-18-2013	Adopt(T)	12-1-2013
580-061-0160	4-10-2013	Amend(T)	5-1-2013	581-018-0270	10-18-2013	Adopt(T)	12-1-2013
580-061-0160	11-1-2013	Amend	12-1-2013	581-018-0275	10-18-2013	Adopt(T)	12-1-2013
580-062-0010	4-10-2013	Amend(T)	5-1-2013	581-018-0300	9-27-2013	Adopt(T)	11-1-2013
580-062-0010	11-1-2013	Amend	12-1-2013	581-018-0305	9-27-2013	Adopt(T)	11-1-2013
580-062-0015	4-10-2013	Amend(T)	5-1-2013	581-018-0310	9-27-2013	Adopt(T)	11-1-2013
580-062-0015	11-1-2013	Amend	12-1-2013	581-018-0315	9-27-2013	Adopt(T)	11-1-2013
580-062-0020	4-10-2013	Amend(T)	5-1-2013	581-018-0320	9-27-2013	Adopt(T)	11-1-2013
580-062-0020	11-1-2013	Amend	12-1-2013	581-018-0325	9-27-2013	Adopt(T)	11-1-2013
581-001-0016	1-15-2013	Adopt	2-1-2013	581-021-0500	1-17-2013	Amend	3-1-2013
581-002-0090	1-15-2013	Adopt	2-1-2013	581-021-0500(T)	1-17-2013	Repeal	3-1-2013
581-015-2030	4-9-2013	Amend(T)	5-1-2013	581-022-1060	7-11-2013	Amend	8-1-2013
581-015-2030	7-11-2013	Amend	8-1-2013	581-022-1065	1-15-2013	Repeal	2-1-2013
581-015-2090	4-25-2013	Amend(T)	6-1-2013	581-022-1440	4-10-2013	Amend	5-1-2013
581-015-2090	5-30-2013	Amend	7-1-2013	581-022-1670	2-20-2013	Amend	4-1-2013
581-015-2110	1-17-2013	Amend	3-1-2013	581-022-2130	4-5-2013	Adopt	5-1-2013
581-015-2310	4-25-2013	Amend(T)	6-1-2013	581-044-0210	9-27-2013	Amend	11-1-2013
581-015-2310	5-30-2013	Amend	7-1-2013	581-044-0220	9-27-2013	Amend	11-1-2013
581-015-2530	4-25-2013	Amend(T)	6-1-2013	581-044-0240	9-27-2013	Amend	11-1-2013
581-015-2530	5-30-2013	Amend	7-1-2013	581-044-0250	9-27-2013	Amend	11-1-2013
581-015-2735	4-25-2013	Amend(T)	6-1-2013	581-044-0260	9-27-2013	Amend	11-1-2013
581-015-2735	5-30-2013	Amend	7-1-2013	581-045-0003	1-15-2013	Amend	2-1-2013
581-015-2745	4-25-2013	Amend(T)	6-1-2013	581-045-0586	1-17-2013	Amend	3-1-2013
581-015-2745	5-30-2013	Amend	7-1-2013	581-045-0586(T)	1-17-2013	Repeal	3-1-2013
581-015-2885	4-25-2013	Amend(T)	6-1-2013	581-051-0305	8-28-2013	Amend	10-1-2013
581-015-2885	5-30-2013	Amend	7-1-2013	581-051-0306	8-28-2013	Amend	10-1-2013
581-017-0005	8-15-2013	Adopt(T)	9-1-2013	584-005-0005	2-14-2013	Amend	3-1-2013
581-017-0010	8-15-2013	Adopt(T)	9-1-2013	584-017-0005	4-30-2013	Repeal	6-1-2013
581-017-0020	8-15-2013	Adopt(T)	9-1-2013	584-017-0010	4-30-2013	Repeal	6-1-2013
581-017-0100	8-15-2013	Adopt(T)	9-1-2013	584-017-0020	4-30-2013	Repeal	6-1-2013
581-017-0105	8-15-2013	Adopt(T)	9-1-2013	584-017-0025	4-30-2013	Repeal	6-1-2013
581-017-0110	8-15-2013	Adopt(T)	9-1-2013	584-017-0030	4-30-2013	Repeal	6-1-2013
581-017-0115	8-15-2013	Adopt(T)	9-1-2013	584-017-0035	4-30-2013	Repeal	6-1-2013
581-017-0200	10-18-2013	Adopt(T)	12-1-2013	584-017-0040	4-30-2013	Repeal	6-1-2013
581-017-0205	10-18-2013	Adopt(T)	12-1-2013	584-017-0042	4-30-2013	Repeal	6-1-2013
581-017-0210	10-18-2013	Adopt(T)	12-1-2013	584-017-0045	4-30-2013	Repeal	6-1-2013
581-017-0215	10-18-2013	Adopt(T)	12-1-2013	584-017-0050	4-30-2013	Repeal	6-1-2013
581-017-0220	10-18-2013	Adopt(T)	12-1-2013	584-017-0055	4-30-2013	Repeal	6-1-2013
581-018-0005	8-15-2013	Adopt(T)	9-1-2013	584-017-0057	4-30-2013	Repeal	6-1-2013
581-018-0010	8-15-2013	Adopt(T)	9-1-2013	584-017-0060	4-30-2013	Repeal	6-1-2013
581-018-0020	8-15-2013	Adopt(T)	9-1-2013	584-017-0070	4-30-2013	Repeal	6-1-2013
581-018-0100	8-15-2013	Adopt(T)	9-1-2013	584-017-0075	4-30-2013	Repeal	6-1-2013
581-018-0105	8-15-2013	Adopt(T)	9-1-2013	584-017-0080	4-30-2013	Repeal	6-1-2013
581-018-0110	8-15-2013	Adopt(T)	9-1-2013	584-017-0085	4-30-2013	Repeal	6-1-2013

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584-017-0090	4-30-2013	Repeal	6-1-2013	584-017-0560	4-30-2013	Repeal	6-1-2013
584-017-0100	4-30-2013	Repeal	6-1-2013	584-017-0570	4-30-2013	Repeal	6-1-2013
584-017-0115	4-30-2013	Repeal	6-1-2013	584-017-0580	4-30-2013	Repeal	6-1-2013
584-017-0120	4-30-2013	Repeal	6-1-2013	584-017-1028	4-30-2013	Amend	6-1-2013
584-017-0130	4-30-2013	Repeal	6-1-2013	584-018-0125	11-14-2013	Amend(T)	12-1-2013
584-017-0140	4-30-2013	Repeal	6-1-2013	584-018-0205	2-14-2013	Amend	3-1-2013
584-017-0150	4-30-2013	Repeal	6-1-2013	584-018-0205	8-19-2013	Amend	10-1-2013
584-017-0160	4-30-2013	Repeal	6-1-2013	584-018-0220	11-19-2012	Adopt	1-1-2013
584-017-0170	4-30-2013	Repeal	6-1-2013	584-018-0305	2-14-2013	Amend	3-1-2013
584-017-0175	4-30-2013	Repeal	6-1-2013	584-020-0041	8-19-2013	Amend	10-1-2013
584-017-0180	4-30-2013	Repeal	6-1-2013	584-021-0130	11-14-2013	Amend	12-1-2013
584-017-0182	4-30-2013	Repeal	6-1-2013	584-021-0150	11-14-2013	Amend	12-1-2013
584-017-0185	4-30-2013	Repeal	6-1-2013	584-036-0055	8-19-2013	Amend	10-1-2013
584-017-0190	4-30-2013	Repeal	6-1-2013	584-036-0070	11-14-2013	Amend(T)	12-1-2013
584-017-0200	4-30-2013	Repeal	6-1-2013	584-036-0080	11-14-2013	Amend	12-1-2013
584-017-0201	4-30-2013	Repeal	6-1-2013	584-036-0082	11-19-2012	Repeal	1-1-2013
584-017-0210	4-30-2013	Repeal	6-1-2013	584-050-0005	11-14-2013	Amend	12-1-2013
584-017-0220	4-30-2013	Repeal	6-1-2013	584-050-0006	11-14-2013	Amend	12-1-2013
584-017-0230	4-30-2013	Repeal	6-1-2013	584-050-0015	11-14-2013	Amend	12-1-2013
584-017-0240	4-30-2013	Repeal	6-1-2013	584-050-0018	11-14-2013	Amend	12-1-2013
584-017-0251	4-30-2013	Repeal	6-1-2013	584-052-0030	11-19-2012	Repeal	1-1-2013
584-017-0261	4-30-2013	Repeal	6-1-2013	584-052-0031	11-19-2012	Repeal	1-1-2013
584-017-0270	4-30-2013	Repeal	6-1-2013	584-052-0032	11-19-2012	Repeal	1-1-2013
584-017-0280	4-30-2013	Repeal	6-1-2013	584-052-0033	11-19-2012	Repeal	1-1-2013
584-017-0282	4-30-2013	Repeal	6-1-2013	584-060-0002	8-19-2013	Amend	10-1-2013
584-017-0290	4-30-2013	Repeal	6-1-2013	584-060-0012	8-19-2013	Amend	10-1-2013
584-017-0300	4-30-2013	Repeal	6-1-2013	584-060-0051	11-14-2013	Amend(T)	12-1-2013
584-017-0310	4-30-2013	Repeal	6-1-2013	584-060-0052	11-14-2013	Amend(T)	12-1-2013
584-017-0320	4-30-2013	Repeal	6-1-2013	584-060-0062	8-19-2013	Amend	10-1-2013
584-017-0330	4-30-2013	Repeal	6-1-2013	584-060-0181	11-14-2013	Amend	12-1-2013
584-017-0340	4-30-2013	Repeal	6-1-2013	584-060-0220	8-19-2013	Amend	10-1-2013
584-017-0351	4-30-2013	Repeal	6-1-2013	584-060-0250	8-19-2013	Amend	10-1-2013
584-017-0355	4-30-2013	Repeal	6-1-2013	584-065-0035	11-14-2013	Repeal	12-1-2013
584-017-0360	4-30-2013	Repeal	6-1-2013	584-065-0050	11-14-2013	Repeal	12-1-2013
584-017-0370	4-30-2013	Repeal	6-1-2013	584-065-0100	11-14-2013	Repeal	12-1-2013
584-017-0380	4-30-2013	Repeal	6-1-2013	584-065-0110	11-14-2013	Repeal	12-1-2013
584-017-0390	4-30-2013	Repeal	6-1-2013	584-066-0015	2-14-2013	Adopt	3-1-2013
584-017-0400	4-30-2013	Repeal	6-1-2013	584-070-0012	11-14-2013	Amend	12-1-2013
584-017-0410	4-30-2013	Repeal	6-1-2013	584-070-0411	2-14-2013	Amend	3-1-2013
584-017-0420	4-30-2013	Repeal	6-1-2013	584-080-0031	11-19-2012	Amend	1-1-2013
584-017-0430	4-30-2013	Repeal	6-1-2013	584-080-0161	8-19-2013	Amend	10-1-2013
584-017-0441	4-30-2013	Repeal	6-1-2013	584-090-0001	4-30-2013	Repeal	6-1-2013
584-017-0451	4-30-2013	Repeal	6-1-2013	584-090-0005	4-30-2013	Repeal	6-1-2013
584-017-0455	4-30-2013	Repeal	6-1-2013	584-090-0010	4-30-2013	Repeal	6-1-2013
584-017-0460	4-30-2013	Repeal	6-1-2013	584-090-0020	4-30-2013	Repeal	6-1-2013
584-017-0462	4-30-2013	Repeal	6-1-2013	584-090-0030	4-30-2013	Repeal	6-1-2013
584-017-0465	4-30-2013	Repeal	6-1-2013	584-090-0040	4-30-2013	Repeal	6-1-2013
584-017-0470	4-30-2013	Repeal	6-1-2013	584-090-0060	4-30-2013	Repeal	6-1-2013
584-017-0480	4-30-2013	Repeal	6-1-2013	584-090-0100	8-19-2013	Amend	10-1-2013
584-017-0500	4-30-2013	Repeal	6-1-2013	584-090-0115	11-19-2012	Amend	1-1-2013
584-017-0510	4-30-2013	Repeal	6-1-2013	584-100-0002	8-19-2013	Amend	10-1-2013
584-017-0520	4-30-2013	Repeal	6-1-2013	584-100-0006	8-19-2013	Amend	10-1-2013
584-017-0530	4-30-2013	Repeal	6-1-2013	584-100-0011	8-19-2013	Amend	10-1-2013
584-017-0541	4-30-2013	Repeal	6-1-2013	584-100-0016	2-14-2013	Amend	3-1-2013
584-017-0551	4-30-2013	Repeal	6-1-2013	584-100-0016	8-19-2013	Amend	10-1-2013
584-017-0555	4-30-2013	Repeal	6-1-2013	584-100-0017	8-19-2013	Amend	10-1-2013

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584-100-0021	8-19-2013	Amend	10-1-2013	603-024-0589	4-26-2013	Amend	6-1-2013
584-100-0023	8-19-2013	Repeal	10-1-2013	603-024-0592	4-26-2013	Amend	6-1-2013
584-100-0026	8-19-2013	Amend	10-1-2013	603-024-0605	4-26-2013	Amend	6-1-2013
584-100-0031	8-19-2013	Amend	10-1-2013	603-024-0613	4-26-2013	Amend	6-1-2013
584-100-0038	11-19-2012	Amend	1-1-2013	603-024-0640	4-26-2013	Amend	6-1-2013
584-100-0038	2-14-2013	Amend	3-1-2013	603-024-0900	2-7-2013	Adopt	3-1-2013
584-100-0038	8-19-2013	Amend	10-1-2013	603-024-0910	2-7-2013	Adopt	3-1-2013
584-100-0041	8-19-2013	Amend	10-1-2013	603-024-0920	2-7-2013	Adopt	3-1-2013
584-100-0061	8-19-2013	Amend	10-1-2013	603-024-0930	2-7-2013	Adopt	3-1-2013
584-100-0091	11-19-2012	Amend	1-1-2013	603-025-0030	1-1-2013	Amend	2-1-2013
584-100-0096	11-19-2012	Amend	1-1-2013	603-025-0190	9-4-2013	Amend	10-1-2013
584-100-0101	2-14-2013	Amend	3-1-2013	603-025-0900	2-7-2013	Adopt	3-1-2013
584-100-0101	8-19-2013	Am. & Ren.	10-1-2013	603-025-0910	2-7-2013	Adopt	3-1-2013
584-100-0106	2-14-2013	Amend	3-1-2013	603-025-0920	2-7-2013	Adopt	3-1-2013
584-100-0106	8-19-2013	Am. & Ren.	10-1-2013	603-025-0930	2-7-2013	Adopt	3-1-2013
585-001-0007	12-17-2012	Adopt	2-1-2013	603-028-0900	2-7-2013	Adopt	3-1-2013
585-001-0007	10-10-2013	Amend	11-1-2013	603-028-0910	2-7-2013	Adopt	3-1-2013
585-001-0008	10-10-2013	Amend	11-1-2013	603-028-0920	2-7-2013	Adopt	3-1-2013
585-001-0009	12-17-2012	Adopt	2-1-2013	603-028-0930	2-7-2013	Adopt	3-1-2013
585-001-0009	10-10-2013	Repeal	11-1-2013	603-047-0010	12-21-2012	Adopt	2-1-2013
586-001-0000	11-7-2013	Amend	12-1-2013	603-047-0100	12-21-2012	Adopt	2-1-2013
586-001-0005	11-7-2013	Amend	12-1-2013	603-047-0200	12-21-2012	Adopt	2-1-2013
589-002-0100	12-26-2012	Amend	2-1-2013	603-047-0300	12-21-2012	Adopt	2-1-2013
589-002-0100	6-11-2013	Amend	7-1-2013	603-047-0400	12-21-2012	Adopt	2-1-2013
589-002-0110	12-26-2012	Adopt	2-1-2013	603-047-0500	12-21-2012	Adopt	2-1-2013
589-002-0110	6-11-2013	Adopt	7-1-2013	603-051-0855	3-1-2013	Amend	4-1-2013
589-002-0120	12-26-2012	Adopt	2-1-2013	603-051-0856	3-1-2013	Amend	4-1-2013
589-002-0120	6-11-2013	Adopt	7-1-2013	603-051-0857	3-1-2013	Amend	4-1-2013
589-002-0130	12-26-2012	Adopt	2-1-2013	603-051-0858	3-1-2013	Amend	4-1-2013
589-002-0130	6-11-2013	Adopt	7-1-2013	603-051-0859	3-1-2013	Amend	4-1-2013
589-007-0200	6-25-2013	Amend	8-1-2013	603-052-0075	3-1-2013	Amend	4-1-2013
589-007-0500	5-31-2013	Amend(T)	7-1-2013	603-052-0114	3-1-2013	Amend	4-1-2013
589-007-0500	9-20-2013	Amend	11-1-2013	603-052-0116	3-1-2013	Amend	4-1-2013
589-007-0500(T)	9-20-2013	Repeal	11-1-2013	603-052-0127	3-1-2013	Amend	4-1-2013
589-007-0600	5-31-2013	Amend	7-1-2013	603-052-0129	3-1-2013	Amend	4-1-2013
589-007-0700	12-26-2012	Amend	2-1-2013	603-052-0347	4-26-2013	Amend	6-1-2013
603-013-0905	2-7-2013	Adopt	3-1-2013	603-052-0850	2-6-2013	Repeal	3-1-2013
603-013-0910	2-7-2013	Adopt	3-1-2013	603-052-0852	2-6-2013	Repeal	3-1-2013
603-013-0920	2-7-2013	Adopt	3-1-2013	603-052-0860	2-6-2013	Amend	3-1-2013
603-013-0932	2-7-2013	Adopt	3-1-2013	603-052-0860	10-21-2013	Amend	12-1-2013
603-017-0900	2-7-2013	Adopt	3-1-2013	603-052-0861	2-6-2013	Adopt	3-1-2013
603-017-0910	2-7-2013	Adopt	3-1-2013	603-052-0861	10-21-2013	Amend	12-1-2013
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603-017-0930	2-7-2013	Adopt	3-1-2013	603-052-0862	10-21-2013	Amend	12-1-2013
603-021-0900	2-7-2013	Adopt	3-1-2013	603-052-0870	2-6-2013	Amend	3-1-2013
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603-021-0920	2-7-2013	Adopt	3-1-2013	603-052-0880	2-6-2013	Amend	3-1-2013
603-021-0930	2-7-2013	Adopt	3-1-2013	603-052-0880	10-21-2013	Amend	12-1-2013
603-022-0900	2-7-2013	Adopt	3-1-2013	603-052-0882	2-6-2013	Adopt	3-1-2013
603-022-0910	2-7-2013	Adopt	3-1-2013	603-052-0882	10-21-2013	Amend	12-1-2013
603-022-0920	2-7-2013	Adopt	3-1-2013	603-052-0884	2-6-2013	Adopt	3-1-2013
603-022-0930	2-7-2013	Adopt	3-1-2013	603-052-0884	10-21-2013	Amend	12-1-2013
603-024-0017	4-26-2013	Amend	6-1-2013	603-052-0886	2-6-2013	Adopt	3-1-2013
603-024-0019	4-26-2013	Amend	6-1-2013	603-052-0886	10-21-2013	Amend	12-1-2013
603-024-0041	4-26-2013	Amend	6-1-2013	603-052-0888	2-6-2013	Adopt	3-1-2013
603-024-0211	4-26-2013	Amend	6-1-2013	603-052-0888	10-21-2013	Amend	12-1-2013

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603-052-0921	2-6-2013	Adopt	3-1-2013	629-665-0230	9-1-2013	Amend	8-1-2013
603-052-0921	10-21-2013	Amend	12-1-2013	629-670-0214	9-1-2013	Amend	8-1-2013
603-052-1020	10-10-2013	Amend	11-1-2013	629-680-0020	9-1-2013	Amend	8-1-2013
603-052-1080	12-3-2012	Adopt	1-1-2013	632-010-0004	3-21-2013	Amend	5-1-2013
603-052-1090	12-3-2012	Adopt	1-1-2013	632-010-0006	3-21-2013	Repeal	5-1-2013
603-052-1200	3-1-2013	Amend	4-1-2013	632-010-0008	3-21-2013	Amend	5-1-2013
603-052-1206	12-12-2012	Adopt	1-1-2013	632-010-0010	3-21-2013	Amend	5-1-2013
603-052-1209	12-12-2012	Adopt	1-1-2013	632-010-0011	3-21-2013	Amend	5-1-2013
603-052-1211	12-12-2012	Adopt	1-1-2013	632-010-0012	3-21-2013	Amend	5-1-2013
603-052-1230	3-1-2013	Amend	4-1-2013	632-010-0014	3-21-2013	Amend	5-1-2013
603-052-1320	3-1-2013	Amend	4-1-2013	632-010-0015	3-21-2013	Amend	5-1-2013
603-057-0386	6-27-2013	Adopt(T)	8-1-2013	632-010-0016	3-21-2013	Amend	5-1-2013
603-100-0900	2-7-2013	Adopt	3-1-2013	632-010-0017	3-21-2013	Amend	5-1-2013
603-100-0910	2-7-2013	Adopt	3-1-2013	632-010-0018	3-21-2013	Amend	5-1-2013
603-100-0920	2-7-2013	Adopt	3-1-2013	632-010-0020	3-21-2013	Amend	5-1-2013
603-100-0930	2-7-2013	Adopt	3-1-2013	632-010-0128	3-21-2013	Amend	5-1-2013
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611-030-0040	7-16-2013	Amend	9-1-2013	632-010-0132	3-21-2013	Amend	5-1-2013
617-020-0010	10-11-2013	Adopt	11-1-2013	632-010-0134	3-21-2013	Amend	5-1-2013
629-035-0055	7-1-2013	Amend	7-1-2013	632-010-0136	3-21-2013	Amend	5-1-2013
629-600-0050	9-1-2013	Adopt	8-1-2013	632-010-0138	3-21-2013	Amend	5-1-2013
629-600-0100	9-1-2013	Amend	8-1-2013	632-010-0140	3-21-2013	Amend	5-1-2013
629-605-0150	9-1-2013	Amend	8-1-2013	632-010-0142	3-21-2013	Amend	5-1-2013
629-605-0160	9-1-2013	Amend	8-1-2013	632-010-0144	3-21-2013	Amend	5-1-2013
629-605-0170	9-1-2013	Amend	8-1-2013	632-010-0146	3-21-2013	Amend	5-1-2013
629-605-0173	9-1-2013	Amend	8-1-2013	632-010-0148	3-21-2013	Amend	5-1-2013
629-605-0180	9-1-2013	Amend	8-1-2013	632-010-0150	3-21-2013	Amend	5-1-2013
629-610-0000	9-1-2013	Amend	8-1-2013	632-010-0151	3-21-2013	Amend	5-1-2013
629-610-0020	9-1-2013	Amend	8-1-2013	632-010-0152	3-21-2013	Amend	5-1-2013
629-610-0070	9-1-2013	Amend	8-1-2013	632-010-0154	3-21-2013	Amend	5-1-2013
629-610-0090	9-1-2013	Amend	8-1-2013	632-010-0156	3-21-2013	Amend	5-1-2013
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629-615-0300	9-1-2013	Amend	8-1-2013	632-010-0159	3-21-2013	Amend	5-1-2013
629-620-0000	9-1-2013	Amend	8-1-2013	632-010-0161	3-21-2013	Amend	5-1-2013
629-623-0100	9-1-2013	Amend	8-1-2013	632-010-0162	3-21-2013	Amend	5-1-2013
629-623-0200	9-1-2013	Amend	8-1-2013	632-010-0163	3-21-2013	Amend	5-1-2013
629-623-0400	9-1-2013	Amend	8-1-2013	632-010-0164	3-21-2013	Amend	5-1-2013
629-625-0000	9-1-2013	Amend	8-1-2013	632-010-0165	3-21-2013	Amend	5-1-2013
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629-625-0650	9-1-2013	Amend	8-1-2013	632-010-0168	3-21-2013	Amend	5-1-2013
629-630-0800	9-1-2013	Amend	8-1-2013	632-010-0169	3-21-2013	Repeal	5-1-2013
629-635-0100	9-1-2013	Amend	8-1-2013	632-010-0170	3-21-2013	Amend	5-1-2013
629-635-0130	9-1-2013	Repeal	8-1-2013	632-010-0172	3-21-2013	Amend	5-1-2013
629-635-0200	9-1-2013	Amend	8-1-2013	632-010-0174	3-21-2013	Amend	5-1-2013
629-640-0000	9-1-2013	Amend	8-1-2013	632-010-0176	3-21-2013	Amend	5-1-2013
629-640-0100	9-1-2013	Amend	8-1-2013	632-010-0178	3-21-2013	Amend	5-1-2013
629-640-0105	9-1-2013	Amend	8-1-2013	632-010-0182	3-21-2013	Amend	5-1-2013
629-640-0200	9-1-2013	Amend	8-1-2013	632-010-0184	3-21-2013	Amend	5-1-2013
629-645-0000	9-1-2013	Amend	8-1-2013	632-010-0186	3-21-2013	Amend	5-1-2013
629-645-0030	9-1-2013	Amend	8-1-2013	632-010-0188	3-21-2013	Amend	5-1-2013
629-645-0040	9-1-2013	Amend	8-1-2013	632-010-0190	3-21-2013	Amend	5-1-2013
629-645-0050	9-1-2013	Amend	8-1-2013	632-010-0192	3-21-2013	Amend	5-1-2013
629-650-0000	9-1-2013	Amend	8-1-2013	632-010-0194	3-21-2013	Amend	5-1-2013

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632-010-0210	3-21-2013	Amend	5-1-2013	635-003-0003	5-14-2013	Amend	6-1-2013
632-010-0220	3-21-2013	Amend	5-1-2013	635-003-0003(T)	5-14-2013	Repeal	6-1-2013
632-010-0225	3-21-2013	Amend	5-1-2013	635-004-0215	5-14-2013	Amend	6-1-2013
632-010-0230	3-21-2013	Amend	5-1-2013	635-004-0220	1-1-2013	Amend	2-1-2013
632-010-0235	3-21-2013	Amend	5-1-2013	635-004-0275	1-3-2013	Amend	2-1-2013
632-015-0005	3-21-2013	Amend	5-1-2013	635-004-0275	9-1-2013	Amend(T)	10-1-2013
632-015-0010	3-21-2013	Amend	5-1-2013	635-004-0310	1-1-2013	Amend	2-1-2013
632-015-0015	3-21-2013	Amend	5-1-2013	635-004-0350	1-1-2013	Amend	2-1-2013
632-015-0020	3-21-2013	Amend	5-1-2013	635-004-0355	1-1-2013	Amend	2-1-2013
632-015-0025	3-21-2013	Amend	5-1-2013	635-004-0355	9-9-2013	Amend(T)	10-1-2013
632-015-0030	3-21-2013	Amend	5-1-2013	635-004-0375	6-19-2013	Amend	8-1-2013
632-015-0035	3-21-2013	Amend	5-1-2013	635-004-0375	8-22-2013	Amend(T)	10-1-2013
632-015-0040	3-21-2013	Amend	5-1-2013	635-004-0465	1-1-2013	Amend	2-1-2013
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632-015-0050	3-21-2013	Amend	5-1-2013	635-004-0585	5-14-2013	Amend	6-1-2013
632-015-0055	3-21-2013	Amend	5-1-2013	635-005-0320	5-14-2013	Amend	6-1-2013
632-015-0060	3-21-2013	Amend	5-1-2013	635-005-0355	6-15-2013	Amend(T)	7-1-2013
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632-020-0010	3-21-2013	Amend	5-1-2013	635-005-0430	5-14-2013	Amend	6-1-2013
632-020-0015	3-21-2013	Amend	5-1-2013	635-005-0465	12-12-2012	Amend(T)	1-1-2013
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632-020-0035	3-21-2013	Amend	5-1-2013	635-005-0660	5-14-2013	Amend	6-1-2013
632-020-0040	3-21-2013	Amend	5-1-2013	635-005-0665	5-14-2013	Amend	6-1-2013
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632-020-0055	3-21-2013	Repeal	5-1-2013	635-005-0745	5-14-2013	Amend	6-1-2013
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632-020-0140	3-21-2013	Amend	5-1-2013	635-006-0232	1-14-2013	Amend	2-1-2013
632-020-0145	3-21-2013	Amend	5-1-2013	635-006-1025	5-14-2013	Amend	6-1-2013
632-020-0150	3-21-2013	Amend	5-1-2013	635-006-1075	5-14-2013	Amend	6-1-2013
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632-020-0155	3-21-2013	Amend	5-1-2013	635-008-0120	8-5-2013	Amend	9-1-2013
632-020-0156	3-21-2013	Amend	5-1-2013	635-008-0151	5-10-2013	Amend	6-1-2013
632-020-0157	3-21-2013	Amend	5-1-2013	635-008-0151	8-5-2013	Amend	9-1-2013
632-020-0159	3-21-2013	Amend	5-1-2013	635-008-0151(T)	5-10-2013	Repeal	6-1-2013
632-020-0160	3-21-2013	Repeal	5-1-2013	635-008-0175	1-1-2013	Amend	2-1-2013
632-020-0170	3-21-2013	Amend	5-1-2013	635-010-0004	10-10-2013	Amend	11-1-2013

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635-010-0015	10-10-2013	Amend	11-1-2013	635-019-0090(T)	7-19-2013	Suspend	8-1-2013
635-010-0050	10-10-2013	Amend	11-1-2013	635-019-0090(T)	11-1-2013	Suspend	12-1-2013
635-011-0100	1-1-2013	Amend	2-1-2013	635-021-0080	1-1-2013	Amend	2-1-2013
635-011-0102	1-1-2013	Amend	2-1-2013	635-021-0090	1-1-2013	Amend	2-1-2013
635-011-0104	11-1-2013	Amend	12-1-2013	635-021-0090	7-1-2013	Amend(T)	8-1-2013
635-013-0003	1-1-2013	Amend	2-1-2013	635-021-0090	8-24-2013	Amend(T)	10-1-2013
635-013-0003	5-1-2013	Amend(T)	6-1-2013	635-021-0090(T)	8-24-2013	Suspend	10-1-2013
635-013-0003	5-14-2013	Amend	6-1-2013	635-023-0080	1-1-2013	Amend	2-1-2013
635-013-0003(T)	5-14-2013	Repeal	6-1-2013	635-023-0090	1-1-2013	Amend	2-1-2013
635-013-0004	1-1-2013	Amend	2-1-2013	635-023-0095	1-1-2013	Amend	2-1-2013
635-013-0007	7-1-2013	Amend	7-1-2013	635-023-0095	1-1-2013	Amend(T)	2-1-2013
635-013-0009	7-1-2013	Amend	7-1-2013	635-023-0095	2-28-2013	Amend(T)	3-1-2013
635-014-0080	1-1-2013	Amend	2-1-2013	635-023-0095	4-1-2013	Amend(T)	5-1-2013
635-014-0090	1-1-2013	Amend	2-1-2013	635-023-0095	6-14-2013	Amend(T)	7-1-2013
635-014-0090	4-1-2013	Amend(T)	5-1-2013	635-023-0095	6-21-2013	Amend(T)	8-1-2013
635-014-0090	6-1-2013	Amend(T)	7-1-2013	635-023-0095	6-29-2013	Amend(T)	8-1-2013
635-014-0090	6-30-2013	Amend(T)	8-1-2013	635-023-0095	10-19-2013	Amend(T)	10-1-2013
635-014-0090	7-1-2013	Amend	7-1-2013	635-023-0095	11-12-2013	Amend(T)	12-1-2013
635-014-0090(T)	6-1-2013	Suspend	7-1-2013	635-023-0095(T)	2-28-2013	Suspend	3-1-2013
635-014-0090(T)	7-1-2013	Repeal	7-1-2013	635-023-0095(T)	4-1-2013	Suspend	5-1-2013
635-016-0080	1-1-2013	Amend	2-1-2013	635-023-0095(T)	6-14-2013	Suspend	7-1-2013
635-016-0090	1-1-2013	Amend	2-1-2013	635-023-0095(T)	6-21-2013	Suspend	8-1-2013
635-016-0090	1-1-2013	Amend(T)	2-1-2013	635-023-0095(T)	6-29-2013	Suspend	8-1-2013
635-016-0090	4-1-2013	Amend(T)	5-1-2013	635-023-0095(T)	10-19-2013	Suspend	10-1-2013
635-016-0090	7-1-2013	Amend	7-1-2013	635-023-0095(T)	11-12-2013	Suspend	12-1-2013
635-016-0090	11-1-2013	Amend(T)	12-1-2013	635-023-0125	1-1-2013	Amend	2-1-2013
635-016-0090(T)	4-1-2013	Suspend	5-1-2013	635-023-0125	2-28-2013	Amend(T)	3-1-2013
635-016-0090(T)	7-1-2013	Repeal	7-1-2013	635-023-0125	4-5-2013	Amend(T)	5-1-2013
635-017-0080	1-1-2013	Amend	2-1-2013	635-023-0125	5-25-2013	Amend(T)	7-1-2013
635-017-0090	1-1-2013	Amend	2-1-2013	635-023-0125	6-8-2013	Amend(T)	7-1-2013
635-017-0090	7-11-2013	Amend(T)	8-1-2013	635-023-0125(T)	4-5-2013	Suspend	5-1-2013
635-017-0095	1-1-2013	Amend	2-1-2013	635-023-0125(T)	5-25-2013	Suspend	7-1-2013
635-017-0095	2-14-2013	Amend(T)	3-1-2013	635-023-0125(T)	6-8-2013	Suspend	7-1-2013
635-017-0095	2-28-2013	Amend(T)	4-1-2013	635-023-0128	1-1-2013	Amend	2-1-2013
635-017-0095	4-1-2013	Amend(T)	5-1-2013	635-023-0128	6-16-2013	Amend(T)	7-1-2013
635-017-0095	7-25-2013	Amend(T)	9-1-2013	635-023-0128	6-27-2013	Amend(T)	8-1-2013
635-017-0095	10-19-2013	Amend(T)	10-1-2013	635-023-0128	7-13-2013	Amend(T)	8-1-2013
635-017-0095(T)	4-1-2013	Suspend	5-1-2013	635-023-0128(T)	6-27-2013	Suspend	8-1-2013
635-017-0095(T)	7-25-2013	Suspend	9-1-2013	635-023-0128(T)	7-13-2013	Suspend	8-1-2013
635-017-0095(T)	10-19-2013	Suspend	10-1-2013	635-023-0130	1-1-2013	Amend	2-1-2013
635-018-0080	1-1-2013	Amend	2-1-2013	635-023-0130	8-1-2013	Amend(T)	9-1-2013
635-018-0090	1-1-2013	Amend	2-1-2013	635-023-0130	8-23-2013	Amend(T)	10-1-2013
635-018-0090	4-15-2013	Amend(T)	4-1-2013	635-023-0130	9-13-2013	Amend(T)	10-1-2013
635-018-0090	8-1-2013	Amend(T)	8-1-2013	635-023-0130	9-26-2013	Amend(T)	11-1-2013
635-019-0080	1-1-2013	Amend	2-1-2013	635-023-0130(T)	8-23-2013	Suspend	10-1-2013
635-019-0090	1-1-2013	Amend	2-1-2013	635-023-0130(T)	9-13-2013	Suspend	10-1-2013
635-019-0090	1-1-2013	Amend(T)	2-1-2013	635-023-0130(T)	9-26-2013	Suspend	11-1-2013
635-019-0090	5-16-2013	Amend(T)	6-1-2013	635-023-0134	1-1-2013	Amend	2-1-2013
635-019-0090	5-24-2013	Amend(T)	7-1-2013	635-023-0134	5-4-2013	Amend(T)	6-1-2013
635-019-0090	6-1-2013	Amend(T)	7-1-2013	635-023-0134	7-21-2013	Amend(T)	9-1-2013
635-019-0090	7-5-2013	Amend(T)	8-1-2013	635-023-0134	9-1-2013	Amend(T)	10-1-2013
635-019-0090	7-19-2013	Amend(T)	8-1-2013	635-023-0134(T)	7-21-2013	Suspend	9-1-2013
635-019-0090	11-1-2013	Amend(T)	12-1-2013	635-023-0134(T)	9-1-2013	Suspend	10-1-2013
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635-039-0080(T)	5-14-2013	Repeal	6-1-2013	635-042-0022	4-9-2013	Amend(T)	5-1-2013
635-039-0085	6-28-2013	Amend(T)	8-1-2013	635-042-0022	5-15-2013	Amend(T)	6-1-2013
635-039-0085	7-23-2013	Amend(T)	9-1-2013	635-042-0022	5-22-2013	Amend(T)	7-1-2013
635-039-0085	8-8-2013	Amend(T)	9-1-2013	635-042-0022	5-29-2013	Amend(T)	7-1-2013
635-039-0085(T)	7-23-2013	Suspend	9-1-2013	635-042-0022(T)	5-22-2013	Suspend	7-1-2013
635-039-0085(T)	8-8-2013	Suspend	9-1-2013	635-042-0022(T)	5-29-2013	Suspend	7-1-2013
635-039-0090	1-1-2013	Amend	2-1-2013	635-042-0027	6-16-2013	Amend(T)	7-1-2013
635-039-0090	1-1-2013	Amend(T)	2-1-2013	635-042-0027	7-15-2013	Amend(T)	8-1-2013
635-039-0090	4-1-2013	Amend(T)	5-1-2013	635-042-0027(T)	7-15-2013	Suspend	8-1-2013
635-039-0090	5-14-2013	Amend	6-1-2013	635-042-0031	8-11-2013	Amend(T)	9-1-2013
635-039-0090	9-27-2013	Amend(T)	11-1-2013	635-042-0031	8-25-2013	Amend(T)	10-1-2013
635-039-0090(T)	4-1-2013	Suspend	5-1-2013	635-042-0031	8-28-2013	Amend(T)	10-1-2013
635-039-0090(T)	5-14-2013	Repeal	6-1-2013	635-042-0031	9-15-2013	Amend(T)	10-1-2013
635-041-0020	1-1-2013	Amend	2-1-2013	635-042-0031	9-19-2013	Amend(T)	11-1-2013
635-041-0045	2-1-2013	Amend(T)	3-1-2013	635-042-0031	9-26-2013	Amend(T)	11-1-2013
635-041-0045	3-6-2013	Amend(T)	4-1-2013	635-042-0031	10-1-2013	Amend(T)	11-1-2013
635-041-0045	6-16-2013	Amend(T)	7-1-2013	635-042-0031(T)	8-25-2013	Suspend	10-1-2013
635-041-0045	8-12-2013	Amend(T)	9-1-2013	635-042-0031(T)	8-28-2013	Suspend	10-1-2013
635-041-0045	10-9-2013	Amend(T)	11-1-2013	635-042-0031(T)	9-15-2013	Suspend	10-1-2013
635-041-0045(T)	3-6-2013	Suspend	4-1-2013	635-042-0031(T)	9-19-2013	Suspend	11-1-2013
635-041-0045(T)	6-16-2013	Suspend	7-1-2013	635-042-0031(T)	9-26-2013	Suspend	11-1-2013
635-041-0045(T)	8-12-2013	Suspend	9-1-2013	635-042-0031(T)	10-1-2013	Suspend	11-1-2013
635-041-0045(T)	10-9-2013	Suspend	11-1-2013	635-042-0032	10-2-2013	Amend(T)	11-1-2013
635-041-0063	5-24-2013	Amend(T)	7-1-2013	635-042-0060	10-16-2013	Amend(T)	11-1-2013
635-041-0065	2-1-2013	Amend(T)	3-1-2013	635-042-0060	10-23-2013	Amend(T)	12-1-2013
635-041-0065	2-27-2013	Amend(T)	4-1-2013	635-042-0060(T)	10-23-2013	Suspend	12-1-2013
635-041-0065	3-6-2013	Amend(T)	4-1-2013	635-042-0135	1-31-2013	Amend(T)	3-1-2013
635-041-0065	5-21-2013	Amend(T)	7-1-2013	635-042-0145	2-11-2013	Amend(T)	3-1-2013
635-041-0065	6-8-2013	Amend(T)	7-1-2013	635-042-0145	3-13-2013	Amend(T)	4-1-2013
635-041-0065(T)	2-27-2013	Suspend	4-1-2013	635-042-0145	5-15-2013	Amend(T)	6-1-2013
635-041-0065(T)	3-6-2013	Suspend	4-1-2013	635-042-0145	5-22-2013	Amend(T)	7-1-2013
635-041-0065(T)	5-21-2013	Suspend	7-1-2013	635-042-0145	5-29-2013	Amend(T)	7-1-2013
635-041-0065(T)	6-8-2013	Suspend	7-1-2013	635-042-0145	7-31-2013	Amend(T)	9-1-2013
635-041-0065(T)	6-16-2013	Suspend	7-1-2013	635-042-0145	8-9-2013	Amend(T)	9-1-2013
635-041-0075	8-12-2013	Amend(T)	9-1-2013	635-042-0145	9-30-2013	Amend(T)	11-1-2013
635-041-0075	8-19-2013	Amend(T)	9-1-2013	635-042-0145(T)	3-13-2013	Suspend	4-1-2013
635-041-0075	9-10-2013	Amend(T)	10-1-2013	635-042-0145(T)	5-15-2013	Suspend	6-1-2013
635-041-0075	9-16-2013	Amend(T)	10-1-2013	635-042-0145(T)	5-22-2013	Suspend	7-1-2013
635-041-0075	9-24-2013	Amend(T)	11-1-2013	635-042-0145(T)	5-29-2013	Suspend	7-1-2013
635-041-0075	9-30-2013	Amend(T)	11-1-2013	635-042-0145(T)	8-9-2013	Suspend	9-1-2013
635-041-0075	10-9-2013	Amend(T)	11-1-2013	635-042-0145(T)	9-30-2013	Suspend	11-1-2013
635-041-0075(T)	8-19-2013	Suspend	9-1-2013	635-042-0160	2-11-2013	Amend(T)	3-1-2013
635-041-0075(T)	9-10-2013	Suspend	10-1-2013	635-042-0160	3-21-2013	Amend(T)	5-1-2013
635-041-0075(T)	9-16-2013	Suspend	10-1-2013	635-042-0160	8-26-2013	Amend(T)	10-1-2013
635-041-0075(T)	9-24-2013	Suspend	11-1-2013	635-042-0160	9-30-2013	Amend(T)	11-1-2013
635-041-0075(T)	9-30-2013	Suspend	11-1-2013	635-042-0160(T)	3-21-2013	Suspend	5-1-2013
635-041-0075(T)	10-9-2013	Suspend	11-1-2013	635-042-0160(T)	9-30-2013	Suspend	11-1-2013
635-041-0076	6-16-2013	Amend(T)	7-1-2013	635-042-0170	2-11-2013	Amend(T)	3-1-2013
635-041-0076	6-29-2013	Amend(T)	8-1-2013	635-042-0170	5-15-2013	Amend(T)	6-1-2013
635-041-0076	7-6-2013	Amend(T)	8-1-2013	635-042-0170	8-26-2013	Amend(T)	10-1-2013
635-041-0076	7-15-2013	Amend(T)	8-1-2013	635-042-0170	9-30-2013	Amend(T)	11-1-2013
635-041-0076	7-22-2013	Amend(T)	9-1-2013	635-042-0170(T)	5-15-2013	Suspend	6-1-2013
635-041-0076(T)	6-29-2013	Suspend	8-1-2013	635-042-0170(T)	9-30-2013	Suspend	11-1-2013
635-041-0076(T)	7-6-2013	Suspend	8-1-2013	635-042-0180	2-11-2013	Amend(T)	3-1-2013
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635-042-0180	9-30-2013	Amend(T)	11-1-2013	635-073-0000	2-1-2013	Amend	2-1-2013
635-042-0180(T)	3-21-2013	Suspend	5-1-2013	635-073-0000	6-10-2013	Amend	7-1-2013
635-042-0180(T)	9-30-2013	Suspend	11-1-2013	635-073-0065	2-1-2013	Amend	2-1-2013
635-043-0051	6-10-2013	Amend	7-1-2013	635-073-0070	2-1-2013	Amend	2-1-2013
635-045-0000	1-1-2013	Amend	2-1-2013	635-075-0005	3-11-2013	Amend(T)	4-1-2013
635-045-0000	8-5-2013	Amend	9-1-2013	635-075-0005	6-10-2013	Amend	7-1-2013
635-045-0002	1-1-2013	Amend	2-1-2013	635-075-0005(T)	6-10-2013	Repeal	7-1-2013
635-045-0002	10-10-2013	Amend	11-1-2013	635-078-0011	1-1-2013	Amend	2-1-2013
635-050-0050	6-10-2013	Amend	7-1-2013	635-095-0125	12-31-2012	Amend(T)	2-1-2013
635-051-0000	8-5-2013	Amend	9-1-2013	635-095-0125	6-10-2013	Amend	7-1-2013
635-052-0000	8-5-2013	Amend	9-1-2013	635-095-0125(T)	6-10-2013	Repeal	7-1-2013
635-053-0000	8-5-2013	Amend	9-1-2013	635-110-0009	5-23-2013	Adopt(T)	7-1-2013
635-053-0035	1-23-2013	Amend(T)	3-1-2013	635-110-0010	5-23-2013	Amend(T)	7-1-2013
635-054-0000	8-5-2013	Amend	9-1-2013	635-110-0010	7-12-2013	Amend	8-1-2013
635-056-0050	12-18-2012	Amend	2-1-2013	635-110-0010	10-1-2013	Amend(T)	11-1-2013
635-056-0075	12-18-2012	Amend	2-1-2013	635-110-0010(T)	7-12-2013	Repeal	8-1-2013
635-060-0000	8-5-2013	Amend	9-1-2013	635-110-0020	5-23-2013	Amend(T)	7-1-2013
635-060-0005	1-23-2013	Amend	3-1-2013	635-110-0020	7-12-2013	Amend	8-1-2013
635-060-0030	10-10-2013	Amend	11-1-2013	635-110-0020(T)	7-12-2013	Repeal	8-1-2013
635-060-0040	3-11-2013	Amend(T)	4-1-2013	635-170-0001	8-5-2013	Amend	9-1-2013
635-060-0040	10-10-2013	Amend	11-1-2013	635-180-0001	8-5-2013	Amend	9-1-2013
635-060-0046	10-10-2013	Amend	11-1-2013	635-500-6650	1-14-2013	Adopt	2-1-2013
635-060-0055	10-10-2013	Amend	11-1-2013	635-500-6700	1-1-2013	Adopt	2-1-2013
635-065-0001	1-1-2013	Amend	2-1-2013	635-500-6705	1-1-2013	Adopt	2-1-2013
635-065-0011	1-1-2013	Adopt	2-1-2013	635-500-6710	1-1-2013	Adopt	2-1-2013
635-065-0011	2-7-2013	Amend	3-1-2013	635-500-6715	1-1-2013	Adopt	2-1-2013
635-065-0015	1-1-2013	Amend	2-1-2013	635-500-6720	1-1-2013	Adopt	2-1-2013
635-065-0090	1-1-2013	Amend	2-1-2013	635-500-6725	1-1-2013	Adopt	2-1-2013
635-065-0401	1-1-2013	Amend	2-1-2013	635-500-6730	1-1-2013	Adopt	2-1-2013
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635-065-0625	7-26-2013	Amend(T)	9-1-2013	635-500-6740	1-1-2013	Adopt	2-1-2013
635-065-0735	1-1-2013	Amend	2-1-2013	635-500-6745	1-1-2013	Adopt	2-1-2013
635-065-0740	1-1-2013	Amend	2-1-2013	635-500-6750	1-1-2013	Adopt	2-1-2013
635-065-0760	1-1-2013	Amend	2-1-2013	635-500-6755	1-1-2013	Adopt	2-1-2013
635-065-0765	2-1-2013	Amend	2-1-2013	635-500-6760	1-1-2013	Adopt	2-1-2013
635-065-0765	2-7-2013	Amend	3-1-2013	635-500-6765	1-1-2013	Adopt	2-1-2013
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635-066-0000	1-1-2013	Amend	2-1-2013	645-040-0010	7-5-2013	Amend	8-1-2013
635-066-0010	1-1-2013	Amend	2-1-2013	647-010-0010	5-10-2013	Amend	6-1-2013
635-066-0020	1-1-2013	Amend	2-1-2013	658-030-0020	7-3-2013	Amend	8-1-2013
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635-067-0000	6-10-2013	Amend	7-1-2013	660-006-0025	2-1-2013	Amend	3-1-2013
635-067-0004	1-1-2013	Amend	2-1-2013	660-024-0040	12-10-2012	Amend	1-1-2013
635-068-0000	3-1-2013	Amend	3-1-2013	660-024-0045	12-10-2012	Adopt	1-1-2013
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635-068-0000	10-25-2013	Amend	12-1-2013	660-036-0005	10-7-2013	Amend	11-1-2013
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635-069-0000	6-10-2013	Amend	7-1-2013	660-044-0005	1-1-2013	Amend	1-1-2013
635-070-0000	4-1-2013	Amend	4-1-2013	660-044-0040	1-1-2013	Adopt	1-1-2013
635-070-0000	6-10-2013	Amend	7-1-2013	660-044-0045	1-1-2013	Adopt	1-1-2013
635-070-0020	2-7-2013	Amend	3-1-2013	660-044-0050	1-1-2013	Adopt	1-1-2013
635-070-0020	11-1-2013	Amend(T)	12-1-2013	660-044-0055	1-1-2013	Adopt	1-1-2013
635-071-0000	4-1-2013	Amend	4-1-2013	660-044-0060	1-1-2013	Adopt	1-1-2013
635-071-0000	6-10-2013	Amend	7-1-2013	661-010-0075	5-1-2013	Amend(T)	6-1-2013
635-071-0010	11-5-2013	Amend(T)	12-1-2013	661-010-0075	10-29-2013	Amend(T)	12-1-2013

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668-030-0010	7-16-2013	Amend	9-1-2013	695-045-0180	1-30-2013	Adopt	3-1-2013
690-022-0005	7-1-2013	Adopt(T)	8-1-2013	695-045-0185	1-30-2013	Adopt	3-1-2013
690-022-0010	7-1-2013	Adopt(T)	8-1-2013	695-045-0190	1-30-2013	Adopt	3-1-2013
690-022-0015	7-1-2013	Adopt(T)	8-1-2013	695-045-0195	1-30-2013	Adopt	3-1-2013
690-501-0005	12-12-2012	Amend	1-1-2013	695-045-0200	1-30-2013	Adopt	3-1-2013
690-501-0010	12-12-2012	Amend	1-1-2013	695-045-0205	1-30-2013	Adopt	3-1-2013
690-501-0020	12-12-2012	Repeal	1-1-2013	695-045-0210	1-30-2013	Adopt	3-1-2013
690-501-0030	12-12-2012	Amend	1-1-2013	695-045-0215	1-30-2013	Adopt	3-1-2013
690-515-0000	12-12-2012	Amend	1-1-2013	695-046-0010	6-19-2013	Amend	8-1-2013
690-515-0010	12-12-2012	Amend	1-1-2013	695-046-0020	6-19-2013	Amend	8-1-2013
690-515-0020	12-12-2012	Amend	1-1-2013	695-046-0025	6-19-2013	Repeal	8-1-2013
690-515-0030	12-12-2012	Amend	1-1-2013	695-046-0030	6-19-2013	Repeal	8-1-2013
690-515-0040	12-12-2012	Amend	1-1-2013	695-046-0040	6-19-2013	Repeal	8-1-2013
690-515-0050	12-12-2012	Amend	1-1-2013	695-046-0050	6-19-2013	Repeal	8-1-2013
690-515-0060	12-12-2012	Amend	1-1-2013	695-046-0060	6-19-2013	Repeal	8-1-2013
690-516-0005	12-12-2012	Amend	1-1-2013	695-046-0070	6-19-2013	Repeal	8-1-2013
690-516-0010	12-12-2012	Amend	1-1-2013	695-046-0080	6-19-2013	Repeal	8-1-2013
690-516-0020	12-12-2012	Repeal	1-1-2013	695-046-0090	6-19-2013	Repeal	8-1-2013
690-516-0030	12-12-2012	Amend	1-1-2013	695-046-0100	6-19-2013	Repeal	8-1-2013
690-517-0000	12-12-2012	Amend	1-1-2013	695-046-0110	6-19-2013	Repeal	8-1-2013
690-517-0020	12-12-2012	Amend	1-1-2013	695-046-0120	6-19-2013	Repeal	8-1-2013
690-517-0030	12-12-2012	Amend	1-1-2013	695-046-0130	6-19-2013	Repeal	8-1-2013
690-517-0040	12-12-2012	Amend	1-1-2013	695-046-0140	6-19-2013	Repeal	8-1-2013
690-517-0050	12-12-2012	Repeal	1-1-2013	695-046-0150	6-19-2013	Repeal	8-1-2013
690-518-0010	12-12-2012	Amend	1-1-2013	695-046-0160	6-19-2013	Repeal	8-1-2013
690-518-0030	12-12-2012	Amend	1-1-2013	695-046-0170	6-19-2013	Repeal	8-1-2013
690-518-0040	12-12-2012	Repeal	1-1-2013	695-046-0175	6-19-2013	Adopt	8-1-2013
690-518-0050	12-12-2012	Amend	1-1-2013	695-046-0180	6-19-2013	Adopt	8-1-2013
695-007-0010	9-17-2013	Repeal	11-1-2013	695-046-0185	6-19-2013	Adopt	8-1-2013
695-007-0020	9-17-2013	Repeal	11-1-2013	695-046-0190	6-19-2013	Adopt	8-1-2013
695-007-0030	9-17-2013	Repeal	11-1-2013	695-046-0195	6-19-2013	Adopt	8-1-2013
695-007-0040	9-17-2013	Repeal	11-1-2013	695-046-0200	6-19-2013	Adopt	8-1-2013
695-045-0010	1-30-2013	Amend	3-1-2013	695-046-0205	6-19-2013	Adopt	8-1-2013
695-045-0020	1-30-2013	Amend	3-1-2013	695-046-0210	6-19-2013	Adopt	8-1-2013
695-045-0025	1-30-2013	Repeal	3-1-2013	695-046-0215	6-19-2013	Adopt	8-1-2013
695-045-0030	1-30-2013	Repeal	3-1-2013	695-046-0220	6-19-2013	Adopt	8-1-2013
695-045-0035	1-30-2013	Repeal	3-1-2013	695-046-0225	6-19-2013	Adopt	8-1-2013
695-045-0040	1-30-2013	Repeal	3-1-2013	695-046-0230	6-19-2013	Adopt	8-1-2013
695-045-0045	1-30-2013	Repeal	3-1-2013	705-010-0030	10-11-2013	Amend	11-1-2013
695-045-0050	1-30-2013	Repeal	3-1-2013	705-010-0035	10-11-2013	Amend	11-1-2013
695-045-0055	1-30-2013	Repeal	3-1-2013	705-010-0045	10-11-2013	Amend	11-1-2013
695-045-0060	1-30-2013	Repeal	3-1-2013	705-010-0055	10-11-2013	Amend	11-1-2013
695-045-0065	1-30-2013	Repeal	3-1-2013	705-010-0065	10-11-2013	Amend	11-1-2013
695-045-0070	1-30-2013	Repeal	3-1-2013	705-010-0070	5-2-2013	Amend	6-1-2013
695-045-0080	1-30-2013	Repeal	3-1-2013	705-010-0070	10-11-2013	Amend	11-1-2013
695-045-0090	1-30-2013	Repeal	3-1-2013	705-010-0072	10-11-2013	Adopt	11-1-2013
695-045-0100	1-30-2013	Repeal	3-1-2013	710-005-0010	9-24-2013	Adopt(T)	11-1-2013
695-045-0110	1-30-2013	Repeal	3-1-2013	715-010-0000	8-21-2013	Adopt	10-1-2013
695-045-0120	1-30-2013	Repeal	3-1-2013	715-010-0015	8-21-2013	Adopt	10-1-2013
695-045-0130	1-30-2013	Repeal	3-1-2013	715-010-0025	8-21-2013	Adopt	10-1-2013
695-045-0140	1-30-2013	Repeal	3-1-2013	731-001-0000	5-17-2013	Amend	7-1-2013
695-045-0150	1-30-2013	Repeal	3-1-2013	731-005-0780	7-18-2013	Amend	9-1-2013
695-045-0160	1-30-2013	Adopt	3-1-2013	731-012-0010	8-26-2013	Adopt	10-1-2013
695-045-0165	1-30-2013	Adopt	3-1-2013	731-012-0020	8-26-2013	Adopt	10-1-2013
695-045-0170	1-30-2013	Adopt	3-1-2013	731-012-0030	8-26-2013	Adopt	10-1-2013

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731-012-0050	8-26-2013	Adopt	10-1-2013	735-062-0080	9-24-2013	Amend	11-1-2013
731-012-0060	8-26-2013	Adopt	10-1-2013	735-062-0135	9-24-2013	Amend	11-1-2013
731-012-0070	8-26-2013	Adopt	10-1-2013	735-062-0140	9-24-2013	Amend	11-1-2013
731-012-0080	8-26-2013	Adopt	10-1-2013	735-064-0005	3-22-2013	Amend	5-1-2013
731-012-0090	8-26-2013	Adopt	10-1-2013	735-064-0020	3-22-2013	Amend	5-1-2013
731-012-0100	8-26-2013	Adopt	10-1-2013	735-064-0060	3-22-2013	Amend	5-1-2013
731-012-0110	8-26-2013	Adopt	10-1-2013	735-064-0100	3-22-2013	Amend	5-1-2013
731-012-0120	8-26-2013	Adopt	10-1-2013	735-064-0110	3-22-2013	Amend	5-1-2013
731-012-0130	8-26-2013	Adopt	10-1-2013	735-070-0006	11-19-2012	Adopt	1-1-2013
731-012-0140	8-26-2013	Adopt	10-1-2013	735-070-0080	5-23-2013	Amend	7-1-2013
731-070-0050	6-21-2013	Amend	8-1-2013	735-070-0085	6-21-2013	Amend(T)	8-1-2013
733-001-0000	4-15-2013	Amend	5-1-2013	735-072-0020	5-1-2013	Amend	6-1-2013
733-001-0005	4-15-2013	Amend	5-1-2013	735-072-0023	5-1-2013	Amend	6-1-2013
733-001-0010	4-15-2013	Adopt	5-1-2013	735-074-0080	9-24-2013	Amend	11-1-2013
733-001-0015	4-15-2013	Adopt	5-1-2013	735-074-0090	9-24-2013	Amend	11-1-2013
733-001-0025	4-15-2013	Adopt	5-1-2013	735-090-0066	9-24-2013	Adopt	11-1-2013
733-001-0030	4-15-2013	Adopt	5-1-2013	735-160-0003	9-24-2013	Amend	11-1-2013
733-001-0035	4-15-2013	Adopt	5-1-2013	735-160-0005	9-24-2013	Amend	11-1-2013
734-010-0220	11-21-2012	Amend	1-1-2013	735-160-0010	9-24-2013	Amend	11-1-2013
734-010-0290	11-21-2012	Amend	1-1-2013	735-160-0011	9-24-2013	Amend	11-1-2013
734-010-0300	11-21-2012	Amend	1-1-2013	735-160-0015	9-24-2013	Amend	11-1-2013
734-010-0310	11-21-2012	Repeal	1-1-2013	735-160-0020	9-24-2013	Amend	11-1-2013
734-010-0320	11-21-2012	Amend	1-1-2013	735-160-0035	9-24-2013	Amend	11-1-2013
734-010-0330	11-21-2012	Amend	1-1-2013	735-160-0075	9-24-2013	Amend	11-1-2013
734-010-0340	11-21-2012	Amend	1-1-2013	735-160-0080	9-24-2013	Amend	11-1-2013
734-010-0350	11-21-2012	Amend	1-1-2013	735-160-0095	9-24-2013	Amend	11-1-2013
734-010-0370	11-21-2012	Repeal	1-1-2013	735-160-0100	9-24-2013	Amend	11-1-2013
734-010-0380	11-21-2012	Amend	1-1-2013	735-160-0115	9-24-2013	Amend	11-1-2013
734-020-0070	8-26-2013	Amend	10-1-2013	735-160-0125	9-24-2013	Amend	11-1-2013
734-030-0005	3-1-2013	Amend	3-1-2013	735-160-0130	9-24-2013	Amend	11-1-2013
734-030-0010	3-1-2013	Amend	3-1-2013	735-164-0000	5-23-2013	Amend	7-1-2013
734-030-0015	3-1-2013	Amend	3-1-2013	735-164-0010	5-23-2013	Amend	7-1-2013
734-030-0016	3-1-2013	Adopt	3-1-2013	735-164-0020	5-23-2013	Amend	7-1-2013
734-059-0100	11-20-2012	Amend	1-1-2013	736-002-0015	10-4-2013	Adopt	11-1-2013
734-073-0090	12-21-2012	Repeal	2-1-2013	736-010-0005	7-19-2013	Amend	9-1-2013
734-075-0010	5-16-2013	Amend	7-1-2013	736-010-0015	7-19-2013	Amend	9-1-2013
734-075-0011	5-16-2013	Amend	7-1-2013	736-010-0020	7-19-2013	Amend	9-1-2013
734-082-0085	9-23-2013	Adopt	11-1-2013	736-010-0022	7-19-2013	Amend	9-1-2013
735-001-0050	3-22-2013	Amend	5-1-2013	736-010-0025	7-19-2013	Amend	9-1-2013
735-001-0062	1-1-2013	Adopt	2-1-2013	736-010-0026	7-19-2013	Amend	9-1-2013
735-001-0062	5-3-2013	Adopt	6-1-2013	736-010-0027	7-19-2013	Amend	9-1-2013
735-010-0030	9-24-2013	Amend	11-1-2013	736-010-0030	7-19-2013	Amend	9-1-2013
735-012-0000	11-19-2012	Amend	1-1-2013	736-010-0035	7-19-2013	Amend	9-1-2013
735-012-0000(T)	11-19-2012	Repeal	1-1-2013	736-010-0040	7-19-2013	Amend	9-1-2013
735-048-0000	4-22-2013	Amend	6-1-2013	736-010-0050	7-19-2013	Amend	9-1-2013
735-048-0020	4-22-2013	Amend	6-1-2013	736-010-0055	7-19-2013	Amend	9-1-2013
735-048-0030	4-22-2013	Amend	6-1-2013	736-010-0060	11-16-2012	Amend	1-1-2013
735-048-0040	4-22-2013	Amend	6-1-2013	736-010-0060	7-19-2013	Amend	9-1-2013
735-048-0050	4-22-2013	Amend	6-1-2013	736-010-0065	7-19-2013	Amend	9-1-2013
735-048-0060	4-22-2013	Amend	6-1-2013	736-015-0006	11-16-2012	Amend	1-1-2013
735-048-0070	4-22-2013	Amend	6-1-2013	736-015-0015	11-16-2012	Amend	1-1-2013
735-048-0080	4-22-2013	Amend	6-1-2013	736-015-0020	10-1-2013	Amend	11-1-2013
735-050-0100	5-23-2013	Amend	7-1-2013	736-015-0035	10-1-2013	Amend	11-1-2013
735-050-0120	6-21-2013	Amend(T)	8-1-2013	736-015-0040	10-1-2013	Amend	11-1-2013
735-062-0010	9-24-2013	Amend	11-1-2013	736-015-0043	10-1-2013	Amend	11-1-2013

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736-021-0010	2-1-2013	Amend	2-1-2013	736-053-0125	7-19-2013	Amend	9-1-2013
736-021-0020	2-1-2013	Amend	2-1-2013	736-053-0130	7-19-2013	Amend	9-1-2013
736-021-0030	2-1-2013	Amend	2-1-2013	736-053-0135	7-19-2013	Amend	9-1-2013
736-021-0040	2-1-2013	Amend	2-1-2013	736-053-0140	7-19-2013	Amend	9-1-2013
736-021-0050	2-1-2013	Amend	2-1-2013	736-053-0200	7-19-2013	Amend	9-1-2013
736-021-0060	2-1-2013	Amend	2-1-2013	736-053-0205	7-19-2013	Amend	9-1-2013
736-021-0065	2-1-2013	Adopt	2-1-2013	736-053-0210	7-19-2013	Amend	9-1-2013
736-021-0070	2-1-2013	Amend	2-1-2013	736-053-0215	7-19-2013	Amend	9-1-2013
736-021-0080	2-1-2013	Amend	2-1-2013	736-053-0220	7-19-2013	Amend	9-1-2013
736-021-0090	2-1-2013	Amend	2-1-2013	736-053-0225	7-19-2013	Amend	9-1-2013
736-021-0100	2-1-2013	Amend	2-1-2013	736-053-0230	7-19-2013	Amend	9-1-2013
736-021-0110	2-1-2013	Repeal	2-1-2013	736-053-0235	7-19-2013	Amend	9-1-2013
736-021-0120	2-1-2013	Amend	2-1-2013	736-053-0300	7-19-2013	Amend	9-1-2013
736-021-0130	2-1-2013	Amend	2-1-2013	736-053-0305	7-19-2013	Amend	9-1-2013
736-021-0140	2-1-2013	Amend	2-1-2013	736-053-0315	7-19-2013	Amend	9-1-2013
736-021-0150	2-1-2013	Amend	2-1-2013	736-053-0325	7-19-2013	Amend	9-1-2013
736-021-0160	2-1-2013	Amend	2-1-2013	740-055-0035	5-16-2013	Adopt	7-1-2013
736-045-0006	12-13-2012	Adopt	1-1-2013	740-060-0010	6-20-2013	Amend	8-1-2013
736-045-0011	12-13-2012	Adopt	1-1-2013	740-060-0020	6-20-2013	Amend	8-1-2013
736-045-0100	12-13-2012	Adopt	1-1-2013	740-060-0030	1-18-2013	Amend(T)	3-1-2013
736-045-0200	12-13-2012	Adopt	1-1-2013	740-060-0030	6-20-2013	Repeal	8-1-2013
736-045-0300	12-13-2012	Adopt	1-1-2013	740-060-0035	6-20-2013	Adopt	8-1-2013
736-045-0305	12-13-2012	Adopt	1-1-2013	740-060-0040	1-18-2013	Amend(T)	3-1-2013
736-045-0310	12-13-2012	Adopt	1-1-2013	740-060-0040	6-20-2013	Amend	8-1-2013
736-045-0320	12-13-2012	Adopt	1-1-2013	740-060-0040(T)	6-20-2013	Repeal	8-1-2013
736-045-0330	12-13-2012	Adopt	1-1-2013	740-060-0045	6-20-2013	Amend	8-1-2013
736-045-0340	12-13-2012	Adopt	1-1-2013	740-060-0055	6-20-2013	Amend	8-1-2013
736-045-0400	12-13-2012	Adopt	1-1-2013	740-060-0060	6-20-2013	Amend	8-1-2013
736-045-0405	12-13-2012	Adopt	1-1-2013	740-060-0070	6-20-2013	Amend	8-1-2013
736-045-0410	12-13-2012	Adopt	1-1-2013	740-060-0080	1-18-2013	Amend(T)	3-1-2013
736-045-0412	12-13-2012	Adopt	1-1-2013	740-060-0080	6-20-2013	Amend	8-1-2013
736-045-0414	12-13-2012	Adopt	1-1-2013	740-060-0080(T)	6-20-2013	Repeal	8-1-2013
736-045-0416	12-13-2012	Adopt	1-1-2013	740-060-0085	6-20-2013	Adopt	8-1-2013
736-045-0418	12-13-2012	Adopt	1-1-2013	740-060-0090	6-20-2013	Adopt	8-1-2013
736-045-0420	12-13-2012	Adopt	1-1-2013	740-060-0100	6-20-2013	Amend	8-1-2013
736-045-0422	12-13-2012	Adopt	1-1-2013	740-060-0110	6-20-2013	Amend	8-1-2013
736-045-0424	12-13-2012	Adopt	1-1-2013	740-100-0010	4-22-2013	Amend	6-1-2013
736-045-0426	12-13-2012	Adopt	1-1-2013	740-100-0065	4-22-2013	Amend	6-1-2013
736-045-0428	12-13-2012	Adopt	1-1-2013	740-100-0070	4-22-2013	Amend	6-1-2013
736-045-0430	12-13-2012	Adopt	1-1-2013	740-100-0080	4-22-2013	Amend	6-1-2013
736-045-0432	12-13-2012	Adopt	1-1-2013	740-100-0085	4-22-2013	Amend	6-1-2013
736-045-0434	12-13-2012	Adopt	1-1-2013	740-100-0090	4-22-2013	Amend	6-1-2013
736-045-0436	12-13-2012	Adopt	1-1-2013	740-100-0090	8-26-2013	Amend	10-1-2013
736-045-0438	12-13-2012	Adopt	1-1-2013	740-110-0010	4-22-2013	Amend	6-1-2013
736-045-0440	12-13-2012	Adopt	1-1-2013	740-200-0010	1-17-2013	Amend	3-1-2013
736-045-0442	12-13-2012	Adopt	1-1-2013	740-200-0020	1-17-2013	Amend	3-1-2013
736-045-0444	12-13-2012	Adopt	1-1-2013	740-200-0040	1-17-2013	Amend	3-1-2013
736-045-0446	12-13-2012	Adopt	1-1-2013	741-100-0005	10-15-2013	Amend	11-1-2013
736-045-0448	12-13-2012	Adopt	1-1-2013	741-100-0020	10-15-2013	Amend	11-1-2013
736-045-0500	12-13-2012	Adopt	1-1-2013	741-100-0030	10-15-2013	Amend	11-1-2013
736-045-0505	12-13-2012	Adopt	1-1-2013	741-100-0040	10-15-2013	Amend	11-1-2013
736-053-0100	7-19-2013	Amend	9-1-2013	741-110-0030	10-15-2013	Amend	11-1-2013
736-053-0105	7-19-2013	Amend	9-1-2013	741-110-0040	10-15-2013	Amend	11-1-2013
736-053-0110	7-19-2013	Amend	9-1-2013	741-110-0050	10-15-2013	Amend	11-1-2013
736-053-0115	7-19-2013	Amend	9-1-2013	741-110-0060	10-15-2013	Amend	11-1-2013

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741-110-0080	10-15-2013	Amend	11-1-2013	808-003-0045	6-1-2013	Amend	7-1-2013
741-115-0010	10-15-2013	Amend	11-1-2013	808-003-0060	6-1-2013	Amend	7-1-2013
741-115-0020	10-15-2013	Amend	11-1-2013	808-003-0210	10-1-2013	Amend	11-1-2013
741-115-0030	10-15-2013	Amend	11-1-2013	808-005-0020	12-4-2012	Amend	1-1-2013
741-115-0040	10-15-2013	Amend	11-1-2013	808-040-0025	12-4-2012	Amend	1-1-2013
741-115-0060	10-15-2013	Amend	11-1-2013	808-040-0050	12-4-2012	Amend	1-1-2013
741-115-0070	10-15-2013	Amend	11-1-2013	808-040-0060	12-4-2012	Amend	1-1-2013
741-120-0020	10-15-2013	Amend	11-1-2013	809-001-0000	12-21-2012	Amend	1-1-2013
741-120-0040	10-15-2013	Amend	11-1-2013	809-001-0020	12-21-2012	Repeal	1-1-2013
741-120-0050	10-15-2013	Amend	11-1-2013	809-001-0025	12-21-2012	Repeal	1-1-2013
741-125-0030	10-15-2013	Amend	11-1-2013	809-001-0030	12-21-2012	Repeal	1-1-2013
741-200-0020	10-15-2013	Amend	11-1-2013	809-010-0001	9-24-2013	Amend	11-1-2013
741-200-0050	10-15-2013	Amend	11-1-2013	809-010-0025	12-21-2012	Amend	1-1-2013
741-200-0060	10-15-2013	Amend	11-1-2013	809-010-0025	7-1-2013	Amend	7-1-2013
800-001-0020	2-1-2013	Amend	2-1-2013	809-020-0030	12-21-2012	Amend	1-1-2013
800-010-0020	2-1-2013	Amend	2-1-2013	809-040-0021	9-24-2013	Amend	11-1-2013
800-010-0030	2-1-2013	Amend	2-1-2013	809-055-0000	12-21-2012	Amend	1-1-2013
800-015-0010	2-1-2013	Amend	2-1-2013	811-010-0086	11-1-2013	Amend	11-1-2013
800-020-0015	2-1-2013	Amend	2-1-2013	811-010-0093	6-6-2013	Amend	7-1-2013
800-020-0025	8-5-2013	Amend(T)	9-1-2013	811-010-0110	11-1-2013	Amend	11-1-2013
800-020-0030	2-1-2013	Amend	2-1-2013	811-010-0110	11-1-2013	Amend	12-1-2013
800-020-0035	2-1-2013	Amend	2-1-2013	811-015-0002	8-2-2013	Amend	9-1-2013
800-030-0025	2-1-2013	Amend	2-1-2013	811-015-0080	11-28-2012	Adopt	1-1-2013
801-001-0035	1-8-2013	Amend	2-1-2013	812-002-0640	5-1-2013	Amend	6-1-2013
804-001-0002	7-1-2013	Amend	7-1-2013	812-005-0180	5-1-2013	Amend	6-1-2013
804-003-0000	6-20-2013	Amend(T)	8-1-2013	812-006-0100	5-1-2013	Amend	6-1-2013
804-010-0000	11-21-2012	Amend	1-1-2013	812-006-0150	5-1-2013	Amend	6-1-2013
804-010-0000(T)	11-21-2012	Repeal	1-1-2013	812-006-0200	5-1-2013	Amend	6-1-2013
804-020-0001	11-21-2012	Amend	1-1-2013	812-006-0250	5-1-2013	Amend	6-1-2013
804-020-0001(T)	11-21-2012	Repeal	1-1-2013	812-006-0300	5-1-2013	Amend	6-1-2013
804-020-0003	11-21-2012	Amend	1-1-2013	812-006-0350	5-1-2013	Amend	6-1-2013
804-020-0003(T)	11-21-2012	Repeal	1-1-2013	812-006-0400	5-1-2013	Amend	6-1-2013
804-020-0010	11-21-2012	Amend	1-1-2013	812-006-0450	5-1-2013	Amend	6-1-2013
804-020-0010(T)	11-21-2012	Repeal	1-1-2013	812-022-0000	10-24-2013	Adopt	12-1-2013
804-020-0015	11-21-2012	Amend	1-1-2013	812-022-0005	10-24-2013	Adopt	12-1-2013
804-020-0015(T)	11-21-2012	Repeal	1-1-2013	812-022-0010	10-24-2013	Adopt	12-1-2013
804-020-0030	11-21-2012	Amend	1-1-2013	812-022-0010	10-29-2013	Amend(T)	12-1-2013
804-020-0030(T)	11-21-2012	Repeal	1-1-2013	812-022-0011	10-24-2013	Adopt	12-1-2013
804-020-0040	11-21-2012	Amend	1-1-2013	812-022-0015	10-24-2013	Adopt	12-1-2013
804-020-0040(T)	11-21-2012	Repeal	1-1-2013	812-022-0016	10-24-2013	Adopt	12-1-2013
804-020-0045	11-21-2012	Amend	1-1-2013	812-022-0018	10-24-2013	Adopt	12-1-2013
804-020-0045(T)	11-21-2012	Repeal	1-1-2013	812-022-0021	10-24-2013	Adopt	12-1-2013
804-020-0065	11-21-2012	Amend	1-1-2013	812-022-0025	10-24-2013	Adopt	12-1-2013
804-020-0065(T)	11-21-2012	Repeal	1-1-2013	812-022-0025	10-29-2013	Amend(T)	12-1-2013
804-022-0005	6-20-2013	Amend(T)	8-1-2013	812-022-0026	10-24-2013	Adopt	12-1-2013
804-022-0010	6-20-2013	Amend(T)	8-1-2013	812-022-0027	10-24-2013	Adopt	12-1-2013
804-025-0010	6-20-2013	Amend(T)	8-1-2013	812-022-0027	10-29-2013	Amend(T)	12-1-2013
804-040-0000	11-21-2012	Amend	1-1-2013	812-022-0028	10-24-2013	Adopt	12-1-2013
804-040-0000(T)	11-21-2012	Repeal	1-1-2013	812-022-0028	10-29-2013	Amend(T)	12-1-2013
806-001-0003	7-1-2013	Amend	5-1-2013	812-022-0029	10-29-2013	Adopt(T)	12-1-2013
806-010-0090	12-31-2012	Amend	2-1-2013	812-022-0033	10-24-2013	Adopt	12-1-2013
806-010-0105	2-12-2013	Amend	3-1-2013	812-022-0034	10-29-2013	Adopt(T)	12-1-2013
808-001-0008	7-1-2013	Amend	8-1-2013	812-022-0035	10-29-2013	Adopt(T)	12-1-2013
808-002-0020	12-4-2012	Amend	1-1-2013	812-022-0036	10-24-2013	Adopt	12-1-2013
808-002-0330	10-1-2013	Amend	11-1-2013	812-022-0037	10-24-2013	Adopt	12-1-2013

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812-022-0042	10-24-2013	Adopt	12-1-2013	813-055-0095	6-21-2013	Adopt(T)	8-1-2013
812-022-0045	10-24-2013	Adopt	12-1-2013	813-055-0100	6-21-2013	Suspend	8-1-2013
812-022-0047	10-24-2013	Adopt	12-1-2013	813-055-0105	6-21-2013	Amend(T)	8-1-2013
813-001-0007	6-21-2013	Amend(T)	8-1-2013	813-055-0110	6-21-2013	Suspend	8-1-2013
813-004-0001	3-28-2013	Adopt	5-1-2013	813-055-0115	6-21-2013	Amend(T)	8-1-2013
813-004-0001(T)	3-28-2013	Repeal	5-1-2013	813-090-0005	6-21-2013	Amend(T)	8-1-2013
813-004-0002	3-28-2013	Adopt	5-1-2013	813-090-0010	6-21-2013	Amend(T)	8-1-2013
813-004-0002(T)	3-28-2013	Repeal	5-1-2013	813-090-0015	6-21-2013	Amend(T)	8-1-2013
813-004-0200	1-4-2013	Adopt	2-1-2013	813-090-0025	6-21-2013	Renumber	8-1-2013
813-004-0210	1-4-2013	Adopt	2-1-2013	813-090-0027	6-21-2013	Suspend	8-1-2013
813-004-0220	1-4-2013	Adopt	2-1-2013	813-090-0029	6-21-2013	Renumber	8-1-2013
813-004-0230	1-4-2013	Adopt	2-1-2013	813-090-0030	6-21-2013	Renumber	8-1-2013
813-004-0240	1-4-2013	Adopt	2-1-2013	813-090-0031	6-21-2013	Suspend	8-1-2013
813-004-0250	1-4-2013	Adopt	2-1-2013	813-090-0035	6-21-2013	Amend(T)	8-1-2013
813-004-0260	1-4-2013	Adopt	2-1-2013	813-090-0036	6-21-2013	Suspend	8-1-2013
813-004-0270	1-4-2013	Adopt	2-1-2013	813-090-0037	6-21-2013	Amend(T)	8-1-2013
813-004-0280	1-4-2013	Adopt	2-1-2013	813-090-0039	6-21-2013	Amend(T)	8-1-2013
813-004-0290	1-4-2013	Adopt	2-1-2013	813-090-0040	6-21-2013	Amend(T)	8-1-2013
813-004-0300	1-4-2013	Adopt	2-1-2013	813-090-0045	6-21-2013	Adopt(T)	8-1-2013
813-004-0310	1-4-2013	Adopt	2-1-2013	813-090-0048	6-21-2013	Adopt(T)	8-1-2013
813-005-0001	6-21-2013	Amend(T)	8-1-2013	813-090-0060	6-21-2013	Renumber	8-1-2013
813-005-0005	6-21-2013	Amend(T)	8-1-2013	813-090-0065	6-21-2013	Suspend	8-1-2013
813-005-0016	6-21-2013	Amend(T)	8-1-2013	813-090-0067	6-21-2013	Amend(T)	8-1-2013
813-005-0020	6-21-2013	Adopt(T)	8-1-2013	813-090-0070	6-21-2013	Renumber	8-1-2013
813-005-0030	6-21-2013	Adopt(T)	8-1-2013	813-090-0075	6-21-2013	Adopt(T)	8-1-2013
813-005-0040	6-21-2013	Adopt(T)	8-1-2013	813-090-0080	6-21-2013	Amend(T)	8-1-2013
813-005-0050	6-21-2013	Adopt(T)	8-1-2013	813-090-0090	6-21-2013	Adopt(T)	8-1-2013
813-005-0060	6-21-2013	Adopt(T)	8-1-2013	813-090-0095	6-21-2013	Amend(T)	8-1-2013
813-005-0070	6-21-2013	Adopt(T)	8-1-2013	813-090-0100	6-21-2013	Adopt(T)	8-1-2013
813-006-0005	6-21-2013	Amend(T)	8-1-2013	813-110-0005	6-21-2013	Amend(T)	8-1-2013
813-006-0010	6-21-2013	Amend(T)	8-1-2013	813-110-0010	6-21-2013	Amend(T)	8-1-2013
813-006-0015	6-21-2013	Amend(T)	8-1-2013	813-110-0012	6-21-2013	Suspend	8-1-2013
813-006-0020	6-21-2013	Amend(T)	8-1-2013	813-110-0013	6-21-2013	Suspend	8-1-2013
813-006-0025	6-21-2013	Amend(T)	8-1-2013	813-110-0015	6-21-2013	Amend(T)	8-1-2013
813-006-0030	6-21-2013	Amend(T)	8-1-2013	813-110-0020	6-21-2013	Amend(T)	8-1-2013
813-006-0035	6-21-2013	Amend(T)	8-1-2013	813-110-0021	6-21-2013	Amend(T)	8-1-2013
813-006-0040	6-21-2013	Adopt(T)	8-1-2013	813-110-0022	6-21-2013	Amend(T)	8-1-2013
813-007-0005	3-21-2013	Amend(T)	5-1-2013	813-110-0023	6-21-2013	Suspend	8-1-2013
813-007-0005	9-4-2013	Amend	10-1-2013	813-110-0024	6-21-2013	Adopt(T)	8-1-2013
813-007-0005(T)	9-4-2013	Repeal	10-1-2013	813-110-0025	6-21-2013	Amend(T)	8-1-2013
813-007-0040	3-21-2013	Amend(T)	5-1-2013	813-110-0027	6-21-2013	Adopt(T)	8-1-2013
813-007-0040	9-4-2013	Amend	10-1-2013	813-110-0030	6-21-2013	Amend(T)	8-1-2013
813-007-0040(T)	9-4-2013	Repeal	10-1-2013	813-110-0032	6-21-2013	Adopt(T)	8-1-2013
813-055-0001	6-21-2013	Amend(T)	8-1-2013	813-110-0033	6-21-2013	Suspend	8-1-2013
813-055-0010	6-21-2013	Amend(T)	8-1-2013	813-110-0034	6-21-2013	Adopt(T)	8-1-2013
813-055-0020	6-21-2013	Amend(T)	8-1-2013	813-110-0035	6-21-2013	Amend(T)	8-1-2013
813-055-0030	6-21-2013	Renumber	8-1-2013	813-110-0037	6-21-2013	Adopt(T)	8-1-2013
813-055-0040	6-21-2013	Amend(T)	8-1-2013	813-110-0040	6-21-2013	Amend(T)	8-1-2013
813-055-0050	6-21-2013	Amend(T)	8-1-2013	813-110-0045	6-21-2013	Adopt(T)	8-1-2013
813-055-0060	6-21-2013	Suspend	8-1-2013	813-110-0050	6-21-2013	Suspend	8-1-2013
813-055-0065	6-21-2013	Adopt(T)	8-1-2013	813-120-0001	6-21-2013	Amend(T)	8-1-2013
813-055-0070	6-21-2013	Renumber	8-1-2013	813-120-0010	6-21-2013	Amend(T)	8-1-2013
813-055-0075	6-21-2013	Amend(T)	8-1-2013	813-120-0015	6-21-2013	Adopt(T)	8-1-2013
813-055-0080	6-21-2013	Renumber	8-1-2013	813-120-0020	6-21-2013	Suspend	8-1-2013
813-055-0085	6-21-2013	Amend(T)	8-1-2013	813-120-0025	6-21-2013	Amend(T)	8-1-2013

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813-120-0035	6-21-2013	Amend(T)	8-1-2013	813-250-0020	12-6-2012	Amend(T)	1-1-2013
813-120-0040	6-21-2013	Suspend	8-1-2013	813-250-0020	6-4-2013	Amend	7-1-2013
813-120-0045	6-21-2013	Amend(T)	8-1-2013	813-250-0020(T)	6-4-2013	Repeal	7-1-2013
813-120-0047	6-21-2013	Amend(T)	8-1-2013	813-250-0030	12-6-2012	Amend(T)	1-1-2013
813-120-0050	6-21-2013	Amend(T)	8-1-2013	813-250-0030	6-4-2013	Amend	7-1-2013
813-120-0060	6-21-2013	Suspend	8-1-2013	813-250-0030(T)	6-4-2013	Repeal	7-1-2013
813-120-0070	6-21-2013	Renumber	8-1-2013	813-250-0040	12-6-2012	Amend(T)	1-1-2013
813-120-0080	6-21-2013	Renumber	8-1-2013	813-250-0040	6-4-2013	Amend	7-1-2013
813-120-0090	6-21-2013	Renumber	8-1-2013	813-250-0040(T)	6-4-2013	Repeal	7-1-2013
813-120-0105	6-21-2013	Renumber	8-1-2013	813-250-0050	12-6-2012	Suspend	1-1-2013
813-120-0110	6-21-2013	Amend(T)	8-1-2013	813-250-0050	6-4-2013	Repeal	7-1-2013
813-120-0120	6-21-2013	Amend(T)	8-1-2013	818-001-0002	7-1-2013	Amend	6-1-2013
813-120-0130	6-21-2013	Amend(T)	8-1-2013	818-001-0087	7-1-2013	Amend	6-1-2013
813-120-0140	6-21-2013	Suspend	8-1-2013	818-012-0005	7-1-2013	Amend	6-1-2013
813-120-0142	6-21-2013	Adopt(T)	8-1-2013	818-012-0005	1-1-2014	Amend	12-1-2013
813-130-0000	6-21-2013	Amend(T)	8-1-2013	818-012-0040	1-1-2014	Amend	12-1-2013
813-130-0010	6-21-2013	Amend(T)	8-1-2013	818-013-0001	1-1-2014	Amend	12-1-2013
813-130-0020	6-21-2013	Amend(T)	8-1-2013	818-013-0005	1-1-2014	Amend	12-1-2013
813-130-0030	6-21-2013	Amend(T)	8-1-2013	818-026-0000	7-1-2013	Amend	6-1-2013
813-130-0040	6-21-2013	Amend(T)	8-1-2013	818-026-0020	7-1-2013	Amend	6-1-2013
813-130-0050	6-21-2013	Amend(T)	8-1-2013	818-026-0060	7-1-2013	Amend	6-1-2013
813-130-0060	6-21-2013	Amend(T)	8-1-2013	818-026-0060	1-1-2014	Amend	12-1-2013
813-130-0070	6-21-2013	Amend(T)	8-1-2013	818-026-0065	7-1-2013	Amend	6-1-2013
813-130-0080	6-21-2013	Amend(T)	8-1-2013	818-026-0070	7-1-2013	Amend	6-1-2013
813-130-0090	6-21-2013	Amend(T)	8-1-2013	818-026-0140	7-1-2013	Adopt(T)	8-1-2013
813-130-0100	6-21-2013	Amend(T)	8-1-2013	818-035-0020	7-1-2013	Amend	6-1-2013
813-130-0110	6-21-2013	Amend(T)	8-1-2013	818-035-0066	7-1-2013	Amend	6-1-2013
813-130-0120	6-21-2013	Amend(T)	8-1-2013	818-035-0072	7-1-2013	Amend	6-1-2013
813-130-0130	6-21-2013	Suspend	8-1-2013	818-042-0060	1-1-2014	Amend	12-1-2013
813-130-0140	6-21-2013	Suspend	8-1-2013	818-042-0090	7-1-2013	Amend	6-1-2013
813-130-0150	6-21-2013	Amend(T)	8-1-2013	818-042-0095	7-1-2013	Amend	6-1-2013
813-205-0000	6-21-2013	Amend(T)	8-1-2013	818-042-0110	7-1-2013	Amend	6-1-2013
813-205-0010	6-21-2013	Suspend	8-1-2013	820-001-0020	9-11-2013	Amend	10-1-2013
813-205-0020	6-21-2013	Amend(T)	8-1-2013	820-001-0020	11-12-2013	Amend(T)	12-1-2013
813-205-0030	6-21-2013	Amend(T)	8-1-2013	820-001-0025	3-13-2013	Adopt	4-1-2013
813-205-0040	6-21-2013	Amend(T)	8-1-2013	820-010-0010	9-11-2013	Amend	10-1-2013
813-205-0050	6-21-2013	Amend(T)	8-1-2013	820-010-0010	11-12-2013	Amend(T)	12-1-2013
813-205-0051	6-21-2013	Amend(T)	8-1-2013	820-010-0200	3-13-2013	Amend	4-1-2013
813-205-0052	6-21-2013	Amend(T)	8-1-2013	820-010-0204	3-13-2013	Amend	4-1-2013
813-205-0060	6-21-2013	Amend(T)	8-1-2013	820-010-0205	3-13-2013	Amend	4-1-2013
813-205-0070	6-21-2013	Amend(T)	8-1-2013	820-010-0206	3-13-2013	Amend	4-1-2013
813-205-0080	6-21-2013	Amend(T)	8-1-2013	820-010-0207	3-13-2013	Amend	4-1-2013
813-205-0082	6-21-2013	Adopt(T)	8-1-2013	820-010-0208	3-13-2013	Amend	4-1-2013
813-205-0085	6-21-2013	Amend(T)	8-1-2013	820-010-0210	8-13-2013	Amend(T)	9-1-2013
813-205-0100	6-21-2013	Amend(T)	8-1-2013	820-010-0212	3-13-2013	Amend	4-1-2013
813-205-0110	6-21-2013	Amend(T)	8-1-2013	820-010-0213	3-13-2013	Amend	4-1-2013
813-205-0120	6-21-2013	Amend(T)	8-1-2013	820-010-0214	3-13-2013	Amend	4-1-2013
813-205-0130	6-21-2013	Amend(T)	8-1-2013	820-010-0215	3-13-2013	Amend	4-1-2013
813-205-0140	6-21-2013	Suspend	8-1-2013	820-010-0217	8-13-2013	Adopt(T)	9-1-2013
813-205-0145	6-21-2013	Adopt(T)	8-1-2013	820-010-0219	8-13-2013	Adopt(T)	9-1-2013
813-205-0150	6-21-2013	Adopt(T)	8-1-2013	820-010-0225	3-13-2013	Amend	4-1-2013
813-250-0000	12-6-2012	Amend(T)	1-1-2013	820-010-0225	7-10-2013	Amend(T)	8-1-2013
813-250-0000	6-4-2013	Amend	7-1-2013	820-010-0225	11-14-2013	Amend(T)	12-1-2013
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820-010-0227	9-11-2013	Amend	10-1-2013	837-085-0040	6-26-2013	Amend	8-1-2013
820-010-0227	11-12-2013	Amend(T)	12-1-2013	837-085-0070	2-1-2013	Amend	3-1-2013
820-010-0228	9-11-2013	Amend	10-1-2013	837-085-0080	2-1-2013	Amend	3-1-2013
820-010-0228	11-12-2013	Amend(T)	12-1-2013	837-085-0080	6-26-2013	Amend	8-1-2013
820-010-0260	9-11-2013	Repeal	10-1-2013	837-085-0300	6-26-2013	Amend	8-1-2013
820-010-0260	11-12-2013	Suspend	12-1-2013	837-090-1030	7-1-2013	Amend	8-1-2013
820-010-0305	9-11-2013	Amend	10-1-2013	837-090-1145	6-30-2013	Amend	8-1-2013
820-010-0305	11-12-2013	Amend(T)	12-1-2013	837-120-0080	7-1-2013	Amend	8-1-2013
820-010-0325	6-17-2013	Amend	8-1-2013	839-009-0335	11-21-2012	Amend	1-1-2013
820-010-0325	11-14-2013	Amend(T)	12-1-2013	839-009-0390	11-21-2012	Amend	1-1-2013
820-010-0415	3-13-2013	Amend	4-1-2013	839-009-0410	11-21-2012	Amend	1-1-2013
820-010-0425	3-13-2013	Amend	4-1-2013	839-025-0700	1-1-2013	Amend	2-1-2013
820-010-0427	3-13-2013	Amend	4-1-2013	839-025-0700	3-25-2013	Amend	5-1-2013
820-010-0442	9-11-2013	Amend	10-1-2013	839-025-0700	9-20-2013	Amend	11-1-2013
820-010-0442	11-12-2013	Amend(T)	12-1-2013	839-025-0700	10-1-2013	Amend	11-1-2013
820-010-0480	3-13-2013	Amend	4-1-2013	845-005-0440	10-1-2013	Amend(T)	11-1-2013
820-010-0520	3-13-2013	Amend	4-1-2013	845-006-0335	7-15-2013	Amend(T)	8-1-2013
820-010-0620	9-11-2013	Amend	10-1-2013	845-006-0345	4-1-2013	Amend	4-1-2013
820-010-0620	11-12-2013	Amend(T)	12-1-2013	845-006-0345	12-1-2013	Amend	12-1-2013
820-010-0621	9-11-2013	Amend	10-1-2013	845-006-0347	4-1-2013	Amend	4-1-2013
820-010-0621	11-12-2013	Amend(T)	12-1-2013	845-006-0392	7-15-2013	Amend(T)	8-1-2013
820-010-0635	3-13-2013	Amend	4-1-2013	845-006-0396	7-15-2013	Amend(T)	8-1-2013
820-010-0720	3-13-2013	Amend	4-1-2013	845-009-0010	5-10-2013	Amend(T)	6-1-2013
820-015-0026	3-13-2013	Amend	4-1-2013	845-009-0010	11-1-2013	Amend	12-1-2013
820-020-0040	3-13-2013	Amend	4-1-2013	845-009-0015	5-10-2013	Amend(T)	6-1-2013
820-050-0001	3-18-2013	Adopt(T)	5-1-2013	845-009-0015	11-1-2013	Amend	12-1-2013
820-050-0001	6-17-2013	Adopt	8-1-2013	845-009-0140	10-1-2013	Amend	10-1-2013
820-050-0001	11-14-2013	Adopt(T)	12-1-2013	845-015-0170	1-1-2013	Amend	2-1-2013
820-050-0001(T)	6-17-2013	Repeal	8-1-2013	845-015-0205	9-1-2013	Adopt	10-1-2013
820-050-0010	3-13-2013	Adopt	4-1-2013	847-001-0035	7-12-2013	Adopt	8-1-2013
830-001-0000	3-29-2013	Amend	5-1-2013	847-001-0040	7-15-2013	Adopt(T)	8-1-2013
830-020-0030	3-29-2013	Amend	5-1-2013	847-001-0040	10-15-2013	Adopt	11-1-2013
830-020-0040	3-29-2013	Amend	5-1-2013	847-003-0200	10-15-2013	Adopt	11-1-2013
830-030-0000	3-29-2013	Amend	5-1-2013	847-005-0005	4-5-2013	Amend	5-1-2013
830-030-0070	3-29-2013	Amend	5-1-2013	847-005-0005	7-15-2013	Amend(T)	8-1-2013
830-030-0100	3-29-2013	Amend	5-1-2013	847-005-0005	10-15-2013	Amend	11-1-2013
830-040-0005	3-29-2013	Amend	5-1-2013	847-005-0005(T)	4-5-2013	Repeal	5-1-2013
830-040-0050	3-29-2013	Amend	5-1-2013	847-008-0003	7-15-2013	Adopt(T)	8-1-2013
833-020-0051	2-1-2013	Amend	2-1-2013	847-008-0003	10-15-2013	Adopt	11-1-2013
833-020-0081	2-1-2013	Amend	2-1-2013	847-008-0040	1-11-2013	Amend(T)	2-1-2013
833-030-0041	2-1-2013	Amend	2-1-2013	847-008-0040	4-5-2013	Amend	5-1-2013
833-040-0041	2-1-2013	Amend	2-1-2013	847-008-0040(T)	4-5-2013	Repeal	5-1-2013
833-050-0081	8-15-2013	Amend	9-1-2013	847-008-0055	10-15-2013	Amend	11-1-2013
833-060-0012	10-8-2013	Amend(T)	11-1-2013	847-008-0065	1-11-2013	Amend	2-1-2013
836-011-0000	2-6-2013	Amend	3-1-2013	847-008-0068	7-15-2013	Amend(T)	8-1-2013
836-011-0050	11-5-2013	Adopt(T)	12-1-2013	847-008-0068	10-15-2013	Amend	11-1-2013
836-031-0765	2-6-2013	Amend	3-1-2013	847-010-0063	7-15-2013	Amend(T)	8-1-2013
836-053-0064	6-17-2013	Adopt(T)	8-1-2013	847-010-0063	10-15-2013	Amend	11-1-2013
836-053-0065	6-17-2013	Amend(T)	8-1-2013	847-010-0066	10-15-2013	Amend	11-1-2013
836-053-0471	6-17-2013	Amend(T)	8-1-2013	847-012-0000	4-5-2013	Amend	5-1-2013
836-053-1404	12-20-2012	Amend(T)	2-1-2013	847-015-0025	10-15-2013	Amend	11-1-2013
836-053-1404	6-17-2013	Amend	7-1-2013	847-017-0000	10-15-2013	Amend	11-1-2013
836-053-1405	12-20-2012	Amend(T)	2-1-2013	847-017-0003	10-15-2013	Adopt	11-1-2013
836-053-1405	6-17-2013	Amend	7-1-2013	847-017-0005	10-15-2013	Amend	11-1-2013
837-085-0030	6-26-2013	Amend	8-1-2013	847-017-0008	10-15-2013	Adopt	11-1-2013

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847-017-0015	10-15-2013	Amend	11-1-2013	847-065-0065	8-3-2013	Amend(T)	9-1-2013
847-017-0020	10-15-2013	Amend	11-1-2013	847-065-0065	10-15-2013	Amend	11-1-2013
847-017-0025	10-15-2013	Amend	11-1-2013	847-065-0065(T)	10-15-2013	Repeal	11-1-2013
847-017-0030	10-15-2013	Amend	11-1-2013	847-070-0024	8-3-2013	Adopt(T)	9-1-2013
847-017-0035	10-15-2013	Amend	11-1-2013	847-070-0024	10-15-2013	Adopt	11-1-2013
847-017-0037	10-15-2013	Adopt	11-1-2013	847-070-0024(T)	10-15-2013	Repeal	11-1-2013
847-017-0040	10-15-2013	Amend	11-1-2013	847-070-0050	7-12-2013	Amend	8-1-2013
847-020-0100	4-5-2013	Amend	5-1-2013	847-080-0002	7-12-2013	Amend	8-1-2013
847-020-0110	4-5-2013	Amend	5-1-2013	847-080-0010	7-12-2013	Amend	8-1-2013
847-020-0115	4-5-2013	Am. & Ren.	5-1-2013	847-080-0013	7-12-2013	Amend	8-1-2013
847-020-0120	4-5-2013	Amend	5-1-2013	847-080-0016	8-3-2013	Adopt(T)	9-1-2013
847-020-0130	4-5-2013	Amend	5-1-2013	847-080-0016	10-15-2013	Adopt	11-1-2013
847-020-0140	4-5-2013	Amend	5-1-2013	847-080-0016(T)	10-15-2013	Repeal	11-1-2013
847-020-0140	10-1-2013	Amend	11-1-2013	847-080-0017	7-12-2013	Amend	8-1-2013
847-020-0150	4-5-2013	Amend	5-1-2013	847-080-0018	7-12-2013	Amend	8-1-2013
847-020-0150	10-15-2013	Amend	11-1-2013	847-080-0021	7-12-2013	Adopt	8-1-2013
847-020-0160	4-5-2013	Amend	5-1-2013	847-080-0022	7-12-2013	Amend	8-1-2013
847-020-0165	8-3-2013	Adopt(T)	9-1-2013	847-080-0028	7-12-2013	Adopt	8-1-2013
847-020-0165	10-15-2013	Adopt	11-1-2013	847-080-0030	7-12-2013	Amend	8-1-2013
847-020-0165(T)	10-15-2013	Repeal	11-1-2013	848-005-0010	7-1-2013	Amend	7-1-2013
847-020-0170	4-5-2013	Amend	5-1-2013	848-005-0020	1-1-2013	Amend(T)	1-1-2013
847-020-0180	4-5-2013	Repeal	5-1-2013	850-001-0015	4-12-2013	Amend	5-1-2013
847-020-0182	4-5-2013	Amend	5-1-2013	850-030-0035	4-12-2013	Amend	5-1-2013
847-020-0183	4-5-2013	Amend	5-1-2013	850-030-0195	11-5-2013	Amend	12-1-2013
847-020-0185	10-15-2013	Amend	11-1-2013	850-035-0230	4-12-2013	Amend	5-1-2013
847-020-0190	4-5-2013	Amend	5-1-2013	851-050-0000	4-1-2013	Amend	4-1-2013
847-026-0010	10-15-2013	Amend	11-1-2013	851-050-0000(T)	4-1-2013	Repeal	4-1-2013
847-035-0011	4-5-2013	Amend	5-1-2013	851-050-0005	6-1-2013	Amend	6-1-2013
847-035-0030	4-5-2013	Amend	5-1-2013	851-050-0006	6-1-2013	Amend	6-1-2013
847-050-0022	8-3-2013	Adopt(T)	9-1-2013	851-050-0008	6-1-2013	Amend	6-1-2013
847-050-0022	10-15-2013	Adopt	11-1-2013	851-050-0009	4-1-2013	Amend	4-1-2013
847-050-0022(T)	10-15-2013	Repeal	11-1-2013	851-050-0009(T)	4-1-2013	Repeal	4-1-2013
847-050-0027	1-11-2013	Amend	2-1-2013	851-050-0138	6-1-2013	Amend	6-1-2013
847-050-0027	7-15-2013	Amend(T)	8-1-2013	851-052-0020	6-1-2013	Amend	6-1-2013
847-050-0027	10-15-2013	Amend	11-1-2013	851-052-0030	6-1-2013	Amend	6-1-2013
847-050-0041	1-11-2013	Amend	2-1-2013	851-052-0040	4-1-2013	Amend	4-1-2013
847-050-0041(T)	1-11-2013	Repeal	2-1-2013	851-052-0040(T)	4-1-2013	Repeal	4-1-2013
847-050-0042	7-15-2013	Amend(T)	8-1-2013	851-054-0040	6-1-2013	Amend	6-1-2013
847-050-0042	10-15-2013	Amend	11-1-2013	851-054-0050	6-1-2013	Amend	6-1-2013
847-050-0065	1-11-2013	Amend	2-1-2013	851-054-0055	6-1-2013	Repeal	6-1-2013
847-050-0065(T)	1-11-2013	Repeal	2-1-2013	851-054-0060	4-1-2013	Amend	4-1-2013
847-065-0015	8-3-2013	Amend(T)	9-1-2013	851-054-0060(T)	4-1-2013	Repeal	4-1-2013
847-065-0015	10-15-2013	Amend	11-1-2013	851-054-0100	4-1-2013	Amend	4-1-2013
847-065-0015(T)	10-15-2013	Repeal	11-1-2013	851-054-0100(T)	4-1-2013	Repeal	4-1-2013
847-065-0025	8-3-2013	Amend(T)	9-1-2013	851-062-0100	4-1-2013	Amend	4-1-2013
847-065-0025	10-15-2013	Amend	11-1-2013	851-070-0005	4-1-2013	Amend	4-1-2013
847-065-0025(T)	10-15-2013	Repeal	11-1-2013	851-070-0030	4-1-2013	Amend	4-1-2013
847-065-0035	8-3-2013	Amend(T)	9-1-2013	851-070-0040	4-1-2013	Amend	4-1-2013
847-065-0035	10-15-2013	Amend	11-1-2013	851-070-0050	4-1-2013	Amend	4-1-2013
847-065-0035(T)	10-15-2013	Repeal	11-1-2013	851-070-0100	4-1-2013	Amend	4-1-2013
847-065-0055	8-3-2013	Amend(T)	9-1-2013	852-001-0001	1-3-2013	Amend	2-1-2013
847-065-0055	10-15-2013	Amend	11-1-2013	852-001-0002	1-3-2013	Amend	2-1-2013
847-065-0055(T)	10-15-2013	Repeal	11-1-2013	852-005-0005	1-3-2013	Amend	2-1-2013
847-065-0060	8-3-2013	Amend(T)	9-1-2013	852-005-0015	1-3-2013	Amend	2-1-2013
847-065-0060	10-15-2013	Amend	11-1-2013	852-005-0030	1-3-2013	Amend	2-1-2013

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852-010-0005	1-3-2013	Amend	2-1-2013	855-041-0025	12-17-2012	Renumber	2-1-2013
852-010-0015	1-3-2013	Amend	2-1-2013	855-041-0026	12-17-2012	Am. & Ren.	2-1-2013
852-010-0020	1-3-2013	Amend	2-1-2013	855-041-0030	12-17-2012	Repeal	2-1-2013
852-010-0022	1-3-2013	Amend	2-1-2013	855-041-0035	12-17-2012	Am. & Ren.	2-1-2013
852-010-0023	1-3-2013	Amend	2-1-2013	855-041-0036	12-17-2012	Renumber	2-1-2013
852-010-0030	1-3-2013	Amend	2-1-2013	855-041-0037	12-17-2012	Renumber	2-1-2013
852-010-0035	1-3-2013	Amend	2-1-2013	855-041-0040	12-17-2012	Renumber	2-1-2013
852-010-0051	1-3-2013	Amend	2-1-2013	855-041-0055	12-17-2012	Renumber	2-1-2013
852-010-0080	1-3-2013	Amend	2-1-2013	855-041-0056	12-17-2012	Renumber	2-1-2013
852-020-0029	1-3-2013	Amend	2-1-2013	855-041-0057	12-17-2012	Renumber	2-1-2013
852-020-0031	1-3-2013	Amend	2-1-2013	855-041-0060	12-17-2012	Am. & Ren.	2-1-2013
852-020-0035	1-3-2013	Amend	2-1-2013	855-041-0060	12-17-2012	Am. & Ren.	2-1-2013
852-020-0045	1-3-2013	Amend	2-1-2013	855-041-0060	12-17-2012	Am. & Ren.	2-1-2013
852-020-0050	1-3-2013	Amend	2-1-2013	855-041-0061	12-17-2012	Renumber	2-1-2013
852-020-0060	1-3-2013	Amend	2-1-2013	855-041-0065	12-17-2012	Am. & Ren.	2-1-2013
852-020-0070	1-3-2013	Amend	2-1-2013	855-041-0065	12-17-2012	Am. & Ren.	2-1-2013
852-050-0001	1-3-2013	Amend	2-1-2013	855-041-0065	12-17-2012	Am. & Ren.	2-1-2013
852-050-0005	1-3-2013	Amend	2-1-2013	855-041-0065	12-17-2012	Am. & Ren.	2-1-2013
852-050-0006	1-3-2013	Amend	2-1-2013	855-041-0075	12-17-2012	Renumber	2-1-2013
852-050-0012	1-3-2013	Amend	2-1-2013	855-041-0080	12-17-2012	Renumber	2-1-2013
852-050-0013	1-3-2013	Amend	2-1-2013	855-041-0086	12-17-2012	Renumber	2-1-2013
852-050-0014	1-3-2013	Amend	2-1-2013	855-041-0095	12-17-2012	Renumber	2-1-2013
852-050-0016	1-3-2013	Amend	2-1-2013	855-041-0103	12-17-2012	Renumber	2-1-2013
852-050-0018	1-3-2013	Amend	2-1-2013	855-041-0135	12-17-2012	Am. & Ren.	2-1-2013
852-050-0021	1-3-2013	Amend	2-1-2013	855-041-0140	12-17-2012	Renumber	2-1-2013
852-050-0022	1-3-2013	Adopt	2-1-2013	855-041-0145	12-17-2012	Am. & Ren.	2-1-2013
852-050-0025	1-3-2013	Amend	2-1-2013	855-041-0160	12-17-2012	Am. & Ren.	2-1-2013
852-060-0025	1-3-2013	Amend	2-1-2013	855-041-0162	12-17-2012	Am. & Ren.	2-1-2013
852-060-0027	1-3-2013	Amend	2-1-2013	855-041-0164	12-17-2012	Renumber	2-1-2013
852-060-0060	1-3-2013	Amend	2-1-2013	855-041-0165	12-17-2012	Am. & Ren.	2-1-2013
852-060-0065	1-3-2013	Amend	2-1-2013	855-041-0170	12-17-2012	Renumber	2-1-2013
852-060-0070	1-3-2013	Amend	2-1-2013	855-041-0173	12-17-2012	Renumber	2-1-2013
852-070-0005	1-3-2013	Amend	2-1-2013	855-041-0175	12-17-2012	Renumber	2-1-2013
852-070-0010	1-3-2013	Amend	2-1-2013	855-041-0177	12-17-2012	Renumber	2-1-2013
852-070-0016	1-3-2013	Amend	2-1-2013	855-041-0300	12-17-2012	Renumber	2-1-2013
852-070-0020	1-3-2013	Amend	2-1-2013	855-041-0350	12-17-2012	Renumber	2-1-2013
852-070-0025	1-3-2013	Amend	2-1-2013	855-041-0355	12-17-2012	Renumber	2-1-2013
852-070-0030	1-3-2013	Amend	2-1-2013	855-041-0360	12-17-2012	Am. & Ren.	2-1-2013
852-070-0035	1-3-2013	Amend	2-1-2013	855-041-0365	12-17-2012	Renumber	2-1-2013
852-070-0040	1-3-2013	Repeal	2-1-2013	855-041-0600	12-17-2012	Renumber	2-1-2013
852-070-0045	1-3-2013	Amend	2-1-2013	855-041-0610	12-17-2012	Renumber	2-1-2013
852-070-0050	1-3-2013	Repeal	2-1-2013	855-041-0620	12-17-2012	Am. & Ren.	2-1-2013
852-070-0055	1-3-2013	Amend	2-1-2013	855-041-0645	12-17-2012	Renumber	2-1-2013
852-070-0060	1-3-2013	Am. & Ren.	2-1-2013	855-041-1140	9-25-2013	Amend	11-1-2013
852-080-0020	1-3-2013	Amend	2-1-2013	855-041-2300	9-24-2013	Adopt(T)	11-1-2013
852-080-0025	1-3-2013	Amend	2-1-2013	855-041-2310	9-24-2013	Adopt(T)	11-1-2013
852-080-0030	1-3-2013	Amend	2-1-2013	855-041-2320	9-24-2013	Adopt(T)	11-1-2013
852-080-0040	1-3-2013	Amend	2-1-2013	855-041-2330	9-24-2013	Adopt(T)	11-1-2013
855-019-0240	11-6-2013	Amend	12-1-2013	855-041-3000	11-6-2013	Adopt	12-1-2013
855-041-0005	12-17-2012	Am. & Ren.	2-1-2013	855-041-3005	11-6-2013	Adopt	12-1-2013
855-041-0007	12-17-2012	Repeal	2-1-2013	855-041-3010	11-6-2013	Adopt	12-1-2013
855-041-0010	12-17-2012	Renumber	2-1-2013	855-041-3015	11-6-2013	Adopt	12-1-2013
855-041-0015	12-17-2012	Am. & Ren.	2-1-2013	855-041-3020	11-6-2013	Adopt	12-1-2013
855-041-0016	12-17-2012	Renumber	2-1-2013	855-041-3025	11-6-2013	Adopt	12-1-2013
855-041-0017	12-17-2012	Renumber	2-1-2013	855-041-3030	11-6-2013	Adopt	12-1-2013

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855-041-3040	11-6-2013	Adopt	12-1-2013	858-010-0017	11-20-2012	Amend(T)	1-1-2013
855-041-3045	11-6-2013	Adopt	12-1-2013	858-010-0017	2-5-2013	Amend	3-1-2013
855-041-3100	11-6-2013	Adopt	12-1-2013	858-010-0017	9-30-2013	Amend	11-1-2013
855-041-3105	11-6-2013	Adopt	12-1-2013	858-010-0017(T)	11-20-2012	Suspend	1-1-2013
855-041-3110	11-6-2013	Adopt	12-1-2013	858-010-0017(T)	2-5-2013	Repeal	3-1-2013
855-041-3115	11-6-2013	Adopt	12-1-2013	858-010-0020	9-30-2013	Amend	11-1-2013
855-041-3120	11-6-2013	Adopt	12-1-2013	858-010-0025	9-30-2013	Amend	11-1-2013
855-041-3125	11-6-2013	Adopt	12-1-2013	858-010-0030	2-5-2013	Amend	3-1-2013
855-041-3130	11-6-2013	Adopt	12-1-2013	858-010-0030	9-30-2013	Amend	11-1-2013
855-041-3300	11-6-2013	Adopt	12-1-2013	858-010-0030(T)	2-5-2013	Repeal	3-1-2013
855-041-3305	11-6-2013	Adopt	12-1-2013	858-010-0036	9-30-2013	Amend	11-1-2013
855-041-3310	11-6-2013	Adopt	12-1-2013	858-010-0037	9-30-2013	Amend	11-1-2013
855-041-3315	11-6-2013	Adopt	12-1-2013	858-010-0050	11-19-2012	Amend	1-1-2013
855-041-3320	11-6-2013	Adopt	12-1-2013	858-010-0050	9-30-2013	Amend	11-1-2013
855-041-3325	11-6-2013	Adopt	12-1-2013	858-010-0060	9-30-2013	Amend	11-1-2013
855-041-3330	11-6-2013	Adopt	12-1-2013	858-010-0080	9-30-2013	Amend	11-1-2013
855-041-3335	11-6-2013	Adopt	12-1-2013	858-020-0015	9-30-2013	Amend	11-1-2013
855-041-3340	11-6-2013	Adopt	12-1-2013	858-020-0025	2-5-2013	Amend	3-1-2013
855-041-6410	12-21-2012	Amend	2-1-2013	858-020-0025	9-30-2013	Amend	11-1-2013
855-060-0004	3-7-2013	Amend(T)	4-1-2013	858-020-0025(T)	2-5-2013	Repeal	3-1-2013
855-060-0004	8-29-2013	Amend	10-1-2013	858-020-0035	9-30-2013	Amend	11-1-2013
855-065-0005	12-13-2012	Amend	1-1-2013	858-020-0045	9-30-2013	Amend	11-1-2013
855-080-0021	10-28-2013	Amend	12-1-2013	858-020-0055	9-30-2013	Amend	11-1-2013
855-110-0005	4-5-2013	Amend(T)	5-1-2013	858-020-0085	9-30-2013	Amend	11-1-2013
855-110-0005	7-1-2013	Amend(T)	8-1-2013	858-020-0105	9-30-2013	Amend	11-1-2013
855-110-0005	7-9-2013	Amend(T)	8-1-2013	858-030-0005	9-30-2013	Amend	11-1-2013
855-110-0005	9-23-2013	Amend	11-1-2013	859-070-0010	3-1-2013	Amend(T)	4-1-2013
855-110-0005(T)	9-23-2013	Repeal	11-1-2013	859-070-0010	6-20-2013	Amend	8-1-2013
855-110-0007	12-13-2012	Amend	1-1-2013	859-070-0010(T)	6-20-2013	Repeal	8-1-2013
855-110-0007	7-1-2013	Amend(T)	8-1-2013	859-070-0015	3-1-2013	Amend(T)	4-1-2013
855-110-0007	7-9-2013	Amend(T)	8-1-2013	859-070-0015	6-20-2013	Amend	8-1-2013
855-110-0007	9-23-2013	Amend	11-1-2013	859-070-0015(T)	6-20-2013	Repeal	8-1-2013
855-110-0007(T)	9-23-2013	Repeal	11-1-2013	860-021-0015	8-7-2013	Amend	9-1-2013
855-110-0010	7-1-2013	Amend(T)	8-1-2013	860-021-0170	2-14-2013	Adopt	3-1-2013
855-110-0010	7-9-2013	Amend(T)	8-1-2013	860-024-0020	5-30-2013	Amend	7-1-2013
855-110-0010	9-23-2013	Amend	11-1-2013	860-024-0021	5-30-2013	Amend	7-1-2013
855-110-0010(T)	9-23-2013	Repeal	11-1-2013	860-027-0015	3-21-2013	Amend	5-1-2013
856-010-0003	8-15-2013	Amend(T)	9-1-2013	860-027-0050	5-17-2013	Amend	7-1-2013
856-010-0006	8-15-2013	Adopt(T)	9-1-2013	860-032-0007	12-17-2012	Amend	2-1-2013
856-010-0016	7-1-2013	Amend	8-1-2013	860-033-0001	6-28-2013	Amend(T)	8-1-2013
856-030-0045	1-31-2013	Adopt	3-1-2013	860-033-0005	6-28-2013	Amend(T)	8-1-2013
858-010-0001	9-30-2013	Amend	11-1-2013	860-033-0006	6-28-2013	Amend(T)	8-1-2013
858-010-0005	9-30-2013	Amend	11-1-2013	860-033-0007	6-28-2013	Amend(T)	8-1-2013
858-010-0010	2-5-2013	Amend	3-1-2013	860-033-0010	6-28-2013	Amend(T)	8-1-2013
858-010-0010	7-15-2013	Amend	8-1-2013	860-033-0030	6-28-2013	Amend(T)	8-1-2013
858-010-0010	9-30-2013	Amend	11-1-2013	860-033-0035	6-28-2013	Amend(T)	8-1-2013
858-010-0010(T)	2-5-2013	Repeal	3-1-2013	860-033-0040	6-28-2013	Amend(T)	8-1-2013
858-010-0011	9-30-2013	Repeal	11-1-2013	860-033-0045	6-28-2013	Amend(T)	8-1-2013
858-010-0012	9-30-2013	Amend	11-1-2013	860-033-0046	6-28-2013	Amend(T)	8-1-2013
858-010-0013	9-30-2013	Amend	11-1-2013	860-033-0050	6-28-2013	Amend(T)	8-1-2013
858-010-0015	2-5-2013	Amend	3-1-2013	860-033-0055(T)	6-28-2013	Suspend	8-1-2013
858-010-0015(T)	2-5-2013	Repeal	3-1-2013	860-033-0100	6-28-2013	Amend(T)	8-1-2013
858-010-0016	11-20-2012	Amend(T)	1-1-2013	860-033-0110	6-28-2013	Adopt(T)	8-1-2013
858-010-0016	2-5-2013	Amend	3-1-2013	860-033-0530	6-28-2013	Amend(T)	8-1-2013
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860-033-0537	6-28-2013	Amend(T)	8-1-2013	877-025-0006	1-1-2013	Amend	1-1-2013
860-033-0540	6-28-2013	Amend(T)	8-1-2013	877-025-0011	1-1-2013	Amend	1-1-2013
860-034-0393	5-17-2013	Amend	7-1-2013	877-025-0016	1-1-2013	Repeal	1-1-2013
860-034-0730	5-17-2013	Amend	7-1-2013	877-030-0025	1-1-2013	Amend	1-1-2013
863-014-0015	11-1-2013	Amend(T)	12-1-2013	877-030-0040	1-1-2013	Amend	1-1-2013
863-014-0020	11-1-2013	Amend(T)	12-1-2013	877-040-0055	1-1-2013	Repeal	1-1-2013
863-015-0215	5-13-2013	Amend(T)	6-1-2013	918-001-0010	4-1-2013	Amend	4-1-2013
863-015-0215	10-1-2013	Amend	10-1-2013	918-020-0090	8-1-2013	Amend(T)	9-1-2013
863-020-0000	2-1-2013	Amend	2-1-2013	918-020-0370	10-1-2013	Amend(T)	11-1-2013
863-020-0005	2-1-2013	Amend	2-1-2013	918-030-0100	12-22-2012	Amend(T)	2-1-2013
863-020-0007	2-1-2013	Amend	2-1-2013	918-030-0100	4-1-2013	Amend	5-1-2013
863-020-0008	2-1-2013	Repeal	2-1-2013	918-030-0120	12-22-2012	Amend(T)	2-1-2013
863-020-0010	2-1-2013	Amend	2-1-2013	918-030-0120	4-1-2013	Amend	5-1-2013
863-020-0015	2-1-2013	Amend	2-1-2013	918-030-0125	12-22-2012	Amend(T)	2-1-2013
863-020-0020	2-1-2013	Amend	2-1-2013	918-030-0125	4-1-2013	Amend	5-1-2013
863-020-0025	2-1-2013	Amend	2-1-2013	918-030-0130	12-22-2012	Amend(T)	2-1-2013
863-020-0030	2-1-2013	Amend	2-1-2013	918-030-0130	4-1-2013	Amend	5-1-2013
863-020-0030	11-1-2013	Amend(T)	12-1-2013	918-030-0135	12-22-2012	Amend(T)	2-1-2013
863-020-0035	2-1-2013	Amend	2-1-2013	918-030-0135	4-1-2013	Amend	5-1-2013
863-020-0040	2-1-2013	Amend	2-1-2013	918-098-1000	2-2-2013	Amend(T)	3-1-2013
863-020-0045	2-1-2013	Amend	2-1-2013	918-098-1010	8-1-2013	Amend(T)	9-1-2013
863-020-0050	2-1-2013	Amend	2-1-2013	918-098-1530	1-1-2013	Amend	2-1-2013
863-020-0055	2-1-2013	Amend	2-1-2013	918-098-1530(T)	1-1-2013	Repeal	2-1-2013
863-020-0060	2-1-2013	Amend	2-1-2013	918-098-1550	1-1-2013	Amend	2-1-2013
863-020-0065	2-1-2013	Amend	2-1-2013	918-098-1550(T)	1-1-2013	Repeal	2-1-2013
863-022-0000	2-1-2013	Amend	2-1-2013	918-100-0125	3-1-2013	Adopt(T)	4-1-2013
863-022-0005	2-1-2013	Amend	2-1-2013	918-305-0100	5-1-2013	Amend	5-1-2013
863-022-0010	2-1-2013	Amend	2-1-2013	918-305-0105	1-1-2013	Amend(T)	1-1-2013
863-022-0015	2-1-2013	Amend	2-1-2013	918-305-0105	5-1-2013	Amend	5-1-2013
863-022-0020	2-1-2013	Amend	2-1-2013	918-305-0105(T)	1-1-2013	Suspend	1-1-2013
863-022-0022	2-1-2013	Adopt	2-1-2013	918-305-0105(T)	5-1-2013	Repeal	5-1-2013
863-022-0025	2-1-2013	Amend	2-1-2013	918-674-0057	1-1-2013	Adopt	2-1-2013
863-022-0030	2-1-2013	Amend	2-1-2013	918-695-0031	4-15-2013	Adopt(T)	5-1-2013
863-022-0035	2-1-2013	Amend	2-1-2013	918-750-0115	1-1-2013	Adopt	2-1-2013
863-022-0040	2-1-2013	Repeal	2-1-2013	943-014-0400	8-23-2013	Adopt(T)	10-1-2013
863-022-0045	2-1-2013	Amend	2-1-2013	943-014-0410	8-23-2013	Adopt(T)	10-1-2013
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863-022-0052	2-1-2013	Adopt	2-1-2013	943-014-0420	8-23-2013	Adopt(T)	10-1-2013
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863-022-0060	2-1-2013	Amend	2-1-2013	943-014-0435	8-23-2013	Adopt(T)	10-1-2013
863-024-0015	11-1-2013	Amend(T)	12-1-2013	943-014-0440	8-23-2013	Adopt(T)	10-1-2013
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875-010-0065	10-4-2013	Amend	11-1-2013	943-014-0455	8-23-2013	Adopt(T)	10-1-2013
875-010-0090	10-29-2013	Amend	12-1-2013	943-014-0460	8-23-2013	Adopt(T)	10-1-2013
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877-020-0008	1-1-2013	Amend	1-1-2013	945-030-0030	3-18-2013	Adopt	5-1-2013
877-020-0010	1-1-2013	Amend	1-1-2013	945-030-0030	5-28-2013	Amend(T)	7-1-2013
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945-040-0100	9-30-2013	Adopt	11-1-2013	966-100-0400	1-2-2013	Adopt	2-1-2013
945-040-0110	9-30-2013	Adopt	11-1-2013	966-100-0500	1-2-2013	Adopt	2-1-2013
945-040-0120	9-30-2013	Adopt	11-1-2013				